

CRISIS FLEETING

Original Reports on Military Medicine in India and Burma
in the Second World War

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Original Reports on Military Medicine in India and Burma
in the Second World War

Compiled and edited by

JAMES H. STONE

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OFFICE OF THE SURGEON GENERAL

DEPARTMENT OF THE ARMY

WASHINGTON, D.C., 1969

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To the Men and Women of the U.S. Army Medical Services
in India and Burma

Life is short, Art is Long:
Crisis fleeting, Experiment risky, Decision difficult.
—Hippocratean Aphorism

FOREWORD

At the outset I wish to say that the Army Medical Department owes a special debt of gratitude to Professor James H. Stone for his unique and distinctive account of military medical service activities in India and Burma during World War II.

When this volume first came to my attention in manuscript form, it appeared that Professor Stone's presentation of the entire picture of medical support required in an Asian theater of operations, albeit in World War II, had considerable applicability to the problems being encountered in Southeast Asia today.

Professor Stone, presently with the Department of Humanities, San Francisco State College, San Francisco, Calif., is a former Medical Service Corps officer who served with distinction as a military historian during World War II. Instead of filling his usual role of author, in this volume he is an editor-compiler, bringing together into one unit, five separate reports from this theater. We are indeed fortunate that, as a patriotic gesture, he made an outright gift of his manuscript to the Army Medical Department. This valuable information—particularly the lessons learned concerning jungle operations, line versus medical command responsibility, and medical planning—will now be available to all members of the Army Medical Department, and to other students of medicomilitary history.

This volume, in part, expresses forthrightly and candidly the experiences of many dedicated medical personnel who labored and in the main, succeeded under great hardship and against many odds; it may well become a primer for medical plans and operations in Asian environments.

This work is, in truth, in many ways a passionate account of a nonending battle to save lives and preserve the fighting strength in a theater of operations which, at least for those who were there, was the end of the line. It makes for fascinating reading despite, or perhaps because of, the fact that it is a true and unvarnished report of a way of life which our medical troops endured in a far-off land under most trying circumstances.

I recommend this volume most highly and urge all members of the Army Medical Department to read it, and to profit from its pages.

LEONARD D. HEATON,
*Lieutenant General,
The Surgeon General.*

PREFACE

In January 1945, I reached New Delhi, India, to begin my duties as the medical historian for the India-Burma Theater. For the next 18 months, I ransacked files, corresponded with officers in the field, wrote annual reports on the Theater medical service, edited a medical journal, collected photographs, and nagged specialists until they wrote final accounts of wartime experience in surgery, neuropsychiatry, internal medicine, preventive medicine, dentistry, veterinary medicine, and nursing. My own writing concerned the operational aspects of military medicine: planning and administration, supply, the deployment of medical forces, and the ways in which the Medical Department in India and Burma failed and succeeded in its mission of keeping the fighting forces in action. Subsequently, the results of these studies were turned over to the Historical Unit of the U.S. Army Medical Department.

The thousands of documents in the Headquarters files served me as factual fragments of the recent past. The periodic reports of medical unit commanders and of administrative headquarters provided general outlines of the way the fragments once fitted together. By sorting and analyzing the fragments with the help of the outlines, I could construct one species of historical narrative, the kind in which events are described as the interaction of various organized groups, or of individuals playing official, rather than personal, roles—"D Company," the "Supply Depot," the "Base Surgeon." By accepting a familiar and useful convention, one imagined that each of these stood for from one to several thousands of men and women. Insofar as these people existed, it was as their individual experiences were represented in the ultimate achievements of the organization with which they served.

Of course, the more immersed in the subject one became the more he humanized it. He drew inferences about the probable living conditions, duties, and capacities of the participants. His face-to-face encounters with a few of them produced a sense of reality which critical techniques might subdue or correct, but which they could not eradicate. And occasionally he would discover a document which not only filled out a factual mosaic, but glowed with the vitality of a personal encounter with experience.

Sometimes a phrase, a sentence, or a page in an official report would be sufficiently concrete and vivid to arrest the reader's eye. Sometimes a letter or a sequence of exchanges, written in hot blood, would burn through the official mold. In the rarest of instances, there would appear an extended, thoroughly composed, and personalized document. Even when these materials added little to the formal, institutional view of events, they remedied the defect of that view: abstractness. They told the reader what men were like—how they thought, felt, saw, and heard in the world of war into which chance had thrust them.

The documents which are here presented are of this kind. They do not provide a comprehensive view of the medical service in India and Burma, nor is their clinical significance very great. Each one, however, puts ordinary men before us, in the situations and scenes typical of war in general and of service in the Orient in particular. Two—originating during the Second Campaign in Burma—go well behind the defense lines of official writing and show how catastrophic that eventually successful engagement might have been. All are records of trial and tedium, tolerance and anger: records humanistic.

North Tirap Log was originally recovered by Dr. (then Captain) Floyd T. Romberger, Jr., in 1945. He had it typed, wrote an introduction, revised the style in numerous minor instances, and added explanatory notes before sending it to the Theater Surgeon. The text presented here, however, follows the manuscript possessed by its principal author, Mr. (then Sergeant) Robert M. Fromant, of Rocky River, Ohio. While using Dr. Romberger's notes extensively, I have written a new introduction, divided the *Log* into chapters, and inserted subtitles. Dr. Romberger, who is presently in practice in Indianapolis, Ind., not only rescued *North Tirap Log* from probable oblivion, but he also composed an outstanding report on the amazing air evacuation system in Burma for which he was operationally responsible during the Second Burma Campaign. It was the prototype of the system of medical support in the South Vietnamese forests and paddies, without which American forces could not long survive.

Dr. (then Major) Walter S. Jones, of Providence, R.I., wrote *Chinese Liaison Detail* in 1945 as a memorial not only of his experience but of the early struggle to build the Ledo Road. He sent it to the Theater Surgeon in virtually the form in which it now appears. I have taken the liberty of making some modifications in mechanical organization, chiefly to present his numerous short chapters as subdivisions of larger units (for which I have supplied titles). Occasionally, I have added to or rearranged his footnotes. It has not been possible to reprint his many photographic illustrations and map-sketches, and certain of his appendixes have been deleted when their substance appears in the text itself.

The Tamraz Diary is the office journal which the late Dr. (then Colonel) John M. Tamraz kept while he was the Services of Supply Surgeon of the China-Burma-India Theater. He wrote almost every day in a large ledger, and he left his journal in the Theater Surgeon's office when he returned to the United States. I have reduced its length by editorial excisions, but I have otherwise followed the original manuscript. From my own studies in 1945-46 of the India-Burma medical service I have derived the content of explanatory notes and connecting passages.

The document entitled *With Wingate's Chindits* is the only one not of American origin. Maj. Gen. W. J. Officer, former Director of Medical Services, Headquarters Far East Land Forces, Singapore, now retired, wrote it in 1945 as his final report on the medical arrangements for the British Special Force which fought behind enemy lines in North Burma in 1944. A copy of it went to the India-Burma Surgeon as a military intelligence report. There seems to be no indication that it has been utilized in published accounts of the Chindits. General Officer has stated that it was kept out of normal administrative channels for a year after he sub-

mitted it. In presenting it here, I have followed the original in all the quoted passages, but I have deleted or summarized certain portions which now seem to have lost most of their technical significance, and I have modified slightly the arrangement of the original text.

Finally, the reports on Merrill's Marauders by two of its medical officers, James E. T. Hopkins and Henry G. Stelling, illuminate one of the most controversial episodes of World War II. Unfortunately, there is no single, comprehensive medical report on the Marauders, such as General Officer wrote about the Chindits. Hence, I have drawn upon my own research as India-Burma Medical Historian to annotate the Hopkins and Stelling papers. My notes also indicate the minor editorial adjustments which seemed desirable for the presentation.

Except for Dr. Tamraz, who is no longer living, each of the authors has encouraged me in the preparation of this collection of documents. In the case of the Tamraz journal, I have consulted the executors and heirs of the Tamraz estate, including his nephew, Dr. H. H. Serunian, of Worcester, Mass. Copies of the documents were made available by the Historical Unit, U.S. Army Medical Department, except for the Stelling Report, which I was permitted to copy from the Stilwell papers, Hoover Institution on War, Revolution, and Peace, at Stanford University. Permission to use the report of General Officer came from him and from the Director-General, Army Medical Services, The War Office, London. Quotations from published works are included with the permission of the publishers cited in my notes. Three U.S. Army offices reviewed the completed manuscript: The Detailed Morbidity and Prevalence Studies Section, Office of The Surgeon General (which called attention to several minor statistical errors); the Historical Unit, U.S. Army Medical Department; and the Office for the Freedom of Information, Office of the Secretary of the Army.

It is pleasant to acknowledge the encouragement and assistance of Lt. Col. Charles J. Simpson, Lt. Col. Frederick Bell, Jr., and Mr. Roderick M. Engert, of the Historical Unit; Col. Grainger Reid, O.B.E., formerly of the British Embassy, Washington, D.C.; Capt. L. C. W. Baker, RAMC, of the Ministry of Defence (AMD 2), The War Office, London; and a number of military and governmental agencies, including the Technical Liaison Office, Office of The Surgeon General; the Office of The Adjutant General, Department of the Army; the Office of the Assistant Chief of Staff for Intelligence, Department of the Army; the Veterans' Administration central and branch offices; Sixth U.S. Army Headquarters and the Sixth U.S. Army Reference Library, Presidio of San Francisco; the Military Personnel Records Center, St. Louis, Mo.; and the staff of the documents branch of the Hoover Institution on War, Revolution, and Peace. Financial assistance for typing the manuscript came from faculty research and student employment funds of San Francisco State College. Mrs. Martha R. Stephens, Editor, of the Editorial Branch of the Historical Unit, performed the final publications editing of the volume, and Miss Jean A. Saffran, Cartographic Technician, Special Projects Branch of the same unit, prepared the map.

JAMES H. STONE

Palo Alto, Calif.,
1 August 1968.

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Book One

NORTH TIRAP LOG

A Record of Patience

NORTH TIRAP LOG

*Robert W. Fromant, John L. Savage, Paul E. Lotze, and
Donald C. Everingham*¹

A first aid station on a minor trail in North Burma in 1943 is beneath the notice of medical or military science. Nothing of clinical importance happened there. A few men from an idle medical battalion kept busy until more worthy enterprises were afoot. Indeed, the ways in which the station operated vaguely foreshadowed the means whereby medical support would be provided next year in the Second Burma Campaign. But at the time no one clearly foresaw the nature of the task ahead. No one was clever enough to experiment with methods of accomplishing it.

What makes the aid station live is North Tirap Log. Experience undistinguished and unrecorded is simply indistinguishable. But give experience a voice, however plain and unselfconscious a voice, and experience acquires life, form, value—the qualities of civilization and meaning. Of it one no longer says, "It was, it went." One must say, "It is." If the voice is steady, coherent, tuned to truth, if it re-presents experience and gives it unity and self-reflecting depth, it transcends particulars. It transforms events into humane knowledge. The word connects the log-house to the castle, the Burma jungle to Birnam wood.

North Tirap Log was composed between 19 April and 20 December 1943. It is the diary of Aid Station Number 2, which Company B, 151st Medical Battalion, established where what was called the West Axis Trail crossed the Tirap River in Burma. The trail was one of two leading from Assam Province, India, through steep, heavily forested hills into the Hukawng Valley of Burma. There such tributaries as the Tirap River join to form the Chindwin. Small motor vehicles could barely traverse the 15 miles between Ledo and Tirap, but trucks could not. Foot travel was slow and arduous. What with the rigors of the terrain and the discomforts of the forest, Aid Station Number 2 was a lonely long way from civilization.

Yet as the dry season of 1943 advanced, several hundreds of engineer, quartermaster, signal, medical, and Chinese infantry troops straggled into Northwest Burma. Along the eastern trail, they clawed out a new road aimed toward the old Burma Road to China. The Tenth Air Force in India, heir to Chennault's "Flying Tigers," hid signal centers on the hilltops to observe enemy activity in time to send up its fighters. Quartermaster troops cleared sites for supply depots, and cargo planes and native porter convoys shuttled to and fro between them and the base at Ledo. The Chinese 38th Division, newly

¹ Originally edited by Floyd T. Romberger, Jr., M.D.

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equipped and retrained by Gen. Joseph W. Stilwell's Chinese Army in India Headquarters, drifted to final martialing camps on the northern rim of the Hukawng Valley. In it, below Shingbuiyang, the enemy lay on guard in fortified advanced positions.

Almost a year had passed since the Japanese briskly scattered the Chinese, British, and American forces in Burma. The intervening months were dreary. The British warily opposed any plans which might weaken their defenses in India. They dreamed of someday launching a dramatic assault by land, sea, and air to restore the empire in Burma and Southeast Asia. The Chinese needed to protect the political and military centers in the Southwest to which they had been driven. Now the enemy menaced them from the Burma rear as well as from the eastern front. Until the United States could fulfill its promises of political, military, and financial reinforcement, Generalissimo Chiang Kai-shek was dubious about risking any more of his slender resources. A waiting, hoping defense of what remained to the Nationalist government seemed safest.

The United States, though anxious about China and more than a little committed to a rescue effort, realistically gave precedence to Europe, where it could mass its air and ground forces effectively, and to the Pacific, where the Navy could be used offensively. The physical barriers between beleaguered China and her allies were formidable, almost impassable. But supposing them to be overcome, obvious strategic and economic principles gave first consideration to Eisenhower and MacArthur rather than to Stilwell and Chiang.

With vacillation, frustration, suspicion, and reluctant compromise during the summer of 1942, allied diplomats and commanders slowly formed their plans for a counteroffensive. They agreed that a land-line of communications must replace the costly and perilous air route from India to China. Since there was no early prospect of regaining control of the Burma Road, someone must build a new one. Whoever did so must drive the Japanese below the projected route through North Burma, and hold them off until the allies were ready for a major attack.

Agreements were made, unmade, made again. The British offered hospitality to the Americans in India, civilian laborers and local material, advice, skepticism, and ill-concealed impatience with American ambition and Chinese lethargy. The remnants of two Chinese divisions were already in India, escapees from the First Burma Campaign. Up to 28 others were promised by the Generalissimo for modernization under American auspices. He was willing that they fight in Burma to open the land route to China, providing that the United States rapidly enlarged the Tenth and Fourteenth Air Forces and the Air Transport Command cargo carrier fleet. The bargain was a favorable one for

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China. For the questionable values of the Chinese infantry in their existing state of preparation, China gained an air arm.²

In the autumn of 1942, Stilwell began to train the Chinese infantry at his disposal. His Services of Supply opened the Ledo construction base and scattered its troops from the ports of Karachi and Calcutta to the depots in upper Assam. In 1943, after a futile winter, the engineers began their tedious progress into Burma. Welcome shipments of additional troops appeared in March. Among them were several medical units—a 1,000-bed general hospital, the 20th; two 750-bed semimobile evacuation hospitals, the 48th and 73d; the 151st Medical Battalion; the 1st Veterinary Company; and a section of the 7th Medical Depot Company. A third evacuation hospital, the 14th, arrived in midsummer. So did the 21st and 22d Field Hospitals, mobile 400-bed units with Chinese-American enlisted men.

The types and sizes of the units revealed the Army's plan for medical service. Each battalion and regiment possessed its own first-aid men. The hospitals were in the rear, the smallest and most mobile ones nearest the combat zone, the largest further back. Between the aidmen and the hospitals was the medical battalion. Composed of 34 officers and 476 enlisted men, its ambulances were to clear out casualties from frontline aid stations and collect them in its small tent hospitals just out of the line of direct fire. There it would provide emergency treatment. It would keep those needing but a day or two of care and then return them to duty. The rest it would send to a hospital as soon as possible. Thus, as the honest broker of the medical service, the battalion balanced the need to keep men close to the front if they were lightly sick or wounded, and the ideal of applying the best and fullest measures of medical science to all who needed them. The system was both utilitarian and humanitarian. It was fantastically successful. Any man whom the medical troops could reach had a 96 percent chance of surviving whatever injury he suffered.

But all this is merely by way of the plan. These units were human societies—doctors, nurses, technicians, drivers, mechanics, cooks and bakers, common laborers, clerks, litter bearers, orderlies. The 151st, three collecting companies, a clearing company, and a headquarters detachment, came from the Ohio National Guard. Training on the Mojave Desert prepared it for tropical conditions, although the mobility it had practiced with armored forces would have little application in a slow-moving roadbuilding operation. It was in Burma mainly because, as a separate battalion not yet an integral part of any combat division, it was "available."

As the construction, quartermaster, and signal troops disappeared into North Burma, then, the 151st Medical Battalion teams went after them along the road trace and on the trails. At Aid Stations spaced

² See Craven and Cate, IV; Feis; Romanus and Sunderland, I; U.S., *Foreign Relations*, 1942, 1943; *Relations with China*; and *Stilwell Papers*.

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about a day's hard march apart, a few soldiers and sometimes a doctor settled down for an unpredictable length of time. Most of the battalion remained in the Ledo area, employed in housekeeping for itself and in minor medical chores at the base.

Few of the men on the trails knew much about the general situation. The sense of isolation was profound, as the mind's eye traced the appalling distance from their jungle outposts, across a continent, across an ocean, and across half another continent to some such place as Bedford, Ohio. The worst enemy was boredom. The next was the friction and austerity of garrison life in a poverty-stricken land. After that were heat, rain, insects, filth, and sickness. No one escaped or expected to. If there was little doubt that all would live, there also was the prospect that they would live monotonously, suspended between misery and ease. Every want satisfied could only excite wants unfulfilled. No vivid sense of sacrifice could relieve the sense of slackness. But neither was there so clear a lack of purpose that a spirit of martyrdom could arise.

North Tirap Log can tell little about the tortuous struggles to wrestle three giant nations into a posture of attack upon a determined and victorious enemy. Perhaps the first important point about it is that anyone bothered to keep the diary, let alone keep it faithfully. What could it possibly record that could be significant? Who in the midtwentieth century had the habits of a diarist? Certainly not the men of the 151st, plain fellows, average youths, unheroic heroes. For them, no tragedy, no triumph, no rebellion, no defeat. But also, no despairing theologians, guilt-haunted psychiatrists, howling poets, or orgiastic novelists.

Thus the Log is a record of a curious kind of courage, the courage of patience. When neither the best nor the worst of life are possible, the courage to withstand discouragement is all that is left to give dignity to the common lot. An account of it is of interest not only in what it says, but in the silence, the space of possibility and alternative around. What does not happen at North Tirap is as significant as what does. What is not said is as meaningful as what is. What the men who kept the Log were not reveals what they were or would be.

I. "MORALE IS VERY HIGH"

19 April-12 June 1943

On 19 April, Sgt. Robert W. Fromant began to keep the Log at Aid Station Number 2, and he and his team of five³ had the absurd inspiration to start building a log cabin. After a few days the pattern of their lives emerged. In an entirely unsophisticated way, they began

³ Pfc. Stanley B. Craig, Pfc. Russell A. Massarra, T5c. Dean W. Phillips, Pfc. Clarence B. Price, and Pfc. Arthur G. Seith.

NORTH TIRAP LOG

to reproduce a major theme in American cultural history: the escape to Nature and the establishment of a society of comrades free from the constraints of institutional authority. Hard work and the company they kept, more than the medical tasks they performed or an occasional spree, guarded them from ennui or self-pity. With unflagging curiosity and hospitality they welcomed Nagas, Indian porters, signalmen from a warning post up the line, quartermaster troops, friends from the base, Chinese infantry—all colors, all creeds, all ranks. Days of inactivity, or the sight of the cabin only halfway finished after a month—these checked their spirits far more than heat, rain, or inadequate rations. But not until the original team was broken up in the second month, and several members were replaced, did the Sergeant become depressed. What had been counting, after all, was the community of effort.

April 19. Arrived destination about 1100⁴ moved in good shelter. Capt [Hubert T.] Short & Lt [William R.] O'dahl⁵ left 1230. Lt. [Kenneth J.] Denys brought [Dean W.] Phillips⁶ & supplies. Capt Short, Lt O'Dahl, and others brought more supplies & [Clarence B.] Price. Everyone well pleased with Area.

[April] 20. Little rain & a lot of sunshine. Broke ground for cottage. Capt Short & Col. [York N.] Pitkin⁷ brought more supplies about 1130 left 1300. Morale fine, food fair, Russ [Russell A. Massarra] doing a good job.

[April] 21. Have been arising around 0630. Little rain in the morning sunshine all day. Cut & hauled nine logs; started foundation. Col. Pitkin & party arrived 1000 with the last of ration & medical supplies. Took a good river shower. Moral[e] fine. "Corn Willie"⁸ made in various forms. Twenty-two Punjab soldiers arrived for rest on their way to Dig-Boi.⁹ Came from Burma. A few casualties, but were being taken care of by their own doctor. Gave them a few Iodine swabs.

[April] 22. Weather was good all day. Punjab soldiers left camp about 0700. Two Gurka soldiers stopped over nite headed down trail.¹⁰ Progress on cabin is fine. Sgt. Langevin¹¹ has made a bet that we don't finish the cabin

⁴ The military "clock" runs from 0001—one minute after midnight—through 1200—midday—to 2400 midnight.

⁵ 151st Medical Battalion. "Odahl" is consistently misspelled. Errors in grammar, spelling, the use of the inverted comma, and punctuation have usually been left without correction or editorial markings. Where confusion might occur, editorial amplification has been introduced. First names are supplied in brackets when the individual is first mentioned. The names of men stationed at North Tirap have been italicized throughout to facilitate identification. When the text uses nicknames, the full name is entered in brackets on the first occasion. At the end of this diary are a list of names of the men mentioned in the text, and a list of names of the men stationed at North Tirap.

⁶ Phillips—the name is occasionally misspelled in the *Log*.

⁷ Commanding Officer, 151st Medical Battalion.

⁸ Corn beef hash.

⁹ Digboi, about 25 miles northwest of North Tirap, via Ledo.

¹⁰ That is, back toward India and the base camps. "Up trail" is into Burma.

¹¹ From a detachment of the 679th Signal Air Warning Company, whose observation post was at Ujon. Efforts to establish the full identity of those who are mentioned in the *Log* have not been successful. The Fourth Platoon occupied the post between 10 and 14 October 1942, relieving a detachment of the 51st Fighter Control Squadron. Radar equipment did not work effectively in the hilly terrain, and visual observation supplanted it. The 679th did yeoman work in North Burma, supporting not only the air operations

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in 30 days. We are very confident that we will. Moral[e] is very high. *Russ* & I counted rations and found the 10 day to be shorter than 7 day.¹² If it wasn't for Shorty [Langevin] we would be eating very little.

[April] 23. Weather was cloudy & rain practically all day. Shortys coolies left on convoy up trail about 0745. An English Capt. arrived at 1200 with 60 Punjab soldiers from up trail. We held sick call at 1600 for 15 of them. The nature of the call was mostly infected bites & cuts. *Stoney* [Stanley B. Craig] & *Phillips* did a good job. Two radio teams with two officers arrived about 1400 headed up trail.¹³ Their total was 12. Lodging in camp was over 100 counting coolies. At 2100 a peep¹⁴ arrived with two Lt's & friends who stayed until 2230. As they were leaving they shot a dynamite cap which was against our rule of night firing. The cottage is really going up fast.

[April] 24. The fellows were up at 0545 but I shared the wealth until 0630. We did some work on the cabin plus carrying an ungodly heavy log before breakfast. After breakfast carried more logs and changed beds from previous basha to present basha. *Russ* & I seperated rations. About 1200 Capt [Edward N.] Schwartz¹⁵ & Lt. O'dahl arrived with men for 3rd and 4th basha [station].¹⁶ The 14 ate our ration for dinner & supper. Lt. O'dahl caught two good sized fish. The Punjab soldiers left at 0700. We are buying a collection of chickens for a good meal, the total now is 5.¹⁷

[April] 25. We were up at 0630 mainly because the fellows were preparing to leave and sleep was impossible. It started to rain at breakfast and continued the rest of the day. Capt Schwartz had a hell of a time getting his convoy started. The Auboy [Abor] coolies wouldn't carry some of the boxes because they were too heavy. Finally after much arguing & changing of boxes the convoy left, but not in full. Shortly after the convoy was gone, we saw several coolies come from their hiding places. The results of the arguing was 15 loads left behind. Those will have to go sometime. The mayor¹⁸ declared today a legal holiday, so we took it easy. *Jit* [Bahardu]¹⁹ hasn't been feeling good the last few days. *Stoney* & *Phillips* are taking care of him. Had two good meals today, one meal was the fish. Everyone is in fine shape & happy.

in Assam but, later, those covering the Chinese, British, and American infantry in Burma. One of its detachments flew in with Wingate's long range penetration group in March 1944 and operated on the landing ground "Broadway" until the end of the month. Another was with the Fourteenth Army during the furious fight to repulse the Japanese when they invaded India in the spring of 1944. See the company's official history, which is included among the Stilwell Papers, Hoover Institution on War, Revolution, and Peace, Folders 166 and 167, as a sample and exemplary unit report; also, Craven and Cate, IV, pp. 415-416.

¹² Standard balanced food units—one man for 7 days, or one man for 10 days multiplied by the number of men—issued according to prescribed Quartermaster tables. Onsite supplements might be added (see entry for 28 April).

¹³ To the air-warning station.

¹⁴ Military vehicle ("command car"), larger than the workhorse jeep but also open and designed for rough going.

¹⁵ Schwartz established the West Axis Trail stations, such as that at North Tirap. See also *Tamraz Diary*, p. 149.

¹⁶ The 3d and 4th Aid Stations were to be located at the village sites of Rema and Ujon, respectively, 12 and 20 miles farther south in Burma.

¹⁷ Presumably from Naga villagers in the vicinity.

¹⁸ Fromant himself, of course.

¹⁹ One of the Nepalese camp servants.

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[April] 26. Breakfast was not until 0900, we all felt like having a few extra winks. The total number of logs hauled for the morning was 11; a good mornings exercise. The sun was pretty hot after dinner, so we went swimming for a few hours. A few logs were notched & laid before supper. *Phillips* is doctoring two coolies who have two very bad infections. These coolies have to be taken care of here or die because if they were sent to Tipang²⁰ for treatment, they would declare them fit for convoy and they are not. A white man with these infections would have had blood poisoning days ago, but as yet there is no signs on these two. There were no visitors here today. Shorty told us Capt Schwartz arrived at Ujan [Ujon] mad as hell, five loads were left at Rema. The fault of all the trouble with this convoy is the rations were not packed correctly, and they were brought here by "peep" instead of being left at Tipang where they could have been observed and made correct for carrying. Capt Schwartz should not have had all this trouble. A S.N.A.F.U. someplace.²¹

[April] 27. The weather was rain off & on all day. We continued work on cabin when it would stop raining. At 1600 Capt. Schwartz & Lt. O'Dahl arrived from up trail. They traveled 23 miles in 7 hours and 15 minutes, a good days march.²² *Art* [Arthur G. Seith] took them down to our private beach, then we had supper when they returned. The evening was spent telling stories and jokes over a cup of tea and cakes.

[April] 28. The Capt. & Lt. stayed for a days rest. Shorty was up at 0630 and left camp with his coolies at 0715, the rest of us took a few extra winks and breakfast was at 1000. *Price* & I cut logs while *Art* & *Stoney* carried them. These logs evened the walls to about three feet. Lt. O'dahl and *Price* fixed a dynamite charge for fishing. Four of us farther down stream caught them as they floated down stream. The catch was fine, but they were suckers and we gave them to the coolies. A strong wind blew up a storm that lasted only a short time. The wind blew the canvass off the roof²³ and [it] had to be replaced. Capt Schwartz and the fellows notched logs before Supper. The Capt. gave us R's 40²⁴ for a food fund. He said he ate off of us and would in the future, so that was his fee. We appreciate it. That was darned white of him. The food is running low; have been looking for rations.

[April] 29. The Capt & Lt left for Tipang. The weather was rainy, so we did no work. *Russ* had chicken for dinner and he had dinner at 1400; consequently, we had no supper. As we were eating, the Lt. & five men came back looking for the Capt & *Phillips*. The two never showed up at Tipang and the Lt. thought maybe one had broken a leg. The six started back after about an hour. We will find out what happened tomorrow when *Phillips*

²⁰ Near Ledo on the West Axis Trail. The reference here is apparently not to Aid Station No. 1 but to civilian medical facilities at the porter depot.

²¹ "Situation normal—all 'fouled' up."

²² From Station 4 at Ujon.

²³ Of the basha, not the unfinished log house.

²⁴ Rupees—about three to the dollar.

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comes back, he went to 20th General²⁵ to have a tooth pulled. About 1700 we became jittery, so four of us played a little *anna* poker.²⁶ We played until 2000 and became hungry, so we raided the icebox. Taps at Tirap was at 2100. Yesterday Mr. Miller & Sgt came up from Tipang for a walk.²⁷

[April] 30. Shorty was up at 0600 to get his convoy started. They left at 0830. We had breakfast at 1000. There was no work this morning & very little this afternoon because it was too damn hot. Shortly after dinner, 10 signal men & 88 porters arrived on there way up trail. They are staying over night. *Phillips* came back about 1600. [Frank] Kitzberger & [Donald F.] Booth came along for the trip.²⁸ After supper we all pitched in and filled in a lot of the [cabin] floor. Eight Chinese soldiers stopped for a rest this afternoon. A note was sent to Sgt [William H.] Shaw & Sgt [Ivan B.] Montgomery²⁹ to take care of the two coolies with the infections. A bull session and small poker game ended the evening.

May 1. The signal men were up quite early also Shorty, but the rest of us slept until 0930, or thereabouts, and had breakfast at 1030. We finished the floor, which was a hot job and quit for the day. The weather for the last few days has been hot. To work too much would result in a blackout. The S/Sgt in charge of the signal teams had to go back to Tipang for more coolies because three loads were left here. He came back at 1200 ahead of the coolies. At 1400 the coolies still hadn't arrived and again he headed for Tipang. He returned in a half an hour with the coolies. After much arguing, the coolies headed up the trail. It appeared that the Sgt. didn't know how to handle coolies because he was having a tough time with them. He pulled his gun, more or less threatening them, and they were much against it. He may have a little trouble. Booth & Kitz[berger] started back about 1100. A Chinese Lt. with 10 Chinese stopped for a rest. The water was wonderful for swimming today. Something is going to have to be done about rations in the very near future, we are down to "C" rations.³⁰

[May] 2. Everyone was up at 0600 had breakfast and was working in the woods by 0730. Eighteen logs were cut and carried to the cabin by 1030; a *good* morning workout. It was too hot this afternoon for work, so we washed clothes and went swimming. *Art*, *Price*, & *Stoney* notched and placed four logs, *Phillips* made a medicine shelf, and I set up a wash stand & made a soakage pit³¹ before supper. After supper a back log was notched and a snake was killed. A few Auboy coolies was the only travelers today.

²⁵ The 20th General Hospital, at Margherita, near Ledo, was the most important fixed medical unit supporting troops in Burma. Originally affiliated with the University of Pennsylvania, and commanded by Col. Elias E. Cooley, MC, it began to receive patients only 2 weeks before Phillips visited it. It grew steadily in size and complexity to a 2,000-bed hospital by June 1944, overflowing with American and Chinese casualties from the Second Burma Campaign. Not long after arriving, Colonel Cooley became the Medical Inspector of the Theater. Col. (later Brig. Gen.) Isidor S. Ravdin then took command of the hospital.

²⁶ That is, "penny-ante," using the Indian "anna" as an equivalent coin.

²⁷ Miller was a British civilian working with the porter corps. See *Tamraz Diary*, p. 143. The sergeant is not identified in the *Log*.

²⁸ From Company B, 151st Medical Battalion, at Ledo.

²⁹ At Aid Station 4, up the line at Ujon, to which the signalmen and porters were going.

³⁰ One of the standard individual ration packages used by all troops, *ad nauseum*.

³¹ For waste water and grease.

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Everyones moral[e] is still very high and they dislike the thought of leaving here. Today was *Stoneys* birthday and no "sachie".

[May] 3. The crew was up at 0630. We were able to work [only] until about 1000 because it was starting to get too hot. Around 1400 a S/Sgt with 91 coolies arrived on their way up the trail. He is with the hospital at Pebu.³² He had supper with us and then he & I went for a short swim while the others notched a few logs. The cabin walls are to window height and before long we will move in, I hope. The rations are gone and we are eating "C" ration. Rations had better come soon. The S/Sgt opened a box of cookies while here. Another small stake poker game.

[May] 4. We were up at 0600, but there was no work as it rained all morning. After dinner we only did a little work as it cleared up and the sun came out hot. *Stoney* laid down for an hours sleep & slept until supper. *Price* shot a few shells for fish and the catch was all small ones. They prepared them for supper. The S/Sgt left this morning about 0700. *I WAS THE FIRST ONE UP THIS MORNING*, but returned to bed shortly after breakfast for a few winks. We are having quite a change in menu. Stew for a change.

[May] 5. We arose again at 0600 and were in the woods chopping logs at 0700. After about an hours work it started to rain, but we continued work until about 1030. Just before dinner, Capt Schwartz, Capt [Cyril B.] Marlewski,³³ and driver arrived with a big saw and some things we had requested. They stayed for dinner and left about 1330. A front window was made today and if the weather holds up we will be able to complete all windows in a few days. It rained the hardest this afternoon of any time since we have been here. "C" rations is the main course and breakfast is coffee & biscuits. Capt. said rations will come as soon as coolies are available. Shorty received word from Ujan that station #4 is moving into new basha.

[May] 6. *Phillips* was up at 0530 as he was going to Tipang. I was supposed to go with him, but I failed to respond to his calling; consequently he went alone. He was back before dinner. Just after dinner, a Lt. with 10 negroes and 80 coolies arrived on their way up trail. They are QM³⁴ going to

³² The original editor of the *Log*, Floyd T. Romberger, Jr., notes that the hospital was actually at Hpachet Hi, much further south in Burma, although at one time Pebu had been considered as a site. In March 1943, Dr. Gordon Seagrave, the famous "Burma Surgeon," was a Lieutenant Colonel in command of a medical company composed partly of the American, Burmese, Indian, and Chinese staff of his mission hospital at Namhkam. Since the beginning of the war in Burma, he had been with Chinese troops. Now, in support of the Chinese Army in India, he was starting back toward his mission. In April 1943, he operated three jungle medical stations, one of which was at Hpachet Hi. Because of their isolation, they served as dispensaries and hospitals for Chinese infantry, American engineer and quartermaster troops, Indian porters, and Burmese villagers. The good will created by medical aid to the latter was reflected subsequently in the services of the natives as guides, porters, and rescuers of downed fliers. See Seagrave, *Burma Surgeon*.

³³ 151st Medical Battalion.

³⁴ Possibly 1st Lt. Robert E. Dietz—see *Chinese Liaison Detail*, p. 114. Romberger identifies these and similar troops with the 21st Quartermaster Battalion. Walter S. Jones, the medical officer whose reminiscences appear in *Chinese Liaison Detail*, refers to the 21st Quartermaster Regiment. The unit involved eventually became the 21st Quartermaster Group (as Jones also indicates). Under this designation it earned official credit for participation in the Central Burma Campaign. From 1939 onward, the Quartermaster Corps repeatedly modified the size and composition of its field troops, dispensing with the prewar

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the dropping station.³⁵ Five Chinese stopped for a rest on their way up trail. They asked if Japs were up the trail. The front and one side was leveled to a better fit today and 11 logs hauled from the woods. There was a little rain after supper, the rest of the day was cloudy. Our canteen supplies³⁶ came with the QM convoy. Everyone was well pleased with the box. We gave the Lt. a few iodine swabs for their trip.

[May] 7. Shorty was up at 0530 in preparation for his trip to Ujan. He went along with the convoy. *Stoney* was up shortly after to take some coolies temperatures to see if they could go on the convoy. Five coolies were sent to Tipang for treatment, but were sent back. They arrived about 1600. They were not treated. The negroes did not leave until 0800. Coffee and biscuits were served about 0700. Nine logs were notched this morning and 16 cut & carried. The weather was cloudy all morning and rainy most of the afternoon, so work was done on the prone for about three hours after dinner. Dinner & supper still consists of stew & beans. Last nite about 2100 two Lts. & Sgt. [Luellen B.] Hibbard³⁷ arrived from Tipang. The Lts. came to see about the bridge. They stayed about an hour and headed back down the trail. Yesterday afternoon an Eng. Lt. and two Englishmen arrived, but the nature of visit is unknown. The only questions they asked were: what units are here an[d] how many buildings?

[May] 8. The only watch in camp went with Shorty, so the approximate time of arising was 0700. After the usual coffee & biscuits, which has been breakfast the past week, we started work and was on the ball all day. Eighteen logs were cut & carried to the cabin plus the completion of one side and half the back. A few more days like today and we will just about see the completion of it all. The big saw has been a real help and certainly helps the appearance of the "El Log de Tirap" aid station. *Stoney* used the walkie-talkie³⁸ today and Sgt Hyatt³⁹ said Shorty was on his way back already. He may be in tomorrow. Booth & [Paul R.] Flaten⁴⁰ came up this afternoon for the walk and brought our mail, they left shortly after supper. *Chandra*⁴¹

fixed-size regiments and separate battalions in favor of companies, which then could be assembled according to local needs into larger tactical units. In view of the final designation given the troops here in question, they are identified throughout with the 21st Quartermaster Group. See Risch and Kieffer, pp. 281-282; and U.S. D/A, *Unit Citation* * * * *Register*.

³⁵ At Panyang, about 35 miles up trail. Supply of ground troops from the air became a vital part of the Burma campaign. Dropping stations were usually natural clearings or dry riverbeds selected as the targets of cargo planes and their crews of "kickers." Supplies and equipment were freedropped or parachuted down as the planes passed over the dropping site. Merrill's Marauders and Wingate's Chindits fought principally with airdropped supplies, and an entire division of the British Army withstood a massive siege at Kohima, India, for weeks after the Japanese surrounded it in the invasion of India in 1944. The experience with air supply provided a dramatic precedent for the great Berlin airlift after the war. See Craven and Cate, IV, pp. 500-502, and *passim*; and Romanus and Sunderland, I, pp. 85-98, and *passim*.

³⁶ "Amenities," as the British called them—cigarettes, candy, and other odds and ends not part of standard equipment or rations.

³⁷ Hibbard was from the 151st Medical Battalion; the officers presumably were engineers. Romberger notes that a steel cable bridge with bamboo flooring had been thrown across the Tirap River at North Tirap in 1942, when refugees were coming up the West Axis Trail in flight from the Japanese. By 1943, the tread of water buffalo using the bridge had caused it to sag, and the consequent slant of the bamboo flooring made for insecure footing.

³⁸ Portable short-range radio transmitter and receiver.

³⁹ Probably Robert M. Wyatt, 679th Signal Air Warning Company.

⁴⁰ 151st Medical Battalion.

⁴¹ One of the native camp servants; "market" was in the Ledo area.

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went to market for us today; will be back Monday. *Phillips & Craig* held the usual sick-call this afternoon. The weather was cloudy but hot all day. *Russ* found some sourkraut that we had for dinner and the regular stew for supper. *Russ* worked on the kitchen making it's appearance twice what it was, he's doing OK as a cook.

[*May*] 9. *Stoney* was up before any one and boiled water for coffee. The rest was up shortly after except *Fromant* who slept a few extra winks. The day was a day of leisure and we all accepted it as such. During dinner the bootlegger⁴² arrived with 5 bottles of "sachi" and the day was spent celebrating *Stoney's* birthday which was last Sunday. *Art*, *Stoney*, & *Price* did the drinking, and *Art* & *Price* lasted until the third bottle was gone. They became sick, *Art* heaved and they both went to bed while *Stoney* continued to consume bottle 4 & 5. About 2000 both got out of bed for coffee. *Art* swore off "sachi" and *Clancey* [*Price*] helped *Stoney* polish the last bottle off. They wanted this added to the log. We expected *Shorty* but he never arrived. *Chandra* was a surprise to us all tonite; he and his coolies came up the trail arriving about 2030. They are the only ones we have heard of that would walk the trail at nite.

[*May*] 10. Everyone was up at 0700 for the usual coffee & biscuits. A good mornings work was done in spite of no breakfast. *Shorty* and his coolies arrived at about 1130, he brought some rations from the station which changed our meals a little. Shortly before *Shorty* arrived, a 2nd Lt. & 10 signal men with coolies arrived headed up the trail. This team is going to relieve Sgt. Hyatt & men at the [Ujon air-warning] station. The change there may take *Shorty* away, at least he is awaiting orders. The afternoon was too hot for work, SOOoooo. There is nothing to do this evening and I believe taps will be rather early.

[*May*] 11. The signal convoy left the earliest of any convoy yet, they were gone by 0700. We had eggs for breakfast, but they were few. Out of 3 doz. eggs 1½ doz were rotten. Indian eggs for you. Today was one of the hottest days we have had and it was darned hot at 0800; consequently, there was no work on the cabin. All of us had washing that we did this morning. At 1100 Lt [Oscar] Baumgarten, Sgt. [James D.] Boughter,⁴³ & coolies arrived with rations; a sight for sore eyes. Dinner & Supper was delicious. The afternoon was spent laying around eating until swimming time. This evening is very warm & uncomfortable. *Russ* is learning a few chess pointers from the Lt. A bad nite for good sleeping. After a few chess games, the Lt tolds [told us] about his schooling in Europe and the German Nazi party at that time. He is very interesting. We were in bed at 0100.

[*May*] 12. The Lt. & Sgt Boughter was on their way at 0830. Two loads had to be changed because of damage and one because of weight, outside of the changes, there was no arguments. Work was done in the morning, but afternoon rain halted any further progress on the masterpiece. The bootlegger arrived with six bottles of "sachi" and another May 9 was brought to

⁴² At a guess, a Naga villager or one of the camp servants.

⁴³ Both from the 151st Medical Battalion, taking rations to the aid stations up trail; see entry of 15 May.

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N. Tirap. *Art* & *Russ* continued to stay on the water wagon. *Stoney* finally met his Waterloo and for an hour before he went to bed, he frequented the latrine to the extent of heaving from both ends. After he was in bed, the No. 10 bedside can⁴⁴ was used. There was a small poker game to pass time.

[*May*] 13. Only four of the personnel was up for breakfast, the rest were sick. *Stoney* was weak with a sore stomach, *Art* had temperature, which gradually was reduced to normal, and *Phillips* had the "whiskie runs" as a result of the "sachi." *Art* has been in bed all day and feels some better tonite. *Price* & myself did a little work this morning on the cabin. The weather was cloudy all morning and rain all afternoon. There was no white travellers on the trail. Three Nagas brought four chickens which we traded rice for. The rice was the bag the Burmese nurses⁴⁵ left, it is not fit for eating. Sgt Hyatt & team left Ujan [air-warning station] and will be here tomorrow. Shorty is packed awaiting orders to return to camp.

[*May*] 14. *Art* was sick this morning with a temperature. Everyone was up at 0700. The walls are completed and the next move will be the roof. About 1100, Sgt Hyatt & team arrived from Rema. They all ate dinner and supper, we are going to receive rations in payment. The afternoon was spent shooting the bull. One of the men from the relief team came down to take Shorty's place. The weather was rainy & hot all day. A big coon was spotted tonite and two of the fellows are sweating it out.⁴⁶

[*May*] 15. We were all up to see the gang off. Some of the coolies & men started about 0730 and the last ones left at 0800. Everyone at Tirap hated to see Shorty go. He was a swell fellow and a lot of company. I believe he hated to leave, at least he said he would give anything to stay. The gang from Ujan was a swell bunch of fellows. Joe [Joseph R. Gasbarro], the new fellow, sent the coolies to Ujan with supplies. Rain the past few days has kept the trail too slippery to carry the four top logs, so we started on the kitchen. We have the frame work up and the tarp thrown over. When it is not raining, the sun is so damn hot that work is tough; consequently, we don't work. During dinner Lt Baumgarten & Sgt Boughter arrived from Rema.⁴⁷ They ate dinner and rested a few hours, then started for Tipang. *Art's* temperature was up, so he remained in bed until noon. His temperature was almost normal this afternoon.

[*May*] 16. Everyone was up at 0730 for breakfast. Pieces of flattened bamboo were carried for the sides of the kitchen and the floor was raised. After supper the trail was dry and two of the big logs were carried over. The damn things must have been made of iron because they were heavy. Around 1400 a peep arrived with an Englishman, (I think), and three females. No one came over and after a few minutes, it drove away. We have seen several

⁴⁴ Simply a large can originally containing food.

⁴⁵ From the Seagrave hospital. Since the passage of these nurses is not elsewhere noted in the *Log*, it can be presumed that they left the rice behind when they went through with Seagrave in March, before the aid station had been established.

⁴⁶ "Sweating it out" meant waiting with anxiety—and it was a widely used phrase applicable to any situation from waiting for the dice to roll to waiting for one's landing barge to touch a beachhead.

⁴⁷ See entry of 11 May.

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Bengalese the last two days, which means work on the coolie camp will begin soon. Outside of a few Naga's, there were (a forced correction) no travellers on the trail. The sun was out most of the day. The heat is becoming more like the Mohave⁴⁸ every day. *Art* was up all day and feeling much better.

[*May*] 17. Breakfast was at 0830, everyone present. The two main logs were notched this morning and a little work was done on the cook house. The sky was cloudy all morning with rain in the afternoon. There were no travellers on the trail and situation at Tirap well, but dead as for action or company. We had a heavy rain storm after supper preceded by a wind. The wind blew off the tarp of the new cook house and blew down the sides. This was all temporary work and was not tied down. We are still sweating out the "coon."

[*May*] 18. After calling several times, *Price & Stoney* managed to get everyone out for breakfast by 0830. It rained on & off all day and between rains the cook house was completed except for a few details. *Chandra* is going to get some Naga's to build the roof on the cabin if the weather stays halfway decent. The coolies⁴⁹ arrived from Ujan about 1100. Eight of them have fever. No travellers on trail. We should be receiving more ration in the near future. We also have the hope that the rations will be better this time.

[*May*] 19. Breakfast was usual time, 0830. It rained last nite and started again at breakfast. The days are no longer sunshine. If it is not raining, the sky is preparing to rain. Shorty was right when he said the cabin wouldn't be finished in a month, it probably won't be finished in the next four months.⁵⁰ Today was *Jit's* payday. Shorty, the Christian Auboy, arrived from Rema. A mishmi⁵¹ convoy came through going to Tipang.

[*May*] 20. *Price & Craig* were the first ones up (6:30). It was pouring down rain so they decided to let the rest of the boys sleep for a change. (Everyone has been getting up bright & early each morning). Each of us made his own coffee as he got up, giving our cook a much deserved break. It continued to rain like hell until mid-afternoon. About 4 o'clock three Chinese soldiers arrived. They were the advance guard of a company of approximately 140 soldiers,⁵² which would spend the nite here. Major Chen was in charge. Yen Chang, a civilian engineer working with the army, was the interpreter and spoke good English. After all the troops arrived, lodging was found for all. Major Chen & the interpreter slept in our basha and they also ate supper with us. The Major showed me a recommendation from Major [Vernon] Slater and it also asked for any cooperation we could give them, so we all did our best. The interpreter told us the Major was very grateful for our help. The evening was spent learning to speak Chinese and asking Yen Chang questions.

⁴⁸ Where the 151st Medical Battalion had trained for desert warfare in support of armored forces.

⁴⁹ See entry of 15 May.

⁵⁰ A wry reflection, as the second month at the aid station began. Shorty's prediction is noted in the entry of 22 April. Although he had left the area (see entry of 15 May), may it not be assumed that he is "Shorty, the Christian Auboy"?

⁵¹ Indian porters.

⁵² The 38th Division was continuing its move into Burma, having sent forward its first elements in March. Slater was an officer of the Chinese Army in India headquarters.

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[May] 21. Everyone was up at 0630 for no reason other than nothing else to do. The Chinese left about 0700. Shortly after they left it started to rain and was almost a continuous rain until after dinner. About 1100, four men from Joe's outfit⁵³ arrived with his rations and rations for the station. A mechanic for the motors at Ujan [air-warning station] came along and is staying over nite. The fellows made three trips with rations, and after the third load, they stayed and waited for Sgt. [Paul E.] Skiddmore⁵⁴ who came from Ujan. Skiddmore is going before O.C.S.⁵⁵ board and has to return to the unit. At 1500, the Capt in charge of the second company arrived with his men who totaled approximately 150. There was room for all and we extended the same courtesies as we did for the Major & his men. They didn't ask for medical treatment.

[May] 22. It was raining when we arose but it didn't last very long. There was very little done all day and no work on the cabin. About 1400, the third & last company of Chinese arrived numbering less than either of the other companies. Lodging was found for all. The interpreter for these men could talk very little English and conversation was just mainly questions. Those men had their own medical aid with them and were treated shortly after arrival. We invited the Capt & interpreter for supper and they took it upon themselves to invite more; consequently, eight of them ate at the table and we ate in the cook house. We didn't care as the supper was the ungodly "pork soya links."⁵⁶ After supper we sat around making conversation and finally hit the hay about 2200.

[May] 23. *Art*, *Russ*, & *Phillips* were up early and on their way to Tipang by 0610. *Phillips* is going to the dentist & *Art* to the [20th General] hospital. Joe & *Chandra* also left early to go to Tipang. Seven of the coolies left the other day for the hospital and seven are sick here, so Joe is going to see about more coolies. About 1000, "Pop" & his daughters came down from the village with chickens & sachie. We entertained them with a few pieces of ration candy & a couple of drinks of sachie. (No idea in mind. N. Tirap hospitality). "Pop" is having some of his villagers put the roof on the cabin so we have to be nice to him. At 1200, Joe came back from Tipang. Capt Schwartz & Tom Weeks⁵⁷ arrived with rations about 1400. After straightening out everything we went for a swim. Vandy [Ralph Vanderground] & Flaten⁵⁸ arrived about 1500 to stay for an hour or so. *Stoney* & I prepared supper. After supper there was a few chess games & card games and after a cup of tea, we hit the hay.

[May] 24. *Price*, *Stoney*, and myself were up at 0600 and prepared breakfast. The Capt [Schwartz] & Tom [Weeks] left ahead of the convoy and were on their way by 0800. *Phillips* arrived about 1400, he became impatient at Tipang and started ahead of *Art* and *Russ*. The two came in about

⁵³ The Ujon air-warning station.

⁵⁴ Should be Staff Sergeant *Skidmore*, 679th Signal Air Warning Company, in charge of the observation post at Ujon. Later he was evacuated by litter with a severe case of malaria.

⁵⁵ Officer Candidate School.

⁵⁶ Sausage.

⁵⁷ 151st Medical Battalion.

⁵⁸ 151st Medical Battalion.

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1530. The weather the last two days has been terrificly hot. The coolies Joe asked for arrived today.

[May] 25. Nothing unusual happened today. Breakfast was the usual time and the day was leisurly spent. The sun was out all morning and shortly after dinner it began to rain. The rain was pretty steady until about 1600. The five Naga's started gathering leaves for the roof and brought 10 bundles in for the days work. They said the roof would be completed in four days. No travellers on the trail.

[May] 26. Oatmeal & bacon was served at 0700 to all the personnel. After breakfast it started to rain and continued until dinner when it stopped for the day. Most of the day was spent writing and reading. The Naga's brought 18 more bundles in today and will soon be ready to start the rafters. Joe's coolies arrived from Rema about 1500. The only travellers were a few Naga women escorted by their men-folk.

[May] 27. The usual breakfast habit started off a day of leisure. Shortly after, it started to rain, but did not last long. About 1115 the Capt [Schwartz] & Weeks arrived from Rema.⁵⁹ In the afternoon some consumed a few bottles of "Jungle Pani"⁶⁰ while the rest slept or read. We had *Chandra* kill eight chickens and *Russ* & I got supper. The Capt complimented the chicken. The evening was spent listening to Capt. Schwartz' experiences in medical school. A cup of hot chocolate was the "nite cap."

[May] 28. Four of us were up at 0600 and breakfast was at 0700. The Capt & Tom [Weeks] was on their way by 0800. Joe went down to Tipang with them and was back after dinner. *Chandra* took *Price* & *Craig* to one of the "Bustees"⁶¹ and they were back by dinner. Gumps [Montgomery] & [Robert L.] McFarlin arrived about 1330. They came from Ujan today. We had an afternoon swim and after supper we shot the bull. Two Chinese soldiers came about 1800 and are staying over nite. They are going down trail. The Nagas have all the leaves and most of the bamboo at the cabin and work should begin tomorrow.

[May] 29. Gumps & McFarlin left about 0900. The Nagas started laying the rafters early this morning and completed the roof before dark. They were certainly on the ball and did a dandy job. The cabin looks swell with it's green roof. About 1100 Political Officer [Johnny] Walker stopped on his way to Rema.⁶² Sgt Hibbard arrived at 1400 with a note for *Phillips* to report to the company in clean clothes & a clean shave. In disgust he shaved and both left about 1530. The weather the last two days has been terrificly hot. The evenings have been stuffy and buggie.

[May] 30. Today was another scorcher. It started getting hot just after breakfast which was at 0730. Pop and his Naga women spent most of the day here. Work was started on the doors & windows and they should be completed in another day. Joe's coolies arrived from Rema today and this

⁵⁹ After delivering rations to Aid Station 3.

⁶⁰ Pani is an Indian word for water. "Jungle Pani" was a roundabout name for the distilled rice drink which the Nagas produced.

⁶¹ Houses.

⁶² Aid Station 4, 151st Medical Battalion.

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the porters who sang and danced. Had anyone told us we would be sitting in the moonlight watching a bunch of coolies dance, we would of [have] thought them crazy. Everyone was tired, so we went to bed early. Booth also arrived with *Craig & Price*.

[June] 12. The coolies were held back in wait for the Lt. [Baumgarten], so they slept a few more winks. The convoy started arriving about 1100 and the last ones came about 1500. [Don W.] Duncan & Piens⁷¹ were two of the first to arrive and after staying a short time, they started for Rema. After everyone arrived there was a few changes made. *Craig & Price* to Pebu as scheduled, *Seith* to Punyang,⁷² [Nicholas] Romeo, [John L.] Savage & Booth to remain here and Duncan to Ujan. The changes were made by the Lt. Along with our convoy was a medical man to releive the medic there at the [Ujon air-warning] station. This fellow gave Joe four shots and not of whiskey. Gassabaro [Gasbarro] is still sweating out his transfer to Punyang. Nothing else of importance for the day.

II. "WE HAVE SOMETHING TO BE PROUD OF"

13 June-4 August 1943

The new men⁷³ fitted in well with those of the original team that remained under Sergeant Fromant's command. Even the sudden arrival of Authority, an officer, was absorbed after the first dismay passed off, and the new bustle of a nearby Chinese camp attracted attention. Then came the first serious backlash of the environment. Fromant became sick with malaria and one of his assistants, John L. Savage, took over the Log for a few days. Others were up and down with malaria. Yet the period ended on the high note of "Doc" Paul E. Lotze's experiment with radical treatment of fungus infections.

[June] 13. Everyone was up bright & early. The porters were up about 0430 according to Joe. Breakfast was skimpy this morning because there is no ration. After coffee & sugarless oatmeal the convoy started. The last ones were gone by 0745. *Romeo* made a stove pipe & *Russ* finished the kitchen. The rest of us moved in the cabin and arranged the interior. Most of the morning was cloudy and it rained for about two hours this afternoon. This ration situation is the nuts. It has been seven days already since the end of the 15 day ration and nothing in site. There is plenty of American

⁷¹ 151st Medical Battalion.

⁷² To open Aid Station 5 between Ujon and Hpachet Hi. Officers came from the 48th Evacuation Hospital—see *Chinese Liaison Detail*, p. 79.

⁷³ On 12 June, *Craig*, *Price*, and *Seith* went up trail to new aid stations. Pfc Donald F. Booth, Nicholas Romeo, and John L. Savage took their places at North Tirap. In July, Phillips returned to the base, and T5c. Paul E. Lotze joined the team. 1st Lt. Arthur Sonnenberg, MC, came out to the station on 18 June.

NORTH TIRAP LOG

ration in Tipang but no one has given an order for it to move. Here's to corn willie an[d] "C" ration.

[June] 14. "Jakie" started making noise about 0500 which naturally disturb our sleep and after a few cracks on the buttox we were able to sleep until 0800 when *Russ* called breakfast. *Russ* & *Nick* [*Romeo*] did more work on the stove but it still smokes at the wrong places. *Booth* and myself made a table while *Savage* & *Phillips* did their bit. The Gurka Lt came thru today with his party. Four porters from the convoy returned this afternoon with fever. Sgt. Hibbard & C. [Clarence H.] Smith ⁷⁴ arrived about noon with Savages glass[es]; they left shortly after dinner. The weather was rain most of the day. Still no news about rations. [Donald G.] Rora-beck & [Joseph J.] LaMorticelle ⁷⁵ arrived about 1100 stayed for dinner and left for the company.

[June] 15. *Booth* & *Joe* left just after breakfast for Tipang, *Joe* to see about the transfer and *Booth* to the dentist. Everyone was busy today doing something. We started the porch and should have it done in a couple of days. Five Chinese came thru with a couple officers headed for Ledo. *Joe* returned about 1500 with the news that the rations are coming tomorrow. Guns were heard this morning in the direction of Ledo. The weather was a mixture of sun and rain all day.

[June] 16. *Joe* left at 0730 to join his Lt. for a few days and to receive orders for his new setup. Around 1000 a Mr. *Marten* ⁷⁶ arrived with coolies for a station that is being set up above us. The plan for transportation of supplies is finally going into affect. Mr. *Marten* is making Tirap his home for a while. *Booth* returned to our happy abode about 1130. The aid man from Ujan [air-warning station] who was relieved, arrived around dinner time and left for Tipang shortly after. A Gurka Lt, a wounded Gurka, and four soldiers arrived around 1330 on their way to Tipang. The soldier was a litter patient and had a gun wound of the foot. Accompanying them was a note from Lt. Baumgarten ⁷⁷ who had doctored the man and given orders for his immediate transportation to the hospital. After a cup of tea, four coolies were assigned by *Marten* to evacuate him to Tipang. Along with our many visitors of the day was a Sgt from Seagraves hospital who was thru here a few weeks ago.⁷⁸ In his party was two guides and five porters. Today was quite a busy day.

[June] 17. The main item for today is *rations*. They arrived about 1100 and was a fine ration as for quality but not quantity. I am afraid we will have to turn to the standby (corn willie) before the 10 days are up. Work was continued on the porch and it should be done by tomorrow. The weather was rain in the morning and sun in the afternoon. Besides a very interesting bull session with *Marten* taking the lead, the news is little.

[June] 18. We were greeted this morning by a shower of rain which lasted only a short time, but resumed it's appearance for an hour or so in

⁷⁴ 151st Medical Battalion.

⁷⁵ 151st Medical Battalion.

⁷⁶ A British civilian supervisor of a porter corps.

⁷⁷ At one of the up-trail aid stations.

⁷⁸ See entry for 3 May.

CRISIS FLEETING

the afternoon. About 1100 we all received a surprise when the *Lt.*⁷⁹ apparently to be in charge of Tirap for an indefinite time, arrived. We had no fore warning of his arrival and all of us, including himself, are still in question as to his status except that some Chinese will frequent the station in the near future. At any rate, a dispensary is being set up to take care of anything from a cinder to an amputation. Quite a few plans are being made an[d] I am anxious to see how many are carried out. Joe returned this afternoon and he has been given a new job. He is to be liaison⁸⁰ and leaves tomorrow morning for up trail. Rorabeck & LaMorticelle arrived with the *Lt.* [*Sonnenberg*] and started for Rema shortly after dinner. The last log for the porch found position at 1735 and soon we will be thru with all of the cabin proper and take to bunk study until another bright idea comes into focus.

[*June*] 19. Breakfast was the usual early time. Ever since *Marten* arrived morning chow has been early much to mine & others dislike. It's not that we can't sleep in, but if we do there is no second chow and the coffee is too good to miss. We received quite a jolt this A.M. about 1100 when Cpl. [John F.] Mikulka, [Donald C.] Everingham, & Tom Weeks⁸¹ came puffing in. Tom was well rested upon arrival but as for the other two, their condition was obvious. The reason for their visit was to relieve *Phillips* of his duty here. He is supposed to be transferred. So to date there is no T/5⁸² at Tirap. The weather is the usual rain.

[*June*] 20. The day was nearly over before anyone realized that it was Sunday, but it made no difference because none of the crew was in a working mood. For the past several days the coolie convoys have been many and a lot of supplies are going up trail. The coolies & supplies have been keeping *Marten* on the "proverbial" ball.⁸³ The reports are that the station at Tima⁸⁴ is almost completed and will soon be ready to house supplies and coolies. There were no travellers today.

[*June*] 21. In yesterdays report, I failed to mention that *Lt.* [Donald L.] Ducie [Ducey]⁸⁵ arrived with the Chinese. He is the guide for the Bn. At the new camp a mile from here, the Chinese are making there Hq's for a two weeks maneuver. The maneuvers are to begin Wed. and we understand they are to use live ammunition. Everyone is preparing. Shortly after breakfast *Lt. Sonnenberg* assisted *Lt. Ducie* on a short walk up the "Golden Staircase." The news is slight and the rain is still very much in existence.

⁷⁹ 1st *Lt.* Arthur *Sonnenberg*, MC, was a medical liaison officer, advising and assisting Chinese medical troops attached to infantry at a jungle warfare training center being started near North Tirap. He served in this capacity until October, when the Second Burma Campaign began. As the Seagrave medical unit moved out with the Chinese infantry, the stations they vacated at Hpachet Hi and Hkalak Ga were taken over by *Sonnenberg* and others. See *Chinese Liaison Detail*, parts III and IV.

⁸⁰ With Chinese signal troops. One purpose of providing American signalmen was to remedy the shortage of Chinese technical specialists. But another was to establish means of monitoring Chinese combat communications should General Stilwell's headquarters become uneasy about the disposition of orders sent to, and the quality of reports received from, the Chinese field commanders.

⁸¹ From the 151st Medical Battalion.

⁸² Technician fifth class—a specialist paid as a corporal.

⁸³ "On the ball"—diligent; proficient.

⁸⁴ Near Ledo.

⁸⁵ *Ducey*, from Chinese Army in India Headquarters.

NORTH TIRAP LOG

[June] 22. *Russ* left for Tipang with *Marten's* runner at 0630, so *Romeo* turned chief cook & bottle washer for the day. He also insisted on early breakfast and everyone was up by 0800. Having not fully recovered from the other days shock, we received a more stunning blow when "Typewriter" [John A.] Beyth⁸⁶ came trodding behind "Lighthorse" Weeks about 1030. We are never surprised at who may visit our abode, but we were today. The nature of their visit was to assist the medical & canteen supplies and to pick up some stuff Phillips left behind. Lt. [Dexter N.] Ashbrook⁸⁷ arrived with the fellows. The Lt. is going to Punyang to relieve the officer now in charge of the dropping station. This afternoon one of the colored boys from Punyang arrived on his way back to his unit. He was sent down. We have had about two hours relief from the rain all day.

[June] 23. Lt. Ashbrook and party left rather early for their trip up trail. After breakfast we continued work on the porch only after spending about two hours cutting bamboo from the bank in front of the cabin. *Russ* arrived about 1430 from Tipang. Another convoy of coolies arrived with supplies for up trail as did a large convoy leave this morning for up trail. The supplies seem to be flowing in spite of the fact that the camps aren't completed. A soldier was brought from the Chinese camp this afternoon with a fever and was sent to the hospital. We were blessed all day with the miserable rain, as if that's any news. Joe arrived today and is planning to leave in a few days. He evidently has a new job.

[June] 24. Breakfast wasn't until about 0900, the cook along with the [sic] a few others felt more like sleeping than eating. Just after breakfast Lt. Ducey visited "Monsoon Lodge" and his armament was the M-1 rifle with a few rounds. A couple of us stood on the bridge and fired a few rounds. *Nick*, *Booth*, & myself not only completed the porch rail but made a canopy for the side door. Speaking of class, we have it. A few Gurka officers arrived late in the afternoon and are staying over nite; they are going down trail. We had more rain today. Joe is leaving tomorrow so we worked about an hour after supper because the only pair of pliers are going with him.

[June] 25. We were awakened about 0730 this morning by a "Solong Gang." Joe came to bid us goodbye. The noise, however, wasn't breakfast call and three of us managed to sleep an extra hour. Having no pliers we were unable to do any work much to our disappointment. Lt. Ducey was with us again today for few hours. An English Lt arrived today with a few Gurka soldiers on their way down trail. They are staying over nite. We had sunshine most of the day today, but is raining tonight. *Marten* & I are going to Tipang tomorrow morning.

[June] 26-27. Mr. *Marten*, and myself started for Tipang at 0700. I did not return until 1000 Monday and the news for Tirap of the weekend was little. The fellows did, however, do a fine job of cleaning up the front yard and clearing away a brush pile. *Savage* & *Booth* left here at 0600 and I met them at Tipang just before my leaving for up trail. Lt. *Sonnenberg* donated R's 20 towards some furniture and gradually we will have "Mon-

⁸⁶ 151st Medical Battalion.

⁸⁷ 21st Quartermaster Group.

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soon Lodge" looking something like home. We also are having a few Red Cross donations of furniture.

[June] 28. We had rain most of the day. A party consisting of Capt [William G.] Walters, Capt Needham, three negro fellows, and porters arrived about 1030. From all indications, they are going on reconnaissance as far as Hkalak Ga.⁸⁸ I envy those men for the interesting trip they will have. Capt Walters slept in the cabin as did "Ledo" his monkey. Nothing else of news.

[June] 29. Capt Walters and party left 0800. Lt Baumgarten and Sgt Boughter arrived around 1230.⁸⁹ Left for Tipang about 1430. *Savage* and *Booth* returned at 1400. Rained in the afternoon.

[June] 30. Today we were expecting a party from the company, which never came. Felt sick today. I had a temp. of 100° at 1500.⁹⁰ Confined to bed. Rained most of the day.

[July] 1. Stayed in bed all day. Still feel very sick. Temp. is 102°. Rained in the afternoon. Nothing of notice happened except the natives believe they seen a Cobra in the coolie hut. We found nothing.

[July] 2. Today at 1030 Sgt *Fromant* was sent down to the hospital carried by coolies. *Romeo* went with them. *Savage* becomes "keeper of the Book." At 1610 Paul "Doc" Lotze and Ray Price⁹¹ came down from Ujan on their way to the company. Around 1730 *Nick* returned and brought our chairs, tables and cigarettes that were at Tipang—Good boy. We retired about 2400. Doc slept in *Bob's* [*Fromant's*] bed and Ray on a litter on the floor. Rained.—

[July] 3. Rose at 0600. Doc and Ray left for the company around 0715. A group of Chinese went through at 11:30 going to Likhapani [India]. A colored boy named [William T.] Robertson came from Punyang arriving

⁸⁸ Hkalak Ga was well south of the Ledo-North Tirap area, on the West Axis Trail, and it was the staging and final training area for the 3d Battalion, 112th Infantry, of the 38th Chinese Division. The evident increases in trail traffic at this time reflected the buildup prior to the advance toward final positions below Shingbuiyang in October. Walters was the Commanding Officer of an element of the 21st Quartermaster Group; Needham was a British officer.

⁸⁹ Presumably on the way back to Ledo, after having established Aid Stations 5 and 6—see entries of 11–12 June.

⁹⁰ Fromant is down with malaria, as all the others will be at North Tirap, so *Savage* posts the entries from 30 June through 21 July. During World War II, malaria was second in the list of infectious and parasitic diseases incurred by Army troops overseas and in the Army as a whole (gonorrhea led the list). The death rate of malaria followed that of tuberculosis and infectious hepatitis; the rate for each was above 2.5 deaths per annum per 100,000 average troop strength. The incidence rate of malaria was higher in the China-Burma-India Theater than anywhere else. The 1942–45 average incidence rate in CBI was 98.46/1,000/year. In 1943, the incidence rose from 264/1,000/year in June to a peak in August of 322/1,000/year; it ran below 200/1,000/year from January through May and in November and December; the year's average incidence rate was 181/1000/year. The highest mortality rate for malaria occurred in CBI in 1943, 20.19 per 100,000 average troop strength per annum. For men such as those at North Tirap, virtually no environmental controls were provided. Personal protective measures were rarely enforced or self-sustained. The use of Atabrine to suppress the acute phases of the disease in an infected man still was being experimentally investigated in the Southwest Pacific. Under such conditions, there were 9,160 men like Fromant in CBI in 1943; he was one of the 1,700 patients with malaria among the first 2,400 patients admitted to the 20th General Hospital at Ledo. See U.S. Army Medical Service, *Environmental Hygiene*, pp. 29, 219; *Malaria*, pp. 7–11, 35, and chapter VII; *Infectious Diseases*, chapters XIV–XVIII. The report of the experiments with Atabrine—as decisive in the war in their way as those of the Manhattan Project—is listed in the bibliography under the name of the principal investigator, N. Hamilton Fairley.

⁹¹ 151st Medical Battalion, Aid Station 4.

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here at 11:30, had dinner and went on to Ledo at 1300. At 1500 a note from Station Number One saying a Lt. [Donald O.] Hartburg and a Pvt. [Victor] Krolick⁹² was coming up, & going through. They arrived at 1800. It rained the best part of the day. Retired about 2230. For the past week we have been drinking boiled rain water, for two days prior to this we drank boiled river water as the spring where we got our water before this was covered by the river.

[July] 4. Lt. Hartburg and party left around 07:30. At 0700 *Savage* had a Temp. of 101.4°. It dropped to 99.4° in an hour after taking quinine. Today was *Martins* birthday so this morning as he walked in, shouting and waking us up we greeted him with, "Happy Birthday Martin," instead of the threats that usually greet this human (?) alarm clock. These we said under our breath. Today being Independence Day in our country (the good ol' USA.) *Russ* baked a cake and brother it was really good. We had a very good meal. (honors to *Russ*) Part of the cake was for *Martens* birthday and the rest for our holiday. The Chinese provided the sound effects for the day with rifle fire and hand grenades. At 20:00 the gang had coco and cake, but I, feeling too ill, remained in bed and dozed off to sleep soon after. The others following around 22:00.

[July] 5. It is known now that I have Benign Tertian Malaria and I have hopes that I won't have to leave here for a place in the hospital. Early this morning Lt. *Sonnenberg* and *Nick* went in to the company. That left *Russ*, *Booth*, and myself here. I felt rather sick all day. Nothing of interest happened.

[July] 6. Today *Nick* and the *Lt.* came back at 1330. Prior to that nothing out of the ordinary took place. With them they brought some G.I. candy, books, mail and some replaced clothes. They had taken *Bob* a piece of *Russ's* cake and said that he's feeling better. Lt. [Shy Seymour] Greenspan,⁹³ who is replacing Lt. Ducey at the Chinese camp, and Maj. Chow came over to talk to the *Lt.* I felt much better today.

[July] 7. *Booth* left at 0500 for the company to get his teeth fixed. Nothing else happened until 1800 when *Nick* returning from a visit to the Chinese camp brought company in the form of Lt. Greenspan, Lt. Clancy Topp and Sgt Nick Lycesko. Lt Topp & Sgt Lycesko are going to take pictures and write a story of the cabin for the "CBI Roundup."⁹⁴ They slept here.

[July] 8. Today we all had pictures taken. We're getting into the higher class. *Booth* got back at 1530 and then the pictures were taken. The Lt. even let me get out of bed to have some taken. Wish *Bob* was here. So that he wouldn't be let [left] out we faked a picture of him with Lt Greenspan.

[July] 9. Today the last of the pictures were taken and Lt Topp and the Sgt. left. About 10:00 a English Capt. T. Maston came through going to GHQ at Lickapanie. An hour later a Maj. Leedham also English⁹⁵ came up

⁹² From the 679th Signal Air Warning Company en route to the air-warning station in the Ujon-Rema area.

⁹³ An Engineer officer from Chinese Army in India Headquarters.

⁹⁴ The U.S. Army weekly troop newspaper. See *Chinese Liaison Detail*, p. 111, n. 112.

⁹⁵ Apparently neither *Capt.* Needham (English) nor *Lt. Col.* Leedham, commander of the 48th Evacuation Hospital.

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and stayed overnight. *Marten* reported a Chinaman hanging to a tree above Tema. Around 1900, Art Seith came in ⁹⁶ with the colored boy, who came up with Lt. Ashbrook, taking him to the hospital with a lacerated knee. Lt. *Sonnenberg* made a diagnosis and said that nothing was radically wrong with him, but sent him down for observation.

[*July*] 10. Art and his patient left at 0800. About 1100 a Lt. [William J.] Smith and a Lt. [William F.] Cox with Maj Chow and two other Chinese ⁹⁷ stopped for dinner on their way to investigate the hanging Chinaman. They came back about 1900. Lt. Smith had went back for a jeep and returned with it about 1800. At 1730 Lt. O'dahl, Sgt [Howard A.] Woods ⁹⁸ and Sgt Boughter came up and stayed overnight. We also had Majors Wu and Chow from the Chinese camp over for supper. After supper everyone went down on the bridge and fired at cans in the river. We used about 100 round of 30.30 and a lot of cal. .45. Lots of fun. I lost Rs 20 when Lt. O'dahl hit a can in the air twice. We haven't had any rain for the past four days, and we're back to drinking spring water.

[*July*] 11. It's a wonderful day out today. The sun is shining and everything looks bright and cheerful. We got up at 0830. Maj. Chow came over bringing shells over to replace those that we fired last night. Lt. O'dahl and party left about 14:15. Lt. *Sonnenberg* and *Nick* made the usually trip to the Chinese camp. Nothing else took place today.

[*July*] 12. Today was another day without rain. Duncan and Piens came in about 1400. They're returning to the company and are taking all of their rations in.⁹⁹ Majors Chow and Wu where [were] over for a farewell supper tonight. Maj Wu and his command is leaving the 14th. *Martin* has another young fellow working with him ¹⁰⁰ named Halladay who we met last night. We sat on the porch and talked for a while then retired.

[*July*] 13. Today as yesterday *Nick*, *Booth* and *Russ* went across the river and cut logs for firewood. The Lt [*Sonnenberg*] even went over and cut some for and [an] hour. At 1020 Art Seith came in, going back.¹⁰¹ With him he had two colored fellows named [Leonard R.] Slaughter and [Carl F.] Cummings ¹⁰² also going up to Punyang. Piens and Duncan had left at 1000 this morning.

[*July*] 14. Starting around 1000 today the fellows from stations three and four started drifting in following the advanced guard of Piens and Duncan who had carried on yesterday. It wasn't a very orderly retreat but a successful one. It came to an end at 1400 with Sgts. Montgomery and Shaw bringing up the rear (as all good Sgts. should). The entire group stayed overnight.

[*July*] 15. At 0600 everyone had already left. Those remaining were R. Price and Sgts. Montgomery and Shaw. Corp. Paul "Doc" Lotze is staying

⁹⁶ From Aid Station 5. Ashbrook and the soldier came through on 22 June.

⁹⁷ From the nearby jungle training camp. Smith and Cox were officers from Headquarters Chinese Army in India.

⁹⁸ 151st Medical Battalion.

⁹⁹ Aid Stations 3 and 4 at Ujon and Rema were closed on 12-13 June; so also was Station 1 at Tipang.

¹⁰⁰ Supervising porters.

¹⁰¹ No. 5, Punyang.

¹⁰² 21st Quartermaster Group.

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with us until *Bob* returns and Pvt. *Rorabeck* is to remain here in place of Phillips. I had the cramps the entire day due to the reaction of quinine. Around 1030 Major [John T.] Smiley¹⁰³ and Capt Short arrived and stayed until 1400. Also the new Chinese officers from the camp down the trail came over. There was Major Chang the interpreter and Capt. Wong the commander.

[July] 16. Today "Doc" Lotze and *Cobby* [*Rorabeck*] went to Ledo and the company. I felt much better today but just took things easy (I love it.) At 1615 a Corp. [Roland H.] Rosinsky from the 679 Sig. Bn. and a Corp. whose name is unknown, from the 51 Fighter com[e].¹⁰⁴ They stayed over night.

[July] 17. Rosey [Rosinsky] and his friend left at 1000 this morning and not[h]ing else of interest took place until 1300 when "Doc" and *Cobby* came back with Lt. O'dahl, Corp. [William] Bradbury¹⁰⁵ and porters with our canteen supplies and the Lt. brought our pay. (What a happy day) This is the first time I've ever had money in India without someone yelling Baksheesh at me all day. Incidentally, Lt. O'dahl had me put the R/20/ in a fund for the use of the cabin. Our beer ration also came in and we sat on the porch this evening drinking our brew, smoking and talking.

[July] 18. Today it rained for the best part of the day. About 1145 two fellows by the name of [Owen B.] Lockridge and [Joseph F.] Sutto dropped in. Lockridge left around 1300 going back while the other fellow who is going up the trail stayed here. It has always been known that *Russ* is really sharp at cooking and has proved it many times but today was really the end of any doubt that may have existed when for dinner he had creamed chicken, mashed spuds, chicken and rice soup, chocolate pudding, fruit cocktail, and a few other odds and ends that make up a good meal. Lt. O'dahl and the boys brought the chicken up with them yesterday. At 1715 Art Seith came in. It was really a surprise because he had just went up [to Punyang] last Wed. the 14th. He certainly must like to walk.

[July] 19. Lt. O'dahl and Bradbury left around 1000. About 1100 a Capt and S/Sgt whose names slips my mind drop[ped] in for lunch before going on to Tipang. Today we did our Spring house cleaning even though it's the middle of the summer. Better late than never. Art left this afternoon with the Capt. and party.

[July] 20. Today we received a great surprise when who should walk in but S/Sgts [Herbert] Thomas and [Carlo] Guinto.¹⁰⁶ This makes the 16th successive day that we have had visitors. Tirap should by now be a well known place.

[July] 21. Today is the day I've been waiting for. *Bob* returned home bringing Sgt. Evrett who is going to stay for a visit. Thomas and Guinto left at 1400. Some Chinese troops slept in the coolie shed and I slept in the dispensary for safe keeping. And so ending with this, I once more return the

¹⁰³ The 151st Medical Battalion Executive Officer, an especially able man who later became Surgeon of Base Section 3 at Ledo. See *Chinese Liaison Detail*, p. 112.

¹⁰⁴ En route to the air-warning station at Ujon. The "51st Fighter" may refer to the 51st Fighter Control Squadron or to the 51st Pursuit Group, Tenth Air Force.

¹⁰⁵ 151st Medical Battalion.

¹⁰⁶ 151st Medical Battalion.

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keeping of the book back to *Bob* and shall try to recover from my writers cramps. Adio[s]!

[*July*] 22. I again take my pen in hand for the purpose of "Keeping the Books" as my able bodied assistant put it. There is no need to write of the happiness brought about by my return to "Monsoon Lodge" as it is obvious to anyone who has had the fortune to have visited the cabin of Assam. My one hope is that I never receive another bite from our insect enemy. It wasn't such a good thing to have & it took me away from this paradise. The order for the station was that Cpl. *Lotz[e]* was to remain as our medical tech and *Rorabeck* return to the company, so *Rorabeck* went back with Sgt *Everett* early this morning. Yesterday we started placing the burlap ceiling¹⁰⁷ on the cabin and finished it this morning. This afternoon for an hour or so *Nick* & myself started the chicken coop. Lt. *Sonnenberg*, "*Doc*", and *Booth* did a fine job in the dispensary with the mesh that was sent up. The fellows took good care of the cabin during my absence and besides keeping it clean, they added a few improvements. The crew is really a fine one and have a lot of pride about the place called home. About 1600 a Lt. [Kenneth D. Harris], from "Seagraves" arrived and is staying over nite.¹⁰⁸ He is going to the base at Tagap. After supper we all congregated on the porch, the subject being: "sex and how we like it and would like it." The Lt. from Seagraves took the stand with a few of his tales about his stay in Calcutta. We retired at 2300. The weather was very hot all day.

[*July*] 23. Breakfast was served at 0700 and the Lt. [Harris] left shortly after. It was raining when we arose and continued for about an hour when the sun came out terrifically hot remaining so for the rest of the day. The only work for the day was a little cleaning of the area. We were expecting Col. *Pitkin* & Capt *Schwartz* today and we were ready for them with a nice chicken dinner ready for preparation, but they never arrived. Art [Seith] arrived about 1500 from the company with cigarettes & supplies. He had a note from Capt. *Schwartz* explaining about not arriving. Lt. & *Doc*¹⁰⁹ went to the Chinese camp this afternoon.

[*July*] 24. The roosters did a fine job of awakening everyone at 0500, but the chow was not served until 0830. The main event of importance for the day was the visit of General [Haydon L.] *Boettner* [*Boatner*]¹¹⁰ to the famed "Lodge." The General & Lt *Greenspan* arrived about 1000 and after a tour of the area and dinner, they left. His presence at dinner made the last link of rank that has eaten here. To date we have had every rank at some time or other for a meal. The General was the type of man we have heard all the Generals in this theater are. He was definitely not a brass hat, had a bit of

¹⁰⁷ As a barrier to prevent dirt and chaff from sifting down from the bamboo roof.

¹⁰⁸ Kenneth D. Harris, 1st Lt., MAC, had a great reputation as a rapid hiker. He was the "walking link" between the three Seagrave hospitals. Tagap, on the East Axis trail, was the site of the principal Seagrave medical station in the summer of 1943. See *Seagrave, Burma Surgeon*.

¹⁰⁹ *Lotze* became a well-trained technician who later took over *Sonnenberg's* duties, and still later, served as a noncommissioned liaison officer with the British 36th Division.

¹¹⁰ Brig. Gen. Haydon L. Boatner was Stilwell's chief of staff and deputy commander of the Chinese Army in India. At this time he was in charge of the Forward Echelon of the CAI Headquarters.

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humor, and was very much concerned about his age. He commented [complimented] the group on the station and said he has heard of the good work we are doing. *Russ* also received a compliment on his dinner. One thing that went over big with all of us was the fact that the General wanted to wash his own dishes, but the water was not ready. The work was very little today because it was so darned hot. *Marten* was down for about an hour today.

[July] 25. When we arose this morning we found to our surprise that Col Pitkin & Capt Schwartz was here. They had started early from camp but do [due] to an obstacle in the road, they had to leave the peep and walk about a mile. They arrived in time for breakfast. When the General was here his last remark was "I am going to send about 20 men up tomorrow and don't give them a damn thing to eat. They have been sitting on their ass too long." We thought he was kidding but about 1000 the men started arriving and everyone was in sad shape. Among them was a Major, 3 1st Lt., and 2nd Lt., several grades of non-coms and some Pvts. Most of their stay here was spent in the water cooling off and they started back about 1300. The Col & Capt left about 1400 stopping at the Chinese camp on their way down. Lt *Sonnenberg* arrived from the camp with two Lt's. who just arrived from the States & who had big ideas for repairing the road. They stayed only a short time. The weather was very hot. The Capt. brought *Savage* a box that contained his camera; he will now become camera happy.

[July] 26. Art [Seith] had left by the time most of us got up, which was about 0800. About 0915 *Nick* & I started for Tema arriving there at 1100. We had dinner and rested an hour or so we started back arriving here at 1430. Today was the first day for several that we have not had visitors although we did offer our most humble hospitality to a Naga fellow and five women who stayed for almost an hour. *Savage* was very fortunate in getting five pictures of them after a cost of cigarettes and biscuits. The weather was again very hot but tonite it looks like rain.

[July] 27. In last nite's log I mentioned that it looked like rain and not only did it look like rain, but it did rain plenty hard. One could class it as a cloudburst. The rain brought two small leaks to our attention. After a 0900 breakfast *Savage*, "*Doc*," *Nick* & I went to the woods with the saw and cut 32 logs. We returned to the cabin and the work for the rest of the day was sweeping out the joint and lowering the big table. The only visitor today was "Bad Eye"¹¹¹ who only stayed a few minutes after he back-sheeshed us for some biscuits. We had a short rain, the rest of the day being cloudy until about 1500 when the sun came out. Today makes the second we have not seen *Martens* Dakwalla.¹¹² He went through Sunday to Tipang and hasn't been back yet. *Booth* feels some better today. The Tirap chicken farm is not doing so well, two more are struggling for their last breath and *Russ* is tearing his hair out trying to keep the mortality rate down. Things have come to a pretty pass when vitamin pills won't work, so the latest medication is the well known drug Sulfanilimide. Fingers are crossed.

[July] 28. Lt. *Sonnenberg* made an order that no one is allowed to sleep

¹¹¹ A Naga villager. "Baksheesh"—a gratuity to a beggar.

¹¹² Mail carrier.

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after 0800 regardless of what time we go to bed, so breakfast will never be later than 0830. *Nick* was sent to bed today with malaria. *Booth* is feeling much better. There was no work and the visitors were Capt. [Benjamin F.] Gerhardt¹¹³ & Capt. Walters.¹¹⁴ Capt Gerhardt met Capt. Walters in Kalak [Hkalak Ga] and they made the trip together. Capt. Gerhardt started his journey from "Hell's Gate" [Hellgate]¹¹⁵ taking seven weeks to get here. They stayed long enough for a bite to eat, then headed for Tipang. Capt Walters was stiff legged when he arrived but was determined to make camp. Both men started from Ranglum¹¹⁶ at 0530 and were here at 1510. A good days walk. "Funeral director" *Lotz* performed another burial today, but the other chicken is hanging on for dear life. Maybe we had better give up raising chickens. The sun broke thru the clouds several times to make the day miserable.

[July] 29. The main event for the day was Lt. *Sonnenbergs* dangling personality being stung by an insect larger than a mosquito, possibly by a yellow jacket. The insect not only stung him but left the stinger in and while getting it out he kept saying: "Gee it feels funny." There were no visitors to the abode which is very unusual. The day was hot most of the day with threatening rain tonite. The rations were due two days ago.

[July] 30. The arrival of the rations constitutes the main event of the day and of course we all welcomed them with open arms. *Booth* was up & around some today but *Romeo* was running a higher temperature and consequently he was feeling bad. He should feel better tomorrow as today is his last for quinine. I felt ambitious today and tried my hand at baking. With *Russ* aiding me in the measurements, I managed to throw together material enough for two pies & an apple turnover. The pie was "Ambrosial Apple Pie," and it wasn't half bad at all if *Russ* & I do say so ourselves. We will know the complete results tomorrow. Halliday stopped here for the nite on his way to Tipang. The chicken mortality rate has been increased one more as of 0730. *Russ* has failed as a fowl doctor and we have decided to have chicken Sunday (if they last that long). The weather was cloudy most of the day with occasional rays of sun.

[July] 31. Today is not only the last of the month, but the day of celebration. Some years ago, Mr. & Mrs. C. B. Fromant was blessed with a most wonderful child and today we dedicated the whole day to that great happening. If you haven't guessed it by now, its my birthday. I practically broke my arm on that one. Halliday bid us goodbye & good luck this morning. He has been given a new job and probably won't be thru again.¹¹⁷ About 1100, the colored fellow, who assisted Capt. Walters up to Kalak,¹¹⁸ arrived and left shortly after dinner. He had seen Stoney [Craig] & Price [at Pebu] and said they were fine; they had awfully long beards. He told us

¹¹³ Gerhart, Chinese Army in India Headquarters.

¹¹⁴ See entry of 28 June.

¹¹⁵ East of Ledo on the road trace. Gerhart had gone out on the new road trace, down to the Chinese Army stations at Hkalak Ga, across to the West Axis Trail, and thus on to Tirap.

¹¹⁶ Below Punyang.

¹¹⁷ See entry of 12 July.

¹¹⁸ See entries of 28 June and 28 July.

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Capt. Needham was straggling down and straggling he meant. The Capt. arrived about 1400 in bad shape. He stayed for a half an hour then started for Tipang figuring 3 hours to make it. He said he would never take the trip again and remarked that his guides were responsible for bringing him in because several times he gave up hope and was going to quit. He did fine for a 50 yr old man. We had Naga company today for about 2 hours. The fellows gave me a party about 2030 tonite. I really appreciated it and thank them a lot. It goes to show that fun & gatherings can be had under any circumstances. I don't believe I could have felt happier at the moment because I knew they were all sincere. We had lemonade and a swell cake baked by *Russ*. *Russ* is certainly doing a grand job here. I can also say that for all the fellows here. I have an item that was very funny to us but not to *Doc*. It seems that T-5 *Paul E. Lotze*, medical tech, has been bothered for some time with the "jockey itch" and figured that Gentian Violet, the medication for days, wasn't doing very good. So tonite before going to bed, he put [on] 4% iodine saying he would cure it for good. *Russ* was up late writing letters when he saw *Doc* in bed applying wet handkerchiefs to his testicles. When that failed, he went outside and between jumps he would pour buckets of water on them. Finally *Russ* awakened the *Lt.* and they applied Boric Acid & Phenol ointment to his lower extremities. T-5 *Lotze* went to bed, but he was in too much pain and *Lt. Sonnenberg* had to give him a shot of morphine. He finally went to sleep. The diagnosis is 2nd degree burn of the testicles and surrounding territory.

August 1. We were surprised this morning during breakfast by the arrival of Sgt. Everett & Earl Palmer¹¹⁹ who are staying until Tuesday. Palmer said it wasn't a bad trip and later today he said his feet hurt. It wasn't but about an hour before another group from Gen. Boettner's Hq's started arriving. These men were the ones who were on duty last Sunday and couldn't come. From what they say, the Gen. is going to send a group out every Sunday. I was very surprised to see a boy from Bedford [Ohio] who is a Tech. Sgt. in their unit [5303d Combat Troops (Prov)]. We finally solved the chicken problem today by snuffing out the light of six chickens lives leaving "Corky" to roam Tirap by himself. *Russ* prepared another delicious dinner which was thoroughly enjoyed by everyone. The afternoon was spent reading by some and swimming by others. *Booth's* condition is very satisfactory today and *Romeo's* also. *Nicks* temperature was normal for the first time today and he felt like whipping wildcats, until he stood up. *Marten* stopped in this morning and had quite a chat with *Lt. Sonnenberg*. I must not forget to mention that today is *Nicks* 1st yr. wedding anniversary. The day was comfortable all day.

[*August*] 2. The news for today is very little. *Russ* & I started for Tipang at 0715 to see Capt. Cunningham¹²⁰ about Jit being our bearer. Capt Schwartz had seen Cunningham prior to our visit, so it was a matter of formality. We will see *Marten* tomorrow and have him send Jit down. We went to the bazaar at Ledo and returned to Tirap at 1800. There had been

¹¹⁹ 151st Medical Battalion.

¹²⁰ British officer in charge of the porter camp at Tipang.

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no visitors other than the usual Naga's. The sun broke thru the clouds enough to make it a hot day. *Nick* was up for a while today.

[*August*] 3. Sgt. Everett & Palmer were gone when we arose. They left about 0700. *Marten* arrived while we were eating breakfast and stayed until shortly after dinner. He has his new assignments and will leave in a few days. About the only work done today was the making of curtains for two windows by seamstress *Booth*. She, I mean, he will finish the job tomorrow. Another Naga girl stopped today, escorted by six men, to excite our passion. The sky was quite cloudy making it comfortable all day except for a few minutes of hot sun.

[*August*] 4. It rained most of the day today. It wasn't a hard rain, but a slow steady one. The Dakwalla didn't stop for the mail this morning and [I] found out that he will tomorrow. We had more Naga company today. Lt. *Sonnenbergs* thyroid treatment seems to have spread all over the village because new ones are coming every day. They were leary of the medicine at first until they learned it was a cure for goiter. *Doc* & I left for Tema at 1335 to get *Jit*. *Marten* was not there but we brought *Jit* back anyway. I might inform the log that T-5 Paul E. *Lotze* found a new but painful cure for "jockey itch." Apparently it is working fine as the burned skin is peeling, showing new skin. It is still a pitiful looking mess.

III. "THIS GODFORSAKEN COUNTRY"

5 August-5 October 1943

Sickness became more common. Trail traffic declined. Boredom alternated with worry and loneliness. Then Sergeant Fromant took a trip up trail simply to occupy his time, and left the Log with his cheerful assistant, "Doc" Lotze. There was a stir when two nurses from the 22d Field Hospital walked out and stayed the night. But the trend of events was clear. To the east, road work progressed and the Chinese infantry assembled above the Hukawng Valley. The West Axis Trail, now off to the side of the main line of advance, became somnolent. At the base, the 151st was preparing to move into Burma along the road. Massarra returned to the company. Lieutenant Sonnenberg went on to a more active station. By October the team had shrunk to half its former size.¹²¹ "The weather was cloudy with occasional rays of sunshine."

[*August*] 5. Something is radically wrong someplace because we have had no visitors for the past few days. Furthermore, we haven't had any excitement to give me a subject for the log. Today was *Jit's* first day and we can't figure

¹²¹ Pvt. Armand V. Gentile replaced Massarra on 6 September. Lieutenant Sonnenberg, Savage, and Booth went up trail on 26 September. Then Gentile was pulled out, leaving only Fromant, Lotze, and a new man, T5c. John P. Goodall.

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out whether he likes his job or whether its just his nature. We will find out in a week or so probably. The Dakwalla didn't show up again today and here our mail sits as it has been for two days. The sun shone on & off all day and about 1500 it started lightening and thundering in the East. The Chinese camp changed units again, the new group arrived yesterday & today.

[August] 6. The Dakwalla didn't show up again this morning so *Savage* & *Russ* started for Tipang with the mail. They returned about 1900 with two V-letters,¹²² every bit of mail there was. Their trip is the extent of the news for today's log. The *Lt.* & *Doc* made their daily visit to the Chinese camp and the Naga's were the only visitors. We had quite a bit of rain today.

[August] 7. Among the many surprises we have had during our stay here was the arrival of Sgt. [John M.] Drusso with Sgt. Guinto.¹²³ The nature of their visit was supplies both medical & canteen. The medical supplies took a back seat today because the canteen supplies consisted of our first American Beer ration¹²⁴ and cigarettes. The two are only going to stay until tomorrow because a vehicle is coming after them. Drusso tried to persuade Sgt. Guinto to stay but to no avail. The evening naturally was spent drinking beer and shooting the familiar bull. Their arrival is all of importance today. We had just a little rain.

[August] 8. The Sgts. were on their way by 0800 much to the disappointment of Sgt. Drusso. There is something about this place of attraction because everyone wants to come back. Could it be the good looking & husky men who run the lodge? I know its not the fact that its a perfect rest set-up. We were looking for another group from Gen. Boettner's Hq. today, but evidently he is giving them a rest. From the looks of some of the fellows, they will have to rest a few weeks before coming up again. You could tell, by a not too close an examination, who was the desk sitters & who wasn't. We were blessed by an all day rain today.

[August] 9. The *Lt.* sent *Savage* to the hospital for an x-ray today and he left rather early. The time is unknown by me because I, along with a couple others, slept a few extra winks. He is to come back Wed. We had plenty of rain again today, which has been a relief the last few days from the previous hot days. Our only visitors were the familiar Naga's who frequent our abode quite a bit for the thyroid medicine.

[August] 10. Our rations arrived but were the poorest we have received yet. It seems that the QM had a "S.N.A.F.U." somewhere along the line and was shorted 70% on the ration delivery. We hope rations for the next ten days will be better. The weather was cloudy with a slight rain in the early morning. *Russ* & I left for Tipang for the purpose of a visit to Tinsukia.¹²⁵ Wed. I am listing the happenings from the 10-12 inclusive. The fellows said nothing of importance took place during my absence, so we jump to today, the 12th. *Russ* & I returned about 1330 after a hot walk and shortly after our return, *Russ* was sent to bed with a Temp. of 102°. The *Lt.* is undeter-

¹²² Letters written on special forms, photocopied, and reduced in size.

¹²³ 151st Medical Battalion.

¹²⁴ Fromant was in the hospital away from the station when beer first arrived—see entry of 17 July.

¹²⁵ West of Ledo.

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mined as to whether he has Malaria or a tropical fever. *Savage* went to bed again with a reoccurrence of his malaria. "*Doc*" was up today feeling fit as a fiddle. *Russ's* job was taken over by *Romeo*, who does a fine job of "throwing it together." When we returned, we found, to our surprise, a pineapple cobbler made by *Romeo*. No kidding it was good. So closes the log for tonite.

[*August*] 13. Today is the day for all superstitious people, but as far as we were concerned, it was just another day. *Nick* put out a good breakfast of pancakes & sausage and in fact all three meals were good. He makes a fine assistant to *Russ*. *Russ* does have malaria but felt good all day. *Savage's* temperature went down considerably since yesterday afternoon. About 1400 a Lt. [Edwin P.] Massoth¹²⁶ arrived with coolies. He is on his way to Pebu to relieve Lt. Robbins [Harry Robinson Jr.] there. The sun was out most of the day and tonite the moon is beautiful. Oh for home, a car, & freedom. Three Chinese were up from the camp this morning. *Nick* wishes to report to the log that he caught his eighth rat tonite.

[*August*] 14. Lt. Massoth didn't leave till after breakfast which was about 0830. He was rather a nice fellow and we enjoyed his stay. We had rain the better part of the day. I tried my hand at baking again today and I will leave it to the opinion of the fellows as to how it tasted. My opinion is that it wasn't bad but—. Lt. *Sonnenberg* is having quite a time with his bed patients. There is no more news for today. Amen.

[*August*] 15. Another Sunday and no visitors from General Boettner's Hq. He has probably called off his plans to send them up weekly. *Nick* is doing a fine job at cooking and put out three more good meals. About 1100 a fellow from Ujan station stopped on his way to Ledo followed by *Rosen-sky* who is going down after parts. They both stayed for dinner and left shortly after. The weather was a slight drizzle all morning with occasional drops in the afternoon. We had some twenty Nagas stop for treatment today. *Jit* came down with a fever of a 104° today and was sent to bed. He will probably be back to work in a day or two.

[*August*] 16. *Russ* & *Savage* were allowed up for their first time today since their illness started. Lt. *Sonnenberg* went to bed today with a temperature of a 102°. His coming down with it makes a sum total of seven [new] cases of malaria and one reoccurrence among the seven enlisted personnel at N. Tirap. We have all had it now. The Lt. tried to keep it from us, but had to tell when "On the ball *Lotze*" checked the thermometer. *Booth* & I stuck to the Monday characteristic and did a little washing. This afternoon *Romeo* made some right fine noodles that set off the vegetable soup we had for supper. *Jit's* temperature has been normal all day. Outside of the Lt., everyone is feeling fine. We had a little sun today and just a slight sprinkle of rain in the early afternoon.

[*August*] 17. I surprised the little garrison this morning by arising at 0500. Of course there was a reason for it. *Booth* & I started for Tipang at 0530. We wanted to take the mail down and, too, we needed some things from

¹²⁶ 21st Quartermaster Group.

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the bazaar. We returned at 1800. A fellow by the name of Tims ¹²⁷ was here for supper. He is on his way to Punyang to take charge of 500 porters who will porter from Punyang to Kalak [Hkalak Ga]. Lt. *Sonnenberg* was in a bad shape today, he is going through his toughest days which is no fun. It rained most of the morning but the afternoon was very hot. *Booth* & I heard from *Tipang* that more beer was coming. That suits us very well.

[*August*] 18. Tims left very early this morning as no one seen him go. Today proved another bad one for the *Lt.*, he should feel some better tomorrow. Nothing unusual happened which makes tonites news for the log very skimpy. The day was cloudy with a little rain after supper. The traps held the ninth rat this morning when *Romeo* went into the kitchen. Tirap should be rid of them for awhile.

[*August*] 19. Everyone spent a dreary day today because there was nothing brewing. We all spent the afternoon reading except *Nick* who spent his time making potatoe raviola's for supper. There [they] were my first and really tasted good. The fellows went for them in a big way leaving none for the garbage pit. We had a hard rain in the afternoon for about an hour and a half. We had the usual Naga visitors today. When *Nick* went to the garbage, he found to his surprise that a lonely rat had fallen into the can and at the time was well covered with grease. We took measures and after igniting a kerosene soaked piece of cotton the rat found it very hot and finally gave in to the heat. This morning *Nick* found the 10th rat in a trap and the garbage can made the 11th.

[*August*] 20. There is two events for todays entry, the first being arrival of our rations which were four days earlier than we expected. The rations were pretty fair this time. The next more important event was not the arrival of Tom Weeks & [Luis A.] *Marchion*,¹²⁸ which was a surprise, but our second beer ration which arrived on the backs of porters. Along with beer came 1 carton of cigarettes per man, plus candy & gum. These canteen supplies were extra super and we all appreciated them very much. The boys arrived about 1100. We had no rain today, but a very hot sun. The *Lt.*'s temperature was normal all day and he felt very good.

[*August*] 21. Another dreadful hot day was spent by the personnel at N. Tirap. This morning, while all of us we[re] killing time in various ways, *Romeo* was sweating in the kitchen over a batch of noodle dough. He made another batch of good noodles for vegetable soup. This afternoon, yours truly made three more apple pies for supper. N. Tirap is really producing some fine meals, thanks to *Nick*. We are holding true to the Sat. nite tradition by drinking beer and throwing the bull. The *Lt.* had another fine day today.

[*August*] 22. Today was another day of company. About 1100 another group from the Gen's Hq arrived. Most of these fellows had been here before and we learned that General *Boettner* definitely has not stopped the Sunday hikes. One Sunday they go in one direction and the next they come here. One of the fellows took some more pictures for the "Roundup" and for use in

¹²⁷ A civilian with the porter corps.

¹²⁸ 151st Medical Battalion.

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the States. We also heard that the pictures taken some time ago of the cabin will appear in the next issue of the "Roundup." Tom & Marchion left about 1400 with the rest of the fellows. Shortly after everyone left, three fellows arrived who are taking some needed supplies to Ujan. They are staying over nite. N. Tirap was a busy place today. The weather was partly cloudy with occasional rays of sun.

[August] 23. A very quiet & restful day was spent today with no visitors and no excitement. The log is short of news. The weather was a steady downpour of rain all day and half the nite.

[August] 24. It was still raining when we arose. *Booth* had planned to take the mail to Tipang and was able to start about 1000 when the rain slowed down to a slight drizzle. Around 1400 several Bengalese & Assamese arrived. They have come to repair the bridge.¹²⁹ *Booth* returned with several letters at 1700. He said the trail was in worse shape than when we went to Ledo. Two more rats met with death during the nite. The rain stayed with us all day.

[August] 25. Today was another rainy, dreary, boring, & uneventful day. This was one of the longest days I have ever spent here and I believe the rest will say the same. We all wish the rumor would come true or something happen to enliven our spirits. This Godforsaken country. The Assamese forman claims the bamboo around here is not the right kind for the bridge, so he went to Ledo for wood. Later in the afternoon some of the workers left, bag & baggage. They claim the climate & mosquitoes are too bad and they won't stay here; poor fellows. We had rain about half of the day. No visitors.

[August] 26. We had two surprises today which was the arrival of Sgt. [Seawood L.] Richardson¹³⁰ and Bob McFarlin.¹³¹ Sgt. Richardson had returned from Kalak where he had been for some time. He assisted Capt. Walters on his trip and contracted malaria while at Kalak. He received treatment from Col. Seagraves personnel and after recovery, started his return. We had quite a chat with him and learned a few things that is happening up there. About an hour after his arrival, Bob McFarlin arrived looking like a hermit. He had started from Ujan this morning. Both fellows are staying over nite. Nothing else outside of the usual happened today. We had a little rain and the day was cloudy.

[August] 27. Today was one of the biggest & best we have had. Everything good happened and our moral[e] was stepped up 100%. *Savage* has been running an unusual temperature, so Lt. *Sonnenberg* sent him to the hospital for observation. Leaving with him was the Sgt. [Richardson] and these two were followed shortly by *Booth* and McFarlin who went to the company for a walk. After they left we watched the *Lt.* set a coolies broken arm which to me was very interesting. No sooner was that over when a coolie arrived who had a finger that was painning him because the finger had swollen tight to a ring. The *Lt.* removed that with a slight cut to the finger. *Romeo* & I heard a deer close by and went after it, but to no avail. We returned to find a few

¹²⁹ See entry of 7 May, when two officers inspected the bridge.

¹³⁰ 21st Quartermaster Group; see entries of 28 June and 28 and 31 July.

¹³¹ 151st Medical Battalion, Aid Station 5 at Puyang.

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Naga visitors. This concluded the morning. Early afternoon brought a Lt. Col. Lee, his interpreter, and three enlisted men. They had two pack horses and are going to Hapache [Hpachet] Hi. They left after a short rest. The next visitors were a Lt. Col. American attached to the Chinese and his assistant Chinese Major Chen. They stopped for a rest and were invited for supper. They were here only a short time when Major [Newman R.] Burns & Capt. [George G.] Bonnaman [Bonnyman]¹³² arrived. The Major & Capt. are going to Kalak. With the Capt. came a package from Sgt. Girand¹³³ containing the "Roundups" of our pictures. We were extra glad to see them and we are very pleased and proud to have our pictures in the paper. We had nine for supper. After supper the Lt. Col. & Chinese Maj. returned to camp. At 2000 who should arrive but Booth & McFarlin. We never expected them to return and with them came a lot of mail & two quarts of "Seagrams VO" for Lt. Sonnenberg. A very enjoyous evening was spent reading letters drinking & talking. A very busy day for N. Tirap was brought to a close around 2300.

[August] 28. Major Burns & Capt. Bonnaman left this morning about 0830. McFarlin left with them. As we were eating dinner Sgt. Drussoe & Corp. [William] Bradbury arrived with four porters carrying canteen & medical supplies. They finished dinner and opened the supplies. To our surprise was more cigarettes, loads of candy & soap. We certainly received a good supply this time. Around 1530 a Col. [James E.] Darby¹³⁴ and Capt. [Frederick B.] Zombro¹³⁵ arrived followed a few hours later by a Corp. & Tech Sgt. with 24 Garrow [Garø] porters. The party was completing a "loop around the hoop," in plain words, from Hells Gate to here. They had been out 31 days and that is nothing to sneeze at. Capt. Zombro was very anxious to reach "home" before dark, but when the Col. saw the noodles Nick was making he decided then & there to stay. After a very good supper an interesting talk was enjoyed by the Col. and all. He made a trip thats worth a thousand dollars and I envy him in spite of its roughness. Today is the seventh consecutive day of rain.

[August] 29. We arose this morning to be greeted by a very nice surprise, it was raining. The Col., men & porters were on their way by 0800, a little later than expected. Russ & I baked three peach pies this morning and they were pretty good, by jove. We had a fine dinner which was followed by a card game, reading, and writing. Everyone enjoyed the afternoon relaxing except Nick again who spent his preparing the good Italian dish "Niocoli." We had one of the best suppers tonite. We started off with a toast by the

¹³² Chinese Army in India officers. "Bonnaman" should be Bonnyman. The identification of Lee, mentioned just before, is conjectural. A Capt. Thomas C. Lee was with CAI at that time. The mention of an interpreter suggests that the Lieutenant Colonel may have been a Chinese officer, however.

¹³³ Staff member of *CBI Roundup*.

¹³⁴ 21st Quartermaster Group.

¹³⁵ Of the 73d Evacuation Hospital, but temporarily assigned at the time to S-2 (Intelligence) in Ledo. The 73d and 48th Evacuation Hospitals, as well as the 20th General Hospital and the 151st Medical Battalion, reached the Ledo area in April. The 73d was originally an affiliate of the Los Angeles County Hospital. The trip which Zombro is contemplating, like that noted in the *Log* on 28 July, began near Ledo on the new road trace, turned south, then west, and so back up the West Axis Trail to the starting point.

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Lt. of Seagrams V.O., note. Then a big dish of delicious Niocoli followed by pie & coffee. Everyone got up from the table stuffed & satisfied. Tonite a rugged game of pinochle is being played for the championship of N. Tirap.

[*August*] 30. The feature for the day was the arrival of the rations. The ration was very good and a fine selection. Sgt. Drusoe & Cpl. Bradbury left shortly after dinner. About 1000 Sgt. Webb & Corp. [Willie L.] Beasley,¹³⁶ two colored boys from Punyang arrived. They are going to base and left after an hours rest. At 1600 we met again with Yen Chang who has returned from Hpachi Hi. He came thru May 20 with Major Chen's unit and is now returning to his Hq. After supper we enjoyed a very interesting session with Yen Chang at the bat. He translated various names into Chinese meaning. Tomorrow we lose the *Lt. & Doc* who are going to Punyang for the walk. The Tirap personnel is retiring early tonite.

[*August*] 31. *Lt. Sonnenberg* & "*Doc*" finally got under way for the trip to Punyang by 0730 and much to our surprise they didn't return after being out a half a day. We all feel that if nothing else the *Lt.* will make it on sure determination. Yen Chang left about 0900. Around 1100 who should surprise us but Capt. [Harold F.] Zwick, Del [Delbert D.] Zehnder, [John M.] Gregel, and W. [Wilbur] Cox.¹³⁷ You could have pushed us over with a pin because they were the last ones we ever expected to see. Shortly after dinner we went to the river and upon our return we found Capt. Zwick preparing to leave. He said he would like to stay over nite, but had to get back. He started at 1615. We haven't had rain for two days but the weather man will make up for it. After supper we shot the bull until 2230.

[*September*] 1. *Russ* left for the company this morning about 0730 and with him went *Romeo* and Gregel. Cox and Zehnder decided to stay until later. About 1100 Art Seith¹³⁸ arrived on his way to the Company. After dinner the three left leaving *Booth* & myself to guard the haven of bliss. It was very quite all afternoon and it was a job to keep ourselves occupied. Then tonite it was even worse. The place can certainly be desolate and to be stationed alone would be slow death. We talked until about 2100 and retired.

[*September*] 2. There is very little news for the log on todays activities. *Booth* & I slept until 0800 and had a late breakfast. The only work done was a hole started by me followed by the laundrying of 16 pairs of socks. *Booth* made up a batch of medicine which he took to the [Chinese] camp this afternoon. *Russ* & *Romeo* was supposed to return yesterday and it is now 2000 and still no sign of them. I can't imagine what is holding them up, but evidently something is. We had several light showers throughout the day. The only visitors were a few Nagas and porters for medicine.

[*September*] 3. This morning we had another late breakfast and accomplished nothing for the day. After hours of patient waiting, *Russ* & *Nick*

¹³⁶ 21st Quartermaster Group.

¹³⁷ 151st Medical Battalion. Captain Zwick commanded Company A, and organized the East Axis Trail aid stations. He later succeeded Lieutenant Colonel Smiley as the Battalion Executive Officer when the latter became Services of Supply Surgeon for Base Section 3, at Ledo. Zwick's successor was Capt. Bernard G. Schaffer, MC. See *Chinese Liaison Detail*, p. 110.

¹³⁸ From Aid Station 5, Punyang.

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arrived but not until 1730. They explained their delay as having to wait for the gasoline lantern that was purchased for Lt. *Sonnenberg*. They brought with them a lot of mail and several "Bedford Blabbers,"¹³⁹ so the evening was spent reading. About 2030 we heard shouts coming from the direction of Rema and in answer to our calls, we heard the word Chinese. In a few minutes two Chinese soldiers, drenched with rain, arrived to the cabin. They had started from Rema at 1400 and had to walk part way in darkness because their flashlight burned out. *Russ* fixed them some supper and they stayed for the nite.

[*September*] 4. *Russ* being back, we had breakfast on time. After breakfast *Russ*, *Booth*, & I went laundrying at the river. While we were down there, *Nick* broke a part of the lantern and started for Tipang to get it fixed. He had been gone only a few minutes when Sgt. Gumps [Montgomery], [John] Cisek, and Joe Joe [Joseph J. Joseph] arrived with red but beaming faces. Cisek & Gumps said they had to carry Joe Joe half way but of course Joe denies it. The fellows went swimming and after dinner a pinochle game was started and has been almost continuous since except for long enough to eat meals and a little sleep. *Russ* & Cisek are trying their best to beat Gumps & Joe, but to no avail. A bull session, the standard entertainment at Tirap, concluded the day. *Nick* arrived back about 1800.

[*September*] 5. After a good breakfast, the foursome began their game. Yours truly started making peach pies and after throwing away one batch of dough I succeeded in getting the pies finished. The afternoon was leisurely spent by all. 1600 brought action to the kitchen once more when *Nick* & *Russ* dove into dough & "Corn Willie" with the results being another meal of Niocoli. After supper, the card game changed to a small stake poker game. The weather man brought forth another day of rain.

[*September*] 6. Breakfast had been over only a short time when the foursome again took to cards and after a few games we went swimming. While we were down at the river, *Russ* brought the news that Lt. *Sonnenberg* & *Doc* had just returned. When we returned we found them in fine shape except for being wet & muddy. This was about 1130. Around 1200 who should arrive but Tom Weeks, [Armand V.] Gentile,¹⁴⁰ & [Joseph A.] Susich.¹⁴¹ *Gentile* came to replace *Russ* who is finally leaving the outpost after 5 mo of darned good service to the station. I hated to see him go, but maybe he had enough of the hills. *Russ* certainly did his share during his stay. Monsoon Lodge was full of company until 1500 when Gumps, Cisek, *Russ*, & Joe Joe started for the company. A fellow from Ujan [warning] Station arrived with the Lt. & *Doc* and is staying over nite. We had one of the hardest rains yet which started about noon and lasted about two hours.

[*September*] 7. The fellow from Ujan left with his coolies before breakfast. Dr. Salo¹⁴² arrived from up trail and had dinner with us before leaving. The porters being pulled off the trail has forced the Dr. to leave his station at

¹³⁹ The local newspaper from Fromant's home, Bedford, Ohio.

¹⁴⁰ 151st Medical Battalion.

¹⁴¹ 151st Medical Battalion.

¹⁴² An Indian civilian on duty with the porter station at Rema.

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Rema. *Nick* left with Tom [Weeks] & Susich at 1300. *Nick* is going to the company for *Gentiles* lantern and a generator for the *Lt's. Doc, Lt.* and I returned from the Chinese camp and shortly after our return, we saw a transport circle the camp. The Chinese were practicing panel work and the plane dropped a chute for practice.¹⁴³ There is no other news for the days entry.

[*September*] 8. The important entry for today's log was the drowning of a Chinese soldier at a spot in front of the cabin. His accident wasn't explained to us very well, but we know he had on an improvised life belt. The onlookers did nothing to remove him and we tried, but to no avail because of a lot of tree limbs in the water. To our knowledge his [he] is still there unless the current flowed him down stream. The camp gave a 3 hour ceremony this evening. *Nick* returned about 1900 with mail and nothing new in the line of rumors. We had a little rain again today.

[*September*] 9. The news for today is very scarce. The only visitor was Mr. Oliver¹⁴⁴ who came a little after breakfast and stayed only a short time. Today was a very long day. It seems very strange not to see coolies coming thru as was the daily sight until a very few days ago. We have had no information as to our rations as yet and they are way overdue. Here's to "Corn Willie" & stew for a while.

[*September*] 10. We were expecting Drusoe with medical & canteen supplies today but he never arrived. In his place, Clancy Price arrived which was quite a surprise. He & four colored boys are headed for their respective Hq. Again Monsoon Lodge has company. We get more company for being a jungle outpost as described by the C.B.I. Roundup. *Booth* & I are planning to go back with Clancy on his return. About 15 porters passed thru today with up trail loads. The first in days. Yesterday it rained practically the whole day and today there was occasional showers. We have 11 beds up tonite the most we have ever had. The cabin is really crowded.

[*September*] 11. The *Lt.* left about 0700 with Price & the colored boys. They started in the rain which was an all day rain. About 1100, Cpl. Mikulka & [Alfred O.] Herwick¹⁴⁵ arrived soaked to the skin. It was Al's first hike since the States and he said he felt fine. I'll let [sic] the rest to your opinion. Al had the payroll and it was the thing that brought him up not the exercise. There wasn't any activity and a small poker game ended the evening.

[*September*] 12. The last mantel burned out last night, so *Doc* and I started for Marghareta at 0700 with Mikulka and Herwick. We also started in the rain & returned in the rain. On our way down we meet Art Seith who is returning to Punyang. Also to our surprise we passed ten loads of ration for Tirap. It wasn't a very good variety, but it was the best they could do because most of the food was packed in the cars. The Tipang QM has definitely moved and the last man leaves tomorrow. The *Lt.* is going to see

¹⁴³ Signal panels displayed at a dropping field identified the target for the cargo planes.

¹⁴⁴ With the porter corps.

¹⁴⁵ 151st Medical Battalion.

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about our future rations. We are sweating out the length of our stay here and can find no facts about it. *Doc* & I returned at 1900.

[*September*] 13. Art was supposed to leave this morning, but no one awakened until after 0800. He figured it was too late, so he stayed and is leaving tomorrow. There is very little news for today's log. Oliver stopped for a few minutes this morning on his way up trail. He went down just a few days ago, but was sent right back up to operate another porter camp. Today was the third consecutive day of rain and I mean rain. It hasn't let up the least bit since it started.

[*September*] 14. Art was gone when I awoke. Breakfast was later than usual but didn't make a lot of difference. Sgt. Montgomery brought a 1st Lt. and Sgt from the 303rd [330th] Eng. to look over the bridge once again. They arrived about 1030. We are through looking for an improvement on the bridge because this is the 10th party who has examined it and it is still as bad as ever. The three of them are staying over nite. Another porter convoy came thru today with loads for Punyang. No other news. The weather was changed today only a half a day of rain. Finding myself becoming a bit fat around the "Buttox" and in need of a walk, *Booth* & myself decided to take a small trip to Pebu and do a little visiting. While I was gone, my able bodied assistant "*Doctor Paul E. Lotze*," alias T-5 *Lotze*, accepted the job of keeping the station log intact and might I say he will do a wonderful job as you will read as you continue. My hat is off to "*Doc*" and many thanks.

[*September*] 15. Today Lt. *Sonnenberg* returned home after a four day vacation in the big city of Margharetta. C. Price & [Warren G.] Welch¹⁴⁶ arrived a little later. Welch is to replace Art Seith [at Aid Station No. 6, Pebu] who is coming down "Out of those thar hills" after a five months stay. The Lt. brought our latest issue of beer together with some late news flashes. (We really have a Lt. that is on the ball). The night was spent drinking that good old "Pabst Blue Ribbon" with Lt. and Price still trying to find out who is the best chess player.

[*September*] 16. This morning old Station #1 [2] looked like Grand Central station with all the boys cots and bed rolls laying around ready to be moved. C. Price, Welch, *Fromant*, and "Robin Hood" *Booth* started for Pebu. (The bets are 100 to 1 they won't make it) but the old trail jockeys say they will. *Gentile* left for the company on a little business trip. Now the little garrison at Tirap consists of three personnel, Lt. *Sonnenberg*, *Romeo*, & *Lotze*. But we think we can hold it from the Japs till the other boys get back. Again it was visitors day at Tirap. Lt. Ashbrook & Brown¹⁴⁷ from Punyang rolled in about noon after walking all night. They were the first Americans we ever heard of walking the trail at night. So its "hats off" to the young Lt. & his comrade. Today Tirap opened its clinic for women. A Naga girl had an abcess of the breast. The Lt. had a little minor operation fixing it up. Late in the afternoon a plane circled our camp and we thought maybe it was rations so we waited and waited (we are still waiting the time is 8:00 PM).

¹⁴⁶ 151st Medical Battalion.

¹⁴⁷ 21st Quartermaster Group. There were five men named Brown in the 3304th QM Truck Company, 21st QM Group, and three Browns in the 21st QM Regiment.

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Thats all the news from Station B-1 [2] for today. P. S. *Romeo & Lotze*, who know very little about panel work, had a little panel practice trying to tell the pilot that this was an American camp. He got our signal as we saw his green light flash on. We think the rations were for the Chinese. If anyone should see any American rations laying along the trail, kindly forward them to Tirap. You have our permission to eat all the corned beef, but spare the rest for the Tirap boys. (Aren't we generous). Thats all folks for today.

[September] 17. Today we here at Station #1 [2] are opening up a hotel. All we are asking in the way of rent is that all guests bring his own ration. *Romeo* went to Rema after rations and in the meantime rations came. They were really the best rations we have had so we will have to throw a few orchids to the QM outfit and to the Lt. for getting them "on the ball." Lt. *Sonnenberg & Lotze* have been given a new name "Sourkraut Face" as it seems they have an awful hard on¹⁴⁸ for raw sourkraut. The weatherman has been good to the boys here at Tirap. He has shut off the water supply for a few days and we really appreciate that big bundle of sunshine he is supplying us with. Tirap B-1 [2] signing off for today. More tomorrow.

[September] 18. Lots of news from little old Station #1 [2] today. *Nick* returned from Rema about noon with lots of ration, so now we can take off our sweatshirts (sweating it out) as we have plenty of food. This actually happened in India. Time: Today. Place: Tirap. Two American nurses (did you get that American nurses) walked to Tirap from Ledo. Say these Americans are great people male or female. Well the nurses made it in fine shape and here are the names (get out those date books) Lt. [Alice] Gunlugson & Lt. [Rose] Oser¹⁴⁹ and I might add they are really good lookers. Say what have those boys in New Delhi got over us here at Tirap. We [have] American Nurses. Don't you guys in Ledo envy us? Sgt. Hibbard¹⁵⁰ also paid us a visit and is going to spend the night with us. *Gentile* and [Pvt. Edwin H.] Garl¹⁵¹ brought the nurses up so its a full house here tonight. Lt. Gunlugson A.N.C. wishes to say that, "Two nurses, bonefide Amer. nurses from the second generation, showed us what the U.S. Army nurse is made of.[?]" In closing todays news we take time out and all say, "Its hats off to Uncle Sam's Nurses." Lt. Gunlugson, ANC & Lt. Oser, A.N.C. are the trail blazers. We are expecting more to follow. Thats all folks. Station #1 [2] signing off. More news tomorrow night.

[September] 19. Sgt. Hibbard left early this morning. The boys got up without the Lt. having to call us. The girls, who spent the night here, were the last ones up. The old cookie (*Romeo*) had hot cakes and they were really good. I may add that the nurses of the U.S. Army also have big appetites. For dinner *Romeo* came thru with his old specialty "Niocoli," and it made a hit with all. The nurses left Tirap at 1300 for Ledo. First stopping in at the Chinese camp. The Chinese treated them like ladys and the gals thought

¹⁴⁸ Male ardor.

¹⁴⁹ Of the 22d Field Hospital, on duty at Margherita with the 73d Evacuation Hospital while their own unit was waiting to be flown to China.

¹⁵⁰ 151st Medical Battalion.

¹⁵¹ 151st Medical Battalion.

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a lot of the Chinese camp. Then they took off for Ledo G.I. shoes & all. Garl took them back (the lucky guy). Pvt. Rozensky¹⁵² came thru about noon and left after dinner. The nurses paid us a compliment before leaving. They said they really appreciated their short stay here and hoped to pay us a visit again (we're hoping so). We had a little improvement today. *Gentile* turned carpenter and fixed up our sidewalk. He done a good job. The nurses gained the title "Sweethearts of Tirap," bestowed upon them by the personnel. Lt. *Sonnenberg* wishes to take the floor at this time for a few words. Come in Lt. "I wish to say that the boys at Tirap haven't forgot their manners; they acted like gentlemen all the time the nurses were here." The above statement is not a believe it or not question, its actually true. In closing todays news, if you guys see any nurses out walking around Ledo show them to Tirap as we know they are headed this way. (I prefer blonds.)

[September] 20. Visitors day at Camp Tirap again today. Lt. Ashbrook better known to Tirap log readers as "Night Walker"¹⁵³ and two of his body guards [Riligh] Dorsey & Brown are spending the night with us on their way home (Punyang) after a brief visit to the big city at Ledo. The Lt. brought a few cans of beer with him and said "Lets drink boys" and you know these Tirap boys they never refuse anything (Nice Guys). Not much news today so will give you the weather report. The weatherman came through with a little rain which lasted all night long. Today he threw a bundle of sunshine our way. He figured we were getting a little hot so thought we ought to have a shower last night. Thats all from Tirap today. Keep your dial set for tomorrows news.

[September] 21. Today was construction day at little old Tirap. Ground was broken for our new mess hall, which is going to be the best in the Tirap area. Our native foreman "Bad Eye" is in charge, and the supervision is none other than *Nick Romeo* who used to put cars together back in Bedford, O. He is going to try his hand at putting up a mess shack. (We're hoping for the best). Lt. & *Lotze* took off bright & early for the company on a little business trip. Lt. Ashbrook & party also left this morning. *Savage* returned to Camp Tirap after a vacation at the 20th Gen Hosp.¹⁵⁴ (Poor guy had to look at those nurses all day). Well its *Jack Savage* Day at Tirap. We are all glad to have *Jack* back with us again, but we hope he has forgotten some of those *corney* jokes and stories. Thats all folks.

[September] 22. The boys had a lot of sleep last night as breakfast was not served until 9:30 A.M. the reason being the "Green Hornet" was absent. Lt. and *Lotze* arrived about noon with odds and ends of the news reports and a few rumors. The contractor "Bad Eye" stated that the dining room would be completed tomorrow. So we will put on our Sunday Best and use Emily Posts Etiquette at least for one day. The weatherman threw us a few drops today. [Salvedor F.] Ponce,¹⁵⁵ from Ujan, is staying overnite on

¹⁵² Rosinsky, from the Ujon air-warning station, was listed as a corporal on 16 July.

¹⁵³ See entry of 16 September.

¹⁵⁴ Savage had been sent to the hospital on 27 August.

¹⁵⁵ 679th Signal AW Company.

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his way back to his unit. More news tomorrow. Buy War Bonds in the meantime.

[September] 23. Our mess hall was completed today. We ate our first meal in it tonight. *Gentile* christened it by spilling a cup of coffee on the table. Ponce, who stayed overnite with us left this morning for Ledo. The boys named the new mess hall "Tirap Cafe." Tirap had its first night work when a Chinese soldier had to have a piece of shrapnel removed from his neck. The *Lt.* did a fine job of sewing with a kerosene lamp as the only light. The Chinese really appreciated the *Lt.*'s coming and think he is really "Ting How" ["good"].¹⁵⁶ The weather was fine today. No rain and plenty of that good healthy sunshine. In closing todays news we all say, "We at Tirap are doing our part to spell the word Victory and we hope the home front is doing their part also!"

[September] 24. Visitors again at Tirap. Capt [Floyd T., Jr.] Romberger¹⁵⁷ and Cpl. Weeks arrived about noon today. It was the first time we have seen our new C.O. since way back there in the good old States. The Capt. brought us a little bad news. The Tirap station is going to spilt up.¹⁵⁸ *Lt. Sonnenberg, Savage, & Booth* are going to Hpachi Hi to start a new station. *Gentile* is going back to the Co. leaving *Fromant, Romeo, & Lotze* at "Ye Old Tirap." We know the *Lt.* and the boys will make a good name for themselves in Burma. We hate to see them go but this is war and duty calls them. Mr. Oliver¹⁵⁹ & Art Seith, formally of Punyang, dropped in on their way to that big city of Ledo. They are going to spend the night with us, so its "full house" again at Tirap. In closing todays log we at Tirap ask these good old civilians back home for a little favor, for Christmas we wish Old Santa Claus would send us a "Juke Box" [phonograph].

[September] 25. Capt. Romberger, Cpl. Weeks, Art Seith, & Mr. Oliver left early this morning. *Nick* fixed a special meal for the *Lt.* today of that awful stuff Soya Links. The rest of us had fish & beans. It was the first time he had ever tasted them and he said, "*I love them.*" He also likes Corn Willie another awful dish. He said he could live on Corn Beef & Soya Links the rest of his time in the army (I think it's a Section VIII case).¹⁶⁰ *Savage & C. [Clell C.] Norris*¹⁶¹ surprised us by dropping in on us tonight, we thought they were Japs. Before going to bed tonight the *Lt.* is going to read us the Articles of War. This makes the 100000056 time we have heard them (Boring isn't it). So in closing todays news we are going to bed and dream of Court Martials.

[September] 26. *Lt., Savage & C. Norris* left early this morning. We hate to see the "*Looie*" and *Savage* go. We will always remember the *Lt.* as a

¹⁵⁶ "Good"—a phrase which (with its opposite, "Bu hao") most soldiers in Burma learned.

¹⁵⁷ Company B, 151st Medical Battalion. He was the original editor of the *Log*.

¹⁵⁸ To relieve a Seagrave hospital station, which would soon move forward with the Chinese, as the Second Burma Campaign commenced.

¹⁵⁹ Civilian porter supervisor.

¹⁶⁰ Section VIII of the Army Regulations concerning medical matters and the discharge of troops; it covered cases which were psychologically or morally unfit for retention.

¹⁶¹ 151st Medical Battalion. *Savage* had returned to duty 4 days before, but *Lotze* apparently failed to note his departure.

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right guy. Tirap has a new song entitled "We Three" *Gentile, Romeo, & me*. *Nick* had "Niocoli" for supper to lift our moral[e] to A-1, it was really good. The weatherman threw rain at us all day.

[September] 27. *Romeo* left early this morning for the Co. leaving *Gentile & Lotze* to hold down the fort. We kept ourselves busy doing little repair jobs which were well needed. *Gentile* tried his hand at baking pies and did a fine job. We had cherry pie for supper; incidently, is there a war going on? Weather was bad, rain all day. We are watching the trail every day for that "Juke Box." Hasn't anyone an old rusty Juke Box they could let the Tirap boys use? Thats all for today.

[September] 28. Breakfast was served at 9:00 AM. A few Chinese officers dropped in about 9:30, so we had coffee and crackers with them. *Romeo* arrived back about noon bringing with him books & cigarettes as a moral[e] builder. *Gentile*, our sub cook, again had a field day baking two peach pies. Rained off & on all day. Closing for today.

[September] 29. We here at Tirap have become, as Emily Post would say, late sleepers because breakfast was served at 10:45 A.M. (Really, we are still in the Army). We are definitely getting our share of the Monsoon Season; again it rained off & on all day. We have been very busy the last few days with patients who consist of natives, porters, & Chinese. Well its time we say goodnight as its time all good soldiers are in bed and of course we are *good* soldiers.

[September] 30. Today was *Nicks* birthday so as a present we gave him the day off. *Gentile* baked a cake which was very good and he even put trimmings on mind you to the tune of Happy Birthday *Nick*. Just like downtown. *Gentile* has the title of Camp baker. Lt. Sonnenberg & party arrived this afternoon on their way to Burma. They are going to spend the night with us. The weatherman was very good to us today. No rain fell on little old Camp Tirap today, just plain good old sunshine like those lucky civilians are having back in the good old U.S.A. Today was also payday, oh Happy day. In closing todays news, we all made a wish when *Nick* cut his cake. You are not supposed to reve[a]l ones wishes to the public but we will just this one time. We all wished that *Nick* would celebrate his next birthday back in the States. We hope our wish comes true, don't you?

[October] 1. The Lt. & party left early this morning. They have a big job ahead of them, but we know they will do a good job and make a good name for themselves. We wish them the best of luck that can be had. A political officer [Johnny Walker] was our only visitor for the day. He stayed about an hour. He had just returned from the Naga villages where he had been paying them for work done. Now they are the Rajas for a change. Good weather all day. Closing for today, its bedtime.

[October] 2. Today was very slow, nothing happened. In the place of news which is little, we will dedicate todays date to our bearer. His name is *Jit Bahardu* and his home is Shillong. He is Nepalese and as close as we can figure he is in the late twenties or early thirties. Before working for us, he was a porter on a regular run. We have known *Jit* ever since coming

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to the hills and everyone holds high regards for him. He has been our bearer for the past three months and is a very good worker. He can understand & talk enough English to get along; therefore, relieving us of the sign language that has to be used in regards to other porters. He also acts as our interpreter when treating porters and can also interpret the Naga language for us. He is very reliable and knows what is to be done and how. We would part with him only under absolute necessary circumstances and everyone will hate to see him leave when the time comes to break station. All in all, *Jit* is "Teek Hi"¹⁶² with us as you can plainly see. No rain today and again we were blessed with that good sunshine.

[*October*] 3. The news is very slight again for today. *Gentile & Lotze* went to the company this morning and are due back tomorrow. The went to the company this morning and are due back tomorrow. The us rain. There were no visitors so until tomorrow evening its cheerio.

[*October*] 4. Lots of news for todays log entry. Guests again, Corp. John (Jeeter) Goodall and Corp. Harry [Donald C.] Everingham, better known as "City Folks," arrived with *Gentile & Lotze* about 1030. Then who should walk in but old "Trail Blazer" none other than *Fromant*. After a seventeen day vacation he thought he would come home and give us a break, or is it a break, we wonder. Rations also arrived today, so again we eat. We at this time take time out to pause for one (1) minute and pay respect to Hq 151st Med. Bn. for the good rations they sent us. Its orchids again to the 151 boys. *Goodall* is replacing *Romeo* as chief cook & bottle washer. It is rumored that he is a good cook but we will submit our report later after we see how he throws our chow together. The weatherman again showered us with rain, but only for a short time. I, *Paul E Lotze*, at this time turn this job of log entries over to the *Sgt. [Fromant]* who will resume all responsibility. I am glad to wash my hands of it all.

[*October*] 5. Harry [Everingham] was supposed to return to the company yesterday but decided to stay overnite, so this morning he started back taking *Romeo* and *Gentile* with him. It was ordered that *Romeo & Gentile* return to the company immediately upon my arrival as there was some changes made and they are wanted at the company. The personnel now at Monsoon Lodge is three and from all reports it will remain three until such time when it will be broken up. The station is going to be lonely now with only three of us, but we will try to keep each other from busting our skulls against the wall. Booth, who accompanied me on the trip, returned as far as Ujan and was taken back over the same trail with Lt. Sonnenberg on his way to Hapachi Hi. I was sorry to learn that most of the boys were leaving the station because we really had fun in their presence but they were called on to do another job and of course there was no alternative. We will miss them and hope it won't be long before we are altogether on "F" deck of some transport, sail boat, or tug heading for that land of lands. The weather was cloudy with occasional rays of sunshine.

¹⁶² "OK."—about the limit of the American soldier's command of Indian languages.

NORTH TIRAP LOG

IV. "START PACKING"

6 October–21 December 1943

Time dragged at the aid station although the autumn was not without novel incidents. Then an emergency at one of the up-trail posts required Fromant to leave North Tirap temporarily. This time he turned the Log over to his substitute, T5c. Donald C. Everingham. With ears accustomed to a duller tone at the Ledo base, Everingham heard a jungle sound which may well have helped sustain the equanimity so typical of earlier days at North Tirap: the sound of freedom. Yet symptoms of cabin fever increased.

The command to Fromant to close the station came just before Christmas. His mood changed instantly, and he regained the optimism with which he began the Log 8 months before. Was it that, like Stephen Crane's men in the open boat, within the same ironic limits and with the same transcendence of literal actuality by moral truth—was it that the soldiers of North Tirap silently acknowledged that they had had the best experience of their lives?

[October] 6. Visitors again today. One would think this place was a museum because of so many visitors but we don't mind as long as the food holds out. The visitors were Lt. Baumgarten, Corp Weeks & Don [Donald E.] McKay.¹⁶³ They puffed & grunted and after not too much exertion arrived here about 1100. We have our idea as to who grunted & puffed but we wish to keep our opinions to ourselves. While *Doc* made his trip to the [Chinese] camp, the rest of us busily engaged ourselves in some sound sleep. The evening was spent in a bull session about everything and if you have ever attended a session in which there was a doctor & soldiers, you know what was the main subject and it wasn't food. Everyone hit the pad about 2300.

[October] 7. The Lt. and fellows left [for Ledo] about 0900 and I went with them to see Capt. Romberger. I was there until Sunday morning, therefore, I was unable to note any events that happened here and according to "*Doc*" the only visitor during my absence was a fellow from the Ujan [warning] station. He is the trail walker in my estimation and can really make dust, if any is to be found. He was on his way to his Hq.

[October] 10. I returned to the happy garrison about 1330 today and brought with me Sgt. Herb Thomas, who decided he needed a rest. It seems when some one needs a rest or change of scenery they come to Tirap because its the only place besides Shillong¹⁶⁴ that any one knows where peace & quiet can be had. And it definitely can be had here. *Jeeter* [Goodall] & I did a little work in the kitchen but we were both too sick and decided to leave it go until tomorrow. Our motto here is: Always put off until tomorrow that

¹⁶³ 151st Medical Battalion.

¹⁶⁴ Site of a military rest camp.

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which you are too tired to do today. It is a good motto for here but it would soon change if we were at the company. When I returned "*Doc*" was in bed; he was down with malaria for his second time. Thank gosh the malaria season will be over soon. This is all for now.

[*October*] 11. Herb [Thomas] was supposed to return today but it was raining and then too we all slept a little longer than usual (he wasn't in favor of returning anyway). *Jeeter* & I felt better today, so we started on the kitchen again. Our last cook must have become lazy because the place was a mess. After about three hours work, we finally were able to stop with the results being a clean kitchen once again. I can certainly say for Russ's sake that the kitchen was never a mess when he was here. The fellow from Ujan stopped for a few minutes on his way up trail. We had just finished breakfast when Mr. Timms arrived on his way to Tipang. He received a message to report to his Hq. and he was puzzled as to what is coming off. I seriously believe we won't be at this station much longer. After a "spot of tea" he left. We had rain again today.

[*October*] 12. Herb left this morning about 0900. He said he wished it was possible to stay a month to give him immunity so he could [go] back to the company and take the S.N.A.F.U.'s that are so prominent there. I feel we will go thru hell when we have to go back to regular duty. Today was really the first time the three of us have been alone and I believe we will be able to manage if its not too long. We all had a lost feeling because we are used to seeing seven faces and it makes a difference when someone leaves. Porters came thru today from up trail, the first in several weeks. They were carrying chutes to Tipang. *Doc* made his daily trip to the Chinese camp today. A new unit came in and he is having the usual trouble getting the hospital organized. More rain today but not steady.

[*October*] 13. We three were not alone long today. About 1600 Harry Everingham & Al Herwick came bouncing in with no other reason than just the walk. They made good time which I believe is about the best anyone has made who is not used to walking the trail. The one and only amusement we have here is a game called "Bull Session" which we played until about 2200 over a cup of coffee. I'll bet we have told the same stories over several times but its always to someone new. We like to have strangers stop because we can hear new stories and then tell ours over again. We have each told each other our life history from childhood to present and its coming to the point where we'll have to start over again to keep from sitting in silence. There is going to have to be some changes soon or the Company will have to write papers for three Section VIII case[s]. We talk on the darndest subjects just to have something to say. It rained hard just after Harry & Al arrived and then later in the evening the rain was accompanied by a strong wind. Oh yes, we also had to sit in the dark because we are out and have been out of kerosene. I would like to know why the civilians are griping.

[*October*] 14. Al & Harry had intentions of going back this morning, but postponed their leave until the afternoon. About 1100 who should bestow his presence upon our humble abode but Bob McFarlin. He had journeyed from Rema and was planning to continue to the company. His reason for

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coming was legal, he had no home. It seems while he was accompanying Lt. Sonnenberg to Hpachi Hi his partner Welch became cold and as a result, burned the Basha down. He tried to find out what happened, but all mouths remained closed. Someone managed to salvage a few personal items but it was all a complete loss. Everything including medical supplies & all made a dandy fire so they told him. He has his suspicions but no proof. The fellows were ready to leave about 1500 when Harry called Al chicken for not wanting to stay over and the result was six for supper instead of three. Harry said his cold was too bad to walk anyway. Everingham was on the ball all evening and had us laughing until we went to bed. Someone said the monsoon season was over. It looks as tho it has just started, rain again today.

[October] 15. The fellows had planned to leave at 0500 but it was too dark at that time and they finally left at 0600. We had guests for dinner in the form of a Col., Major, Chinese Major and 2nd Lt. The 2nd Lt. was Greenspan, who was stationed at the camp a few months ago. Greenspan had brought the officers up to look over the Tirap area. I believe they are planning to put troops here. God help us if they do. They left shortly after dinner. Old *Doc* decided to go to the company after talking to Greenspan and there was nothing going to stop him so he went down from the Chinese Camp about 1400. *Jeeter* & I are holding the fort until he returns. Surprise today no rain. The sun managed to shine a few minutes during the day but the clouds were too thick.

[October] 16. The station was rather quiet today having only two of us here. *Jeeter* & I managed to remain occupied the whole day. The sun sent forth its warm & welcomed rays most of the day and I took advantage of them for about two hours. It's the first sun bath I have been able to take for several weeks. A few Nagas were our only visitors. *Jeeter* & I managed to think of a few life stories that were not told as yet, so we talked until about 2100. Very little news for today but maybe more tomorrow when *Doc* returns.

[October] 17. *Doc* returned today about 1400 empty handed and we were about to knife him for not bringing mail when he told us three porters were coming. He had very little news of interest and found out later that most of what he did say was "Bull." We did manage to learn that Capt. Romberger is coming up Tuesday. The porters arrived shortly after with mail, clothing, and medical supplies, and three (3) cans of beer apiece. This beer is supposed to be our monthly beer ration and what a ration. I'm afraid we'll get drunk drinking so much. They tell us another S.N.A.F.U. is the cause of the shortage and that the 151 was one of the unfortunate units who received only (3) per man. I wonder if it could be another lend lease stunt pulled by our allied friends. *Doc* also said to give up hopes of our transfer because the odds against us are too high. We'll have to sit tight I guess and wait as we have been for years. This ends the gossip for today.

[October] 18. More company came today than was expected and the news they brought wasn't any too good in my concern. The company was in the form of Capt Romberger, Sgt Everett, and guess who again, Corp. *H.* as in *Harry E* as in *Everingham* but he came this time to stay for awhile.

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He brought the sad news that I am to go to Punyang and he is going to take over. While at the Co., McFarlin received a cholera shot that settled in his neck muscles and he was sent to the hospital, so I have to run this station until he is released for duty. The trip is not to my liking but then who am I to disagree. *Harry* is going to run Monsoon Lodge for about two weeks and I hope I am not gone any longer. As for him, he wishes me no bad luck but he hopes I have to stay there several months. It would appear that he likes this place. Shortly after the Capt. arrived, a group of 10 Americans arrived and who should be in charge but Trail Blazing Skiddmore from way back. It has been several months since he was thru here. He is taking this party to Kalak Ga to set up a station once more and lets hope they are not run out again.¹⁶⁵ The Sgt. & men rested about two hours then left from Tima where they are staying for the nite. Mr. Timms accompanied the Capt. He is going back to Punyang and will eventually land in a camp on the other axis [East Trail] to carry on operations. Maybe this bomb will explode soon; we all hope so or at least something to stop this idleness. Nite flying has been very prominent the past week, looks like the sky is relatively safe.¹⁶⁶

[*October*] 19.¹⁶⁷ The Capt. left early this morning. Mr. Tims also left this morning. Sgt. Everett stayed over for a day. A little work was done around the camp. The rest of the day we had some well earned "bunk fatigue." It is getting quite cool up here it looks like winter is just around the corner.

[*October*] 20. We had breakfast at the early hour of 0700. Then had a little gun cleaning followed by a little swimming than a little rest. The night was spent "shooting the Bull." We had a little rain today.

[*October*] 21. Sgt. *Fromant* left for Punyang this morning. Sgt. Everett left for the company so now their is only three of us to run Camp Tirap. Cpl. *Goodall* made some bread which was really good. We are living like Kings up here (in fact they tell us their is a war going on) The weatherman was good to us today. Had plenty of that good old Indian sunshine. Bed-time came early for the Tirap boys. Everyone was in by 2100. (See, we are trying to be good soldiers).

[*October*] 22. Today was awful slow, but life came to our station when Major [Herbert V.] Traywick and Major [Joseph] Rockis dropped in on us. They are in charge of the new Chinese camp which is going to be built in our back yard. Major Traywick brought some beer out of his bag so we drank to his health. In closing todays news we say "bottoms up."

[*October*] 23. Today Camp China Town has been set up. Those little sons of China were as busy as a bee all day long. And they really have something

¹⁶⁵ Soon after an air-warning station had been established at Hkalak Ga in early spring, the Japanese moved in its direction. Alerted to their danger by native informers, the signalmen escaped after burying their equipment. The episode occurred in March. By the time of this entry the area had been entirely secure for several months: Romanus and Sunderland, I, pp. 308-309; and Craven and Cate, IV, pp. 463-465.

¹⁶⁶ The Japanese air force became more active when the monsoon lifted, and its fighters began to harass the cargo aircraft flying the Hump. Attacks occurred frequently from the 13th to the end of October, and sporadically until the end of the year. The field at Dinjan was bombed on 13 December. Limited countermeasures had some success: Romanus and Sunderland, II, pp. 66, 85-86; and Craven and Cate, IV, pp. 467-468.

¹⁶⁷ The author now is Everingham.

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to show for their work. We hope that the officers of the 151st read this article. The two Majors rolled up their sleeves and cooked a very good supper. Why don't some of the 151 officers try their hand at it sometime and give the enlisted men a break to see an officer work. Major Rockis pulled something out of his bag and guess what it was. Good old American whiskey. We then had a mixed drink made up of grapefruit juice and whiskey. And it was really good. Just like a Tom Collins we use to know in civilian days. These Majors are nice people to know. In closing today's log we say "Khan Bay" (Meaning Bottoms Up). See we are even learning Chinese.

[October] 24. Today Camp China Town was completed. It really is a good looking camp. We now have Chinese guards watching over us while we sleep. Major Traywick put out some fine biscuits (just like mother use to make). Boy it is really swell the way those Majors can cook. We had six American visitors yesterday. They were from Gen. Boltner's Hqs. About ten Nagas slept on our front porch last night so we are now running a Naga Hotel. No Rain today "Thats all folks."

[October] 25. Not much news today. Sunshine all day. It is really getting cold here at night. The two Majors have been busy making out a training program for the Chinese (It reminds us of our 13-weeks training period wich we had about ten times) Remember those good old days back in "Rookie" time. Thats all for today folks.

[October] 26. A little news from Camp Tirap today. The big event was that Cpl. *Everingham* (Malaria can't get me down) was bit by a mosquito and now has a hot forehead and is shaking in bed as though he has the palsey. India will get the best of men down. Cpl. *Goodall* & Cpl. *Lotze* took a sick patient down to Lido. They walked most of the trail in the dark. The Chinese carried the patient down and it only took two and a half hours. So in closing today's log we say "Hats off to the Chinese."

[October] 27. Cpl. *Goodhall* & *Lotze* rode back from Dipang on Chinese horses they got back about noon. The two Majors cooked dinner to give *Goodall* a rest. They turned out a good meal. The Chinese started their training program. The two Majors gave them a "pep" talk and told them what their program would be for the next ten days. Cpl. *Everingham* is much better today. No rain all day. Lots of Indias sunshine has been coming our way. But we are not complaining. Thats all the news from station T-i-r-a-p.

[October] 28. Today the two Majors moved to their new home across the field from us. They are still going to eat with us so we will see them often they are really swell guys. Today a searching party came through. A Zero plane was shot down about seven miles from here and they were going up to find out what the score is.¹⁶⁸ The searching party consists of three officers and ten enlisted men and a small detail of Gurkia soldiers. One man is to stay with us and watch their supplies. Cpl. *Goodall* & Mr. *Wormington* [Wilmington]¹⁶⁹ are also going on the little party. We are really busy here with Chinese patients. We are now operating two (2) Chinese hospital. We are now play-

¹⁶⁸ See n. 166, p. 50.

¹⁶⁹ Superintendent of the Tipang Colliery.

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ing a part in this war. (At least we feel we are.) The weather was fine today. That's all for today

[*October*] 29. Cpl. *Goodall* & Mr. *Wormington* arrived back this morning with a little news. The Jap piolet is dead and their were about six bullet holes in the plane. (Good shooting you Americans). The piolet was a very small man and very young. But he is a dead cookie now. We toasted cheese sandwiches tonight around a bonfire with some good old "Jungle Pani" to wash it down. We had a little singing session and "then hit the hay." Good weather today. In closing todays news we know that their is one less Jap in the war.

[*October*] 30. Lots of visitors today. The searching party came through. They had all sort of Jap belongings. They got two .50 calb. guns, motor, radio and a few odds and ends. They buried the Jap pilot who was found dead on their arrival. A group of soldiers came up from Lido on a hike so we really had the visitors today. Cpl. *Weeks* came up and brought some medical supplys with him. He brought enough supplys to run a Gen. Hosp. Last night the Chinese had a night manuvvers so we had a little war at Camp *Tirap*. The weather was fine today. Station B-#2 signing off.

[*October*] 31. Company again at *Tirap*. Two Cpts and one Sgt. stopped in on their way to *Punyang*. An American airplane crashed up at *Punyang*. These officers are going up to see what the trouble was. One of the officers was a piolet. He told us a few of his experiences in a plane. The Chinese were on the firing range all day so we had to put up with the noise all day. That is all for today. More news tomorrow (we hope)

[*November*] 1. Lt. *Baumgartner* [*Baumgarten*] and Cpl. *Weeks* arrived today. Major *Rockes* went on a little hike this morning and on his return he was carrying something on his solders [shoulders] on a close look it was a deer leg. The Major said "He shot it with his gun" No one can doubt his word as he is an expert with a pistol and he has the deer for proof. So it was deer steak for supper for the boys at *Tirap*. They tell us their is a war going on. Well let us know when its over so we can go home. Lt. *Baumgartner* & *Weeks* are going to stay over for a day. No Rain again today just good old Indian sunshine. As we bring todays log to a close. We all say "Hats off to Major *Rockes* for bringing the meat home."

[*November*] 2. Cpl. *Weeks* and *Everingham* took a little hike today. They went up to see the Jap. plane. They returned about noon carrying with them parts of the plane. They also brought back blisters with them. We now have two patients with blisters. The Chinese had a little night practice so again we had war at *Tirap*. Two soldiers from *Punyang* stopped on their way to *Lido*. They had dinner with us then took off for *Lido*. No rain again today.

[*November*] 3. Major *Rockes* went hunting and brought back a squiriell. (I can see why he got an experts medal). We gave the squiriell to the Chinese as their wasn't enough for all of us to eat. Cpl. *Weeks* and the Lt. left for the company right after breakfast. Nice weather again today. We haven't seen a drop of rain for over a week. We are not complaining about it either. That's all the news for today. Will be on the air at the same time tomorrow night. Keep your dial set for station B-#1[2].

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[November] 4. Not much news from little old Station #1 [2] today. *Harry & Goodall* went fishing the result was nothing no fish, no bites so they are giving up fishing as a bad job. No visitors for the past few days so everything is peaceful expect [except] the Chinese. No Rain today. Our Crops are going to spoil as the farmers back home say but over here it doesn't worry us as we have no garden. Old Uncle Sam makes sure we eat rain or shine. Well its bedtime so I guess I will say goodnight.

[November] 5. Today it was very peaceful at Tirap. The Chinese went on a hike all day. Lt. O'dall [Odahl] & Sgt. "Gumps" arrived at 1800 last night we thought the[y] were "Jap Snipers" They are going up to the Jap plane tomorrow. *Jit* is going with them. No rain again today. It looks like the old weatherman is on our side. That all the news for today.

[November] 6. Lt. O'Dall and "Gumps" left for the Jap plane this morning. Two men stopped in on their way to Punyang. McFarlin and Joseph arrived this afternoon on their way to Punyang. They brought their "Juke Box" with them so we had a little music tonight. Boy it was really "solid." The old "Hep Cats" of Tirap really enjoyed it. Lt. O'Dall and Gumps returned about 2000 with half of the Jap plane. In closing todays log we have one question to ask. Why don't we have a "Juke Box" Our only wish for Xmas is for Santa to bring us a "Juke Box."

[November] 7. Lt. O'Dall and Gumps left for the company this morning. McFarlin and Joseph left for Punyang. Slatter [Slaughter] and Dorsey ¹⁷⁰ (from Punyang) dropped in on us about noon. They are going to stay overnight. Late in the afternoon, the two Capts. and the Sgt. who went up to Punyang to find out about the air plane accident dropped in. They also are going to spend the night. So its "full house" again at Tirap. *Lotze* was guest at a Chinese supper today. He reports that the food was very good and he had a swell time. He ate with chop sticks and all. So we expect he will be using chop sticks in place of the knife, fork and spoon from now on. Still no rain today. "Its lights out at Tirap" so we will sign off.

[November] 8. Well not much happened at Tirap today. Three American officers from Chinese Hqt. came up today to look over the Chinese camp. He told the two Majors to come back to Lido tomorrow and the Chinese troops to move out and come back on the 10th. So we are going to be alone again. Had Rain today for a couple of hours. Just enough to cool us off. That's all for today.

[November] 9. Major Traywick and Major Rockes left early this morning. They hated to leave and we hated to see them leave. Boy they were two swell guys. All of us here including the Chinese thought they were "Tops." The Chinese were busy packing to leave tomorrow. They worked like bees all day. No Rain again today. In closing todays log we take our hats off to Majors Traywick & Rockes and give them a 21 gun salute. We hope we meet them again whether in Burma, China or the good U.S.A.

[November] 10. The Chinese left early this morning. Everything is so silent it doesn't seem like the same place. We all will miss the Chinese as

¹⁷⁰ 21st Quartermaster Group.

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this outfit was a swell group. About 1500 two Nagas came down and they had two men which they said were Japs. One looked like a Jap. We tried talking Chinese to them (a few words we picked up from the Chinese). They did not answer us. They wouldn't say a word. So *Goodall* and *Lotze* took them down to Tipang and called the M.P.s. It came out that they were Japs or Chinese deserters. So it may be that the boys at Tirap have got two Japs to their credit. We are really in this war after all. No rain again today. Closing for today.

[*November*] 11. Slater [Slaughter] and Dorsey stoped in on their way back to Punyang. They are going to stay over night. *Lotze* and *Goodall* arrived about 1700 from Dipang bringing mail so we were happy again. Today is *Lotze's* Birthday so we all had "Jungle Pani" and got quite high. Slater had a bottle of gin so it was some party with jokes (Dirty ones) songs and storys. The weather was fine today. It is starting to get cold up here in the evening it won't be long before we have to install a heating system of some kind. Well its about bedtime so we will close for tonight.

[*November*] 12. Slater and Dorsey left for Punyang this morning. About noon Brown and Welch and another fellow from Punyang dropped in on their way down to Ledo. Welch is going to stay here a few days till his porters come in Brown and this other fellow from Punyang brought a Naga dog with them. We talked them into giving it to us so now we have a dog. Her name is Dot and it's a swell pet. No rain again today. As we bring the log to a close for today our little dog is barking which in the dog lingo is bedtime.

[*November*] 13. Not much news today. No visitors (except Welch who is staying here till his porters come in) The day was spent reading and the night with the "bull session["] in full swing and a little "Jungle Pani" to wash it down. No Rain again today. More news tomorrow we hope.

[*November*] 14. *Goodall*, Welch and *Lotze* went to a Naga Busattee [bustee] to treat a few patients. Welch left for the company this afternoon. Leaving the little garrison with three men. *Everingham*, *Goodall*, and *Lotze*. Our song will be "We Three" for a while now, till visitors come or some new changes are made. Everything is peaceful at Tirap. Our mascot Dot is doing fine, she really likes her new home. No Rain again today its getting nice and cool up here. This is a grand way to win a war. We are living like natives up here not a worry in the world. Lets hope we stay like this. Well as the Nagas say its time to say "Sala[a]m" til tomorrow.

[*November*] 15. Today was a big day at Camp Tirap. The Chinese moved in about 1300. Now we have a little noise again. It was getting dead here but now life has returned again. About 1600 Col. [Robert P., or William V.] Thompson and Major Rockes arrived Major Rockes brought some rations with him so now we will eat like Kings. The Colonel and Major are going to live with us so we now have a full house. With the Chinese coming back it makes our stay at Tirap longer and we are really happy about that. No rain again today. "30"

[*November*] 16. *Lotze* left early this morning for the company to get some milk and pick up some mail. He returned this afternoon with milk and lots of mail. The Chinese moved in the other camp today so now we are

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servicing two Battalions. Lots of work again. No Rain again today. In closing today's log we all say, "You send the supplies and will [we'll] do the work."

[November] 17. The Major & Col. moved to their own Basha today. The hospital is moved back to its old place again. Everyone seems to be busy around here. The Chinese have started on their training program. And we have started operating our hospitals. So Tirap is a busy place these days. No Rain again today. It is really getting cold up here at night and early in the morning. Our rations are getting low again so we will have to put on the old sweatshirt (sweating it out) before long. Well its closing time hear at Tirap. See you tomorrow in the meantime "Buy War Bonds and Stamps and help us lick the Japs."

[November] 18. Not much brewing at Tirap today. "Bat Eye" came down today and brought us some "Jungle Pani" beans and a few odds & ends. The Major & Col. ate with the Chinese this evening. The Major shot a fish so he and the Col. were invited to supper. *Goodall*, *Everingham* & *Lotze* had a "Jungle Pani" party last night. (Thank God we are not rationed on "Jungle Pani" over here yet.) Our cigarettes are running low we will soon have to turn Naga and roll our own. But we can see a cig. & beer ration coming. Old Uncle Sam takes good care of his boys (We hope). No Rain again today. Well its time all good soldiers got to bed (F.M. 000-0)¹⁷¹ See you tomorrow.

[November] 19. The Col. & Major left for Lido this afternoon. They had to go back to Hqts. They will be down there for a few days. The Chinese were on the firing range all day. So we had plenty of noise around here. It sounded like the fourth of July. It was cloudy all day but no rain. Old man sunshine stayed in all day. Well its time to say goodnight.

[November] 20. *Goodall* woke up and he is moaning with pain in his chest. *Lotze* took *Goodall* to the hospital for an Ex-ray. They left about 1100. Maj. *Rockes* and Col. *Thompson* returned about 1500 from Lido. They were a little tired so everyone is going to bed early. No Rain again today.

[November] 21. Nothing much happened today. *Goodall* & *Lotze* returned late this afternoon. *Goodall* is feeling much better. He is going to take his treatment here. We are glad to have "*Jeeter*" back with us. No Rain again today. In closing today's log, we all say "this *Goodall* lad is a rugged boy." (That goes for all the Tirap boys.) Station T-I-R-A-P signing off.

[November] 22. [Thomas M.] *Collins* & *Kitzberger* paid a little visit to Camp Tirap today. They said it was a tough hike but it was worth it. Our dog is missing. We can't figure out what happened to him. Maybe the Chinese ate him as they really like dog meat. If anyone should see a brown dog who answers to the name Dot, kindly contact the boys at Tirap. As a reward we will offer one can of good old Corned Beef. In the meantime we will be listening for the Chinese to bark. That's all for today.

[November] 23. *Fromant* & two fellows from Punyang dropped in on us today. *Collins* & *Kitzberger* left for the Co. this afternoon. *Goodall* took *Jit* down to the Co., to have Capt. *Denez* [Denys] look him over. *Jit* has a sore

¹⁷¹ F.M.—Field Manual.

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back. We all hope it is nothing serious. Major Rockes was called back to Lido today and is going to stay down there for awhile. We hate to see him go. But as the old timers say "Duty calls him." Slatter & [Staff Sgt. Homer R.] Castle dropped in after coming from Punyang (walking over 40 miles in one day.) They are going to spend the night with us. We had a little rain today for a change. In closing today's log we are celebrating "Fromant Day." We are glad to have Sgt. *Fromant* back with us. He has done a good job up at Punyang and deserves a lot of praise. Its bedtime at Tirap. Will drop a few lines tomorrow to you.

[*November*] 24. Once again¹⁷² resume my duties of entering the daily happenings around Tirap in the log. For today we have the news that Slaughter & Castle, much against the trip, started for the base. They were rather stiff naturally from the hike they made yesterday but they thought it best to go today. *Jeeter* returned about noon with *Jit* who he found had no serious illness. We all liked that news but we didn't like the news that *John* [*Goodall*] is supposed to return to the company. I was hoping that he would remain with us, but when a man is good, he is put where he will do best. I would certainly like to keep the group I now have but the company needs them worse than I do. *Jeeter* also reported that Capt. Romberger is supposed to come Sat. Just before we sat down for dinner, three suspicious looking Naga's arrived on their way up trail. When we began to question them we found they could not understand Hindustani or the Naga language spoken around here. We all had intentions of sending them to Base Hq for questioning but could not find enough proof to do so. We sent them on their way and I still believe they are connected with the Japanese.

[*November*] 25. Thanksgiving Day, and how well we remember where we were last year at this time. We tried to make our day as close to home celebration as possible and succeeded fairly well. All the fowl we were able to buy was one fairly large rooster and one small hen, so *Jeeter* fried the chicken and made a chicken rice soup. Along with that we had mashed potatoes (dehydrated) and coffee. We were planning on only six for dinner but a few minutes before it was ready to consume, Lt. [Robert] Waldon¹⁷³ & two colored boys from Hpachi Hi arrived on their way to the base. So it was nine mouths to feed with two little chickens. We made out so everyone got a taste of Thanksgiving. All the boys considered themselves lucky because we at least had fowl and probably a lot of soldiers had "Corned Willie." The evening was spent, guess how, in a bull session. Yes, sir, in a good old session; we haven't had a bull session for a long time—all of 12 hours I'll bet.

[*November*] 26. A lot of activity today, at least this morning. The Chinese received orders to move out which is just two days before their scheduled time. They were on their way about 0800, but before they left, they had to give us a salute which was in the form of about 50 mortar shells over the hill. This was not a salute really, but today was the scheduled day for mortar practice and they had to do it before they moved. The part we liked was

¹⁷² Fromant.

¹⁷³ 21st Quartermaster Group.

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their shooting at 0600—a fine state of affairs, waking us up at such an early hour. Col Thompson paid his respect and left after breakfast. Lt. Waldon & men left about 1000 as they waited for their porters to come from Tima. *Jeeter* was leary about staying over as he was told to return when I arrived, so as much as he hated to and we hated to see him go, he left about 1400. It wasn't bad enough that *Jeeter* left, but *Harry* decided to go also because he was told to return also when I arrived. We wanted the fellows to stay at least until the Capt. came, but they knew Co. "B" and thought it best to return. After they left it became lonely as hell around here for *Doc* & me who are the only ones left at the garrison in the hills. We are hoping another group of Chinese come soon so as to put life into this place. Not only are we alone, but we are here without a cook and heaven help our poor stomachs.

[*November*] 27. Capt. Romberger, Capt. [Cobb G.] Laslie¹⁷⁴ & Capt. [Harold] Cohen¹⁷⁵ arrived this morning about 1100. They came bag and baggage as they plan to stay until Monday. Shortly after their arrival, a few Americans arrived and after some questioning we found that they were part of a group of some 30 men on their way to Kalak Ga. Kalak Ga is not going to be their destination and we know something. Among this group was some old timers of way back one of whom was Joe Gasbarro the talkative guy who used to be stationed here. Lt. Hartberg¹⁷⁶ is in charge of the men. Nothing outside of these men happened and the day was spent "gassing." After supper, Lt. Hartberg came over and related some of his experiences in India which were very interesting to us. The Lt. has been here over a year and has seen a lot.

[*November*] 28. The Lt. and men started early and I can't say how early because I was deep in a dream when they left. Capt. Romberger had deer on his mind so he & Capt. Cohen went hunting before breakfast. Do you want to know what they brought back? Why they brought back themselves. After breakfast the three officers and myself started our trip to the Jap plane for souvenirs. I was literally dragged, against my best wishes to recline on the bed. We returned to the garrison about 1730 and who should be there but Major Rockis. I was glad to see him but found to my disappointment that he is not to stay here. He and his band of Sons of China are taking over Hapachi Hi for an indefinite period of time. After supper everyone became interested in conversation, but I became interested in the bed as I had a sick headache. The conversation lasted only a short time because some officers were tired.

[*November*] 29. Breakfast was awfully early this morning 0800 after which Major Rockis started on his journey carrying his own field bag, toilet article kit, and another bag. He is sure a grand fellow and the kind of a man all Majors should be. The three Capts left shortly after the Major and we were again thrown into loneliness, but who cares. If things get tough we

¹⁷⁴ 151st Medical Battalion.

¹⁷⁵ 73d Evacuation Hospital.

¹⁷⁶ 679th Signal AW Company. In October, Staff Sergeant Skidmore led a party to Hkalak Ga. There a warning station was established, partly as a base site from which other posts would be developed in support of the Chinese Army in India, as it advanced in the Hukawng Valley: "History of the 679th," Stilwell Papers.

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can always start talking to the birds & flies & grasshoppers, and ants, and monkies, and even to ourselves. It appears that I am getting that way already. Til tomorrow—Oh yes rations came today.

[*November*] 30. Well, I can say we got up today, ate three meals and shot the breeze, but as far as any news, there is none. *Doc* & I are sure having fun preparing the meals. This morning it took us so long to prepare the main course for breakfast that when we sat down to eat, the coffee was cold, *Jits* tea water had boiled away and the mess kit water had just about boiled away. God what cooks. I sure hope the Capt. sends one soon. So ends another month and I add one more cross to my calendar. Gee, the crosses are adding up.

[*December*] 1. The log entry for the first day of the month isn't very good and I am hoping that something happens during the month so the remaining days enteries won't be blank. Today was a replica of yesterday only we didn't have the tough luck of cooking that we had. *Doc* & I are learning slow but sure thru sheer necessity and hoping every day that a cook arrives.

[*December*] 2. We received quite a surprise today when Castle, Beasly, Slaughter, and Cummins arrived on their way back to Punyang. After inquiring we found that a misunderstanding of orders had been taken and the boys were not supposed to return to base. As soon as they arrived *Doc* asked if they wouldn't stay overnite so as to give us company but their plans were to go to Rema and they were going to go until two Nagas arrived carrying a deer (animal) yes, that's right, a barking deer. When the fellows saw that, moving orders were changed and changed fast. After a little bargaining, incidentally, it cost us approximately \$8.00, Slaughter wasted no time what so ever and returned from the river with a bucket full of Venison. Supper tonite consisted of Venison, mashed potatoes, Venison, coffee, hot biscuits and Venison, we also had some Venison. Man, but it was good. Everyone rose from the table stuffed. We will say that everyone gave a thought to the home folks while he was munching on a delicious piece of meat. It was all we would do to make it from mess hall to cabin where we digested supper over a card game and bull session.

[*December*] 3. Slaughter & myself were the first ones up this morning, early too. We had the meat cut and was frying it when the rest of the fellows forced themselves out of their warm beds. Breakfast this morning was venison again with coffee & oatmeal as the side dishes. The Punyang gang left shortly after breakfast leaving *Doc*, *Jit* & myself with a half bucket of meat. There was too much meat for three of us and knowing it would not last, we decided to cut up the best piece. Neither one of us knew a tinkers damn about butchering but we started in and literally mutilated the poor deer. Had a butcher witnessed the ceremony he would have gone into hysterics, but at any rate we cut enough meat for dinner and had ribs for supper. We were sorry to see the day end because it brought our venison to an end. About 1600 we heard a call from the hill and recognized the voice to be Clancy Price's. We were quite surprised to see him and learned that he was returning to be admitted to the hospital. He has contracted some kind

NORTH TIRAP LOG

of a disease and from the symptoms, he may have ulcers. He is going to stay here tomorrow and I plan to go to the company with him Sunday.

[December] 4. Breakfast was little later than usual, 0900. About 1030 Sgt. LaGrand arrived with a company of recruits who were sent up here for a conditioning hike. The last month we have seen several men who were sent up & back the same day for conditioning. It seems to be a habit with the signal unit. LaGrand stayed for dinner and left about 1500. Nothing outside of the usual routine happened.

[December] 5. Clancey and I left for the company the morning of the 5th and on our way down we met Sgt. Boughter, [Alton B.] Wolf[e], & [John] Tychan.¹⁷⁷ Tychan is to be our cook and was I happy to see him. I was at the company until the 8th and according to Doc Paul E. Lotze, T/5, nothing of importance to the log happened. I can now skip to the 8th and save some writing.

[December] 8. Sgt. Guinto, Drusoe, and myself arrived today about 1100 and found everything in tip-top shape, Guinto & Drusoe decided they needed a rest and of course N. Tirap is the logical place to have peace & quiet. The two staffs nursed a basket all the way up because it contained 90 eggs, so it would seem we are going to eat eggs for the next two days. The remainder of the day was spent loafing, something, we have been unable to do much of since our arrival to N. Tirap 8 mos ago. Boy can I tell the fibs. Something of importance just came to my mind. While [I was] at the company, Jit our bearer, left us. I certainly hated to see him go. He served us faithfully for 5½ mo. and we had grown so attached to him that he was a necessity to the station, but his 6 mo term was up and he was anxious to go home. He told us he would come back but I'm afraid he will come back to a vacant cabin. Maybe not.

[December] 9. While Jack [Drusso] & Carlo [Guinto] went hunting, Doc & I closed the garbage pit and washed out the garbage cans. Later this morning Carlo & Drusoe took pictures of everything they could see. After a dinner snack four of us went to the river and raced each other, on rafts, up stream. It was the only way we know to pass time and any way it was fun. After a good supper, a game of hearts was enjoyed and the evening was ended rather early.

[December] 10. The two staffs [Drusso and Guinto] left about 1000 against their wishes. The day was very unexciting as if very many days are exciting. A few porters passed thru on their way to Punyang. I learned while at the company that the porter camp at Tipang is definitely closed and we are wondering what is going to become of us. We are willing to sweat out the duration here at Tirap tho.

[December] 11. We half expected Sgt. Thomas today but he never showed his face. Another bunch of men from the signal came today and spent several hours in the woods. LeGrand wasn't with them today which was a surprise because he has always had to go out on these so-called conditioning hikes. Maybe they are giving him a rest. We had a large group of Naga's today and

¹⁷⁷ 151st Medical Battalion.

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among them was "Bad Eye." He brought six men with him and they are going to start the supply house tomorrow. The crew has moved into the wood house and we will undoubtedly be kept awake half the nite. Early this afternoon, some 50 porters arrived from up trail. They are from Pebo and from what the porter commander said, Pebo is definitely closed and the [Aid Station] boys have gone to Tagap.¹⁷⁸ Today's news is finished Sahibs & Mem-Sahibs.

[December] 12. "Bad Eye" and his crew started building this morning. This house building is quite the thing. All one has to do is mark off a plot of ground, make hand motions in the form of a building, and let the natives do the rest. It is surprising what these people can do with bamboo. The buildings they erect contain no nails or wire yet they are strong and last a long time. The cost of labor is cheap and one can usually bargain with a few rupee's plus some corned beef. Good ole "Corn Willie." We were surprised to no end today when Jeeter walked in. No one had seen him coming and of all people, we never expected to see him. He is staying until tomorrow. We had several women visitors today who come to watch their husbands work. It is probably so seldom that the men work and when they do, everyone comes to watch them. Two deer came very close tonight, but when hunters, *Fromant & Tychan* went after them, they ran for almighty.

[December] 13. The crew finished the warehouse this morning and made a few changes in the kitchen. This afternoon *Jack & myself* plus the Naga's moved the supplies into place and it really made a difference in the kitchen. *Tychan* has room to move around now. The change has also made a difference in the rats concern because the usual noise from the kitchen is not there. But it won't be quiet long, they will soon find their way around and continue the racket & mess. Tom Weeks & Ed [Edward J.] Krakora¹⁷⁹ found their way to Monsoon lodge today arriving about 1100. They brought the payroll, plus mail and the company mascot "Gestapo." They stayed for dinner and left shortly after as they could not receive permission to stay over. Jeeter went with them. The station has one more member for quarters & ration. The member is "B" Co's dog "Gestapo." He is to remain indefinitely. The moon is certainly shining on N. Tirap tonite, makes a person homesick. To date there is no Chinese here and from the looks of things, there will be no more. The scheduled day was over three weeks ago. We don't care tho' because we are perfectly contented in our cabin in the hills.

[December] 14. *Doc* felt pretty bad this morning and he came to the conclusion that he doesn't have malaria because his temperature is not running according to a malaria temp. He became worried and wanted to go to the company, so we started about 1300. After quite an effort, he made it to the porter camp where he picked up a ride to Lakhpani. Three days ago, while taking a bath in the river, *Doc* was bitten on the leg and we believe he was poisoned. I left the porter camp at 1600 and was back here at exactly 1720

¹⁷⁸ Below Shingbuiyang, at the head of the Hukawng Valley, the Chinese bogged down soon after they first encountered the enemy. The 151st was replacing Seagrave units on the main line of communication behind the front.

¹⁷⁹ 151st Medical Battalion.

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making the best time yet from Tipang to Tirap. I was a crazy fool for doing it and will probably suffer for it later, but then who doesn't become crazy at times. *Jack* had supper ready when I returned. When I returned I found that some 50 porters were here on their way to Punyang for loads.

[*December*] 15. Again the breakfast table seated only two. We are hoping *Doc* isn't in serious danger and will be back soon. We are going to miss him because he adds so much life to the station. Long about 1100 the conditioning boys arrived again and without LaGrand. They tell us he still has no shoes. I believe he's chicken. *Jack* & I have been watching "Gestapo" closely the last two days because he wants to leave and today when the fellows left he went with them. We called and the fellows chased him back but he was bound in [and] determined to go and wasn't going to be stopped. I imagine the fellows at the company will be peeved at us but we had already chased across the river twice after him and wasn't about to do it again. Our new member for quarters & rations is now gone; too bad he didn't like his new home.

[*December*] 16. Another dead day. The porters left early this morning and after their departure the place became quiet and remained so for the remainder of the day. This idea of two here alone is beginning to wear on me. A change has to be before long or we'll both be found someday with crushed skulls, the result being from beating our heads against the wall. Man, I almost forgot the main event of the day. We set both traps tonite and so far have four pesky individuals who were fools enough to think they could eat the cheese without setting off the trap. If we keep this up, maybe we can rid the place, for awhile.

[*December*] 17. We arose, ate three meals, cleaned the place, shot the bull, and for tonights entertainment, we fixed our fingernails, oh gee. Certainly entered today's news in a hurry.

[*December*] 18. *Jack* cleaned the kitchen this morning and did a fine job. It looks the best it ever has. We also cleaned the back yard and tried to eliminate some of the million flies in the latrine. All told today we had about 15 Naga visitors including "Bad Eye" who was returning from Honju Busitee. The morning visitors came for their usual iodine and started home about noon. I was half expecting Sgt Thomas today but no one came. We are also hoping *Doc* returns in time for Christmas. Christmas, a fine one we'll have this year.

[*December*] 19. News today and lots of it. *Jack* and I were talking about how lonely it was here and we made the remark wondering when the station would be closed. Always speak of the devil and he will appear because we had just spoken the words when Sgt. Drusoe burst forth with a yell from atop the short cut and when he arrived he said "Start Packing." At first I thought he was joking in the usual manner but found he wasn't when he said 35 porters were on their way. With him came the new Corp. assigned to "B" Co. and after a short bull session, we started working. Most of the boxes were packed tonite and we have 22 loads already not counting personal equipment; more porters will have to come back I'm afraid. After supper we

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played a few games of "hearts," and now we are ready to crawl into our beds for the last sleep in N. Tirap.

[December] 20. Today is the winding-up of 8 wonderful months in a jungle haven. Having been here the longest, I have become so attached to the N. Tirap that is almost like leaving home. Today or rather yesterday marks exactly 8 months for this station. April 19 we landed and started an aid station expecting to stay only a short time, but fortune came our way and gave us so much time. A lot of changes took place since the beginning and it has been interesting watching the progress and interesting from the standpoint of the various people I have met. I will miss the place and my Naga friends as will *Doc*, but we have been told that we are going to rejoin Lt. Sonnenberg,¹⁸⁰ which pleases both of us very much. I will now close the station log of N. Tirap hoping it has been of interest to you who have read it. It is a history that has given me a great pleasure and one that I will be proud to own.

The remaining members:

T-5 Paul E. Lotze

Pvt. Jack Tychan

Sgt. Bob Fromant

THE END

Index of Names

The original editor of the *Log*, Floyd T. Romberger, Jr., identified officers and men of the 151st Medical Battalion, as well as many others who are mentioned. Approximately one-third of the names were incomplete, however. Clues as to probable unit assignments were given by the present editor to the Military Personnel Records Center in St. Louis. Its Army World War II Section provided the missing information in all but a very few cases. The editor is indebted to Mr. Chapel Haines, Jr., of the Center for this assistance.

Art—see Seith

Ashbrook, Dexter N., 2d Lt., QMC, 3304th QM Truck Co., 21st Quartermaster Group

Bad-Eye, a Naga villager

Bahardu, Jit, the favorite Nepalese camp servant

Baumgarten, Oscar, 1st Lt., MC, Co. B, 151st Medical Battalion

Beasley, Willie L., Cpl., Co. D, 21st Quartermaster Group

Beyth, John A., T.Sgt., Co. B, 151st Medical Battalion

Boatner, Haydon L., Brig. Gen., Deputy Commander and Chief of Staff, Chinese Army in India, and of Headquarters 5303d Provisional Combat Troops; later Commander, Northern Combat Area Command

Bob—see Fromant

Bonnyman, George G., Capt., Inf, Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Booth, Donald F., Pfc., Co. B, 151st Medical Battalion; at North Tirap from 12 June to 26 September

Boughter, James D., Sgt., Co. B, 151st Medical Battalion

Bradbury, William, Cpl., Co. B, 151st Medical Battalion

¹⁸⁰ At Hkalak Ga, where a detachment from 151st had taken over a Seagrave hospital.

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Brown: in the 3304th QM Truck Company, there were Joseph, Keith C., Nolan H. Jr., Rufus, and Warner A. Brown; in the 21st QM Regiment, there were Charles M., Govenor, and Robert C. Brown

Burns, Newman R., Maj., Inf, Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Castle, Homer R., Staff Sgt., Co. D, 21st Quartermaster Group

Chandra, one of the Nepalese camp servants

Chang, ———, Major, Chinese Army in India

Chen, ———, Major, Chinese Army in India

Chin, ———, Colonel, Chinese Army in India

Chow, ———, Major, Chinese Army in India

Ciseck, John, Pfc., Co. B, 151st Medical Battalion

Clancy—see Price

Cobby—see Rorabeck

Cohn, Harold A., Capt., MC, 73d Evacuation Hospital

Collins, Thomas M., Pvt., Co. B, 151st Medical Battalion

Cox, Wilbur F., T5c., Co. B, 151st Medical Battalion

Cox, William F., 2d Lt., Sig.C, Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Craig, Stanley B. (Stoney), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 12 June

Cummings, Carl F., Pfc., Co. D, 21st Quartermaster Group

Cunningham, ———, Captain, British Army

Darby, James E., Lt. Col., 21st Quartermaster Group

Denys, Kenneth J., 1st Lt., MC, Co. B, 151st Medical Battalion

Dil, one of the Nepalese camp servants

Doc—see Lotze

Donnelson, Dudley M., Pfc., Co. B, 151st Medical Battalion

Dorsey, Riligh, T5c., Co. D, 21st Quartermaster Group

Drusso, John M., Staff Sgt., Co. B, 151st Medical Battalion

Ducey, Donald L., 1st Lt., Inf (?), Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Duncan, Don W., Pvt., Co. B, 151st Medical Battalion

Everett, Richard E., Sgt., Co. B, 151st Medical Battalion

Everingham, Donald C. (Harry), T5c., Co. B, 151st Medical Battalion; at North Tirap from 18 October to 25 November, during most of which time he kept the
Log

Felix, Manuel B., Pfc., Co. B, 151st Medical Battalion

Flaten, Paul R., Pfc., Co. B, 151st Medical Battalion

Fromant, Robert W. (Bob), Sgt., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 20 December; in charge of the station and chief author of the
Log

Garl, Edwin H., Pvt., Co. B, 151st Medical Battalion

Gasbarro, Joseph R. (Joe), T5c., 679th Signal Air Warning Company

Gentile, Armand V., Pvt., Co. B, 151st Medical Battalion; served at North Tirap from 6 September to 4 October

Gerhart, Benjamin F., Capt., Inf (?), Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Girand, ———, Sergeant, *CBI Roundup* staff

Goodall, John P. (Jeeter), T5c., Co. B, 151st Medical Battalion; served at North Tirap from 5 October to 25 November

Goop, one of the Nepalese camp servants

Greenspan, Shy Seymour, 2d Lt., CE, Headquarters, Chinese Army in India (5303d Prov. Combat Troops)

Gregal, John M., Pvt., Co. B, 151st Medical Battalion

Guinto, Carlo A., Staff Sgt., Co. B, 151st Medical Battalion

Gumps—see Montgomery

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Gunlugson, Alice, 2d Lt., ANC, 22d Field Hospital, on temporary duty with 73d Evacuation Hospital
 Guss—see Sonnenberg
 Halliday, ———, British civilian with porter corps
 Harris, Kenneth D., 1st Lt., MAC, Seagrave hospital
 Harry—see Everingham
 Hartburg, Donald O., 1st Lt., 679th Signal Air Warning Company
 Herb—see Thomas
 Herwick, Alfred O., Pfc., Co. B, 151st Medical Battalion
 Hibbard, Luellen B., Staff Sgt., Co. B, 151st Medical Battalion
 Hyatt, ———, Sergeant, possibly Robert Wyatt, 679th Signal Air Warning Company; otherwise not identified
 Jack—see Savage; also Tychan
 Jeeter—see Goodall
 Jit—see Bahardu
 Joe—see Gasbarro
 Joe Joe—see Joseph
 Joseph, Joseph J. (Joe Joe), Pfc., Co. B, 151st Medical Battalion
 Kitzberger, Frank, Pfc., Co. B, 151st Medical Battalion
 Krakora, Edward J., Cpl., Co. B, 151st Medical Battalion
 Krolick, Victor, Pvt., 679th Signal Air Warning Company
 LaGrand (LeGrand), ———, Sgt., Base Signal Headquarters? or 679th Signal Air Warning Company?
 LaMorticelle, Joseph J., Pfc., Co. B, 151st Medical Battalion
 Langevin, ——— (Shorty), Ujon-Rema air-warning station
 Laslie, Cobb J., Capt., MC, Headquarters, 151st Medical Battalion
 Lee, ———, Lieutenant Colonel, Chinese Army in India
 Leedham, ———, Maj., English police officer
 Lockridge, Owen B., Sgt., 679th Signal Air Warning Company
 Lotze, Paul E. (Doc), T5c., Co. B, 151st Medical Battalion; at North Tirap from 15 July to 20 December; a contributor to the *Log*
 Lycesko, Nicholas (Nick), Sgt., *CBI Roundup* photographer
 Mac—see McFarlin
 Marchion, Luis A., T5c., Co. B, 151st Medical Battalion
 Marlewski, Cyril B., Capt., MC, Co. B, 151st Medical Battalion
 Marten, ———, civilian with porter corps; at North Tirap from 16 June through July; last entry to mention him is 3 August
 Massarra, Russell A. (Russ), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 6 September
 Massoth, Edwin P., 1st Lt., QMC, Co. E, 21st Quartermaster Group
 Maston, T., Capt., British Army
 McFarlin, Robert L. (Mac), Pfc., Co. B, 151st Medical Battalion
 McKay, Donald E., Pfc., Co. B, 151st Medical Battalion
 Mikulka, John F., Cpl., Co. B, 151st Medical Battalion
 Miller, ———, a British civilian in charge of a porter camp at Tipang
 Montgomery, Ivan B. (Gumps), Sgt., Co. B, 151st Medical Battalion
 Needham, ——— Captain, British Army
 Nick—see Romeo
 Norris, Clell C., Pfc., Co. B, 151st Medical Battalion
 Odahl, William R., 2d Lt., MAC, Co. B, 151st Medical Battalion
 Oliver, ———, civilian with porter corps
 Oser, Rose, 2d Lt., ANC, 22d Field Hospital, on temporary duty with 73d Evacuation Hospital
 Palmer, Earl, Pfc., Co. B, 151st Medical Battalion
 Phillips, Dean W., T5c., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 20 June
 Piens, Earl, Pfc., Co. B, 151st Medical Battalion

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Pitkin, York N., Lt. Col., MC, Commanding Officer, 151st Medical Battalion
Ponce, Salvador F., T5c., 679th Signal Air Warning Company
Pop (Pops), headman of Naga village near North Tirap
Price, Clarence B. (Clancy), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 12 June
Price, Ray B., Pfc., Co. B, 151st Medical Battalion
Richardson, Seawood L., Sgt., Co. A, 21st Quartermaster Group
Robertson, William T., Pvt., 21st Quartermaster Group
Robinson, Harry, Jr., 1st Lt., QMC, Co. A, 21st Quartermaster Group
Rockis, Joseph, Maj., Inf (?), Headquarters, Chinese Army in India (5303d Prov. Combat Troops)
Romberger, Floyd T. Jr., Capt., MC, Co. B, 151st Medical Battalion; the original editor of the *Log* and commanding officer of Co. B from September 1943 to January 1944
Romeo, Nicholas (Nick), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 12 June to 5 October
Rorabeck, Donald G. (Cobby), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 15 to 22 July
Rosey—see Rosinsky
Rosinsky, Roland H., Cpl., 679th Signal Air Warning Company
Russ—see Massarra
Salo, ———, a civilian doctor with the porter corps
Savage, John L. (Jack), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 12 June to 26 September; a contributor to the *Log*
Schwartz, Edward N., Capt., MC, commanding officer of Co. B, 151st Medical Battalion until September 1943
Seith, Arthur G. (Art), Pfc., Co. B, 151st Medical Battalion; at North Tirap from 19 April to 12 June
Shaw, William H., Sgt., Co. B, 151st Medical Battalion
Short, Hubert T., Capt., MAC, Headquarters, 151st Medical Battalion
Shorty—see Langevin
Skidmore, ———, Staff Sergeant, Ujon-Rema air warning station (679th Signal Air Warning Company)
Slater, Vernon, Maj., Inf (?), Headquarters, Chinese Army in India (5303d Prov. Combat Troops)
Slaughter, Leonard R., Staff Sgt., Co. D, 21st Quartermaster Group
Smiley, John T., Maj., MC, Headquarters, 151st Medical Battalion
Smith, Clarence H., Pvt., Co. B, 151st Medical Battalion
Smith, William J., 2d Lt., Sig. C., Headquarters, Chinese Army in India (5303d Prov. Combat Troops)
Sonnenberg, Arthur, 1st Lt., MC, Co. B, 151st Medical Battalion; at North Tirap from 18 June to 25 September
Stoney—see Craig
Susich, Joseph A., Pvt., Co. B, 151st Medical Battalion
Sutto, Joseph F., Pvt., 679th Signal Air Warning Company
Thomas, Herbert (Herb), Staff Sgt., Co. B, 151st Medical Battalion
Thompson, Robert P. or William V., Lt. Col., F.A. or Inf, Chinese Army in India (5303d Prov. Combat Troops)
Tims (Timms), ———, civilian with porter corps
Tom—see Weeks
Topp, Clancy, Lt., *CBI Roundup* staff
Traywick, Herbert V., Maj., Inf, Headquarters, Chinese Army in India (5303d Prov. Combat Troops)
Tychan, John (Jack), Pvt., Co. B, 151st Medical Battalion
Vanderground, Ralph (Vandy), Pvt., Co. B, 151st Medical Battalion
Waldon, Robert, 1st Lt., QMC, Co. B, 21st Quartermaster Group
Walker, Johnny, British political officer in Assam

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Walters, William G., Capt., QMC, 21st Quartermaster Group
Webb, Charlie M., Sgt., 21st Quartermaster Group
Weeks, Thomas (Tom), T5c., Co. B, 151st Medical Battalion
Welch, Warren G., Pvt., Co. B, 151st Medical Battalion
Wilmington, ———, superintendent of the Tipang Colliery
Wolfe, Alton B., Pfc., Co. B, 151st Medical Battalion
Wong, ———, Captain, Chinese Army in India
Wood, Howard A., 1st Sgt., Co. B, 151st Medical Battalion
Wu, ———, Major, Chinese Army in India
Yen Chang, civilian interpreter with Chinese Army in India
Zehnder, Delbert D., T5c., Co. B, 151st Medical Battalion
Zombro, Frederick B., Capt., MC, 73d Evacuation Hospital
Zwick, Harold F., Capt, MC, Co. A, 151st Medical Battalion

The Men at North Tirap Aid Station Number 2

19 April–12 June

Fromant, Craig, Price, Massarra, Phillips, Seith

12 June–21 July

Fromant, Romeo, Savage, Booth, Phillips (reassigned on 20 June), Sonnenberg
(joined 18 June), Rorabeck (joined 15 July), Lotze (joined 15 July)

22 July–25 September

Fromant, Romeo, Savage, Booth, Sonnenberg, Lotze, Massarra (reassigned 6 Sep-
tember), Gentile (joined 6 September)

26 September–25 November

Fromant, Romeo, Lotze, Gentile (reassigned 4 October), Goodall (joined 5 October),
Everingham (joined 18 October)

26 November–20 December

Fromant, Lotze, Tychan (joined 8 December)

Book Two

CHINESE LIAISON DETAIL

A Record of Tolerance

CHINESE LIAISON DETAIL

Walter S. Jones, M.D.

Summer, 1943, in India and Burma was a military nightmare—the sort in which the dreamer strains with agonizing futility toward a goal which he views with fascinated loathing. After the humiliating collapse of an offensive in the Arakan, British morale sank to the bottom. Brigadier Orde Wingate led a hit-and-run brigade into Japanese territory, and he was eager to go in again in 1944. For his troops, however, the experience had been horrifying. One-third of them never returned.

Relations between China and the United States seesawed between grudging partnership and outright hostility. At one point, Generalissimo Chiang demanded the dismissal of General Stilwell, his Chief of Staff for Allied operations. True, Allied negotiations early in the year produced attractive plans for logistical aid to China—an accelerated air supply program, the Ledo Road through North Burma, petroleum pipelines, and enlargement of General Claire Chennault's Fourteenth Air Force in China. But although these promises kept China in the game, the Generalissimo repeatedly looked at his cards, threw down, and waited for a new deal.

In high places and low, Americans stared in disbelief at the disparity between the jobs to do and the tools with which to do them. Item: send a steady flow of supplies to the Chinese Government and armies through the archaic port of Calcutta, up the obsolete narrow gauge railroad and ferryboat line in the Brahmaputra Valley, into depots to be built on airfields yet to be finished, over the Himalayas by air, and out, finally, through medieval channels of distribution to Chinese troops. Item: improve the Chinese Army by concentrating 300,000 ill-organized and demoralized coolies in uniform, feeding, clothing, housing, and healing them according to standards somewhat resembling those of modern times, training or retraining them, creating a will to fight, and leading them into contact with the enemy. To tackle such tasks would be quixotic, under the best of conditions.

But time was short. No one could safely assume that Japan would remain content with her easy conquests of Burma and East China. Supplies, equipment, and weapons were scarce. Without them, the manpower of China and India was almost an embarrassment. China and the United States were sworn partners, yet hardly an officer or soldier in the Chinese and American Armies could exchange a half-dozen intelligible words. As for the environment—geography had always forbidden humans to inhabit much of the region except on the most primitive and pathetic terms. Not a step forward could be

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taken that was not in the direction of jungle, mountain, mud, heat, rain, and disease.

Nevertheless, there were brave plans. The efforts of 1943 were to presage the reconquest of Burma in 1944. By extraordinary persistence, Admiral Lord Louis Mountbatten and General Stilwell conjured the Generalissimo into an agreement to commit a significant number of his troops to a North Burma campaign. General Wingate was to lead a second expedition into Central Burma. And British forces were to launch amphibious assaults on the Andaman Islands and lower Burma. Then, at Tehran, in December, Marshal Stalin promised to take Russia into the war against Japan as soon as Germany surrendered. In a few hours Churchill and Roosevelt cut back the Burma plan. Why waste effort in the Far East, delay victory in Europe, and postpone the thrust of Russia's might against Japan? They did not entirely abandon India and China. They retained their earlier intention to reconquer Burma and improve China's political and military condition. But they once again confined Far Eastern measures within limits that might make them indecisive, at best, and unnecessary, at worst.

The men in Burma in 1943 thus fell between the millstones of obdurate circumstances and dubious prospects. Their immediate task was to get down into North Burma. Approximately 275 miles of road were required to connect Ledo, India, with existing routes to China. New construction would be needed for about half the distance, and major improvements of existing trails and cart-tracks thereafter. Waiting for them was the 18th Division of the 15th Japanese Army. Three other divisions were available if the 18th had any trouble blocking off North Burma while the main Japanese forces assembled to attack India.

All summer American, Chinese, and Indian troops and laborers toiled on the Road. The 38th and 22d Chinese Divisions trained at Ramgarh, India, and then occupied final staging positions north of the Hukawng Valley in Burma. What was the consequence of these efforts of 1943? By the end of the year, a barely passable road trace reached to Shingbuiyang. But Shingbuiyang was only one-third along the required distance to be traversed by the surveyors, cat operators, and 'dozers. What of the Chinese infantry, out in front of the engineers? After their first contact with enemy outposts below Shingbuiyang, the Chinese lay in foxholes, wasting away the winter in false alarms, patrols, and vacillation. One battalion managed to think itself surrounded by a thin line of enemy patrols, and it sorrowfully subsisted for 2 months on airdropped supplies.

Sergeant Fromant and his men at North Tirap Aid Station represent one facet of the struggle against futility in Burma. For them and for thousands during the war, the problem was to accommodate to relatively static circumstances. Whatever deprivation, isolation, or desolation; whatever tedium of daily routine, fatigue, exasperation

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with the sheer brutishness of weather and things, theirs was not the final responsibility nor the final failure or success. To achieve balance, serenity, patience, and to retain enough resiliency to accept change when change came—this was their merit. Clerks, mechanics, and warehouse laborers, radio repairmen and truck drivers, laboratory technicians and hospital ward orderlies, weather observers, crane operators, railroad brakemen, cooks, and all the corporals and sergeants who supervised them—by the thousands throughout India and the rear areas of the Burma combat zone, the Fromants and Lotzes watched and worked and waited.

But what of those who passed through and were off to the East, where planes were loaded and took flight for China, where engineer regiments and quartermaster battalions and signal wire crews disappeared in the Naga Hills and leech-infested jungle? What was their story? Those dysentery cases, those fever-shaken Chinese, those limping GIs—where had they been that a mud-floored, thatched-roof bamboo hospital ward was a haven, and a regular diet of Spam a reward?

Maj. Walter S. Jones, a gynecologist from Providence, was one of those who headed down the Ledo Road in the summer of 1943. The 48th Evacuation Hospital with which he came to India was a semi-mobile unit, designed to back up such forward medical installations as the battalions and field hospitals. As the Ledo Road progressed and Chinese troops went into battle, the 48th and 73d Evacuation Hospitals (and the 14th which arrived soon afterward) were to provide relatively complete hospital facilities for large numbers of patients. But in the early months of 1943, neither road construction nor combat forces required such support. It soon appeared to Jones that temporary and miscellaneous duties would be assigned to the staff of the 48th. After casting a skeptical eye at several such possibilities, and by taking account of his boyhood experiences as the son of a missionary in China, he quickly secured an assignment which promised action and interest. In a matter of days, he was out on the Road, attached to the 10th Chinese Engineer Regiment as its medical adviser.

Chinese Liaison Detail is the account Jones wrote almost 2 years later of his adventures. For adventures they were—to an adventurer. The ferocious conditions of weather and terrain, the scarcity of provisions and accommodations, the hazards to health seemed to be challenges to him. For months he kept moving up and down the trails and road trace, searching out suitable sites for jungle hospitals, sizing up the quality of the services being provided by American and Chinese medical units, and serving as the “eyes” of the Base Headquarters Surgeon. Where his duties did not take him his curiosity did. He not only mingled with the troops on the road but he often took a storyteller’s interest in their personalities, biographies, and achievements. And to these acquisitions of experience and lore, his sharp eyes and scholarly habits added information about geography, history, and cul-

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ture of North Burma. The result is a hitherto unequalled narrative about the Ledo Road during the most arduous and speculative phase of its development.

Not unnoticed in his reminiscences are the medical features of the North Burma scene. Both in his text and in the appendixes he added, he outlined the essential problem: to institute and maintain sanitation and other disease prevention procedures among the troops on the road. Many of the required measures were elemental. The difficulty was to provide them among ignorant or indifferent troops, with few of the technical facilities which modern public health agencies take for granted, and under circumstances where only a reduction of health hazards—not their elimination—could be predicted.

Obviously, such matters were hardly central in Jones's training in gynecology, although they were, naturally, within the province of any medical officer. Yet his periodic reports to the commander of the 10th Chinese Engineers showed patient and persistent attention even to the least glamorous requirements of camp sanitation and hygiene. Of the fact that he himself suffered from dysentery and malaria, the major diseases of the area, he complained not at all. But he recognized the special significance of his encounter with scrub typhus. When so many facts about the disease were still in doubt, any information which a scientific observer could provide might be of critical importance. Hence the value of his remarkable and unique account of the disease from the victim's vantage point. It deserves a place among the classics of medical literature.

Nor is the scrub typhus episode the only part of Chinese Liaison Detail which possesses literary value. The zest which led Jones out among the roadbuilders, and more than a little literary talent, produce colorful narrative, evocative exposition, and dramatic structure. It is from the latter, which is doubtless the least self-conscious feature of the narrative, that its ultimate strength derives. Schematically, Chinese Liaison Detail is governed by a single organizing principle. This principle can be designated (in Jones's own term) as that of reconnaissance. From beginning to end, he tells the story of an exploratory journey. From America to Bombay, Bombay to Ledo, Ledo to the 10th Engineer Headquarters, and from point to point along the Road, he progresses in a rhythmic sequence of alternating rest and motion. Each new episode of his journey is another effort at discovery, reconnaissance.

One consequence of this structural design in the narrative is the high tone of responsiveness which animates it. The author's many conversational or expository asides, though in excess of his minimum narrative needs, are entirely relevant in a story of travel and exploration. They establish the perception of connectedness between incidents which occur in accidental sequence, and they enlarge the realm of time and space through which the traveler marches. The pilgrim Jones recalls bits of gossip about those whom he meets on the road, and he

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often pauses to hear them tell their stories. In camp, he ruminates upon the nature of the land which he is exploring and the company he keeps. Long afterward, with a future audience in view, he entertains as he explains and informs. He reenacts the journey.

Dramatic momentum is another effect arising from the sequence of search and recognition. The initial exploratory scenes arouse curiosity, invite an expedition. The middle passages are violent and tense, as Jones and the roadbuilders struggle in the wilderness. Later, when success is imminent, certain omens of disaster appear. After driving east from Ledo and then turning south, in the true direction they must go, the roadbuilders break out of the jungle at their summer's goal, the village of Shingbwiyang. But they have cut the final miles of their road-trace along a pathway of death, the Refugee trail. The generals can congratulate themselves when the Chinese Army in India invades the Hukawng Valley and the Second Burma Campaign is underway at last. But among the casualties Jones sees in Seagrave's hospital at Shingbwiyang, about Thanksgiving time, are a few, say the Chinese doctors, with "the Felix-Weel Disease, you know, Teefus." Thus does the quest, the chase, the journey near its end, and thus do fact and literary design create an ironic climax to Chinese Liaison Detail.

One final word needs to be said. That word is tolerance. It naturally applies to Jones's voluntary acceptance of foul living conditions, onerous obligations, and pain. Unlike most of the men on the road, Jones, because of his medical training, knew full well all the invisible enemies which surrounded him. His tolerance, therefore, went well beyond the minimum of grudging passivity. In the form of fortitude, it was a virtue, not merely a stoical vice. But even more admirable was the tolerance which characterized his work as a medical liaison officer with the Chinese.

Medical aid to China during World War II took many forms—the distribution of medical supplies and equipment in large quantities; the training of medical officers and troops; and the deployment of American medical units with the Chinese Army in battle. To help coordinate the Chinese-American medical system, the liaison officer system of the combat arms was extended to the medical service. Often, the success of the entire effort depended on the liaison system. And the key to effective liaison was tolerance.

One could say as much, in fact, for the entire American war effort in the Far East. It was a gigantic Chinese Liaison Detail. Gen. Joseph W. Stilwell, although Chinese Army in India Commander, was but Chief of Staff under Generalissimo Chiang, and Deputy Commander of Southeast Asia Command under Lord Louis Mountbatten. Still other complications in his official relations to the Air Forces and to other high-ranking Chinese and British commanders frequently limited his powers to those of representation, advisement, and persuasion. His policy position generally fell between two strongly argued extremes. One, that of Gen. Claire Chennault, called for a major American air

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offensive in China. Stilwell—usually backed by the War Department—believed Chennault's program would need too much of what was hardest to supply—aircraft and gasoline via "the Hump"—and would make too little use of the more plentiful ground forces in India and China. Doubtful of the possibilities for short-term success, he furthermore saw little likelihood that Chennault's plan would lead to any long-term or postwar improvement in China's own military strength.

The other position, that of the Generalissimo, was mainly defensive. China's chronic poverty, deepened by the long years of war; her intricate and uncertain political structure; and the Nationalist fears of what the future might bring from the Communist enclave in the north—all these argued strongly against the strain of aggressive policies. Stilwell believed, however, that Chinese troops who were properly trained and led, liberally supplied from American sources, and backed by a stable and reform-minded government not only could take a significant part in the war but begin to establish firm foundations for post-war growth and security.

What Stilwell came to over and over was the liaison officer's position: to help others help themselves. Military policies such as Chennault proposed were, according to Stilwell, substitutes for self-help. Their effect, sooner or later, would be to weaken or corrupt an inactive China. Conversely, he feared that unless China accepted technical advice, at least, she would not be able to use effectively whatever material aids to self-help she received. Like the liaison officers within his command, therefore, he attempted to occupy a middle position, one wherein he could demand less often than he could counsel, but wherein a failure by China to help herself under his guidance and with the supplies he controlled might force her once more to go it alone. It was the liaison officer's delicate mission to stand between those Americans who would impatiently groan, "For God's sake, let us do it right!" and those who would cry, "Well, then, have it your own way and be damned to you!"

In this incredibly difficult situation, tolerance was vital. The importance of its presence or absence is suggested by three available documents—the Stilwell diaries and other papers, the reminiscences of Dr. Gordon Seagrave, and Chinese Liaison Detail. In the first of these, the spirit of tolerance hardly exists, and many of Stilwell's subordinates absorbed the suspicion, sense of injured pride, and the rancor which he barely concealed on official occasions and which were otherwise plainly visible. Just short of positive intolerance, these attitudes poisoned the atmosphere, and they constantly gave a bad name to all that was valid in Stilwell's policies and to the very great deal that he actually accomplished. His distrust of the British and his disrespect for Chinese leadership were assumed to exist even in specific instances when he or his subordinates evinced confidence in their Allied partners. Consequently, when he asked for efforts which were especially costly or hazardous, the British and Chinese suspected a hint that they were slackers, and when

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he commended the troops, that he was slyly condemning their leaders. It may be difficult to argue that Stilwell could have accomplished more than he did between 1942 and late 1944, considering the severe limits placed upon Far East activity. Yet it is very probable that even less would have been more valuable, had it been accomplished in an atmosphere of greater tolerance.

Conversely, Dr. Seagrave displayed the maximum effectiveness of the liaison system. Entirely absorbed in the tasks of aiding an alien people, and itself compounded of men and women from many nationalities, creeds, and customs, the Seagrave hospital was a model of tolerance. Although the best known, it was not the only instance of this virtue. More than a few American medical units gave close-in support to the Chinese in an atmosphere of confidence and respect. The large hospitals in the rear were full of Chinese patients during 1944 and early 1945. Their records convey not the least hint of the ill-winds of irritation which blew in the summit headquarters at Chungking or New Delhi. As late as 1946, a visit to the 14th Evacuation Hospital at Mile 19 on the Ledo Road would demonstrate that, although the long-term care of Chinese casualties had become tedious, there was no visible intercultural antagonism, no active suspicion that China had somehow saddled the hospital with patients she was perfectly able to care for, or that Chinese sick and wounded were malingering in order to postpone the day when they must help themselves. Here, as in the Seagrave hospital, tolerance was a way of life.

Between the two extremes existed the kind of tolerance which Jones and dozens of other liaison officers displayed. Never carried to the extent of complete intercultural blending, and perhaps never entirely free of some Stilwell-like reservations, it nonetheless produced a high and practical level of international interaction. Based on self-respect, as well as the willingness to adjust to another man's cultural and personal habits, the tolerance of such men as Jones produced a common effort to attain common goals. Such tolerance did not mean that either party gave up his own heritage or values. Nor did either become so "soft on" the other that standards of judgment disappeared. The relationship might even deteriorate when the partners encountered extreme adversity or adopted violently contrasting points of view. But even if it fell short of perfection, liaison of this kind also proved durable in unfavorable circumstances.

In fact, a working tolerance such as that which Jones and the Chinese displayed, required that each accept certain limits in the liaison system, just as each had the right to expect certain commitments to the principles of interaction. While Jones worked hard to make some inroads upon Chinese habits which he knew led to increased sick rates, he accepted the probability of partial failure, even to the point of sharing many of the personal risks which those habits produced. Similarly,

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his Chinese colleagues retained their authority and prestige, but they recognized that when they deferred somewhat to Jones's advice regarding supplies and equipment, the positioning of hospital stations, and the evacuation policy, they gained the opportunity to improve the regimental medical service.

In a world at war, liaison between cultures could not then—and cannot now—survive the intolerance which too typically impeded American, British, and Chinese efforts to work together. Nor could it await the appearance of such generous and benevolent figures as Dr. Seagrave, rare then, now, and always. But that ordinary men in predictably difficult circumstances could develop cultural liaison of a steadfast, practical, and positive kind—this is the challenging record of tolerance in Chinese Liaison Detail.

I. "ACROSS THE FAR HILLS"

For some months now¹ the Ledo Road has been a going concern. The convoys are raising columns of dust as they roll on their way to China. People live in houses with tin roofs and cement floors. The Post Exchanges stock girdles and cosmetics, curios and ice cream, even Coca-Cola on occasion.

There are very few people left in this Theater who remember the days when it was an adventure to drive a jeep four-wheel-double-low to Mile 30.² It is a pity that so few of the old guard put their experiences on paper before they departed. The Road was pushed across the hills by a band of gallant and hardy giants. Some quiet pluggers did their stint with much perspiration but little comment. Others were colorful characters indeed, who rollicked their way through the jungles in the best traditions of James Fenimore Cooper, Bret Harte, and Kenneth Roberts. The literature of this war would be enriched if some of those officers and men could be induced to recount their experiences.

The following material is not an account of the unusual. Many men of the advance parties could tell a better story: Men of the 823rd Engineer Aviation Battalion, the 45th Engineer Regiment, the 330th Engineer Regiment, the 21st Quartermaster Regiment, the 151st Medical Battalion and

¹ As of the summer of 1945, when Jones wrote his reminiscences. (His typed copies were sent to the India-Burma Theater Surgeon, and later to the Historical Unit, Office of The Surgeon General. The numerous short chapters, with their original headings, have been grouped into larger units, as above, and titles have been supplied by the editor. Occasionally, trivial verbal slips have been corrected without comment.) The Ledo Road was officially declared open on 22 January 1945. The principal accounts of its construction are Leslie Anders, *The Ledo Road* (1965), and relevant parts of Karl C. Dod, *The Corps of Engineers: The War Against Japan (United States Army in World War II: The Technical Services)* (Washington D.C., Government Printing Office, 1966).

² From Ledo. The engineers reached the Burma border at Mile 43 on 28 February 1943. When the monsoon interrupted road work in May, the roadhead was only 4 miles across the border. See Romanus and Sunderland, II, pp. 12-14.

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the 48th Evacuation Hospital.³ The object of this narrative is to present a worm's eye observation of a stupendous operation as accurately as possible.

4201 Shipment

The 48th Evacuation Hospital⁴ arrived at Camp Anza, California from Fort Devens, Massachusetts, on the night of 10-11 January 1943. Here were assembling the units of the 4201 Shipment. These included the 20th General Hospital, 73rd Evacuation Hospital, 478th Quartermaster Regiment, 151st Medical Battalion, 330th Engineer Regiment, 21st Quartermaster Regiment (colored), 7th Ordnance Battalion, and several small separate depot companies. These 6000 odd souls, male and female, white and colored, embarked on 19 January; and the transport left Wilmington, Cal., harbor at 0800 hours, 20 January. The U.S.S. Monticello was the 28,000 ton Italian luxury liner Conte Grande, seized in a Brazilian port and hastily refitted. There was perturbation among certain of the passengers as the ship plowed unconvoyed across the Pacific. This was somewhat assuaged by the rumor that the present Pope had once conducted divine worship on the ornate staircase of the grand salon (now serving as troop compartment C-1). The 42 day trip in a crowded troop ship is another story which has no place here. Bombay was reached on 3 March. From there the units were shuffled across India, via Poona, Deolali, or Ranchi.

Margherita

The bulk of the officer and enlisted personnel of the 48th Evacuation Hospital were introduced to the scene of their future labors at 0700 hours the morning of 19 March 1943. The ramshackle train stopped in the middle of nowhere; but presumably near a village. On the left was a badly rutted road, with a few shacks and tents in the jungle beyond it. On the right was jungle. Ahead the meter gauge track ran toward the smokestack of a small lumber mill. The column was formed and marched a few hundred yards down a muddy lane. We broke ranks at the present Transient Camp area, on the spot where the 18th General Hospital⁵ nurses inclosure recently stood. It was announced that somewhere in the brush were 28 tents, one of which contained rations. None of the men had had a decent meal or sufficient water for the best part of three days. By 1100 hours a fire was going and the chow line formed. As Detachment Commander, my hours were filled with house-

³ The 823d and the 45th were sent to Ledo in December 1942, and took over the assignment of roadbuilding. The 330th Engineer General Service Regiment, elements of the 21st Quartermaster Group, and the two medical units arrived in March 1943. See Romanus and Sunderland, I, pp. 306, 348. Regarding the 21st Quartermaster Group, see *North Tirap Log*, p. 11, n. 34.

⁴ Originally an affiliated unit of Rhode Island Hospital, Providence. It was a 750-bed, semimobile organization. See *North Tirap Log*, pp. 10, 37, for notes on the 20th General Hospital and the 73d Evacuation Hospital.

⁵ The 18th General Hospital reached India in October 1944, after service in the Fiji Islands, and operated a hospital at Ledo from late October 1944, to mid-April 1945. Thereafter, until October 1945, it served at Myitkyina, Burma, and returned to the United States in November.

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keeping duties. Some time before dark, I chopped 15 stumps (by count) out of the dirt floor of my tent; settled my cot precariously around an outcrop of rock; and washed my face.

It rained fourteen of the next sixteen days. Destined for the tropics, the entire shipment had naturally been instructed to drop all rubber foot boots; and foraging parties were scouring fifty miles back to Tinsukia. The local shoe merchants enjoyed a bonanza. The drudgery of getting settled, however, was relieved by a number of pleasant interludes. Some enterprising citizen discovered the Margherita Club. This Cozy Nook for Tea Planters had a peace time membership of eighteen. When the Americans lined up six deep at the bar, the nightly dole of four bottles of liquor did not go far. The English inhabitants were horrified at the arrival of so many nurses. No self-respecting planter would consider having his wife spend her first Indian summer in Assam during the monsoons. It was sadly predicted that many of the girls would fail to survive the season.

Orientation

On 22 March an Officers Call was held at Base Headquarters, Ledo. General [Raymond A.] Wheeler and Colonel [John C.] Arrowsmith⁶ briefed the gathering on this project, complete with maps. One gained the impression that we were in on the ground floor of a major operation. But the obvious obstacles of terrain, transport, material, and man power gave pause for thought. Base Section #3 was so designated on the premise that Rangoon was a port of entry.⁷ The fact that Rangoon was nearly a thousand miles away, and that we actually occupied about ten percent of the area indicated on the map, lent an ironic touch to the bold panorama. It was a proposition that probably only Americans would have tackled. They went to it with a laugh and a curse, as they took off their shirts.

All hands turned to learning about the country, the natives, and our Chinese Allies—who were much in evidence around the Base. Orientation groups listened to planters and British officers.⁸ Language classes struggled with the west China version of Mandarin. This was too frequently expounded by an east China interpreter who spoke some English but had a poor Mandarin accent; and relayed through a stolid line officer, with the

⁶ Major General Wheeler commanded the Services of Supply in CBI; Colonel Arrowsmith commanded Base Section 3, with headquarters at Ledo. Given names are inserted in brackets and unit identifications given in footnotes the first time the individual is mentioned. At the end of Book Two is a list of all who are named in the text. The comments which Jones frequently puts in footnotes are given with his initials. His routine identification of officers and units, and supplementary notes added by the editor are given without initials, except when the effect might be confusing.

⁷ *WSJ*: When it was a base section it was the fighting front of the Theater; now that it is Advance Section, it is a base for China.

⁸ *WSJ*: One of these lecturers was a joy to behold. The mouths of the spectators hung open as they listened to his story of the retreat from Burma. The raconteur was an officer out of a Gurkha regiment. He was magnificently costumed. Commencing with hobnailed boots, the eyes traveled up a pair of hairy legs to faded shorts. At the waist was an arsenal of knives and revolvers. Thence to a dilapidated gray wool shirt sans sleeves. The spectators observed with awe the flies crawling over a granite face, which twitched never a flicker. All this was topped by a cylindrical hat of lacquered straw, claimed to be a gift of a Naga chieftain.

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Mandarin dialect but no English. Sweating people crowded into steaming mess shacks to hear American officers describe the Chinese Training Center at Ramgarh. Eager beavers gnawed at the bamboo shoots. It was a period of earnest expectancy, somewhat reminiscent of a carnival.

Excursions and Alarums

The first six weeks provided a sustained tempo of excitement. Nobody knew what would happen next, and it usually did. People were going out on mysterious expeditions.

Major [Eric P.] Stone and Lieutenant [Thomas, Jr.] Perry of the 48th Evacuation Hospital, led a column of porters somewhere the other side of beyond, to establish an aid station along the Pun Yang-Pebu trace.⁹ It is said that the spark-plug of this jaunt was Sgt. [Walter J.] Marazzi. He taught the porters one stock phrase, which became a shot of adrenalin. His was the tail back position. When these human beasts of burden flagged, he would shout, "Who is the King of the Naga Hills?" The answer "Marazzi!!" ran along the line, and the file would close up. Another unique character was Pfc. [Frank J.] Dabal.¹⁰ This barrel of a man was elaborately festooned with tattooing; and he was a never-ending marvel to the hillsmen when he flexed his muscles.

Another intriguing episode was the "Jap Invasion of Ledo."¹¹ This must have been the first week in April 1943, although my notes are not quite clear on the point. General Wheeler was on a reconnaissance to Nathkaw, the farthest southern outpost of the defenses overlooking the Old Refugee Trail. A Jap patrol raided this position, and a tremendous amount of ammunition was expended in the process. In Ledo the repercussions were deafening. My tentmate, the unit Security Officer, was aroused from his slumbers in the cold gray dawn. Patrols were thrown along the Dehing River, and the nurses area swarmed with men ready to do or die. All manner of excitable characters cruised the byways, armed to the teeth with knives, pistols and tommy guns. Apparently nobody considered a minor detail: Nathkaw was a hard seven days march over the easiest trail, and considerably more [?] as the crow flies. In those days the Jap enjoyed a reputation as a jungle infiltrator which subsequent events have somewhat dimmed.

One hot morning officers call was being held in the 48th Evacuation mess hall. The Base Commander [Arrowsmith] sauntered into unit headquarters, followed by a hard-bitten figure chewing on a long cigarette holder and wearing a battered campaign hat. There were a number of enlisted men in the office. They had been in India just about long enough to have reached

⁹ See *North Tirap Log*, p. 20. This robbed Aid Station 2 of three men, Craig, Price, and Seith.

¹⁰ *WSJ*: Popularly known as "The Mad Russian." Being a very intense Pole, he resented being called a Russian; and I had to break him twice for getting into fights over it.

¹¹ Small columns of the Japanese *18th Division* moved toward Fort Hertz, a British post, and American-Chinese positions at the edge of the Hukawng Valley. The Chinese garrison at Nathkaw held firm. The Japanese patrols soon withdrew. See also *North Tirap Log*, p. 50. The date Jones gives is correct.

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the stage where nothing impressed them very much. The first man to register on the visitors was the runner. This lad was hardly the brightest man in the outfit, else he would not have been the runner. A glitter of insignia stimulated him into action. He arrived at the mess shack in a lather. "A couple of Majors are up front," he gasped. It may be mentioned that the then Commander of the 48th [Col. Charles L. Leedham, MC] was one of the ranking regular officers on the Base. It was sometimes his pleasure to allow the common or garden variety of officers to cool their heels. He arose from his seat, visited the latrine, adjusted himself before the mirror. On his arrival at his headquarters Colonel Arrowsmith is said to have remarked: "Colonel, is this the way you receive the Lieutenant General of the United States Army commanding this Theater?" Small sounds were heard from the Colonel as he gazed at "Vinegar Joe" Stilwell.¹²

The 48th Evac Is Dispersed

It was immediately apparent that one general and two evacuation hospitals were too much support for eight or nine thousand Americans and a division of Chinese. The medical plan that unfolded was logical. The 20th General Hospital took over the small plant in the Margherita polo field, hitherto operated by the 98th Station Hospital.¹³ The 73rd Evacuation Hospital prepared to move into the new all-bamboo installation under construction on a plateau a mile or so down the road. The 151st Medical Battalion was deployed to make its seasoned personnel most effective. The ambulance company serviced Ledo and the thirty-odd miles of road. One company established a small station hospital at Namgoi (Mile 32 in those days), to serve the troops at road-head. Part of one company went with the Rice Mission.¹⁴ The rest of the Battalion went out to establish aid stations at one-day intervals along the trails through the hills.

The 48th Evacuation Hospital was overage. Within a week we were requisitioned for men to go on air dropping, to run gas stations, and to work on the rail transport system. By the end of a month, so many enlisted men were out on detached service that it was difficult to run the housekeeping. On 18 April Colonel Leedham flew to Delhi to discuss a new assignment. On 5 May rumors began to ooze around that part of the organization would go to operate a station hospital for the Chinese Training Center at Ramgarh.¹⁵ Twenty officers, forty nurses, and approximately half the enlisted

¹² In the spring of 1943, Stilwell inspected his India bases, and, among other tasks, he quieted the excitement over the Japanese foray. After a trip to Washington in May, he returned to India to carry out a severe shakeup of several major enterprises, the road project included. See Romanus and Sunderland, I, pp. 309, 347-348; and *Stilwell Papers*, pp. 201-202, 216-218.

¹³ A 100-bed hospital which had served at Ramgarh in 1942 and had been at Ledo since January 1943. From Ledo it went to Chakulia, near Calcutta, where it stayed until mid-summer 1945. After a few final months in Shingbwiyang, Burma, it was sent home.

¹⁴ Lt. Col. Earle M. Rice, MC, who had been with a Military Observers party in India in 1942, became Assistant Theater Surgeon in March 1943 and Theater Malariologist in October 1943.

¹⁵ To replace the Seagrave unit, by then establishing medical stations for Chinese infantry moving into Burma. The 48th took over the Ramgarh hospital on 15 May 1943.

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men were destined to leave in the near future. My instructions were to break down the detachment with a view to sending off personnel for a station hospital, and retaining enough technicians to run a small field hospital here at a later date.

Six officers interested in nutrition and tropical medicine were earmarked for the Rice Mission. This mysterious expedition, it later developed, was a combination of malaria survey and a study of nutritional problems among Chinese troops. It spent some four months in the lower Assam Valley; and its members returned with a prodigious number of tall stories.¹⁶

The balance of the unit was bait for odd job details. Ledo Sector Combat Command¹⁷ wanted liaison officers for Chinese duty. Medical officers were needed at remote forward outposts. Nurses were used at Base Headquarters as stenographers. It was this residual remnant that probably accumulated the most interesting assignments, and had the most varied experiences of the scattered 48th.

Chinese Detail

I was supposed to remain with the detachment at Margherita as executive officer. All kinds of curious jobs were going begging, however; and it behooved me to look after myself, unless I wanted to moulder in the mud at the Staging Area. It appeared that the most fun lay across the far hills. What could be better than getting out with the Chinese? I was born in China, and had lived there fourteen years. Although twenty-five years in the States had pretty well washed away any command of the language, even that limited background was a premium. Very few people in the area wanted to have anything more to do with our unfamiliar Allies than was necessary.

On 10 May I contacted Dr. [Franz] Kriegel¹⁸ then Combat Surgeon. I spent the next day up the Road with him visiting the 6th Motor Transport, 38th Division Headquarters, 112th Infantry, and the 10th Engineers.¹⁹ After dinner with General [Haydon L.] Boatner, a deal was in the making.

¹⁶ 1st Lt. Milton Korb, MC, and Captains Irving A. Beck, John S. Dziob, Israel E. Garber, William L. Leet, and Frederick A. Webster, MC. At Chabua, the "Mary" project studied the antimalarial effects of several drugs; Diary entries for 26-27 April 1943, of Col. Robert P. Williams, MC, the Theater Surgeon, a copy of which was sent to the present editor by Colonel Williams; also, U.S. Army Medical Service, *Malaria*, p. 35.

¹⁷ Headquarters Company 5303d (Provisional) Combat Troops directed support operations for the Chinese Army in India. The staffs for the 5303d and CAI headquarters were the same. The 5303d was redesignated on 1 February 1944, as Northern Combat Area Command. See Romanus and Sunderland, II, pp. 28-32, 138-139.

¹⁸ *WSJ*: Dr. Franz Kriegel was an interesting character, and my dealings with him were always of the pleasantest. A Polish Jew, educated in Czechoslovakia, he left central Europe one jump ahead of the Nazis. He served with the Spanish Republicans; and when Franco won out, moved on to China with the Red Cross. He had been almost 4 years fighting the Japanese. He spoke Chinese about as well as he did English. * * * Kriegel and the other Czech and Polish contract surgeons serving with the Chinese were the most typical Men Without a Country I have ever known. Middle aged and war weary, they had no prospect of going home; and they doubted if they would have homes to go to if they could. [See *North Tirap Log*, p. 19.]

¹⁹ Chinese units moving from Ramgarh into Burma to complete their training, screen the advancing Ledo Road, and ultimately inaugurate the Second Burma Campaign. The 112th Infantry, 38th Division, was the lead regiment in the movement. See Romanus and Sunderland, II, pp. 28-48.

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The 48th was told to make ten officers available for liaison duty. So 13 May, Kriegel and I took four other men the rounds of the Chinese camps. One incident of that trip will never be forgotten. Kriegel was a stocky, brisk, fast-talking little fellow with a manner of mixed domineering and condescension which the Chinese always resented. We passed the guard at the Field Artillery Bn with a curt word, and walked over to the dispensary on the far side of the area. In a few moments, the Officer of the Guard appeared and engaged in earnest conversation with the Chinese medical officer, who was obviously embarrassed. The officer requested that we return to the gate, report to him, and then return to the dispensary. Otherwise he would lose face. It was raining slightly and it would be a long walk. If we complied, Kriegel would also lose face. He refused in his most vehement Chinese, on the basis that as Combat Command Surgeon he could enter any area. The Officer of the Guard repaired to the quarters of the CO. There was loud talk and sounds of someone being beaten with a stick. The poor officer emerged in a hurry and urged us to depart. Kriegel was in a bad spot; but he elected to play his hand out, and started over for the CO. A few orders were shouted, a whistle blew, and we were surrounded by an armed guard. There was no need or desire for further argument. We were marched off the area between two files of grim Chinese fingering tommy guns. We went at once to 38th Division Hq to demand an apology. Here we were very politely but firmly informed that the General [Sun Li-jen] was having his afternoon nap, and would probably not wake up for two or three hours. The whole episode was a sound lesson in how not to deal with the Chinese, a characteristic example of how they react to an officious approach. If you want to be aggressive with Chinese troops, you need plenty of rank, and it has to be in the Chinese army, not the American or any other.²⁰

Needless to say, none of the officers with us could thereafter be induced to volunteer for liaison duty.

Liaison Officer

This is as good a point as any to pause and consider the function of the Liaison Officer. Theoretically he is the tie that binds, the personal touch in Allied operations, the lubricant which permits two commands to mesh without clashing of gears. After eight months experience in this uncomfortable position, I think of him as a thumb-like appendage which springs from the palm. When the hands are clasped across the sea, in the classic gesture of two totally different races fighting any war for a common purpose, he is caught in the middle. Through him channel the conflicting aims, hopes, fears, suspicions, and squeeze plays of two commands who live on opposite sides of the fence. He is the first echelon ambassador. If he is a sound officer

²⁰ Within days after reaching Burma in 1942, even Stilwell had made this discovery and never felt entirely certain where he stood in respect to Chinese Army lines of command, even when they presumably led to or through his headquarters. Jones's description of the liaison officer's position might well be compared to the official accounts of Stilwell's command and to Stilwell's own letters and diary. See Romanus and Sunderland, I and II; and *Stilwell Papers*.

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he will early appreciate one fact: On his approach, friendliness, tact, hard work, and good judgment, the service whose uniform he wears stands or falls in the eyes of the unit to which he is attached. To a dozen, or to a few thousand men, his performance is of more significance in international amity than any potentate whose photograph smiles out of the pages of the Sunday Supplement. It is necessary on state occasions to get all horsed up in suntans and tie; but one may better operate on the theory that the appropriate uniform is a set of fatigues, a pair of boots, a pistol, and a cheerful grin.

It is not easy for any man to detach himself from the environment in which he was raised, or which he has built for himself. In a physical sense, soldiers have done this with reasonable success since the days of the Trojan Wars. In an emotional sense, it is not so simple. The subtle differences, and the fundamental differences, present barriers which require the mobilization of all resources before attempting to hurdle them. The fundamental difficulty for the liaison officer (aside from language) is the cumulative wear and tear of living in close contact with people who are so alien in habits and mannerisms. No matter how he may try to see their point of view, or how he appreciates their better qualities, the thousands of little things whittle away at his good humor. An irritable liaison officer is a liability. He loses the friendship and confidence of the command to which he is attached. This in turn creates frictions for the command he represents. It is my personal opinion that the effective term of service for the average liaison officer is six to ten months of continuous field duty. The shorter period applies when a man has been the only American with a unit, particularly if he has lived largely on the Chinese ration. After that he should have at least a month in which to rehabilitate himself.

II. "MY NEW HAPPY HOME"

Chinese Camp

On May 15, 1943, I moved in.²¹ This arrival was greeted with a large dose of curiosity, close scrutiny, and courteous attention. All afternoon droves of polite and friendly officers dropped in, by twos and threes, to see what kind of a specimen Uncle Sam had tossed into their midst. As the word spread that the American had actually asked for the assignment, more people found reasons to consult with the Regimental Surgeon. Pretty soon, I noticed that the orderly required the assistance of an excessive number of enlisted men to carry small items around the tent.²²

²¹ With the 10th Engineer Regiment.

²² *WSJ*: The curiosity which greeted my appearance in camp was no great surprise. As a small boy I had spent my vacations going the rounds of my father's parishes in Chekiang Province. It was an old story to stop at a village for a bite to eat, and to be the cynosure of all eyes. Before one had thanked the host, practically every man, woman, child, dog, and chicken in the community would be hanging through the windows, jostling in the doorways, and prowling about the room. I grew up having my luggage examined, the texture of my clothing fingered, and listening to remarks about the whiteness of my skin and the blondness of the hair I once had. I am used to it, but I still do not enjoy it.

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Naturally my first request was to be accorded the consummate honor of reporting to the Colonel of this glorious Regiment, to which I was attached to do such duties as my limited capabilities and profound ignorance permitted. I was informed that he was at the moment engaged in matters of high import; but that he would presently greet me in the manner befitting the arrival of a representative of the noble and mighty ally of China. In about half an hour, there was a first-rate stir as "Colonel ——" entered and was introduced. The air that accompanies the arrival of a Chinese officer is a fair index of his relative importance. I quickly looked him over. He was a youngish sort of chap, and gave the impression of lacking what it takes to be the commander of an "independent" regiment. So I threw him a first-class highball [salute] but just a shade under the best. He proved to be the Lieutenant Colonel serving as Executive Officer. My initial disappointment in him was short lived. He was not of unit commander caliber; but he was a sound, level-headed cooperative officer of fine type. He became one of the best Chinese friends I had in the 10th Engineers. I went through the same business with two other Lt. Colonels, both of who can play ball on my team any day.

In due course, I was informed that the Regimental Commander awaited my pleasure.²³ I walked across under escort and met Colonel (now Major General) [L. C.] Lee. He was a small, shrewd, quiet article well worth careful consideration. He had spent his entire adult life in the army: building canals, harassing bandits, and fighting the Japanese. He had worked up the military ladder the hard way, until he became Superintendent of the Chinese Military Engineering Academy, following which he sank all his assets (and the Lee family fortune) in organizing a regiment. The 10th Engineers were his personal property, and most of the officers were his hand picked former students.²⁴ I had a long and close association with Colonel Lee. He was a reasonable gentleman to work with, and a game little bantam when it came to climbing a steep trail. He was as good, or better, a unit commander of field grade as I have personally served under—Chinese or American.

My new happy home was quite a proposition. In the first place it was right next door to the regimental guard house. A Chinese officer of high rank usually keeps the panoply of power visible in the foreground. This includes heavy and well armed personal guard details. It also includes having the dungeon in a place where all visitors can see what happens to him who displeases the strong man. Thus it follows quite naturally that the hoosegow, the security guard, the office tents, and the regimental QM depot should all be crowded together in close proximity to the officers quarters. More than one night my sleep was disturbed by the groans, cries, or drunken conversation of the inmates of the regimental jug. Many of these men were sick with malaria and/or dysentery. Being prisoners, they were in disgrace;

²³ *WSJ*: Chinese officers are not properly addressed by grade of rank, but by command title: "Battalion Commander," "Commander of the Transport Company," "Commander of the Regimental Medical Company," "Commander of Troops Cleaning Latrines."

²⁴ *WSJ*: In much the same manner, "Light Horse Harry" of the same surname formed a troop of cavalry in the Revolution; and Wade Hampton of South Carolina became a general officer of the Confederate States of America.

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and they received scant sympathy. The Regimental Surgeon was perfectly capable of disregarding, with a clear conscience, the lamentations of these unfortunates. They would have had the privilege of attending his sick call if they had only been good boys.

The Surgeon and I shared a British tent which had seen better days. It managed to spring at least three leaks, preferably over a bed, with every rain. The plain dirt floor was a little lumpy, but usually not muddy. We each inhabited one side lengthwise, separated by a shelf of bamboo slats which served us as a library. He had a comfortable folding beach chair constructed of scrap lumber and burlap sacking. I acquired an Indian cane chair. Our bamboo desks also served as washstands, or if necessary as dinner tables. Our cots maintained an even keel on the floor with the assistance of a few stones. Our trunks were set off the ground on ration boxes, to prevent too much rusting. The ditch encircling our domicile gradually assumed a chalky hue from the tooth powder expectorated into it. Directly in front, about eight feet away and at a slightly higher level, was the main street of this tent city. It was built of unmatched hardwood saplings, insecurely pinned down by stringers at the sides. On rainy nights the logs rattled and creaked, and the mud under and between them squelched. One grew accustomed to the racket of passing strangers who sounded as if they were about to fall in on top of you.

The two principal animal needs of man were provided for at convenient distances. About 35 yards up the back hill were the latrines. Ours was a bamboo slat shanty with a leaf roof. The pit was covered by a log platform having four squat-hole openings. As an added concession to the officers, each hole was provided with a board cover having an upright stick for a handle. An even slab on each side of the hole furnished a secure footing for assuming the necessary angle.²⁵

The mess tent was a few yards away. Directly in front of the main entrance was the Colonel's table. The three by three foot split bamboo top rested on legs of untrimmed saplings driven into the dirt floor. The benches were two bamboo trunks placed side by side, to a total width of about six inches, on bamboo uprights. Seven officers ate around this over-sized checker board. My name, in Chinese characters on a slip of paper, was posted on the table leg at the place to the Colonel's right.²⁶ This placed me with my neighbor close on the right. In juggling a bowl of rice and chopsticks, it required the exercise of great care to keep my elbow out of his left ear. Four similar tables were spotted around the tent. At each side entrance, an issue tin pail stood on a ration box. In this was the piece de resistance of every meal of every

²⁵ *WSJ*: The Chinese have a high regard for the physiological advantages of this angle. It is, however, a little hard on the knees, especially if dysentery compels frequent visits. Our Allies consider sitting on a toilet seat to be an unsanitary foreign habit. By preference they habitually stand on the seat and squat. Their aim is not always too good. The GI's running the small camps in the hills took pride in creating comfortable seats of woven bamboo. The aforementioned practice was therefore the cause of much bitterness toward Chinese visitors.

²⁶ *WSJ*: This is the seat of honor at informal meals. On formal occasions, the seat is directly across the table. This enables the host to gaze on the pleasant countenance of the guest.

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day of the month—rice. Netting of any kind was a critical item on the base. What the Chinese troops wanted they had to buy themselves. They were not particularly concerned about the presence of flies, which after all are perfectly normal insects. Consequently, there was no screening whatsoever.

The customers sauntered in casually after the bugle blew. They were always hungry, but etiquette demanded that they appear to be in no rush to eat. Only the head table used the front entrance. The rest sloshed around through the mud to the side doors. They filled their bowls, took their seats, and then the noise began. The Colonel frequently came in late. Everybody stood to attention; he made a short bow from the waist; they bowed; then all sat down. Nobody resumed eating until the Colonel took his first bite. Colonel Lee seldom took advantage of his prerogative of the dramatic entry. He was usually late because he was busy. His men so respected him, however, that they invariably accorded him all the meticulous niceties of courtesy.

The problem of how to feed me immediately reared its ugly head. Initially, it was suggested that I be served American food in my own tent. To have eaten alone would have implied that I was segregating myself from the most sociable moments of the day—chow time. This would not help to establish the bond of camaraderie and mutual confidence essential to a liaison operation. Aside from the diplomatic aspect, there were practical considerations. It would not be feasible to draw a one-man American ration and have it properly prepared. Chinese food is so cooked that it is generally served steaming hot, and is sanitary if eaten from clean dishes. Certain American items are subject to contamination in Chinese kitchens; and it would require time to train a cook. On the other hand, the regiment could not draw a Chinese ration for me, nor could I draw one through their channels. The upshot of the whole business was that periodically I purchased a fourteen day dry ration from QM with emphasis on sugar, flour, canned fruit, sausage and jam. This was turned over to the mess officer for use as a luxury supplement. In exchange I ate their rice.

The regiment ate twice a day, at 1000 and 1600 hours. The diet was an unvarying monotony of rice, corn beef, and what squash or bamboo sprouts could be procured locally. The rice was below Chinese peasant standard. Purchased through Indian sources, it contained considerable husk, dirt, and gravel to pad the weight. (In the next few months I broke two fillings biting down on stones.) Sausage and sweets were welcome additions to this ration, and my friends were most pleased. Every two weeks, the mess officer would make a speech to the effect that the delicacies on the table were the contribution of their distinguished guest and comrade in arms.

I had no reason to regret this solution to the ration problem, but my stomach did. Rice and corn beef were not just what the doctor's stomach ordered. I made it a point to hold sick call at some American camp along the line daily, whenever possible at mealtime. By this means one did not get fat, but could manage.

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The 10th Engineers

Being an "independent" regiment, the 10th Engineers had certain prerogatives peculiar to such privately raised and financed organizations. The structure was roughly that of a miniature division, minus artillery and cavalry. (There would have been cavalry if horses were available.) Nine engineer line companies, in three battalions, with basic infantry training formed the bulk of the regiment. In addition were one each Signal, Motor Transport and Special Service (MP) companies, together with a woefully understrength Medical Detachment. The commander of such a unit could be a Major General (there are no Brigadiers in the Chinese Army). The strength fluctuated between 2400 and 2600.

Chinese channels of higher command are loose. There are many pretexts for failure to comply with orders. The same applies to by-passing one or more echelons to get to the commander who will issue the orders one cares to obey. The situation was complicated by another factor. All other Chinese troops were attached or assigned to the 38th Chinese Division. The 10th Engineers were attached to American SOS for duty. What is more they were the largest organized group of any nationality working on the Road at the time. Their channels were therefore Chinese or American as desired. This opened up opportunities for duplication of requisitions, side-slipping of responsibility, and squeeze plays for additional equipment. It was the kind of chess game dear to the Chinese mind.²⁷

Evidently the row to be hoed would be long and devious. I was an unknown and presumably weak reed to lean upon. But I was the only American medical officer present who knew anything about the Chinese. If this sucker was willing to bite, the command was willing to gamble. Thus I became the first American medical liaison officer to be attached to troops in the Ledo area. Until relieved by reason of sickness, I served the longest continuous period with the same unit.

I had been placed with the 10th Engineers primarily for three reasons: (1) Because of the excessive non-effective rate in the regiment. (2) Because a disproportionate small number of sick men were admitted to American hospitals. (3) To watch the requisitioning and expenditure of medical supplies. The Chinese were quite aware of this, in spite of their meticulous courtesy and superficial appearance of welcome. For many weeks it was a matter of fencing delicately around, in search of the chinks in a wall of polite oriental obstinacy.

The first major problem was the Regimental Hospital. The 38th Division had a field hospital; the 10th Engineers must have one as a matter of prestige. That the entire medical detachment would make a second-rate showing as a battalion dispensary was no consideration. Requisitions had included equipment ranging from vaginal speculae to major orthopedic

²⁷ *WSJ*: In fairness to Colonel Lee, it must be said that he took a minimum advantage of the situation. During my service with the regiment, in every instance in which he incurred the ire of the Americans by appearing to hang back on an assignment, subsequent events proved his judgment to have been sound.

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tools. The Chinese respect certain aspects of western technical progress; but often the modern trappings seem more important than the knowledge of how to use them. In general, medical officers lack even enough professional background to recognize their own limitations. Patients are abundant and stoical. If the Americans dish out the equipment, the sky is the limit.

The 50-bed installation was in a deplorable state. Patients were crowded 8 to 10 per tent. There were no decent messing or latrine facilities. There was no attempt to segregate cases by type; nor any system for screening cases admitted. There was no administrative system at all. The only piece of paper relating to any patient was a scrap of toilet tissue showing medication given. Medical officers were not even certain how long patients had been in hospital. The Headquarters Dispensary, at which sick call was held for 1600 men, kept no records of any kind.

There were adequate facilities for evacuation to American hospitals in Ledo. During the first week the active tuberculars, acute dysenteries, and all except minor surgical cases were cleaned out. The physical plant was gradually improved and necessary equipment secured. A record system was set up. The officers were taught to write at least a reasonable facsimile of a diagnosis in English, on the slip of each patient transferred to the American hospital. Ward rounds were conducted daily, with the emphasis on simple teaching. (For an obstetrician, I ran a pretty fancy course in tropical medicine.) By rotating battalion surgeons into the hospital, the new ideas were fairly well disseminated through the medical detachment.

The aim was to gradually whittle the patient population down to malaria and short term cases. Acute and long term cases were evacuated to American hospitals more promptly. In the course of time, the hospital was physically much more attractive, and the service obviously improved. The command began to give up its grandiose ideas of a general hospital doing major surgery. As a long range policy all this paid dividends. After the regiment moved farther forward and became strung out along and ahead of the Road, I was frequently absent from headquarters. At these times reasonably good judgment continued to be exercised in triage of cases;²⁸ and the battalion surgeons ran much better dispensaries in isolated locations.

Sanitation is a thorn in the flesh of any medical officer with Chinese. This is not entirely because they are personally dirty or slovenly. It is based on their reluctance to accept modern ideas of the transmission of disease. There is in fact no great incentive for them to wish to control disease. In a land teeming with undernourished millions, disease is considered a blessing bestowed by nature to keep the population down within the limits of the food supply. Of course, it is undesirable to have one's own family sick; but there is no urgent reason to worry about the other fellow. This underlying concept is fundamentally the reason for the low status of the Chinese medical service. Manpower is the most expendable commodity the Chinese Army has. A man keeps up, or the dogs eat his carcass in the ditch. Why tie up personnel and equipment

²⁸ Sorting of casualties at the time of admission, with respect to retention or further evacuation, as required by the nature of the case and the capacity of the unit to handle it; or, sorting with respect to the type of sickness or injury.

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looking after a man who can not perform duty? Furthermore, why exert energy in preventing the diseases sent by heaven? All except the most intelligent officers think our doctrines of transmission of infection are crazy foreign ideas. Even the better officers are hard to convince that a trained man is an asset, and that to keep him well is sound economy. The only approach is to repeatedly compare sanitary conditions in companies against their sick rates; and to dramatize the man-days lost. Colonel Lee was anxious to keep his effective strength up, in order to make a good showing. He was receptive and cooperative; but he had little support from his battalion and company officers. It was difficult to get even the medical officers interested in sanitation. On returning to headquarters after prolonged trips, it was always apparent that latrine policing and other public health measures had deteriorated. It was never possible to get the Officers Mess to institute a proper system of scalding utensils.

Medical supply was a perpetual headache. Requisitions for both equipment and supplies were sometimes fantastic. Three times to my knowledge, vaginal speculae were requisitioned simply because they looked pretty in a catalog. There was no rhyme or reason to either the quantity or assortment of drugs ordered. Review of back requisitions on file had raised the question of black market operation. I never found any evidence to substantiate this. The trouble seemed to be one of all around poor arithmetic. The Chinese are noted for their business acumen. It seems incredible that all the medical officers, including the Supply Officer, could be so totally lacking in any sense of planning for requirements and expenditures. To add to the confusion, drugs were doled out with very sketchy relationship to the disease presented, or to the expected period of therapy. All this was gradually improved (but never wholly corrected) by a series of round table discussions. When supplies were due, all officers would bring in their requisitions. Each was edited by making the officer justify each item, on the basis of anticipated sick rates and on accepted treatment schedules. The greatest obstacle to this scheme was their extremely limited knowledge of elementary diagnostic and prognostic medicine.

In spite of it all, most of these young officers were keen, conscientious, and eager to learn. They developed into good doctors by Chinese Army standards. Curiously enough, the best of the lot was the Veterinarian. He was a competent, middle aged man who could transpose his understanding of animals to handling men. Since there were no horses with the regiment, he was utilized as a battalion surgeon. He did so well that I saw to it that he was assigned to the company which was currently most isolated from support.

What Makes the Chinese Tick?

To the Chinese, their customs, mannerisms, and the way of life in general are very logical. To get along effectively with them as a liaison officer, one must try to view them from the angle at which they look at themselves. The sum total effect of their disregard for privacy, their table manners, and the smell of their latrines at times becomes almost unbearable. Along with

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this, one may have prickly heat, be hungry, and be running a temperature. It is a temptation to swear that not even the family shirts will go to a Chinese laundry after the war. This, however, is to lose the sense of human values.

Chinese are extremely friendly, gregarious, and given to endless social small talk. They are accustomed to being densely packed together in family and clan groups, in school dormitories, and in military quarters. They actually feel restless and lonesome unless there is a crowd around. Hence they neither understand or care for personal privacy, nor recognize the need for it on the part of others. Their personal possessions are subject to scrutiny, comment, and use by the community. Their curiosity is insatiable. They open each other's mail with a perfectly innocent and friendly air.

When I moved in, my possessions included a small locked tin trunk. This proved useful for purposes other than to prevent theft. In nearly eight months, small articles, possibly to the sum of \$2.50 were stolen. In spite of the Chinese reputation for being light fingered, they have a delicate sense of from whom *not* to steal. This parallels the G.I. courtesy in purloining objects only from somebody else's company area. The liaison officer, although he never really "belongs," has a recognized place in the regiment with which he sleeps, eats, and works. As such he is a second class guest. To steal from him is a reflection on the honor of the organization.²⁹ My locked trunk was principally a defense against curiosity. After keeping my pistol hanging near my cot for some time, I put it away. Somebody working the unfamiliar mechanism might shoot himself. Eventually my trunk contained less clothing, and more personal letters and official papers. When a regular American ration of cigarettes began to come into the base, I had to hoard my limited supply. My friends developed a habit of "borrowing" my American brands, and paying me back in equivalent numbers of "Navy Cut." This was done on a meticulously accurate basis, but was hardly an even swap to my taste.

Last Christmas [1944] I had an experience which throws another light on the Chinese mentality. Driving from Myitkyina to Namti [Burma], I met one of my friends, a 10th Engineer battalion commander, tearing down the road rolling up a cloud of dust. He slammed on his brakes and walked back a hundred yards to shake hands and talk about old times. I noticed he talked about those days in very passable English. That is one point to remember about the Chinese. They adjust to their environment even to learning the language. They believe in education whenever or wherever it can be obtained.³⁰

²⁹ *WSJ*: I am aware that this attitude has deteriorated of late. Long campaigning accustoms any army to minor looting. As the old outfits are seeded with replacements, some of the finer points of view very understandably break down. Furthermore the American, with his wealth of money, food, and fine equipment, is a constant temptation. The perpetually hungry, poverty-stricken Chinese soldier was a coolie not many months ago.

³⁰ *WSJ*: If you get up early enough in the morning as you pass the Ledo station, you will observe every small Chinese youngster in the bazaar area trooping across the tracks to school. You can't sell any people short who turn their kids out to school at the crack of dawn, even though they may not be well able to afford it. The Chinese have not been an independent nation for thousands of years by coincidence!

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It must be remembered that any troops are a cross section of their country. The Chinese units in this area are not even a fair cross section. The more civilized and cultured eastern coastal areas are in Japanese hands. The Chungking government has therefore to conscript the peasantry of the undeveloped west. Not many years ago the provinces of West China enjoyed an unenviable reputation. They were as remote and inaccessible as the Rocky Mountains in Civil War times. It is as fair to rate China on the basis of the Chinese Army in India, as it is to assume that a crowd of colored service troops on their way to a movie give a complete picture of America. Nevertheless, these country boys have proved themselves to be hardy marchers and patient sufferers. To disparage their fighting quality is to lose sight of the fact that they have little tradition or experience in offensive warfare, and that they are called upon to cope with modern equipment for which they have no technical background of knowledge. A jeep is a strange and wonderful toy in the hands of a kid whose father may own a single cow.

One of the most serious defects of the Chinese military machine is the general low standard of education, which is reflected in the quality of NCO and junior officer personnel. This not only makes for dubious leadership, but is an impediment in such simple matters as routine correspondence, and in the transmission of messages and orders. As a result, there appears a system which has always existed in illiterate armies. This is a composite of rigid channels of command, refusal to permit initiative in NCOs and junior officers, and centralization of responsibility at field grade or higher levels. A machine built out of this material is bound to be slow, uneven, and awkward in action. Chinese soldiers have been accused of being balky, when the obvious thing to do is readily apparent. The reason for this is simple. Chinese conscripts have been so steeped in the concept of fixed command channels, that they hesitate to take orders from strangers. They may even refuse to obey officers of adjacent Chinese units. They wait until the Old Man talks; and sometimes they are still waiting after he is dead.

A superior officer is superior in any man's language, whether he developed himself by sweat and hard work, or had the benefit of education and a cultural background. One of the battalion commanders of the 10th Engineers was twenty-nine years old. He had been fifteen years in the Army. Starting as a farmer boy in the ranks, he picked up an education as he went along to be a Lt. Colonel. He was an avid reader, shrewd judge of men, and a fine leader. A striking example of the cultured type was Colonel Lee, who obviously came of good family.³¹ Any American officer could be proud to have his urbane good manners, both on formal occasions and in the performance of his daily business. My observation is that Chinese units have their share of good officers, but in considerably lesser proportions than American units; and the quality tends to fall off sharply in the lower grades.

³¹ *WSJ*: Colonel Lee was raised in Shantung. That is the province where Confucius was born and lived. The Old Sage spent his days serving his government as a minor official, and his nights writing philosophy. Colonel Lee was a good representative of that tradition.

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The race had walled cities and a mature culture when our ancestors roamed North Europe in wolfskins. In the twentieth century, China lacks the technical and mechanical background whereby both the western powers and the Japanese have out-stripped her. This does not mean that China is a backward nation in potential. The history of civilization disproves that. Gunpowder and printing, craftsmanship and art, and an ancient slant on life which is still sound, are not the marks of a poor race. The principal difference between the Chinese and us is really no great difference at all. They simply like their own way of looking at the world, and they don't give a damn about anybody else's. An American can understand that viewpoint. A generalization is a dangerous thing, because it destroys flexibility of thought. It is possible, however, to make one safe generalization. The Chinese are intelligent, aggressive, shrewd, patient, and hard working. China has remained a cohesive and self-sustaining nation for six thousand years, because of many of the same qualities which enabled America to build an empire in a hundred and fifty. We will do well to hold together as long as she has. Much of the friction which has become evident in this campaign stems from a single factor: For once the American soldier is dealing with an alien army which is as independent, cocky, and self-centered as he is. It is easy to wise-crack about the Boo-Hows,³² but often it does not make much sense.

The Chinese is seldom the mystical and inscrutable Oriental portrayed by Hollywood. Probably his most striking characteristic is his inborn ability and willingness to laugh, rain or shine. My friends used to ask me how I could voluntarily live so cheerfully with the Chinese, and appear to take their part in case of argument. I could do it because they were good guys, and because they were in the right in at least fifty percent of the arguments.

There were diverse characters in our little club. The good old phrase: "You can't tell one Chinaman from another," is not at all sound. The troops were largely West China farmers; but the officers were a composite of the nation. They varied in complexion; they differed in speech; and they were poles apart in personality. The Adjutant, for one, was a short, squat, unimaginative man who closely resembled portraits of Genghis Khan. Like many officers in the American army, he was over age in grade and painfully conscious of it. He seldom spoke unless necessary, and then with irritation. Certainly he was nobody's bosom pal; but he had a rare touch of something that was a continual surprise. Somehow on the nights that I dragged my weary carcass most painfully into camp, his orderly would appear to invite me to share a snack with him. He had such a charming manner of looking at an American cigarette that I did not resent the occasional disappearance of a pack. He never failed to replace twenty with a British tin of fifty. The night of 7 June 1943 is still a vivid recollection. I was aroused from slumber

³² American pigeon-Chinese for "bad." "Hao bu hao" (how goes it?), "Bu hao," (bad), and "Ding hao," (good) were the common counters of cultural interchange between the two armies.

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with the request that I partake of a few delicacies in his tent. Said delicacies proved to be a bottle of Calcutta gut-rot somebody had smuggled in. He had already drunk his assistant under the table, and had reached a stage of pugnacity which had his personal staff intimidated. Nevertheless, we had a swell evening, although I coasted along under wraps. Many things were discussed: the birds and the bees, the Chinese lack of a rotation policy³³ (which was the same as ours in those days), the cherry blossoms on the bough, and personal opinions of the military system as seen through civilian eyes. When his limited English and my scanty Chinese failed, we understood each other perfectly, as happens on such occasions. After I poured him into bed, I nearly broke my neck in a slit trench on the way home.

Another officer was the younger brother of a prominent Nose and Throat specialist in a famous Yangtze River town; and the nephew of the Chinese ambassador to Colombia. He was an intelligent and charming person, and a thoroughly competent officer. He had figured some angle to get an American education. At his insistence, I wrote a letter on his behalf to the President of Harvard University.³⁴

Another boy, about nineteen years old, was a Lieutenant in the Medical Detachment. He was a dreamer if there ever was one. As Medical Supply Officer, he soon demonstrated a complete lack of command of simple arithmetic; but there was something about him that appealed. One week he went to town to pick up a requisition, and was AWOL³⁵ for five days. It took me a day and a half to find him; and I never quite determined whether he had been to church or had been shackled up with a girl. In the end, however, it was so arranged that he was not courtmartialed.

There were many prize characters in the 10th Engineers; and probably the prize of them all was the Colonel's interpreter. This lad told several stories of his antecedents. The best one was that he was the son of an ex-Chinese Ambassador to Germany, and had been born in Berlin. As far as I know, this was never disproved. He always used the first name of Frederick in introducing himself, with a good German pronunciation. One night he confided to me that he was going to America. A few days later he disappeared. Eventually he was pulled off a transport at an Indian port as a stowaway. Instead of being shot, he was reassigned to another unit; and I have seen him several times since. Numerous people, at one time or other, have questioned the good judgment of Colonel Lee in using this boy as his regular interpreter. No doubt the astute Colonel utilized him as a stooge, for exactly the same reason that I never exhibited my entire Chinese vocabulary in the presence of the Chinese.

The world cannot be a dull place, as long as one enjoys the people that live in it, of whatever color.

³³ A policy of returning troops to the United States after long overseas service.

³⁴ *WSJ*: I was a little dubious as to how much influence this might have. The Registrar could probably determine that I once had been an undistinguished student at the medical school.

³⁵ Absent without leave.

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III. ON THE LEDO ROAD

Namchik Valley

From May to September 1943, I lived at Regimental Headquarters at Mile 23 and roamed the Namchik Valley. I was the only American medical officer on fifteen miles of road. In addition to my duties with the Chinese, I became the village doctor for the scattered small American units in my territory. These included the 1st Veterinary Company (Mile 20), a small POL³⁶ station operated by men of the 48th Evac Hosp (Mile 23.3), a detachment of the 115 Ordnance Company (Mile 24), and a Signal Detachment (Mile 24.5). Capt. [Douglas F.] Watson built a bamboo dispensary at the 1st Vets, where sick call for all these units was held. This aid station was manned by two reliable technicians from the 48th Evac Hosp.³⁷ At Mile 20, there were some fifty Indians engaged in building the veterinary stables,³⁸ so my responsibilities became cosmopolitan.

My relation with the Americans along the Road is not properly a part of this narrative; but their proximity was a godsend to me. Sick call at 1100 hours meant one square meal a day; and every few miles there was someone who could talk English. There were many experiences to remember. Such as the night I sent [1st Lt. Paul H.] Breidenbach³⁹ to the hospital, with a temperature of 105°. He had refused to leave his men for the past two days, because he was the only officer present. By using weekly sanitary reports as a weapon, I was able to help [2d Lt. William J.] Smith secure proper mess equipment for his orphans.⁴⁰ Visiting the Chinese companies at Namgoi and Hellgate,⁴¹ I frequently stopped at the hospital "D"

³⁶ Petrol, oil, and lubricants.

³⁷ *WSJ*: T4c. Adam Bagaskas. and T5c. Joseph Ravin. These men used uniformly good judgment. While I was absent or sick in hospital, they selected, treated, and evacuated cases to the complete satisfaction of all concerned.

³⁸ *WSJ*: As the malaria rates among Americans rose to crippling levels I combed over these natives. The first lot inspected, 14 June 1943, showed 40.4% with enlarged spleens or active symptoms of malaria. * * * Skat [an insect repellent], netting, and other antimalarial supplies were extremely limited. It was difficult to protect the men against adjacent natives, except by clothing regulations. Almost all of the units I serviced had construction labor in or near their camps. The noneffective rate was staggering. The weekly man-days lost from malaria alone by the 1st Vet Co. rose: 9 June—0.8% ; 16 June—2.2% ; 23 June—6.3% ; 30 June—15.2%. * * * For the 4 weeks ending 28 August—15.6%. For the 5 weeks ending 31 July, the 115 Ord. Co. Det. lost 15.8% man-days. * * * For the 6 weeks ending 28 August, the Base Signal Det. lost 15.6%. All of these figures were elevated by other diseases and injuries. It took the Medical Department many months to convince higher authority that the policy of quartering native labor in American camps was disastrous.

Ed.—Col. John M. Tamraz, Services of Supply Surgeon, had guessed in February 1943 that the American sick rate would run as high as 20%. The British thought that the rate for malaria would be 25%, basing their estimates on prewar experience. See *North Tirap Log*, p. 24, n. 90, and references cited; Romanus and Sunderland, I, p. 308.

³⁹ 115th Ordnance Company.

⁴⁰ Troops of the Base Signal Detachment, which Smith directed. Jones adds in a footnote: "This hot potato got action. But the Base Signal Officer would have killed me on sight for a month thereafter, as it bounced through channels." Smith, wrote Jones, was a "smart young Texan" who was "one of the wheelhorses of the telephone service all the way down to Myitkyina and beyond."

⁴¹ East of Ledo.

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Company, 151st Medical Battalion was operating at the Namgoi crossing.⁴² Here I used to see [Capt. Floyd T., Jr.] Romberger;⁴³ and for several months [1st Lt. Hubert] Holdsworth⁴⁴ was running the sub-depot dispensary at Hellgate.

On 19 June, a radio came in from Delhi ordering another officer and myself to China, attached to the 14th Air Force. I happened to come to Ledo on Sunday, 20 June, and heard about it. It sounded like a good show; but General Boatner requested the orders be rescinded, on the basis that I was already serving with Chinese troops. [1st Lt. Rolden F.] Canfield⁴⁵ however, went over on a veterinary mission about that time.

Every week or two I would drive to Ledo in the weapons carrier the 1st Vets let me have on M/R⁴⁶ in exchange for holding their sick call. There I used to see [Capt. George F.] Conde,⁴⁷ and Webster, who came up on the Rice Mission business once in awhile.

Chinese-American relations were good, and many amusing incidents occurred. Probably the most gala occasion was the opening of the Namchik Bridges. The original road came off a steep bluff, and crossed the stream under a log structure which threatened to give way whenever the water rose. The road was straightened by bridging a tributary, building a fill over a neck of land, and erecting a steel span across the main river. The smaller bridge was built by the 10th Engineers and was known as the "Chinese Bridge." The "American Bridge" was steel-rigged by the 45th Engineers (colored). There was a friendly rivalry on the job, and a big celebration was planned for the simultaneous opening on 2 July. A platform was erected midway on the gravel fill. After a preliminary dinner given by Colonel Lee, the party repaired to the Namchik. Laudatory speeches were made by the Chinese and Americans, and interpreted in the reverse direction. The 45th Engineer band played the "Star Spangled Banner" and something intended to be the Chinese National Anthem. Two Chinese nurses⁴⁸ and several

⁴² *WSJ*: One of the choice items of the Medical Department lore is the Namgoi Bridge, long forgotten by most. The Namgoi is a little stream with a large watershed. (The history of the "Life Line to China" has been a struggle with little streams draining large watersheds.) The fundamental error in the planning of the Namgoi Hospital was that the detachment area was across this placid little rill from the wards. Nobody considered this point at the time, but our Operations Section would know better now. A few yards upstream was a temporary log bridge; while next to it the Chinese worked round the clock pouring concrete and rigging steel for a new span. About 5 July the new structure would carry traffic. The temporary and permanent bridges were a bit inconvenient for the 151st Med. Bn., so they threw across a small suspension to connect the two sections of the hospital. During the big flood of 3 July, both the log and the steel bridges washed out. For days thereafter, all the rations and fuel for the troops east of Namgoi were carried on the back of natives over a swinging, creaking, three-foot link of wire and bamboo. Meanwhile the 45th Engrs. frantically rebuilt the vehicular structure. When the boys with Castles on their collars make tart remarks about the Caduceus Club, a most effective rebuttal is the bridge the medical engineers built across the Namgoi.

⁴³ 151st Medical Battalion; original editor of *North Tivap Log*.

⁴⁴ 48th Evacuation Hospital.

⁴⁵ 1st Veterinary Company.

⁴⁶ Memorandum receipt.

⁴⁷ 48th Evacuation Hospital, also serving as a liaison officer.

⁴⁸ *WSJ*: There were several civilian Chinese nurses attached to the 20th General Hospital during the summer and fall of 1943. They had been trained in American mission hospitals, and were of great assistance with the influx of Chinese patients. They generated a heated competition among the young Chinese officers in Ledo.

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American girls from the 20th General Hospital and 73d Evacuation were present. The final act was to drape one each Chinese and American nurse on the fenders of a jeep. The crowd cheered as they snipped the ribbon across the roadway in unison. Then everybody took off to the cocktail party at the 45th Engineers Headquarters near Hellgate.

Malaria and Dysentery

Life along the Namchik, however, was not all skittles and beer. It rained torrents the night of 30 June, and continued to pour about all of 1 July. It cleared long enough to hold the bridge ceremonies on 2 July, but started again that night.

I had been feeling miserable all day, and did not go to the party at Hellgate. Back at camp a group of us finished up the remains of the Colonel's luncheon. Soon after I got to bed I had a stiff chill. Around 0200 hours, the Officer of the Guard asked me to see a sick man. He had malaria all right, but didn't look as sick as his physician felt. Another chill before breakfast finished off the night. We had no atabrine⁴⁹ in camp, so I dosed myself with quinine before I went down to the Vets for sick call. The river was rising rapidly. Immediately after lunch all hands turned out to evacuate the kitchen and tents from the lower level. By the time the last of the equipment was carried up to the bluff, the lower area was 4 feet under water. About then someone came by with the news that the Namgoi and Namchik bridges had gone out, and that Tate's Dam (actually a causeway and bridge) had washed away.

Things did not look too good. I was the only American medic in a twenty mile stretch, isolated from the hospitals on either side by broken bridges. Ting⁵⁰ was at the 20th General with dysentery. Chang⁵¹ was sick. We had better than 2000 Chinese in the area, plus some 200 Americans, with no prospects of evacuation for at least a week. Besides, three American boys had showed up to sick call with obvious malaria that morning. The best thing would be to dose myself as best I could, and stick around.

Back at camp, bed looked awfully good. I woke with a chill about 1400 hours; went back to sleep; and woke again in an hour or so vomiting up the quinine. My orderly, Yang Hun Hsin, had slept in the tent the night before to watch me. Now he was hovering around like a mother hen. The next time I woke, my musette bag was packed and he was trying to get my shoes on. Obviously I was getting goofy. A doc with probable cerebral malaria, vomiting quinine and with no atabrine, would be of little use to anybody. It did not require much of a struggle to persuade me to take off.

⁴⁹ A synthetic drug, Atabrine, was the principal chemical weapon against malaria during World War II, when quinine-producing areas were in enemy hands. In 1943, CBI authorities still were cautious about prescribing it as a suppressive, fearing the results of "concealing" infections in order to keep men on duty, and anxious that troops not neglect antimalarial discipline by relying on Atabrine suppressive measures. See Romanus and Sunderland, II, p. 286; U.S. Army Medical Service, *Malaria*, chapter VII; *Infectious Diseases*, chapter XV; and *The Marauders and the Microbes*, p. 395, n. 152.

⁵⁰ Regimental Surgeon, 10th Engineer Regiment.

⁵¹ Assistant Regimental Surgeon, 10th Engineer Regiment.

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Watson gave me a driver; we picked up the three sick Americans; left word for the 151st Medical Bn to send someone down from Namgoi if necessary; and headed for town. Fortunately the phone was still working. The 1st Vet ration truck called out to say they were stranded outside of Ledo, and they were told to come as far as possible to meet us.

At Tate's Dam the bridge was out, but there was a three-foot tree fallen across the gully. Abandoning the vehicle, we worked across that astraddle. I was at the rear, and had a job to keep the lad ahead of me from falling off. On the other side a six-by-six had been sitting all day with a load of meat. The driver offered to take us back to the next road block. The meat stunk so high that two of the boys started vomiting over the tailboard. So we threw the stuff out. Near Mile 7 the road was too far under water for the truck to pass, but we managed to walk about a mile along an embankment. Here a jeep picked us up. At the Tirap River bridge two of us had another chill together. Of course we were soaking wet, and that one might not have been from the malaria. The road was blocked at Mile 4.5; but when the officer on guard took a look, he piled us into a truck. The driver slammed through until his motor stalled. They winched us out from the other end. The 1st Vets welcomed us with open arms, and we flopped into the ration truck.

3 July was my thirty-ninth birthday. May there never be another one like it.

I remember lying on a bench in the receiving room at the 20th General. Sometime later [Lt. Col. Thomas] Fitzhugh⁵² came in and said that the blood smear was loaded with falciparum. Oral medication was abandoned for intravenous quinine (which thrombosed the veins in my right arm); and I recall [Major Dickinson S.] "Red" Pepper getting out of bed to readjust a needle dislodged by thrashing around. It was noon of 5 July before I really came to enough to take stock of the situation. Thereafter recovery was without complications and discharge was in two weeks.

I was sent to quarters with the 48th Evac Hosp Detachment at Lekhapani under the watchful eye of [1st Lt. William F.] Stankard.⁵³ After two weeks I returned to duty on 30 July. The new hospital construction was well under way, and most of the patients had been moved from tents to the new bashas. Sanitation had slipped badly. No latrine oil had been requisitioned during the month of my absence. The place was crawling with flies and the kitchens were filthy again. On 9 August I was in the hospital again with bacillary dysentery for twelve days.⁵⁴

⁵² Chief of Medical Service, 20th General Hospital.

⁵³ In an extended note, Jones describes the large hospital for Indian laborers which Stankard and a few others from the 48th Evacuation Hospital operated at Lekhapani. By scrounging odds and ends of supplies and equipment, Stankard managed to care for as many as 750 patients, did major surgery, and ran "one of the best good-will shows in the area."

⁵⁴ *WSJ*: These were the days before suppressive Atabrine, and when all materials for ordinary sanitary facilities were at a premium. If one lived with Chinese troops, malaria and dysentery were perfectly normal occupational hazards. They required the same philosophical disregard as Housemaid's Knee.

Ed.—In the incidence rate of diarrhea and dysentery, as in malaria, the CBI Theater led all overseas commands. The average rate of incidence for the war years was 131 per annum

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Prepare To Move

During July and early August the situation at road-head was in a state of flux. Rain and mud were impeding operations. Several plans were discussed to increase forward progress once the monsoons stopped. It was once proposed to have the 10th Engineers maintain the road, and send the 823rd Engr Avn Bn to the front of the line. This would entail transferring heavy equipment to the Chinese and training operators. It was finally decided to pull them off bridge and culvert building, and to deploy them to fell timber along the right of way and along the trace ahead of the point.

On 29 July and 3 August conferences were held at the Surgeon's Office to discuss medical support for both the "Chinese Jeep Road"⁵⁵ and the Refugee Trail between Namlip and Tagap. A plan was formulated which was carried out except for the location of the installations proposed at Loglai and Tagung.⁵⁶

Hitherto Chinese units had been equipped more or less helter skelter. About this time there was an effort to bring order out of chaos by developing a provisional T/O & E⁵⁷ for all Chinese units. Because the 10th Engineers were not properly a part of Combat Command, the establishment of their equipment list was palmed off on SOS. I am in no position to judge the efficacy of the items from other depots, but the experience with medical equipment was sad. It appeared that this had been allocated without consultation with the Surgeon. The authorized items were naturally CDS British stock.⁵⁸ They must have been picked sight unseen from the catalog,

per 1,000 troops. In the peak year of 1944 the rate was 181 per annum per 1,000. Putting the point in another way, CBI had 1.8% of Army troop strength but 10.9% of all cases of dysentery and diarrhea. Of the 56,951 reported cases of diarrhea and dysentery, the common forms of diarrhea were the most prevalent. Bacillary and unclassified dysentery accounted for about 21% of the reported cases. With a peak rate in 1943 of 15.45 per annum per 1,000, bacillary dysentery had a 1942-45 average incidence rate of 8.9. However, the number of actual cases, as opposed to reported cases, probably ran up to a rate of 20 per annum per 1,000.

The widespread infection of Indian and Chinese troops and of civilian laborers, and their inadequate sanitary practices produced a very difficult situation. But it was not unbeatable, as Jones showed. On a theaterwide scale little improvement occurred until 1945, after the visit of a special commission from the Army Epidemiological Board. Its surveys and recommendations, when applied by comprehensive sanitary regulations, produced a marked decline in enteric disorders. Sulfadiazine was used to treat patients with bacillary forms of dysentery, and the disease was rarely fatal. See Romanus and Sunderland, II, pp. 286-287; U.S. Army Medical Service, *Communicable Disease * * * Respiratory and Alimentary Tracts*, pp. 376-389.

⁵⁵ *WSJ*: This was never a Jeep Road in any sense of the word. The stretch between Nawng Yang and Namlip became known as the Tinchu Trace. The section usually known as the Chinese Jeep Road extended from Chinese Midway to Tagap. It was constructed by hand by the 12th Chinese Engineers during the period when the 10th was clearing the trace.

⁵⁶ Jones included a photocopy of the plan in his narrative. It shows the intention of Services of Supply to provide three new aid stations along the road. Seagrave already had a hospital at Tagap, and 151st Medical Battalion stations were to assist in evacuation to the rear.

⁵⁷ Table of Organization and Equipment. To develop them not only stabilized the Chinese Army in India and regularized its supply system, but helped modernize the Chinese Army in general. Eventually, standard tables were worked out for all types of units, from coolie transportation companies to infantry divisions. They were applied to the Chinese troops selected for modernization under American auspices.

⁵⁸ CDS: Chinese Defense Supplies. Some of the supplies which the United States provided the Chinese Government on credit were actually procured from British sources in India. By this means the refugee Chinese divisions were rapidly reequipped at the Ramgarh Training Center and a portion of Britain's Lend-Lease debt was cancelled by "reverse Lend-Lease." Jones's dissatisfaction with British materials and levels of supply typified the American reaction, generally.

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with selection of items nearly approximating American nomenclature. The result was unrealistic to say the least. In addition, some of the items were not available on the base. Nevertheless, there it was in black and white on official paper.⁵⁹ I spent the next six weeks walking through warehouses, taking inventory, justifying, stalling, and trying to get my hands on substitute items. It did not take the Chinese long to catch on that SOS had no sound idea of what the T/E authorized comprised, and that most of what had been promised would not be available in the predictable future. The only thing that saved American "face" was the fact that the 22nd and 38th Chinese Divisions were being alerted for the Hukawng Valley push. Once in awhile it was possible to fall back on the statement that they had priority on medical supplies for the purpose of saving the lives of the brave Chinese fighting men.⁶⁰

Reconnaissance

Colonel Lee delayed starting the movement until he was assured of a workable supply system for the isolated companies. After protracted negotiations he decided to go see for himself.

The party⁶¹ left Mile 23 early the morning of 3 September. We proceeded by jeep to roadhead. This was at Garo Brook⁶² on the south slope of Pangsau Pass at a point then Mile 44. There we picked up twenty-five porters and were joined by Colonel [Robert E.] York, Road Engineer, who walked with us through calf-deep mud to Nawng Yang. Here we had a late lunch with Major [Edmund H., Jr.] Daves and Captain [Embree W., Jr.] Morgan.⁶³

The 2nd Battalion Headquarters, 330th Engineers, was perched on a steep half-cleared hillside. The officers quarters and orderly room were on a level with the mess shack roof, whose floor in turn was on a level with the dispensary roof, etc. Housing was in pyramidal tents, with a few bamboo-frame tarpaulined shacks. About a hundred slab steps led down to what would some day be a road.

We proceeded along the muddy dozer track to Thursday River, a famous and once busy spot. The old Refugee Trail ran almost due south from

⁵⁹ In a note and an appendix Jones reported that the small first aid kits authorized for medical noncommissioned officers were available, but the even simpler kits for aidmen were not. No officer's medical chests—seven were allotted—could be located. In the standard, prepacked cases of medical supplies, most of the surgical instruments were missing, and one of the four cases which constituted the regimental supply unit never was found.

⁶⁰ *WSJ*: Now the gentle reader understands what is meant by the liaison officer being in the middle.

⁶¹ *WSJ*: The party selected to go consisted of: Colonel Lee; Major Chow, Acting Vice Commander; Major Wang, 3rd Bn Commander; a Warrant Officer; the Colonel's orderly and another soldier; Mr. [Fay H.] Lawler, the interpreter; and myself.

⁶² *WSJ*: So called because here was a large camp of porters from the Garo hills. They were sturdier and better carriers than the Nagas, and were hired in considerable numbers on a 6 month basis. Many of these Garos were Christians. One told a friend of mine, "I am American—American Baptist." The ranking civilian leader and spiritual adviser of these natives was Dr. Telford, an American missionary. The evening singing of the old evangelistic hymns at Garo Brook was a local attraction; even better than the sundown services of Seagrave's Burmese nurses.

⁶³ *WSJ*: Major Daves had been Provost Marshal on the *Monticello*, with Morgan as his assistant. I became acquainted with them on the ship; and during my tour along the Road they became two of my best friends. Their camps at Nawng Yang and at the Ngalang crossing are spots of fond memory. The genial hospitality and good chow were unfailing; and I spent many nights there in the course of my wanderings.

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Nawng Yang over three high ranges to Namlip. The survey for the new road avoided this land mass by skirting around it to the east, along the Nawng Yang and Loglai River Valleys. There was an overgrown pre-existing trail part way around this bend, but for all practical purposes the trace partly chopped through a virgin jungle wilderness. Thursday River was the first of the camps [Capt. Russell] Rupert⁶⁴ established along this line in April 1943, and it was used as a supply base for a long time. The site was on an acre or so of flat land where a little stream tumbles down a steep hill to join the Nawng Yang. The trace climbed out of the valley onto a high ledge behind. The entire party spent the night here, except Major Daves who went ahead to where "D" Company was pushing the point. Here for the first time I met renowned [Capt. George M.] Burgett.⁶⁵

The morning of 4 September we made slow time to Midway. A bulldozer track in rainy weather is hard walking. The treads gouge a pair of deep ruts; the blade throws up a parapet of soft dirt on each side, and the center strip is scraped flat by the chassis. Rain collects in the ruts and soaks both sides of the channel. It is frequently almost impossible to find firm footing. At such places the porters swing either up or down the hillside and beat a new path. This has the disadvantage that it involves tiresome scrambling up and down hill off the road. We found Major Daves waking up for lunch after spending the night with the lead dozer.⁶⁶

At Midway our party reorganized. Major Wang and one soldier returned to bring the 3rd Battalion into Thursday River. Colonel Lee, Chow, Lawler, the Warrant Officer, one soldier and I went on. With us was Sgt. [Monroe H.] Cherry,⁶⁷ whom Daves loaned us as a guide. As we left Midway the lead dozer was just cutting past camp, at a point now about Mile 49. From

⁶⁴ *WSJ*: He commanded the trace-cutting parties of the 330th Engr Regt which developed the road trace from Nawng Yang to Tagap. He was in the jungle from April to October 1943. During the last month he was completely exhausted and in poor health. He walked out 4 days to roadhead with me 26-30 October, and was sent to the 20th General Hospital for several weeks. He was never fit for field duty after that; and became Mess Officer of the Headquarters Officers Mess, Ledo, until his return to the United States in the winter of 1945.

⁶⁵ *WSJ*: This officer was famous along the Road, all the way from Pangsau in the summer of 1943 to Bhamo in the winter of 1945. He was original in his ideas and somewhat of a nonconformist. His opinions, voiced with a stammer which became more pronounced the hotter he got, were not infrequently at variance with higher authority. He preferred to live as far as far as the head of the line as he could get from Road Headquarters. With the possible exception of Daves, he was the subject of more hilarious anecdotes than any of the men who built the Ledo Road. If he ever writes his story the way he talks, I will surely buy the book.

⁶⁶ *WSJ*: This was common practice when the going was rough. He was a compact, grizzled little man in his middle fifties. His vocabulary was garnished with the gems acquired during the years spent with the railroads. In a campaign hat curled up like a sombrero, an antique six-shooter on his hip, he was a familiar figure along the Road. He was usually to be found prowling around at the point where the fallen timber was thickest and the mud deepest. He treated his men like a father, and they responded in kind. No battalion commander in the area got as much output from his men by sheer leadership. He was sometimes called the "Iron Major," and he certainly deserved the title as much as the original owner did [the "Iron Duke," Wellington].

⁶⁷ *WSJ*: 330th Engineer Regiment. His name derived from his being part Cherokee Indian. This quiet, tobacco-chewing Texan was a great friend of the Nagas and the Kachins, but could not abide the Chinese. He was famous as the semiofficial scout and guide along the trails. He saved his cigarettes for trading, and always carried a handful of silver rupees and a small box of crude opium. He was the middle man in numerous transactions involving rings and jewelry the natives had secured in the refugee days. This was supplemented by his talents as a dice and poker player. He will have a tidier nest egg after the war than most officers.

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here the trace was a thin slash through the jungle, patted down to a slippery path by the bare feet of the porters hauling rations out to the survey teams.

We spent the night at Loglai two miles beyond (now Mile 51). Two habitable shanties on a little bluff overlooking the river, remained of the old camp built by Rupert. Some annoying things came to light as we settled down. Only Cherry and I were properly equipped. Lawler⁶⁸ had a mosquito net, but no cot or mess kit. The colonel had cot, net, a cup and a spoon. The rest had blankets, cups, and chopsticks. For the rest of the trip the seven of us shared the two mess kits and utensils. This kind of carelessness is costly and uncomfortable.

Loglai in those days was a beautiful spot. We sat on the rocks at the edge of the bluff, around a little fire. It was a clear night, and the dome of sky over the little valley was ablaze with stars. Somehow the stars seem brighter in Burma than any place I have been. The Americans and the Chinese alternated in singing, while the porters squatted listening in the dark.

The next morning (5 September) we walked the four miles across the Tagung River to Tinchā. I was the first one in, and received a hearty greeting from [1st Lt. Wilbur B.] Manter,⁶⁹ attempting to build a field hospital there in anticipation of the extension of the Road. He was living on short rations with two colored cooks. Most of his native labor was sick with what was probably the first unrecognized outbreak of scrub typhus we had encountered.

On 6 September we headed over [Capt. Samuel D.] Clark's⁷⁰ trail for Gared Ra pass. It was eight miles to the top and another five to Namlip. We were told that rations were cached in an old tent for us at Gared Ra.

⁶⁸ *WSJ*: Another well known figure. He was sometimes called the "Boy Scout" from the high laced boots and stiff brimmed campaign hat he habitually wore. He had lived for many years in China, and was fluent in some seven regional dialects. At the outbreak of the war he was in Indo-China managing one of the Chinese concerns importing war material over the railroad into Yunnan. His mother and sister were caught by the Japanese in Shanghai, and were interned there until 1944, when they were repatriated. He came to India with the Chinese Army, in the capacity of civilian interpreter. A quick, irritable, active little man. Forgetting his equipment was quite in character with some of his other oddities. After a series of contract details with the 10th Engineers, he spent considerable time with Colonel [James G.] Truitt's advance location parties. He developed a large hernia during his service in the jungle, which he was about to have repaired when I last saw him in the spring of 1945.

⁶⁹ *WSJ*: 48th Evacuation Hospital. An All-Maine football player while at Bowdoin. This splendid officer was a hound for punishment, and nearly killed himself carrying out his assignments. One of his exploits occurred while he was building the hospital at Tinchā. Suitable bamboo was very scarce on the west bank of the Loglai. He swam across the river and found a good stand on the other side. The streams were still flooded and few of his natives could swim. So he built a boom down which he planned to log his timber. At the last minute the boom broke, and Manter was very nearly drowned. [Jones also quotes the official commendation which Manter received for participating in a strenuous reconnaissance mission to locate sites for hospitals along the projected road, and for building the hospital at Tinchā.]

⁷⁰ *WSJ*: 48th Evacuation Hospital. He went with Manter on Rupert's original advance party. He made friends with the Nagas, and used to go to their villages to treat and visit them. While one group cut southwest from Tinchā, another went down to Namlip via the Refugee Trail and worked northwest. They were to meet at Gared Ra, on the divide between the Loglai and Namlip watersheds. There were no native villages in this area. It was blind cutting in rough, densely wooded country. The story which I had never heard before goes that things were getting nowhere fast, until Clark and a group of his Naga pals took out one fine day and chopped the connection across the pass. The route itself

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The porters protested at a haul of eight miles, but were assured of a night at the pass. Fortunately we got off to an early start. The Garos made good time and I stayed with them, while the rest of the party dallied to eat at the Ngalang crossing. There was a gain of over 1000 feet in the three miles from Kichu Creek to the top. I arrived dead beat at 1330 hours in a driving rain. Instead of a tent and rations, there were two dilapidated bamboo shacks. Even the thatch and side walls were soggy and there was insufficient dry fuel to start a fire. The bustees were crawling with vermin. I have an aversion for the combination of natives and fleas. When the rest of the party came up at 1500 hours, it was decided to push on to Namlip, after a half hour rest. It was a five mile race against darkness down a wet and unfamiliar trail. I pulled in with the lead porters at 1900 hours. Chris Hill's ⁷¹ camp certainly looked good. That was one of the three worst days I ever had on the trails. It took almost twelve hours walking time to make thirteen miles.

After dark we became concerned for the rest of the party. I went back a mile or so and met Lawler and Colonel Lee. Half an hour behind, in came Cherry shepherding Chow and the Chinese Warrant Officer.

The next morning was devoted to rest and care of blisters. In the afternoon I talked with [1st Lt. Robert C.] Barker ⁷² about medical support of the battalion which would be based at Namlip. Then Colonel Lee, Lawler, and I climbed to the dropping ground to look over the ration stock pile in the warehouse.

On 8 September we started north on our way back over the old Refugee Trail. This was another rough climb. The trail led over one ridge down into the Ngalang Valley, and up to the dropping ground on a shoulder of Ngalang Bum. The net gain in elevation was 2400 feet, most of it in the last two miles.

tended to confirm this tale. It climbed the shoulders at steep grades and crossed the divide at its highest point, in typical Naga fashion. After the bulldozers had developed it, only a limited amount of truck traffic was able to negotiate the route. The present Road had to be relocated across a lower saddle to the north. The enlisted men used to call Clark one of the best engineers on the trace. He had itchy feet, and liked to see the country. He returned to Ledo in late August 1943. He then wandered all over eastern India on his leave. After a couple of months of clinical work at the 20th General Hospital, he joined the 48th Evac Hosp element at Tinchu. Not satisfied to sit still, he volunteered to operate the aid station at Namyang. He later moved to Taga Sakan. When the entire 48th Evac was pulled back to Ledo, so much civilization got on his nerves. He asked for another field assignment, and was loaned to one of the NCAC Portable Surgical Hospitals on the left flank of the push south from Kamaing to Mogaung. [This was the 43d Portable Surgical Hospital supporting the Chinese 38th Division.—Ed.] He was with the Chinese and the British 36th Division in the Railroad Corridor [leading south from Mogaung; possibly he now was attached to the 60th Portable Surgical Hospital.—Ed.]. The high spot of this venture was a reconnaissance on the Indawgyi Lake with some British officers. The last thing he did was to ride one of the first convoys to China. A footloose troubadour if there ever was one. One wonders how he will be able to settle down again to the monotony of practice in a small New England town.

⁷¹ *WSJ*: 1st Lt. Christopher F. Hill, 330th Engineer Regiment. He was in the 20th General Hospital with scrub typhus at the same time I was, in December 1943 and January 1944.

⁷² *WSJ*: In the summer of 1943 he supervised the Namlip and Chang Rang aid stations. When I was there on this trip, he was building a 150-bed hospital at Namlip. In November he moved forward with the first party of "D" Company, 151st Medical Bn, that took over the Shingbwiayang hospital from Seagrave.

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Sisney's⁷³ dropping ground was a famous alpine resort that catered to all transients. He had two comfortable bustees for himself and for his colored boys of the 21st QM Regiment. (Now part of the 21st QM Group). The mess hall may not have been tops in sanitation, but the chow was good. [1st Lt. Lloyd H.] Arnold⁷⁴ had a radio station nearby, and [1st Lt. Ashley] Pond⁷⁵ ran an aid station half way down the south slope.

Ngalang was a beautiful spot. The Bum, 4808 feet, was the highest peak in the immediate vicinity of the upper road. It shut off the view to the north and west of the dropping ground, but the panorama of ranges to the east and south was grand—undulating lines of green clear over to the China border.

In the morning the hill stuck up out of a snowbank of clouds at our feet. Just as we left, Arnold picked up the news flash that Italy had surrendered. We had not even heard that the invasion from Sicily to the mainland had taken place.

The twelve miles to Nawng Yang was a double stage coming south; but it could be made in one day going north, because of the drop off Ngalang. We stopped at the 151st Medical Bn aid station on the Tagung River for lunch, and arrived at Nawng Yang at dusk.

The road had been improved during a lucky spell of dry weather in our absence. Trucks were getting through from Garo Brook to the Nawng Yang bridge, and a jeep picked up Lawler and the Chinese. Cherry and I spent the night at Daves' headquarters. On 10 September I went to Ledo to report to the Surgeon.⁷⁶

IV. ALONG THE TINCHA TRACE

Naga Hills

For me this expedition was an experience in a new mode of travel,⁷⁷ and I learned some practical points that stood me in good stead later.

The Naga Hills are a spur of the Himalayas which run from northeast to southwest separating the Brahmaputra from the Irrawaddy River systems.

⁷³ 1st Lt. Elza R. Sisney, 21st Quartermaster Group.

⁷⁴ A Signal Corps officer—*WSJ*: "stringing the field telephone wire to Tagap."

⁷⁵ *WSJ*: 151st Medical Battalion. During the summer of 1943 he supervised the aid stations at Tagung and Ngalang. During the fighting around Kamaing he operated the air clearing station at Tingkaw strip. He went as medical officer with [Capt. James H.] Kaminer on the expedition that walked from Myitkyina to Paoshan over the Tengchung cutoff in August 1944.

Ed.—This last exploit is of special interest: the capture of Tengchung, near the Burma border, by Chinese troops under Stilwell's command showed that troops could get through from North Burma to the West China front. Stilwell used this point to strengthen his hand during very difficult negotiations with Generalissimo Chiang. See Romanus and Sunderland, II, p. 435.

⁷⁶ Jones submitted a detailed report on his reconnaissance, describing the trail and terrain, and suggesting to the Base Surgeon the means of providing medical service along the Road trace. His colorful style offered a sense of the rigors and limitations in the situation, along with the facts about trail conditions, hospital sites, and ongoing operations.

⁷⁷ *WSJ*: As a small boy, I shagged all over the countryside with my father as he made the rounds of his mission stations; and I became a pretty fair long-strided walker. Twenty years ago I was not the worst intercollegiate cross-country runner in New England. But I really learned what punishment was on those hill trails.

CRISIS FLEETING

Politically this is almost unadministered territory which forms the geographical boundary between India and Burma. The last Assam police outpost is only about ten miles as the crow flies from Ledo, and the political officers did not venture far beyond that. The Burmese police patrolled up to Shingbwiang with occasional punitive raids higher into the mountains.

The hills through which the Road was built are known as the Patkai Range. This is rough country. The peaks run between 4000 and 8000 feet; but the valleys are narrow and steep-sided. It is not uncommon to gain or lose as much as 2000 feet in two or three linear miles. The whole country is broken up by mountain brooks, fair sized streams, and gorges.⁷⁸ The whole country is blanketed with virgin jungle. Hardwood trees reach 150 to 200 feet into the air, their branches beginning at 100 feet up. One common variety has a silvery gray bark which gleams through the brush and gives it a peculiarly naked look when the shrubbery is cleared away. Between are smaller trees and a dense matting of vines. Bamboo patches are scattered here and there, but are not plentiful except along the streams. The undergrowth is so dense that it is possible to see only a few yards off the trails. The sun penetrates this tangle with difficulty. In the monsoon season the path is perpetually wet and slippery. Even when it is not raining the trees drip moisture. One is soaked with dew and perspiration a quarter of an hour after starting out in the morning.

Mosquitoes, black flies, crickets, and all manner of humming, buzzing and screeching insects keep up a constant undertone of sound, to which one rapidly becomes accustomed. This noise is loud enough that a man may not hear a fair sized party approaching on the trail unless they are talking.

There is considerable game in this country⁷⁹ although it is seldom seen. Monkeys, black flying squirrels, and barking deer can be heard. Cat tracks may be found along muddy spots and sand bars. A few mountain lions or panthers, both yellow and black, have been seen. Game however is too thin and hard to stalk to make the mountains attractive to tigers, which are found in both the adjacent plains. Semi-wild water buffalo, the communal property of the native villages, are found in the more lush river bottoms.

The inhabitants of this country are rather shy but generally friendly folk. The active head-hunting Nagas live farther down on the Imphal-Burma frontier. The Patkai Nagas are less aggressive. They are subordinate to the Kachins⁸⁰ to the south and east of them; but they look down on the Kukis who inhabit the hills near Ledo to the west. They average about five feet in

⁷⁸ *WSJ*: Colonel [James G.] Truitt had spent many years in Alaska engineering highways and railroads. On our trip from Namlip to Shingbwiang, he told me this was the most rugged country he had ever seen.

⁷⁹ *WSJ*: I heard a British officer who purported to be an authority make the statement that there is "no game in those jungles." Cats big enough to make some of the tracks I have seen require considerable deer to keep them alive.

⁸⁰ *WSJ*: Seagrave states that the Kachins are the most warlike of the North Burma tribes, and are feared by the Shans and Karins. Ngalang Bum ("Hill of the Buffalo") is said to be named for the peace treaty feast which followed a great Kachin defeat of the Nagas. A great bulk of the native levies who joined the Allies in the North Burma campaigns were recruited from the Kachin villages. [Ed.—As guerilla, reconnaissance, and intelligence troops, the Kachins were invaluable, especially in conjunction with long-range penetration operations, such as Merrill's Marauders carried on. See Romanus and Sunderland, II, pp. 36-37.]

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height and are slightly built and stringy. Although they are great mountain climbers⁸¹ they do not have the muscular development of the Garos.

They live in groups of three or four families, each in its "bustee" perched on stilts. Each such clan has several hillside clearings where rice is grown. They avoid valleys, possibly because of the mosquitoes and the "bad air" which brings malaria. They move from one clearing to another when a death occurs or when the soil becomes depleted. Their wants are simple; deer, monkey, or buffalo meat. Jungle vegetables. Salt and a little cloth. Before the war they were metal-poor and depended on outside trade for their knife blades. In the great Retreat they acquired money, jewelry, and some small arms.⁸² When the Americans first crossed Pangsau Pass cigarettes, candy, or salt would buy almost anything. They would trade for "C" rations to secure the tins. Coin had little monetary value, and was prized principally for making necklaces. Now all these things are commonplace, and they are rolling in luxury with the profusion of scrap metal that came in with the road building.

Because their desires were few, they could seldom be induced to porter or build. They moved away from any trail that was much used, although they would come down off the hills to watch the strange Americans work, or to trade wild bananas and eggs to them. The only item in which they showed any consistent interest was raw opium.⁸³

Travel in this country presents several problems, which fundamentally center around the necessity of taking your rations with you. Rations mean porters; and porters mean more rations. It was early found that air dropping into the valleys was impractical. They were too narrow, frequently foggy, and subject to air drafts. The C-47s came over the target at such a height that the loss was too wasteful. Dropping grounds were developed on suitable hillsides, but there were not enough good sites at the proper intervals. A Garo porter can not handle over forty pounds efficiently; most will refuse a load over thirty-five. He can make five to eight miles in a day, depending on the terrain. Therefore sufficient rations must be carried to take the entire party to the next dropping ground where the stock is known to be adequate. A little careful planning will enable you to make double stages, as your porters come in light to a good depot.

⁸¹ *WSJ*: Naga trails are the shortest and often the hardest line between two given points. They almost always follow high shoulders; and they usually cross the highest part of a ridge instead of seeking an easier grade over a saddle. The Refugee Trail, which was several old trails linked together and slightly improved, followed an almost direct course straight north. Several very sharp ridges could have been avoided by swinging to the east, along the course of the present Road.

⁸² That is, from the refugee Burmese and Indian civilians who bartered for services or simply left their possessions along the Trail in desperation.

⁸³ *WSJ*: At one time great opium smokers, this practice was dying out. The British throttled down the import channels, and gradually reduced the consumption to old habitués. As these died off, there was insufficient available opium for the young men to acquire the habit. However, opium remained the most sought-after currency in the hills. It was used as a reward for military information, for bringing in lost fliers, and for special work which would not be done for money. I have seen Nagas paid off in opium for portering and for building construction which they would never ordinarily do. A lump of raw opium balanced on a beam scale against an eight anna piece would pay six to eight men for a week's labor. This quiet and rather small traffic in opium might not please certain elements of public opinion. But it was "any port in a storm" those days.

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There is a workable minimum of equipment to take on the trail. The following items are sufficient to get along; but if porters are packing the equipment, there is no advantage in reducing weight to the point of unnecessary discomfort. One or more blankets, a change of clothing, spare socks if you prefer to wear them, a pair of canvas sneakers and a mosquito net can be rolled handily in a shelter half. The spare clothes and sneakers are for use around camp in the evening. For many reasons a folding canvas cot is desirable to the point of being essential. The jungle hammock is a relatively fancy new item. It is too short to sleep in comfortably when tired legs want to stretch out. A raincoat is a nuisance. One is soaked with perspiration in half an hour anyway, and a little rain water refreshes the hide. Even in the winter it is hot walking, although a field jacket and extra blankets are needed at night. Into a musette go small articles. The cot and bedding roll are one fair porter load. The musette bag is added to the shortest pack of rations. My preference of clothing is single-piece fatigues, and a mechanics cap. Pistol and canteen balance well at the waist when worn low over the hips. If camps are close enough together to forego the canteen, the pistol is more comfortable in a shoulder holster. Selection of shoes is important. Ordinary issue boots allow mud and gravel to work around the ankles. Leggings are not mud proof, and the understrap rots through in a few days of sloppy going. I used three-buckle issue riding boots, cut down to legging length. This is a convenient height to tuck trousers in, and the tongue is high enough to keep out dirt under ordinary conditions. The new paratrooper boot dispenses with the buckles and is even better. It has the serious disadvantage of composition rubber sole and heel. A steel-edged heel digs into the earth, and can prevent a bad fall going down a steep wet trail. Hobnails are invaluable for traction going up. The cheap grade castor oil used by the Vets, frequently applied, is an excellent waterproof and leather softener. Rain or shine, cigarettes and matches must be kept dry. The tin cover of the old issue first aid package is a good case; it will also hold a wrist watch when it is raining.

A waterproof map case to fit in the hip pocket is easily made from a piece of leather blacksmith's apron. Into the map can be folded a few silver rupees. A compass has no great practical value when following established trails. When in doubt take the best beaten path, or look for the glow of the sun through the clouds. A trace used by Americans is always marked by a litter of old rations tins, cigarette butts, and chewing gum wrappers.

The Tinha Trace

After Colonel Lee's reconnaissance the regiment prepared to pull up stakes and move forward. The principal problems confronting the Medical Detachment were: (1) The decision to continue operating the hospital at Mile 23 until most of the patients had been cleaned out. Ting would remain behind to close up. Then he would move with the rear echelon and set up at Thursday River. (2) Reshuffling the medical personnel in support of the isolated companies. (3) Arranging for medical supply. This was to be carried in by companies except for what was dropped to the battalion at Namlip. There

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the unit would draw directly from the 151st Medical Battalion Hospital. The Regimental Hospital was functioning smoothly, so I elected to get out with the lead companies.

On 16 September I went to Nawng Yang and arranged to live with Daves until headquarters was in position at Thursday River. Manter came into Ledo on 19 September to report that his construction was proceeding at snail's pace. The Rice Mission was over. Stone was preparing to send out the advance elements of the reunited 48th Evac to start operations at Tinchā. On 28 September I turned in my sadly battered weapons carrier and moved my belongings to Lekhapani. Sgt. Cherry came in with a command car to pick me up. We planned to start in the morning, but it had been raining for four straight days and we did not get started until 30 September.⁸⁴

The situation along the Tinchā Trace was not pleasant. Plans had been made on anticipated weather. Since the Loglai Valley was practically unexplored country, Ledo precipitation figures had been used. The past week of rain had crossed everybody up.⁸⁵ On 2 October Morgan and I took a hike down the line to see what things looked like. They were a sight to behold. The dozer track was a lane of mud partially washed out by slides in places. Large trees were felled across the right of way in every direction.⁸⁶ The few bulldozers which had not slid off the hillsides were isolated between roadblocks. We walked out almost to Loglai and back, a round trip of seventeen miles over some of the worst going I have ever seen.

The next six weeks along the Tinchā Trace was largely a matter of walking from one end of the line to the other. Jerry [Capt. Gerald] Jones⁸⁷ and

⁸⁴ *WSJ*: The road to Pangsau was passable, but there was barely one lane around a landslide at Garo Brook. From Mile 45 the road was a quagmire. We were towed into Nawng Yang by a tractor.

⁸⁵ *WSJ*: Quoted from my diary, 1 October 1943: "The Situation here is not good. Almost six companies of the 10th Engrs and four companies of the 330th Engrs, in addition to the 48th Evac are ahead between Nawng Yang and Gared Ra. There is an acute shortage of porters and rations are slim. Point dozer is below Tinchā but not running because no gas. Between the road is blocked by fallen trees and slides. Every cat from here to Tinchā is off the road. Looks as if I will sit here for awhile."

⁸⁶ *WSJ*: The mission of the 10th Engineers was to build bridges and to clear a swath fifty yards wide along the survey trace. Unfortunately half the regiment was put at clearing to the rear of the point. These Chinese were not from the big timber country and had little conception of how to handle large trees. Much of the stuff along the trace was 150 and 200 footers with two to three foot diameters. The boys chopped and sawed around the trunks like beavers. The trees fell unpredictably in any old direction, and more than one chopper was crushed or killed by the backlash of the butt. Several travelers were also killed on the road-bed by falling timber. Traffic was a series of halts and then dashes for safety. The Chinese thought it was great fun. The Americans considered it most unhelpful. Actually it made an awful mess of the supply line. Dozers can knock standing timber off the line fairly expeditiously; but these gigantic trunks piled across the road like jackstraws were hard to handle. Those that could not be pushed aside were chopped away by hand. Those too big to chop easily were blasted. Daves showed the Chinese the cute trick of notching a log, laying a stick of dynamite in the crease, and shooting it off with a pistol. They enjoyed this immensely; but the fusillades of wild shots were so dangerous to the passing public that the practice had to be stopped. Anyway, the Chinese needed the dynamite to blow fish from the streams when their rations ran low.

⁸⁷ *WSJ*: 330th Engineer Regiment. This officer was one of the unsung heroes of the Nawng Yang to Midway era. As 2nd Bn Surgeon, he operated a bedded dispensary at Daves' headquarters, and cruised forward to the advanced camps of "D" Company. He used a small bulldozer rigged to carry two litters, and might take as much as five days to complete the round trip. If the cats could not make it, he walked. When he was ordered home because of illness in his family, the 330th lost the best medical officer they ever had.

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I usually alternated our rounds so that we would be approximately at opposite ends. He handled Chinese emergencies in the Nawng Yang area when I was away, while I would stop at all his companies when I went forward.

The 48th Evac was filtering into Tinchā as rapidly as porters were available. Webster and [Capt. Theodore B.] Rasmussen⁸⁸ started the setup, and Leet soon joined them.⁸⁹ They got into position just in time. "D" Company, 330th Engineers had been on the point most of the summer. They were exhausted and destitute of equipment. Daves went forward to see them one day and failed to return. On 6 October Morgan and I walked out fourteen miles to see what was going on. Part of "D" Company was at Loglai and part at Tinchā; the half that was not sick in bed had no shoes. Every company officer except one was unfit for duty. The lead dozers were out of operation. For all practical purposes the entire company was stranded until the road could be cleared enough to reach them.

We found Daves, [1st Lt. Francis A.] Bleecker,⁹⁰ and [Major Alfred K.] Allen⁹¹ in bed at Tinchā. Since the hospital wards were not finished, all this personnel was being treated in quarters.⁹² A couple of days later Daves, Bleecker, and [Capt. John G.] Stubenvoll⁹³ were able to walk to Nawng Yang and were evacuated to hospital in Ledo.

The Chinese were even worse off. At first they thought the trip into the woods was a lark,⁹⁴ but they soon got into a serious ration shortage. The companies between Thursday River and Tinchā were supplied from Nawng Yang. They did not fare well, but they did not starve. The troops from the Ngalang crossing to Gared Ra were supposed to be rationed by porter from the air drop at Namlip. Since the Garos refused to work for the Chinese, they kept themselves alive by carrying in their own rice and dynamiting fish. On 9 October the company at Ngalang was on one meal a day.

There was a serious shortage of porters at the time. The men on the Trace had been kept over their contracted time, and replacements were coming in behind schedule. As I bitterly reported: "The picture * * * was that of more and more men moving in, with less and less supply, over a road that was getting worse and worse, for the enlightened purpose of felling more and more trees across that road."

⁸⁸ *WSJ*: 14th Evacuation Hospital. The 14th Evac was newly arrived in Ledo. Their personnel was used as fillers [for other units] pending completion of their hospital at Mile 19. [The 14th Evacuation Hospital was affiliated with the University of Southern California.]

⁸⁹ *WSJ*: I made their basha my forward base of operations, and eventually stored my footlocker with them.

⁹⁰ *WSJ*: This officer had been with the point dozer from Midway to Tinchā, usually sleeping a few hours during the day and working nights.

⁹¹ *WSJ*: He came in with Road Headquarters in Colonel York's time and is still in the section. When he first arrived he annoyed the engineers cutting trace with his "by the book" ideas. After the bout of malaria at Tinchā, he was a changed man, and could gripe with the rest of them. Popularly known as "Monsoon" Allen.

⁹² *WSJ*: Webster supervised the thirty-odd enlisted men who were practically having to build their own installation. Leet and Rasmussen divided the medicine and surgery respectively.

⁹³ *WSJ*: Commanding "D" Company, 330th Engr. Regt. Familiarly known as "Klotz," he was famous for his stories and for his ability with mess-kit and bottle.

⁹⁴ *WSJ*: Quoted from my diary, 4 October 1943: "Four fifths of the medical officers took off to Ledo this A.M. under the guise of evacuating three sick men. This leaves one officer to cover about 1800 men in eight camps over a stretch of ten miles." By that time the 151st Medical Battalion ambulance relay was making a turnaround at the Nawng Yang bridge, but evacuation back to that point was difficult.

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On 10 October I started back⁹⁵ to see what could be done about both the medical problem and the Chinese ration situation. Two days later I was in Ledo reporting to the Surgeon.⁹⁶

Things gradually straightened out as the weather improved and more American engineer units were pushed out beyond Pangsau Pass. Every effort was being made to build up a stockpile at Nawng Yang. [Lt. Col. James E.] Darby⁹⁷ had assumed command of the Hellgate depot and was reorganizing the porter corps. [2d Lt. Arthur C.] Martin⁹⁸ was opening a QM warehouse. [2d Lt. George J.] De Broeck⁹⁹ was setting up a medical supply depot across the river from the bridge. By 20 October I was able to ride a weapons carrier clear through to Tinchá with [Capt. James H.] Kaminer.¹⁰⁰

I believe the cutting of the Tinchá Trace was the bitterest part of the building of the Ledo Road. In June, July, and August 1944 things were bad. One practically needed a canoe to get from the Tarung to Tingkaw.¹⁰¹ The main bridges were cut. People slogged around in the muck and cursed all the Gods there be. But the airstrips were open, and the rations came in. On the big bend of the Loglai in 1943 there were no airstrips. The men at the end of the line knew their daily bread depended on too many factors. They fought rain, mud, fallen trees, fuel shortages, porter desertions, and general all round frustration to keep going. That is a nice piece of road to drive over

⁹⁵ *WSJ*: Quoted from my diary, 10 October 1943: "Walked out from Tinchá to Nawng Yang (14 miles—7 hours). On the way through Loglai heard a rumor that Chabua had been bombed this a.m. by the Japs. Circumstantial confirmation is the fact that aircraft came north of the Loglai Valley before dawn today. Road is improving. Some trucks of rations were towed into Midway last night." Back up the Road a week later I heard the finale to the bombing rumor: Both Digboi and Ledo had been wrecked.

Ed.—The Japanese had, in fact, attempted an air offensive in October, bombing airfields in Assam and around Imphal. In addition, Japanese fighters, beginning on 13 October and continuing for several weeks, harassed and shot down several cargo carriers over Assam. The official Air Force history does not mention bombings at Chabua at this time, although it was hit in October 1942 and nearby Dinjan was bombed in December 1943. *North Tirap Log* reports a downed Japanese fier not far from the aid station on 28 October. See Romanus and Sunderland, pp. 85-86; Craven and Cate, IV, pp. 432-433.

⁹⁶ In his report to the Surgeon, 12 October 1943, Jones described the situation as vividly and frankly as he later did in his reminiscences. The quotation from the text above is from the earlier report. Additional illustrative details were included: "On Sat., Oct. 2, I walked from Nawng Yang to below Midway. On the road I counted about 60 gas cans; the officer with me tapped each one. All were full. They represented loads dropped and abandoned by porters * * * For the ten days preceding Oct. 10 (when I started out), the point dozer had not moved for lack of fuel * * * On or about Oct. 4, an American soldier died in the Tagung area. It was absolutely impossible to evacuate him before he died. By using a combination of littering and tractor relay, his body was brought through Nawng Yang on Oct. 5 * * * On Oct. 9, I visited the 6 Co. of the 10 Engineers at the mouth of the Tagung. The outfit was celebrating. Reason:—they had just received some rice, and were going to have two rice meals that day. For some days previously, they had subsisted on 'porridge,' bamboo shoots, and what fish they could get out of the river with the dynamite on hand * * * At present, the priority for carrying is: (1) rations, (2) gas, (3) more rations * * * This eliminates all medical and other supplies."

⁹⁷ 21st Quartermaster Group commander.

⁹⁸ 21st Quartermaster Group.

⁹⁹ 73d Evacuation Hospital.

¹⁰⁰ *WSJ*: In August 1944 he led a party on a survey of the Tengchung cut-off from Myitkyina to Paoshan, China. For this he was awarded the Bronze Star Medal. [See n. 75, p. 103.]

¹⁰¹ *WSJ*: Quoted from my diary, 19 July 1944: "Left Road at 0700 hours. Down Lamung, up Tanai, and up Narrow River by barge. 20 miles in the rain in nine hours. Ripped off six shear pins and lost one outboard motor on the way. Got off at Walawbum and caught a truck to Tingkaw."

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now. There are individuals in these parts of late who do not comprehend what it cost to build it.

12 to 16 October was spent in the Ledo area, helping Ting make final plans to move the Regimental Hospital up to Thursday River. The 14th Evacuation Hospital plant at Mile 19 was almost complete and the unit was preparing to start operation. The 151st Medical Battalion was being redeployed, and a detachment of the 14th Evacuation Hospital under Major [Walter J.] Farr¹⁰² was taking over at Namgoi.

On the way back into the hills I stopped at Hellgate to visit Holdsworth and [2d Lt. Philip U.] Farley.¹⁰³ Here [Capt. Gail R.] Palmer¹⁰⁴ and [Capt. Roy A. W.] Krows¹⁰⁵ were planning an expedition to Namlip and Tagap to study hospital and warehouse construction requirements. I was anxious to inspect the camps of the Chinese 1st Battalion in the Gared Ra-Namlip area, so arranged to go with them.

I proceeded out to Tinchá, where they joined me on 21 October. Next day with six fresh porters we made the run to Namlip. In many ways this was a worse trip than the last time over this route. The Chinese had felled so many trees across the right of way that between a quarter and a third of the trail was impassable. The three of us clambered and slid the thirteen miles in ten hours. The porters were delayed by having to move their loads across the fallen timber. They spent the night in the woods and did not catch up with us until the following afternoon.

The last five miles into Namlip had been in driving rain. We found "C" ["A"?] Company, 151st Medical Battalion settled down and operating the new hospital. They had a census of about 150 Chinese and Americans. The non-active wards were full of American transients moving forward to Tagap.¹⁰⁶

[Capt. Bernard G.] Schaffer,¹⁰⁷ [1st Lt. Richard W.] Trotter,¹⁰⁸ and [1st Lt. Henry A.] Settlage¹⁰⁹ loaned us dry clothes and blankets; and we slept on litters in one of the wards. That night we were awakened by an earthquake which was felt in Ledo and throughout the hills. While waiting for the porters I visited all the nearby Chinese camps. Things were in pretty

¹⁰² *WSJ*: 14th Evacuation Hospital. This officer commanded at Namgoi for several months until he was injured * * * In the summer of 1944 he was with the detachment of the 14th Evacuation Hospital which operated the installation in the Staging Area where Merrill's Marauders were hospitalized.

¹⁰³ *WSJ*: 48th Evacuation Hospital. He served at Hellgate during the summer of 1943 in the dual capacity of Medical Inspector and Adjutant of the subdepot.

¹⁰⁴ Forward Area Engineer.

¹⁰⁵ *WSJ*: 45th Engineer Regiment. He was one of the officers who surveyed the trace from Namchik to Pangsau Pass. When Hellgate became the advance subdepot, he worked as Palmer's assistant on forward construction. He specialized in timber surveys, procuring construction materials, and handling native labor.

¹⁰⁶ *WSJ*: The hospitals were usually in operation before the QM moved forward to set up depot installations. All along the trace the medics dispensed professional service and ran transient hotels. [Jones's identification of Captain Schaffer and other information on the 151st suggests that the detachment at Namlip was from A Company.]

¹⁰⁷ *WSJ*: Commanding Company A, 151st Medical Battalion. When the hospital at Namlip was closed, he moved back to Tinchá and took over that installation from the 48th Evac Det. March 1944.

¹⁰⁸ *WSJ*: 151st Medical Battalion. During the summer of 1944 he operated a 25-bed dispensary at the Tanai River. During the period that the Tarung and Tawang bridges were out, this served as station hospital for a troop strength of some 2,300.

¹⁰⁹ 151st Medical Battalion.

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good shape. Malaria and dysentery were falling off¹¹⁰ and the rate of timber accidents was not excessive. Supplies were flowing fairly smoothly. The three of us had dinner with [Capt. Taylor S.] Womack,¹¹¹ whose camp was half a mile from the hospital.

On 24 October we made the four miles to Chang Rang in time for lunch. The 151st Medical Battalion aid station was a comfortable setup of four bamboo shacks. The small group of enlisted men¹¹² had been at the station all summer and were getting jungle happy. Their isolation had recently been relieved by the field telephone line from Namlip to Tagap, and by the increasing number of transients moving over the trail. We put up for the night in the empty ward basha, after an afternoon of washing clothes and bathing in the Yung Sung.¹¹³

Next day came the gruelling twelve mile haul to Tagap, which took six and a half walking hours. We followed the Refugee Trail to the bluff overlooking Chinese Midway.¹¹⁴ Here we turned east on the shortcut, and climbed to the Naga village on the other side of the narrow valley. A little beyond was a Chinese ration dropping ground where [1st Lt. Edgar M.] Smith's¹¹⁵ Trail branched off to the east to make another shorter shortcut. Not wanting to break our legs on this, we continued down the Chinese path to the Namyung. The high ground south of the river was studded with rifle pits and mortar emplacements, as a secondary defense if the Japanese should break through the Nathkaw position. The 12th Engineers had not

¹¹⁰ *WSJ*: When the new camps with clean latrines were established, dysentery among the Chinese would fall off. After a few weeks of active fly breeding it rose again. When the company moved forward the whole cycle would be repeated.

¹¹¹ *WSJ*: Company C, 45th Engineer Regiment. In August 1943 it was decided to leapfrog three bulldozers over the old Refugee Trail from Nawng Yang into Namlip. It was hoped that by the time the Tincha Trace broke into Namlip there would be a road already cut to below Chang Rang. The 330th Engrs took the cats in, after a rugged run over Ngalang Bum. (On Sept. 9 I met them coming down off the ridge about half a mile north of Tagung) * * * It was Womack's "C" Co that tried to keep the Combat Road open at Walawbum in June and July 1944. When Stilwell called for more ammunition, a convoy of trucks was gambled in an effort to get it through. The colored boys worked the clock around hauling 6x6's through the mud. The convoy got through, but most of the vehicles never returned to Ledo until after the monsoons.

¹¹² Jones identifies a *CBI Roundup* article of 23 September 1943 about one of the 151st Medical Battalion aid stations, and a picture on 15 October which showed the Chang Rang station and one of its aidmen, Pfc. Gomer Williams, who, Jones states, died of malaria in the same month. See *North Tirap Log*, p. 25.

¹¹³ *WSJ*: The Yung Sung is a pleasant little stream that meanders from the east to join the Namlip. At that season the water was low and the sandy floor clearly visible. One of the enlisted men bathing with us picked up a Victory Medal from World War I, evidently dropped by somebody during the retreat from Burma the year before.

¹¹⁴ *WSJ*: Not to be confused with the Midway between Thursday River and Loglai on the Tincha Trace. Here was a camp of the 12th Chinese Engr. Regt. They were building their "Jeep Road" from both ends. The link between this camp and the Namyung was not yet completed. The camp was on a high ridge of land between two streams. From the Refugee Trail one went several hundred feet down a perpendicular wall to the first stream; up again about half that distance; down to the second stream; and up another steep bluff to an elevation a couple of hundred feet higher than the start. It took the porters better than an hour to negotiate this climb. About half a linear mile was traversed.

¹¹⁵ *WSJ*: He was with Rupert on the survey from Chang Rang to Tagap. The trace had to make an easy grade from near Chinese Midway to the Namyung bottoms, but for foot travel Smith cut himself a shortcut. This dropped almost straight southeast from the dropping ground to the river. Smith threw a suspension bridge across a relatively narrow gorge by swimming the lead line across himself. The path then joined the Refugee Trail a mile or so up the hill. This route saved several miles, but was so steep and difficult that it was little used. The remains of this suspension bridge could be seen as late as the early spring of 1945.

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completed their wooden bridge¹¹⁶ so we waded and swam the Namyung, which was not very deep but running strong. Then came the five mile, 2300 foot climb to Tagap.

This post in the fall of 1943 was an interesting spot, humming with activity. The 38th and elements of the 22nd Chinese divisions were massing for the thrust into the Hukawng Valley. They had just started to feel their way down the trail from Nathkaw four miles to the south. The Tagap camp was on the northern down slope of an east-west ridge of about 3200 feet elevation. It extended about a mile across from [Lt. Col. Gordon] Seagrave's Hospital¹¹⁷ on the east to the pack animal corrals on the west. Water was running low with the onset of the dry season, so the new hospital was being started near a stream beyond the horse area. Due north was a separate knoll called the "Chinese Outpost," connected with the main ridge by a flat shoulder. On this saddle was the dropping ground, with its sentinel tree.¹¹⁸

Tagap on a clear afternoon or evening is one of the most beautiful spots in the world. The near ranges are green; the distant ones fade from blue to purple; and all the way across the northern horizon stretch the snowcapped Himalayas. In the fall the nights are cold and we slept rolled up with parachutes outside our blankets. The open hearth fire at Rupert's camp was very welcome.

We started back to Ledo on 27 October, taking Rupert with us. We used as porters some Nepalese that Palmer was relieving because their contracts were up. They were in poor shape and made slow time.¹¹⁹ The trip to Namlip and over the Refugee Trail to Nawng Yang took four days.

Back at Ledo I found I was working for a new Surgeon. [Major John T.] Smiley¹²⁰ had been in the hills and had a sound appreciation of the terrain, construction, and supply problems we were up against out there. On 2

¹¹⁶ *WSJ*: The Namyung is a treacherous stream which flashes into sizable floods in heavy rains. The bridge mentioned was the first of at least four vehicular structures that have washed out.

¹¹⁷ *WSJ*: This installation at Tagap was the hospital in the jungle Seagrave mentions in the last chapter of his book *Burma Surgeon*, which has recently been published. When I was there this time Major [John H.] Grindlay was in charge. In an issue of *Life* magazine early in 1944 appeared an article about it, entitled "Life Visits an Army Hospital in Burma." The shots of the wards illustrate the bamboo buildings and the use of "chungs" [bamboo cots] for Chinese patients. This type of bamboo construction was standard for all the hospitals in the area at that time.

¹¹⁸ Referring to a *CBI Roundup* article on 23 September 1943, with accompanying pictures, Jones identifies the dropping site on Ngalang Bum—Lt. Elza R. Sisney's "famous alpine resort" (see p. 103). In a later set of pictures in the *Roundup* (15 October), he identifies the "sentinel tree" at the Tagap dropping grounds. He continues in his note: "This [tree] was located at a somewhat inconvenient spot near the drop, but it was not cut down because it served a useful purpose. For nine months in the year the early morning fog rises from the Namyung Valley and blankets the hills. The supply planes would begin to circle around about 0900 hours. As the mist burned away, the Tagap ridge would show, then the Chinese outpost. When at last the top of the tree came through the fog carpet, the C-47's had their pinpoint, and would come roaring over the target."

¹¹⁹ *WSJ*: On the climb from the Namyung River to Chinese Midway Krows and I had to carry the loads for two of them. They finally quit at Ngalang, and Sisney loaned us some of his Nagas to get into Nawng Yang.

¹²⁰ Hitherto the 151st Medical Battalion Executive Officer; he succeeded Lt. Col. Victor H. Haas, a Public Health Officer serving with the Army. Of Smiley, Jones wrote in a note: "He was tactful, shrewd, and extremely hardworking, with a gift of getting people to cooperate for him. He built an effective operating team out of a skeleton staff. With it he bucked uphill against a continuous series of difficulties and crises: supply shortages, construction problems, the necessity to develop an impromptu evacuation system on short

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November I returned to Regimental Headquarters which was now established at Thursday River.

The Last Takeoff

By the first week in November, supply trucks were getting into Tinchá. The road was barely passable beyond there, from south of the Ngalang River crossing almost to Gared Ra. Timber had been cleared off the trace down to Chang Rang Hi. Three companies of the 330th Engineers were poised at Gared Ra, prepared to move into the Namlip-Chang Rang-Namyung area as soon as their lead dozers connected with Womack's party at Namlip. The 849th Engr Avn Bn ¹²¹ was moving up to improve the surface from Nawng Yang to Tinchá.

It was time for the 10th Engineers to shove ahead of the line again. At a conference at Thursday River, 10 November, Colonel Lee briefed his battalion and company commanders. Wang was now a Lieutenant Colonel and would take over the 1st Battalion. This would pull out of Namlip, and spread south from new headquarters at the Namyung bridge to Nathkaw. The 2nd Battalion would finish the bridge work between Ngalang and Namlip, while the 3rd Battalion would leapfrog into the Chang Rang-Namyung stretch. Later, the 2nd Battalion would leapfrog them both, and extend from Nathkaw to Shingbwiayang. Presumably the Regimental Hospital would be put into operation somewhere south of Tagap. Until then, the personnel could be used to reinforce the company dispensaries.

Colonel Lee planned to make a reconnaissance below Tagap, as far as Shingbwiayang if possible. Wang and I were to accompany him; and he insisted that Ting, who had always avoided these walking jaunts, should come along. The advance party of Regimental Headquarters was to start at once to establish camp below Namlip, and our party was to rendezvous there on 13 November. Following this officers call, there was a grand dinner to introduce the newly assigned Vice Commander and to celebrate Wang's promotion. The afternoon was spent prodding and cajoling the medical officers of the hospital to pack and report at the advance companies. They hated to break up the comfortable establishment they had enjoyed at Thursday River. Aside from the gloom on their part, however, there was a hum of anticipation in the nearby camps. The regiment had bitter memories of the rain, muck, falling timber, and scanty rations along the Tinchá Trace. Any change would be welcome. Furthermore, new American units were crowding up the line, with better equipment and a refreshing enthusiasm. The Chinese boys caught the general feeling that the whole mechanism was winding up for a great thrust forward. Their spirits perked, and they wanted to be out ahead of the point again.

notice, and hospitals overcrowded with American and Chinese casualties. All this with sometimes rather dubious support from higher echelons * * * It is my considered opinion that John Smiley made the most important contribution to the medical support of the Ledo Road construction, and of the North and Central Burma campaigns, of any single individual in the Theater."

¹²¹ Reached CBI in September 1943.

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We were hitting for Shingbuiyang. Since April that name on the map had been the goal for everybody building the Road. Now it seemed in sight just over the next few hills. It would be a long hard hop, but it would be fun.

This was to be my last takeoff. Seven months service with the 10th Engineers ended three weeks later.

V. THE REFUGEE TRAIL

To Nathkaw

On 11 November I hooked a ride to Tincha, where I found Krows. The hospital construction there was pretty well along. He wanted to move forward, but the porters Palmer was to send him had not showed up. It was rumored that one could get by jeep to within a mile of Namlip. The obvious thing to do was to lay over a day. Then we could proceed by porter or truck depending on whether the road was open. After dark Major Stone and [1st Lt. Robert E.] Dietz¹²² pulled in with a supply convoy. Roy [Krows] got a message that there would be no porters, and that he was to remain at Tincha.

Next morning, a ration truck took me to below the Ngalang bridge; soon a command car came by bound for Gared Ra. Here were Col. Gleim and Major [Clarence L.] Lyle of the 330th Engrs. "E" Co. was camped on the pass and [Capt.] Frank [H.] Haines'¹²³ lead dozer had broken through to Namlip. The four of us rode a jeep into town, where there was a great taking of pictures of the first vehicle to arrive.¹²⁴

The point was climbing the slope to Chang Rang Hi, where Womack turned the operation over to Lyle. The 10th Engineers were building a headquarters a mile and a half south of the hospital, at the new log bridge crossing the Namlip River, near the point where the Yung Sung empties into it. Col. Lee had taken off down the trace an hour before, with Major Ting and a handful of soldiers. It was not clear whether he had actually started to Shingbuiyang. Since Lt. Col. Yang also understood that the rendezvous was for the next day, he presumed that the Colonel would return; and he proposed to sit tight. I had lunch with Womack, and went back to the hospital. The situation called for a demonstration of oriental patience.

That night two of the American wards were crowded with transients. Elements of the 3rd Bn, 478th QM Regt, of the 115th Ordnance Co, and officers and men of "D" Co, 151st Med Bn were heading south for Tagap and Shingbuiyang. Also present were a handful who said they were the

¹²² *WSJ*: 36th Quartermaster Battalion, 21st Quartermaster Group. During the spring and early summer of 1943 this young officer was in charge of one of the supply drops on the "West Axis" trail. [See *North Tirap Log*, n. 34, p. 11.]

¹²³ 330th Engineer Regiment.

¹²⁴ *WSJ*: Later it developed that Colonel Lee had stolen a march on Colonel Gleim. He got through in a jeep on the heels of the bulldozer shortly after dawn.

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advance party of the 1905th Engr Avn Bn, an outfit none of us had ever heard of before.¹²⁵

Next morning at the 10th Engr Hq I learned that a runner had come in during the night with orders for Yang to join Col. Lee at Namyung immediately. He started at dawn, leaving word for me to follow as soon as I could. This did not look promising, as there were too few troops in camp to ask the Adjutant to detail me porters. [2d Lt. John] Pica¹²⁶ at Namlip was extremely short of Garos, and Darby had instructed him to give porters to no one.

While I was talking to Pica, Major Lyle drove up with a Colonel of Engineers whom he introduced as Col. [James G.] Truitt.¹²⁷ It seemed that the latter had just arrived from the States, had flown over the trace once in a cub, and now was under orders to proceed by foot to Shingbwiyang. He had authority to draft porters wherever he could find them. Lyle told him I knew the country to Tagap, and he asked if I would take him all the way through to the Hukawng Valley. This providential request solved my transportation problem. Pica coughed up ten porters with good grace.

The rest of 14 November was spent oiling equipment, talking over plans, and swimming. The water was cold, as the days were getting chilly along the river bottoms. Everybody soaked up the sun for the few hours it shone into the narrow valley. All day muddy convoys of American engineers, Chinese, and rations rolled through town to the new road head.¹²⁸

It was decided to take the old trail through Chang Rang to the Namyung bridge. To follow the dozer track to the point, and jump off along the blazed trace, would mean taking an unknown route through rugged country. If any of the porters failed to keep up, there was the uninviting prospect of spending the night at Chinese Midway. We got off to an early start and made the Chang Rang station before noon. The place was not too crowded. Most of the American parties moving south had instructions from NCAC to spend the night at or beyond Chinese Midway.¹²⁹

During the noon swim the dozers could be heard plowing along the high ground to the east. I had been tempted before to explore down the Yung Sung toward its confluence with the Namlip, and the sound of machinery was a lure to Col. Truitt. We followed the stream as it flowed north and east. There were some sand bars where the walking was good, and where evidence of game was abundant; but most of the way was over slippery

¹²⁵ It had just reached CBI among other reinforcements for the roadbuilding operation. now—since 17 October—under the direction of Col. Lewis A. Pick.

¹²⁶ An Ordnance officer supervising porter crews with the 330th Engineer Regiment.

¹²⁷ Road Location Engineer.

¹²⁸ *WSJ*: It was interesting to observe the reactions of the Nagas, who were attracted down from their villages by all the commotion. Bulldozers they were familiar with, but these were the first wheeled vehicles ever seen in those hills. They perched along the small cliff across from the hospital, where the cut skirted the stream. The "beebees" (young girls) slapped their hands and squealed with delight.

¹²⁹ *WSJ*: This was apparently on the theory that it was nearer the halfway mark to Tagap than was Chang Rang. The filthy condition of Midway, and the fact that it would be packed with 10th Engineers and other Chinese moving forward, had not been taken into consideration. Most of the Americans could find no shelter. Some went on that night to the sheds on the Chinese dropping ground. Many more went all the way to the Namyung after dark, and slept on the planks of the bridge.

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rocks in twelve to eighteen inches of water. After a couple of miles, we were in a narrow little gorge. The dozers seemed to be immediately above us on the summit of the steep shoulder of Chang Rang Hi on our right. A precarious trail led up in the general direction of the Naga village. We climbed it hand over hand for three quarters of an hour. The point crew was found plowing through the bamboo thickets down a gently sloping saddle within half a mile of the village. This had been deserted at the approach of the road, leaving the fall wild rice crop unharvested. A company of the 330th Engineers were hauling their vehicles behind cats to a new camp site close behind the point. After an exchange of greetings and comparing maps, we worked down a small gully to the river and back to camp.¹³⁰

The early morning of 16 November found us Tagap-bound. Lt. Col. Yang, pushing back north, came up as we were taking a break at the fork of the path near Chinese Midway. He reported that Col. Lee and Ting were a day beyond us, headed for Shingbwiyang. The double gorge climb through Midway and over the dropping ground was not attractive. To save wind for the final climb to Tagap, we took the longer but easier original Refugee Trail. We reached there in time to clean up at Rupert's old camp, and had dinner with [John P.] Willey.¹³¹ Major [Lillard N.] Simmons, the NCAC¹³² forward echelon Surgeon was present. I arranged to meet him at Shingbwiyang in a few days, when the Headquarters moved there to be closer to the fighting at Ningam Sakan.

Next morning we stopped briefly at the small cub strip the 12th Engineers were building by hand labor at Kumkidu, on the crest of the Tagap ridge. Half way to Nathkaw the 9th Co, 10th Engineers were setting up camp. Here the east slope of Hill 4257 saddles over the long north-south shoulder of which Nathkaw is the high point. The steep-walled little gorge thus inclosed was known as Tiger Valley because the trace parties had so slashed up and down its sides, looking for a grade and looking for each other in the dense underbrush. At the head of this valley was the lean-to camp of [1st Lt. Thomas A.] Hardison's¹³³ party, where we stopped for lunch. From there to the next camp downstream was a little over a mile as the crow flies, but the

¹³⁰ *WSJ*: Col. Truitt's fine new mosquito boots were totally ruined. Thereafter he never took the trail without issue foot gear. For a man who wanted to start a long march easy, he was certainly a game little walker. Every day "off" during the trip he was out on some kind of a hike for his own amusement. My journey to Shingbwiyang with him proved to be the most pleasant and congenial of all of them.

¹³¹ Chief of Staff for Headquarters 5303d (Provisional) Combat Command under General Boatner; later Commanding General of the 5332d Brigade ("Mars Task Force").

¹³² NCAC: Northern Combat Area Command, the 1944 designation of the former Headquarters 5303d (Provisional) Combat Troops. See n. 17, p. 81. Col. Vernon W. Petersen, MC, succeeded Simmons as NCAC Surgeon and served in that capacity throughout the Second Burma Campaign.

¹³³ *WSJ*: 330th Engineer Regiment. He was another of the many fine junior officers who faithfully spent many months in the jungle, to the detriment of their health and of their chances for promotion. It has been said with some justice that a considerable length of the Ledo Road was built by "orphans"—the special and temporary men. This applies to both the rough advance field work and to the staff functions. In the first two and a half years, the Surgeon's Office was organized around the nucleus of seven key officers. Three of these were assigned to the Headquarters allotment most of the time. The remaining four were present in the Ledo area a total of 104 months. Of these an aggregate of 71 months (68%) were on a special duty basis. It was possible to obtain promotions for only four of the seven, only two to field grade. The same situation pertained with important enlisted men. Other branches of the service can probably present a comparable record.

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old trail climbed up to the ridge at Nathkaw and down the shoulder in a circuit of about three and a half miles.

The position at Nathkaw commands the two valleys east and west of the ridge, and the only accessible trail up the slope between them to Tagap. It had been occupied since the great retreat in the spring of 1942, in recent months by troops of the 38th Chinese Division. It was well dug in and fortified, with a clear field of fire and a barbed wire and brush abatis. The ground was liberally strewn with old 50 caliber shells, evidence of the Jap raid in April 1943.

The Refugee Trail

People wonder at the mass flight of the civilian population known as the refugee retreat of 1942. The following background was told me by Mr. [B. C.] Case,¹³⁴ who had been for many years an agricultural missionary in Burma. I cannot vouch for its entire accuracy; but it is plausible enough, and I have never heard it denied.

The true Burmese are related to the Malay stock and appear to have come into the country from the sea. They inhabit principally the southern and western lowlands. In the mountainous section to the north and east, along the China and Indo-China border, they met another racial group [with] which they had never amalgamated wholly. Due to the mountain barrier between India and Burma, the cultural and economic relationships of the latter leaned more toward China, to which nation it paid a nominal tribute.¹³⁵

The British conquered the Burmese in two wars at the end of the nineteenth century. Mostly Indian troops were used; and the civil service and police force were recruited in India. Behind the flag came in enterprising merchants and capital. In the next fifty or sixty years, they upset the agricultural Burmese economy. Eventually Indians dominated small business and became the large land owners. An additional irritant was the policy of settling retired Indian and Gurkha soldiers and police on the land. The basic hostility of the Buddhist Burmese toward the Hindu and Moslem Indians was reinforced by the resentment against being economically overwhelmed. Eventually the British were forced to separate Burma from the control of the Indian Government and make it a separate colony. This did not completely satisfy the Burmese, and the independence movement welcomed the Japanese as a means of getting rid of the Indians.

¹³⁴ *WSJ*: He is the Mr. Case mentioned in Seagrave's well-known book *Burma Surgeon*. In the summer of 1943 he was attempting to improve the diet of Chinese troops in the Ledo area by encouraging them to plant gardens. The following winter he worked with the Kachin refugees at Namyung. He was drowned in the Mogaung River, summer 1944, when his pontoon boat tipped over in the swollen stream. [See Seagrave, *Burma Surgeon*, p. 180.]

¹³⁵ *WSJ*: These Kachins, Shans, and Karens are descendents of the ancient Tai (or Thai) empire which once covered Southwest China, North Burma, and parts of Northern Indo China and Siam. This confederation was broken up by the Chinese in Marco Polo's time. His *Travels* recount his part in one of these expeditions. The Kachins and Shans were crowded west across the Salween. The Siamese were pushed south into the land they now call Thailand. The latent hostility between the Burmese and these mountain people explains why the latter accepted British rule fairly peaceably. It is this element of the native population which remained anti-Japanese, and which joined the Allies in the reoccupation.

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Viewed in this light, one understands why the native Burmese remained on the land, and appear to have lived a not too discontented life during the Japanese occupation. It also explains why almost everybody one meets who fled in the retreat are Indians, British, Anglo-Indians, Anglo-Burmese, or Chinese.¹³⁶

How many people took part in that flight will probably never be known.¹³⁷ One of the first British officers to arrive in the Tagap area¹³⁸ told me that he counted over 5,000 corpses on that hillside when it was cleared off to make the old air dropping ground and camp. 20,000 people are supposed to have died in the Namyung bottoms, or attempting to get across the river which was then in flood. Judging from what I saw below Nathkaw, it is possible to believe a figure around 100,000. The loss of life from exhaustion, disease, and starvation must have been even greater further up towards Pangsau Pass. Another large mass escaped into Manipur over the Stilwell line of retreat. The remnants of the 22nd and 38th Divisions (Chinese), together with parties of British and Indian troops came out through Shingbwiayang.

The upper section of the route had remained in Allied hands, and had been pretty thoroughly cleaned up by burial squads wherever the trail was used. Large numbers of skeletons were still to be found, as above Hellgate, where the new road bypassed sections of the trail, or in the jungle around regular stopping places. The 151st Medical Battalion stationed at Namlip and Chang Rang had sizable collections of skulls.

Below Nathkaw had been no man's land until late October 1943. The Japanese did what patrolling there was. As one started down the slope below the perimeter, signs of a great human disaster were only too evident. At that time the trail had been opened only about three weeks, and had been used by parties too heavily loaded with rations and equipment to do much souvenir hunting. The abodes of the weary dead had hardly been disturbed. At every slightly level spot, the path was bordered by small fork-stick lean-tos with brush roofs. After a year and a half in the open, the skeletons had been picked and weathered clean; and most of the clothing had rotted away. The little family tragedies and the large group tragedies could easily be reconstructed. In isolated bustees would be the skeletons of one or two adults and two or three children. The obvious family grouping confirmed stories that relatives would stick together when the weakest lagged or fell. By that time the rest would be sick and food had run low. In the next camp

¹³⁶ *WSJ*: That the vast bulk of the refugees were of this category is borne out by the physical evidence along the route. There was a profusion of characteristically Indian clothing, utensils, idols, and other personal possessions to be found along the trail north of Shingbwiayang.

¹³⁷ *WSJ*: Edgar Snow: "Some 400,000 Indians started back from the occupied territories, and those who got home had gruesome tales * * * to relate. Thousands of Indians had died of thirst, starvation, and disease on the so-called Black Road." *People on Our Side*, New York, 1944, p. 33.

¹³⁸ *WSJ*: Major Leedham, an English police official who lived in the Myitkyina-Bhamo area. His estimate is that a minimum of 80,000 and more probably 120,000 souls started into the hills from the Hukawng Valley. Leedham married an Anglo-Burmese girl, who escaped into India by air. He was a rather unorthodox official, with sympathy and considerable regard for the mountain tribes. We spent two weeks together in hospitals; and he gave me part of the background presented relative to the Nagas. He used to patrol up to Shingbwiayang yearly; and had been into the hills as far as Ngalang Bum.

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or so they would lie down to die. Large potter's fields were at each stream crossing and at the top of all tough hills. Here crowds stayed near water rather than attempt the next hill; or having made the climb, were out of water and could go no further. At Saturday River, on the hill just north of Taga Sakan, and all down the south face of Kabkye Bum were hundreds of bustees containing remains of bodies. Along here the timber was high and shady, and the undergrowth thin. In these open parks the eye could sweep around large camps. I have no idea how many thousands of skeletons I saw in those three days, or how many more could be found in the brush in a few yards off the trail.

The masses of dead became depressing enough; but the small things were more pitiful. When [2d Lt. Clement C.] Chinquist¹³⁹ cleared his camp site at Saturday River, they came across a soldier with his rifle beside him. In his thorax were a Victory Medal, one apparently for the Palestine campaign during World War I, and a Wazaristan campaign decoration. His arms were around a woman clothed in the remnants of an embroidered sari. About a mile south, the sun glinted on something at the top of a little knoll. In the center of a small clearing were two skeletons. A large tin suitcase close by had apparently been opened by looters who had flung the clothing carelessly away. The surrounding low bushes were draped with saris worked in gilt and silver. Sufficient cloth remained to hold the fabric together and to give splashes of color. The effect was that of tinsel hanging from a ring of fantastic little Christmas trees. The path was littered for miles with the flotsam and jetsam of families retreating in panic; crockery, shreds of blankets, brass bowls, suitcases, and shoes. The worst of all to see were the children's shoes and sandals. People desperately retained their dearest personal possessions. On the very top of a high hill two days from Shing, a fourteen-inch pile of records stood beside an expensive Victrola. A genuine English pewter mug with a cracked glass bottom was in an orderly row of skeletons and rifles at one military camp.

Near the top of Kabkye Hill, more than a day out of Shing, and three thousand feet above the valley level, were the frames of two rusty bicycles. Coming down hill near Taga Sakan, a hollow log lay closely parallel to the trail. In its mouth was the skeleton of a small baby, wrapped in the remains of a blanket. Cattle had been driven up the first few hills. Often their skeletons were in bustees beside those of their owners. In one such lean-to was what was left of a little girl in a pink dress with her arm across the flank of the family calf.

There were plenty of rifles, hobnail boots, bayonets, and pack saddles along the way. A battle field is bad enough; but men go to war and are licked for some purpose. This picture of the useless starvation, exhaustion, and weary death of so many fathers, women, and children is something that cannot easily be forgotten.

¹³⁹ 330th Engineer Regiment.

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Down to the Hukawng Valley

We spent the night of 17 November with Chinquist at Saturday River. His place was crowded, and his cook facing a ration crisis. Seven of us slept in one pyramidal tent, and a party of the 151st Medical Battalion in the other. The valley was so deep and narrow that the sun shone into it only between 1000 and 1400 hours. A small fire of bamboo slats in a sandbox was very welcome during the bitterly cold night. The next morning Col. Truitt and Chinquist started up the valley to try to connect with Hardison by following the sound of shots. They missed him, but finally worked their way to Nathkaw, and came back down over the trail late for supper. I scouted around the river crossing looking for a dispensary site, and it was obvious that this would be a logical place for a transient camp a day from Tagap. The trace party would soon move out; and a night camp in the hills meant an aid station or vice versa.¹⁴⁰

On 19 November we made the ten miles to Chinglow, taking Chinquist along. We passed and were repassed by elements of the 151st Medical Battalion, moving down to Shingbwiyang under forced draft.¹⁴¹

The trail started from about 2750 ft. up a sharp rise to 3500 ft., where there was an abandoned Chinese perimeter. Then a sharp drop to Taga Sakan at 2500 ft. This pretty little stream was littered with rotting baskets of rice, which had missed the target when air-dropped. On the north bank was a level bench occupied by a fortified Chinese camp. This was later cleared off, and Captain Sam Clark ran an aid station here with a detachment of the 48th Evacuation Hospital. From Taga there was a long steady climb to the top of Kabkye Bum at 3772 ft. At the top of this hill was another unused Chinese fort. About a quarter of the way down the almost precipitous south slope was the Chinglow dropping ground, run by an officer and three colored boys. It was inside the perimeter of a Chinese post used now principally by transients. Here we met Col. Lee and Major Ting on the way back from Shingbwiyang. The Colonel hoped to throw his forward battalion into the Taga-Shing area ahead of schedule, and was concerned about the hospital situation there. The Seagrave Unit was pulling out, and the 151st Medical Battalion was not yet established. In the course of the conversation, Ting told me he had seen a number of cases of "Felix-Weel Disease, you know Teefus" at Shing. This hardly seemed likely, as the 38th Division was not known to be lousy at the time. If they had become infested after leaving Ledo, one would expect them to come down with typhus before reaching Shing.

The next morning we clambered down the steep face of Kabkye and made the last eleven miles. The fallen log that served as a bridge at Salt

¹⁴⁰ *WSJ*: The terrain is to be considered in spotting such locations. There must be plenty of water for drinking and bathing, not too near a native camp. A short, stiff, uphill stretch outweighs a long, easy slope on the other side. If this is not possible, the camp should be sited so that the worst of the climb can be made when fresh in the morning. Wherever camps appear to be irregularly spaced on the maps, these factors have determined the choice of location.

¹⁴¹ D Company, shifting from Namgoi to replace the Seagrave unit at Shingbwiyang, as the latter moved on to support Chinese infantry in contact with the enemy.

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Springs had rotted away at one end so we took off our pants and waded the stream. The rest was more level going, and numerous bicycles and abandoned carts littered the way. Shingbuiyang, long the distant objective of all our efforts, was a sad disappointment. The original village lay in a clearing in a semicircular bend of the Tawa [Tawang] River. The place had been bombed by the British to cover the retreat a year and a half before; and had since been thoroughly strafed to discourage the Japs from developing a base there. One fairly intact Kachin bustee with a damaged roof stood on its stilts. Only two other hardwood house frames remained. The village paddy field was being leveled off into a small airstrip. At the time only rations, ammunition, and equipment for the 151st Med Bn were being dropped in. Cargo planes could not use the field for about another week. Around several acres of flat land extended the heavily patrolled Chinese perimeter. The Jap position at Ningham Saken some fifteen miles away due east was under attack; but another Jap force was above Taro to the southwest in such a position as to make a flank raid possible.¹⁴²

Near the village headman's ex-house was Forward Echelon, NCAC. This comprised a dilapidated tent housing Major Leedham¹⁴³ and two very weary looking young American officers. Leedham's Kachin levee guards were camped around it.

On entering the post from the north, one passed the temporary installation out of which the Seagrave Unit was moving. This was being operated by a handful of the 151st Med Bn, pending completion of their new hospital. Here we looked at and discussed the patients the Chinese thought had "Teefus." Some had rashes, and the clinical symptoms and course were suggestive.¹⁴⁴

We put up at the new hospital a mile or so away behind the airstrip. Construction was going slowly. Personnel were housed under an open frame lean-to with a tarp roof. The kitchen was barely functioning. The mess crew was busily rushing construction of a stove. There were so many five-foot cart wheels lying around that men were busily chopping them up for

¹⁴² *WSJ*: Capt. [Frederick W. S.] Leix and Capt. [Ewing L.] Turner [73d Evacuation Hospital] were on this flank with the Chinese. They spent several weeks south of Hkalak Ga at Wang Ga and Ngajatzup. One of their enlisted men was killed while acting as aidman on a patrol. Both of these officers were awarded the Bronze Star Medal for this mission.

Ed.—Leix, Turner, and 12 enlisted men were alerted on 14 October for their mission as a surgical team with the 3d Battalion, 112th Infantry, 38th Chinese Division. They marched from the roadhead to Hkalak Ga, hurried on to Wang Ga, and finally reached Ngajatzup, where the Chinese had dug in after encountering the Japanese. For 3 months, in a small bamboo hut covering an underground operating room, the team treated a steady flow of sick and wounded averaging 70 per day. All supplies and equipment were airdropped; evacuation was impossible until the battalion was extricated by other Chinese troops in January 1944. Enlisted men were frequently sent out with Chinese patrols. One of them, T4c. Ronald M. Brown, was killed by enemy fire from ambush. The Chinese company he was with fled in disorder, leaving behind its dead and wounded despite the protests of an American medical liaison officer. See Stone, *Medical Service in Combat*, I, pp. 196-201.

¹⁴³ *WSJ*: Capt. Harold Hocker, DC, Capt. Irwin I. Rosenthal, MC, and Capt. Alphonse R. Deresz, MC. Our arrival coincided with that of Hocker and Rosenthal. In their pockets were new railroad tracks [captain's insignia] for Deresz and Barker, who were unaware that they had been promoted under the new policy of upgrading Medical Corps lieutenants.

¹⁴⁴ *WSJ*: Seagrave was said to have asserted that there was no typhus in North Burma. At any rate, something was going on. Patients were dying daily. Later Major Leedham told me that he had seen similar cases among natives in his journeys into this area. Because of the sustained fever and rash, they had been called Typhoid in lieu of a better diagnosis.

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kindling, and hammering the steel rims into grates. Subsistence was air-dropped C and D ration, but the chow smelled good.

The next day I went over the site of the old refugee village at the end of the airstrip. It was another pitiful sight. Every few feet in the tall rice were bundles of bones. There were hundreds of skeletons scattered around, together with all manner of household possessions lying with their owners or abandoned by those who started into the hills. There were so many brass pots and vases that everybody had enough and it was too much trouble to collect any more.¹⁴⁵

It appeared that the medical facilities at Shing would be adequate as long as Seagrave could handle the casualties at Ningam, and provided the typhus-like outbreak did not develop into an epidemic. (DDT was unheard of in those days).¹⁴⁶ Supplies and equipment were dropping in. The 10th Engineers would be provided for, although the [151st Medical] Battalion had no instructions as to supplying them.

Back to Ledo

On 22 November, the return journey commenced with Kabkye hill. This first leg northward was reminiscent of the climb up Ngalang Bum. The trail was almost perpendicular in places; and the gain in elevation was 3,100 feet in the last three linear miles. All day long we met small groups of medics, quartermasters, and ordnance men. We arrived at Chinglow camp by mid-afternoon. The dropping ground here was a narrow strip, surrounded by tall timber, running up the hillside well below the crest. The planes had no chance of making a saddle approach, which would require a swing up and over after the drop. They had to come in close, with careful eye on the cliffs to the right. Consequently many parachutes were dangling from trees. The heavy influx of transients had made the ration situation none too good. Cooks looked wistfully at the dangling loads. By that time the porters were pretty destitute of clothing and they eyed the parachutes. It was not difficult to arrange a deal for them to keep the chutes from every load they salvaged. This kept them busy scrambling around in the trees until dark. The next day we made Saturday River.

We dropped Chinquist at his camp and climbed to Tagap the next morning.¹⁴⁷ The trail from Nathkaw to Tagap was littered with brown, wax covered boxes. It was the first time I had seen or heard of K rations.

That afternoon I visited the hospital.¹⁴⁸ They as yet had very few Chinese

¹⁴⁵ *WSJ*: Barker showed me a graceful little silver loving cup, trophy of a tennis match, which he had found placed like a headstone on a child's grave.

¹⁴⁶ Not unheard of, of course, but DDT and other insecticides were very scarce in India.

¹⁴⁷ *WSJ*: At Nathkaw we ran into a platoon of the 1905th Engr Avn Bn. They had pulled in during the rain the night before, carrying full packs and reserve rations. They were a lost, sorry looking lot.

¹⁴⁸ *WSJ*: C Co, 151st Med Bn, recently moved in. Present at the time were Capt. Eugene L. Cook, MC, and Capt. Wilton M. Lewis, MC. Both these officers had been at Jorhat [India] and other places in the Assam valley in the summer of 1943. Elements of C Co coordinated with the 48th Evac in the Rice Mission. This 151st Med Bn hospital at Tagap was in operation for several months servicing American engineer and convoy troops in the hills, along with Chinese and Indians whenever necessary.

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patients; but they were prepared to care for and supply all of the 10th Engineers in the area.

Coming down the hill the morning of 25 November we met the lead dozer¹⁴⁹ widening the old Jeep Road. Considerable progress had been made on the trace since we went south. We ate Thanksgiving dinner at the Namyung bridge,¹⁵⁰ and visited the nearby Chinese camp.

Working south from Chang Rang Hi the dozers had got onto the old Refugee Trail above Chinese Midway. They followed this line down to the river bottoms about a mile from the 12th Engineers log bridge. The track thus made was a lane of soft dirt and mud, but a few supply vehicles were using it. We thumbed a ride into Namlip, where we found the hospital crowd having roast duck in lieu of turkey dinner.¹⁵¹

Next day I went over to see Ting. We agreed that he would proceed as soon as possible to get his dispensary into operation at Nathkaw. We reviewed the deployment of the companies, and arranged the medical supply channels. I would rejoin and live with him at Nathkaw on my return from Ledo. That afternoon Major Daves picked me up at Namlip, and we spent the night at his camp by the Ngalang bridge. Next day to Ledo by jeep to report to the Surgeon.

Washed Up

About two days later one of the numerous leech bites on my leg appeared infected.¹⁵² On 2 December I was in the hospital with Scrub Typhus.¹⁵³

¹⁴⁹ *WSJ*: C Co, 330th Engineer Regiment, commanded by Capt. Paul J. Bamberger, CE.

¹⁵⁰ *WSJ*: We were guests of Mr. Baretta and his assistant. This Anglo-Burmese had escaped in 1942, and had been working for Darby as civilian supervisor of porter labor. The meal was C rations eaten from the can, standing around a split log table. The hot tea tasted good even though there was no milk.

¹⁵¹ *WSJ*: As called for in the Theater menu. Some of the outfits as far out as Chang Rang actually received an issue of canned turkey and cranberry sauce.

¹⁵² On 20 February 1944, Jones sent a report to Maj. Francis C. Wood, chief of medical service of the 20th General Hospital, wherein he described the "Subjective Symptomology of Mite-Borne Typhus" in his own case. He opened his report by describing his activities in November, his whereabouts, and his contact with patients at Shingbwiayang who were suspected typhus cases. "I looked around [the Seagrave hospital] casually, without handling or carefully examining any of the patients * * * During this trip I sustained a few leech bites on my legs, and numerous black fly bites on my arms and neck. As far as I know, I had no tick or mite bites. I was in excellent physical shape and weighed about 150 pounds stripped. When I returned to Ledo I was tired but feeling well." Jones's report constitutes the remainder of this section.

¹⁵³ Scrub or mite typhus is a serious infectious disease caused by the rickettsia *R. orientalis* and transmitted to man by the Trombicula, a genus of mites. Encountered during the war in the South Pacific islands and in Burma, it was not statistically an important cause of sickness. However, for several reasons, fear of it far outweighed its mere incidence among troops. Americans knew very little about it. The specific mite of North Burma which carried the disease had never been identified. The reservoir host and other aspects of the ecology of the disease were unknown. Finally, it was very dangerous. Of all infectious and parasitic diseases, it ranked fourth in the mortality rates for overseas troops. Among CBI troops, it caused the highest death rate from infectious and parasitic diseases—14.6 per annum per 100,000 troops. Methods of prevention could not be developed without additional information—and it was precisely the danger of acquiring such information that was the problem.

When cases of apparent typhus first appeared among the troops of the Chinese 38th division at Shingbwiayang, the Theater Surgeon, Col. Robert P. Williams, and his medical inspector, Col. E. E. Cooley, rushed to Ledo to study the situation. Under the supposition

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On 29 November I [had] noted an itching, mosquito bite-like lesion over the tibia at the lower third of the left leg. By the next day this was a raised, purplish-red lesion about the size and shape of a small bean. It was painful rather than itchy. The corresponding inguinal glands were sore but not enlarged. There were no systemic symptoms. Since this was in the area of recent leech bites, it was assumed that one of them had become infected. Hot saline soaks and sulfathiazole were started. The next day the lesion was the size of a nickel with surrounding induration, and was developing a yellowish moist surface. The inguinal glands were egg-sized, and there was an increasing sensation of general malaise. In the evening temperature went to 102°, and I had a slight chill. On 2 December the lesion had increased somewhat in size, and the scab was turning a dark brown. Malaise was severe, with temperature about 101°. A malarial smear done by the technician at the Lekhapani Hospital was negative. About noon I had a severe chill with temperature rise to 103°. In the early afternoon I turned in to the 20th General Hospital, and was admitted to the Surgical Service as an infected bite with lymphadenopathy.

During the next two days with hot soaks, elevation, and sulfa drugs, my leg became less painful and obviously better. Equally obviously, I was getting worse. Temperature was spiking to 104°. Malaise, headache, and backache were severe; and I realized that I was becoming mentally confused. Repeated malaria smears were negative; but because of the close similarity of symptoms, I insisted that I must be coming down with another dose of malignant tertian. On 5 December temperature was 104° and I had a series of chills. I was then transferred to the Medical Service, moved to Ward D-21, and routine anti-malarial therapy started. The only response to this was that it made me vomit as usual. On 7 December, while bathing, I noted generalized adenopathy and a fine macular rash on my chest. I drew

that louse-borne typhus might be present, they called for air shipments of vaccine. A correct diagnosis soon followed the rapid rise of the incidence of the infection, and by December, a few Americans were among the victims of the disease. A lull occurred thereafter for several months. The disease reappeared in May among troops of Merrill's Marauders, subsided, and then attacked the Mars Task Force which completed the Second Burma Campaign. All told, 804 cases and 64 deaths from scrub typhus occurred in American forces in the China-Burma-India Theater. About two-thirds of all cases appeared in combat troops. No reliable records exist to indicate its incidence among Chinese troops. It would be proper to suppose that the rate would be as high or higher, since they were operating under the same field conditions as the American infantry. British forces, too, suffered from the disease.

Studies which medical officers carried out in the winter of 1943-44 suggested little more than the possible location of two dangerous areas along the road. Instructions to troops then and later were of the empiric order: prompt detection and evacuation of those with the disease, avoidance of grounds once cleared and subsequently overgrown, use of insect repellent (dimethyl phthallate on skin and clothing). At the 20th General Hospital, extensive and cautious care—no specific measures of therapy were available—pulled most patients through. And vigorous, although often inefficient, measures to guard troops against mite-bites by impregnating clothing with repellent, apparently afforded some protection. At least, medical data from Japanese forces, which did not make much use of insect repellents, showed that they had a higher level of morbidity and mortality from scrub typhus (as is true for all the major tropical diseases which the troops in Burma encountered). See U.S. Army Medical Department, *Communicable Diseases* * * * *Respiratory and Alimentary Tracts*, pp. 26-29, 39-40; *Environmental Hygiene*, pp. 231-232. For British experience, see *With Wingate's Chindits*, chapters IV and V. For American combat force experience, see *Marauders*, chapter VII.

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this to the attention of Major [James E.] Cottrell, and mentioned the alleged typhus I had seen at Shingbuiyang. A provisional diagnosis of mite typhus was made, and anti-malarial therapy stopped.

For the last two or three days, I had been becoming increasingly confused, but would come back into good contact when stimulated. About 7 or 8 December [I drifted] out of Ward D-21 into a world of my own. The charted material, and the nurses' and physicians' notes for the next two weeks, give a good picture of the objective clinical course:

- 8 Dec. Sustained temperature 103-104°. No delirium or confusion, but mental fatigue and irritability. Rash fading but lymph nodes larger. No spleen. Hgb. 14; RBC 4.2; WBC 11,600 with shift to left. Chest clear except for crackles at right base.
- 9 Dec. Transfusion attempted, but only 100 cc introduced. (All transfusions were given in the left arm, as the veins on the right had been thrombosed by intravenous quinine the previous summer.)
- 10 Dec. Disc margins blurred and veins very tortuous.
- 11 Dec. Sleeping but restless. Continues to moan and groan. At 1300 hours thinks it is night. Response very sluggish when called. Condition unimproved.
- 12 Dec. Patient shows myoclonic twitching of hands and jaws, especially when sleeping. Neck slightly stiff. Discs blurred. No further rash or adenopathy. Transfusion 500 cc. Condition serious. Confused at times. Apprehensive and restless. Intermittent pulse. Put on Seriously Ill list. (This radio went out of Hq, Base Section #3, but apparently was not forwarded from Delhi. My family never received notification from the War Dept., and frantically wondered what had happened to me for a month as no mail came in.)
- 13 Dec. Generalized twitching. Talking incoherently at times. Respirations shallow and rapid. Talking and moaning in sleep.
- 14 Dec. Patient appears stuporous. Must awaken for fluids. Talking incoherently.
- 15 Dec. Temperature seems to be breaking. Occasionally irrational. Face twitches.
- 17 Dec. Seems much more rational today. BP 96/68.
- 18 Dec. Temperature still up and down, but downward trend. Seems slightly but distinctly better.
- 22 Dec. Patient shaved himself today. (With disastrous results.)
- 23 Dec. Temperature under 99° all day for first time since admission. (In addition to the above, there were frequent nurses' notes of incontinence of bowels and bladder during this period.)
- (27 Dec. Walked to latrine without assistance.)
- (28 Dec. Removed from Seriously Ill list.)
- (13 Jan. Walked outside ward and sat in sun.)

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- (16 Jan. Afternoon temperature 100° to 101° past two days. X-ray shows patch of consolidation at left middle. This is not same as the shadow at right base during acute stage of typhus. Diagnosed Atypical Pneumonia and put back to bed.)
- (24 Jan. Out of bed.)
- (28 Jan. Put on uniform for first time in eight weeks.)
- (9 Feb. Scab fell off initial mite bite lesion. Weight 138. Discharged to quarters. In hospital ten weeks to the day. In those days patients were not picked up automatically into Detachment of Patients at the end of 60 days hospitalization.)

The diagnosis of Mite or, as it is now called, Scrub Typhus was not made for several days after the appearance of the rash. This clinical entity was not then known to occur that far north in Burma. A few sporadic cases of what were probably mild scrub typhus had been seen; for want of a better term they were loosely called "CBI Fever." Within a week of the time I was admitted, the Shingbuiyang air strip was landing cub planes. Four other liaison or engineer officers were flown into Ledo [with scrub typhus]. All blood agglutinations were positive for OXK and negative for OX19. A sixth case was picked up in an Air Corps officer who was making a slow recovery from a walk out of the jungle. It was recognized that a minor epidemic was in progress, and Lt. Col. [Alexander G.] Gilliam was sent out to investigate. After one field trip, he got typhus too, and was in the next bed to me. Sometime in the spring of 1944, *Life* magazine published an article on tropical diseases. In the section on typhus there was an illustration of a rack of eggs inoculated with rickettsia from all parts of the world. One egg was labeled "GILLIAM-ASSAM-1944." I own about one-seventh of the stock in that egg.

For two months the thin, hungry, irritable group of officers who growled around the far end of Ward E-34 were known as the "Typhus Tigers."

Shortly after I was discharged, the literature describing a similar disease in the Southwest Pacific arrived in Ledo. All except two of the seven of us returned eventually to duty. When the long period of debility was later recognized, severe cases of this type were routinely dispositioned home.

From these data it might be supposed that the patient was more or less an inanimate object. On the contrary, I lived in an interesting, rather bizarre, but to me perfectly rational world of my own. Many of the details are as clear in my memory now as they were two months ago. Either just before or just after being transferred to Medical, I began to live on an island in the harbor of Fremantle, Australia. My bed was placed at the open end of a large warehouse which stretched away to my left. I could see the rafters quite clearly in the semi-darkness, but could not get a good view of the rest of the interior. At my head and obliquely to my right was a wall which shut off my view. In front and half-right, the lawns and cement walks of the tip of my island sloped gently down to the water some twenty or thirty yards away. At water's edge the island was surrounded by a low ornamental brick wall, pierced at three or four points by small brass cannon. The whole pic-

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ture was characteristically British. I was sure the location was in Fremantle from my limited view of the harbor, and because of the fact that the peculiar pattern of the brick work of the wall was identical with that of the Perth Hospital, which I had visited. While I could hear voices on the other side of the wall to my right, I saw nobody while I lived on this island. The location was sunny and warm, and I had a peaceful enjoyable time except for two major discomforts.

The first was the prodigious amount of noise from the other side of the wall on my right. This consisted of the rattling of chains, the clash of metals, and the grinding of gears, which I assumed came from nearby docks. All these noises set up terrifically painful vibrations in my head. At times it seemed as if I would be lifted bodily off the mattress by the pain in my skull. The second annoying feature was the problem of my bowels. Under my bed and around the tip of the island ran a small narrow gauge track. Once or twice a day, a small vehicle, about the size of a foot locker set on edge with a trap door in the top, trundled around the circuit of this track. Apparently this at one time had been an ammunition carrier for the cannon; and was now used to cart refuse. I was vaguely aware of the fact that I was having incontinent bowel movements, and was naturally most embarrassed about it. So every time the little trundle cart came by, I would struggle to stop it and defecate in it—without much success.

After a number of days on my island, I shifted abruptly to a new environment. (Probably corresponding to the move from Ward D-21 to E-34.) This was a bizarre and rather uncomfortable setup. I was at the stern of what appeared to be a small luxury excursion or nightclub boat. At my left was an ornately carved and gaudily painted bulkhead, with a door at the foot of the bed. I seemed to be out on the deck itself; but at my right was a light wall or screen which shut off part of my view. Across the foot and half-right of my bed I could see the rail of the boat pitching against the distant horizon. The bed itself was a large grand piano with the mattress placed on the closed lid. It seemed to be dark much of the time, and there was a great deal of activity on the boat. People walked by the foot of the bed; frequently they were peculiar in that I could see only their heads. Sometimes they were carrying musical instruments. Often I could hear music on the deck. On the other side of the wall to my right there was a lot going on; laughter, music, sometimes the smell of cooking. But nobody seemed to pay much attention to me. I particularly resented not getting any of the food. I came to the conclusion that the boat was some kind of entertainment concession. Here as on the island, noise, especially that of music, bothered me. There was an added feature of torture in the form of Gremlins who came in the night and tried to pry up the lid of the piano I slept on. They used to dance on my feet, which were very tender. I recall sitting up most of one night swatting them away from my feet with a rolled up magazine.

Curiously enough, although the above would indicate that I was hungry, I have no recollection of either eating or drinking during this period, either

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actually or in fantasy. I am told that I constantly demanded fluids. Having been trained in the early days of massive intravenous fluid therapy, I apparently had a deeply enough ingrained instinct for fluids to keep my water balance.

Most of this well organized system of hallucinations had a basis of fact to which it referred. In both Wards D-21 and E-34 I occupied the extreme far bed in the right hand corner. Because of the bed screen on my left, I could see only the roof of the warehouse on the island and the lefthand bulkhead on the boat. The wall to my right was the end wall of the ward, on the other side of which the convalescent patients washed and shaved. The march of the bodyless ghosts past the foot of my bed was the parade to the latrine, on the other side of a low screen separating me from the aisle. The dockyard noise on D-21 was the truck traffic along the road a few yards from my bed. (The E area was under construction at the time. The only access road was past the D area.) On E-34 the music was from the radios and victrolas belonging to other patients. Why the boat rocked continually I am not certain. It probably referred to a mild vestibular upset associated with the deafness. The Gremlins dancing on my feet referred to pressure from bedclothes, which was later a major discomfort. (Bed hoops were not constructed until later. In the early cases, it was not realized that pressure pain in the extremities was a common symptom of scrub typhus. The reader must recall that we were the first clinical guinea pigs of a disease about which American medical officers knew little or nothing. Some of the comments I made at the end of this report are now rather standard procedure.)

During all this time I remember only about half a dozen incidents in which I was in contact with reality. These were all produced by fairly strong stimuli, physical or mental. I recall being transported from the surgical ward to D-21, and from D-21 to E-34. Later I have been reminded of other visits and incidents in which the visitors thought I was in fairly good contact. After careful thought, I can hazily remember some of these. But for all practical purposes, most of three weeks in December 1943 is lost to my cerebral storehouse.

About 20 December I began to notice that I was being laboriously spoon-fed by some patient nurse. Gradually the periods between feedings began to fill in with details of the life around me. Then suddenly on 22 December everything cleared up. I was amazed to learn the date, and to hear details of what had been happening around me. I was even surprised to find that I was in a new ward. Although I clearly remembered being moved, it had not impressed itself on my mind as a reality. I insisted on sitting up on the side of my bed and shaving, as sort of a token to myself that I was operating on my own again. But by the time I had nicked myself for the third time, I wished I had never started. (With a three weeks growth of beard masking a gaunt face, I was a reasonable facsimile of one of Wingate's Raiders.)

From then on, the outstanding subjective symptoms grouped themselves as follows:

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1. *General Weakness*—When first weighed (29 Dec.) I was 122 pounds, a loss of thirty pounds. This was regained very slowly, in spite of a ravenous appetite. On discharge at the end of the tenth week, weight was 138. With an initial height of 6'1" and weight of 150 odd, it is obvious that most of this loss must represent muscle atrophy. Some tremor remained at the end of the eleventh week. The same symptoms in the legs and feet were more serious. Walking was slow and painful. In the twelfth week a certain amount of pain on walking continued in the knees and arches of the feet.

Transfusions of whole citrated blood (500 cc) were given on 24 and 26 December. Each of these effected an appreciable physical lift.

2. *Deafness*—During the period 20–22 December, I had an idea that the auricles of my ears were set off from my head at the end of eustacian tubes about six inches long. I used to feel around for them periodically to be sure they were there. As I regained consciousness, it was apparent that I was extremely deaf. As contrasted with the deafness to ordinary external wave sounds, however, loud noises penetrating to the sensorium were built up as tremendously painful vibrations in my head. The sensation was somewhat like being close to a very loud, highpitched steamer or factory whistle. A bed scraped along the concrete floor was uncomfortable. In the fourth week, a patient at the other end of the ward played a victrola with rags stuffed into the amplifier. It was so uncomfortable that I put my head under the pillow. This sensation gradually diminished as my hearing improved. By the end of the sixth week hearing was practically normal, and loud noises were no longer annoying. (Slight deafness remained for several months. As late as the summer of 1944, I had to listen closely to follow the conversation at staff conferences.)

3. *Pain in Hands and Feet*—Probably the most annoying and persistent symptom was tingling and pain in the hands and feet. The pathological findings in typhus are said to include multiple small thrombi in the capillaries, including those of the extremities. This may be associated with the common finding of engorged retinal vessels and blurred discs. It may also account indirectly for the deafness. Because of the tingling, as distinguished from the pain, I was inclined to suspect that the mechanism was neurological rather than directly vascular. Careful observation failed to show any color or heat changes that I could observe. The sensations in the hands were annoying but never severe. By the end of the fourth week they had pretty well disappeared. Pain and tingling in the feet were a real problem. The area involved included the soles over the ball of the foot, the soles of the toes, around the nails, and down the dorsum of the toes to the terminal joint. The dorsum of the foot was not involved. It was common to wake at night with pain from pressure of the bedclothes on the toes. Walking was limited the first two weeks more from pressure pain than from weakness or any other factor. It was the eighth week before I could get my feet in shoes. The symptoms in the hands disappeared by the sixth week. In the twelfth week, I still had a certain amount of soft tissue pain (as distinguished

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from painful arches), and could keep my shoes on only a few hours a day. (In June I did most of my work in the office sitting in a wicker chair with my feet on the desk. As late as that, I was wearing either mosquito boots or shoes a size larger than normal.)

4. *Blindness*—In spite of findings of papilledema and tortuous retinal veins which persisted into the ninth week, at no time was I blind. Nor did I ever have any difficulty in reading fine print.

5. *Eschar*—The scab fell off the ulcerated lesion on my shin at the end of the tenth week.

On the basis of my own experience, I would suggest the following minor points in nursing technic for severely ill typhus patients:

1. A gatch bed if the state of the circulation allows. The flat position over a period of time becomes most uncomfortable. It is also difficult for a very weak patient to get up on his elbow for feedings.

2. Insofar as possible, keep the patient on a quiet ward at the back end of the lot. Cotton plugs in the ears might relieve the discomfort. This seems trivial, but one has to experience the extreme discomfort from noise to appreciate it.

3. Bed hoops for pain in the feet. In this connection, I am under the impression that in their anxiety to start walking to the latrine, patients are apt to talk the ward officer into allowing walking too soon.

4. I was much impressed by the increased feeling of well-being after transfusion. This might be tried more frequently in a small series of cases.¹⁵⁴

After ten weeks in the 20th General and two more months in quarters,¹⁵⁵ I began to get itchy again. In April Smiley asked me if I felt up to going down to Yupbang to straighten out some minor difficulties with the 10th Engineers, who then had no liaison officer with them.¹⁵⁶ This was an interesting trip, but it convinced me that I was washed up for any field duty for some months to come. I hauled my carcass behind the desk I have been digging my spurs into ever since.

I would not have missed those seven months with the Chinese. The work and the diplomatic finagling were demanding, but whatever could be accomplished was well worthwhile. In addition, roving up and down the trails was an experience. It gave an unparalleled opportunity to watch the Ledo Road built, and to get to know the men who did the job. The malaria, hunger, dysentery, sore legs, and typhus were not much fun; but they were compensated for by other things. There is a certain rather dubious satisfaction in being the first American officer to contract scrub typhus in Burma. It so happened simply because I was one of the first Americans to walk over the hills into the Hukawng Valley, before the Ledo Road was punched through.

¹⁵⁴ Here Jones's report on scrub typhus ends. The text of his reminiscences is resumed and concluded in the next two paragraphs.

¹⁵⁵ *WSJ*: There were no convalescent facilities in those days. While I was fretting around at the 48th Evac, the call for volunteers for Merrill's Marauders came in. That would have been a good detail.

¹⁵⁶ *WSJ*: It was quite a thrill to fly from Ledo to Shingbwiyang in less than an hour. The last time I had been there it was a good eight day trip by jeep and foot.

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Bagaskas, Adam, T4c., 48th Evacuation Hospital
Bamberger, Paul J., Capt., CE, 330th Engineer General Service Regiment
Baretta, ———, supervisor of porters
Barker, Robert C., 1st Lt., MC, 151st Medical Battalion
Beck, Irving A., Capt., MC, 48th Evacuation Hospital
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Boatner, Haydon L., Brig. Gen., Deputy Commander, Chinese Army in India and Headquarters Company 5303d Combat Troops
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Chang, ———, Captain, Asst. Regimental Surgeon, Chinese 10th Engineer Regiment
Cherry, Monroe H., Sgt., 330th Engineer General Service Regiment
Chiniquist, Clement C., 2d Lt., CE, 330th Engineer General Service Regiment
Chow, ———, Major, Acting Vice Commander, Chinese 10th Engineer Regiment
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Cook, Eugene L., Capt., MC, 151st Medical Battalion
Cottrell, James E., Maj., MC, 20th General Hospital
Dabal, Frank J., Pfc., 48th Evacuation Hospital
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Daves, Edmund H., Jr., Maj., CE, Commanding Officer, 2d Battalion, 330th Engineer General Service Regiment
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Korb, Milton, 1st Lt., MC, 48th Evacuation Hospital
Kriegel, Franz, M.D., a civilian doctor with the Chinese Army in India
Krows, Roy A. W., Capt., CE, 45th Engineer General Service Regiment

¹⁵⁷ Identifications are those given by Dr. Walter S. Jones, occasionally supplemented by the editor. In cases where the office or functional title of the individual is given, it may be assumed that he was on duty with Services of Supply Headquarters, Base Section 3, at Ledo.

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Lawler, Fay H., British civilian interpreter with Chinese 10th Engineer Regiment
Lee, L. C., Col., Commanding Officer, 10th Chinese Engineer Regiment
Leedham, Charles L., Col., MC, Commanding Officer, 48th Evacuation Hospital
Leedham, ———, Maj., British political officer
Leet, William L., Capt., MC, 48th Evacuation Hospital
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Lewis, Wilton M., Capt., MC, 151st Medical Battalion
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Manter, Wilbur B., 1st Lt., MC, 48th Evacuation Hospital
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Palmer, Gail R., Capt., CE, Forward Area Engineer
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Rupert, Russell M., Capt., CE, 330th Engineer General Service Regiment
Schaffer, Bernard G., Capt., MC, 151st Medical Battalion
Seagrave, Gordon S., Lt. Col., MC, the "Burma Surgeon" of Namhkam
Settlage, Henry A., 1st Lt., MC, 151st Medical Battalion
Simmons, Lillard N., Maj., MC, Forward Echelon Surgeon
Sisney, Elza R., 1st Lt., QMC, 21st Quartermaster Group
Smiley, John T., Maj., MC, originally Executive Officer, 151st Medical Battalion;
became Surgeon, Base Section 3, in 1943
Smith, Edgar M., 1st Lt., CE, 330th Engineer General Service Regiment
Smith, William J., 2d Lt., Sig. C., Base Section 3 Signal Detachment
Stankard, William F., 1st Lt., MC, 48th Evacuation Hospital
Stilwell, Joseph, Lt. Gen., CBI Commander
Stone, Eric P., Maj., MC, 48th Evacuation Hospital
Stubenvoll, John G., Capt., CE, Commanding Officer, D Company, 330th Engineer
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Tamraz, John M., Col., MC, Services of Supply Surgeon, CBI
Ting, ———, Major, Regimental Surgeon, 10th Chinese Engineer Regiment
Trotter, Richard W., 1st Lt., MC, 151st Medical Battalion
Truitt, James G., Col., CE, Ledo Road Location Engineer
Turner, Ewing L., Capt., MC, 73d Evacuation Hospital
Wang, ———, Major, Commanding Officer, 3d Battalion, 10th Chinese Engineer
Regiment
Watson, Douglas F., Capt., VC, Commanding Officer, 1st Veterinary Company
Webster, Frederick A., Capt., MC, 48th Evacuation Hospital
Wheeler, Raymond A., Maj. Gen., Commanding General, CBI Services of Supply
Willey, John P., Col., Inf, Chief of Staff, Headquarters 5303d Combat Command
Williams, Gomer, Pfc., 151st Medical Battalion
Womack, Taylor S., Capt., CE, Commanding Officer, C Company, 45th Engineer
General Service Regiment
Yang, ———, Lt. Col., Chinese 10th Engineer Regiment
Yang Hun Hsin, orderly from 10th Chinese Engineer Regiment, assigned to the author,
Walter S. Jones
York, Robert E., Col., CE, Commanding Officer, 330th Engineer General Service
Regiment, Ledo Road Engineer

Book Three

THE DIARY OF
COLONEL JOHN M.
TAMRAZ, MC

A Record of Trial and Error

THE DIARY OF COLONEL JOHN M. TAMRAZ, MC

John M. Tamraz, Colonel, Medical Corps, United States Army—the Regular Army—held one of the highest offices in the medical establishment of China-Burma-India from March 1942 to May 1944. Only Col. Robert P. Williams, the Theater Surgeon, exceeded him in authority. As Services of Supply Surgeon, Tamraz was the chief administrator of all medical activities in CBI except those carried on by small units attached to tactical troops in the Air Forces, Air Transport Command, and Northern Combat Area Command. Even they depended upon his large system of hospitals, his medical supply depots, the arrangements he made to evacuate their patients, and his success or failure in the campaign against malaria.

It is the diary of this dignitary which is presented here. He kept it meticulously in a large red ledger. His relatively brief entries were carefully composed, seldom amended by afterthoughts or blurred by illegible script. He often wrote in it twice a day, and rarely did he succumb to the temptation to combine several days' accounts in a single entry. His summary of official business, which was the diary's chief raison d'être, was bland and succinct, dignified and circumspect, as befitted a journal to which he gave the title of "A History of the Med. Dept. Activities in India." Yet the asides and exclamations which he often permitted himself, brief and guarded though they were, added a personal dimension to the formal narrative.

Long after the fact, it is the human aspect which is the diary's chief point of interest. Historically, the notes of Colonel Williams are at least as significant, because he was intimately involved with the Chinese and because he was the senior medical officer in the Theater. But the brisk, literal, and practical style of his diary reveals little of its author's personality (except insofar as these admirable qualities did, indeed, mark his manner). Doubtless other, yet-unknown journals may contain stories more exciting, exotic, or intimate than that Tamraz told. But Tamraz's diary contrasts with North Tirap Log and Chinese Liaison Detail—and all materials of their class—because his decisions affected so many more people, including the soldiers in the cabin at Tirap and the liaison officers with the Chinese. Contrariwise, its revelations of the Surgeon's personality differentiate it from the official documents issued over his signature. They are the utterances of an institution rather than a man. The fascination in the Tamraz Diary arises from its mixture of values. It is a formal record of important events and an informal revelation of pride and disappointment. Its magisterial pronouncements are mocked by private murmurs.

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In military parlance, a Surgeon—capital S—is a staff officer, an administrator. Tamraz's job was to advise his commander, Maj. Gen. (later Lt. Gen.) Raymond A. Wheeler, how to perform two tasks. The first was to maintain the health of the many troops in the Services of Supply. The second was to provide the hospitals, supplies, and evacuation facilities which backed up tactical medical units giving first aid and short-term treatment to men in combat units.

Several factors were "given" in any calculation Tamraz might make to solve a medical problem. First, commanders, not staff officers, were officially responsible for the health of the troops. Hence, Tamraz could offer opinions and propose plans, but he could not make demands. Second, as a technical officer, he belonged to a complex system directed by The Surgeon General in Washington, D.C. Official regulations covered many aspects of medical organization and administration. Within the limits set by rule, Tamraz had room for independent judgment, but to go outside the established system required special sanctions.

For example: As a result of decisions which the Joint Chiefs of Staff made in Washington, D.C., the Tenth Air Force expanded in 1943. It required new bases which Theater Headquarters ordered S.O.S. to build and maintain. In due course, Tamraz learned of the plan, the approximate troop strength to be stationed at the bases, and the time available to make them ready. He estimated the probable sick and wounded rates and presented a hospitalization plan to the S.O.S. general staff. When it had been adopted (not without modification), detailed orders went out to subordinate S.O.S. regional commanders. They in turn called in their staff Surgeons, who helped determine how to carry out the instructions for providing the base with a hospital, supply depot, evacuation system, and disease control program.

In all these phases of planning, calculations were carried out in terms of standardized medical department troop units, and with respect to established scales of equipment and supply. Tamraz was expected to know the Medical Department system thoroughly enough to select appropriate types of units to fit the circumstances, and to anticipate both normal and special needs for logistical support.

In addition, however, he had to convince his superiors of the validity of his technical knowledge and administrative acumen. No one doubted the need of medical service for the bases, of course. But the severe shortage of shipping, storage facilities, and local transportation in India, and the fierce competition for the troops, supplies, and equipment still in the United States led inevitably to strict priority decisions. There was little margin for error or delay. If Tamraz committed technical mistakes in planning, or if he were unable to hold his own in the struggles over priorities, ultimately the consequences would involve hundreds of men in an emergency.

Thus the Surgeon's official and personal character were interdependent. As an officer and a man, Tamraz might play the part of a demigod or bureaucrat. If the former, a happy conjunction of technical judg-

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ment and personal forcefulness could lead his superiors to issue wise orders with respect to medical organization and supply. If the latter, his horizons contracted to the size of his office in New Delhi and his influence declined to that of a clerk. Then, on a quiet day, the disappearance of a routine memorandum could provoke him as much as a telegram reporting that a supply ship had been sunk. The arrival of a Regular Army friend from peacetime days was as notable as the opening of a new supply depot in Calcutta. The discovery that one might have to share his hotel room with a transient officer was as displeasing as the report of overcrowding in the Chinese wards of a jungle hospital.

The *Tamraz Diary* begins when its author arrived in India on 29 March 1942. Several months before, he had been summoned to Washington, D.C., to join General Wheeler, who was heading up an advisory group going to Iraq. He left San Francisco on 5 December 1941, in a Pan-American clipper. Outbound from Wake Island on 7 December, his plane was suddenly recalled and landed on Wake just ahead of Japanese bombs. The plane escaped damage, however, and returned to Honolulu. Two weeks later, Tamraz was back in the United States.

Off again in mid-January, this time by ship, he landed 2 months later in Basra. There he learned he was needed in India. In Karachi, he once more met General Wheeler, who told him he was to be the Surgeon of the newly-formed Services of Supply, China-Burma-India Theater. By then, General Stilwell and his staff were in the field in Burma with the Chinese Fifth Army. A few combat squadrons of the Air Force, Chennault's American Volunteer Group of "Flying Tigers," and some miscellaneous service troops constituted the entire American military establishment.

For several weeks, Tamraz bustled about Karachi, conferring with British civil and military officials, fretting about negotiations to acquire hospital and dispensary buildings, even occasionally holding sick call. He learned that there were plans already for several hospital units to come to the Theater. One of them, the 750-bed 159th Station Hospital, would soon arrive. During April and May, therefore, he spent much of his time watching over the construction of a hospital on the outskirts of Karachi. When the 159th reached port, he saw it safely to its quarters in the partially-finished hospital, and then he went off to New Delhi. There the Headquarters, S.O.S., and the rear echelon of Theater Headquarters were being permanently established. Thenceforth he made his home in the Imperial Hotel and began to assemble a staff around him to give status and dimensions to the Office of the Surgeon, Services of Supply.

By July, the disastrous First Burma Campaign had ended. Stilwell had realistically acknowledged the "licking," and he was already talking about a regular air supply system into China, possibly even a Second Burma Campaign. By then, also, S.O.S. had laid out a line of com-

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munications from Karachi and Bombay to Assam. Hospitals were needed where troop concentrations were largest—Ramgarh, where the battered 22d and 38th Chinese Divisions were being rehabilitated; Chabua, the main air transport base; New Delhi, Agra, and Gaya, administrative and supply centers of Central India. Fortunately, five small hospitals, in addition to the 159th, had been promised to Stilwell, and they soon reached the Theater. As the fierce summer heat began to abate, Tamraz presided over a tidy little medical system.

Early in the autumn, Tamraz heard about the Ledo Road project. Theater Headquarters and Washington had already outlined the plan and had decided what medical facilities it would require. Tamraz learned that four new hospitals were to support the project, a general hospital at the base, three semimobile evacuation hospitals at intermediate locations, and a medical battalion behind the roadhead. A Base Surgeon was appointed and sent to Ledo to make preliminary estimates of the situation. Finally, Tamraz himself went to Assam to give his final approval to the plans.

It is at this point that the excerpts from his Diary begin. With his inspection of the Ledo area and a few miles of the new Road, the scene is set for the later adventures of the men at North Tirap and the journeys of Major Jones, the liaison officer. With this episode, also, Tamraz really starts to act as the Surgeon, S.O.S. For until then, all major decisions had been made beforehand, and his duties were perfunctory.

Three aspects of the Diary deserve notice. They are Tamraz's attitude toward administrative routine, his efforts to develop the medical system, and his personal relationships with the staff and line officers with whom he customarily dealt.

Of the first, administrative routine, the Diary displays an almost classic picture of the individual whose interest in fussy paperwork alternates with conventional complaints about ennui. His staff is too small, his mailbags are too heavy, his attention is too often distracted from "real" matters by mere administrative routine. Only from prior and external understanding of the medical system itself would a reader surmise that some of the routine reports and messages were significant. They provided a continuous source of information on the health of the command, registered the rise and fall of supplies, and recorded the effectiveness of the many officers and men in S.O.S. medical units. It is not, however, with these values that the entries deal, whenever they make note of office affairs. More commonly, the picture is of an excessively full day spent on excessively trivial administrative matters.

Tamraz's reports of his efforts to develop the medical system show two interesting features. The first is the relatively scanty comment upon planning. The reader must imagine either a great amount of unrecorded effort—which, incidentally, the Headquarters files only partly suggest—or a relatively small amount of confident, but simplis-

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tic, response to any queries about plans. That it is the latter alternative is increasingly evident. As time goes on, more and more improvisation occurs. Larger units are split up to provide hospitalization for bases yet unsupported. Nurses and officers are shuffled back and forth to strengthen understaffed facilities. Some units arrive with relatively few duties to perform; others reach their destination to undertake tasks well beyond their capacity. Tamraz is imperturbable. Only occasionally is there a suggestion that he senses the existence of problems greater or more complex than those he had foreseen, and his reaction in such cases is to note the failure of others to carry out their share of the overall developmental program.

One thing he loves, however: to inspect his establishment. To be sure, travel is tedious and often uncomfortable. But to arrive as the Surgeon, to be entertained by local hospital officers and nurses, to express his satisfaction with the medical effort to local commanders, and to report to General Wheeler, in calm and confident terms, the success of his efforts—these aspects of his duties are most gratifying. How astonished would be those local officers and men, had they read his Diary—not displeased to learn that he praised them, but alarmed to learn that he phlegmatically accepted as inevitable, or that he simply ignored, the imperfections, trials, and frustrations of their lives. To some degree, it is clear, his attitude was an official one, realistically appraising what was possible in an overseas command. An old hand, he well knew the necessity to discount the complaints and demands made on headquarters by the troops in the field. Yet, as events were yet to prove, those successful inspection trips which were so eagerly scheduled and so serenely reported missed vital facts and overlooked increasingly dangerous lapses in the medical establishment.

Finally, by the end of this first section of the Diary, some features of the Surgeon's personality have begun to appear. What composes the image of the Surgeon? His comings and his goings from the office; his formal defenses of prestige; his skirmishes with the general staff, especially with respect to the appurtenances of his office; his concern for his place in the military pecking order; and his fixed loyalties to his particular sector of "the system"—above all, to the Regular Army; then to important medical officers, such as hospital commanders; then to those whom he personally has chosen as his associates or subordinates.

It can hardly be supposed that these interests represented the whole of his personality. Was he fidgety or impassive? Was he temperate or irascible? Attentive or distracted? Pompous or accessible? Original or commonplace? Content or ambitious? Efficient or unreliable? On these questions, the reader's imagination may dwell without satisfaction. The mask of circumspection conceals all except what Tamraz felt a proper Surgeon ought to be.

CRISIS FLEETING

I. 9 FEBRUARY-30 APRIL 1943

Feb. 9. Left New Delhi today at 11:45 A.M. Major Walter J. Newton¹ is accompanying me. Our destination is Assam. Our mission is to go there and make a thorough study of the medical problem around Ledo and Margherita. From the above mentioned places we are building a new road to Burma for the use of the Chinese troops in their attack on the Japs. The SOS [Services of Supply] USA Army is supplying them, in addition to building the road. Left Delhi by automobile and after a four hour ride we arrived in Agra. At Agra the 3rd Air Depot Group U.S.A.A.F. is located. All the repair work of the U.S.A. forces is done here. Here is also located one of our station hospitals #97th with Major Frank Richardson commanding. The hospital is just about completed and it is going to be up to date in every respect.² Rooms were obtained in the Cecil Hotel. Agra is the home of the famous Taj Mahal. Tonight the nurses gave a little party for us and a pleasant evening was enjoyed.

Feb. 10. Soon after breakfast went to visit our station hospital. I am very well pleased with the set up. While visiting there we had the pleasure of a visit of two distinguished visitors Lt. Gen [Brehon B.] Somerville [Somervell] and Maj Gen [Raymond A.] Wheeler.³ Gen Somerville made a thorough inspection of the hospital and appeared to be very well pleased with the set up. The kitchen particularly pleased him. He was served with coffee and doughnuts. It is going to be a hard proposition to contact a plane from here to Chabua. We may have to take a train.

Feb. 11. Left early this morning for the air port only to be told that the only plane leaving for Chabua was carrying nothing but oxygen tanks. Returned to the hotel. Spent part of the day in the hospital and later visited some historical old cemeteries, and finally the "Deserted City."⁴

Feb. 12. Left Agra bright and early in a brand new transport plane (DC-3). After flying for 3½ hours arrived in Gaya. We stopped here for an hour for luncheon. Phoned Major [James H.] Hoskins the C.O. of the 99th S. H. at Gaya to come to the air port to see me. He stated that some of our planes located at this place had made a raid on Japanese occupied

¹ Newton, a Dental Corps officer, was one of the original members of the military mission to Persia which had been sent on to India. Tamraz relied heavily upon his assistance, and by the end of 1942, he was the chief medical supply officer of the Theater. For a time, he also served as the chief dental officer for the Tenth Air Force.

² Five 50-bed station hospitals—the 95th, 97th, 98th, 99th, and the 100th—reached India in July 1942, preceded only by the 159th Station Hospital. As the entry indicates, the 97th was at Agra. It occupied a wing of an Indian Military Hospital until its own buildings were completed in December. The locations of the other four station hospitals were as follows: the 95th, Chabua—later, in October 1943, replaced by the 111th Station Hospital and transferred to Kunming, China; the 98th, Ramgarh from July 1942 to January 1943; Chakulia thenceforth until May 1945; Shingbuiyang, Burma, May-September 1945; the 99th, Gaya; and the 100th, New Delhi.

³ Somervell (usually misspelled in the *Diary*) was the Commanding General of the entire Army Service Forces and was then inspecting C.B.I. Wheeler had headed up the Persia mission and had been sent on to India to become the Commanding General of the C.B.I. Services of Supply. It had been at his request that Tamraz had been summoned from Fort Warren, Wyo., to join the Persia mission and, subsequently, the Services of Supply in C.B.I.

⁴ The ruined court of Akhbar the Great, as Tamraz explained in the remainder of the entry.

THE TAMRAZ DIARY

territory, and that in the encounter two of our air men were badly wounded, one thru the head and one thru both legs. The head wound case is expected to die. Continued journey and arrived at Chabua air port at 4:30 P. M. * * *

Saturday Feb 13. After breakfast visited our medical supply installations and later the 95th Station Hospital located at Chabua and commanded by Major [Robert D.] Bickel. This officer is rather young and has just been promoted, replacing Major M—— [Editor's deletion] the former C.O., relieved because of too much drinking. Bickel has a very nice hospital still under the process of construction and expansion. When constructed this will be almost a 300 bed unit.

Feb. 14. Left Chabua today at 8:30 A. M. and headed for Ledo by car. This is the area known as "X-Ray," also Basic section #3. Here is where the new road into Burma begins. It is being constructed by the US Army Engineers headed by Colonel John Arrowsmith. The troops mostly colored. The actual fighting is going to be done by some 40,000 Chinese troops who have been undergoing training at Ramgarh. I am furnishing the hospitalization for these troops and for this purpose there are being built dozens of "Bashas" (houses out of [bamboo] cane and brush). Eventually we shall have [1-] 1,000 bed General and 3-750 bed evacuation hospitals located in this area. The hospitals are on the way now and are expected to arrive shortly. Medical supplies are accumulating rapidly. They are dispersed in 6 different warehouses, scattered over a 10 mile radius. More and more supplies are arriving regularly. I saw Col Arrowsmith and visited all the supply dumps. I shall visit the hospital areas to-morrow.

Feb 15. Spent to-day with Lt. Col [Victor H.] Haas,⁵ Surgeon Base Section #3, and [Maj. Clarence B.] Warrenburg C. O. station hospital #98. The buildings are made of cane and brush. Each is supposed to house 32 patients. The buildings are rather closely packed (30 feet apart) quite a fire hazard. The Chinese patients are placed two to a bamboo bed. I condemned this practice. I also visited the British hospital. Later on re-visited the warehouses. Capt. [Joseph E.] Campbell the Medical supply officer is doing a very fine job of work.

Feb 16. Last night a very severe wind and rain storm blew over Assam. It knocked down a great many of the unfinished bashas. * * *

Feb 17. The rains of last night have made the roads around the 95th Station Hospital at Chabua impassable. Major Newton left this morning for Delhi. I returned back to Ledo. It rained part of the day. I am looking around the camp area and getting ready for a trip of reconnaissance I am going to start on tomorrow into Burma.

Feb. 18. Left Ledo this A. M. at 10 for our "hike." Our purpose is to follow the new road as far as possible in a car, and then walk for 4 days

⁵ Haas and 14 other U.S. Public Health Service officers were in Burma early in 1942 to provide medical assistance in the construction of the Burma-Yunnan Railroad. Attached to C.B.I. after Burma fell to the Japanese, they soon were scattered throughout India as advisers on health, sanitation, and disease prevention. Haas first worked with Tamraz. Then, after being sent to conduct a preliminary inspection of the Ledo area, he became the chief medical officer of S.O.S. in Base Section 3. He served in this important post until the later part of 1943, when he was succeeded by Lt. Col. John Smiley: see *Chinese Liaison Detail*, p. 112.

CRISIS FLEETING

along the route of the road to be built, with the idea of selecting sites for the proposed advanced hospitals. Our route is West by South. Naung Yang is where our second night will be spent.⁶ From Hell Gate we (Lt. Col. Haas and I) were accompanied by Capt Frank Fiske U.S.P.H.S. who is stationed at Hell Gate as anti-malaria campaigner. Our supplies and equipment were to be carried by 20 porters. I started the trip not in the best of physical condition—so that at the end of the day's walk I was quite pooped up.

Feb 19. After a good breakfast began our trip again. Left Hell Gate at 8:00 AM. Our luggage consists of "C" rations, bedding rolls, cots, tents and various sundry articles to make the trip comfortable. After hiking for 7 miles thru most hazardous mountains we arrived at the 1st portage camp, when the porters were changed. The trip up to here was terrific, the path led us up and down the mountains over tracks suitable for goats. I am not conditioned for this sort of thing, and, naturally, am suffering the consequences. We hiked up from last our last [sic] night's camp up almost 4000 ft and camped at Naung Yang. On the trip we saw dozens and dozens of human skeletons. This is the path that the refugees took. You see every few yards a pathetic looking bundle of clothing and nearby a human skeleton.⁷ The Jap invasion of Burma had its disastrous repercussion on the poor refugees, deserting Burma. The trip from the portage (the summit from where one looks at the awe inspiring sight of the Himalayas with their eternal snows) was mostly downhill and just as damnably difficult. The few miles from there to Nawng Yang required almost 4 hours. We arrived at Nawng Yang at 3:30 PM. Here Major Carroll and Lt. Davis of the Royal Engineers, have their station here [sic]. They are in charge of the sappers and the surveying party.⁸ They were most gracious and put us up for the night, after treating us to a very good dinner. I was so "dog tired" that I went to bed at 8 PM hoping for a good night's rest.

Feb 20. Saturday. Left Naung Yang at 8:30 AM. Major Carroll of the Royal Engineers accompanied us. Immediately upon leaving the camp we started climbing a very stiff hill for over 2 hours. It was wet and extremely muddy. We slipt and slid all over the area. It was awfully hard on my legs. We climbed about 1500 feet by the time we made the top. Then from there on was a 2500 feet downhill progress. We finally came to Tagung Hka River. A rather shallow, but swift river. Here there are some flat lands and it was intended to build an airfield here. The trees for a distance of 3500 ft. long by 450 feet wide have been cut down, and the land is flat, but evidently the project has been discontinued. During the entire trip of 8½ miles we came on gruesome sights of human skeletons lying on the pathway. This was the old refugee trail, and the refugees, evacuating Burma and escaping into India died on the path by the thousands. We arrived at our bivouac by the side

⁶ Here Tamraz inserted a rough sketch of the route.

⁷ Later, Jones encountered similar grisly scenes further down the road (*Chinese Liaison Detail*, pp. 117-119.)

⁸ Late in 1942, the British began to build a "jeep" road from Assam into Burma. The enterprise was soon absorbed into the much more ambitious Ledo Road project.

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of the river at 2:30 PM. and pitched camp. Lt. Col. Haas has twisted his ankle and is quite lame.

Feb 21. Sunday, after spending a more or less comfortable night in our camp Tagung Hka we struck camp and began our trek back, and arrived at Naung Yang at 2:00 PM. My impression of the country having been made in the so called dry season has made me come to the conclusion that it will be next to impossible to continue operation in this country after April the 15th, when the Monsoon season begins here in earnest. Even now with only occasional rains it looks formidable. The country honeycombed with streams and lagoons which are ideal breeding places for mosquitoes. I believe the sick rate amongst the Chinese troops will run into 50%-75%, and amongst the American troops to 20% or more—as for the cooley [sic] labor, they are practically all chronically infected. The native labor, will in all probability, desert the work while the Chinese troops will be too much malaria infected for either construction or combat work. My recommendations will be to build the road up to Tagung Hka and then maintain it with a minimum of laborers and begin it again next dry season. This brings up the subject of the hospitals. Would it be sensible to bring our personnel to Ledo. I think not. They should be kept either in Karachi or Calcutta and then be brought on to Ledo in Assam [after the monsoon].⁹

Feb 22. Monday. Left Naung Yang at 8:00 AM. It was terribly foggy. We crossed the Tagung River on a rickety bamboo bridge a few minutes later. Today Maj. Carroll of the Royal Engineers begins the construction of a wooden bridge across the river, and expects to finish it in 3 weeks or in time to have it ready for the leading bulldozer [sic] of the 283rd Eng. Bn. U.S. Army which is the vanguard of the road building operations. After crossing the river it took us 2 hours of killing hill climbing to reach the top of the summit, and then from there a 1000 foot descent to the Pang Sau pass, which is the India Burma border. At the border is a sign Welcome to Burma. Still another sign under a bamboo bridge says "Reserved for Generals only." From the pass it was another hour's walk to Mr. Merrill's¹⁰ portorage. To our surprise we learned that the leading bulldozer had already passed this spot, in other words during the four days that we were away they had advanced nearly 3 miles, not bad going at all. The weather has been good now for 5 days. Here we took ride on a command car and drove 7 miles to Hell Gate where Capt [Gordon] Smith and Lt. Col. [Earle M.] Rice¹¹ met us, our porters arrived about 2 hours later and we piled into a command car and drove back to Ledo where we arrived just before 6 PM. * * *

⁹ Whether Tamraz made such a recommendation to General Wheeler is not known. In any case, the idea of holding back medical support until after the monsoon season, like his idea of delaying road construction, contrasted sharply with Stilwell's determination to hasten back into Burma. The fears of being overwhelmed by disease which Tamraz expressed were traditional among experienced British residents, and he apparently discounted his own responsibilities to develop vigorous antimalaria and other disease prevention measures. As events proved, his trepidation was not unwarranted. Disease rates were high enough to be a serious drain upon the military forces. But they never reached, by a considerable margin, the peaks Tamraz predicted. See *North Tirap Log*, p. 24, n. 90, and *Chinese Liaison Detail*, p. 94, n. 38.

¹⁰ Mr. Miller? See *North Tirap Log*, p. 10.

¹¹ Rice, originally in a Military Observers group, was assigned to C.B.I. in 1942 and was the chief authority on malaria control. Smith was one of the Public Health Officers.

CRISIS FLEETING

Feb 23. Tuesday. Spent a very comfortable night with my hosts Mr. and Mrs. Burgh at Margherita * * * For the last few days I have been having a little gastric distress, with evidences of blood in stools. I am watching my diet carefully, and have quit what little smoking and drinking I did. * * * This evening at 5 some Jap planes attacked the Chabua air-drome (U.S.A.F.). One American Army Officer was killed and 13 coolies were killed or wounded. The American Army Officer was an anti-aircraft officer and was killed while running to his gun and by being struck in the head by a piece of shrapnel.¹²

* * * * *

Feb 27. Left Ledo and Margherita early this morning and after being driven for about 2 hours in a car arrived at Chabua air port at 5:30 AM. Waited there until 7:30 AM for a plane. Took off for Agra. Made a half hour stop at Gaya and arrived at Agra at 3:30 PM. At the SOS headquarters here met Maj Richardson C.O. 97th Station Hospital located at Agra. Col. [Thomas H.] Reese [Rees] C.O. of the S.O.S. here was kind enough to give me a car with driver and I proceeded to Delhi, arriving there at 8 PM. My room was occupied at the [Imperial] hotel. They were removed, and I was given my old room. * * *

Feb. 28. Arrived in my office early and found a great deal of mail waiting for me, both personal and official. During my absence Maj. [Thomas L.] Tomlinson¹³ has carried on in my place very satisfactorily. * * *

March 1. Still at my desk trying to clean up my correspondence. There were 10 letters waiting for me from Freda [Mrs. Tamraz]. Received word that our Hospitals are expected to arrive in Bombay tomorrow or the day after. These consist of 1 Gen. Hospital and 2 evacuation hospitals. They will be assigned for duty in the Ledo area.

March 2. Have prepared the report on my trip of inspection to the General and have submitted it. * * * Ordinary routine work is being carried on. Nothing unusual happening.

March 3. The question of proper housing of our nurses has arisen. They are living at the Marina Hotel. The accommodations and meals are most unsatisfactory. I am trying to remedy this. Brig. Gen [Robert C.] Oliver A. C. who has been in the hospital for over a month with Typhoid fever is recovering nicely.

March 4. Our most important work right now is preparing for our anti-malaria campaign of the coming monsoon season. Lt. Col. Rice who is the Theater malariologist has been doing fine work in this respect.

Heard news of the coming to this Theater of Lt. Col. Hardy Kemp, who is one of the leading teachers of medicine in our colleges. He is to report

¹² Chabua was the main center for air transport operations between India and China and for the Tenth Air Force—hence the attacks on it. A second occurred the following day with considerable losses to the enemy, according to Tamraz.

¹³ Major, later Lieutenant Colonel, Tomlinson, U.S.P.H.S., had been brought into Tamraz's office soon after the P.H.S. group joined the Services of Supply. He served with great devotion and efficiency throughout the war as the Executive Officer in the Surgeon's office—outlasting two S.O.S. Surgeons and the original Theater Surgeon, as well as any number of lesser medical staff officers.

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for duty in my office. I shall assign him the duties of Preventive Medicine, also Chief Medical Inspector. He is expected to arrive here in a few days.

On my next trip of inspection I intend visiting Bangalore and Bombay. This will be sometime next week.

March 5. A routine day at the office. Many letters received and answered. Our units (Gen Hosp. Evac. Hospitals etc.) have all arrived in Bombay, and are now in the process of being distributed to various parts of India where their duties will be. Two more of our anti-malaria workers arrived, but both of them have been assigned to duty in China. I wrote a letter to Col. [James S.] Steve Simmons¹⁴ protesting about the Malaria Control set up, also about assigning Lt. Col. Rice to the Theater Surgeon, rather than to the S.O.S. Col. [Robert P.] Williams, Theater Surgeon, interferes no end with the functions of the Medical Dept. S.O.S.¹⁵

March 6. Received a letter from Col. Williams in which he appraised [sic] me of the fact that we are expected to look after additional large numbers of Chinese troops—that their numbers are increasing in Ramgarh. Also that he was directed by Gen. [Joseph W.] Stilwell to instruct me to “lay off Seagraves” [sic]. I don’t get this. We printed an article by Seagraves in our medical bulletin,¹⁶ this was about treatment of Syphilitis. It was so unorthodox that I had it discussed by our venereal disease control officer. Evidently Seagraves is Stilwell’s pet and no one can criticize him. In my opinion Seagraves is a very second rate medical officer, and just because he happened to be with Gen. S. on the great retreat from China, he is sitting on the high throne.¹⁷ Nothing unusual has happened today. * * *

March 8. We are asked to furnish hospitalization for some new areas. The air force is opening up new fields and we are asked to furnish them with hospitals and personnel. One 250 bed unit is to be started at Panagarh, and

¹⁴ In the office of The Surgeon General, Washington, D.C.

¹⁵ Williams served as Theater Surgeon from the beginning of the First Burma Campaign when he worked frantically in the field to provide medical support for the Chinese Expeditionary Force, to January 1945. For most of the time, he was with Stilwell’s Forward Echelon headquarters in Kunming, and even after the Theater Headquarters moved to New Delhi in 1944, he spent a great deal of time away from his office. When he was in India in 1942 and 1943, he was more likely to be at Ramgarh, where the Chinese were in training, than in Delhi. Although his own diary notes no dissatisfaction with Tamraz, and a letter praises him when he was about to leave India, neither knew the other well and Tamraz felt slighted or demeaned by Williams on several occasions. Strictly speaking, Williams was not Tamraz’s direct “line” superior. But since Williams was Surgeon on Stilwell’s Theater Headquarters staff, he was the senior staff officer for the entire medical services in C.B.I., including those aspects of it which had been delegated to the Services of Supply. There was no reason why Rice should not be the Theater malaria control chief, since he was acknowledged to be the most expert man in the field then in India. Tamraz, for his part, had the lion’s share of what little malaria control staff there was at the time (the Public Health Service officers), and most of the malaria control troops and supplies, which were on the way, were to be assigned to S.O.S.

¹⁶ In the summer of 1942, Tamraz began intermittent publication of a Field Medical Bulletin, in which contributions from officers of the Theater were published. It was not discontinued until late in 1945, by which time it was appearing at monthly intervals and sometimes ran as high as 60 single-spaced mimeographed pages.

¹⁷ Opinions, in fact, did vary regarding Seagrave’s skills as a surgeon and general practitioner. But, aside from his own accounts, there are numerous testimonies to his resourcefulness, courage, and devotion to causes and cases which most Americans refused to take seriously. If his paternalism and crustiness did, in some instances, draw blood, it could hardly be said that he had not earned some personal rights to exceptional consideration. On the matter which Tamraz reports, however, which was of technical import, the evidence of pique shown by Stilwell—and perhaps also by Seagrave—seems unwarranted.

CRISIS FLEETING

a smaller unit at Pandaveswar all in the Ganges River Valley area. Had a radiogram from Col. Arrowsmith (C. O. Base Section #3, where the 20th Gen. Hosp. will be) to furnish the nurses of the 20th with Khaki uniforms. Seems like they left the U.S. without any light uniforms. Made arrangements with the Q.M. to ship cloth to Chabua for this purpose.

March 9. Yesterday Lt. Col. Hardy A. Kemp, M.C. reported for duty. Col. Kemp is reserve officer on active duty. In civilian life he is the Dean of the Medical School at Ohio State University. I have assigned to him the duties of Chief of Preventive Medicine for the Services of Supply. * * * Long distance call from Major Richardson C. O. 97th S.H. at Agra. Richardson is very much distressed because of rumors—which *did not* originate in my office—that the nurses now on duty at his hospital, who have been detached from the 159th S.H.¹⁸ were to be ordered back to duty with the 159th on the arrival from the U.S. of nurses assigned to the 97th. I assured him that we had no such intentions. There are rumors that [Headquarters] Advance Section #1, S.O.S., now at Agra is to be moved into Gaya.¹⁹

March 10. Today received word that Lt. Col. Seagraves and part of his unit (until recently on duty at Ramgarh, running the Chinese hospital at that place) has been transferred to duty at Base Section #3.²⁰ This is where we shall build the 20th G.H. and two evacuation hospitals. I wonder how this is going to work. Gen. Wheeler approved this without consulting me. * * * A routine day at the office.

* * * * *

March 13. My visit to Bombay, Bangalore and Madras temporarily postponed, because of the imminent arrival of our additional medical units (e.g., additions to our five small hospitals, and the 112th Station Hospital).²¹ They are expected to arrive in Bombay on March the 18th and are to tranship from there to Karachi. On arrival at Karachi (3/22/43) the 112th is to stay there indefinitely or until we find a place for it. The other units are to proceed to their proper stations namely to the 100th S.H. at Delhi, to 97th at Agra, to 95th at Chabua, to 99th at Gaya, and to the 98th at Chakulia. Their moves should be completed by March 26th. Just learned

¹⁸ The 159th Station Hospital was the first to reach India, arriving on 16 May 1942 and occupying new buildings outside the city at North Malir. Much of its staff had been sent to temporary posts throughout India in 1942, for, on the one hand, it was larger than it needed to be for several months, and, on the other hand, the small station hospitals were very soon in need of reinforcement.

¹⁹ The rumor proved to be correct.

²⁰ See *North Tirap Log*, p. 11, n. 32. Apparently unbeknownst to Tamraz, the Chinese infantry were beginning their move into Burma, and Seagrave had moved with them—not, as Tamraz feared, to establish fixed hospitals but to support them as they completed training and moved into combat. Lack of communication on such a point, however, justifiably annoyed Tamraz.

²¹ On 6 February, Tamraz received notice that troops were coming to double the size of the small 50-bed hospitals. The 159th Station Hospital was to be enlarged from 750 to 1,000 beds; and an additional 750-bed hospital, the 112th Station Hospital, was to be added. Since the 20th General Hospital, and the 14th, 48th, and 73d Evacuation Hospitals (plus the 151st Medical Battalion) were specifically designated to serve the rapidly developing Ledo area, for once Tamraz seemed to have more hospitals in sight than he knew immediately how to handle. However, he was already on notice that new air bases were soon to be established, and they would require medical facilities.

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that an Engineer Regiment and QM Regiment²² are staying temporarily near Calcutta waiting for the arrival of their trucks in order to proceed with them to Ledo in Assam. I have to arrange about hospitalization facilities for them.

March 14. Radiogram from Haas complaining that his antimalaria material not arriving at Base Section #3. These materials have been indented from the British sources and have been shipped in proper time, but somehow shipping facilities being what they are, their arrival has been delayed. We are getting altogether too many radiograms from Haas and I have to write him and tell him to "pipe down" a little.

From all hearsay the method of handling of the troops that arrived in India about 12 days ago was very faulty. They arrived in Bombay—and from there various units were sent to various staging areas. The Medical units were staged near Poona—near Bombay. Two regiments 1 Engineer, and one QM were staged about 150 miles from Calcutta. No preparations whatsoever had been made for their reception, no tents, no cots, no water or any other comforts. I am afraid my friend Lt. Col. H.—— [Editorial deletion] QMC will be the responsible party.²³

* * * * *

March 17. Had a long conference with Gen. [William H.] Holcombe²⁴ and the Chief of Staff [Col. Samuel M. Lansing, GSC]. Told them of the organization in my office. I now have an executive officer (Maj. Tomlinson), a second in command, who is also the head of Preventive Medicine Department (Lt. Col. Kemp), a Venereal Disease control officer (Lt. [Malcolm A.] Bouton), a Food and Nutrition Officer (Lt. [Maclean J.] Babcock), Chief of Medical Supplies (Maj. Newton), a Chief Clerk (Lt. [Irvin G.] Luthi) and sufficient office force. I told them that it would be necessary for me from now on to spend a great deal of my time in the field. That there are certain places where I have not been at all—and therefore know little or nothing of the situation there.

Had a letter from Lt. Col. H.——. He writes me that he has been involved in certain investigations in which certain officers are accused of misappropriating government articles. It is evidently a mess.

March 19. This morning early to work. Went to the Station (Railroad) at Old Delhi to meet Maj. [T.S.] Gabreski (Surgeon Base Section #1 at Karachi) who is on his way to Bombay with 15 patients. We had a half hour conversation relative matters [sic]. Heard indirectly today from Col. [Elias E.] Cooley, surgeon²⁵ 20th Gen. Hosp. now at Base Section #3 (Ledo and Margherita in Assam). Received two letters from Freda today. Big

²² The 330th Engineer General Service Regiment and the 21st Quartermaster Regiment. See *Chinese Liaison Detail*, p. 77. They were part of the "4201 Shipment," which had included the several medical units sent to Ledo, and they took over the construction of the Road and the establishment of supply lines. The men at North Tirap became well acquainted with troops of the 21st QM: *North Tirap Log, passim*.

²³ Tamraz had traveled to India with Colonel H.——, and had kept friendly contact with him thenceforth.

²⁴ Acting Commanding General, S.O.S. Headquarters.

²⁵ Actually, Commanding Officer, 20th General Hospital.

CRISIS FLEETING

changes are taking place in this theater. Brig. Gen. [Claire] Chennault is in command of a new air force unit, the 14th U.S.A.F. and is going to be independent of the 10th A.F. now commanded by Brig. Gen. [Clayton L.] Bissell now at Delhi. My guess is that within 3 to 6 months a much greater shake up involving still higher commands will take place.²⁶ The hot weather has arrived upon us in earnest. It was 110 F. in the air port.

March 20. My assistant Maj. Tomlinson has been ill for the last day or two. He is complaining of a stomach ailment. Today being Saturday there was a conference of officers at Headquarters. Policies were discussed. A new advance section was announced. It is Advance Section #4, and takes in territory as far out as Shanghai. We've got to chase the Japs out of the country first before we can claim Advance Section #4. Heard word that Gen. [H.H.] Arnold²⁷ is a 4 Star General now. I suppose it means that the next thing to take place will be an air corps commander for this theater, anything will be an improvement.

March 21. Sunday and a very beautiful day. All morning in the office. In the afternoon there was a session of all heads of sections planning. The new plans call for increase of American troops in this theater by July the first 1943 to 50,000 men. I have asked for 2 additional medical supply platoon units with 6 officers and 84 men, and 1 medical supply section with 3 officers and 42 men. I intend to build a 500 bed hospital at Kunming and another 250 bed unit at Chabua. This with the construction of a 750 bed hospital at Calcutta and a 250 bed hospital at Panagarh, should do well. I am also asking for the construction of a 3000 bed convalescent hospital at Tinsukia or in Panitola. This for the use of the Chinese.²⁸ There is nothing more of importance.

March 22. Completed Plan of Evacuation of sick and wounded for CBI and submitted it for consideration. I have asked for the construction of a 3000 bed convalescent hospital either at Panitola or at Tinsukia. It is not contemplated to evacuate Chinese sick and wounded any farther back than

²⁶ General Chennault had led the American Volunteer Group until its disbandment on 4 July 1942. His Fourteenth Air Force was the chief air arm in China. Its mission was to provide air-ground support for the Chinese Army and to harass Japanese communications in south and east China. He and Stilwell disagreed bitterly on C.B.I. strategy. He believed that a major air offensive should be started as soon as possible. Stilwell believed that Chennault should wait until ground communications between India and China were restored, and until the Chinese Army had been remodeled so as to assure ground security for Fourteenth Air Force bases. Tamraz's knowledge of the situation was very limited, and his prediction seems to reflect only the typical uneasiness of all those who were involved in the notoriously tangled command structure of C.B.I.

²⁷ Commanding General, U.S. Army Air Forces.

²⁸ The problem of hospitalizing Chinese patients needing long-term care haunted Tamraz and the Theater Surgeon for months. Nothing was done about Tamraz's wise proposal and, consequently, when the Chinese began fighting in North Burma, and long-term patients began clogging up the hospitals in the Base Section, a furor arose. Sending them to China was virtually prohibited by the scarcity of air transport space and by the paucity of medical facilities there. The British disliked the idea of new Chinese centers in India, and virtually forbade evacuation of Chinese patients outside the Base Section at Ledo—unless it would be to the original training center at Ramgarh. Moreover, the need to provide convalescent care for American troops, which Tamraz also foresaw, was also neglected with disastrous results in June 1944, when Merrill's Marauders were evacuated en masse from Myitkyina. Late in the war, finally, convalescent and rehabilitation centers were established for American troops. Chinese were retained in the 14th Evacuation Hospital for such care, including the provision of artificial limbs when necessary; they were repatriated after the war ended.

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Dibrugarh, unless it were evacuation by air to China. The 3000 bed convalescent hospital will be in two sections one of 500 beds for American troops, and one of 2500 beds for Chinese troops. If further evacuation of American troops is necessary they will be taken either to the 112th Station Hospital at Calcutta or the 159th Sta. Hospital at New Malir [Karachi]. We had our first surgical death at the 100th Station Hospital Delhi, from acute appendicitis complicated by generalized peritonitis. Maj. [Allan] McLellan tells me on his arrival at the hospital the patient had symptoms of peritonitis, so Oschner treatment was instituted. In other words the case was too late for an early operation and too early for a late operation.

March 24. * * * Received word that some of the expansion units of our 5 smaller hospitals as well as members of the 112th Station Hospital instead of being sent direct to Karachi from Bombay came via Delhi. It does not make sense. In the first place it was quite asinine not to send them direct from Bombay to their particular units, e.g., the unit belonging to the 100th S.H. could have come directly here, also the ones to Agra Chakulia and Gaya. I have had a car assigned to me now, and I shouldn't have to walk back and forth any longer to the hotel and my office.

March 25. In studying the passenger list of the newly arrived medical units I found out that Capt. Ed[ward] Schwartz M.C. who used to be with me at Ft. Warren, Wyoming [is] with the 151st Med Bn. He is in command of B. Company of that organization and is now stationed at Base Section #3, Ledo Area.²⁹ I wrote him a letter. Maj. McLellan returned from Dera Dun with a patient with G.S.W. [gunshot wound] (accidental). Received several letters one from Lt. [Preston R.] Clark at Kunming.³⁰ He too is having medical supply problem troubles. Attended a musicale in the evening at the Imperial Hotel.

March 26. Several letters from Freda. Freda's health is very good. For the first time I learned that Gen. [Dwight D.] Eisenhower was made a 4 Star general, as is General Arnold. This gives us 4 full Generals. Seems like promotions take place in every branch now except in the Medical Corps. Dealing with British Medical Officers of high rank, Brigadiers, Major Generals & Lt. Generals—while the highest rank our medical officers hold in this theater is that of Colonel. With the coming of Summer the dust storms in Delhi have started. Terrific!

March 27. Today we had our weekly staff meeting. The discussion was mainly of supplies. I heard today about [that] our supplies arriving in Calcutta are being badly manhandled. That they arrived in good condition at Calcutta only to be ruined by poor unloading. Many valuable articles of equipment are destroyed and supplies broken into.

There has been a minor disturbance in the ranks of nurses attached with 100th S.H. in New Delhi. One of their members—a Miss E——— M——— [Editorial deletion] has been ordered to go to Karachi with the 159th S.H.

²⁹ See *North Tirap Log*, p. 8, n. 15.

³⁰ In 1942, Clark had been on Tamraz's staff. Then, while Tamraz was away on an inspection trip, Clark was ordered to Kunming. Needless to say, Tamraz was furious, but his protests were unavailing.

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This was done because this young lady has been completely enamoured to and by a young Captain (married man with 2 children). This officer has been taking her out every night purchasing for her expensive gifts etc. and told her he is going to divorce his wife and marry her. We wanted to break up the romance. The rest of the nurses objected to this, and the riot act had to be exercised on them. They were told that they were officers and would obey orders or else. Things are quiet now.

Sunday March 28. In the office as usual altho a little later than ordinarily. Weather was cool and wind blowing the sand in all directions. "Kus Kus's" are already making their appearances. These are grass mats attached to bamboo poles and hung in front of windows and doors far enough away not to interfere with their opening and shutting. Then "Pani Wallas" (water carriers) come every few minutes and throw water on the Kus Kus. The hot winds blowing on them cool off by the time they filter into the room. This way the temperature may be lowered as much as 20° F.

This afternoon I visited my friends the Hummers. They are Americans and live in old Delhi.

Today we began sending all the personnel on detached services from our hospitals, and on duty at Base Section #3 to their proper organizations. The 20th Gen. Hosp. is on the grounds and operating at Base Section #3. Tonight played a little bridge with 3 other Colonels, and lost all of one rupee and 4 annas or about 40 cents.

March 29. This is the 1st Anniversary of this diary. Exactly a year ago today it was started in Karachi, India. Looking back over the past year I feel proud of the accomplishments of the Medical Department S.O.S. On my arrival in Karachi on March 28, 1942 I was the sole representative of the Med. Dept. S.O.S. with 3000 troops on my hands and no hospitalization facilities. The British helped me magnificently, and have continued to help whenever occasion has arisen to ask for their help.

During the year we have mushroomed with a Gigantic organization with 2 General Hospitals, 3 Evacuation Hospitals, and about ten other hospitals of from one hundred to 400 beds, and more and more on the way.³¹ Besides we now have a complete Medical Bn. 2 Medical Supply Platoons, and with Med Supply Depots and sub-depots scattered all over the map of India and some in China. What will the coming year bring forth is a big problem. The pendulum has certainly swung in our favor, and I predict that within the coming year the backbone of Germany will be broken and we shall turn our undivided attention on Japan.

* * * * *

April 1. April the 1st, my but time is flying. Looks as if there isn't enough time.

³¹ Only one general hospital was in the theater. Tamraz apparently was anticipating the enlargement of the 159th Station Hospital; 4 more months elapsed before this step was taken, however. The other units he refers to were the 20th General Hospital, the 48th and 73d Evacuation Hospitals; the 14th Evacuation Hospital en route to India; platoons of the 2d and 7th Medical Depot Companies; the 95th, 97th, 98th, 99th, 100th and 112th Station Hospitals; and provisional hospitals at various stations manned by staff on detached service from the numbered hospital units.

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The space of Headquarters, S.O.S. is becoming very much overcrowded; so all sections have been asked to sacrifice a little of their space for establishment of additional office space for newcomers. The surgeon's office is losing one of its rooms. We shall be very much crowded. * * *

Learned thru the grape-vine that S.O.S. chief will be a Lt. Gen. and will have as assistant a Major General. That all heads of Base Sections will be Brigadier Generals as well as the Chief of Staff. So far nothing for the medical corps. Attended with Maj. McLellan, as guests of a local Indian Physician, a performance of Indian classical dancing. In spots it was all right, altho I wouldn't want to attend such performances more than once. * * *

April 3. * * * I had a pleasant surprise today. In looking over list of officers with one of the Evacuation Hospitals now at Base Section #3 at Ledo (Assam) I ran across name of Lt. Col. Edward R. Ware. This officer is a class mate of mine from Columbia U. (College of P.S.) 1917. Have not seen him since day of graduation. * * *

April 4. Sunday. All Sunday morning in the office attending to letters. This morning a request received from 10th Air Force for hospitalization facilities at Jorhat and Tezpur. Both these places are in the Assam region, and are to be occupied shortly by fighter groups. I have asked for the construction of a hundred bed hospital at Jorhat. Temporarily in each one of the two places we are putting up 22 bed British Crash-ward type of sick bays. This afternoon I went out to the Lido Golf Club, and played 18 holes of mediocre golf, strange clubs, walking shoes, and first game in 3 months.

April 5. The top ranking enlisted man in my office a Tech. Sgt. was sent to the hospital with a venereal lesion on his penis, which turned out to be a chancroid. Still another one of my office men, also a Sgt. was sent to the hospital, and the diagnosis of Pulmonary Tuberculosis on him was made. A third temporary casualty is Lt. Col. Kemp (M.C.) of my office who has acute sinusitis and has been laid up in the hospital now nearly 10 days.

Received a very nice letter from Lt. Col. Haas Surgeon Base Section #3 at Ledo, Assam. He gave a clear-cut picture of the situation as it exists there. On the ground are now the 20th Gen. Hospital, the 48th Evacuation and 73rd Evacuation Hospital, a Med. Bn. [the 151st] a Med. Supply Platoon [of the 7th Medical Depot Company] and Vet. Co. [the 1st]. The monsoon is about to start there now, and it is going to tax the resources of all our installations there to meet the problem successfully.

Received also a letter from Capt. Ed. Schwartz (M.C.) who used to be with me at Ft. Warren, Wyo. He is with the Med Bn. at Assam. Wants to come with me.

April 6. A few days ago received a radiogram signed Stilwell wanting 5000 tablets of Santonin, to be here at Delhi and to be ready to be delivered to him today. We only had 100 tablets on hand here, so we sent a highest priority radiogram to Karachi, where our main depot is located and the drug was flown here yesterday and delivered as per. There must be a large number of cases of *Ascaris lumbricoides* amongst Stilwell's personnel to need

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so much Santonin.³² Today the expansion unit of the 100th Station Hospital arrived. It consists of 4 Medical Officers (Captains) 10 nurses and 20 enlisted men. A similar expansion unit belonging to the 97th S.H. at Agra passed thru here yesterday, and should have arrived in Agra last night. Other expansion units belong to 98th at Chakulia, 99th at Gaya, and 95th at Chabua. They should all arrive and be functioning by the end of this week.

Had letter from Maj. Bickel (95th S.H.). He is badly in need of help, even with the arrival of the expansion unit he will be short of help. He is averaging better than 200 patients, and now he is receiving as many as 20 fresh malaria cases each week. To help him out I asked for orders to send 1 M.A.C. 2 medical officers, 5 nurses, and 30 E. men from the 112th S.H. (750 beds) now at Karachi. This will give Bickel 10 officers, 23 nurses and 95 enlisted men which should be sufficient.³³

April 7. * * * There was quite a "bomb shell" dropped into the working of the 100th Station Hospital. Maj. McLellan the C.O. asked to have all the nurses (5) who were on detached service from the 159th (Karachi) be [sic] sent back to their organizations. Ten nurses (Expansion Unit) of the 100th S.H. have just arrived and Major McL. states he does not need all of the 15 nurses. The nurses who have been here for almost 9 mos. became quite attached to the place.³⁴ Lt. Col. Kemp is still in the hospital, he has acute sinusitis (ethmoidal). This evening I went to the Cinema and saw Mrs. Minever, a very good picture.

April 8. * * * Am having much trouble with the acting Chief of Staff. This officer in peace time a Captain, has within the year received temporary promotions up to Colonel. He incidently is one of the rare specimens who do not like the Med. Dept. The Commanding Gen. who is away now had assigned a car to my office which was a necessity. This officer took it away from me. He questions the advisability of every move made in my office. I can see a showdown coming *very soon*. Lt. Col. Kemp (MC) a patient in 100th Hosp. not doing so well; so we are going to transfer him to the 159th Karachi.

April 9. Unusually quiet day. Many routine letters to answer. Received a letter from Headquarters 10th [Air Force]. Am having much trouble with the Chief of Staff. I had asked to go on a trip of inspection. This was granted by C.G. but the Chief of Staff had talked him out of it. There are pressing needs for my traveling and if things happen which would not have happened had I taken the inspection tour, I shall lay it right to the door of the C/S.

April 10. * * * Today I had a conference with Gen. Holcombe. The Chief of Staff was also present. I brought up the subject that in my opinion the Chief of Staff was unnecessarily interfering with activities of the Medical

³² As Tamraz should have surmised, it was the Chinese—probably another batch of troops coming into Ramgarh for training—who were typically infested with worms, the consequence of the usual miserable diet and neglect in the Chinese Army.

³³ The 112th had not yet been assigned to a station. The chronic cry for more help, and the regular cannibalization of one unit by others—usually, as in this case, on sudden "orders from headquarters"—typified the medical system for most of the war in C.B.I.

³⁴ New Delhi was the most attractive station available in the Theater.

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Dept., such as canceling intended trips, changing policies etc. At the end we came to a satisfactory understanding but I am still keeping my eyes "peeled" and watching.

Received word that another Evacuation Hospital was scheduled to leave the U.S. for these parts. I heard indirectly that Col. Cooley, who commands the 20th Gen. Hospital at Ledo is much dissatisfied with the surroundings. He particularly disapproves of the Basha type of buildings (bamboo).

April 11 Sunday. It rained in Delhi for the first time in almost two months. I have just heard from Ledo, Assam, where several of our hospitals are located, that it has been raining there almost every day for the last two weeks. Evidently the monsoon season has started early. It usually does not begin until about April the 15th. Our hospitals there are in Bashas (bamboo structures), and I understand it has been raining right thru the roofs, and everything is wet. Col. Cooley the C.O. of the 20th Gen Hospital, I understand is very much disgusted.

Lt. Col. Hardy Kemp M.C. (my office) was transferred to the 159th Station Hospital Karachi, for further observation and treatment.

April 12. Maj. Gabreski Surgeon Base Section #1 at Karachi is in Delhi. He brought me full reports of the doings in Karachi. We have a medical supply depot there and some of the enlisted men on duty there had been caught stealing Med Dept. supplies and selling them in town. There are 8 men in all involved. We also caught one of our Medical officers (Lt. J——— P———) [Editorial deletion] attached to the 159th St. Hospital stealing narcotics. He is an addict.

There was a telephone call from the British Med. Directorate that our Base Section #2 Med Officer³⁵ had asked for a 750 bed hospital equipment complete from the British to establish a hospital at Calcutta. This was perfectly silly, since I had a 750 hospital complete with personnel and equipment earmarked for Calcutta.³⁶ So I cancelled the requisition from the British.

* * * * *

*April 23.*³⁷ No sooner had I arrived in Delhi than Maj. Newton told me that there were orders waiting for me to proceed at once to Ledo for a conference with Col. Williams the Theater Surgeon. He has come to Ledo from Chungking China, and wishes to discuss with me questions of Sanitation, Hospitalization, and medical supplies. Maj. Tomlinson, my assistant, had made all arrangements for me, so after spending a busy morning in the office reading many letters, answering radiograms and attending to a thousand and one other things, I left for the hotel to re-pack. Before I left I had a short talk with Gen. Wheeler. It seems like Gen. Stilwell has found

³⁵ This officer had first commanded a station hospital. He soon proved unsatisfactory and was transferred to Ramgarh, where for a time he commanded the post hospital. This time, Stilwell relieved him peremptorily. Tamraz, with misgivings, decided to try him as Surgeon, Base Section #2. Again, Tamraz must have felt, he was on the verge of another catastrophe.

³⁶ An advance unit of the 112th Station Hospital had now been sent to Calcutta, although the equipment for the hospital still was in Karachi.

³⁷ On 16 April, Tamraz went to Calcutta and for the next week he was busy inspecting the medical supply center, the hospital construction for the 112th Station Hospital, and the Rockefeller research laboratories at Singur, near Calcutta. He returned to New Delhi on the 23d.

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fault again with one of our doctors. This time he has released Maj. C—— [Editorial deletion] from duty at Ramgarh. I asked Gen. Wheeler to allow me to go to Ramgarh on my way back to Chabua and Ledo and see what the trouble was at Ramgarh. I shall do so. Left Delhi at 2 P.M. in company with Lt. Col. Rice and Col. [Charles L.] Leedham. Col. Rice is our malariologist and Col. Leedham is the C.O. of Evacuation Hospital #48 at Ledo. He has been to Delhi to visit me, and has been here several days. We arrived in Agra (120 miles from Delhi) at 5:30 P.M. and registered at the Cecil Hotel. Later on we visited the 95th [97th] Station Hospital as guests of Major Richardson. His personnel is complete now and he has almost 10 officers, 14 nurses, and 62 men. He runs a very beautiful hospital & everyone appears to be most happy.

April 24. After a few hours sleep, at 4:30 A.M. we were taken to the air field, and we took off in a plane for Chabua. [From Chabua] we proceed to Margherita (close to Ledo) where I have been asked by my charming English friends the Burgh's to stay as their guests. So here I am quite comfortable and shall meet Col. Williams tomorrow.

April 25 Sunday. Awakened up at the Burgh bungalow to a rainy, drizzly day. The C.O. of the 151st Med. Bn. [Col. York N. Pitkin, MC] (located a mile from here) has placed a car with driver at my disposal. I wonder if Col. Williams will show up today. He had to come from Kunming. Went to headquarters and reported. Later had an hour's conversation with Col. Arrowsmith A.S.F. Base Commander at Base Section #3. Made proposition to him to send part of the 48 Evacuation Hospital to Ramgarh to work in conjunction with personnel of hospital at that place and be kept away from here during the monsoon season. He agreed.³⁸ Col. Williams has not arrived. In the afternoon made visits first at 73rd Evacuation Hospital. The C.O. [Col. Wallace N.] Davidson Reserve officer who impressed me very highly. He is now open for business and ready to receive patients. Saw Lt. Col. Ware a classmate of mine from Columbia. Later still visited the 20th Gen Hospital about 1 mile away from where the 48th is and close to Margherita. Col. Cooley the C.O. is a regular cry baby. He is not satisfied with anything we have done. I impressed on him the fact that this was not the U.S. and that because of the fact that we could not (not allowed to) evacuate Chinese any farther back than the Assam area, this was the only place when we could put him. Also because of the lack of building material Basha type of structure (Bamboo) was all that was available. Two of our three large hospitals are commanded by regular Army Colonels, and they are the only ones who do the crabbing.³⁹ After my visit here I went to the Burgh Bungalow where I stay had dinner and went to the cinema.

April 26. Col. Williams not yet in. Had a radiogram from Kunming from him stating that he would leave Kunming as soon as transportation was available. Met with Col. Haas, Maj. [Walter H.] Bush, Capt. Campbell and Col. Rice and discussed many questions regarding hospitalization, sanitation,

³⁸ See *Chinese Liaison Detail*, p. 80.

³⁹ It may be observed that the comment is made by one who was a Regular Army officer himself.

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med. supplies etc. at Base Section No. 3. Later visited the Medical Supply Depot at Namdang. Campbell has a fine Supply Depot going. Received word that Japs are going to strafe us this afternoon—12:30 P.M. Still no sign of Col. Williams. At about 3:30 Col. Williams showed up. Soon after his arrival we called on Col. Arrowsmith. Then had a conference with Col. Rice and later with Brig. Gen [Haydon L.] Boatner.⁴⁰ Gen. Boatner wants some Medical Officers from our three Hospitals here to be detached and assigned to various Chinese units—scattered around the Ledo Area. I think well of the scheme, also of sending part of the 48th to Ramgarh—to work in the Ramgarh Station Hospital. Later Col. Williams and I visited the 73rd Stat [Evacuation] Hospital. Col. Williams (Little Caesar) made a little speech to the Med. Officers and nurses. Col. Rice is to take a group of Med. (6) Officers and 300 men in to a malaria infected area and try out a certain drug as a malaria prophylactic agent.

During the Evening I was guest of Capt. Campbell at dinner in his Bungalow.

April 27. After breakfast met Col. Williams in the office of Surgeon Base Section No. 3. Our schedule is to visit the 48th Evac. and 20th Gen. Hospitals. Col. Williams asked to visit and have a talk with the C.O.s of the three hospitals alone. So I spent the morning in visiting supply depots. There is a rather noticeable dissention [sic] in the 20th G.H. Col. Cooley does not seem to be satisfied with conditions under which his hospital is to function. Supplies are in good shape. In the afternoon Col. Williams, Col. Haas and I had a 3 hour conference and discussed thoroughly the plans (medical). Col. Williams appears to be thoroughly in accord with the various plans that have been made, relative to the way we expect to distribute our forces and resources. Later in the evening I visited the 48th Evacuation Hospital and spent 2 hours with the C.O. Col. Leedham.

April 28. Awakened up at 6:30 weather is clearing. Looks like one of the rainless days which will be quite welcome. I have a great many places to go to. On arrival at A.S.F. headquarters met Col. Williams, & Brig. Gen. Boatner. Decided to go down the road to-day and investigate our medical establishment down the road. We drove in Jeeps. (Others with us were Lt. Col. Haas & Rice and Dr. ——— [undecipherable]). We drove about 30 miles to Namgoi. Here we have established a 150 bed hospital in Bashas right by the side of the new road. It is being handled by personnel of the 151st Med. Bn. They are doing a good job, and have established a very good hospital. After a thorough inspection of the place we retraced our steps and visited some Chinese units, first the 10th Eng. regt. Their hospitalization facilities were very poor, and we advised them to send all their cases to our hospitals. The Medical Officer of the 151st Med. Bn. told me that the Chinese officers were interfering with the hospitalization of their soldiers. For a while some 20-50 men would report on sick call some with T. of 105° F. and would be hospitalized. The Chinese officers put a stop

⁴⁰ As Deputy Commander, Chinese Army in India, Boatner was beginning to arrange for medical liaison officers to aid the Chinese infantry divisions about to move into Burma for final training. See *Chinese Liaison Detail*, p. 81.

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to soldiers going on sick call because too many were being hospitalized.⁴¹ So the last few days there have been no men on sick call. After visiting the 10th Eng. we came back towards Ledo and about 10 miles out visited the 38th Division (Chinese). This organization has very good morale, and we found their camp in excellent condition went thru their sick bays, and their hospitals. They also have some 1000 horses and mules. I was quite pleased with the looks of things here. Returned to the office and then home for rest. Am invited to a dinner to Gen. Boatner tonight.

April 29. Yesterday afternoon and last night completed all my talks with Col. Williams the Theater Surgeon. The following decisions were made. 1. The two Field Hospitals which are soon to arrive for the use of Y Forces to be staged here until called for.⁴² 2. To take the 48th Evac. Hospital which at the present time is staged near Margherita and is not taking patients to be temporarily broken up one part of its personnel to be sent to Ramgarh to take care of Ramgarh hospital, part of personnel to be loaned to the Chinese Medical establishments such as those attached to 10th Eng. and 38 Div. until such time as they are called for, a part to be loaned to the 95th St. Hosp. at Chabua a part to establish and operate the hospital at Jorhat, and the rest mostly troops and MAC. Officers⁴³ to maintain what they have in their staging area. When the time comes when they will be needed they will all be collected again at Margherita-Ledo Area. Col. Williams was in thorough agreement with all my policies regarding sanitation hospitalization & Medical Supplies. He is leaving today for Ramgarh. I shall finish my work today and leave for Chabua tomorrow.

First of all I visited the 48th Evac. Hosp. This hospital is inactive (reserve) they have a camp just off the Assam Truck highway, about 1 mile from Margherita, between the latter town and Digboi. The Personnel live in Bashes and tents. It consists of 47 officers, 53 nurses and 235 E.M. They are busy making a home for themselves, but it is evident that long inactivity has impaired the morale of the personnel particularly the officers. For this reason I strongly recommend breaking this organization up temporarily and sending part of them to Ramgarh a small number to Chabua, Jorhat and even Kunming until such time as their services will be required at Ledo. This will not be probably until after the monsoon season. I next visited the 151st Med. Bn. This organization is also located on the highway about a half mile from the 48th E.H. It is doing good work in making camp, running a 150 bed station hospital at Namgoi and evacuating Chinese and American sick and wounded injured from the forward area. The third place to be visited was the 73 E.H. This organization has organized & is functioning. It is located between Margherita and Ledo. It is receiving patients and doing fine work. The last on the list was the 20th Gen. Hospital located just outside of Margherita, and between it and Ledo. This

⁴¹ It seems very likely that this was when the decision was made to provide the 10th Engineers with a medical liaison officer: see *Chinese Liaison Detail*, p. 82.

⁴² The 21st and 22d Field Hospitals; the Y-Force was the group of Chinese divisions which were being trained in Southwest China. The plan was for them to attack the enemy in North Burma from China, while the Chinese trained at Ramgarh attacked from India.

⁴³ Medical Administrative Corps.

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organization consists of a group of rather prominent physicians and Surgeons. It has two distinct parts. One part Chinese and the other an American Hospital. It is in Bashas with a few semi-permanent type of buildings scattered here and there. The Bashas are poorly constructed, are leaking, too closely spaced, a distinct fire hazard. The covering of the roofs, bamboo matting and straw does not prevent leaking, the bamboo leaves placed on the roof were not properly treated and are therefore full of bugs, which constantly gnaw on the leaves and deposit a fine powder on the floors. The two hospitals are separated by a ditch about 200 yards wide. This ground (former polo field) is a few feet below the two surrounding areas where the two parts of the hospital are located. In the monsoon this ditch is covered by from 1 to five feet of water. A new road has been constructed around this area connecting the two hospitals. Unfortunately this road was only recently constructed and I don't believe sufficient care was exercised in its construction even now it is tearing down badly. Despite all of these handicaps Col. Cooley has the makings of a splendid hospital and given half an opportunity in the way of sewerage, proper covering of roofs, construction of additional semi-permanent buildings to house acutely ill surgical and medical cases, he will have a hospital which will be a credit to the Army and the Medical Department.

April 30. This morning soon after breakfast together with Lt. Col. Haas I called on the Commanding Officer Base Section #1 [#3] (Col. Arrowsmith) and had a long talk with him. We discussed all matters pertaining to the various hospital units. I explained and showed to him our wants and needs. He is very touchy and resents any suggestions or reminders. Some of our wants particularly at the 20th Gen. Hosp. are very acute. For instance sewerage kitchens and mess halls, repairing leaky roofs, and attending to the roads. Another important thing is we have the need for large number of "pucca" [stucco] buildings to house cases recovering from acute surgical operation or cases of severe illnesses. After my talk with Col. Arrowsmith I had a conference with Haas & Rice and then I left for my quarters. After luncheon I started for Chabua. On the way I stopped at the 151st Med. Bn. Area, saw Capt. Ed Schwartz. Then in an ambulance and headed for Chabua. I arrived at 95th S.H. area at 6:30 P.M. Bickel met me and we had supper after which to quarters—this note—and to bed.

II. 25 MAY-17 NOVEMBER 1943

About the time the men at North Tirap finished their log cabin, and Major Jones joined the Chinese 10th Engineers, Tamraz celebrated his 54th birthday. Soon afterward, he started his second year in New Delhi. As the blazing days of the summer gave way to the humidity and rain of the monsoon, he and his subordinates began to show tension. More than a few of those he admired gave way to boredom. His loyalties unimpaired, however, he hid his dismay and stubbornly de-

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fended them against charges of drunkenness, maladministration, and various other forms of misconduct. Whenever possible, he put them out of harm's way by sending them home or to another post.

Tamraz's restiveness displayed itself in an increasing concern over promotion. Being aggrieved, perhaps he was a little inattentive when a specialist in medical supply visited him in October. Whatever he learned led him to look around for a more expert supply chief than Major Newton, his oldest associate, but his notes do not suggest any serious concern about supply problems.

In any case, in the autumn he was excited by the establishment of the new Southeast Asia Command under Admiral Lord Louis Mountbatten. General Wheeler, it seemed, was to leave S.O.S. for S.E.A.C., and Wheeler, once more, wanted Tamraz to come with him. Tamraz's replacement reported in, he packed his bags for one last inspection trip—and then it turned out it was all a mistake.

May 25. This is my birthday, and I am now 54 years old. This is my second birthday away from home, and I don't like it. I wonder if by some good fortune this might be the last birthday away from home. I do hope so. Maj. Ml——, C.O. of the ——th S.H. at —— [Editorial deletions] is "under a cloud." A Sgt. whom he reduced to private has brought charges against him for undue harshness, and drinking on duty. This is certainly a blow, because I thought he was one of the best officers I had.

May 26. My assistants gave me a very lovely birthday cake. Very thoughtful of them, also had telegrams, letters, and other remembrances from friends in different parts of the world. The day was uneventful in other ways. I have spent the entire day in the office routinely. A deal of correspondence. I am scattering the 112th S.H. to the seven corners of India, the 159th on the other hand is being collected in its permanent station at North Malir.

May 27. Col. [Samuel M.] Lansing, the Chief of Staff is ill and is in quarters. Maj. Richardson C.O. of 97th S.H. at Agra was here today and had a few problems which we thrashed out together. He is having a great deal of trouble with his C.O. who is an Engineer officer and will not back him up. Had a very nice letter from Col. L—— [Editorial deletion]. His outfit has arrived in ——, and are [sic] busy with their new duties. Two applications from 2 of our nurses with the 48th Evac. Hospital to marry two British Officers were received & turned down. No other thing of importance.

May 28. It has been hellishly hot. It has been from 115 to 120° F., and there is a shortage of water to complicate matters. In addition we are having severe dust-storms. Read the findings and recommendations of the I.G. [Inspector General] regarding the case of Maj. Ml——. An enlisted man whom Ml—— has reduced because of inefficiency has made accusations against Ml—— for inhuman treatment of soldiers, and also for drinking while on duty. The I.G. has recommended reprimand and also relief from duty as C.O. of the Station Hosp. —. I don't agree with this. I have recom-

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mended that he be sent home with the Training Cadre that we are sending home. * * *

May 29. Maj. Tomlinson in my office is ill. Requests came to my desk for 3 officers to be sent to reinforce hospital at Kunming. 2 are being sent. Also for an MAC officer to replace Lt. Clark at Kunming. Clark was wounded during a Jap raid on Kunming. Lt. Col. Pitkin sent letter requesting that Capt. Abraham Cohen M.C. (151st Med. Bn. at Ledo) be transferred from there to a fixed hospital because of heart ailment. Orders requested. Col. Lansing (Chief of Staff A.S.F.) is sick in quarters. * * *

May 30. Sunday. * * * The day in the office uneventful. Stayed home in the P.M. and slept. In the evening had a long consultation with Col. Rice, Theater Malariologist. Rice tells me that our malaria ratios are remarkably low for this time of year especially in upper Assam. He contributes [sic] this to the heavy rainfall which has cleared up the streams. Thus far we also have had only very few cases of heat exhaustion.

May 31. The Chief of Staff is back on duty. Maj. Tomlinson still in hospital. Received request from Tenth Air Force surgeon for hospitalization facilities at [undecipherable]. Now we have hospitals being constructed at the following places: Calcutta, Bombay, Tezpur, Jorhat, Panagarh, and Kurmitola. Calcutta is 750 beds, Panagarh 250. The rest are 100 bed affairs. Today Maj. [Robert S.] Crews and Captain [Thomas T.] Kachendoufer [Kochenderfer] 159th S.H. who have been on duty at Ramgarh, were at New Delhi. They were on their way to Karachi. They stated that all of the personnel belonging to the 159th had left Ramgarh. Had a long letter from Lt. Col. [Charles R.] Williams (159th). I had heard rumors of dissention [sic] there, but Col. Williams reassured me. Had also a letter from Col. L—— C.O. Hospital at ——-. He is very optimistic about things there.

June 1. * * * Asked orders for Newton authorizing him to go on trip of inspection of the Karachi, and Calcutta medical supply depots. We are not satisfied with the work of Lt. L—— at Calcutta, and think that it will be better to have [1st Lt. Knud] Olsen⁴⁴ transferred from Karachi to Calcutta. * * *

* * * * *

June 3. * * * Telephone conversation with Karachi. Maj. Gabreski and Lt. Col. Williams on the other end of the line. Gabreski usurping the powers of his [William's] Supply officers. Straightened him up on this matter. * * *

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June 5. Saturday, the usual weekly conference. There wasn't much to discuss and nothing of any importance concerning the Medical Dept. except I recommended that all pet dogs be gotten rid of around headquarters. Too much danger of rabies. There is acute water shortage in Delhi. The hotels shut off the water supply most of the day. I am having the Delhi ice plants investigated to determine whether the ice is safe for usage. Gen. Wheeler arrived in Delhi. He has had quite an extensive trip into China,

⁴⁴ Commander of Medical Detachment 2 (Supply), Section 1, Advance Depot Platoon.

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and looks worn out. I am going to recommend that he take two weeks leave of absence. * * *

June 6. Had argument with Chief of Staff Col. Lansing [(Temporary) permanent rank in regular army is Captain] [Tamraz's brackets] in Brig. Gen. Holcombe's office. I am under the impression that neither of these two gentlemen is particularly fond of the Medical Dept. A sedan has been assigned to the 100th Station Hospital here, and they are claiming that this car is being used too much. This car has to be used to haul nurses back and forth, take dispatches, and also it is used occasionally by myself on official work. It is very tiresome how some persons will try to find fault with little things, and forget the big future [picture?]. * * *

* * * * *

June 8. Another anniversary. Today completes the year of my arrival in New Delhi. Exactly a year ago today I left my office at Karachi, and came to Delhi by air arriving here in the afternoon, and began the organization of the "Headquarters, Med. Dept. S.O.S. C.B.I." Since then my office has been expanded into a very respectable organization, each section having a representative. Now we have numerous hospitals scattered all over India, and we are giving what I consider very efficient service to the U.S. Army and the Chinese Army in India. * * *

June 9. This morning I had two British R.A.M.C. visitors. Later in the morning I called on the new D.M.S. (Director Medical Services) of the Royal Army Med. Corps. * * * To see him I had to first see ½ dozen Brigadiers. It is most unfortunate that promotions are so slow in our Army. The man who has my job in the British Army is a Lt. Gen. We don't even rate a Brigadier General. O Well! Heard via "grape vine" that great changes are impending in the theater including the Theater Surgeon! Can this be true?

* * * * *

June 11. We are having a very quiet period. Luthi (Lt. M.A.C.) who is in charge of our clerical force is ill, and hospitalized. Maj. Ml———'s case came to an end. He commands the —th S.H. and was accused of drinking while on duty. He is to receive an official reprimand, and probably be relieved from his command. * * *

June 12. * * * Sent a letter (following a wire) to Col. Williams, Theater Surgeon, to the effect that I believe Lt. Col. L——— G——— [Editorial deletions] who has recently arrived in this theater be hospitalized and possibly sent home. This medical officer in my opinion is showing signs of progressive mental and physical deterioration. He is now hospitalized. Lt. Luthi from my office is sick and in hospital with "Delhi belly" [diarrhea].

* * * * *

June 14. * * * Lt. Col. L——— G——— has been transferred to the 159th St. Hosp. for further observation & treatment. He is definitely a mental case. Maj. [Sidney] Waud (M.C.) from our hospital at Pandaveswar is here. He is on his way to a two weeks stay in a rest camp.

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June 18. Lt. Col. V.C. Haas, Base Surgeon Base Section #3, Ledo, is here. He has come for a conference. * * * I am very much disturbed about the attitude of the Chief of Staff, and G-2, it seems like every request or recommendation we make pertaining to personnel is being questioned or turned down. The latest one is about the temporary detached service of a Dental officer. Something has to be done about this. * * *

June 19. One of the soldiers in my office Sgt. C—— [Editorial deletion] was hospitalized. He seemed to be under a mental strain of some sort, and going to pieces. Lt. Col. G—— (M.C.) is being transferred from Station Hosp. #100 Delhi, to 159th at Karachi. He is a sick man mentally and physically, and should be sent home. Came to my room and raved for an hour. His main theme is "I have been in the Army 19 years and am still a Lt. Col." * * *

June 20. Sunday. A very quiet day. Spent the entire day in my office catching up with my correspondence. Lt. Col. Kemp has been working very hard for the last few days getting up statistics. He has analyzed [sic] all our S & W [sick and wounded] figures for the past year and has made a comprehensive report showing percentage of admission for various causes, also permanent separations from this theater. It is a very good work, and interesting study.⁴⁵

Two of our nurses with the 48th Evac. Hosp. at Ledo, who have not been here for only about 3 months want to marry two British officers. We are having them transferred to Karachi, and possibly back to the U.S.

June 21. This was one of the worst days I have ever had in my service in India. It seems like the Medical Dept. was kicked from pillar [sic] to post by the G's and the Dep. C.G. First, of all Maj. MI——, after having been officially reprimanded, was relieved of his command, and sent to "Siberia" namely Assam, and on duty with the 20th Gen. Hosp. I consider this a very harsh punishment for one episode of drinking and on the say so of lots of gossip-mongers. Then when I recommended Capt. [Sidney W.] Scorse of the 100th Hosp to be the next C.O. of the 100th this was flatly turned down, and Lt. Col. Kemp of my office was assigned as C.O. Sooner or later there has to come a show down. If I am the S.O.S. Surgeon I must have some say in the internal administration of the Med. Dept.

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*June 29.*⁴⁶ Our plans this A.M. are to take a trip up the new road the Engineers are building into Burma. Left Ledo Headquarters at 8:30 a.m. and drove on the new Ledo Road to Burma. It rained. After traveling 26 miles, we came to the Namchik River. The temporary bridge is washed out, so we had to cross the new temporary bridge on foot because the approaches to it

⁴⁵ Four days earlier, Tamraz had noted the failure of his effort to have Colonel Kemp transferred from his office to that of the Theater Surgeon.

⁴⁶ Brig. Gen. Hugh J. Morgan, MC, from the Office of The Surgeon General, Washington, D.C., arrived on 22 June to inspect medical operations in C.B.I. Colonel Tamraz accompanied him on his visits to hospitals in New Delhi, Agra, Gaya, Chabua, and the Ledo area. Only in one instance was there any cause of displeasure: the commander of one of the medical units was "very much disgruntled," and "gave every evidence of having been drinking. His outfit showed lack of proper training." The account of the inspection trip is resumed here.

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on either side are impassable because of the mud.⁴⁷ They are working on the roads. We walked across the bridge and on the other side took another car (Peep) and drove on to the 32-mile mark where the Clearing Company of the 151st Med. Bn. has established a 150-bed hospital. This hospital is doing for all intents and purposes a Station Hospital work. They are taking care of approximately 100 patients. Because of road difficulties, it will be a good idea to establish a larger hospital here and not to evacuate so many patients back to Ledo and Margherita. After going over this hospital thoroughly, we traveled on as far as we could in the Peep which was the 32-mile mark.⁴⁸ This was Hellgate. Here we changed into a Jeep and went on. At Hellgate the Q.M. Advanced Depot is located. Here we also have an advanced Medical Supply Depot where we keep 10 days supplies. At the 40-mile mark we have a first-aid station.⁴⁹ Here, even the Jeep got bogged so we walked a few hundred feet to the first-aid station. General [Hugh] Morgan is very enthusiastic and saw and questioned many of the Medical Officers. We returned to Ledo at about 7:00 p.m.

This is the day of my wedding anniversary—the 21st.

* * * * *

*July 19.*⁵⁰ Returned to my office, and to a large amount of mail. * * * Today I called on Gen. Holcomb[e], and gave him a resume of my trip.

July 20. Gen. Wheeler is here. Had long conference with him. He is an extremely understanding person, and seems to be sympathetic towards Medical Dept. activities. I asked him whether or not the work of the Medical Dept. since its inception here about 16 months ago had proven satisfactory in his estimation. His answer was an emphatic, "Yes." He also told me that my work as Surgeon S.O.S. had been highly satisfactory. I felt very good about it especially since the poor backing I have been getting from the Deputy C.G. The day was spent in answering many official and non-official letters also in preparing my report regarding my recent trip. Lt. Col. L——— G———, M.C. who was sent to the 181st G.H.⁵¹ at Karachi and who was sent back to duty once more was once more sent back to Karachi, this time with instructions to be evacuated to the U.S.

July 21. Lt. Col. Ralph V. Plew, M.C. came to the office. He is on his way to China to report to Col. Williams for duty. Looks like the Theater Surgeon is getting a large number of officers in his office.⁵² Lt. Col. Kemp's case was re-opened. This Medical officer was in my office and was superfluous. I recommended his transfer to the rear echelon [of Theater Headquarters]. This was disapproved by the Deputy C.G. Gen. Wheeler heard

⁴⁷ See *Chinese Liaison Detail*, p. 95, for the opening of the permanent bridge.

⁴⁸ Tamraz's geographical memory is shaky. The 151st Medical Battalion hospital was at Namgoi, about halfway between the Namchik River crossing and Hellgate.

⁴⁹ A detachment of the 151st Medical Battalion.

⁵⁰ After touring Ledo, Tamraz inspected nearby medical installations while General Morgan went to China. On his return, the inspection trip continued with visits to Ramgarh and Calcutta. All seemed to be going well, as far as Tamraz could see.

⁵¹ The new designation of the enlarged and reorganized 159th Station Hospital.

⁵² Contrariwise, Colonel Williams felt desperately short-handed. Actually, both centers of medical administration were understrength until they were consolidated in the latter part of 1944. Thereafter, the S.O.S. Surgeon served as the Deputy Theater Surgeon.

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about it and revised Gen. Holcombe's (Dept. C.G.) decision in my favor. Was advised that Lt. Col. B—— M.C. who arrived in this theater as C.O. of Field Hospital #— [Editorial deletion] (destined for use in China) was being transferred to the S.O.S. because he was not temperamentally suited for duty with the Chinese. Investigation showed that this officer is a heavy drinker incompetent to command any unit, 59 years old who actually looks much older and is senile. So I disapproved it.⁵³

* * * * *

July 23. The day is scorching hot. Have developed a diarrhea. Not feeling too fit. Col. [H. B.] Porter (Surgeon 10th A.F.) dropped [sic] in and showed me new medical plan of that organization. Amongst other things he is receiving one Medical Squadron air-borne.⁵⁴

July 24. Still have a little diarrhea, and am not too comfortable. Maj. Tomlinson, U.S.P.H.S. my assistant was promoted to Lt. Col. a couple of days ago. He well deserves it, and is a great help to me in the office. He has an excellent grasp over the medical situation. Wrote a letter to Col. J. R. Hudnall M.C. Chief Personnel Division Office of The Surgeon General and complained of the quality of the M.C. and M.A.C. officers that we have been receiving at this theater. Only routine matters. We are well caught up with our work in the office.

* * * * *

July 28. Today I am having some pictures taken of myself to go into this diary. Gen. Wheeler left Delhi, and is headed for Base Section #3. Today I am expecting Maj. R—— from —— [Editorial deletions]. He is coming to assume command of the 100th Station Hospital. Maj. R—— reported at 6 p.m., and officially took over the 100th S.H. Today I had a long talk with Deputy C. G. Gen. Holcombe—again, as usual, it was in regard to personnel. I recommend one thing and G-1 disapproved it—hence the fight.

July 29. Today I gave up a room in the [Imperial] Hotel that I had occupied for nearly a year, Room 233, and moved into room 105. The hotel is so darned crowded that my former room, which is a large one is to be used for putting several officers in it, whereas the room I now have I can keep without having a room mate. Maj. R—— took active charge of the hospital, relieving Lt. Col. Kemp, who in turn has been assigned to the Rear Echelon. * * *

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July 31. The last day of July. The regular Saturday morning pow-wow with nothing much said. Yesterday I had a bomb shell thrown in my lap. Col. L—— M.C. C.O. of the — Hosp. at —— [Editorial deletions]

⁵³ The 400-bed field hospital was a mobile unit designed to work behind divisional areas—that is, in relatively close support of troops in combat. Once again, the shifting from post to post of unsatisfactory officers had become a game.

⁵⁴ The 821st Medical Air Evacuation Squadron, which served with distinction in support of the North Burma campaign, where the evacuation by air of Chinese and American battle casualties was a vital factor in successful medical service.

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wrote me that he had asked for an Inspector General because the C.G. at that post had instituted investigations regarding L——'s relations with one of his nurses. The regular —— [Editorial deletion of place name] jinks.

Aug. 1. Another month starts. Going rather fast. We learned that a freighter carrying 67 tons of anti-malaria supplies for us was sunk in Mozambique channel. This is the 2nd ship that we have lost which were [sic] carrying large quantities of anti-malaria supplies. This is going to make our anti-malaria campaign very difficult, since our supplies on hand are limited. The supplies will be automatically replaced by the port of embarkation, but I fear that they will arrive too late for this years anti-malaria campaign. Had a letter of Lt. Col. Haas in regard to Lt. Col. B—— the C.O. of the —— [Editorial deletions] Field Hospital. This officer evidently is not much good, so we shall have to get rid of him somehow.

Aug. 2. Received word that a Jap raider in Atlantic Ocean was the ship that sank the freighter mentioned above. I hope we soon get this raider. We also received word that sometime this month 22,000 troops of all kinds are expected to arrive in India. This will bring our numbers in this theater to nearly 60,000. I still don't know what medical troops are arriving.⁵⁵ Wrote a letter of complaint to Commanding General that too many of our medical troops are being used for other purposes than that for which they have been trained. Also too many of them are being wooed away from us by promises of promotion. Started the Monday with my desk absolutely clean. Am intending to take a trip to Karachi very soon. Col. [Francis H.] Griswold the Theater Inspector General advised in regard to his inspection pertaining to Col. L—— (M.C.) behavior at —— . It seems like L—— has not been very careful in his associations with one of the nurses.

Aug. 3. Gen. Stilwell had sent message to me to have Col. L—— transferred from —— to some other post some other post [sic] so I am going to have him transferred to command the — St. Hosp. at —— . The nurse will be sent to Karachi and thence home. Looks to me like the Med. Dept. is having a hell of a time. We are also going to try two nurses who got married without permission, and were in addition A.W.O.L. for some 30 days. There is a question, however, of whether or not Gen. Wheeler had right to deny them permission to get married.⁵⁶ Wrote letter to [Brigadier] Gen. [John A.] Warden at Calcutta telling him of L——'s (Col.) transfer to command the —— S.H.

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Aug. 6. It has turned definitely cooler and much more agreeable. We are having occasional rains. As I was looking around the dining room today I could see all kinds of rank. There are now Brig. Generals heading almost every branch except the Medical Dept. The Medical Dept. certainly is dis-

⁵⁵ This complaint was only relatively appropriate. His office had been informed some time previously of the forthcoming hospital troops en route or scheduled for arrival during the remainder of the year. Precise and final information was perhaps lacking.

⁵⁶ See p. 158.

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criminated against here. Any recommendations for promotions are being held up unnecessarily or rejected outright. Maj. [General George E.] Stratemeyer (A.C.) has just arrived in this theater. There are rumors floating of impending major changes amongst the key position holders in A.C. here. Rumors further say that Bissell is scheduled to go. Maj. R—— made a report of certain narcotic shortages in 100th S.H. This is being investigated.

Aug. 7. * * * This morning while in the Station Hosp. I met a Col. W—— who as Engineer had a great deal to do with building of the Alaskan Highway. He was sent here to help in building the Ledo Road to Burma. He has immediately on his arrival in Ledo run afoul of Col. John Arrowsmith (now Brig. General). He as well as any number of officers consider Arrowsmith a joke, and the road he is building an obvious failure. Some months ago when I made my trip of reconnaissance I made a statement that during the monsoon only maintenance be considered, and that all the coolie labor (a potential malaria carrier group) be moved from there.⁵⁷ But my recommendations were ignored. I was practically told to mind my own business—that what does a medico know about engineering. Well we are paying for it now with our malaria rates, and, what is more, the road is not progressing worth a damn.

Aug. 8. * * * Had another argument this morning with Gen. Holcombe. This is getting to be a habit. I know darned well he doesn't like the Med. Dept. in general and myself in particular. This time it was in regard to medical reports demanded by the Rear echelon. I am going to be damned glad to leave this theater.

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Aug. 10–Aug. 19 Inclusive. During this period I made a trip of inspection to Karachi.⁵⁸ * * * During my absence from headquarters nothing of extreme importance had taken place except that the 14th Evacuation Hospital destined for duty at Base Section #3 (Ledo) arrived from the United States. Also during my absence Lt. Col. B—— ex-C.O. of — Field Hospital had reported and was sent for duty at Calcutta. He is a big, fat senile no account from all reports.

* * * * *

Aug. 26. The weather has turned cool and is quite wet. Has been raining for two or 3 days. Gen. Holcombe returned yesterday and is now in command. My desk is clean. Newton leaving today on trip of inspection of medical supplies he will be gone for 10 days to 2 weeks. Tremendous

⁵⁷ See p. 143.

⁵⁸ Tamraz inserted a copy of his report on the inspection tour. He praised the work of the 181st General Hospital; reported that several enlisted men had been heavily punished for stealing supplies from the medical depot; and deplored the pregnancies of two nurses being held as patients in the 181st General Hospital pending return to the United States. After visiting the officer wards of the hospital, he wrote: "It strikes me as peculiar that from 15% to 20% of the patients in this hospital are officers. I am convinced that a great majority of these officers are not really ill but are suffering from neurosis of one type or another brought on mostly from nostalgia, and since they are officers it is almost impossible for a medical officer to refuse them hospital admission once they go on sick call. Lt. Colonel Williams and I discussed this matter very thoroughly and as a result probably more drastic steps will be taken in the future."

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changes are in the makings in this theater.⁵⁹ Lord Louis Mountbatten [sic] has been named Supreme Commander Operations in India & Burma. What is going to happen to Gen. Stilwell. Is he going to stay in China? Is he going to have anything [to do] with this theater? Then again Gen. Arrowsmith is here, with a large amount of baggage. Is he through at Base 3? What is going to happen to the Ledo Road? Had a letter from Col. Williams Theater Surgeon he asked news regarding several officers. I wrote him a long letter in answer.

Aug. 27. News continue good from all theaters. The air is somewhat chilly. It has been raining. Our malaria rates for the whole theater are about 2%. This is quite satisfactory. Our anti-malaria campaign is bringing moderately good results. I am going to request a 15 day vacation. Request was granted and I am to leave on or about Sept. 15th for Bombay, Bangalore & Calcutta. There was a great deal of discussion today regarding the issue of opium to porters (Chinese & Indian Hillmen) working on the new Ledo road. It appears that we are supplying 55 lbs. of opium each month and the Medical Dept. has been getting these from the British. So far we have been giving them medicinal opium. The British maintain that we should give them crude opium, not yet settled.

* * * * *

Aug. 29. * * * One of my hospitals (112th at Calcutta) reported its first case of cholera. This was in a merchant seaman. Condition critical. Capt. Ed. Schwartz is being ordered from the 151st Med. Bn. to duty in my office. This officer is a Medical officer who served with me three years ago at Ft. Warren Wyoming. Today I wrote a letter to all the C.O.s of my various hospitals calling their attention to the fact that all too many of our nurses are becoming pregnant and have to be sent home in disgrace. One small hospital in the last month has reported 3 cases of pregnancies. Spent the afternoon—or part of it playing game of Golf, my first in months. Naturally my game was not luke warm much less being hot.

* * * * *

Aug. 31. Last day of the month. Answered two letters received from Leedham (Col.) and Maj. Bickel. Leedham is commanding the 112th at Calcutta. He states that his surgical service is weak; so I am transferring Maj. [Eric P.] Stone now at Ledo (48th Evac. Hos.)⁶⁰ to Calcutta. He also had a few other requests. States that his hospital is being constructed pretty rapidly. In this connection there is a 1,000 bed Gen. Hosp. scheduled to leave

⁵⁹ Tamraz's notes and questions reflect dimly the major decisions of May-July 1943, made by the chiefs of state and their military staffs. To emphasize air operations in China, General Stratemeyer was shifted from General Arnold's staff to the new position of Commanding General, Army Air Forces, India-Burma Sector; Brig. Gen. Howard C. Davidson took the place of Brig. Gen. Clayton L. Bissell at the head of the Tenth Air Force; Bissell moved into A-2 and then G-2, in the office of the Chief of Staff, Washington, D.C. To coordinate the Allied offensives against Burma, Southeast Asia Command, commanded by Lord Louis Mountbatten (General Stilwell, Deputy Commander), was superimposed upon other existing combat commands in the area. Generals Stilwell and Chennault continued in their senior positions. Lt. Gen. Lewis A. Pick replaced Arrowsmith in Base Section 3.

⁶⁰ Major Stone was in command of the 48th Evacuation Hospital, so this was the unit's second loss of leadership while it was without any regular assignment and its staff was scattered.

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U.S. on or about Jan. the 1st. It is earmarked for this theater. I think the logical place for that hospital will be Calcutta. Since in any amphibious operations against Burma all our casualties will be evacuated to Calcutta, we should have large medical installations there. Maj. Bickel letter was disturbing. In the last month 3 of his nurses have become pregnant & have to be sent home, his surgeon is being sent home, because of asthma, & another one of his medical officers has chronic mastoiditis.

Sept. 1. The first day of September. The months are going rapidly. Last night Major R—— & Miss [Hazel B.] Dean (C.O. and chief nurse 100th S.H. Delhi respectively) and I drove over to Old Delhi and looked over the place where we intend to hold the Medical Dept. Picnic. This is going to take place on next Sunday afternoon. * * *

Sept. 2. Rained all night and still raining. We are having the monsoon in all of its fury. Gen Holcombe is ill and in the hospital. Malaria is suspected altho no plasmodia are found so far. From all reports inflation has hit the U.S. hard. Prices are terrific. Freda writes me that it is almost impossible to obtain food. Received word from Karachi that Lt. Col. [Rolland B.] Sigafos (M.C.) will not be able to return to duty.⁶¹ Also Maj. [Charles W.] Finney assistant Theater Malariologist is sick in the hospital and probably will not be able to return to duty. * * *

Sept. 3. The air around the headquarters is charged with electricity. There are rumors and counter rumors. Some of them involve the high command here. Lord Louis Montbatten has arrived in England. His next stop is going to be here, to take charge of East Asia Command, and may be this means Stilwell is destined to go. Gen. Holcombe is still in hospital.

Had a long visit with Brig. Gen. Arrowsmith. It has rained steadily now for 3 days. Capt. Ed. Schwartz formerly 151st Med. Bn. Base #3 reported at my office, and is to be connected with medical supplies division. Capt. Schwartz was stationed at Ft. Warren Wyo. same time I was in 1940. He is a very splendid young Regular Army Medical officer, and will be, I am sure, of much help to the Med. Dept. this theater!

Sept. 4. The usual Saturday morning staff meeting. The question of morale was discussed. It is my personal opinion that morale in this theater is very low, particularly amongst officers. I noticed this in my last trip of inspection to some of our hospitals.⁶² A deplorably large proportion of hospital beds are being occupied by officers, and mostly for little or no reason. Can it be due to inactivity? This theater has had to mark time while other theaters are doing the fighting. * * *

Sept. 5. * * * Today we are having our Medical Department picnic in Old Delhi. Rained like blazes last night. We had our picnic in Old Delhi. It started at 3 p.m. and lasted until 8 p.m. All the nurses and doctors from the 100th S.H. as well as the officer personnel from my office were present. We have [sic] a very enjoyable time.

⁶¹ Colonel Sigafos was one of the Theater Surgeon's most trusted subordinates. He had been placed at Ramgarh to train Chinese battalion and regimental medical detachments. He was seriously ill by this time, and returned to the United States as a patient.

⁶² See n. 58, p. 165.

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Sept. 6. * * * Gen. Wheeler is here. There are evidently great things in the making. I was asked to be present at a meeting of all heads of departments tomorrow morning at 9:00.

Sept. 7. A very lovely cool morning. Today we have an important meeting scheduled for 9:00 A.M. The meeting took place as scheduled and was presided over by Gen. Wheeler. We were told of the plans for construction of pipe lines for Gasoline & oil to Kunming. * * * Gen. Wheeler advises me that Maj. Marshall would very much like to return to the S.O.S. here, so I am asking for him, and see if Col. Williams will let him leave from Kunming.⁶³ If this works I shall place him in charge of office Surgeon Base Section #2 to replace Lt. Col. W—— [Editorial deletion] who is a wash out.⁶⁴

Sept. 3 [8]. * * * Admitted Gen. Arrowsmith to hospital for further examination * * * for purpose of promotion in permanent rank in Regular Army. * * *

Sept. 9. * * * Gen. Holcombe left on a trip. Gen. Wheeler is still here. Heard word that Maj. L—— in Karachi is drinking heavily, and is also involved in shady dealings. At last moment Gen. Holcombe postponed trip. He is not well. Besides he has developed an idiosyncrasy to quinine. I am seriously thinking of recommending his return home.

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Sept. 11. * * * Army Service Command Air Force is trying its damnest to establish a parallel Medical Supply Depot system in this theater to compete so to speak with us. I am opposing, and fighting it. * * *

Sept. 12. Today I have developed the "snuffles." I am now waiting for a telephone call from Karachi. The General wants me to recommend Col. Thomas Rees (C.O. Base #1) return to the U.S. for physical reasons. Evidently Col. Rees is not doing so well. I am also recommending the return of Brig. Gen. Holcombe for physical reasons. He has had severe attacks of malaria, and I am afraid further stay here will severely jeopardize his phys. health. Talked to Karachi. Col. Williams is ill. Maj. Crews is acting.

Sept. 13. Gen. Wheeler came to my office and stated that Gen. Holcombe is going to talk me out of going back home. My answer is going to be no. He has had several attacks of malaria, and his health is generally run down. So he has got to go back. * * *

Sept. 14. * * * There are a great many officers being returned home for one reason or another. Lt. Col. H——, who was with me at Wake Island on that memorable day on Dec 7th was in my office and thinks that he is scheduled to go.⁶⁵ * * *

Sept. 15. Today I leave on my much needed vacation and will be gone for 15 days. * * *

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⁶³ Marshall had been one of Tamraz's first assistants in 1942. While Tamraz was away on an inspection trip, Marshall had been unexpectedly transferred to Kunming.

⁶⁴ See n. 35, p. 153. W—— had been a perennial problem.

⁶⁵ See p. 147.

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Oct. 3rd. Returned to Delhi today after having spent 19 days in Bangalore, Madras, and Calcutta.⁶⁶ * * *

Oct. 4. Still up to my neck in clearing up my desk and catching up with my correspondence. This is the bad part of traveling, when one returns from a trip it takes days to catch up with the work. Heard news of one of our nurses Miss [Edna A.] Stark 99th Station Hospital had developed acute poliomyelitis. Also Maj. Hoskins same Hospital has Colles' Fracture. Capt. [Edgar D.] Riley 95th S.H. has what is diagnosed as Brain tumor, and finally, Lt. Col. [William A.] Mahoney C.O. 48th Evac. Hosp. has gastric ulcer and wants to go home. I am certainly being hard hit. * * *

Oct. 8. Gen. [Brehon B.] Somerville [Somervell] with all his entourage arrived here.⁶⁷ Amongst others is Col. [Robert] Bob Case one of my closest friends. He is one of Gen. Somerville's supply boys. He spent about 2 hours with me, and I told him all about our supply problems. Great news are coming from the Russian front. The Russians have started another tremendous drive and have crossed the Dnieper River. O God Almighty is it possible that this bloody war may be over soon? Made a momentous decision today. Have decided to limit Major Newton's duties to that of Chief of Dental Division and take supplies away from him. Have also decided to ask for a Supply officer of wide experience from USA.

Oct. 9. Revolutionary changes in our SOS organization are in the offing. Evidently we are going to lose Gen. Wheeler—a great deal of talking.

Oct. 10. Spent the entire day—Sunday—in submitting our requirements to Col. Bob Case. We are handing over to him certain of our wants, and also the fact that some items that we have asked for do not arrive. There are tremendous changes taking place. Gen. Wheeler has been relieved as Boss of SOS. Evidently Rear Echelon [of Theater Headquarters] is going to be a thing of the past. We are on anxious seats. Lord Louis Mountbatten is not allowing any grass to grow under his feet. He is a hurry-up Commander. We hope.

Oct. 11. Had a long conference with Gen. Wheeler. He confirmed the rumors regarding his relinquishing command of the S.O.S. He is going to be on the Lord Louis Mountbatten's staff in some very important position. I can't make out what it is yet. There is another situation yet to be considered with all these impending changes where do Col. Williams and I fit in. He is the theater surgeon. I am the surgeon S.O.S. Obviously one of us will have to go. Gen. Wheeler was very encouraging as far as this problem is concerned. I even talked to him regarding elevation of the rank of the Surgeon SOS. to Brig. Gen. He told me to sit tight and something was going to happen.

* * * * *

⁶⁶ While in Calcutta, Tamraz carried out his customary inspection of hospitals and medical supply depots. Upon his return, he found that his staff had coped with sudden demands for new plans—expanded hospitalization needs in both Calcutta and New Delhi; shifts of hospitals from site to site; and, most of all, the anticipated rapid increase both in troop strength and the activity of C.B.I.

⁶⁷ For several days, high ranking officers such as Somervell, Mountbatten, Lt. Gen. Albert C. Wedemeyer, and others had been passing through and exciting Tamraz's comments.

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Oct. 17. Heard news that Brig. Gen. [George F.] Lull⁶⁸ has been promoted to Major General a few other medical officers have been promoted to Major Gen. Evidently the Surgeon General will get three stars. I still wonder what is going to take place in this theater as far as promotions are concerned. * * *

Oct. 18. * * * The following 4 med. officers were promoted to Major General, Lull, [Albert W.] Kenner, [Shelly U.] Marietta, and [David N. W.] Grant. Looks like the stay at homes are getting all the breaks. Heard also the the [sic] Medical Supply Officer I asked for from home has second priority and should be here very shortly. Received a letter from Major Bickel. His 95th S.H. is on its way to Kunming. The 111th S.H. is well established and doing business at Chabua.⁶⁹ Also received a letter from Col. Cooley C.O. 20th G.H.

Oct. 19. Rec'd a letter from Lt. Col. H——. He is under investigation and charges are being preferred against him for drunkenness. He wants me to intercede for him. I don't know what I can do for him. He has been in hot water continually since his coming to the theater.⁷⁰ All rumors of impending changes have died down. Col. Porter Surgeon 10th A.F. returned home.⁷¹ Officers come and go, but it appears as if I am a fixture. Gen. [Leon] Fox is still here.⁷² Col. Bob Case returned so have all the big shots.

Oct. 20. Today we attended the ceremony of taking of office of Field Marshal Viscount [Sir Archibald] Wavell as Viceroy of India. This took place in the Viceroy's palace. Lt. Col. V. H. Haas U.S.P.H.S. who has been in this theater for two years, and the S.O.S over one year is here. He is on his way back to the United States. He has done exceptionally fine work, and deserves returning home. There are steps being taken to return all of the U.S.P.H.S. officers home, except Lt. Col. Tomlinson who is my executive officer. * * *

Oct 21. * * * We are still in a quandry [sic] as to what changes are going to take place in the SOS. now that Gen. Wheeler is going to leave us. Had talk with Gen. Wheeler. He told me that he may take me along as his surgeon on Lord Louis Montbatten's staff.

Oct. 22. * * * I am in a quandry [sic] whether to go with Gen. Wheeler, as his Surgeon. His new job is Deputy Commander for Administration on Lord Louis Montbatten's staff—or to stay in my present job of Surgeon SOS. Before accepting the job, I am going to have a talk with him. * * *

Oct. 23. * * * Received a letter from the Office of The Surgeon General suggesting that Col. C. V. Morgan be asked for by name for service in this theater as Chief of Medical Supplies.

Oct. 24. * * * Sent Radiogram requesting the services of Col. C. V. Morgan Office of SGO for services this theater. Had a lengthy argument

⁶⁸ The Deputy Surgeon General, U.S. Army.

⁶⁹ The 111th had been moved from Calcutta to Chabua, and the 95th from Chabua to Kunming during Tamraz's vacation in September.

⁷⁰ See pp. 147, 168.

⁷¹ Replaced by Col. Clyde L. Brothers, MC.

⁷² From the Office of The Surgeon General, on an inspection tour.

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with General Holcombe regarding above matter. He seems to think that the rank of Colonel is too high for chief of medical supplies for this theater. Convinced him of the falacy [sic] of that reasoning.

Oct. 25. In very bad humor this morning. Had a transient roommate who snored all night long, and I did not rest for 10 minutes. Had a letter from Col. [Donald] Flickinger Surgeon A.T.C. [Air Transport Command] that Major H—— CO —th Station Hospital is under investigation. * * * H—— is one of my best Medical Officers. * * *

Oct. 26. Rumors, gossips. One does not know what to believe. If we believe everything we here [sic] all of us will be replaced here before very long. A Major Gen. is coming to replace Gen. Wheeler. I was definitely [sic] told that I am going to be on Gen. Wheeler's Staff on South Command of Lord Louis Montbatten. * * *

Oct. 27. * * * Received letters from Surgeon General's Office that Col. C. V. Morgan who was to come here as Supply Officer is not available.

Oct. 28. * * * Definitely [sic] chilly weather. My desk is singularly clear this morning. A large number of promotions were announced in the S.O.S. Amongst others are three Major to Lt. Col. in the 181st Gen. Hosp. There were a great many in the headquarters at Delhi. Lt. Col. Williams (CO 181st) promotion has not yet come thru. Maj. H—— (CO. —th S.H. ———) still here, and we had a long discussion. I have recommended his return home, because there is no opportunity of promoting him here. He is an outstanding Medical Officer, and well deserving of a promotion. There is still nothing concrete about the developments. I am still awaiting to see what Gen. Wheeler's decision will be in my case. I hear that I am to accompany him on his staff with South Asia Command. * * *

* * * * *

Oct. 30. * * * In the evening I received my first batch of papers regarding the East Asia Command work. Brigadier Fulton RAMC called on me and wanted to know what arrangements I had made about the hospitalization facilities of 3000 American ground forces that were to join the Wingate Expedition into Burma. I had not heard about it before so naturally knew nothing about it.⁷³

Oct. 31. Last of month. I was officially told by Gen. Wheeler that I am his medical officer on the East Asia Command business so effective today I am no longer Surgeon SOS. I suppose for a while I shall keep on in dual capacity until my successor is named. He will probably come here from the USA. A very beautiful Sunday morning. * * *

Nov. 1. * * * I am still carrying on in my S.O.S. office, and have not yet been to my new office in S.E.A.C. (South East Asia Command). I wonder if I shall have time to make one final inspection tour of my hospital[s] before I take up my new duties with the S.E.A.C.

⁷³ The 5307th Composite Unit (Provisional), soon known as "Merrill's Marauders," was to debark at Bombay on 1 November. Originally intended to serve as part of the Long Range Penetration Group under Brigadier Orde Wingate, the Marauders were ultimately put directly under General Stilwell for use as the spearhead of the Chinese offensive in North Burma.

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Nov. 2. I spoke with Gen. Holcombe regarding my proposed trip of inspection. He is going to take the the [sic] matter up with Gen. Wheeler. I do not wish to go if there is any fear of losing my job in the meantime with S.E.A.C. I have recommended Col. L—— as my successor for the job of Surgeon SOS and recommended further that Lt. Col. [Carl A.] Jacobs of the 181st Gen. as C.O. of the —th Station Hospital to succeed Col. L——. These recommendations have not yet been acted upon. I was told that my recommendation about sending H—— back to the U.S. was not favorably considered. * * *

Nov. 3. Obtained Gen. Wheeler's permission to make a trip of inspection leaving here the 8th of November. My new job as Surgeon for Gen. Wheeler's staff of S.E.A.C. will not yet start for probably a month or more, so I might as well make this trip, and make my final report. Shall be gone for probably three weeks. Heard news that Rear Echelon [Theater Headquarters] is objecting strongly to my being transferred to the S.E.A.C. of Lord Montbatten. A radiogram has gone to Chungking for final decision.

Nov. 4. * * * No new "dope" regarding my assignment. * * * Lt. Col. Rice our theater malariologist is to be separated from the CBI and assigned to the S.E.A.C. He is first going back to the USA for a short visit.

Nov. 5. My desk is clear. The work is just routine now. Heard news that the Dental Service now also has a Major General as its chief. He is General [Robert H.] Mills. Also heard that Bob [Robert] Craven (Col. D.C.) wants to come to this theater. Evidently he wants to be a Brigadier Gen. too. He is coming to the wrong theater if he has any promotion ideas. Thanks to the Theater Commander (Gen. Stilwell) who evidently does not like the Medical Dept. there will never be any General officers in this theater. Every branch of service exclusive of Chemical Warfare and Medical Dept. has a General Officer in charge in the theater. The Medical Dept. is definitely in the "dog house." * * *

Nov. 6. Received news that I am definitely transferred to the S.E.A.C. of Lord Montbatten. My place is to be taken as Surgeon SOS. by Col. Cooley the C.O. of 20th G.H. * * *

Nov. 7. Sunday. Conference with Gen. Wheeler. Three letters from Col. Williams today. Everyone seems to think that my transfer to South East Asia Command of Lord Louis Montbatten means promotion, but I got my fingers crossed. Won't believe it until it is a fact. * * *

Nov. 8. New week began. Felt feverish and nauseated, and have discomfort of the stomach. Last night invited to dinner could not enjoy dinner because of threat of vomiting. Maj. Marshall finally arrived, and is on duty in my office. I have decided if possible to take along with me to the S.E.A.C. Lt. Col. Tomlinson, Maj. Marshall and Lt. Luthi, and [as?] my assistants. As the day progressed I began to feel better. Nothing new regarding my new job.

Nov. 9. * * * Received word that T/O [Table of Organization] for my new job on Gen. Wheeler's staff on S.E.A.C. calls for B.G. Sounds too good to be true. I am feeling ever so much better today. I hope I keep improving. Received several letters from home during the last few days.

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Nov. 10. This morning I reported for duty at S.E.A.C. Headquarters. It takes a great deal of effort to get into those Headquarters. 1st a second Lt. then the Capt. of the WACS then finally a Major A.G.D. I had to answer a great many questions. Finally went to Rear Echelon and signed in. Gen. Wheeler told me to stay where I am in my office and keep my office until my successor (Col. Cooley) arrives. Had my picture taken for identification. Has been a very uneventful day.

Nov. 11. * * * I spent a short time in my new office at the S.E.A.C. I looked over the T/O. Received a radio in afternoon recommending that Col. L—— be relieved from duty as CO. —th St. H. and be Theater Med. Inspector. This was another one of Theater Surgeons interference acts. I kicked like hell about it—and said L—— was not available.

* * * * *

Nov. 13. * * * The new C.G. S.O.S. [Major] Gen. [William E. R.] Covell arrived today—and soon after his arrival called in each office and met the officers. I was told that I was to move today or tomorrow into new quarters set aside for officers (colonels & up) on S.E.A.C. * * *

Nov. 14. * * * In the afternoon the new Surgeon S.O.S. Col. Cooley arrived and reported for duty. Spent the afternoon showing him around.

* * * * *

Nov. 16. The personnel of 100th S.H. gave a farewell party for me. * * *

Nov. 17. Made all arrangements to move with S.E.A.C. when “bingo” I received word that my services are not needed with that organization. It seems that they want a malaria expert. Further it appears that it was already planned in Quebec to give Lord Montbatten a committee of 4 experts, 3 British and one American. So we are assigning our Malariologist Col. Rice to that work and now I am back with SOS. As a matter of fact I have no job since Col. Cooley is already here to relieve me. We are sending a radio to Chungking requesting that Col. Cooley be returned to the 20th G.H. and that I resume my job as Surgeon SOS.⁷⁴

III. 19 NOVEMBER 1943–27 MAY 1944

The last 6 months that Tamraz spent in India were the bitterest of the war years. They began with the Chinese advance into North Burma; went on to the desperate Japanese attempt to destroy the Fourteenth Army; and culminated in the disastrous march of Merrill's Marauders to Myitkyina. Less dramatic events, however, more fre-

⁷⁴No information in the files of the Surgeon's headquarters casts any additional light on this episode. It appears to have occurred about as Tamraz tells it in the entry of 17 November. Why the plan had not been known earlier to General Wheeler or, if it was, why the effort was made to put Tamraz into the S.E.A.C. position when his qualifications were manifestly different from those desired—these questions are not answered by any available documents. Correspondence of Colonel Williams, the Theater Surgeon, indicates that he, too, was not party to the negotiations. The reshuffling of high-ranking officers which had begun and which then had to be undone caused him to write the Surgeon General about his personnel problems.

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quently drew Tamraz's attention. The epidemic of bad colds in New Delhi received as much attention in the *Diary* as the outbreak of scrub typhus in North Burma. He still worried over the difficulties into which some of his subordinates got themselves, yet his steadfast regard for senior Regular Army medical officers never flagged. He was pleased to attend the movie star, Paulette Goddard, when she was ill, and furious when a hospital commander sent through an uncomplimentary annual report.

His conventionalized entries failed to reveal the existence of two serious emergencies. The first occurred in the medical supply system supporting the Chinese. A cumbersome administrative and fiscal system (for the establishment of which Tamraz had had no responsibility) broke down when the Chinese divisions went into combat. Warning reports from the field had little effect. When the supply officers from Ledo came frantically to Tamraz's office, he was away on an inspection trip. Even after he returned and conferred repeatedly with Colonel Williams, the Theater Surgeon, he remained imperturbable. When General Stilwell himself brusquely intervened, after discovering that the combat medical supply depots were almost depleted, Tamraz was outraged. Even more peculiar is his apparent unawareness that his entire medical supply program was deteriorating rapidly. To be sure, he had obtained a new supply officer from the United States who, soon after his arrival in December, began to overhaul the medical supply system. But of this Tamraz makes no note.

Hospitalization was the other problem which was approaching emergency proportions. Throughout these months, Theater Headquarters debated with the War Department about a formula for calculating hospital needs. The Theater won, but not until February 1944. By then, troop strength and sick and wounded rates were increasing much more swiftly than hospital capacities. About the time Tamraz was ready to leave the Theater, the situation was critical—most of all in the hospitals behind the combat zone.

At this point, the Theater Surgeon took a hand. Shortly after Tamraz left for home, a curious administrative blunder was discovered. For months, official reports from the Theater failed to show the amount of hospitalization furnished Chinese troops. Since the Chinese were patients in S.O.S. hospitals, Theater Headquarters supposed that they were included in S.O.S. medical statistics. Tamraz's office, on the other hand, considered the Chinese to be a "Theater" responsibility and left them out of their regular sick and wounded reports! Consequently, urgent pleas that the War Department hurry up the shipment of new hospitals looked ridiculous. Since the rate of hospital occupancy among American troops tended to run below expectations, and since Chinese bed patients were "invisible" in statistical reports, it looked as if CBI were crying wolf. When Washington sharply pointed out the discrepancy between the statistical reports and the frantic cries for help, the blunder was finally discovered.

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No rational explanation has yet appeared for the administrative slip-up. In a letter to the editor, Colonel Williams could only point out the plausibility of supposing S.O.S. was properly accounting for bed occupancy in its hospital units, and his inability to spend much time on administrative matters. The most obvious point is the failure of simple communication between S.O.S. and Rear Echelon Theater Headquarters medical offices. This in turn may be reflected in the Diary by the rigidity of Tamraz's routine, his evident sense of isolation as old colleagues were replaced by new ones, his dislike of the Theater Surgeon and the Rear Echelon medical staff, and his habit of ignoring questions about his affairs which might be taken as indirect criticisms. Even a final trip to Ledo, near the height of the emergency, failed to ruffle his composure.

These crises typified Tamraz's situation. He worked two levels below the point of final decision (Theater Headquarters and, lastly, the War Department). Decisions were made in terms of principles—rates of supply or hospitalization, standardized types of troop units, and the like—rather than with regard to the exact or special needs of CBI. Success or failure to work in the system depended on two factors: first, Tamraz's ability to "sell" his plans—which were at least technically adequate—during negotiations for future enlargements of the medical establishment; second, his adroitness in distributing and utilizing the medical troops and supplies sent to S.O.S.

Both necessities were obviously satisfied to some degree. Although hospitalization and supplies became critically scarce in mid-1944, no vital damage was suffered, the crisis was relatively short-lived, and it never afterward occurred. But in both cases, also, administrative failures in Tamraz's office partly caused and surely increased the problems. His personally-chosen supply officer failed to understand that he was to put into effect a new system of requisitioning in the fall of 1943; it was mainly to explain this change that an expert from the United States had visited Tamraz. The actual changeover did not begin until a new supply officer arrived in December. Before the delivery of supplies caught up with this lag, the midsummer crisis of 1944 had appeared. Similarly, the administrative blunder on Chinese hospitalization hindered the timely buildup of medical facilities and thus, indirectly, helped produce dangerous overcrowding of hospitals behind the combat front in the first half of the Second Burma Campaign.

The Diary falls far short in its account of such matters. Its focus upon office routine, the Surgeon's personal concerns for official propriety, and his tone of self-reassurance conceal the growing complexity, size, and significance of the S.O.S. medical service, as well as the increasing severity of the pressures upon it. Tamraz's poise, dignity, and serenity gave him an impeccable record as an officer. As his Diary shows, not a few others fell below the standards he set. But these same official traits were so impervious and settled that, as needs changed, he fell further and further behind the hectic pace of the war effort in

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CBI. More and more often, improvisation and overwork in the field were required to compensate for the static and limited administrative leadership in the office of the Surgeon, Services of Supply, China-Burma-India Theater.

Nov. 19. Col. Cooley still here. He had a talk with Rear Echelon about his status. He was told to wait until there was word from Chungking. We are advised that the 24th Station Hospital from the Middle East is on its way here. We shall put that at Jorhat, and return the personnel at that place will return [sic] to the 111th S.H. at Chabua. This is the second 250 [bed] Station Hospital sent here from other theaters.⁷⁵ Had a 4 hour session of all the staff, and we discussed the problem of retaking of Burma. I submitted my medical plan for 257000 additional troops. The plans extend to 1948. God Almighty if we can't beat Japan before that time we might as well quit.

Nov. 20. * * * A good many Med. Dept. promotions came thru.

* * * * *

Nov. 22. This morning I inspected the new Supply Depot opened in Delhi. Here a goodly section has been given to the Medical Section. Col. Cooley received orders transferring him to the Rear Echelon as Medical Inspector. This is another instance of meddling on the part of Col. Williams Theater Surgeon with the affairs of SOS.⁷⁶ I received orders definitely assigning me to the SOS again.

* * * * *

Nov. 24. Gen. [Frederick] McCabe at Ramgarh is asking for a 250 bed unit for that place. I am going to send him a 100 bed hospital and some additional personnel from here and there. Nothing unusual happened during the day.

Nov. 25. Today is Thanksgiving Day. I am invited to an all American Thanksgiving dinner party tonight. There will be Thanksgiving dinners in all of our messes. Received letter from SGO stating that Major [Claud D.] LaForce [LaFors] Pharmacy Corps who is to be my chief of Medical Supplies

⁷⁵ Tamraz referred to the 30th Station Hospital, which had been transferred from Tehran to CBI, arriving in December and replacing a temporary hospital staff at Panagarh. The 24th reached India from Palestine in January 1944. As Tamraz planned, it took over the provisional hospital at Jorhat, where it provided hospitalization for Air Force troops and for service troops on the line of communications in the Brahmaputra River Valley.

⁷⁶ A letter which Colonel Williams wrote to Washington in April 1944 reveals the awkwardness of the situation. Cooley's successor as commander of the 20th General Hospital, Col. Isidor S. Ravdin, was "doing very well," and no other vacant position existed for a man of Cooley's "age and qualifications." On a gamble, Colonel Williams posted him to an unauthorized vacancy as Medical Inspector of the Theater. Whether or not Tamraz was consulted in advance, Williams apparently believed that a temporary solution had been found which would recognize Cooley's seniority and provide him with a useful place in the top level of administration. When Williams learned later that his headquarters medical staff would not be enlarged, he asked that Cooley be returned to the United States on orders from Washington, to spare him the embarrassment of being reported "surplus." In his letter, Williams concluded: "I've talked it over with [Cooley] and he agrees that there's no place over here for him. He would like a visit with his family and then is ready for anything." (Colonel Williams kindly furnished the editor a copy of the letter.)

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has already left the USA.⁷⁷ Had a very fine Thanksgiving dinner at the 100th S.H. and in the evening an all American Thanksgiving dinner at Cecil Hotel. Most enjoyable occasions, both.

* * * * *

Nov. 27. Working hard on my annual report.⁷⁸ Col. Cooley, now the Theater Medical Inspector has left on a trip to Assam to investigate an outbreak of Typhus Fever amongst the Chinese. We were asked to furnish immediately to that region 50,000 cc of Typhus vaccine.⁷⁹

* * * * *

Nov. 29. Lt. Col. Tomlinson is sick and in quarters. A great deal of matter went thru my desk. Received a terrible bit of news namely that a transport headed for this theater was bombed and sunk on the Mediterranean. There were 92 officers 1899 e.m. and 7 civilians on it. Survivors have been picked up & are being landed in Africa. No words as yet [as] to what units were on the boat. I am afraid that the our [sic] Med. Bn. (Mountain)⁸⁰ might be on it.

* * * * *

Dec. 1. * * * I spent the entire afternoon in consultation with the special medical staff appointed as advisors to the Supreme Commander [Mountbatten]. The problems discussed were primarily anti-malaria measures required in this theater. The Supreme Commander states that fighting will not stop because of the monsoon etc. We are to meet biweekly. In addition I am supposed to meet them frequently until the return of Col. Rice⁸¹ who will take up permanently from then on.

* * * * *

Dec. 3. Brig. Gen. Covell, new CO. SOS. was promoted to Major General effective today. Promotions come and promotions go, but still there is no officer of General rank for the Medical Dept. in this theater. Rumors floating that service is to be cut to 2 years in CBI. theater. Maybe another

⁷⁷ When Major LaFors arrived, he discovered that Tamraz's supply officers had failed to anticipate the changeover from one to another system of medical supply, although it had been explained to them in various official memorandums and by visiting supply experts. In 1942 and 1943, standardized medical supply units were automatically shipped to the Theater in relation to troop strength. The new system abandoned the clumsy automatic system and required each Theater to send requisitions for the kinds and amounts of supplies actually needed. The latter months of 1943 were to be used to establish a sufficient "lead" on such requisitions so that when the automatic system stopped there would be no interruption in the flow of supply. Nothing—or at least not nearly enough—had been done by the time LaFors arrived. He hastened to overcome the lapse, but it was several months before the supply pipeline was full again. Meanwhile, troops continued to reach the Theater in large numbers, new hospitals were established, and the sustained drives of the Second Burma Campaign produced battle casualties. None of this appears in the Diary. The full story was not available until Col. Tracy Voorhees, leading an inspection group from Washington in July 1944, worked out the explanation for the severe shortages in medical supplies which existed by that time.

⁷⁸ All headquarters and organized units of the Medical Department were required to submit annual reviews of their activities.

⁷⁹ See *Chinese Liaison Detail*, p. 121; and n. 153, p. 123. This first outbreak of scrub typhus heralded a prolonged struggle with the disease.

⁸⁰ The 13th Mountain Medical Battalion, minus two companies, arrived on Christmas Eve 1943 and served in support of Chinese infantry throughout the North Burma campaign. It was not on the ship that had been sunk.

⁸¹ From the United States.

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"latrine rumor." Today I am to attend the S.E.A.C. conference [of medical advisers] again. I wish Rice will [sic] be back to take up the job. I have not been on any trip of inspection for a long time in [and] I should do so.

* * * * *

Dec. 5. Sunday. Colonel Cooley has returned from his trip of inspection. Spoke very highly of the hospitals in Base 3 Advance Sec. 2 and Calcutta area. There is an outbreak of Typhus among some Chinese troops in Ledo. 30 Cases and 4 deaths. No American troops. He also investigated Cholera in Calcutta & around Kurmitola. No danger of [to?] American troops. Recommended Gen. Holcombe's return to USA. Meeting with G-3 in which our requirements were made known. We are asking for seven additional 750 bed Station Hospitals for the so called twilight project.⁸² Spent the afternoon at my desk.

* * * * *

Dec. 7. Second Anniversary of Pearl Harbor. Two years today I was in Wake Island, and got plastered by the treacherous Japs. How much has taken place since then. Now we are the aggressors [sic] thru out the whole fighting area. Col. Kemp was in my office. It seems as [if] Lt. Col. [Joseph W. Jr.] Stilwell the son of the CBI Commander, who is sick in the hospital here, is not satisfied with anything that is being done for him at the hospital. Have to look into this.⁸³

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Dec. 11. Col. Williams Theater Surgeon is in town. This morning had a lengthy conference with him. * * *

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Dec. 14. Wrote a letter to Gen. Lull in regard to Brig. Gen. Holcombe's return to the U.S. There are seven more officers in this theater recently promoted to Brig. Gen., some of them young permanent Captains. Still the Medical Dept. without a Gen. officer.

* * * * *

Dec. 16. Lt. Col. Tomlinson & Maj. Marshall both my officers are sick in quarters with colds. There is quite an epidemic of colds around. I hope we shall not have an influenza epidemic. I have to discuss the problem of supplying hospitalization for 1000 American Army S.E.A.C. personnel in Ceylon by next March or April. I recommended that rather than call on SOS to supply a unit, a complete 50 bed hospital should be asked for from the USA. * * *

⁸² The Twilight Project provided airbases for "Matterhorn," the deployment of Very Long Range B-29 bomber groups. The XXth Bomber Command bases in the lower Ganges River Valley were hardly operational, however, before island bases nearer to Japan became available.

⁸³ Correspondence in the files of the Surgeon's Office, which the editor examined in 1945, confirmed the report herein of a flurry of agitation lest the offended VIP arouse his father's ire. What happened is not very clear. The complaints seemed to arise from Colonel Stilwell's impatience to get back on his feet rather than from the absence of proper and expert medical attention. Indeed, it is easy to imagine that he received somewhat more consideration than the average patient.

THE TAMRAZ DIARY

Dec. 17. * * * There are a great many impending changes in Hq. SOS. Evidently the new CO Gen. Covell is surrounding himself with his own men. Time I thought of returning home. Beautiful sunny days. I have a little bronchitis.

Dec. 18-20. Inclusive. My organization is certainly "shot to hell." Tomlinson, Marshall and myself were all out of action due to colds (Flu?) I have just spent 2 days in the hospital. Still feel wobbly [sic] but am back on duty. Sick rates in Delhi are pretty high. Tonight we attended Lord Louis Mountbatten's party.

Dec. 21. * * * Just received disturbing news. We have 135 Typhus cases in Ledo area—of whom 12 are American soldiers and the rest are Chinese. It appears as if the ordinary vaccine that we have here [been] supplying does not immunize against this particular strain. We are trying to obtain G. pigs, mice, rabbits and monkeys to send to Base 3 for experimental purposes.

* * * * *

Dec. 25. This was quite an eventful day. It was as Merry a Christmas as could be had 15,000 miles from home. Had Christmas dinner with the 100th St. Hospital (Delhi); later in the afternoon went to Irwin Stadium where thousands of our own and the British officers and soldiers were present for a "show" put on by Joe E. Brown, the famous comedian. Major General [Daniel I.] Sultan who has just arrived and is Deputy to Gen. Stilwell presented him. Gen. Holcombe * * * returned to the U.S. * * * Ended Christmas Day dinner with a very fine British family.

* * * * *

Dec. 29. My office force is pretty well shot because of illness. Lt. Luthi is ill. Tomlinson is back. I am feeling better. The 100th S.H. is jammed full with "flu" cases. Met the committee on the subject of deciding whether or not a new hospital should be built in Delhi. I have recommended the construction of a new 250 bed hospital. The G.H.Q. British in conjunction with the civil authorities is trying to give me part of the Irwin (Indian Hospital). I refused this. Finally they agreed to build a new hospital for us.

Dec. 31. Last day of the year. A great many parties have been arranged. We just heard that we are apt to receive very few additional hospitals from home, we have to activate hospitals here, as well as increase T/O in many of them. Lt. Col. Kemp Deputy Theater Surgeon Rear Echelon, is sick in the hospital. He has been having attacks of sinusitis frequently. I am going [to] recommend his return home as soon as possible.

* * * * *

*Jan. 21.*⁸⁴ Personnel (medical) situation is getting very acute—and looks as if we are not going to receive much more additional personnel from the

⁸⁴ Between 5 and 16 January, Tamraz was away on an inspection trip, but no notes on it were put into the Diary. During his absence, his staff recorded the arrival of the commanders of the several major S.O.S. sections for conferences on supply and operations in the future—a general review of administrative procedures with which, apparently, the medical representatives had little sympathy. Several new hospitals reached the Theater and went to air-base stations, and a new Medical Supply Company, the 14th, was broken into sections and sent to various depots in India and China.

CRISIS FLEETING

U.S. Lt. Col. Hardy Kemp is still in the hospital. He has jaundice. We shall have to send him back home. Col. Cooley is acting Theater Deputy Surgeon.

Jan. 22. Usual Saturday morning meeting. No subjects to be discussed. We are getting terribly crowded in the medical section SOS., so I have asked for additional space. They are going to construct additional rooms for me adjoining my office.

* * * * *

Jan. 25. * * * Heard from War Dept. that the T/O of 95th (100 beds) has been increased to 250 bed hospital. We are also told that the personnel has to be obtained from the theater. "Wo is mir." * * *

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Jan. 27. This morning while walking to work Gen. Wheeler passed in his car and picked me up. He is going home for just a round trip. He was very kind in telling me that my work has quite satisfied him while he was C.G., SOS. He also told me he had recommended me for the medal of Legion of Merit. This is very fine news.

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*Feb. 3.*⁸⁵ * * * Col. L———Surgeon —th Station Hosp. Calcutta called at my office & discussed questions pertaining to his organization. Evidently Gen. [Gilbert X.] Cheves new C.G. Base Section No. 2 Calcutta is not satisfied with the work of Lt. Col. W——— Base Surgeon. I shall assign Col. L——— to be Surgeon Base———in addition to his other duties, and move W——— to Ledo in charge of 151st Med. Bn.⁸⁶

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Feb. 5-6. The last two days have been very quiet. The only thing of importance was the meeting yesterday in the office of the General where the new T/O was discussed. For S.O.S. overhead a certain number of officers were requested. This was turned down. We then submitted a revised T/O. I have asked 100 officers Med. Dept. for all my S.O.S. overhead at the present time I have 55.

Feb. 7. New week has started. Things are quiet so far. Requests are coming from all directions for more medical personnel, and we are giving them the same standard answer. None available. * * *

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*Feb. 25.*⁸⁷ Received word from the S.G.O. that there are no more station hospitals available but that they will send us the equivalent number of

⁸⁵Tamraz visited SEAC Headquarters at Kandy, Ceylon, between 28 January and 2 February.

⁸⁶See n. 35, p. 153, and n. 64, p. 168.

⁸⁷On 9 February, Tamraz left for a 2-week inspection tour of the medical installations in the area of Calcutta, including sites for the hospitals to be established for the Matterhorn (XXth Bomber Command) project. He missed, therefore, a vital conference on the problem of providing adequate medical supply for the Chinese Army in India then launching its North Burma offensive.

THE TAMRAZ DIARY

General Hospital beds.⁸⁸ This is going to prove a very difficult proposition, since our crying need is now for small station hospitals. Received word that Col. Williams the Theater Surgeon is coming here for a tour of inspection.

Feb. 26. Miss Paulette Goddard the movie actress is in CBI with three other [sic] male stars—to entertain the personnel. She had an upper respiratory infection for which we treated her. She is leaving today for China, and will be gone for about a month. Mrs. Ghandi the wife of Mahatma Ghandi died 2 days ago. Prior to her death all efforts on the part of the British authorities to save her were tried. They finally came to us for penicillin. Fortunately we had it, and delivered it to them in Calcutta in record time, but too late to do her any good. * * *

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Feb. 28. * * * There are disturbing news from the Assam region. It appears as if three Jap. divisions have surrounded our advance elements around Shingbwiayang. I have an evacuation Hospital out there, and I don't know what their fate will be if the Japs break thru.⁸⁹

Feb. 29. The last day of the month. The days are passing rapidly. We received word that 18 nurses have just arrived in the theater and are assigned to the S.O.S. We have plenty of nurses what we need are doctors. I am changing C.O.'s between 100th S.H. Delhi and 97th S.H. at Agra. Maj. R—— of the 100th does not have enough drive and since this city is where all the brass hats are I think I am justified in making a change.⁹⁰

March 1. March 1 and another month gone. Today the malaria control directive goes into effect. The entire theater is malaria conscious, and we are attempting to cut down the rates.⁹¹ * * *

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March 3. * * * Today Maj. [Harold R.] Thomas and Capt. [William J. Jr.] Wilson from the 97th S.H. arrived. Maj. Thomas is replacing Maj. R—— who in turn has transferred to the 97th S.H. Maj. R—— did not make a very good showing here, and since this is where all the brass hats are, I decided to bring a strong man here.

* * * * *

March 9. * * * Col. Williams the Theater Surgeon arrived, and we had a long discussion. The main item was supply for Chinese troops in India. We have approximately 40000 Chinese in India, and their supplying is more of a problem than all of our own troops. The supplying of the Chinese troops

⁸⁸ Actually not beds, but the personnel and equipment for a given number of patient accommodations. The disadvantage was that the ratio of staff to beds in a general hospital (where "wholesale" arrangements could be expected) was smaller than that for a small station hospital. As Tamraz had pointed out in earlier plans, small hospitals were needed to "cover" troops stationed at widely scattered bases. But the War Department was saying, in effect, that economies were to be practiced in CBI. See U.S. Army Medical Service, *Medical Department: Hospitalization* * * *, pp. 278, 280-281.

⁸⁹ Tamraz reports an exaggerated version of affairs in North Burma, where the 18th Division had temporarily pinned down the Chinese 22d Division below Shingbwiayang (some 70 miles from the nearest S.O.S. hospital at Mile 19 on the Ledo Road).

⁹⁰ Perhaps a belated reaction to the Stilwell episode, reported on p. 178.

⁹¹ The first major policy statement, reflecting the anticipated availability of a modicum of antimalaria supplies, equipment, and trained personnel, and the determination to throw the weight of *command* and *line* authority behind the advice and special staff activities of the medical experts.

CRISIS FLEETING

is supposed to be the function of the British thru reverse lend lease. Every requisition that is prepared in the advance areas is submitted to us after its okayed by the Rear Echelon then we put a demand for it thru the British. In no instance do we get what we ask for. The requisition is usually cut to $\frac{1}{4}$ of its original. Then of course the Chinese have been tremendously extravagant and have used up as much as 262% more than their requirements. Now it has come to pass that the Theater Commander thru the Theater Surgeon orders wholesale use of American supplies for the use of the Chinese. Today I have been told to divert 6 Med. Mountain units to the Chinese.⁹²

* * * * *

March 11. Conference with Col. Williams again in regard to the medical supply problem. Then later had talk with him concerning my successor as Surgeon S.O.S. I am recommending Col. L——, but Williams is opposed to it. Lt. Col. Plew has been transferred to the S.O.S. from Rear Echelon. I am going to try to give him job as C.O. 112th S.H.

March 12. * * * Col. Williams is still here. We are still amidst discussions as to how to supply the Chinese troops with medical supplies.

* * * * *

*March 26.*⁹³ Sunday morning. A lovely spring morning. Yesterday I had a long session with Theater Surgeon, Col. Williams. We discussed supplies, and personnel. I was told my replacement from the U.S. has been asked for. His name is Hoff [Alexander O. Hoff] a colonel.⁹⁴

* * * * *

March 28. This is the second anniversary of my arrival in India. I landed in Karachi just two years ago today. How many changes have taken place since that day. * * *

March 29. * * * The Theater Surgeon, Col. Williams is still here. Have had conferences with him frequently. He wants to transfer Col. Cooley & Lt. Col. Plew to SOS. I accepted Plew but I can't use Cooley.⁹⁵

⁹² There were infinite complications in the policy and process of supplying the Chinese Army in India. Essentially, the commitment was an American one, but it was decided at the outset to fulfill it by purchasing and issuing British and Indian Army supplies. When the Chinese went into action, however, this method proved to be too slow and erratic. Stilwell lost no time in directing that the most readily available sources—either U.S. Army or American-supplied Chinese Defense Supplies—be utilized to insure a steady flow of replacement supplies to his troops. Ultimately, these in turn could be made good from British sources, or other administrative arrangements could be made to authorize direct expenditure of U.S. Army materials. Whether the belated scramble for supplies could have been avoided by more careful planning at the Theater level or by the responsible S.O.S. officials is questionable. It is typical of CBI operations, however, that a scramble occurred.

⁹³ In the middle of the discussions on supplies, Tamraz again left on an inspection trip. His notes suggest no special emergency or new problem at either Bombay or Karachi. On the contrary, he found all going well at both places. He missed, among other things, a dinner given by the medical officers in Delhi for Colonel Williams. The note on the gala affair which one of his assistants entered in the Diary has an ironic touch with which Tamraz doubtless would have sympathized: "Col. Williams gave a short talk in which he inferred that our major mission in this theater is the supply of 3 Chinese Divisions. Otherwise a good party."

⁹⁴ In a personal letter to Gen. George F. Lull, Deputy Surgeon General in January 1944, Williams had written favorably of the service Tamraz had performed. But, he continued, Tamraz was anxious to return to the United States and Williams was willing to defer to his wishes. Williams left to Lull the choice of Tamraz's successor, and wrote him early in April to express his satisfaction with the choice of Hoff.

⁹⁵ See n. 76, p. 176.

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March 30. Yesterday conference with Col. Williams. He is going back to Chungking. He has reorganized his office anew—and is going to streamline his organization. He is asking for consultants in surgery, medicine, neuropsychiatry, etc. Malaria Control has been handed over to the S.O.S. with exception that the malariologist is still under theater control. * * *

March 31. Col. O——, C.O. of the —th S.H. at C—— [Editorial deletions] is here. We had a two hour conference regarding his problems in Assam, Advance Section #2. A day of many conferences today. Gen. Covell is away. Station Hosp. #259 (100 beds) is reported to be arriving in Bombay today.⁹⁶

April 1. This was a bad day for the S.E. Asia front. For the first thing it is reported that Maj. Gen. Orde Wingate the British General who penetrated far into the rear of Jap forces in Burma, was killed in a plane crash. Then the next thing it is reported that the Japs have penetrated thru Imp[h]al, Manipur road, and cut the railroad line into Assam.⁹⁷ This cuts off our supply route to our forces into Advance Sections #1 and #2 and Base Section #3.

April 2. Col. L—— called on phone—wants Major O'H—— transferred. Base Section #2 where both are located, continues to be a trouble spot. There have been a great many complaints in regard to Col. L——'s harshness. The two nurses who were transferred here on direct orders of Gen. C—— from the 20th G.H. want to go back to their original organization. They state that too much attention is being forced upon them by the General & his gang.

April 3. * * * Lt. Col. Tomlinson, my executive officer, left on a tour towards Assam. Things do not look too good in Assam. The Japs have broken thru Imp[h]al and are threatening to cut the railroad line feeding our troops in the Ledo region.

* * * * *

April 5. * * * There is a great deal of to do over whiskey by the Air Forces C.G. According to new regulations the Medical Dept. is supposed to issue 2 ounces of whiskey to each participant of a combat mission at the end of a such [each] mission. In other words we are in the saloon business now. The amount of whiskey consumed is staggering. I was called upon by the British to please supply some Penicillin to an Indian officer ill at the Irwin Hospital. I supplied 10 ampules.

April 6. * * * Col. L—— C.O. —— S.H. and Surgeon Base Section —— arrived in Delhi today for a conference. There have been some complaints by patients, (officers) claiming that he is too "hard boiled". Col. [Joseph A.] Cranston the I.G. had me as a witness. I thoroughly exonerated L——. In my opinion he's a very excellent officer and doing a bang-up job. I am recommending him as my successor—as Surgeon SOS.⁹⁸

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⁹⁶ Assigned to the XXth Bomber Command bases, first at Charra and then at Kalaikunda, in Bengal. In August 1944, it moved to Chungking.

⁹⁷ Both reports of disaster were true. Although the Japanese penetration caused consternation, it did not, in fact, succeed in cutting the vital line of communications to China and North Burma. See *With Wingate's Chindits*.

⁹⁸ Tamraz had made the recommendation and found that it was opposed: see p. 182. But he had also been informed (p. 182) that his successor had been selected!

CRISIS FLEETING

April 10. Received a letter from Lt. Col. Tomlinson, my executive officer; he is in Assam—and will be gone for another week. He reports of good progress being done there by all concerned. States that the need for additional personnel is very acute. Rec'd word that 69th General Hospital (1000 beds) has already left the U.S. and should be here in about 6 to 8 weeks. That unit is scheduled to go to Calcutta.⁹⁹ Miss Paulette Goddard the cinema actress is in New Delhi. She is ill and in quarters at the Imperial Hotel. I am looking after her.

* * * * *

April 13. The heat wave is here. News from Burma are still ominous. Had a talk with Gen. Wheeler. He told me that Gen. Lull told him that my orders to return to the U.S. will be published in Washington very soon.

April 14, 15, & 16. Nothing of much importance has taken place. Routine shuffling of papers. Lt. Col. Ralph Plew M.C. was transferred to the SOS. from Rear Echelon and we ordered him for duty with 181st G.H. Incidentally there is no longer a rear echelon in the Theater. It is now called: Headquarters, U.S.A.F. in CBI. Col. Williams is streamlining his office. Now he has about 20 officers. They are surely in each others way.¹⁰⁰ Col. Tomlinson is still away.

* * * * *

April 19. Col. Tomlinson returned from his trip. He had quite an interesting trip and traveled in Burma all the way to the firing line. He spoke of fine air evacuation system established there. Supplies are also abundant.¹⁰¹

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April 22. Yesterday the annual report from —th St. Hosp. (500 beds, Col. B——— O——— C.O.) came in. It is one of the damndest things I have ever read. It has damned the authorities including the C.G. to Medical Dept. etc. from hell to breakfast. He has made some very damaging and perfectly groundless accusations. I have had trouble with this officer ever since he arrived here last October. So I am going to have him relieved.¹⁰²

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⁹⁹ When it reached India in June, it was sent (partly by air) to Ledo to reinforce the perilously overburdened hospitals there. See Tamraz's last entry, shortly after he had actually been to Ledo.

¹⁰⁰ The reorganization in Theater Headquarters shifted the balance, administratively, from Chungking to New Delhi. At the same time, the Theater Surgeon renewed his efforts to obtain an authorized quota of senior officers sufficient to give effective leadership and supervision to the entire medical establishment. His letters to General Lull emphasized the need for consultants in several branches of medicine. In this effort he was temporarily unsuccessful. In midsummer, however, at the instigation of Col. Tracy Voorhees, who visited the Theater to inquire into a number of problems within the medical service, the staffs of the Theater and the S.O.S. Surgeons were consolidated, the latter becoming the former's deputy. On this basis a sufficient, balanced, and coordinated program of administration was thenceforth possible.

¹⁰¹ The emergency measures noted in n. 92, p. 182, had begun to take effect immediately. G-4 periodic reports and other sources in March reported that supplies had become adequate, both as to on-the-spot and as to reserve amounts. Thereafter, reports of shortages were rare and related only to brief and special occasions.

¹⁰² Reverberations of this incident were still audible in 1945 when the editor reached the Surgeon's office as Medical Historian. To an outsider's eye the report was merely blunt and specific in its description of problems of obtaining adequate facilities, equipment, supplies, and personnel, and in its expression of the sense—universally shared by the men in the field—that higher headquarters could do more than it seemed to do to help. On the basis of

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April 27. Last evening Transportation Corps SOS. headed by C.G. Gen. [Thomas B.] Wilson gave a cocktail party at the Imperial. There was a huge crowd present. Heard extremely sad news. Two of our nurses from the 198th S.H. stationed at Kurmitola (Miss [Anne E.] Clark[e] & Miss Nebit¹⁰³) had while on the air field walked into moving proppeler [sic]. This happened on April 24. One was instantly killed & the other had severe injuries of her head. She died yesterday. Also heard word that one of Transportation Corps officers at Barrackpore had shot & seriously wounded a British Sergeant. Woman trouble, so it is said.

April 28, 29. Notice came yesterday that the Legion of Merit award was to be bestowed on Capt. Timothy Callahan, M.C. stationed at 100th S.H. (here). This was for the work he did as a member of the reconnaissance party to China during 1943. * * *

April 30. This will be the last entry for me for about 3 weeks. I am leaving tomorrow on what I hope will be my last trip of inspection in CBI.¹⁰⁴

* * * * *

May 22. Returned from my trip of inspection to Adv. Sec. #2, Base Sect. #3 & Base Section #2. On this trip I visited practically all the hospitals except the one in Kunming & the one in Bombay, the one in Ramgarh & the one in Karachi. I also visited my supply installations, Vet. Co. & the many dispensaries. I found the Med. Dept. functioning splendidly. My replacement Col. Haff is here, and I believe he will find things to his liking. I believe I shall be able to leave for home in a few weeks.

May 23. Col. Hoffe is now on the job. I instructed my office that all papers should pass thru his desk. The decision as to who will succeed me rests with the Theater Surgeon, who is expected to arrive here from China the latter part of the week. Everything is going on quietly in our office. I expect to leave here for Bombay in two weeks and then home.

May 24, 25. Nothing of any importance happening. As a matter of fact things are very quiet. We are compiling a new Medical plan for the entire theater to cover the increase that has just been accomplished in the Chinese troops in India. I am planning to leave here on June the 6th for Bombay & then home. Today (May 25th) is my birthday. 55 years old!

May 26, 27. Just heard word from Theater Hq. that as per orders from Gen. Stilwell the 69th G.H. about to arrive in this Theater is to be sent to

various bits of information, the editor concluded that the hospital staff had become discouraged and that the quality of its services probably had suffered during 1943 and early 1944. Later, after reorganization and enlargement, it became one of the strong units in the Theater. Obviously, Tamraz's reaction was hardly the constructive one needed at the time.

¹⁰³ The entry's accuracy has been verified as regards 2d Lt. Anne E. Clarke. But if a companion named Nebit was also killed, she was not an Army Nurse with the 198th Station Hospital. No such person appears on its rosters nor in the list of nurses who died during the war. Since the entry is partly correct about an unusual accident, the probability may be that a civilian or British Army person was involved but not completely identified when Tamraz wrote his report.

¹⁰⁴ It was. While he was away, a number of dangling administrative strings were tied up by his staff, under Colonel Tomlinson. Major O'H— filed a countercharge against Col. L—, and not long afterwards Col. L— was relieved of command of his hospital, but remained in the position of Base Section Surgeon. The 151st Medical Battalion, busy with the task of providing mobile hospitalization and evacuation on the Ledo Road, was reorganized into four separate companies. And Tamraz's replacement arrived.

CRISIS FLEETING

Base 3. This "screws" up all of our plans, and leaves the troops in Base Sec. 2 in a hell of a mess. Another case of the Theater Surgeon interfering with S.O.S. hospitalization plans. A hell of a mess anyway you look at it.¹⁰⁵

Index of Names

Arrowsmith, John C., Col., CE, Commanding Officer, Base Section 3
Babcock, Maclean J., 1st Lt., MC, Food and Nutrition officer, S.O.S.
Bickel, Robert D., Maj., MC, Commanding Officer, 95th Station Hospital
Bissell, Clayton L., Brig. Gen., Commanding General, Tenth Air Force
Boatner, Haydon L., Brig. Gen., Deputy Commander, Chinese Army in India and
Hq 5303d Combat Troops (Provisional)
Bouton, Malcolm, 1st Lt., MC, Venereal Disease Control Officer, S.O.S.
Brothers, Clyde L., Col., MC, Surgeon, Tenth Air Force
Brown, Joe E., entertainer
Burgh, Mr. and Mrs., friends of Col. Tamraz
Bush, Walter H., Maj., MC, Assistant Theater Malariologist
Callahan, Timothy, Capt., MC, 100th Station Hospital
Campbell, Joseph E., Capt., MC, Medical Supply Officer, Base Section 3
Carroll, ———, Major, British Royal Engineers, Ledo
Case, Robert, Col., MC, Headquarters, Army Service Forces
Chennault, Claire, Brig. Gen., Commanding General, Fourteenth Air Force
Cheves, Gilbert X., Brig. Gen., Commanding General, Base Section 2
Clark, Preston R., Capt., MC, Office of S.O.S. Surgeon, CBI, 1942; Kunming, 1943
Clarke, Anne E., 2d Lt., ANC, 198th Station Hospital
Cohen, Abraham, Capt., MC, 151st Medical Battalion
Cooley, Elias E., Col., MC, Commanding Officer, 20th General Hospital
Covell, William E. R., Maj. Gen., Commanding General, S.O.S.
Cranston, Joseph A., Col., Inf., Commanding General, Intermediate Section 2
Crew, Robert S., Maj., MC, 159th Station Hospital
Davidson, Howard C., Brig. Gen., Commanding General, Tenth Air Force
Davidson, Wallace N., Col., MC, Commanding Officer, 73d Evacuation Hospital
Davis, ———, Lieutenant, British Royal Engineers, Ledo
Dean, Hazel B., 2d Lt., ANC, 100th Station Hospital
Finney, Charles W., Maj., MC, Asst. Theater Malariologist
Fiske, Frank, Capt., USPHS, Assistant Theater Malariologist
Flickinger, Donald, Col., MC, Surgeon, Air Transport Command, CBI
Fox, Leon, Brig. Gen., Office of The Surgeon General
Fulton, J. S., Brigadier, RAMC
Gabreski, T. S., Maj., MC, Surgeon, Base Section 1
Goddard, Paulette, entertainer
Griswold, Francis H., Brig. Gen., Theater Inspector-General, Headquarters CBI
Haas, Victor H., Lt. Col., USPHS, Surgeon, Base Section 3
Haff, Alexander O., Col., MC, Surgeon, S.O.S.
Holcombe, William H., Brig. Gen., Acting Commanding General, S.O.S.
Hoskins, James H., Maj., MC, Commanding Officer, 99th Station Hospital

¹⁰⁵ Tamraz's last entry. Next day, Colonel Haff noted, in favorable terms, the shift of the 69th General Hospital from its original destination, Calcutta, to Ledo. To compensate, personnel from the relatively inactive 181st General Hospital in Karachi—which had lost its importance as a part of entry for CBI—was to be sent into Base Section 2. By this time the Ledo group of hospitals (and others elsewhere) were working at 200% of normal capacity, yet the last statistical report in May showed that the number of patients in the Theater's hospitals was *below* their authorized load limit. Early in June the Base Section Surgeon at Ledo reported that his hospitals, which had a normal bed capacity of 3,250, had been expanded to an emergency capacity of 9,743 beds and were caring for 7,000-8,000 patients. For the whole Theater, fixed and mobile hospitals were treating 12,530 patients, nearly 4,000 more than their normal bed capacity! For general policies see U.S. Army Medical Service, *Medical Department: Hospitalization* * * *, pp. 215-216.

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Hummer, Mr. and Mrs., American friends of Colonel Tamraz in New Delhi
Jacobs, Carl A., Lt. Col., MC, 181st General Hospital
Kemp, Hardy A., Lt. Col., MC, Assistant S.O.S. Surgeon; Chief, Preventive Medicine, S.O.S.
Kochenderfer, Thomas T., Capt., MC, 159th Station Hospital
LaFors, Claud D., Maj., PhC, Chief of Medical Supplies, S.O.S.
Lansing, Samuel M., Col., GSC, Chief of Staff, S.O.S.
Leedham, Charles L., Col., MC, Commanding Officer, 48th Evacuation Hospital
Luthi, Irvin G., 2d Lt., MAC, Administrative Officer, S.O.S. Surgeon's office
McCabe, Frederick, Brig. Gen., Commanding General, Ramgarh Training Center
McLellan, Allan, Maj., MC, Commanding Officer, 100th Station Hospital
Mahoney, William A., Lt. Col., MC, Commanding Officer, 48th Evacuation Hospital
Marshall, Irvine H., Maj., MC, Assistant Supply Officer, S.O.S. Surgeon's office
Merrill, ———, British civilian supervisor of porters, Tipang
Morgan, Hugh J., Brig. Gen., Office of The Surgeon General
Mountbatten, Admiral Lord Louis, Supreme Commander, Southeast Asia Command
Nebit, ———, 1st Lt., ANC?, 198th Station Hospital?
Newton, Walter J., Maj., DC, Chief of Medical Supplies, S.O.S.
Oliver, Robert C., Brig. Gen., Commanding General, Air Service Command, Tenth Air Force
Olsen, Knud, 1st Lt., MAC, Medical Detachment 2, Section 1, Advance Depot Platoon
Pitkin, York N., Col., MC, Commanding Officer, 151st Medical Battalion
Plew, Ralph V., Lt. Col., MC, Rear Echelon Medical Office, Theater Headquarters, CBI
Porter, H. B., Col., MC, Surgeon, Tenth Air Force
Rees, Thomas H., Col., CE, Commanding Officer, Sub-Base Section 1, Gaya
Rice, Earle M., Lt. Col., MC, Theater Malaria Control Officer
Richardson, Frank, Maj., MC, Commanding Officer, 97th Station Hospital
Riley, Edgar D., Capt., MC, 95th Station Hospital
Scorse, Sidney W., Capt., MC, Assistant Theater Malariologist
Seagrave, Gordon S., Lt. Col., MC, leader of the Seagrave Hospital (later 896th Clearing Company)
Sigafos, Rolland B., Lt. Col., MC, Ramgarh Training Center
Smith, Gordon, Capt., USPHS
Somervell, Brehon B., Lt. Gen., Commanding General, Army Service Forces
Stark, Edna A., 1st Lt., ANC, 99th Station Hospital
Stilwell, Joseph W., Lt. Gen., Commanding General, CBI
Stilwell, Joseph W., Jr., Lt. Col., Infantry
Stone, Eric P., Maj., MC, Commanding Officer, 48th Evacuation Hospital
Stratemeyer, George E., Maj. Gen., Commanding General, Army Air Forces, India-Burma Sector
Sultan, Daniel I., Maj. Gen., Commanding General, S.O.S.
Tamraz, Freda, Mrs. John Tamraz
Thomas, Harold R., Maj., MC, 97th Station Hospital
Tomlinson, Thomas L., Lt. Col., USPHS, Executive Officer, Office of the Surgeon, S.O.S.
Warden, John A., Brig. Gen., Commanding General, Base Section 2
Ware, Edward R., Lt. Col., MC, 73d Evacuation Hospital
Warrenburg, Clarence B., Maj., MC, Commanding Officer, 98th Station Hospital
Waud, Sidney, Maj., MC, 159th Station Hospital
Wheeler, Raymond A., Lt. Gen., Commanding General, S.O.S.
Williams, Charles R., Lt. Col., MC, Commanding Officer, 159th Station Hospital
Williams, Robert P., Col., MC, Theater Surgeon
Wilson, Thomas B., Brig. Gen., TC, Commanding General, Transportation Corps, CBI
Wilson, William J., Jr., Capt., MC, 97th Station Hospital

Station Log

19. Phil 19.

Arrived destination about 1100 moved in good shelter. Capt Short & Lt O'Dahl left 1230. Lt Benys brought Philips & supplies. Capt Short, Lt O'Dahl, and others brought more supplies & Price. Everyone well pleased with Area.

20.

Little rain & a lot of sunshine. Broke ground for cottage. Capt Short & Col. Pitkin brought more supplies about 1130 left 1300. Tharale fine, food fair, Ross doing a good job.

21.

Have been fixing around 0630. Little rain in morning, sunshine all day. Cut & hauled nine logs; started foundation. Col. Pitkin & party arrived 1000 with the last of rations & medical supplies. Took a good river shower. Moral fine. "Corn willie" made in various forms. Twenty-two Punjab soldiers arrived for rest on the way to Dig-Boi. Came from Burma. A few casualties, but were being taken care of by their own doctor. Gave them a few Iodine Swabs.

22.

Weather was good all day. Punjab soldiers left camp about 0700. Two Gurha soldiers stopped over night headed down trail. Progress on cabin is fine. Sgt Loney Langevin has made a bet that we don't finish the cabin in 30 days. We are very confident that we will. Moral is very high. Ross & I counted rations and found the 30 day to be shorter than 7 day. If it wasn't for shorts, we would be eating very little.

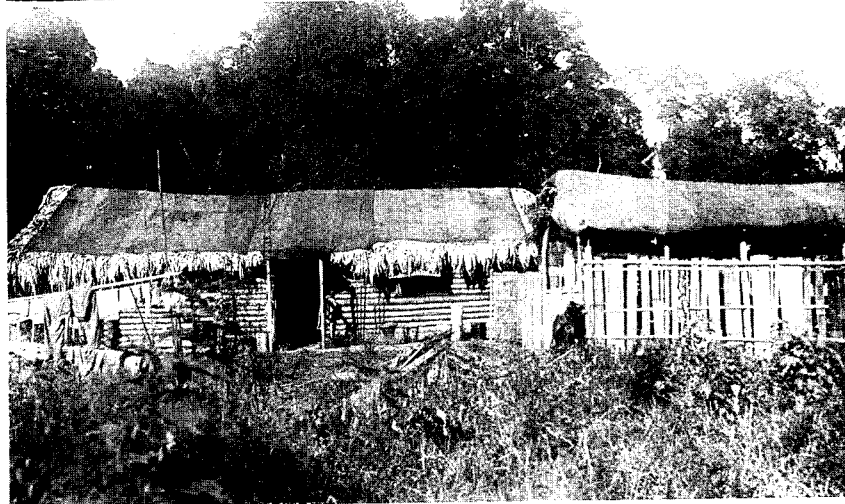
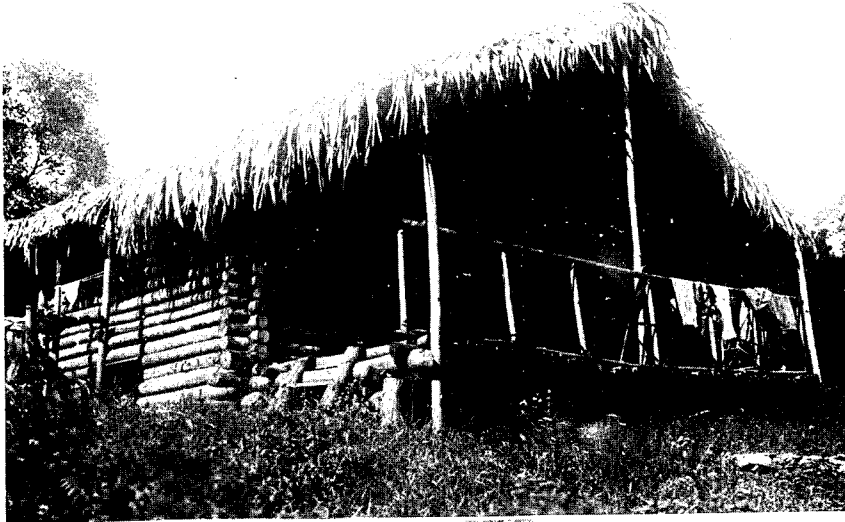
23.

Weather was cloudy & rain practically all day. Shorty's coolies left on Conroy up trail about 0700. An English Capt. arrived at 1200 with 60 Punjab soldiers from up trail. We held sick call at 1600 for 15 of them. The nature of the call was mostly badly infected bites & cuts. Stony & Philips did a good job. Two radio teams with two officers arrived about 0900 headed up trail. Their total was 12. Lodging in camp was over 100 counting coolies. At 3100 a poop arrived with two Lt's & friends who stayed until 2230. As they were leaving they shot a dynamite cap which was against our rule of night firing. The cottage is really going up fast.

24.

The fellows were up at 0545 but I shared the wealth until 0630. We did some work on the cabin plus carrying an ungodly heavy log before breakfast. After breakfast carried some more logs and changed beds from previous. Basha to present Basha. Ross & I separated rations. About 10:00 Capt Schwartz & Lt O'Dahl arrived with men for 2400 10:10.

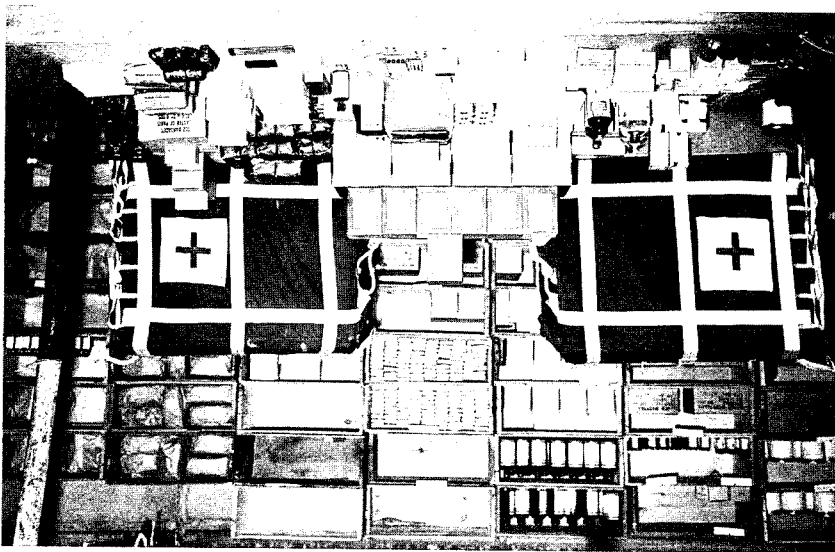
Photograph of a page from the North Tirap Log, showing entries for 19-24 April 1943.



Front and side views of the log house, whose construction is recorded in *North Tirap Log*.



Sgt. Robert W. Fromant, chief author of *North Tirah Log*, with two porters.



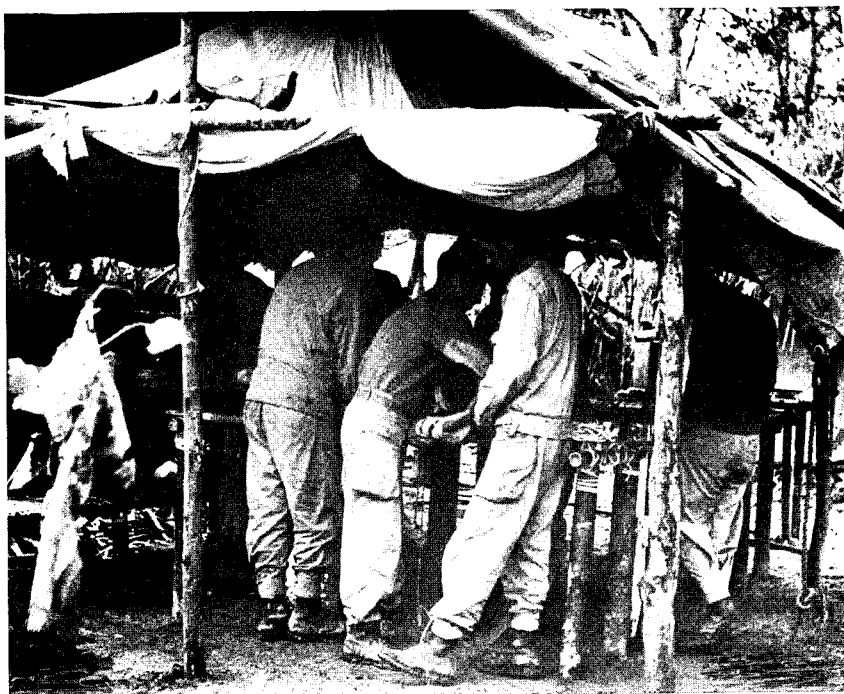
Medical supplies on the table compose the contents of containers dropped by parachute in combat areas. The containers, marked with a red cross, are standing in the rear.



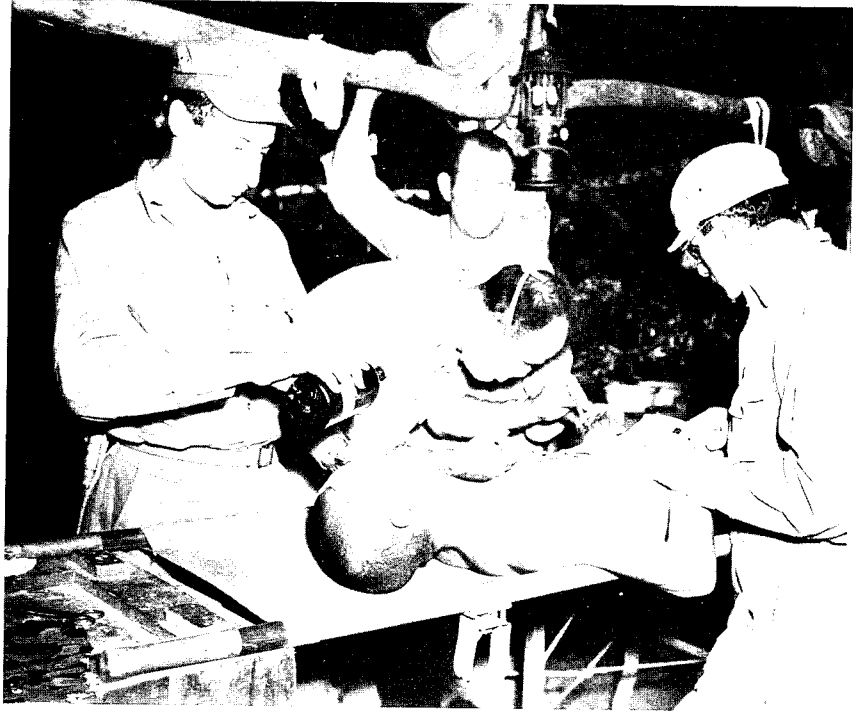
Elevated view of Seagrave Hospital Unit buildings at Tagap Ga, Burma, August 1943.



Aerial view of Myitkyina airstrip from the south after the fall of Myitkyina. Left arrow indicates the general area of the 42d Portable Surgical Hospital; right arrow, Seagrave's hospital. A road leads off at the left to a water point about 1 mile distant.



Top: Injured Chinese soldier is treated a few miles from the front at the 25th Field Hospital, North Burma, February 1944. Note the shelter, made of burlap, parachutes, and bamboo. Bottom: On a jeep used as a field ambulance, patients are moved from the hospital to the landing strip, two at a time. Burma, January 1944.





Left, top: Operating team at work at a portable surgical hospital. China-Burma-India Theater, 1944.

Left, lower: Administering open drop ether before removing shrapnel from a patient at the 46th Portable Surgical Hospital, 6 miles behind front lines, China-Burma-India Theater, April 1944.

Above: Two medical corpsmen give blood plasma to a wounded American soldier on the back of a jeep trailer en route to the 58th Portable Surgical Hospital, Galahad Forces, Myitkyina, July 1944.



China-Burma-India Area, March 1944. Top: Litter bearers carrying Chinese wounded from the front. The wounded are laid by the side of the road to await ambulances from rear areas. Bottom: Litter bearers loading Chinese wounded into an ambulance to be taken to a rear area hospital.



Top: Wounded Chinese soldiers being treated in an outdoor hospital, Burma, 1944.
Bottom: Wounded men wait for a hospital plane after traveling $5\frac{1}{2}$ miles on ox-carts from the front to the Myitkyina airstrip, Burma, 1944.

Col. J. M. Tamraz, SOS Surgeon, reports on medical conditions to Lt. Gen. Brehon B. Somervell at Delhi, India, 1943. Left to right: Maj. Gen. R. A. Wheeler, Colonel Tamraz, Col. B. M. Crenshaw, I.G.D., and General Somervell.



Book Four

WITH WINGATE'S CHINDITS

A Record of Heedless Valor

WITH WINGATE'S CHINDITS

Major General W. J. Officer, C.B., C.B.E., Q.H.S., M.B.

In the blazing spring of 1943 the British fought the Japanese half a continent away from the headquarters hives on the dusty plain of Central India and many miles below the bulldozers cutting the Ledo Road to Shingbwiyang. In the Arakan, the eastern tail of India that flanks the Burma border, a disheartened army marked time ingloriously after futile efforts to sustain a limited offensive. But Brigadier Orde Wingate, prophet of unconventional warfare, had stealthily marched 3,000 infantrymen through the jungle, across the Chindwin River, and into enemy territory. His "Chindits" cut the railroad running north from Mandalay, blew up bridges, and harassed Japanese garrisons. In a last burst of daring they plunged eastward across the Irrawaddy. There the enemy nearly trapped them. Splitting into small parties, they struggled home, leaving nearly a thousand men behind.

The value of the Chindit expedition was difficult to estimate. The displays of courage and the capacity for jungle warfare were heartening at a time when morale was low in India. From a tactical standpoint, however, it did not much matter whether Japanese communications were temporarily disrupted, since no major campaign was in progress. Not until after the war did it become known that Wingate's sudden appearance in Burma led the Japanese to reassess their plans for defending their Southeast Asia conquests. They had believed that the Chindwin River protected their position in Burma. The Chindits demonstrated that this sense of security was ill-founded. The Japanese concluded that they could not be safe until they drove the British out of eastern India and captured the American airbases in Assam. In the summer of 1943, therefore, they began to assemble a force strong enough to assail the British Army on its own ground. One more jungle campaign, they hoped, and the possibility of Allied military action in the Far East would be forever ended.

Wingate's exploits soon attracted widespread attention. Disgusted with the sluggishness of the army in India, Churchill and others applauded the Chindits' aggressive spirit. The Prime Minister invited Wingate to visit him in London, and he took him on to the Quadrant Conference in Quebec in August 1943. There Wingate outlined his plans for a second, more ambitious campaign in 1944. To the dismay of GHQ in India, he returned triumphantly with the authority to

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organize a *Special Force* of six brigades and to reinvade Burma as soon as possible in 1944.¹

By late autumn 1943, all the Allied forces in the Far East were preparing for action—the new South East Asia Command of Lord Louis Mountbatten, Stilwell's Chinese Army in India, and the Generalissimo's American-supported "Y-Force" on Burma's eastern border. Lt. Gen. Sir William Slim, commanding SEAC's chief weapon, the Fourteenth Army, concentrated upon retraining his troops and restoring their confidence. Although suspecting the forthcoming Japanese attack, he himself planned a major offensive. Stilwell had the approval of Mountbatten and Chiang to attack the enemy in North Burma and reopen land communications with China. He had retrained and reequipped the Chinese 22d and 38th Divisions, veterans of the First Burma Campaign. They were the nucleus of the Chinese Army in India. Chiang had promised to add at least two more divisions to Stilwell's command, and, at Quebec, the Combined Chiefs of Staff issued orders to send him an American infantry regiment. Only Generalissimo Chiang was a doubtful starter. He was disappointed that more grandiose plans had not been adopted, and he was loath to risk his Y-Force in North Burma unless the enemy was heavily engaged in the south by a full-scale amphibious assault on Rangoon.

February 1944: The monsoon rains had abated, the roads and trails were drying, and the rivers had subsided. Stilwell's Chinese divisions and American infantry regiment began the descent of the Hukawng Valley below Shingbwiyang, straining to dislodge the crack Japanese 18th Division. Then suddenly, far to their south and west in the Arakan, the Japanese broke out of the jungle. Fast-moving columns drove in the forward units of the Fourteenth Army. But behind them, one of Wingate's brigades was marching down from Ledo, Assam. Four others were poised for flight into North Central Burma.

March 1944: The Chinese Army was at the base of the Hukawng Valley, ready to attack across the heights which separated it from the broader Mogaung Plain. The Fourteenth Army, having blocked the Japanese assault in the Arakan, was under massive attack on the Imphal Plain to the north and appeared to be in perilous straits. Yet it was doggedly holding on to key positions. As Slim maneuvered his reserves into position without utterly committing them, he became confident that he could repel the attack on India and shift to a counteroffensive in Burma by midsummer. The Chindits, soon to be bereft of their commander, were establishing strongholds in the jungle, from which their columns could emerge to molest either the Japanese who

¹ See Kirby, II, pp. 243-244, 309-329; III, pp. 5-6, 8-10, 37-38; Slim, pp. 162-163, 216-220; Sykes, pp. 371-374, 412-448; Mosley, pp. 187-213; Romanus and Sunderland, I, pp. 357-367, and *passim*. In U.S., Department of the Army, *Burma Operations Record, 15th Army Operations*, pp. 7-10, the Japanese assess the effects of Wingate's campaign in 1943. The works of Rolo and of Fergusson: *Chindwin*, are entirely devoted to the first Chindit expedition.

WITH WINGATE'S CHINDITS

opposed Stilwell in the north or those who attacked Slim in the west. The Second Burma Campaign had commenced.²

To steal into enemy territory unencumbered by a long supply train, to skirmish without the burden of heavy weapons, to hit and run—these were the tactics on which the life of the Chindits depended in 1943. At first Wingate's superiors supposed that the new Special Force, although several times larger than the original Chindits, would be equally mobile. To their dismay, however, Wingate soon began to talk of establishing part of his Force in fixed "strongholds" deep in enemy territory. From these hornets' nests he proposed to send out his raiding or "floater" columns. If the enemy attacked the strongholds, he would swiftly draw in his columns to fall upon his assailants' rear. In his most prophetic moods he claimed that the strongholds could become great fortified bases to which the Fourteenth Army could be flown and from which it could issue to reconquer Southeast Asia.

Now seen in terms of strongholds and now in terms of guerilla-like columns, the image of Special Force became blurred. Whether its tactics would emphasize dispersal or concentration only Wingate himself could have said. Whether its strength would suffice to operate in both ways was very uncertain. His superiors finally warned him to avoid excessive commitment to the stronghold plan, anticipating that it might lead to unsupportable demands for reinforcement. But scorning their skepticism, Wingate determined to let success speak for itself. In 1943, his superiors had doubted the possibility of long range penetration. The result? In 1944 he had been rewarded by receiving a much stronger force with which to repeat his adventure. He was now confident that the campaign of 1944 would likewise confound his critics, and that his victories would win acclaim for the stronghold plan.

During the winter of 1943-44, Special Force organized under the cover designation of 3d Indian Division. Two brigades were formed especially for the Force, the 77th and the 111th. They contained some survivors of the first Chindit expedition. Three more brigades—the 14th, 16th, and 23rd—were produced by dismantling the 70th Division, veteran of the Middle East campaign. The 3d West African Brigade was brought in to complete the force. In all, the strength of Wingate's command approximated 20,000 troops. Some were destined to garrison the strongholds. The rest were assigned to mobile columns—two columns per brigade, four battalions per column. Except for one brigade, which was to enter Burma on foot, Special Force was to fly to its battle stations. Moreover, Wingate secured the assurance that aircraft would carry in his supplies and evacuate his casualties.

The principal mission of Special Force was to assist Stilwell's Northern Combat Area Command. This it was to do by interfering with the line of communications running north from Mandalay to the 18th

² *Op. cit.* *Burma Operations Record* presents the war on the Central Front from the Japanese standpoint. Also, *South East Asia, op. cit.*, pp. 1-51; U.S. Department of the Army, *Burma Operations Record, 33rd Army Operations*, pp. 1-4.

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Japanese Division, facing Stilwell's Chinese Army in India in North Burma. It was to begin its campaign in the vicinity of Indaw. There it could cut the railroad leading up to the Kamaing-Mogaung-Myitkyina triangle, the advanced base of the enemy troops in the north. Or it could demonstrate in a westerly direction, behind the Japanese forces attempting to invade India.

The 16th Brigade opened the campaign. Leaving Ledo, India, in early February, it marched down trail toward Indaw. Its purpose was to assure the security of Stilwell's right flank while his Chinese Army in India fought in the Hukawng Valley. Nearly 500 miles from its starting point, 16th Brigade formed a stronghold, Aberdeen. Wingate ordered it to attack Indaw immediately. Several days of arduous maneuvering and sustained fire fights proved futile. The 16th withdrew toward its stronghold, in which it tried vainly to rest portions of its columns, turn and turn about, while patrolling and skirmishing along the road leading north. Late in April it was obviously exhausted. The 16th assembled at Aberdeen and was flown back to India.

Meanwhile, Chindit columns and strongholds invested other sectors of the Railroad Corridor leading to Mogaung through Indaw. The 77th and 111th Brigades flew in early in March. After a bad first night, when wrecked gliders and scattered equipment obstructed the landing ground, the fly-in proceeded rapidly. Near Mawlu, shortly after the fly-in, the 77th Brigade attacked a Japanese garrison and established a stronghold, White City. For several weeks it menaced Japanese roads while under increasingly severe attack.

The 111th Brigade flew to two sites widely separated by jungle and hilly terrain. Part of the brigade, known as Morris Force, worked its way northward on the more easterly trails and roads of the area. The main body closed slowly on the strongholds established by the 16th and 77th Brigades. Its principal action in the campaign began early in May when it put down a roadblock below Mogaung. It fought tenaciously to maintain its stronghold, Blackpool, while waiting for the 77th Brigade to disengage itself from White City and march northward to ambush the Japanese attacking the 111th. But monsoon rains greatly hampered the air supply program. The enemy's strength increased rapidly. The "floater columns" of the 77th could not close in fast enough. Under very heavy attack near the end of May, the 111th finally abandoned Blackpool and struggled back into the jungle.

By this time, the 14th and 3d West African Brigades were also in Burma, having been flown in during April. Both were used partly to man the strongholds and partly to supplement the efforts which the 77th and 111th Brigades were making to isolate the Japanese defenders of Mogaung. Fourteenth Army retained the 23d Brigade with the 33d Corps. In April it went into the jungle to interrupt enemy lines of communication on the Central Front, but it never did serve as part of Special Force, itself.

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In June the battle for North Burma reached a climax in the Kamaing-Mogaung-Myitkyina triangle. While the Chinese pressed toward their objectives from the north, Stilwell ordered the Chindits to pinch the enemy from the south. The eastern section of the 111th Brigade moved toward Myitkyina. The 77th Brigade attacked Mogaung. The western columns of the 111th marched north from the shattered stronghold of Blackpool and fought for positions which threatened Kamaing. The 14th Brigade was ordered to block the route which the Japanese would use if they tried to retreat.

Throughout June, Special Force maneuvered and attacked under unfavorable circumstances. The enemy possessed well-prepared positions and well-established ground communications, while the Chindits were deprived of the advantages of surprise and mobility. As the battle for the Kamaing-Mogaung-Myitkyina triangle became unexpectedly protracted, the strength of Special Force dwindled rapidly. It held to its task, however, despite criticism and complaints of its apparent inadequacy. Only when the vital area had been secured and the fresh troops of the British 36th Division arrived was it allowed to leave the battleground.³

The value attached to the exploits of Special Force varies with the viewpoint of the commentator.⁴ All have agreed that its mission

³ *Op. cit.* Three of the brigade commanders have written about the campaign. Bernard Fergusson's *The Wild Green Earth* (1946) concerns the 16th Brigade. Michael Calvert, in *Prisoners of Hope* (1952), accounts for the exploits of the 77th Brigade. John Masters, who commanded the columns of the 111th Brigade which fought at Blackpool and Kamaing, describes his part in the Second Burma Campaign in his autobiographical *The Road Past Mandalay* (1961). In the Stilwell Papers, Hoover Institution on War, Revolution, and Peace, Folder 4 contains the Fourteenth Army Operation Instructions Nos. 60 and 61, 4 and 10 Apr. 1944, wherein the LRP mission is set forth. Its first responsibility is to support Stilwell's advance on Mogaung and Myitkyina. Second, it is to assist the Fourteenth Army by disrupting enemy communications east of the Chindwin River. General Slim's letter of 12 April designates Indaw as the most southerly point for LRP operations. The Chindits are to concentrate upon the LOC leading toward the enemy positions which Stilwell is approaching. The 3d Indian Division "Precis of Op. Instructions No. 8 dated 28 April" (1944), also in Folder 4 of the Stilwell Papers, sets forth the plan to place the brigades south of the Kamaing-Mogaung-Myitkyina line.

Stilwell's headquarters prepared several summaries of the conferences, orders, and plans relating to 3d Indian Division. An untitled statement dated 25 July 1944 is the most comprehensive of these summaries (Folders 4 and 160, Stilwell Papers, have copies of this statement). With this summary are itemized accounts of the movements and engagements of the 14th, 77th, and 111th Brigades ("Notes on 14th Brigade," etc., Folder 4, Stilwell Papers). Documents in Folder 45 of the Stilwell Papers reveal the relationships between Stilwell and his British peers and subordinates during April 1944.

⁴ Assessments and critiques are found in Romanus and Sunderland, II, especially pp. 220-222; South East Asia, pp. 74-75; U.S. Department of the Army, *Burma Operations Record, 33rd Army*, pp. 5, 8-10, 17-19, and *ibid.*, *15th Army*, pp. 94-96, 144-149; Fergusson, *Earth*, p. 127; Masters, pp. 147, 212-213, 244-246, 272-283; and Calvert, pp. 226, 238, 241-242, 247, 250-51. In June, Mountbatten asserted that the effects of Special Force had been to break the LOC to the north, kill approximately 4,000 of the enemy, destroy supplies, and hinder the movement of certain Japanese units into position on the LOC supporting the attack on India. He estimated that before May the enemy had used the equivalent of two regiments against the brigades. After that time, he thought, at least three and possibly six more enemy battalions were directly or indirectly engaged in coping with the Chindits: Hq SEAC, "Secretary Plans SAC (44) 240," 12 June 1944, Stilwell Papers, Folder 7.

Stilwell's suspicious, contemptuous, and rigid attitudes toward the British are repeatedly exhibited in his diaries from the middle of May to August. (For this point, however, the published *Stilwell Papers* is incomplete. The original diaries, now on microfilm in the Hoover Institution on War, Revolution, and Peace, must be consulted.) In Folders 4 and 7 of the Stilwell Papers, notes on conferences between Stilwell and principal British officers

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was extraordinarily hazardous and arduous. The Japanese testified, after the war, that it was a serious annoyance. The consternation caused by the sudden appearance of airborne troops in Burma led some commanders to propose a postponement of the invasion of India. Some troops in the strategic reserve were diverted to attack the Chindit landing grounds and strongholds. Other troops were delayed in their movement to administrative and transportation posts behind the Central Front.

Most particularly, the defense of North Burma became more difficult. With Special Force behind them, the Japanese facing Stilwell could not fall back indefinitely. Consequently, when they were forced to retreat from the Mogaung-Myitkyina line, they had to sacrifice the garrison at Myitkyina, disengage rapidly, and regroup along a line further to the south than they originally had chosen.

British and American evaluations are less generous and more qualified. Neither Slim nor Stilwell felt that Special Force interfered decisively with enemy communications, nor did they believe that its strongholds and "floater" columns were heavily enough armed to engage really significant numbers of the enemy. During the first 2 months, Special Force was too far south to help the Chinese directly and too far east to influence events on the Central Front significantly. In June and July, the discouragement of its officers and the debility of its troops brought it little—probably too little—credit for its contributions to the campaign.

Several explanations have been offered for the questionable features of Special Force. First, on 24 March, before the Force was well established, General Wingate, its originator, died in an airplane accident. Wingate's successor, Maj. Gen. W. D. A. Lentaigne, the former commander of the 111th Brigade, followed Wingate's plans for tactical operations as far as they had been divulged to him. But possibly, to be most successful, Special Force needed the special zeal and inspiration of its first prophet. Certainly, no one except Wingate might have proposed independent ideas for the deployment of Special Force, over against the plans of Slim and Stilwell.

on 25 May, 30 June, and 11 July 1944 reveal Stilwell's undisguised hostility. His staff, too, shared his attitude, as is clear in the holograph reports of Brig. Gen. Haydon L. Boatner in June, while he commanded the Myitkyina Task Force. Folder 207, Stilwell Papers. A memorandum of 17 July, for example, concerns an incident in which Brigadier Lentaigne protested a statement from Boatner's office which seemed to be a "slur." Stilwell Papers, Folder 4; Boatner's response was officially correct but hardly reassuring. Fred Eldridge, who was on Stilwell's public relations staff, consistently maintains a tone of aggravation in describing the British (and Chinese, too, for that matter): *Wrath in Burma*.

Stilwell wrote and spoke of Special Force as if most of its troops were poltroons. He accused the commanders of insubordination. More than once he threatened to take official action against them (see part IV). He assumed that Chinese and American successes would humiliate the British. He felt that the British press outrageously glamorized the Chindits at the expense of American and Chinese troops. He, in turn, acknowledged Chindit accomplishments in a tone which implied only that, for once, they had merely not let him down. That the officers of the 3d Indian Division responded in kind, so far as their subordinate position allowed, is evident from the narrations of John Masters and, to a lesser degree, Michael Calvert, as well as the responses to Stilwell in the documents cited.

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A second factor in the situation was the prolonged period required to place Special Force in position. The time-consuming and exhausting march of the 16th Brigade almost certainly produced the failure of the attack on Indaw. During April, Fourteenth Army held back the 14th and 3d West African Brigades because all available cargo planes were being used on the Central Front. Consequently, when the 77th and 111th Brigades needed help in May, the 14th and 3d W.A. Brigades were just moving into position.

The third cause of the limited effectiveness of Special Force has been said to be its physical destruction by enemy action, fatigue, and disease during the campaign. Its own commanders repeatedly made this point when they sought to convince Stilwell, Slim, and Mountbatten that the Chindits should be relieved. Subsequently, those who feel that Special Force has been unfairly judged as a fighting unit speak of its physical incapacity for the tasks assigned to it in the battle for Mogaung.

The truth of the point appears obvious. Sixteenth Brigade was exhausted when it left Burma in April. When the 77th Brigade was evacuated in mid-July, most of its troops were headed for the hospital, and its few remaining effective men were, in fact, in very poor condition. An assessment of the strength of the 14th, 111th, and 3d West African Brigades late in July showed that only 3,400 officers and men remained from the fly-in and replacement strength of 11,200 troops. Thirteen hundred men of the three brigades had been killed, wounded, captured, or were missing. Nearly 7,500 were sick and either had been or were scheduled for evacuation. In these brigades, too, the men still listed as fit were disheartened, exhausted, and about as ill as those under medical surveillance.⁵

Despite the emphasis upon the physical deterioration of Special Force, published accounts of its operations have not given more than perfunctory attention to its medical history.⁶ How did the medical catastrophe come about? How adequate was its medical service? Did the troops sufficiently recognize the peril of a tropical environment? Is there a medical reason why the Force seemed to be more effective in its early hit-and-run maneuvers than when it fought in prepared or in relatively stationary positions later on? Finally, was the last and sorriest stage of Chindit operations the unavoidable medical consequence of military operations in the jungles and swamps of Burma?

⁵ Statistics among the available documents rarely check exactly with one another. The medical situation is discussed below, but the summary here is drawn from the "Orders," 3d Indian Division Headquarters, 19 July 1944, which appends a status report on the brigades, Folder 4, Stilwell Papers.

⁶ *The United Kingdom Medical Series of The History of World War II* includes the volumes by F.A.E. Crew, *The Army Medical Services: Campaigns*, the fifth of which treats Burma. By the time it appeared in 1966, the text, notes, and commentary presented here had been entirely completed. They have been adjusted, however, to provide appropriate cross-references to the official history. Crew does not fail to consider the questions of medical policy raised by the Chindit campaign, nor is his evaluation uncritical. He concludes that Wingate's decisions impaired the effectiveness of the Force medical establishment. But he does not test the hypothesis that the Chindit medical history is the key to its tactical history.

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Medical Report of the Work of Special Force 1943-44 *sheds so much light on these matters that its specific contents require little more than prefatory assistance. Its opening section criticizes the initial plans for medical support of Special Force and the spirit in which those plans were conceived. The author's position—for reasons which become apparent in the Report—leads to brevity, if not circumspection, in the discussion of the original medical plan. A brief review of its background is appropriate here, therefore.*

When General Slim took command of the Fourteenth Army in 1943, he recognized that its health and morale were unsatisfactory. He directed that steps be taken (1) to employ the latest results of medical research and practice in treating sick and wounded, and to obtain adequate supplies of recently-developed therapeutic drugs; (2) to move close to the troops the treatment facilities needed to care for malaria patients; (3) to provide air evacuation facilities for seriously ill or injured men; and (4) to take a variety of measures to improve morale and thereby reduce the malingering and insanitary practices which augmented the already high sick rates. Thus:

*Air evacuation, in the long run, probably made the greatest difference of all to the wounded and sick * * * but it should be remembered that where the surgeon saved the individual life, the physician, less dramatically, saved hundreds by his preventive measures * * * Good doctors are no use without good discipline. More than half the battle against disease is fought, not by the doctors, but by the regimental officers.*

To emphasize the importance of the daily intake of the malaria-suppressant, mepacrine (called Atabrine in the American army), Slim "had surprise checks of whole units, every man being examined. If the overall result (of the blood tests) was less than 95 percent positive I sacked the commanding officer. I had to sack only three; by then the rest had got my meaning."⁷

General Wingate's attitudes toward health and toward Army medical services were parts of his eccentric and militant personality. As for himself, he took pride in his hardihood. His passionate hatred for flies was as much a form of fastidiousness as it was a salutary contribution to camp sanitation. Although fully aware that all food and water in the tropics are presumed to be contaminated, he suffered a nearly fatal case of typhoid fever after impetuously downing the water in a vase of flowers in his hotel room in India.

Troops sent to him for his first long range penetration force were exactly the kind to arouse his prejudices. They were disgruntled, overage, and beset by various chronic disabilities. The weeding-out process began as soon as they assembled for their training—first, by their own pellmell flight to the medical stations. He wrote:

⁷ Slim, pp. 173-180.

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Hypochondria is the prevailing malady of the Englishman and of civilised nations. From earliest youth all are taught to be doctor-minded. National Health Insurance, necessary and beneficial in many ways, plays its part in inducing this disease complex. While a native of India or Africa will not, unless encouraged to do so by a European, even bother to mention a temperature of 103° F., an Englishman will throw himself out of work on account of the slightest deviation from normal. Even common colds are regarded as serious excuses for idleness. To this kind of self-indulgence there is no end * * * The first thing that had to be done when training the Long Range Penetration Groups was to root out the prevailing hypochondria. For this the co-operation of the medical profession was necessary. Although one would suppose my theory to be contrary to their interest, I must admit to having had the full, although sometimes misgiving, co-operation of medical officers.

Wingate's medical theories fitted his tactical practices. To guard the secrecy of his whereabouts on the march, he forbade the establishment of open lines of communication. Thus he had no means for evacuating sick and wounded men. The idea of devising an air evacuation system seems not to have been suggested. Instead, Wingate taught his troops that "sickness meant capture or death. He [the soldier] therefore did not only not go sick, he did not even fall sick." He also reported:

I am at last getting Platoon Commanders to be their Platoon Physicians for minor ailments and treatment. I never allowed this to interrupt our marches or operations. Gordon said, "A man is either his own physician or a fool at thirty." On this standard a great part of our nation must be classified as fools. I do not sit and take that as an unalterable fact, but set out to alter it, and I hope to succeed in doing so.

Wingate's first campaign did nothing to amend his principles, but it did convince him that his zeal for medical self-sufficiency had been excessive. The officers and men had found almost unbearable the necessity to abandon their sick and wounded. A sound evacuation plan, therefore, was considered an absolute prerequisite for the second campaign. Wingate, no less than others, saw that light planes or cargo aircraft would be Heaven-sent solutions to the problem of retaining mobility for the Force while adequately providing for the evacuation of severely sick and wounded men. Not only would marching columns periodically be relieved of the unfit, but the strongholds could serve as temporary evacuation points without becoming choked by casualties. The less seriously sick and injured, however, were to remain in the Force and recuperate on the march.⁸

⁸ On Wingate's plans and attitudes, see Sykes, pp. 371-374, 415, 431, 469, 476-486; Rolo, pp. 156-160, 174-176, 188-189; Mosley, pp. 188-189, 201, 312; and Crew, V, pp. 133-136. Crew rejects the extreme position Wingate took, but he concludes that the campaign was so severe as to overwhelm any other medical policy that was likely to have been adopted.

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Wingate's parsimony and prejudice on medical matters unquestionably affected his decisions about the organization and training of Special Force. After his death in March, however, the attitude of his subordinates became crucial. Such evidence as is available suggests that they were about at the average for line officers in their regard for medical services and in their cordiality to medical personnel: ready to accept available aids to the health and security of their men, but equally unwilling to allow their command to be coddled. Typically, their admiration of their own medical assistants was balanced by indifference to or resentment of medical advice from the rear. The three brigade commanders who have published their memoirs were realistic—although not especially optimistic—in accepting the traditional responsibility of a commander for the health of his men, second to, but not unrelated to, their fighting power.

Brigadier Bernard Fergusson has reported the regular administration of Atabrine (or mepacrine) to his troops in 16th Brigade. He claims that Atabrine was less effective than it was expected to be, even when faithfully taken. But he also confesses that:

In one respect we had the wrong attitude to malaria: we looked on it as inevitable; we believed that we were all bound to get it every so often. Good work and propaganda by commanders, doctors, officers and men elsewhere has shown that this is by no means true * * * But in one respect we had the right attitude, in that we never treated malaria as a disease meriting evacuation.

Exceptions to the rule were made for men with cerebral malaria or for those who had had numerous debilitating recurrences of the disease. Fergusson acknowledged the principle that: "Health in the jungle is not only the business of the doctor or the commander; it is the job of every officer and of every individual."⁹

Brigadier Michael Calvert, 77th Brigade Commander, has spoken especially to the point of Wingate's attitudes:

Those who accused him of not paying attention to the medical side, may be surprised to learn that we were the first brigade to have mepacrine in Burma, and that very many medical ideas which later were used throughout the Army were first tried out on Wingate's brigade and in some cases started by him. I do not suppose at that time any commander in Burma * * * took more trouble and interest in the medical health and hygiene of his troops.

He comments, from time to time, on the medical situation of his brigade in the second campaign. Like other commanders, his remarks give reason to suspect that disease and emaciation might be doing more than the enemy to destroy Special Force.¹⁰

⁹ Fergusson, *Chindwin*, pp. 221, 239-240; *Earth*, pp. 197-199.

¹⁰ Calvert, pp. 86-87, and *passim*. Calvert's comparisons apply mainly to the campaign of 1943. Then, indeed, since Wingate's Chindits were the only troops fighting in Burma, they were the only ones using mepacrine, the value of which had been demonstrated in the

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Brig. Maj. John Masters, who commanded part of the 111th Brigade, has testified to the importance of air evacuation, and to the serious consequences arising from lax Atabrine discipline. He was aware that some malaria "breakthroughs" resulted from deliberate failure of men to take Atabrine regularly. However, he and his medical officers were convinced that these lapses in morale were rare. In their opinion, the rapid rise of sickness in the summer of 1944 resulted from the debility which had accumulated during an excessively long campaign.¹¹

The attitude of junior officers and of the men can only be surmised on the basis of common observation. Typically, it involved acute apprehension about the effects of a tropical environment and (apparently by derivation) the medical measures taken to combat it. The myth that Atabrine produced sexual impotence or sterility was rampant among all Allied forces, for example. Yet conversely, the enormous labor required to reduce the hazards of contaminated water, insect bites, and fungus infections of the skin—indeed, the impossibility of preventing them entirely during a long campaign—produced laxity bordering upon hostility toward medical discipline.

The belief that Asiatics endured disease and physical distress more easily than Caucasians also was widespread, although the high mortality and morbidity of the native populations provided visible contrary evidence. Such leaders as Wingate and Slim insisted that Western troops could fit themselves for tropical campaigns, but the troops commonly felt that their enemies suffered less than they did from tropical perils. The sense of inevitability which accompanied such a prejudice produced, of course, a self-fulfilling proposition.

From this background, as well as from the objective realities of a severe campaign, the medical history of Special Force derived many of its peculiarities. The description of that history in Medical Report of the Work of Special Force is urgent and intelligent. It conveys the special anxiety of a participant who observes the intersection of a highly sophisticated science and art with a completely primitive situation and environment. When it was written, the author had every reason to suppose that the experience of 1944 would be used as a lesson for 1945 and 1946. That the turn of events proved otherwise does not

South Pacific in 1942 and early 1943. That Wingate was more concerned about medical matters than many line officers is also probably true. As his own statements indicate, he at least had positive and distinct views which were cogently applied to tactical problems. The figure of the "old India hand" who took a completely fatalistic and negligent attitude toward health is a far more familiar one in 1942 (and even later) than the prejudiced but serious Wingate.

¹¹ Masters, pp. 133, 137, 237, 262-276. Crew, V, pp. 216-232, quotes at length the official medical report of Major Desmond Whyte, RAMC, the senior Medical Officer of 111th Brigade. It presents, of course, a responsible perspective on malaria control. Whyte's report may be profitably compared with that of General Officer; the two reinforce each other, although the latter is far more informative and judgmental. The quality and impact of Crew's history is much enhanced by his extensive use of quotations from participants.

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reduce the importance of his report. For it shows how the technical resources and valor of Special Force were needlessly wasted by ignorance, indifference, and intransigent prehistoric attitudes toward hygiene, sanitation, and medical discipline.

MEDICAL REPORT OF THE WORK OF SPECIAL FORCE, 1943-44

Introduction

The following is a Report covering the Medical Aspects of the Force from its inception to the conclusion of its operations in Burma in 1944 and it covers the whole field of Training, Organization, and Battle Experience.

Such a report must, of necessity, be frank and outspoken and opinions must be given frankly and fearlessly if it is to achieve the object for which it is written, namely to benefit future similar undertakings and to avoid the repetition of the mistakes and omissions which are bound to occur in new and original undertakings.

Many of the assertions may be considered unduly dogmatic and merely my personal opinion and for that reason many of the statements may not meet with universal approval. At the same time it must be realized that they are based upon a not inconsiderable experience of warfare in this theatre and on my own personal observation during the period of operations under review. For this reason it is considered that they should be given due consideration and weight and not discarded lightly on the grounds that they are so personal.

The report is divided into three phases, each covering a distinct period of the life of the Force and ending with the conclusions drawn and the recommendations made for the future.

I. HISTORY AND OPERATIONS

The medical establishment of Special Force was underranked and undermanned. It consisted of (1) a Deputy Director of Medical Services and the Headquarters medical section of three officers and four other ranks; (2) the brigade medical units, each composed of two medical officers, a warrant officer, and 20 other ranks; and (3) the column medical units. Wingate intervened to prevent the senior medical officer from attaining a rank commensurate with his position as D.D.M.S. Wingate also reduced the size of the column medical detach-

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*ments below the level which the medical administration believed would be adequate.*¹²

The D.D.M.S.¹³ put forward that each Column should have one Medical Officer and eleven other ranks R.A.M.C. (or I.A.M.C. for Indian columns).¹⁴ This was turned down by General Wingate, his reason being that it would increase the size of the columns too much, and make them unwieldy, and he suggested that one Medical Officer and two other ranks would be sufficient; as all ranks in the column should be capable of looking after themselves, and only require medical assistance in the more severe type of case.¹⁵

General Wingate suggested that use could be made of the Column Padre as a Medical Orderly but this was not agreed to by the D.D.M.S. However, after more discussion, it was finally decided by the General that the Column establishment would be one Medical Officer, one Sergeant and two other ranks R.A.M.C. on the columns with Padres, and one Medical Officer, one Sergeant and three other ranks R.A.M.C. on columns without Padres. On Indian columns the establishment was fixed at one Medical Officer, one Sergeant R.A.M.C. and three Indian other ranks, I.A.M.C.

Although this establishment was finally passed by G.H.Q. (I)¹⁶ it was never agreed to by the D.D.M.S., and as anticipated, it proved itself quite inadequate in that the Medical Officer was severely handicapped when a Medical Orderly was required for an isolated group, e.g., the Recce Platoon¹⁷ or Commando Platoon; and further if a group was isolated for any length of time from the Main Column, the responsibility for any casualties, etc., rested with the officer in charge. An attempt was therefore made to give instructions to the officers in First Aid with a view to making Columns self-sufficient and avoiding this; but with the limited time available and the lack of interest in anything Medical by combatants, only a sketchy course was covered.

Training

During the Training period each brigade operated independently, concentrating on column exercises. The medical personnel were attached to the columns, and apart from their work with them no collective medical training was done in the Force.

¹² General Officer begins by describing the composition of Special Force and its medical establishment. His comments thereon are here summarized.

Unless otherwise indicated, notes and text summaries have been supplied by the Editor. A few trivial typographical and verbal errors have been corrected.

¹³ The Deputy Director of Medical Services occupied a position corresponding to that of the principal medical officer of a Corps in the American Army. At that level, the rank of Brigadier would have been appropriate.

¹⁴ Royal Army Medical Corps; Indian Army Medical Corps.

¹⁵ For comparative purposes, it may be observed that the medical detachment of a U.S. Army infantry battalion was composed of two medical officers and 32 men. On this scale, Special Force columns had medical personnel equal in number to that allotted to a *company* in an American battalion.

¹⁶ General Headquarters (Intelligence).

¹⁷ Reconnaissance Platoon.

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Brigade Medical Units lived in the Brigade Area but took no part in the general training. They proved, however, too small to deal with all the sick in the brigade, and became merely a collecting post to which the Column Medical Officers sent the sick. These were then evacuated to the hospitals in the Jhansi Area.¹⁸

Although on the establishment of the unit six ambulance cars were authorized, these could not be obtained and three-ton lorries fitted with Berridge equipment were issued in lieu, and these in their turn were later replaced by 15-cwt. trucks fitted to carry four patients. As brigades were widely separated from each other and as there was no central point at which casualties could be collected and evacuated to hospital, the Medical Units had to function independently. This meant that units had to evacuate in most cases over a distance of 100 miles, and with the limited transport available this was most difficult.

When the brigade moved out for an exercise away from its permanent area, the medical unit had to send a detachment with it, and from the limited numbers of officers and men available it was only possible in most cases to send one truck and a few R.A.M.C. orderlies.

It is considered that the evacuation should have been carried out by the areas and subareas concerned.¹⁹

Supplying Medical Stores to Columns

The O.C.²⁰ Brigade Medical Unit indented in bulk from the Medical Store, Jhansi, and issued to the columns as required. For the collection and distribution of the stores the ambulance trucks were used as no other vehicles were available.²¹

¹⁸ In northeastern India. The author here calls attention in the text to a map enclosed with the report.

¹⁹ On this point two opinions are hardly possible. The range of evacuation for so small a medical unit would properly be no more than a few miles, at the very most. In a brief section which has been omitted, the author reports that a hospital nearer than the one at Jhansi was closed to Special Force troops, for reasons unexplained to him. Requests for regular ambulance units to help the brigades went unfulfilled. As a result "the vehicles of the Brigade Medical Units were fully employed day and night." Not much better arrangements could be made to use railway coaches on a train which passed through a nearby town three times a week—at midnight! Fortunately, two brigades were close to Jhansi, and the medical section in the West African brigade had 11 ambulances.

Nonetheless, the inadequate facilities for evacuation and hospitalization led to costly expenditures of troop strength. Brigade ambulances were off station for long periods of time. Casualties with minor illnesses and injuries were taken too far from their operational areas, although Fourteenth Army stressed the importance of providing close-in medical services, especially for malaria cases. Not only was it important to avoid excessive delays in returning troops to duty, but it was also desirable to remove any temptation to malingering that a distant hospital might offer. See Slim, pp. 178-179; Crew, V, pp. 189-190.

²⁰ Commanding Officer.

²¹ At this point in the report, the author inserted complete War Establishment tables of personnel, equipment, and supplies. The equipment and supply lists provided instruments and drugs for first aid and short-term treatment of injuries, wounds, and such common diseases as diarrhea, dysentery, and malaria. The units of supply and equipment were relatively small, since the Special Force required the utmost mobility.

Force Concentration

On completion of training, the brigades moved to their Concentration Areas. 16 Brigade [went] to Ledo Area, 77 Brigade to Lalaghat, and 111 Brigade to Imphal Plain, leaving only the Brigade Depot Staffs in their Training Area. Brigade Medical Units followed their brigades and opened in the Rear Brigade Headquarters Area. Once the brigade moved into Burma, the main function of the brigade medical units was to supply their respective brigades with medical stores and equipment and take over medical charge of the personnel of Rear Brigade Headquarters.²²

Meanwhile the D.D.M.S. recommended the following Administrative Lay-out of his staff on the move of the Force to the Operational Area: At Gwalior, D.A.D.M.S., D.A.D.H.; at Sylhot, A.D.M.S.²³ The D.D.M.S. and the D.A.D.H., while being mainly at No. 1 Air Base, Sylhot, would be free to move into any area he considered necessary.

This, however, was not agreed to by Force Headquarters and instead it was laid down that as the brigades moved forward into the operational area the Medical Headquarters Staff would be: (a) At Gwalior, D.D.M.S., D.A.D.M.S., D.A.D.H., D.A.D.M.²⁴ and the whole of the Clerical Staff, (b) at Sylhot, the headquarters of 3d Indian Division,²⁵ A.D.M.S. How the D.D.M.S. was ever expected to direct the Medical Services of the Force or to advise his Commander on matters of medical importance so far in the rear of Main Headquarters, is beyond comprehension. Yet at the same time the D.D.M.S. Colonel [W. E.] Campbell has received all the blame for the nonworking and the maladministration of the Medical Services. When, as will be seen later, the D.D.M.S. was not even allowed to visit the Operational Area or to contact his new A.D.M.S. on the latter's arrival at Sylhot, it can be understood in what a difficult position the D.D.M.S. found himself.

Prior to the Brigades' moving to the Operational Area, the D.D.M.S. decided to visit the D.D.M.S. Fourteenth Army, put him into the picture as to the role of the Force, and prepare a plan with him for the hospitalization of the casualties on their evacuation.

Permission to do this was denied him on the ground that the A.D.M.S. had already visited D.D.M.S. Fourteenth Army and had made all necessary arrangements. It was only after the troops had moved to the forward area that the D.D.M.S. was allowed to pay them a visit. When in the area he suggested that his office should no longer be at Gwalior but should move up to No. 1 Air Base at Sylhot where Main Force Headquarters was now situated.

²² In a brief passage here omitted, the author reports the appointment of base depot medical officers. These arrangements were made by higher administrative headquarters and did not involve Special Force.

²³ D.A.D.M.S.: Deputy Assistant Director, Medical Services—a staff position appropriate for the second-ranking medical officer of a division and below that of the A.D.M.S. D.A.D.H.: Deputy Assistant Director, Hygiene. A.D.M.S.: Assistant Director, Medical Services—the chief medical position in a division or brigade.

²⁴ Deputy Assistant Director, Malariology.

²⁵ "3d Indian Division" was the "cover" identification of Special Force.

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This suggestion was not approved and the D.D.M.S. had reluctantly to return to Gwalior.

Shortly after this Lt.-Col. [John L. Mewton], I.M.S.²⁶ was appointed A.D.M.S. of the Operational Area with the title of A.D.M.S. 3d Indian Division and reported at Sylhot after visiting the D.D.M.S. Fourteenth Army. It was natural at this stage, and in effect essential, that the newly appointed A.D.M.S. should contact his D.D.M.S. and get some indication from him as to what his duties in a Force of this nature were likely to be and be put in the picture generally as regards the tactical situation. This, however, he was not allowed to do, nor was the D.D.M.S. allowed to come forward from Gwalior to contact him. The signal received at Gwalior in answer to the D.D.M.S. signal stating his intention of proceeding to No. 1 Air Base was "D.D.M.S. not required at No. 1 Air Base."

Thus with the exception of two brief visits to the forward area the D.D.M.S. remained at Gwalior until he left Special Force on repatriation to the United Kingdom.

From this it can be seen that the Medical Branch of the Force was not only not receiving every assistance to carry out what at the best of times could only be an extremely difficult administrative task but was meeting with active opposition. The D.D.M.S. had not been allowed to administer his command and the newly appointed A.D.M.S. had not the slightest idea of what his duties involved. Medical Units and the personnel were thus left without any leader, without any clear-cut Medical plan and they embarked on a hazardous undertaking with a feeling of insecurity and bewilderment.

After his interview with the D.D.M.S. Fourteenth Army the A.D.M.S. 3d Indian Division reported his arrival to his D.A. QMG²⁷ (Brigadier [Neville] Marks) in Sylhot. He requested permission to proceed to Gwalior to meet the D.D.M.S. but was told that, while it might be desirable for him to see his D.D.M.S., there was first a more urgent task for him to do in the forward area. He was to visit the two brigades which were likely to go into Burma in the near future as General Wingate had reported that they were all suffering from a mild degree of Avitaminosis. He was directed to go to Imphal that afternoon and see 111 Brigade. When this inspection had been completed he was to return to Lalaghat and examine 77 Brigade. He would then report to Administrative Headquarters in Sylhot and after taking all necessary action he could report to Gwalior.

On his arrival at Imphal the A.D.M.S. reported to General Wingate and told him the purpose of his visit. General Wingate assured the A.D.M.S. that from his experience he personally had a much greater knowledge of Avitaminosis than any doctor but that he, the A.D.M.S., was to carry out his orders and report to him his findings.

The A.D.M.S. visited 111 Brigade in its camp 31 miles down the Tiddim road. All Medical Officers agreed that while the health of the men was of a very high order they had, some six weeks ago, "gone off their feed" as the

²⁶ In the typescript, the first and middle names are omitted and the initial letter of the last name is illegible.

²⁷ Deputy Assistant Quartermaster General. Marks was Wingate's chief administrative officer.

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diet had then been of a very poor quality and very monotonous, but that since the visit of the D.D.M.S. a few days ago the diet was now above reproach and nothing more was needed or wanted. 77 Brigade was then visited in Lalaghat and all Medical Officers told a strikingly similar story. Brigadier Michael Calvert told the A.D.M.S. that in his opinion the diet was perfectly good and that the complaints were inversely proportional to the efficiency of the unit's internal administration. The Kings Regiment, whose internal administration was good, made no complaints while another regiment, which was not so well administered, was full of complaints. This the A.D.M.S. found to be so. While the Kings said that they had more food than they could eat the other regiment complained bitterly of the insufficiency and the poor quality of the ration. The ration in both cases was the same and it was pointed out to the latter where the trouble lay and by what means it could be remedied.²⁸

On completion of these inspections the A.D.M.S. returned to Imphal where he made his report to General Wingate. He was then told that as no arrangement had yet been made for the reception of casualties on their evacuation from Burma, when operations began he was to return to Sylhet and make, in conjunction with the D.D.M.S. Fourteenth Army, whatever arrangements he considered necessary.

A few days later, during the course of a visit to 77 Brigade, the A.D.M.S. was horrified to note from the Senior Medical Officer²⁹ that the "Fly-In" into Burma was due to begin the following evening. This was the first information he, the A.D.M.S., had received on the subject and up to this time no arrangements had been made for the hospitalization of the casualties occurring either during the landings or during the operations.³⁰

A plan had, therefore, to be made immediately to deal with the situation.

Operations

It was at this time—10 April 1944—that I took over the appointment of D.D.M.S. Special Force and reported my arrival to the D.D.M.S. of Fourteenth Army and to Major General W. D. A. Lentaigne, the Force Commander³¹ who was then visiting Headquarters, Fourteenth Army.

²⁸ Brigadier Michael Calvert subsequently recalled that rations were adequate, though monotonous. John Masters, then the Brigade Major of the 111th Brigade, later stated that the diet during training included shark liver oil. See Calvert, p. 193; Masters, p. 133. However, a later report refers to severe avitaminosis among troops seen at Imphal in September 1943. While the troops are not identified, the reference almost certainly is to the incident described in General Officer's Report. In four battalions, from 15 to 50 percent of the troops showed signs of vitamin deficiency. See O'Dwyer, p. 115.

²⁹ Maj. C. Roy Houghton, R.A.M.C.

³⁰ Fourteenth Army, in the field order which launched the campaign, required the establishment of a casualty clearing station at No. 1 Air Base as part of an air-evacuation plan. Masters had originally been told that casualties would be left with friendly villagers, as had been done during the first campaign in 1943; occasionally they might be flown out by C-47 cargo planes. However, this preliminary view was replaced by Wingate's firm intention to use an air-supply and an air-evacuation system. Yet Calvert, at the time of the fly-in, was worried about how casualty evacuation would be carried out. The varying reports, thus, tend to confirm the picture of administrative confusion and last-minute improvisation. See Sykes, pp. 507-508; Masters, pp. 127, 137; Calvert, p. 32; Crew, V, p. 190.

³¹ General Wingate died in a plane crash on the night of 24 March. Brigadier Lentaigne, then in the field with 111 Brigade, became Force Commander on 30 March.

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It soon became apparent from the information which I had received from Fourteenth Army and from my A.D.M.S. that the task before me was to be by no means an easy one. It was common knowledge that the Force in general and the late commander in particular were not Medically-minded to say the least of it, and from the story given by the A.D.M.S. it was quite evident that my predecessor had been given no active support and had instead apparently received only active opposition. With an officer of his seniority and experience, it is quite impossible to believe that the D.D.M.S. had not done everything in his power to put the Medical Services of the Force on as sound a basis as possible. I am confident that any faults or deficiencies which were to come to light were through no lack of effort on his part.

On my arrival at Force H.Q. at No. 1 Air Base D.A.Q.M.G. informed me that although it was probable that I had been told that the Force was antimedical, this was far from being the case and that the best Medical Service possible was their one desire. I was assured that it was through no fault of theirs that the existing Medical Setup was below normal standards, and that the fault lay entirely with my predecessor. I was assured that I would be given every possible support to this end, and I may say at this stage that this has proved to be the case.³²

Taking over a "Going Concern" in the middle of an operation was of course a difficult problem, and without seriously interfering with, and interrupting the course of operations, the institution of any radical change was impossible. It was quite evident that any established Medical Organization was completely lacking; and while the policy had evidently been for the Force to be so "special" that it should be entirely self-contained and independent of all outside help, the Medical Organization presumably based on this policy was completely insufficient to cope with even the merest of operational necessities.

In order to get some clear picture of what the organization lacked and what, from the nature of its task, it required, an Appreciation was made, setting out all the factors and a suggested solution for the future.

After a rapid visit to the troops in "Aberdeen" and "White City"³³ as well as to the Gwalior and to the Jhansi Area, in order to get a complete picture of the general layout, the work of attempting to direct a nonexistent Medical Service was commenced. At times it often appeared that all that was required was a Medical Officer of sufficient experience and seniority to act as a Medical Adviser to the G.O.C.;³⁴ at others, that the task was so large and so fraught with difficulties which at times appeared insurmountable, as to need a D.M.S.³⁵ with the staff of an Army. When it is realized that at one time the Force was spread from Bangalore in the South to Dehra Dun in the North of India, and through the Headquarters situated at Gwalior,

³² See pp. 208-211, for discussion and evaluation of the attitudes attributed to Wingate and others in the Force.

³³ See pp. 203-205, for the summary of the campaign. In early April, 16th Brigade was based on the stronghold Aberdeen, and had recently failed in its attempt to capture Indaw. Not long after General Officer's trip, the brigade would be evacuated because of its exhaustion. At White City, the 77th Brigade was actively engaged throughout April and early May.

³⁴ General Officer Commanding.

³⁵ Director of Medical Services.

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Sylhot, Dinjan, and Shaduzup to the troops operating in Central and North Burma, it can be appreciated how true this was. Each in turn held their own importance and while medical representation was necessary at each this could not always be provided. As it was, this multiplicity of Headquarters involved such a subdivision of the Medical Staff that it seriously reduced the efficient running of this branch and made communications all the more difficult.

The general plan of operations was that brigades were to invade Burma by crossing the Chindwin River at selected points, at staggered intervals. The operations were to begin with 16 Brigade advancing via Ledo and the Hukawng Valley in early February, and 77 and 111 Brigades making their approach from the Imphal Plain. Shortly after 16 Brigade had started its march, the plan, so far as it affected the other brigades, was changed, as it was apparent from information received, that a crossing of the Chindwin River in force would be opposed. It was decided, therefore, that the remaining brigades would be flown in to preselected areas which were to be put into a state of defense and form bases from which columns would operate. The initial assault troops were to be flown in by gliders with the task of preparing and protecting a landing strip to receive the larger troop-carrying aircraft bringing in the remainder of the Force. Two sites were selected for this purpose and given the code names of Piccadilly and Broadway. As on the eve of the assault it was discovered that the Piccadilly site had been obstructed, presumably from enemy action,³⁶ its contemplated use was abandoned and Broadway only was used. At a later stage three further sites, named Chowringhee, Aberdeen, and White City were made. The exact position of these sites was not known to any of the Medical Staff at this time, for none of its members were allowed to attend the 'S' Conferences,³⁷ in spite of repeated representation being made as to the vital necessity of this.

Embarkation arrangements as regards Medical Detachments were poor, and while the principle of dispersal was appreciated and acted upon to a certain extent, it lacked organized plan. Officers, men, and equipment were dispersed to such good effect that there were no organized parties which could function on landing.

In any future operation this must be appreciated, and dispersal into parties, each capable of functioning independently, must be arranged; remembering always that casualties occurring from accident as well as from enemy action at the time of landing must be anticipated and provision made for their treatment.³⁸

³⁶ Almost at the last hour before loading the gliders, aerial photographs were obtained which showed that the clearing called Piccadilly was crisscrossed with logs. The only safe assumption could be that the enemy had discovered the plans of Special Force. After a dramatic conference with Wingate, Slim ordered the fly-in to proceed on schedule. Later it was learned that Burmese woodcutters had simply spread out newly-cut teak trees to dry.

³⁷ Special Staff conferences.

³⁸ Many gliders in the first flights crashed at Broadway. The field became completely obstructed by wreckage. Survivors worked frantically during the early morning hours, however, and the fly-in resumed after daybreak.

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Embarkation for the fly-in took place from the airfields of Lalaghat and Imphal, but chiefly from Lalaghat.

With the construction of Dakota³⁹ strips in the defended areas mentioned, it was now possible for casualties to be evacuated by air direct to base hospitals in Assam; and 91 I.G.H. in Sylhot was chosen as the base hospital for this Force.

It now became one of the functions of the Brigade Medical Units to receive the casualties on their arrival at the base air strips; and while arrangements had been made that all casualties were to be landed at Sylhot Air Strip, the possibility of their being landed elsewhere, namely Hailakundi, Lalaghat, and Agatala, had to be provided for, and Medical Detachments were consequently sited on each of these strips.⁴⁰

The original idea that each Brigade Medical Unit would be responsible for the medical supply of its own brigade now became impossible, and 16 Brigade Medical Unit was given the task of doing this for the whole Force. [Since it had not been decided]⁴¹ in view of the uncertainty of the commencement of operations, as to how, if at all, evacuation of casualties was to take place, medical officers were instructed that everything was to be done with the means at their disposal to return individuals to column duty as quickly as possible. This meant carrying the sick and wounded wherever possible, either on stretchers carried by bearers or on ponies with which the columns were supplied; such nursing as was possible being undertaken at halts and in bivouacs as occasion arose. In the event of an action and the number of casualties increasing, or if, for any other reason, the carriage of patients became impossible, then arrangements would have to be made to leave them in the care of friendly villages. If this was not possible then they were to be hidden in some secure place near water, with sufficient food, ammunition, and money to enable them to subsist as long as possible until help arrived, or they became sufficiently restored to health to make their own way to safety. It was hoped that the abandoning of such casualties would never be necessary and medical officers were instructed to make every effort possible to get their men away by every means in their power.⁴²

³⁹ The two-engine Dakota plane (designated C-47) was the workhorse cargo and troop-carrier plane of the war.

⁴⁰ On the line of air evacuation behind Stilwell's Chinese Army in India, the 151st Medical Battalion had the principal responsibility for establishing and staffing "air clearing stations." As it had done at the trail aid stations in 1943 (see *North Tirap Log*), the Battalion dispersed its troops widely in relatively self-sufficient evacuation centers. Obviously, no such plan had been laid down for Special Force. Instead of diverting a suitable medical unit from its supporting echelons, the Fourteenth Army expected the Force to produce its own line of evacuation as well as its combat medical services!

⁴¹ The phrase in brackets has been supplied, conjecturally, as it is apparent that the typist of the Report omitted a line. Footnote 42 indicates that the idea expressed by the conjectural insertion represents a misapprehension of General Officer, but it is consistent with the sense and tone of the remainder of his paragraph.

⁴² This picture is, of course, exactly accurate for the Chindit's campaign of 1943. All sources agree, however, that the plan for 1944 included the intention to provide air evacuation, and that this intention was known at least by the time the Force was in training. It is true, however, that no clear notions had been formulated regarding evacuation from marching columns, and it was only as the campaign began that the utility of the small L-1 and L-5 "cub" planes was demonstrated. See Masters, p. 137: During training maneuvers, an injured mule skinner was evacuated by a light plane. "The commanders' hopes and the soldiers' morale rose sky-high. Now we would not have to make the choice between destroying the morale of our men or saddling ourselves with wounded who would

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As things turned out, evacuation to India did become possible, and was in fact so successful in the early stages, that in many cases men were back in the base hospitals within 12 to 24 hours of their being wounded. The jettisoning of casualties did, I regret to say, have to be resorted to in a few instances. The majority of these cases occurred in the course of an unsuccessful action when withdrawal had to take place under heavy enemy fire without the opportunity allowing of the collection of the more seriously wounded. At other times when the wounded were being carried and had, for reasons of speed or insufficiency of bearers, to be abandoned, these were in the majority of cases so seriously wounded that their chances of survival were of the slenderest. Such cases, in view of their serious condition, were put humanely out of their misery.⁴³

The policy of economy in manpower, the treatment of the individual within the column and his rapid return to duty, remained the basic principle throughout the campaign even when a successful method of evacuation was devised and in regular operation; and it was always understood that only the most serious cases requiring skilled nursing would be evacuated out of Burma. Cases of malaria, diarrhoea, septic sores were all treated by column medical officers even when the malaria was sufficiently severe to necessitate the administration of quinine intravenously. Every means available to get the man back on his feet was adopted, and gradually it became the accepted practice to treat nearly all cases of malaria with an initial dose of quinine intravenously.

Toward the end of the campaign when both men and medical officers were feeling the strain both mentally and physically, there was a tendency for medical officers to forget their basic policy, and for them to send out men for whom during normal times, evacuation from Burma would never have been considered.

The serious mental strain to which all ranks were being subjected and the appalling conditions of weather and terrain in which they were compelled to operate were fully realized; at the same time, so long as an operational task remained and so long as those responsible remained deaf to the medical reports of the state of the men's health and their consequent noneffective

slow our movements so much as to invite disaster, and failure." Masters also reports that Brigadier Lentaigne, while still in command of the 111th Brigade, sent two sick soldiers to the base by air shortly after the fly-in. "They were not very ill but Joe had decided to send them out as a demonstration of the speed of our evacuation system" (pp. 178-179). Calvert, who had led columns of the Chindits in 1943, "had laid down that we would never leave wounded behind" in the second campaign (p. 32).

⁴³ Calvert led part of his brigade on a difficult flanking raid outside White City, hoping to relieve some of the pressure on it. As casualties accumulated, the force slowed down its pace to match the litter bearers. At one point, however, efforts to recover several wounded men under heavy fire produced new casualties. The troops were forced to leave some of the wounded men behind (p. 134).

Masters, commanding the 111th Brigade at Blackpool, had to make a still more desperate decision. The stronghold was shattered. As the 111th withdrew under enemy fire, too few mules remained to carry all the wounded. Some were being carried on litters by other wounded men. Enemy pursuit was imminent. Masters' medical officer reported that at least 19 of the wounded men were very near death. By shifting their litter-bearers to other cases, it appeared that some 30 men might be evacuated and saved. Masters accepted the choice given him. The 19 hopeless cases were spared from falling alive into enemy hands, however (pp. 253-254). Crew, V, pp. 237-238, quotes Masters' account of the grim episode.

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fighting state, this policy had to be adhered to as strictly as ever. Moreover, laxity with one brigade whose opportunities for evacuation were more favourable, produced its serious repercussions in others whose position was less fortunate. The gravest instance of this occurred on the Indawgyi Lake when, although the numbers awaiting evacuation from 111 Brigade were larger than any of the other brigades, they were in no way so serious as the [scrub] typhus cases in 14 Brigade, or the large number of battle casualties of 77 Brigade. As the means of evacuation became more uncertain and irregular, the attention of medical officers had again to be drawn to this basic policy, and the importance of a strict selection of the cases for evacuation, retaining within the column those with whom they could deal themselves, was again impressed on them.

Although this basic policy of treatment was accepted and carried out, it was only done under the greatest difficulties; for the number of medical personnel was quite insufficient to deal with even the small numbers occurring during the premonsoon period. Numbers of medical personnel must be sufficient to carry out not only the numerous duties involved in the efficient nursing of the sick but also the fatigues necessary for their accommodation, protection, cooking, and sanitary wellbeing. The allotting of combatant personnel for these duties when they are already fully employed in their own tasks of local defense and patrolling together with attending to their own personal needs, is not possible and cannot be expected.

For strongholds the ideal would have been the establishment in them of some form of field hospital and no doubt the original idea of the brigade medical unit was that they should be so employed. However, lack of aircraft space and the other duties to which they were already committed prevented this being done. Whenever possible, column medical personnel were combined with a view to carrying out this duty, but their resources were insufficient and their usefulness restricted.

II. PERSONNEL, INTERCOMMUNICATIONS, AND EVACUATION

The medical problems produced by warfare in the tropics were compounded by the difficulty in determining when and how to evacuate casualties. "To conserve fighting strength" required that genuinely incapacitated men should be withdrawn, both for their own sake and for that of their hard-driven comrades. In the strongholds or in the marching columns they were a burden. Yet the grave limitations in air transportation facilities for evacuees, and the absolute necessity of preventing losses in Force manpower precluded generosity in the evacuation plan.

For this dilemma, there were no happy resolutions. Painful compromises characterized the attitudes and practices of the medical establishment, from the Force Surgeon down to the Column medical

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officer. Those who were conservative or who could not secure evacuation facilities on call were accused of cruelty. Those who were liberal were liable to be reprimanded for weakening the Force, and for encouraging malingering.

Medical Personnel for the Columns—Officers and Other Ranks

It can be truthfully said that without exception all commanders were high in their praise for the medical personnel with their columns. They were keen and had the welfare of their men at heart. They worked under the most extraordinary difficulties of climate, terrain, and insufficiency of equipment. They carried out their work with cheerfulness and an enthusiasm which was beyond all praise.⁴⁴ The wonder is not that the Medical Services did so well but that they functioned at all. With lack of communications, the loss of and at times the absolute absence of Medical Supply Drops, the appalling weather conditions, and the lack of cover made the nursing of some of the more acute fevers almost an impossibility. With the small numbers of medical personnel available and the multiplicity of tasks necessary before cases could even be received, made the proper care of the sick and wounded even more astonishing.⁴⁵

With it all a lack of training the arduous and important duties of the Regimental Medical Officer were in many cases painfully obvious.⁴⁶ There was a disinclination by some, though these were in the minority, to realize the importance of the maintenance of a full frontline strength and economy in manpower. There was at times a misplaced sympathy with the hard lot of the men and an assurance to them that they were not receiving the attention they would like to give them. Such misplaced kindness had naturally a lowering effect on morale and it can truthfully be said it was in those columns where the Medical Officers were most popular that morale was of the lowest.

There is no one who has more influence on the morale of the men than the Regimental Medical Officer. The operational task and the war effort in general compatible with the well-being of his men must be his primary concern. Firmness must be combined with sympathy, and the infusion of a knowledge that his treatment is of the best and that the fitness of the man to resume his place in the frontline for the task allotted must be his prime considerations. Only by this means will the morale of the men be maintained at the highest.

⁴⁴ This estimate is confirmed by the comments of Fergusson, Masters, and Calvert. Majors Desmond Whyte, RAMC, James Donaldson, RAMC, and C. Roy Houghton, RAMC, were the Brigade Medical Officers of the 111th, 16th, and 77th Brigades, respectively. Fergusson also praised the "outspoken and excellent" Force Surgeon, the author of this report: Masters, pp. 272-273; Fergusson, *Earth*, p. 202; Calvert, p. 168.

⁴⁵ Sic. The word "with," which opens the sentence, should be deleted.

⁴⁶ Sic. The sense of the sentence would be clearer if it read: "With it all, a lack of training in the arduous and important duties of the Regimental Medical Officer was in many cases painfully obvious."

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Pari passu with this and closely intermingled with it is the infusion of a knowledge of a healthy way of living. In other words constant education in the maintenance of health and the prevention of disease—a high standard of Sanitation and Hygiene—amongst all ranks especially the leaders to whom the men look for example and guidance. Slackness in the former naturally leads to slackness in the latter, and it is here where the Regimental Medical Officer can exert an enormous influence. Constant reminding during periods of off duty of antimalaria precautions in which officers were notoriously slack, the digging of latrines, and the reporting of indiscipline in sanitary habits, while all tending to risk the loss of popularity, if done with tact and friendliness lead to an enormous improvement in health and efficiency. In fact it can be said that the influence that can be exerted by a good Regimental Medical Officer with a sound knowledge of human nature and a set standard in discipline and morale is beyond measure, and it is only by training that the young Medical Officer can be made to realize it.⁴⁷

There was a tendency in the early days of the Force for Medical Officers to be sent to the Force as a punishment. The type of man who got into trouble at a guest night or at a dance night at the club for smashing the furniture or laying out the most senior officer present, was considered, by virtue of his toughness, as the most suitable type for the hazardous operations envisaged for this Force; and in actual fact many of this type were posted and had to be changed. From what has been said above it can be seen how very mistaken was this policy and it cannot be overemphasized that the standard of Medical Officer for this type of formation must be of the best available and imbued with the best traditions of the Profession and the Service, and trained to the realization of the importance of the duties of the Regimental Medical Officer.

Intercommunication

It can truthfully be said that intercommunication⁴⁸ between Column Medical Officers and Senior Medical Officers on the one hand and the D.D.M.S. on the other did not exist. Medical messages were invariably incorporated within the body of normal column signal messages for Rear Brigade, and as the result these were seldom extracted and passed for the information of the Medical Branch. On one occasion at least action was initiated by the "G" staff on a purely medical signal without any reference to the Medical Branch, and it was only by virtue of a repeat signal being received

⁴⁷ The reader of these homiletic passages may profitably recall that such afteraction reports aimed immediately at affecting current plans, training programs, and administrative policies. The lecturettes which sometimes intrude into General Officer's otherwise factual or historical exposition are anything but gratuitous displays of sanctimonious military doctrine. In a rather severe self-criticism, based on the wartime experiences with disease in India and Burma, another officer concluded: "We [in the RAMC] failed prior to 1943-44 to appreciate the problems set us by warfare in the tropics because of a lack in our basic medical training and because of our lack of use of the hygiene measures at our disposal * * * we failed to convince the combatant that hygiene was to him of vital importance": O'Dwyer, p. 122.

⁴⁸ The brief section on "Intercommunication" appears in the original Report between later sections on equipment and supply. For the general reader, however, an early acquaintance with the difficulties of communication seems a valuable basis for appreciating the Force's problems of medical evacuation.

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a month later, that any knowledge of the previous communication on the subject was brought to light.

Much of the fault lay in the ignorance and lack of training of the Medical Officers, and from the fact that they were imbued with the realization that they were brigaded and dependent on their brigade for everything rather than that they were part of a medical organization directed by a D.D.M.S.

No arrangements had ever been made for keeping the Medical Directorate informed at regular intervals of the state of health and of the number of casualties in the columns. The result was that the Directorate was never in a position to know at any particular time the medical condition of the Force or any part of it. An attempt was made to remedy this and Medical Officers were instructed to send in a Weekly Medical Situation Report giving the necessary minimum details; and orders were given that a record of all men reporting sick must be maintained.

The result was very disappointing. Medical Officers in many cases never realized the importance of doing this and that the help which they themselves expected and which was only too willing to be given [sic] was dependent on its prompt submission. Many, however, did make a real attempt to comply, and the Senior Medical Officer of the 14 Brigade sent in a daily sitrep⁴⁹—at one stage by a signal—none of which reached either the D.D.M.S. or his staff. In other cases reports when they were received were irregular and out of date so that a picture of the Medical situation at any one time was never really known.

The whole system of Medical Intercommunication must be given very careful thought for any future operations. Medical officers must be in a position to contact and receive the help of their Service Chief and every assistance must be given to them to this end.

Medical signals should be entirely separate and addressed to the D.D.M.S. and the Weekly Situation Reports must be rendered promptly and accurately in the form of some simple code by signal. Only in this way can the D.D.M.S. direct his services and be in a position to render the necessary technical advice to the G.O.C.

Evacuation

Fighting behind the enemy lines necessarily produces problems not met with in other types of warfare.

This is putting it mildly. On occasions the problem seemed insoluble and it says much for the ingenuity and resourcefulness of those responsible that evacuation at times was ever made possible. No praise is too high for the American pilots of the light planes who worked ceaselessly and unremittingly, often in appalling weather, and always with the risk of being shot down, day in and day out; to the RAF and USAAF pilots of Troop Carrier Command who were never unwilling to undertake every reasonable risk compatible with the safety of their crews and aircraft, and who did magnificent work in the most appalling monsoon conditions of weather and terrain; and to

⁴⁹ Situation report.

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the pilots, doctors, nurses, and medical technicians of the No. [sic] Air Evacuation Squadron⁵⁰ whose services were always willingly given and because of whose untiring efforts and loyal cooperation the evacuation was at first made possible in the Ledo area; not least and not last, to the "G" Staff and especially to Brigadier [H. T.] Alexander to whom most of the credit must be given for initiating many of the methods of evacuation used and devised.

It was not known at the commencement how evacuation was to be achieved. It was hoped that light planes would be available for use in conveying casualties from the vicinity of columns to already existing airbases. Failing this, the only method possible was for casualties to be carried with the columns when they would of necessity have to be left to the care of friendly villagers, or with sufficient food and water until they became well enough to proceed on their way alone and able to look after themselves.

With the change in plan of operations, it was soon seen that evacuation by air would be possible, and in actual fact it became so and remained the sole method of evacuation throughout the whole premonsoon period. Wherever possible, columns constructed light plane strips in the vicinity in which they were operating and casualties were evacuated by light plane to the nearest Dakota Strip. These light planes were of two types, L-1 and L-5. The former could carry four casualties (two lying and two sitting or one lying and three sitting). The L-5 on the other hand could evacuate only one sitting patient. Moreover, as the length of strip required by the L-5 was greater than that required by the L-1, the former was rarely used. Dakota strips were for the most part situated in the strongholds and were being used nightly by incoming supply planes of Troop Carrier Command bringing supplies and equipment into the strongholds. These were available for the evacuation of casualties on the return trip.⁵¹

This, then, was the method used, and proved highly successful right up to the onset of the monsoon. No fighter opposition was ever experienced and evacuation was carried out continuously and without interruption.

The conveying of casualties from columns to light plane strips was usually carried out with the help of the local inhabitants or by personnel of the columns acting as stretcher bearers. They were invariably escorted by an armed guard.

With the onset of monsoon conditions and the consequent increase in the risks involved in flying from the previous air base, the axis of evacuation had to be changed. Many of the strips previously in use were now soft and unserviceable, so that other arrangements had to be made. As long as the weather held, the construction of light plane strips could still be continued for while the ground was too soft to allow of the landing of heavy planes,

⁵⁰ The 803d Medical Air Evacuation Squadron of the U.S. Air Force was the only such unit in North Burma until July 1944. Two flights supported the Stilwell front. The 443d Troop Carrier Group, Tenth Air Force, provided some assistance, also. The light planes, so vital to the evacuation system, were flown by the 5th and 7th Liaison Squadrons, Tenth Air Force.

⁵¹ Brief published descriptions of the evacuation of sick and wounded are available: see Robinson; Wigglesworth; Rexford-Welch, I, p. 370, and III, pp. 523-528; and Crew, V, pp. 190-195.

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there were places still dry enough to carry the weight of light planes, which worked from the all-weather strips of Tinkok [Tingkawk] Sakan and Warazup. This presented no difficulty except that it meant that our casualties would have to be evacuated through the American Operational Area and back along their L. of C.⁵²

During the transitional period casualties were being evacuated to our old bases at Sylhot, Agatala, Lalaghat, and Hailakundi as well as our new ones at Tinkok Sakan and Warazup. This meant that our medical resources were going to be hard put to it to be able to staff all the airfields now being used by the Force. It was quite evident therefore that reliance would have to be put on the American Army Medical Organization which was briefly as follows. The 20th General Hospital at Ledo, together with the American Hospital at Shingbwiang were the two main base hospitals to which all American and Chinese troops were evacuated.⁵³ Forward of these were the usual Field Medical Units through which American casualties were evacuated from the frontline to the two main Dakota Strips of Warazup and Tinkok Sakan. At each of these localities there was a field hospital with a medical detachment situated on the air strip for loading purposes.⁵⁴

Casualties were evacuated back to Ledo and Shingbwiang by planes of the 803d Air Evacuation Unit based on Chabua, and it was with the help of this unit that the casualties of the Force were evacuated from Dinjan for admission to the hospitals in that area in accordance with the plan of A.D.M.S 202 Area, and which had been prepared to meet the large number of sick that were expected from the Force on its eventual evacuation from Burma through this route.

⁵² By May 1944, the 151st Medical Battalion was so widely dispersed that administration became very difficult. It was reorganized into a Headquarters and Headquarters Detachment, 151st Medical Battalion; and four separate companies: the 385th Medical Collecting Company, the 685th and 686th Medical Clearing Companies, and the 889th Medical Ambulance Company (Mtr). These units established air clearing stations as well as other evacuation stations on the North Burma front. Dr. Floyd T. Romberger, Jr., the original editor of *North Tirap Log*, was the chief officer in charge of the medical aspects of air evacuation.

The size of the air clearing stations varied with the situation. From a half-dozen to 25 enlisted men and at least one medical officer usually were involved. The equipment list which became standard included a tent (if no local shelter was available), and litters, cots, blankets, and housekeeping items for an average of 30 casualties. Normally, casualties were kept no more than 24 hours. Heavy fighting nearby, or a delay in evacuation flights caused by bad weather might result in an accumulation of up to 100 patients, however. Ambulance and trucks attached to the air clearing station brought in casualties from all nearby medical and line units.

The station at Tingkaw opened on 17 May 1944. It became a major field hospital soon afterward. The 686th Clearing Company built a bamboo hospital to accommodate up to 500 patients for short-term treatment. During the summer, 190 British and Indian casualties were cleared through the hospital.

At Warazup, Air Clearing Station No. 7 received the bulk of Special Force evacuees in June and July. Approximately 6,000 British casualties passed through it: see Stone, "Evacuation of the Sick and Wounded * * *," and Stone, *Medical Service in Combat*, III, chapter 13.

⁵³ The 73d Evacuation Hospital moved into Shingbwiang in March 1944, replacing elements of the 151st Medical Battalion which continued, however, to operate the important Air Clearing Station No. 3.

⁵⁴ The American line of evacuation ran from the battalion and regimental aid posts to portable surgical hospitals or elements of the 25th Field Hospital to the air clearing stations. In the immediate zone of combat, the 13th Mountain Medical Battalion furnished ambulance service. As previously noted, the companies which formerly constituted the 151st Medical Battalion provided the air clearing stations and, if necessary, collecting and transient hospitalization (the "Field Hospitals" to which the Report refers).

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The air ambulance planes functioned backwards and forwards between Warazup and Tinkok Sakan on the one hand, and later Myitkyina, and Shingbwiayang and Ledo where they [the patients] were staged by the detachment of a brigade medical unit, until they were picked up in the evening by the returning empty ambulance planes and carried to Dinjan en route to their base at Chabua. At Dinjan another detachment of the same medical unit was sited to load the ambulance cars which conveyed them to the Combined Military Hospital, Panitola. The Combined Military Hospital, Panitola, thus became in effect a casualty clearing station. All casualties were admitted there in the first place and later distributed to the hospitals at Digboi and Dibrugarh. Any serious case which required immediate admission to hospital on arrival at Ledo was admitted to No. 44 Indian General Hospital at Ledo, the principal function of which was the hospitalization of the personnel of the Indian Labour Units working on the Ledo Road.

The hospitals at Digboi, Panitola, and Dibrugarh were augmented by D.D.M.S. Fourteenth Army bringing to the vicinity of each a Malaria Forward Treatment Unit.

At this stage of operations brigades had moved north from the two defended localities of White City and Blackpool, in the areas of Renu and Hopin respectively, and had concentrated in the general area of Indawgyi Lake; with the exception of 77 Brigade which had begun its move on Mogaung. All brigades had with them a considerable number of sick and wounded and it was decided to attempt the evacuation of these in the Indawgyi Lake area by seaplane. For this purpose a Sunderland Flying Boat was based on the Brahmaputra near Dibrugarh; and to this was later added a second one. Because of the limited flying ability of these machines it was arranged to evacuate only the more serious cases by this means. The highest tribute must here be paid to the R.A.F. pilots who, in spite of the risks attendant on flying over mountainous country through the worst possible monsoon conditions of low clouds, rain, and thunderstorms, and over a route which at first was quite unknown to them, never failed to fly whenever the slightest chance of success presented itself.

As envisaged, this method of evacuation came to a sudden end, partly because of the damage sustained by each of the planes while moored on the Brahmaputra River, partly to the monsoon conditions of weather which made the opportunities for flying few, and to the height and swiftness of the Brahmaputra which made mooring difficult if not impossible, and through the floating down of large logs, a danger to the aircraft. All this, combined with the fact that they were urgently required for their normal tactical role, decided those who were responsible to discontinue their employment.

As there was still a considerable number of casualties awaiting evacuation and as the old method of evacuation by land-based aircraft could now no longer be reinstated owing to the constantly low lying cloud formations, as well as to the constantly wet ground, it was decided to make an attempt to evacuate them by river up the Indaw Chaung to Kamaing. As this, too, offered a means of supply to the forward troops and was a means of relieving the already overstrained aircraft space, arrangements to implement this were

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instituted. Lt.-Colonel Howell [?] ⁵⁵ was ordered to raise a force composed of Royal Engineer personnel to act as boat operators and to assemble as large a number of craft, assault boats, and country craft, as could be secured, with all necessary outboard motors for their propulsion. These were to be flown to Warazup which would be the Headquarters of the Force as well as the riverhead. Colonel Howell then made a recce of the route from the air and made his appreciation. At this point, and on the information so received, the Medical Branch was asked to arrange for what they considered to be the minimum necessary medical support.

On the information received that the journey from the lake to Warazup would take only 12 hours, it was suggested that two whole Brigade Medical Units would be necessary. One [was] to undertake the reception and dispatch of the casualties at Warazup and the other to divide into two parts and establish staging posts en route, sited at approximately 4-hour intervals. As an Advance Party, one officer and eight RAMC other ranks with 400 pounds of equipment were flown into Warazup from Sylhot. The remainder were sent up to Dinjan by rail for onward dispatch by the more abundant air transport which was available in that area.

With the acute shortage of rail transport in the first place, the similar shortage of air transport in the second, there was a long and most unfortunate delay in the implementation of this plan. To fill this hiatus, skeleton staging posts had to be established by available column medical officers at the lake end of the route and a much reduced Brigade Medical Unit flown in by the American Air Evacuation Unit to Warazup. While this gave the barest possible aid to the sick and wounded and was much below what had been hoped for, it sufficed until the prearranged units and equipment could be sent in.

Arrangements were made for those casualties who were still awaiting evacuation from Indawgyi Lake to be moved up the Indaw Chaung to Kamaing, staging at Chaungwa and Manwe en route, at which places a medical officer and medical staff had been located. At Kamaing all serious cases were admitted into the American Field Hospital until they were fit enough to stand the second stage of the journey to Warazup.⁵⁶

Evacuation from Kamaing was carried out by means of a shuttle service of American Assault Craft to Warazup. This part of the journey, being against the current, took about 12 hours, and was an extremely trying experience for these unfortunate men, as the construction of head cover which was attempted in the early days made the boats topheavy and dangerous in the fast flowing current. They were thus exposed to the elements of the hot burning sun or the drenching from a heavy monsoon rain. No medical attention was available during the course of this long journey as sufficient medical personnel to man each boat with a medical attendant were not to be had. In spite of the dangers and hazards of this long and arduous route,

⁵⁵ The dittoed typescript is not clear: "Nowell" may be correct. The full name of the officer has not been identified.

⁵⁶ The "Field Hospital" at Kamaing was a temporary facility provided by the 13th Mountain Medical Battalion.

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the numbers of casualties evacuated ran into many hundreds and with the exception of one fatal accident, all were evacuated safely.

At Warazup a brigade medical unit was eventually established for their reception and they were from there conveyed by planes of Troop Carrier Command and of the Air Evacuation Unit to Dinjan. Prior to the Brigade Medical Unit's getting into position, the casualties were admitted to and treated in the American Hospital which had been sited there for the use of C.A.I. troops. Owing to the severe monsoon conditions there were occasions during which the Warazup Strip, which was not an all-weather strip, became unserviceable, and the casualties had then to be transported by road to Shaduzup and were admitted to the American Evacuation Hospital situated there. From this hospital they were conveyed by light plane to the all-weather Dakota Strip at Tinkok Sakan, as the intervening road was unserviceable owing to the rains, and thence by Dakota to Dinjan. As the monsoon progressed, the road between Warazup and Shaduzup was interrupted by the two main bridges being swept away by floods. A ferry service, with shuttle system of ambulance cars between, had thus to be organized.⁵⁷

It can be seen, therefore, how very dependent we were on the cooperation of our American Allies; and without their assistance, which was always very willingly given, evacuation would never have been possible. To them and especially to the American Army Medical Services we owe an undying debt of gratitude.

By this time all brigades except 77 Brigade had reached the vicinity of Lakhren. Here a light plane strip was constructed and as long as this remained serviceable casualties were evacuated by light plane to Tinkok Sakan. When this in its turn went out of action evacuation was carried out through Manwe by river to Kamaing and Warazup. To the already trying river journey was thus added a long and tedious march, along mud-infested mountain paths over the hills to Lakhren, from the area in which columns were now operating.

77 Brigade had now reached the high ground south of Mogaung investing this township. They had had no opportunity since their withdrawal from White City of evacuating any of their sick and wounded. As the result of the many engagements in which they had taken part, the numbers of those awaiting evacuation at this time was in the region of 250. The area around Mogaung was almost completely under water and with the railway linking it with Myitkyina still in enemy hands, it was completely isolated from all contact with the outer world. A recce was made with a view to seeing if an L-1 converted by the addition of floats could be landed on the water or nearby river. Arrangements were put in hand, meanwhile, for this conversion to be carried out. Unfortunately this proposition was found to be unworkable. The float plane was however used for evacuating from the

⁵⁷ American medical reports describe the same prodigious effort. At Warazup, troops of the 686th Clearing Company operated Air Clearing Station No. 7. At Shaduzup, elements of the 25th Field Hospital received patients. If Shaduzup airfield were also closed, casualties went on to the temporary hospital of the 686th Clearing Company or to a branch of the 25th Field Hospital at Tingkaw Sakan.

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Indawgyi Lake to Tinkok Sakan. It being amphibious, it proved itself a most excellent means of getting away some of the most serious cases from that area.

The situation then at this time was critical. The number of casualties was increasing and with the need for every available man in the front line, the protection of the sick and wounded became a problem. Something had to be done and efforts were made with the help of tree branches and coconut matting on a base of sandbags to produce a light plane strip. This proved successful and evacuation by light plane to Myitkyina commenced.⁵⁸ From Myitkyina they were carried by returning supply plane to Dinjan.

With the move of 111, 14, and the West African Brigades towards the line of Japanese withdrawal from Mogaung, evacuation to Lakhren became more difficult. It was decided therefore to use the Taungni-Pahok road and the Kamaing-Pahok road. A detachment of No. 80 Parachute Field Ambulance of the 51st (Parachute) Brigade operating in the Imphal Plain was requested and, through the D.D.M.S. of Fourteenth Army and 4 Corps, permission to transfer this was granted. This detachment was eventually dropped at the Pahok crossroads where it established a staging post. Evacuation was now through Pahok by road to Kamaing thence by river to Warazup. As soon as the remaining pockets of Japanese resistance in this area were mopped up, a light plane strip was constructed at the Pahok crossroads and serious cases were evacuated by this means direct to Myitkyina. Eventually Myitkyina fell; the Myitkyina-Mogaung Railway was freed from all enemy and this became the main route of evacuation.

The problem now was to decide how best to make use of this; for though rolling stock was plentiful, motive power was nonexistent. To fill this deficiency Jeeps were converted by a change of wheels for use on rails. Each Jeep was capable of drawing one 20-ton flat and three such trains were made and used to excellent effect. Later, two, then six Luda petrol motor-driven trucks were flown in, each doing more reliably and more powerfully the work which the Jeeps had been doing up to now.

As by this time the greater part of the sick had been evacuated and as the scene of operations had shifted southwards to Taungni, a medical unit forward of Pahok was necessary. The medical unit from Warazup was therefore brought forward to Milestone 15 on the Pahok-Taungni Road and arrangements made for a light plane strip to be prepared on the road itself. At this stage the remaining brigades of the Force were relieved by 36 Division and operations as far as this Force was concerned came to an end.⁵⁹

⁵⁸ Stilwell had taken the airfield at Myitkyina, but his Chinese and American troops did not capture the town until August. Air Clearing Station No. 8 opened on 18 May, as soon as the attack on Myitkyina began.

⁵⁹ In this description of evacuation during the last weeks of the campaign, it appears that systematic procedures like those of the American forces were developing. If light planes were to be used to take casualties from the combat area, an airfield for two-engined planes was needed not far away. There, mobile medical troops were required for air clearing station duty or to provide temporary hospitalization. In addition, reserve troops had to be available to take over established clearing stations or collecting points when new airstrips were opened as the frontline advanced. The Royal Air Force medical historian has commented that field commanders were slow to realize the need for ground medical support.

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It can be seen from the above account some of the difficulties which were encountered, and at times these were so great that they appeared almost without solution. It was not until one was again on an almost normal L. of C. that one began to realize how extraordinarily easy is the task of solving the numerous problems of normal evacuation. In no theatre of war were the diversity of methods used probably so numerous and improvisation stretched to such lengths, as they were in this operation. With the means available and the absence of any proper medical organization, the wonder is that evacuation to the extent achieved was ever possible.

III. SUPPLY, EQUIPMENT, AND RATIONS

The development of a medical supply system dependent upon aircraft proved as necessary and difficult as the institution of air evacuation. The columns carried a few days' supply with them. They called by radio for replenishment. The calls were decoded at the airbase and passed to a detachment of the Force medical service. It assembled the needed items and turned them over to the Force Quartermasters for packing and delivery to the Air Supply Company. To regularize the issue of medical supplies, 5-day standard units were designed. They could be preassembled and packed, and the brigades could order them singly or in multiples, as required by the tactical situation.

The lack of sufficient medical supply troops and depot facilities produced confusion and inefficiency. The irregular movements of the Force and the vagaries of jungle warfare made rational planning almost impossible. An important part of General Officer's responsibility,

of air evacuation. On the other hand, no British air evacuation unit was assigned to the Burma front until late summer, 1944. See Rexford-Welch, III, pp. 524-525.

The strongholds of Special Force provided some facilities for collecting and evacuating patients. However, they were inadequately supported by medical troops and systematic evacuation. Both White City and Blackpool were dangerous most of the time, but casualties were sometimes evacuated very rapidly, if supply aircraft happened to be ready to return to their bases. In other cases, they collected for several days: Masters, p. 237; Calvert, pp. 54, 57, 118.

During the attack on Mogaung, the wounded men of the 77th Brigade were "under a leaky improvised shelter, lying in two rows on the ground covered in blood-stained parachute cloth. We had had a surgical team flown in by now, and they worked in appalling, but unavoidable, conditions of mud and rain. A man wounded would first be treated on the spot by his battalion. Then he would be carried back as far as Pinhmi by his battalion stretcher-bearers. There [Captains John S.I.A.] Chesshire and [Theophilus C.] Thorne would treat him. After that he would almost at once be carried on in the rain to the base by the Oriya Indians or Burmese Gurkhas, or Sikh stretcher-bearers. He would wait his turn, according to the seriousness of the case, before being seen and operated on by the surgeon, meanwhile tended by other Medical Officers and looked after by less seriously wounded men. If light planes were available, he would fly to Myitkyina that day—or the next day. If not, he might wait days before evacuation. If he had a flesh wound he would stay at base, helping tend the more seriously wounded, and then rejoin his battalion. Only the seriously wounded were evacuated. At Myitkyina he would be treated again as necessary, and then flown by Dakota to our new hospitals in the northern Assam Valley near Ledo. The fact of having this air evacuation sustained the morale of the troops, and the selfless, ceaseless work of the battalion Medical Officers, Major [C. Roy] Houghton, and the surgical team, reassured them that all that could be done was being done for them": Calvert, p. 209.

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therefore, was the constant reevaluation of the medical supply and equipment system.⁶⁰

With so many links in a chain of supply, it was never possible to pin down the responsibility for any loss which might occur at any one link. It was quite evident that the only satisfactory method would have been for the medical unit concerned to be responsible for the packing and for the medical responsibility not to have ceased until the stores were loaded on the aircraft. With the small size of the packages so common with medical supplies it was realised of course that this was impossible and uneconomical. At the same time the problem of a satisfactory method of medical supply must be solved, as during these past operations it was far from satisfactory, and although all demands, exorbitant as some appeared, were always supplied, many column Medical Officers were frequently complaining that their QQs⁶¹ were not being met.

Complaints, too, were now beginning to come in from the columns that deficiencies other than those acknowledged on the packing notes were existing when the stores were received by them. It can only be assumed that the missing items were either being mislaid or stolen after leaving the Medical Store. This belief was furthered when occasional odd articles of medical stores were handed back from the Packing Section undelivered with no indication as to which column they were originally intended [for]. It may be added, however, that this trouble did not arise when dealing with the all-British 61 Coy R.A.S.C.⁶² Packing Section.

With the responsibility of supplying additional brigades, difficulties began to increase. Firstly the "5-day" system in use by 16 Brigade was not being observed by 77 and 111 Brigades, and demands were being received from them at very short notice for immediate collection. As many as eight demands from one brigade would be received in one day, whereas under the "five day" system no more than three separate demands were ever received in 24 hours. To ensure the supply of stores without delay it was necessary to supplement the staff by two Privates (1 storeman and 1 clerk). A further addition to the staff, although desirable, could not be made through lack of personnel.

Although column medical officers realised that only items included in the Code List were available at the airbase, it was at this time that other items started to appear in clear on the QQ signals. Every effort was made to supply these articles from the unit dispensary or from the local hospital, but soon it was found necessary to indent on 16 Indian Depot Medical Stores to meet these demands. Unfortunately, the delay in obtaining these items prevented

⁶⁰ These editorial notes summarize General Officer's opening passages on supply. Stilwell's arrangements for the Chinese Army in India may be cited, in comparison. One section of a medical supply company at Ledo specialized in air supply. Field requisitions were relayed to it and it controlled the entire operation until packed supplies were turned over to the air crews for loading. This is not to say that Stilwell's supply system was without fault. On the contrary, the sources of medical supply nearly dried up early in the Second Burma Campaign: See *Tamraz Diary*.

⁶¹ "QQ" was the code word for a column medical supply demand.

⁶² Royal Army Supply Corps.

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the immediate supply to the demanding column, and for the first time items had to be marked "N.A."⁶³ on the demands.

As operations continued, repeat demands became more evident. That is to say, a demand would be received in respect of one column one day, and the next an identical demand would be had for the same column. When this was queried it was invariably found that it was in fact a repetition of the original demand due to nonreceipt of the stores which had been put on the wrong plane or dropped on the wrong column. Regardless of who was responsible for such errors, these duplicate issues were a drain on the already diminishing stocks, apart from being additional work for the staff.⁶⁴

An "Air Base Set" of medical supplies was designed as a standard 3-month reserve for each brigade. Field experience revealed that the set was severely understocked in the drugs used to treat diarrhea and dysentery, foot diseases, and helminthic worm infestations. The special medical panniers and haversacks which the columns carried soon needed replacement. None were available and improvised substitutes had to be hurriedly produced. On the other hand, assemblages of supplies known as the "Ten-Day" and "Before and After Engagement" units proved to be wasteful. Brigades often ordered them to obtain a few scarce items. General Officer recommends that such units be abandoned or carefully revised. His review of particular supply problems continues:

Suppressive Mepacrine.—Tabs Mepacrine Hydrochlor were always available in sufficient quantities from 16 Indian Depot Medical Stores but the issue to columns was perhaps the most difficult problem encountered by the Brigade Medical Unit. Some brigades endeavored to include tablets in ration drops whereas others left it to column medical officers to indent for their requirements, but both of these methods led to a great deal of duplication in issues and still reports were received that suppressive mepacrine was not being received by the columns. It is felt that the best solution to this problem is for suppressive mepacrine to be included in the individual ration pack, e.g. in the "K" ration pack or in the Delhi Light Scale⁶⁵ pack or its equivalent. This would ensure a constant supply to each man. The next best solution is for every man to start out with 1 month's supply in an individual container and for the column medical officer to demand a month's bulk supply a week or two before the current issue is expended. Curative mepacrine was available on demand at any time.⁶⁶

⁶³ Not available.

⁶⁴ Several paragraphs which follow in the original Report have been covered in the introductory summary. The difficulty of obtaining suitable containers for airdrop packaging is noted, in addition.

⁶⁵ The "K" ration was American; the Delhi Light Scale was a field ration of the Indian Army.

⁶⁶ This matter-of-fact note understates the case. Assuming that many men in the Force would contract malaria, the Force could survive only if its men took daily doses (0.1 gram tablets) of mepacrine. Fergusson reports an occasion when one of the columns exhausted

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Tablets water sterilising individual.—Next to mepacrine, tablets Water Sterilising Individual were a great problem. At the outset of operations, air base sets were found to contain an initial issue of this item, some of which were of English manufacture but the majority of which were of Indian make. In most cases the latter were of very poor quality and had deliquesced to a great extent. The English brands were therefore issued in the first instance and indents were placed on 16 Indian Depot Medical Stores for a further supply to meet anticipated demands. These demands were never fully met however, and even when issues were made the tablets were of Indian make. This resulted in Water Sterilising Powder being issued in lieu, much to the annoyance of column medical officers who found that the water bottle method of sterilising water in bulk quantity with W.S.P. was not convenient in Long Range Penetration, besides which it was too heavy to carry.

Outfits water sterilising individual.—Every man was in possession of an individual water sterilising outfit at the commencement of operations, but as the majority of these were of Indian make the tablets therein had deliquesced. Demands were soon received on the majority of QQs for replacements. 16 Indian Depot Medical Stores however could not supply anything like the number of replacements required, and those they did supply were of exceedingly poor quality and really unserviceable.⁶⁷

Medical comforts.—When Medical comforts were appended to the Medical Code List they were intended for patients only and it was visualised demands for them would therefore be small. From many of the demands received it would appear that they were being used to supplement rations.

Although it is agreed that this was an excellent idea, neither the storage space nor personnel were available to enable the medical store to function as a F.S.D. as well.⁶⁸ * * *

its supply for a short period of time. A notable upsurge of malaria cases followed soon afterward (*Earth*, p. 199). However, the massive breakout of malaria in the Force occurred late in the campaign, when deficiencies in the supply of mepacrine were unlikely.

⁶⁷ Here also the supply situation was vital. Water contamination was inevitable. Supplies of water purified in bulk under careful supervision could not be expected. Individual and small-unit water purification discipline was absolutely necessary to prevent widespread incapacity from diarrhea and from bacillary or amebic dysentery. Such discipline was difficult enough to maintain without the handicap of insufficient or obviously ineffective drugs and equipment.

Calvert recalls an incident in which an officer came upon a Gurkha soldier who was drinking from his canteen. On seeing the officer, the soldier hastily took out two chlorinating tablets and gulped them down (p. 188).

⁶⁸ Force Supply Depot. "Medical comforts" included confections and other supplements to standard rations.

In an omitted passage, General Officer recommends that the medical branch, rather than Ordnance, control the supply of stretchers. He also notes that the ordinary stretcher proved to be unsatisfactory as an airdropped item. He recommends adoption of the U.S. collapsible model. Veterinary supplies, he reports, were handled by the medical depot crews. For the future he recommends that a separate veterinary supply outlet be provided. Finally, he reports that physical arrangements were inadequate in the medical part of the air depot, although the 16th and the 18th Indian Depot Medical Supplies units made commendable efforts to assist the Force. The principal suggestions for improving the medical supply program which General Officer makes are in accord with his preceding comments:

1. The establishment of a medical supply subdepot *for* (rather than *from*) the Force, preferably by Army Headquarters.

Equipment and Stores⁶⁹

Personal equipment.—The weight carried by the men was far too high and considerable thought must be given as to how this can be reduced.

It is one of the elements of Military Hygiene that the weight carried by the man should never be more than one-third of his body weight. Anything over that reduces the man's efficiency and capacity to physical effort. That, in the case of a soldier in battle, means the reduction in his power to move, to seek out the enemy, and to successfully engage him in combat.

The average weight of the men in one column was 145 pounds and yet the weight carried by the Bren gun carrier amounted to 95 pounds—in other words, he was carrying about two thirds of his body weight or twice what he should carry. The lightest weight carried was 67 pounds—the weight carried by a rifleman armed with a carbine—which is nearly half of the man's body weight.⁷⁰ There is only one answer to this problem and that is that anything over the optimum "man-load" must be carried by someone or something else. It means increasing the tail but it also means increasing the fighting efficiency of the fighting soldier.

In the Chinese Army every third man is a porter.⁷¹ In the British Army the introduction of a porter element of Britishers would not be feasible; the alternative then is a foreign porter element—say Dhotial porters—the whole or a proportion of whom could be armed, or alternatively an increase in the number of mules. In 4 Corps, Dhotial porters—a proportion of whom were armed—proved most successful and crossed the most difficult country with incredible loads at amazing speed.

Whether this is practicable for L.R.P. is not for me to say.⁷²

The type of equipment is always open to criticism and all sorts of suggestions are made to improve it. Suffice it to say that the '38 pattern of web equipment⁷³ is the best available and has been devised after considerable thought and experiment by the Army Hygiene Directorate at the War Office.

2. Revision of the supply list of drugs and equipment in accordance with the experience of 1944, and with a reserve level of at least 20 percent surplus.

3. Reorganization of medical supply depot facilities and procedures to reduce waste of time and supplies arising from improper housing and from the passage of supplies through nonmedical hands.

His report is supported by a tabular presentation of the "British Brigade Medical Detachment (Special)"—personnel, transport, weapons, and the "Three Month" list of drugs, medical instruments, and other medical supplies and equipment. The supply and equipment lists of the Medical Officer's Haversack and of the Orderly's Haversack also are recorded. These tabular exhibits appear as pages 10–22 of the original Report.

⁶⁹ Although conveniently connected to the subject of supply, this section on Equipment appears somewhat later in the original Report.

⁷⁰ Calvert reported that his men carried 65-pound packs on the march from White City to the battlegrounds of Mogaung, after 2 months of unremitting campaigning (p. 179). In the first Chindit expedition in 1943, the troops carried 72-pound packs: Fergusson, *Chindwin*, p. 249.

⁷¹ Not in the reorganized Chinese Army in India. However, Stilwell's headquarters did design, among other things, a porter battalion as part of a Chinese corps organization.

⁷² Wingate, obviously, would have said no. Fortitude and prime physical condition were his substitutes for a baggage train of porters. Mules and horses were absolutely necessary, although they were troublesome for troops relatively unused to anything but motor transport.

⁷³ "Web equipment" included the haversacks and packs, shoulder harness and belts, and other carrying devices of the individual soldier.

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Other types such as the Bergen Rucksack have all been tried and discarded. In spite of this, recommendations for its reissue are constantly being received. The latest experiment in this connection was carried out by 17 Division last summer, their conclusions coincided with all other investigations, and its use was discarded.

It is submitted that the present type of water bottle is most unsatisfactory and should be changed. It has the following disadvantages: (a) the cork rapidly deteriorates and becomes dirty. (b) the string breaks and the cork is lost. (c) the cloth cover easily tears. It is recommended that a screw stopper secured by a chain similar to that in use by the American Army be adopted.⁷⁴

Water sterilization tablets.—The Indian-made tablets are quite useless and their issue should be discontinued, and only those of British make issued. The Detasting tablets were never used and their issue is not considered necessary.

Mosquito repellent.—As the troops have developed a strong partiality to Dimethyl Phthallate, and because they have in it a complete faith, it is suggested that this drug be issued in future rather than the antimosquito cream in which they have no faith. It is hoped that by this means a more cooperative attitude will be adopted to the great problem of malaria prevention.⁷⁵

Containers, individual, for mepacrine.—These proved to be of great value during the present campaigning seasons and should be made available next year for, even though the normal daily dose of this drug is to be packed in the rations, there will be times when rations are short and no mepacrine available. On such occasions the troops will have then the opportunity of something to fall back upon and they will thus be deprived of any excuse for failing to take their daily dose.

Jungle hammocks.—During the monsoon, jungle hammocks were sent in to columns chiefly for the benefit of the sick. They proved such a success that eventually as many personnel as possible were issued with them. Everyone speaks very highly of them and although the weight is in the region of 7 pounds, they proved such a boon that everyone is prepared to carry them. When men were tired and soaking wet, the haven afforded by a jungle

⁷⁴ Obviously, individual water sterilization discipline could be thwarted by a faulty canteen. Thus, bad equipment would not only lead to thirst during the hot marches, but it also would prevent effective use of water sterilization tablets. The water problem was difficult enough in any case. Charlton Ogburn, Jr., who fought with the Merrill's Marauders—the American counterpart to Special Force—recalls “the utter despondency, if we have been marching down a dry ridge all afternoon, of having to endure an evening, a night, and at least part of a morning without water or coffee and consequently without food either, for a dry throat will pass no part of a “K” ration”: *Marauders*, p. 151. Among the associations that he still remembers is “the sweet, chlorinated taste of the treated water you seldom could get enough of; you were thirsty again almost the moment you had drained your canteen” (p. 150).

⁷⁵ Standing orders were for troops to use repellents on exposed portions of the body at least in the dawn hours and from dusk onward. At best, most repellents seemed to add to the discomfort of tropical service without instilling much confidence, as General Officer notes. Dimethyl phthallate was a slightly oily, not unpleasantly-smelling liquid. Confidence in it was probably derived especially from the discovery that it was the best repellent of the mites which carried scrub typhus.

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hammock was beyond description. It afforded a good shelter from the rain as well as a protection from flies, mosquitoes, and other jungle pests, all of which, particularly in the region of Moxo Sakan, were unbelievable.

It is questionable whether hammocks would be necessary during the pre-monsoon period as at that time mosquitoes are neither so numerous nor so dangerous, and a hammock enclosed by a mosquito net is a difficult thing to get out of in an emergency. Throughout the year, however, the mere fact of their being raised off the ground is a protection against the bites of typhus-carrying ticks and mites.

The introduction of a jungle hammock as part of the personal equipment of all ranks is strongly recommended and will, no doubt have a very definite effect on the reduction of malaria and typhus.⁷⁶

In brief notes on certain items of medical equipment, General Officer comments on the design or quality of stretchers, casualty saddles, and equipment and supply chests (panniers); leaky metal containers of liquids and ointments; and badly constructed syringes, scissors, and forceps. He notes, for future reference, such drugs and chemicals which were either too limited or were excessive in amount. "Bandages," he writes, "must be coloured green or khaki. On more than one occasion a white bandage has been made the target of a sniper's bullet and has been the direct cause of more than one man's death." The section on technical medical equipment concludes:

Ambulance cars.—Having ridden in an Austin box Ambulance Car as a patient across the Western Desert and in a 4 x 4 Indian pattern Ambulance Car along the tarmac roads of Burma and Assam, I can find little difference between them, and can truthfully say I know of no more uncomfortable method of travel for a healthy, much less than for a seriously sick or wounded man suffering pain. The discomfort experienced in the Austin box Ambulance Car in the desert was equivalent to that experienced in the Indian pattern Ambulance Car running on a tarmac surface. On the other hand, a journey in an American Dodge 4 x 4 Ambulance Car is one of real comfort. Even over a rough surface across country the amount of jolting experienced by a patient with a careful driver is minimal.

With vehicle production in America as it is now, there would appear to be no reason why this ambulance car should not be adopted as the standard pattern by the British and Indian Services in the same way as the Jeep and the weapon carrier have been introduced.

It is strongly recommended that the American Dodge 4 x 4 Ambulance Car be supplied to the medical units of this Force in future.

⁷⁶ Once more, the problem of weight and mobility was involved. The tendency of the marching columns was to dispose of as much equipment as possible. If the enemy pursuit was vigorous, the Force sacrificed convenience and comfort to speed. At the time to which General Officer refers, however, the Force was relatively stationary in the Kamaing-Mogaung-Myitkyina triangle. The severe rains and flooded grounds made shelter a necessity for prolonged operations. Calvert has high praise for the jungle hammock (p. 192).

Rations

Although the importance of rations⁷⁷ has occupied the minds of all army commanders since the beginning of modern history, there still remains much to be done to bring those of present day issue up to a standard commensurate with modern life and warfare. That an effort to this end has been made during the present war no one will deny but it has come too late and is far from complete. The result is that in this sixth year of war rations suitable for our particular type of warfare are not yet available and will not become so before the beginning of the next campaigning season.

If it had not been for the "K" type ration—an American product—the modern ration would have differed in no way from that of the last war. While there is no doubt that the importance of a good ration for the fighting soldier has been appreciated for more than a century—commencing with the world famous Napoleonic dictum—little effort has been made by those responsible to implement this. It has been left to the Medical Services to introduce nutritional experts on to the staffs of Armies in an attempt to stimulate interest and research in this important subject.

For this type of warfare certain principles in the provision of a diet are indisputable and absolutely essential. First, it must be light in weight and of reasonable size and shape. It must be packed in one-man one-meal units. It must be calorifically sufficient, well balanced, and must contain a full complement of vitamins. Lastly, it must be made in a sufficient number of variants to avoid monotony.

The importance of a sufficient diet with the necessary variability to stimulate interest in its consumption cannot be overemphasised and there is no doubt whatsoever that diet in itself has an enormous effect on morale.

During the various phases of this past campaign, many varieties of ration have been used in this Force with varying degrees of success. The experiences with each are set out briefly below.

Rehabilitation ration.—Rehabilitation ration was used during the final training period in India in an attempt to maintain the men's strength at its peak level and to prevent their using up their reserve or "Hump," at this most strenuous time.

This ration, with certain modifications, was approximately one and a half the normal scale rations. While in the main it achieved the object for which it was designed, it produced two adverse results. The first of these was a mild degree of Avitaminosis, and secondly, it made the men dissatisfied with their normal ration when the time came for them to return to it. Some of the units which had this ration considered that it was excessive in amount and that its issue was unnecessary. The Avitaminosis was due to the fact that it was composed largely of tinned meat and biscuits and was a poorly balanced diet. If the use of this ration is contemplated in the future, care must be taken to ensure the issue of one Compound Vitamin tablet to each man each day.⁷⁸

⁷⁷ This section, also, has been relocated from its original position in the Report, in order to relate it more obviously to other passages describing the provisions made for health and medical safety of the Force.

⁷⁸ See pp. 216-217.

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Delhi light scale.—Although its components appeal more to the British troops' taste than many of the other types of ration do, it was an almost uniform failure. The BOR far prefers Bully Beef to any of the meat equivalents found in other rations. They prefer, too, the biscuits and cheese of this ration, but all of these components reached the men so often in such an advanced state of decomposition that they were quite inedible. For this reason the use of the Delhi Light Scale ration was discontinued as soon as the American "K" ration became available.

Though it is not possible to make any very definite assertion, I am convinced that the inedibility of this ration so reduced the "Hump" of the men of 16 Brigade in the early days of their march into Burma that it can be held partly responsible for their premature fatigue at the time they reached the Indaw area.⁷⁹

In future, every possible effort should be made to avoid the use of this or any other diet produced in India under present conditions.

American "K" type ration.—American "K" type ration is without doubt the best that has been produced yet, and though monotonous, is less so than any of the other types, for it does make some attempt at variety, which none of the others do, and after living on it for 5 months the men can still speak well of it. For this I can conceive no greater compliment.

In the early days the biscuits were over-sweet for the British palate, but, with that efficiency of which at times the Americans are capable, these were *immediately* changed when the defect was made known to them. In place of the original type of biscuit three new varieties were produced and supplied in substitution. Now instead of having a single type of biscuit, which was unpopular, for all meals, there are three types, a different one for each meal, and all three are excellent and well liked by the troops. This change has made all the difference, for it has made the troops feel that not only were their complaints reasonable but also, and more important, that there was someone who was sufficiently interested in their welfare to take action upon it. Now there are few who have any complaints at all.

There is, however, still room for improvement, and by the combination of what is best in the jungle ration together with what already exists in the "K" ration an excellent ration with more modifications could be substituted so that at each 5-day interval a variation in diet could be supplied. Examples of how this could be achieved without any increase in size or weight are as follows:

Tinned sausage or bacon could be substituted for the eternal chopped ham and egg yolk in the breakfast unit.

In the dinner unit the cheese could be halved and an equal quantity of one of the many varieties of jam substituted.

⁷⁹ The march itself was very long and the route was unimproved and hilly. The point General Officer makes can be put more certainly in another fashion: on such a strenuous march into battle *any* consistent failure in rations was a dangerous misfortune. As noted in the prefatory summary, the brigade felt that Wingate did not let it rest sufficiently after it reached the operational area before he ordered it to attack Indaw. The attack failed and no really effective work was carried out afterward by the brigade. It was the first to be evacuated.

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For supper, compressed roast beef, tongue, mutton, pork and even bully beef could with advantage be substituted for the all too frequently occurring corned pork loaf.

Certain additions should be made. In the dinner unit, some, if not all, of the sugar could be cut out and in its place, compressed salt tablets and one tablet of mepacrine given. A tube of condensed milk such as is found in the jungle ration might well be included, and so forth.

The packing of this ration seems excellent and is waterproof enough to withstand dampness and most rain. It will not, of course, stand up to immersion in water such as may occur in the crossing of deep rivers. To achieve this would be desirable, but only provided that it does not involve increasing the weight. The separation of the day's ration into three meal units is excellent and should be continued, for on those not infrequent occasions when rations are short and the men have to restrict themselves to $\frac{2}{3}$ or even $\frac{1}{3}$ it can be done easily and without the wastage which occurs when a whole day's ration is put up in bulk.⁸⁰

Jungle ration—Mark 1.—Jungle Ration—Mark 1 has proved to be a great disappointment. When it was known that the Delhi Light Scale was out forever and that a new British made ration, which was packed in England, was being produced, much was expected of it, and when it was found lacking, as indeed it was, great was the disappointment. Men who have been on "K" ration for 3 months, and, one would have imagined, would have looked upon any change with favor, liked the jungle ration so little that they threw much of it away. The faults found are:

1. It is too heavy. Five days' rations weigh 18 pounds as against 16 pounds in the "K" if left packaged, or 12½ pounds if unpacked, as is the custom of most men.

2. Too many packages of different shapes and sizes for one ration. It does seem extraordinary that, as this ration was something entirely new and specially designed, it had to be made up in bits and pieces instead of being put up in one compact element which could be easily stowed and easily carried. As it is, from their different shapes and sizes, each component has to be put in a part of the equipment and in consequence one or other can easily be lost.

3. It was often impossible to open the large tin without having to resort to the use of a tin-opener, jackknife, bayonet, and so forth. The cause of this lay in the fact that the tongue of metal upon which the key operates was so firmly bound down at the rim that it refused to strip. The key, if subjected

⁸⁰ Hunger was a profound factor in the campaign, whether the troops were British or American. Ogburn's recollection of the "K" ration (which American troops, too, agreed was the best of the packaged field rations) occupies three eloquent pages. Hunger was "our other enemy." "We had two conditions—one in which we felt unfed, the other in which we were unfed." One of his companions wrote an elaborate "treatise" on the "K" ration, which the soldiers "learned to know * * * as intimately as a monk his rosary * * *." The arts of division and subdivision, combination and separation of the several components of the three meals became Byzantine in their refinement. The effect of careful management was not satisfaction, however, but the mere reduction of "gnawing in [the] belly" to predictable periods of the day and nighttime (pp. 153–155). The brief remarks of Masters are to the same point (p. 191). Calvert recalled "perpetual" K rations as "a hardship" but not a "great hardship." Whenever possible, extra tea and sugar, meat, stewed fruit, white bread, and rum were added. Occasionally captured food was eaten, and rice, buffalo, and pigs were sometimes purchased: Calvert, p. 193.

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to any force in consequence of the already mentioned fault, broke. In the "K" ration such a state never arose. All tins opened easily and cleanly. The metal strip which was torn off by the key in opening was so preweakened that it never failed. Further, if by chance the key was lost, this preweakening made it possible for the man to open the tin with his teeth, a thing quite impossible in the jungle ration.

4. The cheese, though good and popular, is unattainable, for there is no means of getting into the container unless the top is smashed off by the use of a bayonet or jackknife. When this method is used the resulting messing up of the contents causes considerable wastage.

5. What has been said of the cheese applies equally to the jam container. In a majority of the containers which have come to personal notice a considerable degree of fermentation had taken place in the tin, due to the fact that it had not been completely filled, with the result that when opened with the spike of a jackknife or tin opener, much of the jam spurted up by being blown out by the raised internal pressure and very often soiled one's clothes.

6. The amount of sugar supplied is far too small. The men had a great craving for sugar and the amount supplied was barely sufficient for one cup of tea. On their evacuation from Burma it is not uncommon for one man to eat a one-pound pot of jam and a whole tin of tinned fruit without a second thought and he would continue to do so two or three times a day if given the opportunity. For men of this sort the jungle ration gives in a whole day only as much sugar as is found in each meal of "K" ration, i.e., four lumps.⁸¹

7. The compressed salt tablets are excellent, but are supplied in excessively large numbers. There are approximately 32 tablets in each day pack. If this number was reduced to 6-7 and mepacrine and water sterilising tablets, as well as sugar, packed instead, it would be an advantage.

8. The "oatmeal" (sic) cakes were unfortunately named. They are quite good if munched in their natural state, and if powdered down, make the basis for an edible and satisfying dish, but **THEY ARE NOT OATMEAL**, and when cooked they do not make porridge. The fact that the men were expecting porridge and did not get it was a great disappointment and turned them against this item completely. When it was suggested that it made a good pudding they agreed. Real oatmeal in the same amount would however be appreciated.

9. The chewing gum should be omitted, for with regard to that packed in the American rations opinion is divided, but about that packed in the jungle ration there is no diversity—it is universally disliked.

10. With modern methods of canning and packaging there would appear to be no reason why meats such as those already enumerated in the report of the "K" ration and in daily use by the American Army, should not be supplied to the British.

⁸¹ "Pack of Cavaliers for two lumps of sugar, anyone? 'Coffee for a fruit bar.'" (Ogburn p. 150, remembering the subdued voices at a rest-stop or in bivouac. The compressed chocolate bar—D-ration—was especially popular with those suffering from diarrhea or dysentery. They would trade it for an entire "K" ration meal).

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Road/rail rations.—Railroad rations are composed of a various assortment of tins of bully beef, tins of sardines, tins of milk, bags of sugar, bags of tea, loaves of bread, and cases of Delhi biscuits jumbled together in a gunny bag.

The tins of milk and of jam are all of such a size (11 pounds or 21 pounds) that when they cannot be used at one time they must either be thrown away or have the holes plugged with any dirty bit of paper that can be found. This is but one of the disadvantages of this ration, as it is now, and it is suggested that its use be discontinued and that the American 10 in 1, or 5 in 1 rations be substituted. One has only to see these American rations to be convinced of the need for this change.

Special Force rehabilitation ration.—Special Force rehabilitation ration has proved to be entirely satisfactory and should be retained for its special purpose in the future.

There are besides these, two points that might be well worth remembering for future operations. (1) A man who has been living on "K" type or equivalent rations for long periods cannot tolerate and should not be given full normal rations immediately after he gets out of Burma. He should have for the first 2 days at least, sweet and easily digestible food, working gradually up to a normal diet. A large number of men, thinking they could take normal food, took it, and suffered from an acute diarrhoea in consequence. (2) Every opportunity for giving a change should be seized, and whenever a column gets into a stronghold a ration other than the one upon which it has been living should be sent in at once. Amongst the articles of this, pickles, sauces, etc., must be prominent.

IV. THE MEDICAL DISASTER

Statistically considered, Special Force met a more dangerous enemy in disease than in the Japanese Army. Clinically analyzed, it was more severely injured by malaria and dysentery than by bullets and grenades. Tactically appraised, its battle worthiness was determined by its medical discipline more than by its courage.

During the first 45 days of the campaign, little evidence appeared that health factors would affect combat maneuvers. Then the plight of the 16th Brigade offered an ominous but little heeded warning. The major cause of its inability to capture Indaw probably was its exhaustion after the long and difficult march from India. But the inconsequence of its subsequent actions and its wholesale evacuation back to India were due to rapidly rising rates of disease and disability.

The loss of the 16th Brigade apparently produced some regrets but no surprise or change in plans for Special Force. It had always been assumed that long range penetration groups would be "used up." However, the brigade had not been severely engaged by the enemy. It had not encountered special health hazards, such as a region from which scrub typhus infection could be acquired. It had not survived

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into the monsoon season, when admittedly bad environmental conditions became infinitely worse. Therefore, it might have been asked whether its high sick rates could be sufficiently explained by exhaustion. This factor, it might have been thought, would lower the resistance of the brigade to all kinds of diseases. But as a matter of fact, malaria and dysentery were so prevalent that all other conditions (including battle casualties) could have been ignored in determining whether or not to evacuate the brigade. Both diseases were controllable, if not preventable, by medical measures and by military discipline.⁸²

The fate of the 16th Brigade notwithstanding, plans made at the end of April assumed the existence of a still-vigorous force. The strongholds were to be evacuated. The Chindits were to move rapidly northward to assist Stilwell. The 111th was to put down a strong roadblock south of Mogaung. The 77th and 14th Brigades, moving swiftly by different routes, were to reinforce the 111th if necessary, and to attack Mogaung. The 3d West African Brigade was to be deployed as needed in conjunction with the other brigades. Although these brigades were depleted by about one-fourth, the planning documents and conference notes did not suggest any alarm or doubt. Tentatively, it seemed likely that the 77th Brigade—up to then the most strenuously active unit of the Force—would be due for relief after the capture of Mogaung. The other brigades, however, were positively listed for continued service under Stilwell during the summer.⁸³

Two weeks later, these movements were in train, with no notice of any particular health problems.⁸⁴ But in another 10 days the picture was rapidly changing. The 111th Brigade was in difficulty at its stronghold and the reinforcing columns of the 77th and 14th Brigades were still not in touch with it. In messages and then in conference, the Force Commander sought Stilwell's permission to give Masters, the 111th Brigade Commander, discretionary power to abandon Blackpool, if to do so would mean the difference between destruction and survival.

Stilwell was suspicious. Was the 111th really so hard pressed? Would its situation be any better, really, if it left Blackpool and attempted to scramble through the jungle, in an area where enemy strength was great? Were the 77th and 14th Brigades making all possible efforts to move into striking position? Stilwell had already complained that the 77th failed to move northward immediately upon being ordered to do so, and was unduly slow in completing the march. In a climactic confer-

⁸² See General Officer's analyses below.

⁸³ Documents in the Stilwell Papers, Folder 45, include a cipher message 28 April 1944 from Slim to Stilwell and Lentaigne; a memorandum by Stilwell on 30 April, which he used in conference with General Slim; "Report of Discussions taken at Conference held at Maingwan 30 April 1944," signed by Slim; and Boatner's notes on the same conference. Folder 4, Stilwell Papers, contains Hq 3d Indian Division, "Precis of Op. Instruction No. 8 dated 28 Apr."

⁸⁴ Hq CAI, "Directive for Commanding General, 3d Indian Division," 16 May 1944, in Stilwell Papers, Folder 7. However, Stilwell's office later noted that some dispute had occurred regarding whether Special Force was to continue in the field after the capture of Mogaung. Hq Fwd Ech NCAC, 25 July 1944 (no title), Stilwell Papers, Folders 4 and 160.

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ence on 25 May,⁸⁵ Lentaigne and Stilwell debated the issues. Stilwell reluctantly conceded discretionary power to the 111th Brigade Commander. Then Stilwell learned that on that very day, at an hour he could not discover, the 111th had left the roadblock. He was convinced that Lentaigne had deceived him to cover up the flight of the 111th in advance of Stilwell's permission to leave its post.

No reasons exist to doubt the integrity of the 111th Brigade or the Force Commander. Although the brigade was reported to have had nearly 2,000 effective troops when it left Blackpool, it had incurred 325 casualties in the preceding 24 hours, and it carried 200 men on litters when it went into the jungle. It knew that the Japanese were bent on eliminating the roadblock and had brought up enough troops and artillery to do so. Bad weather and enemy action had severely reduced the air supply effort, and it was obvious that no relief could immediately be expected from the other brigades.

Equally, Stilwell's position was well justified. The roadblock seemed vital. All his success up to that time involved attacks on the enemy rear by a mobile striking force while the main body of the Chinese infantry drove hard against the enemy's prepared positions. He believed the Mogaung area to be vulnerable, and it was imperative to prevent the Japanese from reinforcing it. If Special Force had not been created for just such a purpose, he thought, what, then, was its use?

On these terms, two determined men, Lentaigne and Stilwell, argued inconclusively. But into the debate Lentaigne inserted a new point, the health of the troops. In addition to the perilous shortage of supplies and ammunition which had developed as the Japanese (and bad weather) took command of the airstrip, the 111th faced the inability to evacuate its rapidly accumulating sick and wounded. Although this difficulty seemed to be less urgent than immediate tactical problems, Stilwell later mentioned it as one of the reasons for assenting to Lentaigne's arguments.

The point was more strongly advanced immediately after the conference of 25 May. Lentaigne suggested that Special Force had better wind up its affairs at once to avoid annihilation. It was no longer possible, he thought, for his troops to join the Chinese in a concerted attack on Kamaing and Mogaung. The distance was too far for the weary Chindits to march into battle, and the Chinese were not advancing fast enough to close the gap. Further independent action by Special Force was prohibited by the numbers and concentration of the enemy. The only recourse was for the brigades to evade the Japanese and go as quickly as they could to Stilwell's lines of communication at Myitkyina airfield or north to Mogaung. Unless they did so before the monsoon

⁸⁵ "Summary of Conference held on 25 May 44," signed by H. T. Alexander, Stilwell Papers, Folder 7; FE Hq NCAC, "Notes on 111th Brigade," 25 July 1944, Stilwell Papers, Folder 4; untitled memorandum, Hq Fwd Ech NCAC, 25 July 1944, Stilwell Papers, Folders 4 and 160; Stilwell Diary, 25 May 1944.

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rains came down in earnest, they would be isolated and unable to evacuate their sick and wounded.⁸⁶

From this time onward the controversies regarding the fate of Special Force referred significantly to the increasing numbers of sick men and to the difficulty of evacuating them. When the 111th left Blackpool, Stilwell ordered it to remain in the vicinity to harass the enemy. It shifted to Indawgyi Lake, north of its roadblock position. Whatever Stilwell expected of it, its first concern was to send out its invalids. The 77th Brigade, criticized for alleged procrastination or disobedience late in May, not only claimed ambiguity in the order Stilwell had given it, but also reported that its troops were incapable of sustained and rapid movement. As the monsoon closed down and the brigade took up positions below Mogaung, references to its sickness rates were invariably included in discussions of its plans and operations.⁸⁷

In the first week of June, Stilwell ordered the brigades to deploy for the final assault on the Kamaing-Mogaung line. The losses in Special Force were reckoned up before the movement began. The 14th Brigade had lost 151 men to sickness; 71 had been killed, 95 wounded, and 27 missing. In 77th Brigade, 269 men had been evacuated because of sickness. Its battle casualties numbered 172 killed, 415 wounded, 84 missing, and 11 captured. The 111th had had 58 killed, 157 wounded, and 49 missing; nearly as many—218—had been lost to disease. The section of the 111th which operated separately in the east—"Morris Force"—reported that its sick evacuees totaled 100, in addition to 24 killed and 49 wounded. The 3d West African Brigade, least heavily involved, reported 19 killed, 30 wounded, 33 missing, and 77 evacuated because of illness. The total came to 2,000 officers and men, 40 percent of whom had been felled by disease—and the monsoon and the hardest fighting had just commenced.⁸⁸

On 11 June, the 77th Brigade reported that its action in the Mogaung area had become extremely costly. Five days later, it warned Stilwell that it had little left to go on. Unless the Chinese soon arrived, it would be forced to escape into the hills, perhaps with no more than 500 effective troops remaining.

Stilwell's headquarters was skeptical. It noted that the 77th Brigade casualty figures of 3 June came nowhere near the losses being claimed by mid-June, and that the brigade strength report of 24 June listed 137 officers and 3,334 other ranks. The disparity, it appeared, could be explained by taking account of the actual physical condition of the men in the field. Most of those still called fit were succumbing to the effects of

⁸⁶ Memorandum by Lentaigne dated 2 [sic] May 1944. Stilwell Papers, Folder 7. The contents indicate it was written on or within 2 days after 25 May.

⁸⁷ See part II, regarding the 111th Brigade; also Masters. On the 77th as well as the 111th, documents cited are pertinent for particular occasions in June and July. Stilwell's post mortem summary on 25 July (Stilwell Papers, Folders 4 and 160), shows that the 111th had suffered 482 battle casualties up to 3 June; two columns of the 77th had lost 216 by the same date.

⁸⁸ Hq CAI, "Orders," 8, 17, and 26 June 1944. Stilwell Papers, Folder 7; Hq CAI, Field Order 16, 11 June 1944, and strength and casualty reports, 3d Indian Division, 3 June and (for Morris Force) 14 June 1944, Stilwell Papers, Folder 4.

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*incessant rain and mud, were bone-weary, and were acutely or sub-clinically sick.*⁸⁹

*Similar reports were coming in from the 111th Brigade, the 14th Brigade, and Morris Force, but these reports notwithstanding, Stilwell was increasingly dissatisfied with Special Force. Consultations between Mountbatten, Slim, and Stilwell from June 6 onward led to support for Stilwell in his arguments with Lentaigne, but there was an increasing effort to persuade Stilwell to let most of Special Force leave Burma.⁹⁰ These interchanges led to another conference on 30 June. Special Force, Lentaigne insisted, was overdue for relief. The 77th and 111th Brigades were in a "very exhausted state and their stamina so lowered that they were unable to resist disease and sickness * * * Only about 350 men of these two brigades are really effective."⁹¹ Mogaung had fallen on 26 June. Mop-up operations should be left to the Chinese. Special Force had done its duty.*

To this representation Stilwell replied repeatedly that he had no intention of keeping sick men on the line. But the Mogaung area still contained enough enemy troops to reinforce the stubborn garrison at Myitkyina, and it was possible that the enemy might attempt to send in other forces to recapture Mogaung. Until the entire area was secure, the whole campaign was jeopardized. He demanded that Special Force remain in the field, and pointed out that its currently-reported strength still warranted expectations of effective, if limited, action.

The debate finally centered upon the question of the health of the troops. With Mountbatten presiding, Stilwell and Lentaigne agreed to conduct a medical survey of Special Force. The sick and "unduly weak" should be promptly removed. The remainder should help isolate Myitkyina by patrol and roadblock operations below Mogaung.⁹²

While waiting to hear the results of the medical survey, Lentaigne irritated Stilwell by once more asking for immediate evacuation of the 77th Brigade because of its ill health and fatigue. Rebuffed, he next asked Stilwell to authorize the 77th Brigade Commander to cease operating and to send out all who appeared unfit. Stilwell replied by a terse message that Lentaigne was to carry out orders. Calvert's reaction, on behalf of his 77th Brigade, was the statement (as reported to Stilwell): "Can not anyone realise that we are finished and fought frantically to the end before we defeated the Japs and that when we beat the Japs they remain beaten."⁹³

⁸⁹ FE Hq NCAC, 25 July 1944, "Notes on 77th Brigade"; untitled memorandum, 25 July 1944, Stilwell Papers, Folders 4 and 160; Stilwell Diary, 15 June 1944. Also, see pertinent sections of Calvert.

⁹⁰ Untitled memorandum, 25 July 1944, Stilwell Papers, Folders 4 and 160; Stilwell Diary, especially 6 and 12 June 1944.

⁹¹ Mimeographed memorandum, "Notes on meeting," 30 June 1944, Stilwell Papers, Folder 4.

⁹² *Ibid.*

⁹³ Untitled memorandum, 25 July 1944, Stilwell Papers, Folders 4 and 160; "Notes on 77th Brigade," 25 July 1944, Stilwell Papers, Folder 4; Stilwell Diary, 1-5 July 1944; "Orders," 6 July 1944, NCAC Hq to 3d Indian Division, Stilwell Papers, Folder 7.

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*At this juncture, the Force Medical Officer, Colonel Officer, summarized the medical situation. He had not, he wrote, been able to keep fully in touch with the brigades because bad weather had often prevented flights to the combat area and because field officers failed to send weekly reports despite urgent reminders to do so. However, on the basis of such visits as he had recently made to some brigades, to field hospitals, and to air clearing centers, he reported:*⁹⁴

[The] state of health in all Bdes is very much the same and is, taken all around, extremely poor. All have lost anything from two to three stones in weight. Morale, while high, is highest in 77 Bde which is accounted for by their recent successes in action. The incidence of fever is steadily rising and there are few men who have had less than three attacks of malaria. The majority have had as many as seven attacks, and all have been treated within their columns.

With the onset of the rains men are constantly wet, both day and night, and have little or no chance of getting dry. Paths are in many cases waist deep; and foot rot and prickly heat, which very quickly turns septic, have become rampant. Deaths from cerebral malaria and typhus fever are common and on the upgrade, and the S.M.O. of the 14th Bde in a report says:—"in a week or two's time the number of deaths due to sickness will absolutely stagger the authorities. But we have sounded the warning, don't blame us. Soon the sickness will be quite beyond our control. Eleven deaths from fever at Plymouth last week." While one of his M.O.'s in a report of the same day says:—"General health is undoubtedly deteriorating at a rapidly increasing rate due to (1) the frequent occurrence of short rations and (2) the continued wet weather."

Officer went on to say that since the 14th Brigade had left the area where scrub typhus was a threat, some improvement had occurred. He reported that the Morris Force near Myitkyina was severely debilitated. Weight loss, anemia due to malaria, and fatigue had reduced its marching capacity to about 5 miles per day, with half-hour rest stops after every hour of exertion.

He concluded that the Force should be withdrawn as soon as possible. It was especially necessary to do so if the troops were ever to be redeployed. At best, he thought, they would need to recuperate for 3 months before they could return to duty.

The medical surveys were carried out between 11 and 23 July. Meanwhile, the controversies over the effectiveness of Special Force continued. Lentaigne took Calvert to meet Stilwell, hoping to obtain a better hearing for the case of the 77th Brigade. Calvert explained that he had used his last 70 effective troops to enter Mogaung; and that "after this my men were completely exhausted and flat on their backs." The

⁹⁴ "Medical Report—3rd Ind Div," 10 July 1944, Stilwell Papers, Folder 4.

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disposition of the brigade afterward, which had not accorded strictly with Stilwell's orders, resulted from the absolute inability of the brigade to maneuver any longer. Calvert felt that he and Stilwell had come to an understanding. "All very polite," was Stilwell's dry comment.⁹⁵

On 14 July, Lentaigne asked Stilwell to relieve "Morris Force." It was wasting away. Its principal officers were sick and on the verge of hospitalization, whereupon the Gurkha troops would be left without sufficient British leaders. He regretted that the unit would not be able to stand by until Myitkyina fell, but it was merely using up air-supply potential without results.⁹⁶

The Supreme Allied Commander, Mountbatten, sent Stilwell some pointed advice next day. At Stilwell's "very earnest request," he wrote, he had "broken his promise to L.R.P. Brigades." He was "forcing them to stay in long after Wingate, or his successor Lentaigne, considered was either right or feasible." On the original schedule devised by Wingate, the 77th and 111th Brigades should have been relieved by 1 June and the 14th and 3d West African Brigades would have been out of Burma by the end of that month. Mountbatten did not renege on the 30 June agreement to leave Special Force in Burma. However, he reminded Stilwell that the fall of Myitkyina should be the signal for removing whatever remained of the 77th and 111th Brigades, and that the other two units should be released soon afterward.⁹⁷

Four days later, on 19 July, Stilwell summoned Lentaigne for a conference about apparent disobedience of the 111th and 14th Brigades. He opened the meeting by reading an order Lentaigne had issued the day before, directing the 111th Brigade to break off an attack and move to Kamaing, in order to evacuate its sick and wounded, and instructing the 14th Brigade to change its position in order to relieve the 111th. Lentaigne acknowledged that he issued the order on his own initiative.

Stilwell: I have never objected to getting out of the sick and wounded. I do object to a change in missions.

Lentaigne: I had to do it * * * I had to take action to safeguard my men.

⁹⁵ Typescript, "Comments of Brigadier Calvert," 11 July 1944, Stilwell Papers, Folder 4. The account is unsigned, but it is evidently out of Stilwell's office: a penned note on it says Lentaigne and Calvert were uneasy and anxious to leave before Stilwell raised certain questions about obedience to orders. Also, Calvert, pp. 250-251. The hostility in the air was partly due, the British believed, to the ignorance and malice of one of Stilwell's staff officers. He persistently misrepresented the work and attitudes of Special Force, they believed. References scattered among the entries of June in Stilwell's Diary confirm this possibility. Calvert pp. 226, 230, 241-242, 247; Masters, pp. 244, 261-262, 282-283; Stilwell Diary, 11 July 1944.

⁹⁶ Memorandum, Hq 3d Indian Division, 14 July 1944, Stilwell Papers, Folder 4. The message from Lentaigne reflected one from the commander of Morris Force, which, among other things, reported that half the unit was "flat out" after a 4-mile march. The message was followed up by a conference between Lentaigne and Stilwell. Stilwell's feelings can be surmised at a time when the siege of Myitkyina was at a standstill. Japanese reinforcements were filtering in, and his Chinese and American troops also were having medical problems. Stilwell Diary, July 1944, and *The Marauders and the Microbes*, parts IV-VII.

⁹⁷ Letter, 15 July 1944, Mountbatten to Stilwell, Stilwell Papers, Folder 45.

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Stilwell: Certainly. We must all look out after our own men. I intend to make a case out of this. You are not obeying orders. You have not made an effort to keep me informed.

Lentaigne: You have been away a good deal of the time.

Stilwell: Yes, but I do not recall any efforts to contact me. * * *

Lentaigne: I felt that I had to do it because it was desperate. * * *

Stilwell: We have tried to get to Taungni. [Your] new orders have been issued to relieve one unit making an attack and to move in another unit that, I thought, was on another mission. I do not see why we should give up the ghost when there are 5300 effective men [remaining in the two brigades].

Lentaigne: The 111th Brigade is absolutely finished.

Stilwell: It is agreed that the sick and wounded should be evacuated. I cannot see why you issued these orders.

*Lentaigne offered to rescind the order, since the two brigades had not completed the change in position. Stilwell, in turn, acknowledged this effort to relax the tension by asking his chief of staff whether there were any Kachin auxiliaries available who could help move sick and wounded men. There were none, apparently, and all Chinese transport troops were in use elsewhere. * * **

Stilwell: I understand how you feel about the sick and wounded. We all feel the same way.

Lentaigne: The big question at the moment is taking care of the wounded. The remaining effectives are in very bad condition themselves. The feet are absolutely raw on some of the men. They have been wringing wet for a month or more. There is no sunshine in those jungles. Another thing we have just found is that almost every man is full of worms. This is probably because they have been on "K" rations ever since they have been in. Malaria is a constant source of trouble, the men are taking from three to four atabrine tablets every day. There are many deaths due to sickness.

Stilwell then asked about the reliability of the troop strength reports he was receiving. Lentaigne answered that the reports were accurate as to numbers, but "they are all sick. On a recent visit to the [111th] Brigade they were actually rude to me concerning their condition of sickness. Those men are carrying 20 lbs on their back. They are nothing but skin and bones, plus all the other forms of sickness."

Stilwell said again that the unit must hold its position until ordered to do otherwise, but that the sick and wounded "will be withdrawn."

Lentaigne: The doctors would now say that the unit is 100% unfit.

Referring again to a recent strength report, Stilwell remarked, apropos of the picture Lentaigne had just drawn of the 111th Brigade,

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that it was the 14th rather than the 111th which seemed to have more unfit troops. Why was that? he asked.

Lentaigne's chief of staff, Brigadier H.T. Alexander, answered:

That is because the doctors are not so strict in their inspection in the 111th.

Lentaigne: The main trouble is the lack of officers. I will do my best.⁹⁸

Immediately after the conference, Stilwell issued orders to Lentaigne to proceed on the missions assigned "to the best of your ability * * * Ineffective, sick and wounded, will, as before, be evacuated. All effectives * * * will continue on the mission assigned."⁹⁹

Still later on 19 July, Lentaigne sent Stilwell a new strength report, incorporating the results of the medical surveys.¹⁰⁰ According to the column medical officers, the figure of 5,300 effectives used earlier that day was erroneous. No more than 3,700 officers and men were fit for action. Three-fourths of the 77th Brigade was permanently or temporarily incapacitated; the latter, too, should be hospitalized as soon as they reached India.¹⁰¹ The 111th Brigade had only 722 officers and men listed as fit for duty; over 1,100 were seriously or temporarily unfit because of sickness. The 14th Brigade was down to a strength of 60 officers and 1,100 men, not counting those ready for evacuation. The 3d West African Brigade, much better off than the others, still had a sick list equal to one-third of its strength. Comments by medical officers on the statistical picture included such remarks as: "near mental and physical breakdown", 50 percent of the fit have foot rot; the fit men are at 40-60 percent efficiency; "Coln comd states men will not attack further. Only outstanding officers can lead them", 70 percent of the fit are weak from previous diseases; sick rates "rising alarmingly."¹⁰²

In view of these circumstances, Lentaigne again gave priority to the problem of evacuating the sick. He notified Stilwell he was, in effect, reinstating the cancelled order to relieve the 111th and replace it by the 14th Brigade. Once more, Stilwell reacted angrily. But Mountbatten immediately sent him a radio message in which he confirmed the need to evacuate the 77th Brigade and Morris Force in their entirety, as well as all who were unfit in the other brigades. He did not consider the 111th Brigade should remain any longer, either, and he instructed Stilwell to remove the 14th and 3d West African Brigades as soon as the British 36th Division—already under movement orders—appeared.

⁹⁸ "Record of Meeting between General Stilwell and General Lentaigne," 19 July 1944, Stilwell Papers, Folder 4. Lentaigne's disputed order of 18 July 1944 is also in Folder 4. Stilwell's diary entry for 19 July 1944 is terse and unfriendly.

⁹⁹ "Orders," Hq CAI, 19 July 1944, Stilwell Papers, Folder 4.

¹⁰⁰ "Orders," Hq 3d Indian Division, 19 July 1944, Stilwell Papers, Folder 4.

¹⁰¹ Calvert, p. 282. (Lentaigne had already "written off" the 77th Brigade and did not mention it in his statement of 19 July.)

¹⁰² "Orders," Hq 3d Indian Division, 19 July 1944, Stilwell Papers, Folder 4.

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Finally, he called for another conference to clear up "misunderstandings." Under the eye of Gen. Albert C. Wedemeyer, who represented Mountbatten, Stilwell and Lentaigne compromised their differences reluctantly. No one of the 77th Brigade remained except the "mule-skinners"; they were to be sent out forthwith. The 14th Brigade would cover the 111th while it evacuated its casualties, but the attack on Taungni would continue. The 14th and 3d W.A. Brigades were to remain with Stilwell until after the fall of Myitkyina, but Lentaigne was to keep Stilwell fully informed regarding their physical condition.¹⁰³

So ended the history of Special Force. It was overwhelmed by disease. The few not actually sick enough for hospitalization were dependent and, in fact, had all the conditions for acute sickness—malnourishment, skin disorders, vitamin deficiency, utter fatigue. The statistics used on 25 July 1944 to reach the final decisions, are printed in the notes.¹⁰⁴ They vary in detail, but not materially, from those presented in the concluding section of General Officer's Report, and from those elsewhere published. The number of troops admitted to hospital for sickness was one-third of the troop strength; the number of sick who were hospitalized was three times the number who were admitted for wounds (and, of the latter, a large number were also ill); and of the troops still classified as "fit," the majority were ill and would be hospitalized after leaving Burma.

¹⁰³ Stilwell Diary, 20, 21, and 25 July 1944; radio message, Mountbatten to Stilwell, 22 July 1944, Stilwell Papers, Folder 4. The untitled memorandum of 25 July 1944, with its "Notes" on the 14th, 77th, and 111th Brigades, apparently was designed to indicate the salient actions of the several parties to the various controversies. A memorandum of the conference, dated 25 July 1944, is signed by Stilwell, Lentaigne, and Wedemeyer, Stilwell Papers, Folder 4.

¹⁰⁴ "Status report 22 July 3d I.D.," in Stilwell Papers, Folder 4.

Brigade	Fly-in strength	Replacements	Total strength	Killed	Wounded	Sick	Captured	Missing	Sick and wounded for evacuation	Total loss	Total effectives
14:											
Officers.....	176	9	185	12	14	39	0	2	29	96	89
Other ranks.	3,295	153	3,348	99	162	381	0	27	1,098	1,967	1,481
111:											
Officers.....	163	30	193	15	34	49	1	8	78	175	8
Other ranks.	3,553	398	3,951	186	373	1,182	10	171	1,853	3,375	176
3 W.A.:											
Officers.....	120	8	128	5	15	20	0	3	29	72	56
Other ranks.	2,505	50	2,555	50	174	157	0	2	395	778	1,777
Morris Force:											
Officers.....	44	2	46	3	2	36	0	0	0	41	5
Other ranks.	1,279	43	1,322	18	100	1,152	0	8	0	1,278	44
TOTAL:											
Officers.....	503	49	552	35	65	144	1	13	136	384	158
Other ranks.	10,632	644	11,276	354	809	3,072	10	208	3,346	7,798	3,478

The summary figures in Mountbatten's final report were as follows: 1,035 killed; 2,531 wounded; 473 missing; 7,217 hospital admissions, 75 percent of which were due to disease. Of those examined in the medical survey, 50 percent were declared unfit for active service: South-East Asia, p. 75. Crew, V, p. 195, gives 944 killed, 2,434 wounded, and 452 missing.

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The health of the command diminished precipitously after the middle of May, even before the monsoon rains aggravated the dangers of the environment. Tactically, the key to the situation seems to have been the deployment of the brigades in relatively stationary positions. After the engagements around White City, the 77th Brigade showed signs of deterioration. At Mogaung, it collapsed rapidly, although the victorious end to the battle kept up morale.¹⁰⁵ The 111th Brigade never recovered from the punishment it took at Blackpool.¹⁰⁶ Its morale was low. After it evacuated its casualties and went into action around Kamaing it won little but criticism. The 14th Brigade lost men to disease at a rising, but relatively even rate, while it was patrolling and marching south and west of the Kamaing-Mogaung area, as was also the case for Morris Force, southwest of Myitkyina. But when these units were called upon in June and July to settle down to relatively immobile tactics, their effectiveness dropped markedly.

¹⁰⁵ According to Calvert, p. 170, "Our hospital had been filling with sick and a few wounded." during the interval between leaving White City and attacking Mogaung. In this period, the Brigade was maneuvering northward in an effort to contact the 111th Brigade at Blackpool. When the 77th left White City, its strength was calculated to be 2,277; the White City operation had cost it 748 killed, wounded, and missing. In addition to these casualties, there were 279 sick men who were evacuated (Calvert, p. 144). Calvert also furnishes the figures for the operations between White City and Mogaung, and at Mogaung (p. 282):

	Before Mogaung operations	Mogaung operations	Total
Killed or died of wounds:			
Officers.....	28	19	47
Other ranks.....	162	241	403
Wounded evacuated:			
Officers.....	23	27	50
Other ranks.....	297	450	747
Wounded not evacuated:			
Officers.....	12	10	22
Other ranks.....	50	102	152
Died of sickness:			
Officers.....	0	1	1
Other ranks.....	4	13	17
Sick evacuated:			
Officers.....	15	8	23
Other ranks.....	350	139	489
Missing:			
Officers.....	5	1	6
Other ranks.....	68	83	151

The figures show that the 77th lost 572 killed and wounded in its march and patrol actions between the engagements at White City and Mogaung. The severity of its combat efforts at Mogaung is shown by the casualty figure of 849 killed and wounded. Its sickness rates were high, compared to those of the White City operations. To get to the Mogaung area cost the 77th 369 men who died or were evacuated with disease. In the Mogaung area, prior to the complete withdrawal of the 77th, almost 44 percent of that number—161—was added to the sick-evacuated list. But in addition, as Calvert and others testified, over 50 percent of those remaining were subject to medical evacuation when they were finally surveyed en masse. And of the men still listed as "fit," another 50 percent (25 percent of those who were surveyed) were hospitalized after returning to India.

¹⁰⁶ Masters reported that at Blackpool the situation was complicated by a rapid increase in malaria and dysentery cases, and that afterwards, while evacuating patients at Indawgyi Lake and in the maneuvers for position around Kamaing, the 111th failed rapidly. Immediately upon leaving Blackpool, Masters reported he had 150 men for evacuation. Actually, at Indawgyi Lake, some 600 men were sent out, evidently because of sickness in two-thirds

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Three reasons may be offered to explain this phenomenon. First, the morale of the Force was derived from its conception of itself as a hit-run striking team. Associated with the Chinese and American forces in more conventional and sustained warfare, late in the cam-

of the cases. At this point, there occurred "a fearful falling off in general health," although the unit was inactive. Malaria cases, while still relatively low, doubled in number compared to earlier weeks. The medical officers began to speak of near-fatal depths of "exhaustion, undernourishment, exposure, and strain." Ordered again into action, Masters began asking for medical relief. Probably not knowing that Lentaigne was making similar demands for the entire Force, he believed that it was his reiterated messages which finally resulted in action (Masters, pp. 260-262, 272-273, 276). A strength report of Special Force (quoted below) covering the period from March through May indicated that the 111th had lost 264 killed, wounded, and missing, and 218 sick evacuees. Between the fall of Blackpool, then, and the medical survey of mid-July, all but 118 officers and men among 2,200 troops succumbed to medical disabilities.

Finally, the effects of the campaign after the White City and Blackpool engagements may be suggested by comparing the following table of casualties up to June with the final table of 25 July. The figures are given in "Strength and casualty reports 3d Ind Div," Stilwell Papers, Folder 4 :

Morris Force, 22 May-10 June :	
Killed (1-10 June, none killed before) -----	24
Wounded (1-10 June, none wounded before) -----	49
Sick evacuated -----	100
Total -----	173
14th Brigade, 20 March-3 June :	
Killed -----	71
Wounded -----	95
Missing -----	27
Sick evacuated -----	151
Total -----	344
77th Brigade, 5 March-3 June :	
Killed -----	172
Wounded -----	415
Missing -----	84
Captured -----	11
Sick evacuated -----	269
Total -----	951
111th Brigade, 8 March-3 June :	
Killed -----	58
Wounded -----	157
Missing -----	49
Sick evacuated -----	218
Total -----	483
3d West African Brigade, ca. 1 April-3 June :	
Killed -----	19
Wounded -----	30
Missing -----	33
Sick evacuated -----	77
Total -----	159

Such a comparison suggests that units which fought most lost fewer men because of disease. One reason might have been that battle casualties received priority in evacuation ; another that treatment of minor diseases in the field was more common than treatment of minor wounds. But while these factors would affect the ratio of evacuation due to wounds versus disease for short periods, in the long run it would seem sound to suggest that the operational health of the troops remained highest when they were in combat. The 77th Brigade is the example. Similarly, the whole Force was more nearly a mobile striking unit prior to 3 June than afterward. Up to that time, as the figures just cited show, the ratio of battle casualties to sick evacuees was 1,294 to 815. In the more nearly static operations in the Kamaing-Mogaung area, and in the same monsoon conditions which beset all units, 77th Brigade, the most heavily and successfully engaged, maintained the primacy of battle casualties over sick evacuees (although by a much smaller margin than before). But in the rest of the Force, the ratio was rapidly reversed until it was overwhelmingly weighted toward disability due to sickness.

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paign, the officers and men felt misused. In turn, medical as well as other forms of discipline were relinquished. The will to stay well diminished more rapidly than did the will to fight well.

Second, the monsoon rains produced severe tests of Force morale and medical discipline. Insect carriers of disease, contamination of water supplies, difficulties in disposing of fecal wastes, and conditions producing skin disorders rapidly multiplied. These increased odds against health appeared at the time when, for other reasons, the Force was least prepared to resist them.

Finally, the accumulated strains of the campaign, appearing in the generalized form of weight loss, listless appetite, avitaminosis, and fatigue were, of course, concentrated in the late weeks of action. With mental and physical powers depleted, environmental hazards sharply increased in terms of discomfort as well as disease, and the sense of mission and self-respect diminished by conventional deployment, Special Force broke down. Its losses to malaria and dysentery especially revealed the relationships among environment, battle-weariness, and morale. With respect to dysentery and allied conditions, low standards of sanitation had already cost the troops dearly by the end of May. As they entered the relatively static phases of action, opportunities for self-contamination greatly increased, as compared to the situation when the troops were on the march most of the time. With discipline declining, sanitation suffered. Only the most rigorous care, backed by training and desire, could have held down the rates of enteric disorders to acceptable levels.

The situation is even clearer in the case of malaria. Here, infection was difficult to prevent under the field conditions which were imposed on the Chindits. But even accepting the troops' belief that total suppression of the clinical manifestations of the disease could not be produced even by perfect Atabrine discipline, still, according to overwhelming medical evidence, wholesale breakthroughs could be explained only by the failure of morale. The malaria rate became appreciably high in April. In May and June, limitations on the facilities for evacuation, plus treatment "in the line," kept down the reports on the disease, although its incidence was actually rising. In July, however, the rate ran twice as high as in the May-June period. In August, the rates were from six to nine times higher than they had been in April. There is no possible conclusion except that Special Force broke medical discipline and deliberately, or as a consequence of despondency and indifference, gave up the suppressive benefits of Atabrine.

Like their predecessors of 1943, the Chindits of 1944 deserved all the praise they ever received for a bold venture in jungle warfare. But what more might they not have achieved had as much care been taken with their health as with their honor?

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Hygiene and Sanitation

The mention of this subject [hygiene and sanitation]¹⁰⁷ to officers and men more often than not produces in them a sense of tolerant amusement intermingled with boredom. It is not sufficiently realised, even by the more senior officers, that hygiene is not only a matter of discipline, but is in fact one of the basic factors upon which discipline is built. It is personal discipline as opposed to collective discipline, and its absence in the individual merely produces an absence of it in the aggregate, which is the unit.

Further, it is a matter of man management, and in the same way as the proper grooming and care of a horse or the regular care and maintenance of a vehicle is essential to its efficient running so with the man. Unless his welfare receives constant attention sickness and ill-health are bound to ensue. It can be said without any chance of contradiction that in those units where hygiene and sanitation is poor or lacking, the officer commanding has neglected the interest and welfare of his men and is unfit to command.

Finally, the standard of hygiene and sanitation is not only an indication of the discipline within the unit but also the standard of upbringing and habits to which the individual is accustomed, and is consequently a direct personal reflection on the commanding officer and his officers.

General Sir Archibald Wavell when Commander-in-Chief stated—"Disease and especially malaria is a more dangerous factor than enemy resistance. We must be prepared to meet malaria by training as strict and earnest as that against enemy troops. We must be as practiced in our weapons against it as we are with a rifle." The truth of this statement with regard to malaria applies equally to all diseases.

It has been proved that the defeat of the German Armies in North Africa was in a large measure due to their appalling sickness rate as a result of their complete lack of sanitation and sanitary conscience. Their incidence of enteric and dysentery was over 50 percent of their strength whereas that of the victorious Eighth Army as a result of the constant attention given to this important aspect of warfare was infinitesimal, and one of the deciding factors of the whole campaign.

The truth of this is amply borne out in this Force from a study of the detailed analysis of the casualties during the campaign under review.

As will be seen, the incidence of preventable disease far exceeded the number of casualties inflicted upon us by the enemy. Training therefore in the prevention of disease must be given top priority and be treated as any other battle drill, the object of which is the attainment of the objective with the least number of casualties, and training must be sufficiently intensive to ensure that all personnel can be relied upon to maintain it unsupervised during the period of active operations.¹⁰⁸

¹⁰⁷ Rearrangements by the editor have brought together these sections of the Report on hygiene, battle casualties, and sickness. The editor has supplied the chapter title.

¹⁰⁸ This indictment is supported independently by O'Dwyer and Marriott. O'Dwyer's statement, attaching blame to the medical forces as well as the line troops, is quoted, n. 47, p. 224. The ratio of disease to battle casualties in the British forces in India and Burma was 121 to 1 in 1943, 19 to 1 in 1944, and 3.4 to 1 in 1945: see Girdwood, p. 1. Marriott states that

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Hygiene and sanitation.—During the training period the standard of sanitation in the Force was exceedingly poor. The necessity for the rapid training of personnel in Long Range Penetration tactics absorbed the attention of commanders to the exclusion of almost all other considerations, and sanitation was one of those which had to occupy a subordinate role. The trained sanitary personnel of a unit, if fit, were removed from their ordinary duties to increase the fighting strength of the columns. Unfortunately no adequate provision was made for their replacement, and the cleanliness of camps became the responsibility of fatigue parties, which were constantly being changed. This resulted in a lack of interest which, combined with their ignorance of even the elementary principles of sanitation, led to a disgraceful state of affairs. Every excuse was seized upon to provide an explanation—the nonavailability of wood and nails, the shortage of manpower to attend to sanitary duties, and the difficulties experienced in constructing latrines and soakage pits owing to the rocky nature of the subsoil stratum. That these explanations were indefensible was shown by the higher standard of sanitation existing in adjacent campsites, where improvisation and ingenuity had been used to overcome these obstacles. Moreover, the filthy state of cook-houses, and the gross negligence displayed in the disposal of kitchen refuse and mule litter, heightened this impression. It was not realised by Commanding Officers that if sufficient time and consideration had been directed in the first few days of occupation to the erection of proper sanitary structures their maintenance would have entailed much less labour than the constant repair of already defective installations.

This lack of consideration for the fundamental rules of sanitation was also apparent in regard to antimalaria precautions. At one time during the training phase 70 percent of the personnel of one brigade were admitted to hospital from malaria in a period of 6 weeks.

It is regrettable to state that the medical officers meeting with a difficult situation which appeared to them insurmountable gave up the unequal struggle of trying to improve things and allowed themselves to fall to the low standard set by the men.

After perusal of the January report of the D.A.D.H.¹⁰⁹ on the hygiene and sanitation of the Force, the D.M.S.¹¹⁰ in India expressed his strong disapproval of the appalling state of sanitation within Special Force. Some attempt was made to rectify the existing position, but only a few weeks elapsed before the brigades had to move to the operational area, and little change could be effected in the attitude of officers and men.

Hygiene and sanitation during operations.—During operations, as was to be expected, the observance of the principles of hygiene was even less than in the training area if such were possible. The example set by officers was extremely low and this is not surprising in view of the policy laid down in re-

in 1944 hospital rates for the British forces ran to 1,000 per 1,000 average troop strength per annum. Officer's Report shows a less severe relative toll from disease, compared to battle casualties, in Special Force, but his figures relate to hospitalized troops and not, he says, to total disease rates. Crew, V, p. 195, asserts that 30 percent of the total force was evacuated with disease, versus 9.9 percent with wounds.

¹⁰⁹ Deputy Assistant Director, Hygiene.

¹¹⁰ Director of Medical Service, the highest medical authority in India.

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gard to this important subject by the late Force Commander ¹¹¹ in his training pamphlet, which reads:

“(m) *Comfort in Bivouac.*
(i) *Sanitation.*

Except when the bivouac is occupied and evacuated within the same night, strict orders must be issued regarding use of latrines. The object of this will be to prevent flies and other annoyances. It will, however, be a waste of labour to dig latrines unless the bivouac is to be occupied for more than one week. Men should carry out their functions at distances not less than 100 yards from the perimeter.”

This lack of attention to hygiene was no less marked in regard to anti-malaria measures and the resultant sickness rate reached a high level, even greater than an estimation of the statistical data outlined below relating to hospital admissions, would appear to indicate. Many of the patients who contracted any of the principal preventable diseases, were treated in the columns and were not evacuated to hospital, [and] therefore do not appear in the statistics outlined below.

Battle Casualties

The following observations were made by Majors Kelly, I.M.S. and Evans, R.A.M.C., the surgical specialists at the C.M.H.¹¹² Panitola at which hospital the majority of battle casualties were received.

General conditions.—This on the whole was surprisingly good although almost all the patients were very thin and many were infected with malaria. The general condition of the wounded was often better than those men who were admitted to hospital with conditions not due to enemy action, i.e., medical cases and jungle sores. The most outstanding feature however was the contrast between the British and the Gurkha casualties.

The British wounded had obviously been through an ordeal. They were generally underweight and haggard in appearance. Jungle sores and tinea infections were complications in a high percentage of the wounded seen.¹¹³

¹¹¹ General Wingate. In this matter, Wingate was as up-to-date as Moses (Deuteronomy 23: 10-12). The spirit of the patriarch's command regarding camp sanitation seems more positive than Wingate's.

¹¹² Combined Military Hospital, i.e., serving both British and Indian Army forces. Complete identification of Kelly and Evans could not be secured from available records of the War Office, London. Crew, V, pp. 206-216, uses the same survey of hospital cases.

¹¹³ An independent report on 401 hospitalized Chindits described a characteristic “Chindit syndrome”—the troops were unkempt and dirty, weary and hungry, pale and gaunt. They struck their doctors as being “superior” in intelligence, morale, and decorum. In the 401 patients, there were 19 officers and 382 other ranks with 1,085 distinct disorders, omitting consideration of minor matters when more serious conditions had been diagnosed. Ninety percent of the men had lost over 10 pounds in weight. Among the patients who had diarrhea or dysentery the weight loss and dehydration were severe. This “outstanding clinical feature” did not seem due to gross inadequacy in the K ration, but the rations were evidently insufficient to sustain weight during severe operational stresses.

There were only 21 battle casualties among the 401 patients. Three men suffered from mild psychoneuroses, of which two, the doctors believed, were not directly related to the campaign. All three cases improved rapidly. From 20 to 22 percent of the men had diarrhea,

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The Gurkha on the other hand appeared little affected by the hazards of the campaign. Skin complications and jungle sores were seldom seen and their general constitution appeared not to have suffered.

West African troops fell midway between the two categories. Their general condition was good, but boils, ulcers, and skin infections were frequently seen.

Dehydration in lesser or greater degree was evident in most of the wounded in all three races.

Between 6 June and 15 August 1944, 706 battle casualties from 3 Indian Division were admitted to the C.M.H. Panitola. The evacuation of casualties had been carried out by air entirely. This rapid and efficient method of evacuation from the battlefield enabled many casualties to arrive in hospital the same day as they were wounded. This was not the general rule, as most of the cases had been wounded 2 or 3 days before admission and even on occasions as long as a week previously.¹¹⁴

Type of wound.—As would be expected in jungle fighting, shell wounds were extremely uncommon and grenade wounds of different varieties outnumbered the gunshot wounds by about two to one. The great majority of surgical casualties comprised wounds of the extremities, including compound fractures.

Wounds involving the thorax were next in order of frequency, followed closely by wounds of the head and neck. Penetrating or perforating wounds of the abdomen as usual constituted a very small proportion of the whole, the reason probably being that the high mortality in these cases occurred before they could reach the base.¹¹⁵

One case of tetanus occurred with a fatal termination.

dysentery, or infective hepatitis. A third of them had malaria. Ten percent suffered from worm infestations. Fifty-four percent had skin disorders—106 with indolent ulcers and 111 with severe cases of tinea, impetigo, and other disabling conditions.

The medical staff made careful efforts to describe and identify the exact causes of the weight losses. They also attempted to discover whether there was a positive correlation between the status of officer rank and the incidence of hepatitis (as had appeared to be true in the Middle East campaigns). They concluded, however, that in Special Force no such correlation could be demonstrated on the basis of the patients they studied. If officers and men shared approximately the same stresses and conditions of field accommodations, the incidence of the disease was approximately the same. See Morris; also Crew, V, pp. 201–202.

¹¹⁴ The fighting at this time occurred in the Kamaing-Mogaung-Myitkyina area, in which air evacuation occurred only on an irregular basis: see pp. 228–232.

¹¹⁵ These findings on the cause and site of wounds in part coincide and in part vary from those of Capt. James E. T. Hopkins, who studied American battle casualty cases in New Georgia and Burma. Among troops similarly engaged in jungle warfare and in penetration maneuvers, grenades and fragmentation weapons ranked well below rifles and machine guns in causing casualties and in producing serious wounds or death. In addition, casualties were returned to duty by first line medical facilities more frequently when their wounds had been caused by fragmentation weapons (mortars, grenades, artillery).

On the other hand, the distribution of casualties according to the site of the wound was approximately the same in hospitalized Chindits and their American counterparts. Immediate death from wounds in the head, abdomen, and thorax was far more frequent than from wounds of the extremities. Consequently, those with wounds of the extremities who needed hospitalization accumulated more rapidly than those with wounds in other locations. See U.S. Army Medical Service, *Wound Ballistics*, chapter IV and appendixes A, B, and C.

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Treatment in the forward areas.—This in the main was extremely good considering the general lack of facilities and was rightly confined to first aid treatment.¹¹⁶

In the early stages an occasional ambitious attempt at primary excision and suture had been made. The results were deplorable and in the majority disastrous. Excision was always inadequate and in some cases the skin and superficial fascia had been carefully excised but nothing had been done to the deeper tissues. Skin at all times is precious and in war wounds is relatively resistant to infection, and excessive removal is to be deprecated. Only badly damaged skin should be excised. On the other hand devitalized muscle which offers little resistance to infection was often left in situ and was doubtless the cause, with primary suture, of gas gangrene.

The value of incision of the skin and deep fascia above and below the wound, particularly in leg wounds, to allow of thorough inspection and removal of devitalized muscle, did not appear always to be fully appreciated.

As was always being impressed on column medical officers, the only surgery that should be attempted in the forward area is major surgery in the form of a lifesaving emergency, such as perforation of the peritoneum.¹¹⁷ Other surgery should be reduced to an absolute minimum and confined to first aid treatment, the arrest of haemorrhage, sprinkling with sulphanilamide powder and a Vaseline gauze covering and where necessary immobilisation. In this connection plaster slabs which are an excellent method of immobilisation, were in many cases too thin to be efficient. The suturing of war wounds in forward areas is only to be mentioned to be condemned.

The simple treatment mentioned above had in the majority of cases been carried out and proved on the whole satisfactory.

Records.—These in general were bad. If there were any notes, these were recorded on any available piece of paper. The importance of notes did not seem to be fully appreciated and their absence caused a great deal of inconvenience to the surgeons. In almost all cases it was impossible to find out if A.T.S.¹¹⁸ had been given and in consequence it had to be repeated in almost every case. Excision or nonexcision of the wound, the dosage of A.T.S., Antigas Gangrene Serum, and prophylactic sulphonamide should be clearly stated. In this connection the amounts actually given as opposed to the amounts ordered are of interest to the M.O.s who subsequently have to treat the case.

¹¹⁶ When casualties from 77th Brigade at White City became numerous, they were sent to the stronghold Aberdeen for air transportation. Fergusson, the 16th Brigade Commander, requested and obtained the services of a surgical team at the brigade aid station. A supply of whole blood also was flown in (*Earth*, p. 92). In the 111th, Masters recalls the case of an officer with a serious head wound who had to be carried with the column for 5 days before air evacuation was possible. The medical officer improvised a bamboo travois pulled by a mule. The wounded man was unconscious all of the time. He was fed by a tube and catheterized. "They did it with dirt-stained hands, in dusty jungle, among the blowing mules and the sweating men, for we came across little water at this time" (p. 209).

¹¹⁷ The text is a little garbled. The commentators mean, apparently, that major surgery should be attempted at the battalion (or column) level only in an absolutely major emergency, as when there had been perforation of the peritoneum.

¹¹⁸ Antitetanus serum inoculations were to be given as soon as possible to wounded men. A doctor in a second echelon medical unit would know that a wounded soldier *might* have had his shot at the aid station which first treated him. Unless a note to that effect were on his evacuation record, however, there was no alternative but to inoculate him.

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It is not understood why Field Medical Cards were not used as the supply was adequate and they were available on demand. It can only be thought that the constant rain prevented them from being written up.

Treatment in the base hospital.—This followed the usually accepted principles of traumatic surgery, viz:—

1. Shaving and thorough cleansing of the surrounding skin.
2. Adequate wound excision, extraction of foreign bodies, manipulation and immobilisation of fractures.
3. Impregnation of the wound with sulphonamide powder and insertion of Vaseline gauze drains.
4. Immobilisation in plaster of paris.

Anesthesia.—Intravenous sodium pentothal proceeding to open ether if necessary was almost routine, and from the point of view of both surgeon and patient was eminently satisfactory and no theatre deaths occurred.

Resuscitation.—The majority of patients on arrival in hospital exhibited signs of dehydration and in many cases this delayed operation. While there was no lack of plasma the absence of an adequate supply of whole blood was markedly felt. Some form of blood bank service would have been of great assistance. With local units and personnel constantly changing, whole blood is not readily available.¹¹⁹ * * *

Statistics of the Operations

General considerations.—It must be emphasized at the commencement that the statistical data included in this report are based on admissions to base hospitals, and not on the actual number of sick and wounded which occurred in the operational area. Cases, which under normal circumstances would have been evacuated to Field Ambulances of C.C.S.¹²⁰ were treated by the medical officer and retained with the columns. This applies especially to such diseases as malaria, dysentery, and minor maladies, for example, I.A.T.,¹²¹ tonsillitis, and so forth, which normally constitute a high proportion of the admissions to field medical units. In spite of numerous requests, information regarding these casualties was, with few exceptions, not forwarded by medical officers or was lost in transit.

Moreover, owing to the interference with the channels of evacuation by enemy action, several patients died before admission to hospital or when evacuation became possible had sufficiently recovered to rejoin their unit.

Consequently in any comparison with the sickness rate of other active formations, due consideration must be given to the above factors and allow-

¹¹⁹ These remarks on hospital care of the wounded are excessively condensed, but it may be recalled that the subject lay beyond the immediate purview of the Force Surgeon, and that even Crew, the official historian, goes no further into the matter. It is unfortunate, however, that no details were collected from the column and brigade medical officers regarding their handling of casualties, except, apparently, those reported by Whyte of the 111th (Crew, V, pp. 216–232). General Officer concludes this section of his Report with a few notes on certain items of hospital supply and equipment which had not been satisfactory.

¹²⁰ Casualty Clearing Station.

¹²¹ Inflammation of the Areolar Tissue. The abbreviation appears usually as the heading of reports on skin ailments.

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ances made for a much higher incidence of sickness and battle casualties than the following statistics represent. It is conservatively estimated that the actual number of men who suffered from malaria alone was at least 60-70 percent greater than the admission rate to hospital would indicate.

The second factor mentioned above, namely the interruption on the long lines of evacuation through enemy action, and the impossibility of removing casualties by air on account of inclement weather, must be taken into account when correlating these statistics with the various actions, localities, and general incidents of the campaign. For on occasions a delay of 2-3 weeks occurred between the onset of disease or the infliction of casualties and the subsequent admission of these patients to hospital.

Incidence of casualties from all causes.—The total number of casualties from disease and enemy action admitted to hospital during operations was 7,217. This represents an admission rate of 40.1 percent of the personnel engaged.

Of the total casualties, sickness accounted for 5,422 or 75.1 percent of the hospital admissions; battle casualties amounted to 1,795 or 24.9 percent of cases requiring hospitalisation. Sickness was therefore responsible for 30 percent of the whole Force requiring to be evacuated, and war injuries for 9.9 percent.

Incidence of casualties by ranks and nationalities.—The composition of the Force with regard to personnel was very cosmopolitan, and at various times contained the following nationalities: British, West African, Gurkha, Indian, Burmese, and Kachins. The last three nationalities, however, were represented by so small a minority that their numbers were insignificant, and their casualties have been included among those of the Gurkhas for the purpose of these statistics. The officers, almost without exception, were European. As will be observed from table 1, there was considerable variation among the casualties sustained by the various nationalities.

TABLE 1.—*Incidence of casualties from all causes among officers and other ranks*

Personnel	Strength	Admissions		Total sickness		Total battle casualties	
		Actual	Ratio/1,000	Actual	Ratio/1,000	Actual	Ratio/1,000
Officers.....	1,050	259	246.7	201	191.4	58	55.2
Other ranks:							
British.....	10,800	4,770	441.6	3,760	348.2	1,010	93.5
Gurkha.....	3,450	1,391	403.2	902	261.5	489	141.7
West African...	2,700	797	295.1	559	207.0	238	88.1
Total.....	18,000	7,217	401.0	5,422	301.2	1,795	99.0

The total admission rate of battle casualties for the Gurkhas is markedly higher than for other personnel. This is in no way surprising when it is remembered that only four battalions were engaged in the campaign, and

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all took part, at some time or other, in more than one of the major operations; the garrisoning of Broadway, the protection and defence of Blackpool and White City, and the successful capture of Mogaung. Whereas with the exception of the British Columns of 77 Indian Infantry Brigade, few other battalions participated in more than one major engagement.

The sickness rate was lowest among officers and West African other ranks. While in the case of officers this calls for little comment, the manner in which the West African personnel underwent the rigorous physical and mental strain of 6 months' campaigning behind the enemy lines, was one of the outstanding features of the operation from the medical point of view. This fact became even more apparent on examination of the troops after their evacuation from Burma. The gaunt, sallow, emaciated condition of the B.O.R.s and the G.O.R.s was nowhere apparent among the West Africans.

Distribution of Principal Diseases by Ranks and Nationalities

British.—The incidence of every principal disease was highest amongst B.O.R.s (see table 2). The greater prevalence of malaria and dysentery in B.O.R.s in comparison with the incidence of these diseases among officers can only be attributed to the much lower standard of antimalaria and sanitary discipline amongst the former. This would appear to be substantiated by the more equal prevalence of infective hepatitis, typhus, and I.A.T., diseases against which little if any preventive measures can be undertaken.

TABLE 2.—*Comparisons by ranks and nationalities of the principal diseases which required admission to hospital*

Disease	Admissions									
	Officers		Other ranks						Total	
			British		Gurkha		West Africa			
	Number	Ratio/1,000	Number	Ratio/1,000	Number	Ratio/1,000	Number	Ratio/1,000	Number	Ratio/1,000
Malaria and not yet diagnosed fevers.....	78	74.3	2,265	209.7	609	176.5	156	57.8	3,108	172.6
Dysentery and diarrhea.....	27	25.7	349	32.3	30	8.7	77	28.5	483	26.8
Infective hepatitis...	10	9.5	139	12.9	55	13.0	16	5.9	220	12.2
Typhus.....	10	9.5	89	8.2	.....	.....	17	6.3	116	6.4
Inflammation of areolar tissue....	28	26.7	332	30.7	67	19.4	104	38.5	531	29.5
Other causes.....	48	45.6	586	54.3	141	43.8	189	70.0	964	53.6
Total.....	201	191.4	3,760	348.2	902	261.5	559	207.0	5,422	301.2

¹The original typescript erroneously shows 2,760.—Ed.

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The absolute necessity for the strictest observance of antimalaria precautions is amply demonstrated by the fact that one out of every five B.O.R.s engaged in the campaign required to be evacuated with malaria.

Gurkhas.—The incidence of malaria was appreciably lower among the G.O.R.s in comparison with the B.O.R.s. This could hardly be the result of a more efficient antimalaria discipline, as the standards observed by all ranks and nationality were poor in the extreme. A nonspecific immunity from numerous attacks in their lifetime together with acquired ability to tolerate the incapacity arising from attacks of this disease and thereby avoiding the necessity for evacuation, offers a more acceptable explanation. The occurrence of dysentery among the Gurkhas in comparison with the B.O.R.s was even less frequent than the incidence of malaria. The previous remarks probably apply with greater force to dysentery as the immunity conferred would probably be of a more specific nature. It is of interest to note that no case of [scrub] typhus fever was diagnosed among the G.O.R.s. From the available evidence, this may be accounted for by the fact that the brigades most affected with this disease did not include Gurkha regiments and presumably did not pass through typhus infected areas.

The incidence of skin lesions among the Gurkhas showed the same prevalence as in other nationalities. However, there was a very high proportion of *tinea corporis* which proved much less incapacitating than such varieties as jungle sores and other widespread septic ulcerations and lesions. In consequence, the number of personnel requiring evacuation was smaller than among other troops.

West Africans.—Attention has been drawn previously to the relatively low sick rate among the W.A.O.R.s and from a perusal of table 2 it will be observed that this was principally due to the much lower incidence of malaria as compared with other nationalities. This again cannot be attributed to excellent antimalaria discipline, but rather to a nonspecific immunity, in conjunction with an acquired ability to carry on while undergoing an attack of the disease. In this, they were probably helped, to a great extent, by the magnificent physique which most of the troops possessed. The dysentery and diarrhoea incidence was comparatively high, but this was to be expected from the poor standards of sanitation displayed in the training area. Although the general health of the West Africans remained good throughout the operations, after the monsoon commenced, I.A.T. became a problem of some magnitude, and at one time was responsible for more evacuations from this brigade than any other disease.

Incidence of Total Casualties by Brigades

The total number of casualties from disease and enemy action were distributed among the various Brigades as shown in table 3. As the strength of these formations and the period during which they were actually in the operation varied to a considerable extent, the figures are given in ratios per thousand per month for the purpose of comparison.

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TABLE 3.—*Total admissions to hospital due to sickness and battle casualties from the brigades comprising Special Force*

Brigade	Approximate strength	Total admissions		Total sickness		Total battle casualties		Ratio sickness to battle casualties
		Number	Ratio/1,000	Number	Ratio/1,000	Number	Ratio/1,000	
14.....	3,600	1,433	79.61	1,271	70.61	162	9.00	7.8/1
16.....	3,600	1,038	96.11	888	82.22	150	13.90	5.9/1
77.....	¹ 5,100	1,759	65.69	940	35.11	819	30.59	1.2/1
111.....	2,900	2,033	127.46	1,650	103.45	383	24.01	4.3/1
3 WA.....	2,800	954	56.79	673	40.06	281	16.73	2.4/1
Total.....	¹ 18,000	7,217	66.83	5,422	50.20	1,795	16.62	3.0/1

¹ The figures should probably be 4,100 and 17,000. A change would require recalculation of the ratios: $1,759 \div 5.25$ (months in action) $\div 4.1$ (thousands of troops) = 81.71; and so forth, throughout.—Ed.

111 Brigade.—Of the brigades which were required to undergo 5 months' campaigning, 111 Brigade had the highest admissions to hospital, principally due to their very high rate of sickness. The evacuation of casualties from both enemy action and disease mounted rapidly after the retreat from Blackpool, especially with regard to sickness. The latter can in part however be ascribed to forced marching through quagmires along swampy paths, and partly through a lowering of morale and discipline with a subsequent increase in malaria, dysentery and other preventable diseases.¹²² It is of interest to note that 68 percent of the casualties from malaria and 60 percent of those from dysentery in this brigade were evacuated after the fall of Blackpool.

16 Brigade.—The monthly evacuation rate from 16 Brigade was the second highest in the formation principally due to the high incidence of sickness (82.2 per 1,000). As this Brigade was engaged in the operational area for little more than 3 months in comparison with the 5- and 6-monthly periods during which the other brigades were operating, and was evacuated before the onset of the monsoon, this high figure of sickness is all the more surprising. Some consideration, however, must be given to the fact that this was the only brigade to march to their objective over steep jungle-clad mountains and along tortuous tracks, the surface of which greatly impeded movement and made marching an extremely arduous task. Consequently when these troops eventually contacted the other brigades, which had been flown to their objective, they were in the majority suffering from extreme exhaustion with its concomitant—a lowered resistance to disease. As a result, the sickness to the battle casualty ratio was the second highest in the Force.

14 Brigade.—From table 3, the ratio of sick to battle casualties was greatest in 14 Brigade. This was in a large measure due to the role allotted to this brigade during the campaign; continual arduous marching along tracks knee

¹²² See pp. 252–255 the editor's view is a stronger one.

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deep in mud, with only occasional skirmishes with the enemy, a pitched battle occurring as a rare exception. This is shown statistically by this formation's having the lowest evacuation rate of battle casualties. Moreover, this brigade suffered greatly from several minor epidemics of typhus in comparison with other brigades where the incidence was negligible.¹²³

77 Brigade.—With regard to 77 Brigade, this ratio was highly creditable, almost as many battle casualties being evacuated as casualties from sickness, owing to the fact that this brigade adhered more strictly to the policy laid down that only those personnel who were unlikely to be of any further use for some considerable time, were to be flown out. While this policy was followed by the other brigades, it was much more stringently enforced by this brigade, to such an extent that some cases had suffered 12 attacks of malaria before they were evacuated, and a substantial number had 5 to 7 attacks. In consequence the hospitalisation of sick from 77 Brigade was the lowest recorded. In contradistinction, the battle casualty rate was the highest, owing to this formation's being engaged in more operations against the enemy than the others.

3 W.A. Brigade.—3 W.A. Brigade had the lowest admission rate to hospital of any brigade in the operation owing to the very small incidence of disease. In addition, the occurrence of battle casualties in any large number was rare as these troops were never engaged in any full scale operation apart from the defense of White City.

Distribution of Principal Diseases by Brigades

Table 4 shows the monthly distribution of the principal diseases among the various brigades.

14 Brigade.—Although of minor significance as far as the number of casualties which were evacuated was concerned, the disease which caused the greatest uneasiness in 14 Brigade was [scrub] typhus. The disease first

TABLE 4.—Average monthly incidence of principal diseases, by brigades, requiring hospital admission

Brigade	Total incidence	Malaria and not yet diagnosed fever	Dysentery and diarrhoea	Infective hepatitis	[Scrub] typhus	Inflammation of areolar tissue	Other diseases
14.....	70.61	40.94	5.61	1.78	4.33	8.28	9.67
16.....	82.22	52.31	11.30	.....	.....	1.39	17.22
77.....	35.11	20.47	2.39	1.01	0.15	3.92	7.17
111.....	103.45	64.01	6.14	9.09	1.00	10.84	12.04
3 WA.....	40.06	14.11	5.57	0.95	1.05	5.30	13.10
Total.....	75.3	43.2	6.7	3.1	1.6	7.4	13.4

¹²³ Arriving in the combat area several weeks later than the 16th, 77th, and 111th Brigades, the 14th Brigade lost much of its time and energy trying to catch up with the other columns, rather than engaging the enemy.

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made its appearance towards the beginning of May, with a few sporadic cases which gradually increased in number during the month until approximately 40 cases had been evacuated, while another 12 died or recovered before evacuation was possible. Cases continued to occur in small numbers intermittently until the middle of August when a fresh outbreak occurred mainly confined to one battalion. From the evidence at present available it would appear that of the 60 cases which occurred from this period to the time when the brigade was withdrawn from operations, the mortality was over 30 percent. The serious nature of this disease with its prolonged fever, severe prostration, and general debility, together with its high death rate, was quickly recognized by the troops and caused a considerable degree of anxiety and loss of morale. Fortunately at no time did it assume epidemic proportions, although the possibility remained a constant threat throughout the campaign. Malaria accounted for 68 percent of the casualties from sickness evacuated from this brigade and I.A.T. was becoming a serious problem towards the end of operations, almost 250 cases being flown out during the last few weeks.¹²⁴

16 Brigade.—Attention has already been directed towards the very high sickness rate in 16 Brigade although it participated in the campaign for only 3 months. Analysis of this sickness rate shows that over 75 percent of cases admitted to hospital from this formation was evacuated for malaria and intestinal disorders, two of the main preventable diseases.¹²⁵ In spite of the allowances that must be made for the exhausted condition of the troops after their strenuous approach march, and the consequent lowering of the bodily resistance to disease, the statistical data would appear to indicate that the standard of sanitary discipline and antimalaria precautions leave room for considerable improvement in future campaigns. There were no cases of infective hepatitis or typhus, and I.A.T. was of little import as a cause of evacuation, as this brigade was withdrawn before the commencement of the monsoon.

77 Brigade.—In spite of the policy adopted by 77 Brigade to evacuate casualties from disease only as a last resort and when it was evident that the patient would be of no further use to the brigade, malaria was still responsible for over 50 percent of the cases requiring hospitalisation. Most of these patients had innumerable attacks of the disease and were in an extremely debilitated state. Dysentery was the lowest recorded in any brigade, but it is felt that this could be accredited more to the above policy regarding

¹²⁴ On scrub typhus, see *Chinese Liaison Detail*, n. 153, p. 123. The first cases encountered by M. H. P. Sayers and I. G. W. Hill were doubtless from the 14th Brigade; of 50 cases evacuated in May, 15 died in the hospital. Between May and September, 132 cases were reported from British troops in Burma; a number of these were from the 36th Division, which relieved Special Force in the late summer. A report by J. R. Audy is a thorough review of all aspects of the disease as it was encountered in Burma. The brief account of the disease in United Kingdom Medical Series, *Medicine and Pathology*, pp. 18–20 and chapter VII, relates to the entire British Army in Southeast Asia, as does that in Raina, *Official History, Medicine* * * *, p. 548.

¹²⁵ The picture conforms to that for Special Force as a whole, as reported by Marriott; Girdwood; U.K. Medical Series, *Medicine and Pathology*; and Raina, *Official History, Medicine* * * *. The low rate of skin diseases is atypical of the Force as a whole, however.

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evacuation than to a higher standard of sanitation. Moreover, this brigade was continually on the move in comparison with other brigades, and their itinerary generally passed through areas where fouling of the ground had not yet occurred from the previous passage of other troops. The incidence of I.A.T. was also lower than that of any other brigade which remained in Burma during the monsoon.

111 Brigade.—The highest sickness rate was recorded in 111 Brigade. Of these casualties, 61 percent were due to malaria. Dysentery and I.A.T. were also more prevalent in comparison with other brigades. The greater incidence of disease in this brigade can hardly be attributed to any special circumstance which other brigades did not experience. It is generally appreciated that the amount of sickness in any unit or formation has a direct relationship to its morale and discipline, and there was abundant evidence that the morale of this brigade was extremely low on its withdrawal from Burma. After their expulsion from Blackpool, and subsequent long marching through quagmires in drenching rain, their fighting spirit was at a low ebb, and evacuation of the sick increased in inverse proportion. In sharp contrast was the casualty rate recorded in 77 Brigade, whose morale after their successful defence of the Renu block [White City] and the capture of Mogaung was at a very high pitch. A minor epidemic of 145 cases of infective hepatitis occurred in 111 Brigade, the cases appearing in a sporadic fashion at the commencement, and gradually increasing in frequency until approximately 90 cases required to be evacuated during the last month of operations.

3 W.A. Brigade.—The incidence of malaria was only 30 percent of the sickness casualties in the West African Brigade, and this was the only brigade in which a figure below 50 percent occurred. The European officers and NCOs of this formation were responsible for the majority of these cases. This surprisingly low malaria rate among West African other ranks cannot be attributed to any greater strictness or observance of antimalaria precautions and can only be explained by a nonspecific immunity of this disease already postulated elsewhere in this report. Dysentery and I.A.T. were comparatively high but 33 percent of the sickness casualties came under the heading of nonpreventable disease.

It should be here noted that in comparing the sickness rate from malaria in the European personnel of the West African Brigade with that of the British personnel in the Force, the incidence of this disease was 30 percent lower. This is attributed to the far better mepacrine discipline which through long usage had become a habit and there is no doubt that if this had been combined with the other necessary precautions the incidence of malaria would have been even lower.

Discussion of Principal Diseases During Campaign

Before entering upon a discussion of these diseases separately, the time at which they occurred during the campaign as shown in table 5 deserves consideration. Their incidence is shown in table 1.

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TABLE 5.—Fortnightly incidence of principal diseases throughout the Second Burma Campaign, 1944

[Ratios per 1,000]

Disease	Week ending—											
	18 Mar.	1 Apr.	15 Apr.	29 Apr.	13 May	27 May	10 June	24 June	8 July	22 July	5 Aug.	19 Aug.
Malaria and not yet diagnosed fever.....	1.12	3.23	11.14	26.24	22.45	4.30	13.52	12.16	33.67	43.71	98.40	60.06
Diarrhea and dysentery.....	0.16	1.61	1.60	2.06	6.00	0.23	2.08	1.04	3.12	6.24	16.48	14.18
Infective hepatitis.....	0.16			0.30	1.33	0.30	1.12	1.12	1.29	4.88	11.84	4.65
Typhus.....				0.18	1.04	0.15	4.08	0.43	0.64	0.69	3.36	1.40
Inflammation of areolar tissue.....					1.49	0.38	2.96	1.64	7.80	8.98	27.68	21.10
Other causes.....	3.59	4.20	5.38	6.30	10.81	1.90	4.00	2.85	6.60	7.02	25.27	20.00
Total.....	5.02	9.03	18.12	35.09	43.11	7.25	27.76	19.23	53.12	11.51	183.52	155.72

When the columns entered Burma and the evacuation of sick and wounded to base hospitals in India became feasible, the policy adopted was to retain personnel until disease lowered their efficiency to such an extent that they were of no further use to their unit. In this manner, manpower was maintained at its maximum level, and owing to the very high standard of health and endurance required in order to remain with the columns during its long and arduous marches, patients were evacuated before their general constitution was seriously affected. However, in spite of the gruelling nature of their task, the excellent training and physique of the men allowed brigades to carry on with a high proportion of men who, in other formations would have been immediately sent to a field medical unit.

This policy proved admirable for the first 10 weeks of the campaign. Then the strenuous nature of the operations carried on under extremely adverse conditions in conjunction with a diet which was becoming increasingly monotonous, began to exact its toll on the physical condition of the troops. Disease now became more rampant and the evacuation rate rose from 5 per 1,000 during the first fortnight of March to 43 per 1,000 in the first fortnight of May.

I am convinced that if the Force had been removed from operations at this period, before the onset of the monsoon, the appalling deleterious effects on the general constitution of the majority of the troops would have been avoided.

During the second fortnight of May the evacuation rate dropped to its lowest, apart from that of the initial fortnight. This was entirely due to the loss of the only available airstrip suitable for Dakotas, which were necessary for evacuation in any large numbers. Thereafter, casualties could only be removed from the columns by light planes, the activities of which were themselves seriously curtailed by the monsoon, so that reliance could no longer

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be placed upon their regularity. Consequently, the monsoon adversely affected the health of the formation, in two ways:

1. Directly, by increasing the difficult conditions under which the troops were living and fighting—constant marching in drenching rain and sleeping on sodden ground with no opportunity for drying clothes and boots. Not only did these conditions further undermine the general health but caused an alarming incidence of infected skin lesions.¹²⁶

2. Indirectly, by preventing the evacuation of personnel who required hospitalisation and who by having to remain with their units underwent a still further deterioration in health.

When more effective methods of evacuation were ultimately established in the middle of June, the operational commitments of the Force had greatly increased and made it essential that every available man should remain in order to maintain sufficient firepower in an attempt to carry out the tasks allotted to them, the most important of which was the capture of Mogaung.

By the time these tasks had been accomplished, almost another month had elapsed, and in spite of the very low standard of health to which these personnel had to be reduced before they were sent out, the evacuation rate increased to 115 per 1,000 per fortnight by the middle of July.

Medical recommendations for the withdrawal of the Force met with little success and it was not until the end of August that this was ultimately carried out. In consequence, troops arrived at the reception camp in India in a very emaciated condition, covered with sores and many on the point of collapse. It is my opinion that at least 30 percent of these men have been so undermined constitutionally, that they will be unfit for front line operations for at least a year.

One definite lesson learnt from this campaign is that 3 months is the very *maximum* period during which personnel can undertake this type of operation, and even this period must be reduced if carried out under monsoon conditions.

Malaria.—Of the 5,422 patients evacuated from sickness, 3,108 (57.3 percent) belonged to the group “NYD Fever” and Malaria, that is to say more than half of the patients considered sufficiently ill to require hospitalisation suffered from these diseases. This number represents 17.3 percent of the total engaged.¹²⁷

¹²⁶ Calvert, commanding the 77th Brigade, asked Force Headquarters to send in 1,000 pairs of “gum boots”—because his men were up to their knees in water. “I received a reply saying, ‘It is the medical opinion that the wearing of gumboots injures the feet, and that the best insurance against trench feet is to keep the feet dry!’” p. 211. Although medically correct, the advice obviously risked a deterioration in morale on the calculation that boots and wet feet would produce more medical casualties than shoes and wet feet! Calvert notes several times that his evacuation policy was stringent with regard to malaria cases, and that officers periodically visited the base to see that the sick and wounded returned to duty as soon as possible. “In actual fact persuasion was rarely necessary; the spirit of the men, with their resolve to defeat the Jap at all costs, was so amazing that they would return without, or even against, the doctor’s orders, still with their wounds unhealed” (pp. 212–213). The Report, be it noted, independently confirms Calvert’s claims regarding morale and casualty evacuation policy.

¹²⁷ Crew, V, pp. 196 ff., follows the Report in discussing the incidence of various diseases and in reporting the psychiatric survey of Special Force.—“NYD”: Not Yet Diagnosed.

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At first sight it would appear that the incidence of malaria in this Force compares very favorably with that occurring in other formations. When, however, the difference in policy regarding evacuation is taken into account then it can be appreciated that the true incidence of malaria in this Force would be very much higher than would at first sight appear, and would very likely be higher than in other formations fighting under similar conditions.

As the period of operations lengthened, other, less obvious deleterious effects of malaria became apparent, in addition to the more evident loss of manpower from evacuation. Firstly, the fighting efficiency and morale of personnel who had suffered from three or four attacks of malaria, diminished considerably. Secondly, a further diminution in health occurred insidiously and indirectly from these repeated attacks of malaria. The general resistance of the troops to infection was lowered, and other diseases such as dysentery, diarrhoea, respiratory infections, and skin diseases had a much more crippling effect than they would have had otherwise. This in combination with the chronic malaria made evacuation sometimes an urgent necessity whereas, if this constitutional weakness had not been present, these patients could have remained with their columns. Thirdly, an even more serious sequel to the above combination of malaria and another concomitant disease than the mere loss of manpower was debility, anaemia, cachoxia, and other indications of a very grave undermining of the efficiency and health of these men. This became even more pronounced during the course of these secondary diseases. In many cases, similar constitutional defects were produced by repeated attacks varying in individuals from four to twelve.

It is perhaps convenient at this point to discuss the policy which should be adopted in future operations, regarding the evacuation of patients suffering from malaria. From experience gained in this campaign, it has been found that even a B.O.R. is capable of continuing to march and of retaining his place in the column provided the initial temperature is treated at once with intravenous quinine and the response satisfactory, as it was in the great majority of cases. Routine administration of quinine by mouth, mepacrine, and pamaquin can then be carried out along the lines of march without any deleterious effects to the patient. The only adjuvant treatment required was the liberal intake of fluids and the carriage of the man's equipment by mule during his feverish stages.

Column medical officers are of the opinion that while the necessity for evacuation of the patients must be decided individually, personnel can generally withstand at least two attacks, either fresh or relapse, but after the third attack debility and anaemia make their appearance and efficiency and general health suffer as a result. Consequently, it is suggested that the optimum policy would be to evacuate all cases suffering from their third attack. Such a policy would on the one hand avoid the serious depletion in the ranks such as occurs when the normal method of immediate evacuation to a field medical unit is adopted, and on the other hand avoid the destruction of a healthy constitution from frequent intermittent attacks which would occur

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if these men were retained beyond this period. Naturally this policy will require certain modifications according to the tactical situation at the time, for example, lack of opportunity for evacuation, from clinical considerations such as the ability of certain individuals with a more robust physique to withstand at least three attacks, during which the constitution is allowed some degree of recovery to combat the next infection. Moreover, these men if evacuated are available to fly in again as reinforcements after a short period of hospitalisation and convalescence.

Although the above treatment of malaria, while in actual contact with the enemy, may seem somewhat harsh and peremptory, the present campaign has proved its efficiency empirically. To such an extent is this so that it is felt that it should be given serious consideration as to whether or not it should be adopted under certain circumstances in normal warfare by battalion medical officers where the usual medical L of C¹²⁸ is in existence. Personnel, especially officers and key men, could then be retained with their units at times when the maintenance of that unit at its maximum strength is a matter of urgent necessity. This advantage would easily counteract any wastage of antimalaria drugs through faulty diagnosis. Moreover, the dangers attached to the procedure are negligible, no fatalities occurring among the patients who were treated in this manner during the campaign.

Prevention.—Each man was eventually supplied with the following equipment for the prevention of malaria: green battle-dress, a tin of mosquito cream, a head veil, a pair of cotton gauntlets, and a container to hold 30 tablets of mepacrine. If these articles had been put to effective use, the incidence of malaria would have been greatly reduced. Unfortunately, as has been repeatedly stressed throughout this report, antimalaria discipline was of a very low standard.

Owing to the manner in which movement of the knees was restricted, especially when climbing hills, by slacks tucked into puttees or anklets, and the greater discomfort experienced in comparison with the wearing of shorts, some men cut off the greater part of the trouser legs from their battle-dress. Little attention was paid to the rolling down of sleeves. Veils and gauntlets were rightly soon discarded owing to the discomfort they produced. The veil was completely ineffective as it offered little protection during sleep and so restricted vision at night as to offer a serious handicap.

At the commencement of operations, oil of citronella in a greasy base was issued to the Force as an antimosquito cream. The discomfort produced by this obsolete repellent, and the manner in which it failed to repel culicines, resulted in its falling into disrepute. Consequently little faith was placed in its nongreasy counterpart when its supply became possible, and no organised parades were held to ensure its proper and regular use. Greater trust was placed in Dimethyl phthallate and this liquid was generally used in a more conscientious fashion. Unfortunately, supplies of this chemical were limited and could not be supplied in the necessary quantities.

¹²⁸ Line of Communication. The position here taken is that the existing policy of advancing malaria treatment units as far as possible could be even more sharply developed by reducing or eliminating malaria patient evacuation from the combat line.

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Suppressive treatment could not be carried out with a 100 percent efficiency for various reasons. In spite of the fact that large quantities of mepacrine were issued to rear brigades for distribution to the columns, their arrival was a matter of extreme uncertainty and some columns were forced to suspend its issue to conserve supplies for curative treatment. No regular parades were held to ensure that the drug was being taken when it was available, and one medical officer had the experience of discovering that the mepacrine containers of two of his patients who had just died of cerebral malaria still contained their original quota of tablets at a time when they should have been almost empty.

In order that the loss of manpower from malaria should be reduced to a minimum, and the chronic ill-health and disablement resulting from numerous attacks avoided, the strictest antimalaria discipline must be enforced during the training period and any breach of this discipline severely punished. Methods of personnel protection must be practiced repeatedly until their observance becomes a conditioned reflex set in motion at the first indication of sundown. The application of mosquito cream and the administration of mepacrine must be ensured at an evening parade.

Owing to the inefficiency of the mosquito veil, a portable mosquito net is considered essential. The jungle hammock provides excellent protection but suffers from the disadvantage that it is heavy and bulky. An effective solution to the problem can probably be reached by some modification of the existing hammock to reduce its weight and bulkiness. Moreover, there would be a compensatory decrease in the weight of the total equipment as the groundsheet and blanket could probably be dispensed with.

Dimethyl phthallate would appear to be the best repellent at the moment, and ample stocks should be guaranteed for future expeditions. If anti-malaria cream is supplied in lieu, it must be of the nongreasy variety.

Suggestions have already been made in this report for the issue of mepacrine to ensure its regular supply. From the manner in which malaria continued to appear during the operations, the dosage of the drug when administered for suppression would appear to require further investigation.¹²⁹

From experiments recently undertaken in Australia¹³⁰ on a large scale, it would appear to have been conclusively proved that if mepacrine is taken regularly and without interruption at the dosage of one tablet per day, malaria will be completely suppressed during the exposure to infection.

In this Force, suppressive mepacrine was taken, and during the first few weeks of the campaign supplies were regular. It is not known, however, with what regularity and conscientiousness the tablets were taken. It was nevertheless an outstanding observation not confined to any one column that at the end of 6 weeks this dosage of suppressive mepacrine appeared to lose its efficiency and the malaria commenced to rise. This would appear to be due to

¹²⁹ Subsequent investigations supported Fairley's original conclusions. True clinical "break-through," although never entirely ruled out of possibility, was deemed entirely negligible, compared to the factors of discipline, supply, and tactical situations: See U.S. Army Medical Service, *Malaria*.

¹³⁰ See Fairley "Chemotherapeutic Suppression * * * *."

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some change in the metabolic process of the drug in the body leading to an increased excretion rate. If this is so, then some information in regard to the concentration of the drug at this period would be of value in assessing the efficacy of the standard dosage of mepacrine over a long period.

Although the experiments in Australia appear to have been carried out in a most exhaustive and thorough manner, they are open to the criticism that the men were subject to a limited series of bites, and it is a matter for argument whether or not the effect would have been the same if this had not been so; for it is reasonable to suppose that suppression depends on the ratio: concentration of mepacrine to the number of malarial parasites in the blood; suppression only being successful when the concentration is sufficient to overcome the degree of infection. As the latter is an unknown quantity, varying presumably from day to day, it is open to doubt whether the Australian experiments have proved whether the concentration resulting from one tablet of mepacrine per day is sufficient to overcome all degrees of infection.

During this campaign, the periodic rises in the incidence of malaria occurring at intervals of 6 weeks were very successfully overcome by increasing the dosage to three tablets per diem for 5 days before they were expected. Other columns on discovering the inadequacy of the standard dosage increased the consumption to two tablets per day with similar beneficial results.

In spite of this large intake of mepacrine over a prolonged period, no toxic effects were recorded, although some individuals exhibited an idiosyncrasy to it at the commencement and required quinine for suppression.

Unfortunately, there was a somewhat widespread belief that mepacrine produced impotence, and in one battalion the administration of the drug was suspended before troops went into action as it was considered by the combatant officers to reduce the fighting efficiency of the unit. As such fallacies have a tendency to spread rapidly and become exaggerated and gain greater credence during circulation, every opportunity must be seized to discredit them.

Clinical consideration.—Most B.O.R.s on admission to hospital gave a history of intermittent attacks of fever during a period of 2 to 3 months. The number of attacks varied up to sixteen, the average being four or five. Although this information is based on the statements of the patient, corroboration of the medical officer was received on numerous occasions verifying the fact that many had undergone at least twelve attacks.

As was to be expected, the general health condition was poor. In spite of the large quantities of mepacrine administered for suppression and quinine at the commencement of treatment, a large percentage still had positive blood slides on admission. Five percent remained positive after a full course of treatment, although only one patient was recorded as remaining positive after two courses.

It is estimated that approximately 40 percent of the cases admitted for malaria were evacuated ex-Assam as being unfit for active service within a *minimum* of 3 months, owing to the debility and anaemia resulting from recurrent attacks and in many cases aggravated by the presence of some other concomitant disease. Reference has already been made to the weakening

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of the constitution and general physique. In addition it must be stressed that many of these cases will require to be recategorised B or C,¹³¹ as they are almost certain to have further relapses.

Owing to the absence of any information regarding the deaths from malaria inside Burma, it is impossible to give an accurate estimate of the mortality from this disease. It is considered unlikely however to have been more than 3 percent.

Treatment.—Attention has been directed to the modifications of the standard treatment which were found necessary during operations, especially the more frequent administration of intravenous quinine, and the absence of any untoward effects from its use. The difficulty of clearing the blood of parasites and the necessity for repeated courses has also been mentioned. Another fact of considerable importance regarding treatment also emerged a month or two after the commencement of operations. Although cases responded to treatment during the first 2 months, much greater difficulty was experienced in controlling the temperature as the campaign proceeded, probably due to the parasites beginning to acquire a resistance to mepacrine. In these cases, large doses of quinine, prolonged for a week, were required to bring the fever under control.

Dysentery and diarrhoea.—This group of diseases was responsible for the evacuation of 483 patients, or 9 percent of the total casualties from sickness.

Causes.—The main reasons for the above incidence were mainly poor water and sanitary discipline. The attention given to water sterilisation was indifferent and various factors contributed to this. Not the least important of these was the lack of faith resulting from the use of the Indian manufactured water sterilising tablets, which on analysis proved to have little or no free chlorine. Again troops arriving at a water point with empty water bottles after a long and strenuous march were not prepared to wait half an hour for the water sterilising tablets to take effect, nor would the operational situation always allow of this.

Moreover, the proper siting of water-points in regard to bathing was not always observed.

A plentiful supply of English water sterilising tablets was not always available, and rather than send in nothing at all, resort was made to the use of water sterilising powder. As this was packed in 7-pound tins, it proved itself worse than useless, first because of the difficulty in carriage and secondly because constant opening and contact with the air reduced the available free chlorine content.

Another factor of importance in the causation of this disease was the lack of attention paid to conservancy. It was not sufficiently realised that the site occupied by one column might, and actually was in some instances, soon to be occupied by another. As a result, strict sanitary discipline was not imposed and succeeding columns were forced to live in the acutest discomfort under the most insanitary conditions possible through no fault of their own. This

¹³¹ Degrees of limited duty status.

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selfish attitude is another aspect of the subject which must be impressed on all ranks.

Moreover, this lack of discipline was in effect lack of security, as litter from K rations and latrine paper gave ample evidence of the route taken by columns. For this reason in the case of one brigade, orders were issued that latrine paper would not be used—an astonishing order when, if any thought had been given to the matter, strict sanitary discipline with the burial of faeces or at worst, the covering over of excreta with a layer of earth, was all that was required.

In strong points, trench latrines were frequently used but conformed to no known plan, for they were too shallow for deep trenches and too deep for shallow trenches. Further, seldom if any attempt had been made to cover them with any sort of superstructure. The excuse given for this was that there was no wood available. Training in the construction of a simple superstructure which can always be easily done from locally available materials must be one of the high priority items in all future training programmes.

Another cause of diarrhoeas, although of more mild type, was prolonged use of the K ration. After consuming this ration for a week or two, stools became loose, watery and light yellow in colour. Fortunately, only on very few occasions did it prove incapacitating and generally cleared up with adequate doses of chalk and opium.

Prevention.—Any future decrease in the incidence of dysentery will depend on the success with which a proper respect for the elementary principles of sanitation is instilled into the minds of all ranks. They must learn to appreciate the fact that a low standard of sanitary discipline will not only result in a loss of manpower in their own columns but that it may have similar effects on the strength of other units. This particularly applies to officers, to whom other personnel turn for example and guidance.

The necessary knowledge for maintaining a satisfactory standard is possessed by all medical officers, but it is only on rare occasions that his advice is sought, and his recommendations and suggestions carried out. A very common excuse is the inability of the combatant officer to supply the necessary materials and personnel. On active operations little material is required which cannot be acquired from the neighbouring jungle. It is essential that at least two men in each column are trained in the basic elements of field hygiene so that they can advise on the proper construction of sanitary fieldworks and act as Sanitary police for the officer commanding and medical officer of the column.

When elements of the Force become static, as occurred in the last expedition at strong points and roadblocks, the necessity for the strictest sanitary discipline in these confined areas becomes even more pronounced. Borehole latrines into which a charge of gelnite was dropped to increase their capacity were found eminently satisfactory but only on the too-rare occasions when the lid was kept closed.

The importance of perfect water discipline was generally realized to a greater extent than sanitary discipline, but extreme thirst on many occasions forced men to drink before the water sterilising tablets had ensured com-

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plete effective sterilisation. Owing to the time factor which must elapse before chemical sterilisation is effective, resort must be made to mechanical methods to shorten this period. The common methods, filtration, sedimentation or boiling, are impracticable on account of a variety of reasons, most of which are self-evident. There is one method, however, which has been used with satisfactory results in the provision of a safe water supply in Assam labour camps, and the necessary apparatus is extremely portable, consisting of two silver plates and an ordinary torch ¹³² battery. The only other equipment required for its introduction in future campaigns would be 1- or 2-gallon canvas tanks. The efficiency of this method is meantime under investigation.

Clinical considerations.—Bacteriological investigations of the cases of dysentery admitted to hospital revealed the fact that the bacillary type was much more prevalent than amoebic. Both types responded satisfactorily to specific treatment and evacuation was not necessary unless the general health of the patient had been weakened by malaria or some other debilitating disease.

Sulphaguanidine was not always available in the quantities required, and there should be an adequate stock of this drug held at air base. Emetine produced no untoward effects, but injections were omitted if the patient was likely to be engaged in action within a few days. This bears out a contention that I have always put forward that, although emetine is a potentially dangerous drug, it is not so dangerous as has been held heretofore, provided always that it is administered with proper care and supervision. The presence of an idiosyncrasy can easily be discovered after the administration of an initial minimal test dose.

Infective hepatitis.—Two hundred twenty cases, or 4 percent of the total evacuation from sickness, were admitted to hospital from this disease. The incidence was mainly confined to 111 Brigade from which 145 cases were recorded.

The source of infection was easily traced, as two cases had to be evacuated from one battalion in this brigade 2 days after their arrival in Burma. Moreover, several officers were flown in during their convalescent period at their own request. One medical officer developed the disease 2 days before the operation commenced and refused to be evacuated when a replacement was eventually found.

Although the mode of transmission is still a matter for conjecture, from the evidence available from the minor epidemic which occurred in this brigade, the disease would appear to be conveyed by droplet infection. The manner in which each soldier was supplied with individual rations, the absence of communal use of mess tins, and the impossibility of preparing meals collectively probably excludes the possibility of transmission by food-stuffs and cooks, the mode of infection which [was] previously postulated. The outbreak commenced with a few isolated cases, the incidence gradually increasing until the average weekly number of evacuations was approximately 50 during the last month of the campaign. This mode of occurrence is strongly indicative of a respiratory infection.

¹³² Torch—British ; flashlight—American.

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No conclusive evidence was furnished regarding the incubation period, but it is considered that it is lengthy, at least 3 weeks, and in the majority of cases 4 weeks.

Clinical manifestations.—The severity of the symptoms increased as the campaign progressed, and together with the very acute onset gave medical officers the impression that they were dealing with an outbreak of spirochaetal jaundice. One West African medical officer who had had some experience with yellow fever was struck by the resemblance and requested that this possibility should be investigated in hospital. The clinical manifestations soon allayed this fear. One case proved bacteriologically to be of the spirochaetal variety, the organism being found microscopically in the urine. Unfortunately, agglutination tests in this [case] could not be undertaken from lack of facilities.

In view of the many factors which together tended to tax the liver in an already debilitated individual, it is not surprising that the clinical manifestations of this disease were of such a severe nature.

Consequently, it was found that these cases had to be evacuated at the first opportunity. With even healthy personnel becoming nauseated at the sight of their never varying rations, little could be done to overcome this symptom and the anorexia which accompanied it. This equally applies to other symptoms such as the marked pyrexia, and intense malaise and headache, which occurred in these patients.

I.A.T.—This did not prove troublesome until the onset of the monsoon when it became a problem of increasing magnitude. Five hundred thirty-one cases, or almost 10 percent of the total casualties from sickness required to be evacuated from this cause, 350 of these being flown out in the last month of the campaign.

These skin infections were not confined to any particular nationality and even the West African troops who had managed to withstand to a greater extent the rigorous conditions under which the Force was required to operate, were compelled to send out a substantial number of men in the later stages. Attention has already been directed to the high percentage of ringworm among the Gurkhas; as this variety of skin disease proved less incapacitating than the other forms, their evacuation rate from this cause was smaller.

The following were the commonest varieties of skin affections occurring during this operation: Jungle sores, septic prickly heat, widespread tinea of the feet and groins, which proved very disabling owing to the manner in which it restricted marching, and bullous impetiginous lesions generally around the flexures. These bullae collapsed leaving raw skin, which rapidly ulcerated with further chafing. Boils and carbuncles were also common, and the surrounding cellulitis was often a marked feature of these lesions.

It is considered that one of the major causes of these skin infections was the constant marching through swamps in pouring rain or in a warm clammy atmosphere, together with the absence or nonavailability of clean, dry clothing and socks. Nevertheless, there was in most columns an absence of

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organised arrangements for bathing and washing of clothes to ensure that the more lax members of the column maintained the necessary basic standard of cleanliness. It is realised of course, that such arrangements can be implemented from time to time in accordance with the local tactical situation. Regular medical inspections to ensure the medical officer is up-to-date in his knowledge of the state of health of his men, is one more method of maintaining the effective manpower of their columns. Minor lesions can then receive immediate treatment to prevent them from increasing in severity until the patient requires hospitalisation.

It is not known to what extent foot inspections were carried out by subordinate commanders, but there is no doubt that a lot can be accomplished in the prevention of casualties from bad feet if frequent inspections of the feet, socks, and boots together with sound foot hygiene is carried out conscientiously. In this way, many of the more severe cases of foot-rot, which occurred during the monsoon period could have been prevented by early recognition and treatment. The number of cases of lice infestation was surprisingly few. The reasons for this can only be attributed to a strict medical inspection prior to entering Burma and the absence of lice in the villages. This is in marked contrast to the experience of General Wingate on his original expedition.

Typhus.—One hundred sixteen cases or 2.1 percent of the total evacuation from sickness were admitted to hospital from this cause. Interrogation of medical officers after their return from Burma would indicate that a further 49 cases were diagnosed but were not flown out owing to recovery or death occurring before evacuation of the patient could be undertaken.

The majority of the cases (77 percent) belonged to 14 Brigade, in which sporadic outbreaks occurred from the beginning of May to the second week in August. In the other brigades, cases commenced to appear intermittently during the last 2 months of the campaign but mainly in July.

The type of terrain in which these cases were infected varied considerably. The area in which infection must have occurred in the first outbreak, estimating the incubation period as 12 days, was mainly scrub jungle interspersed with open paddy-fields. The second minor epidemic broke out during the occupation of a village (Nammum) in which the troops were static for almost a month. However, the greater part of it was overrun with elephant grass and this location more closely resembled a jungle clearing than an inhabited locality. The third and most explosive outbreak could be traced to infection occurring during the occupation of a chaung in which the banks of the river were covered with thick elephant grass. In general from the evidence available, the type of terrain in which the majority of cases became infected was open country abounding in elephant grass and in the neighbourhood of water. No cases occurred in dense bamboo jungle, only in the scrub variety.

No conclusive proof regarding the vector could be discovered from investigation of these cases. Typical tick eschars were present in only 10 percent of the cases, and there were no medical officers willing to admit that they

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had detected mites or their bites on any of the patients. From enquiries regarding the fauna in the areas where infection occurred, the most probable reservoir was the field mouse. Even in the village, few rats were to be seen.

It is a point for consideration and investigation whether mules may not carry ticks or mites from infected areas, thus prolonging an epidemic, and in addition furnishing an explanation for cases who develop typhus after having left the affected locality for some days in excess of the recognised incubation period. The evidence from the above outbreaks suggested such a possibility, although the incidence of the disease was no greater among muleteers than among other personnel of the columns. Moreover as the typhus virus is transmitted from one generation of the mite to the next, infected areas may be considerably extended in this manner, and cases commence to appear in formations occupying areas previously understood to be free from the disease.¹³³

Clinical considerations.—The first cases to appear were generally diagnosed as glandular fever, being mild with little more than complaints of headache, feeling out of sorts, and some glandular enlargement. Several of these cases, especially during this early period and at a time when the possibility of typhus had not yet been fully appreciated, remained ambulatory throughout the whole of their attack, and recovered; this even occurred later when the disease had been fully recognised and diagnosed.

It was not until the onset became more abrupt with a high temperature, which failed to respond to quinine, that typhus was fully suspected. Thereafter the severe constitutional upset, the red bloated face with intensely congested conjunctives; the prolonged fever without the intermittency of malaria, pyrexia, and the appearance of a macula-papular rash on the trunk 3 or 4 days later, left no doubt regarding the diagnosis in the minds of the medical officers.

The progress of these cases caused generally grave anxiety. Pulmonary complications were generally severe, mental depression so profound that the patients appeared to have no desire to recover. This apathy was counteracted in the Black Watch to a very considerable extent when someone conceived the idea that the sound of the pipes might do much to dispel this apathy. Moreover, in the absence of specific treatment little could be done for these patients under the existing circumstances. Proper and efficient nursing was quite out of the question. Protection from the monsoon had to be improvised with indifferent success; fever became unbearable in the warm moist climate, and some patients lapsed into delirium; water was warm and brackish and great difficulty was experienced in forcing these patients to maintain their water and salt balance and avoid dehydration, diet was restricted to articles upon which the patients had existed for many months and which now produced intense nausea; the number of nursing orderlies was limited and they could not cope adequately with the number of cases.

¹³³ See citations in n. 124, p. 267. General Officer's observations conform generally to more thorough investigations, although his "hunch" that mules might carry the mite vectors was not confirmed.

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Under these circumstances, and in men already debilitated with prolonged marching and recurrent attacks of malaria, it is not surprising that mortality from this disease reached the high figures of 29.7 percent. This high death rate was quickly appreciated by all ranks, and the subsequent fear of contracting the disease resulted in a substantial decrease in morale.

The Weil-Felix reactions in all cases admitted to hospital showed agglutination with OXK strains, although high titres were not reached until the eighth day after the onset of the disease. Agglutination with OX 19 and OX 2 strains was insignificant.

Prevention.—It has now been definitely established from several epidemics of scrub typhus that certain types of terrain are closely associated with epidemics of the disease. Experience gained from this campaign indicates that the following areas should be skirted and other routes selected whenever possible. Only in exceptional circumstances when the tactical situation permits no alternative, should camps be situated or troops allowed to bivouac in these localities.

(1) Scrub jungle, in contradistinction to thick wooded jungle with dense overhead cover.

(2) Jungle clearings, especially deserted villages which have become overgrown with elephant grass and small trees. This applies equally to the periphery of dense jungle.

(3) Rivers or streams bordered by tall grass. If camps must be situated in the vicinity they must be at least 1 mile from water.

If a suspicious area must be traversed or in which a camp requires to be sited [sic], strict personal precautions must be enforced. As it is not possible in this type of operation to fire the grass and undergrowth of such areas, every possible individual precaution must be taken. All exposed areas of skin should be protected by clothing while passing through such localities and if the night has to be spent in them, then improvised charpoys¹³⁴ to raise the sleeper off the ground are essential. No padding with brushwood or grass must be allowed, the charpoy being covered only with the groundsheet whose edges have been smeared with dibutylphthallate.

It is strongly recommended that adequate stocks of dibutylphthallate should be available for any future operations, and all ranks trained in its proper application to the edges of the clothing and exposed parts of the skin.

Malnutrition.—Approximately 1 month after their withdrawal from Burma, 34 cases of deficiency in the vitamin B complex had been admitted to hospital, seven cases from 14 Brigade, the remaining 27 being distributed between 77 and 111 Brigades. All cases occurred among B.O.R.s.

Of the seven patients admitted from 14 Brigade, all suffered from multiple neuritis. A previous history of malaria was volunteered in six cases, and three had suffered from jungle sores.

It is of interest to note that the neuritis did not develop until almost 1 month after the substitution of "Compo"¹³⁵ and later the Rehabilitation, scales of rations. It is difficult to assess whether the above indications of

¹³⁴ Bed frames.

¹³⁵ Composite.

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malnutrition in these personnel of 14 Brigade were due to complications appearing after malaria, or were the sequelae of postdiphtheritic ulcerations. It is considered more likely, however, that the manifestations were occasioned by the bodily reserves of vitamin B becoming depleted during the lengthy period of existence on K rations, and the failure of the later diets to replace it in sufficient quantity.

In the other brigades the symptomatology showed greater variety as will be seen from an analysis of the symptoms of the 27 patients belonging to these brigades:

Lassitude and muscular weakness.....	24
Atrophic glossitis.....	19
Heartburn	16
Flatulence	20
Anorexia	22
Vomiting	19
Diarrhoea	9
Pains in legs.....	24
Muscle cramps.....	14
Paraesthesia of limbs.....	10
Impairment of memory and concentration.....	3

One of the most striking manifestations was the extreme degree of mental depreciation in these patients. Lassitude and, in some cases, even inability to move was marked. Depression was severe, and orientation and concentration were also affected.

No significant abnormality was found in the pulse rate but in 21 cases the blood pressure was below 120 m Hg. In the C.N.S.¹³⁶ the deep reflexes were altered in 18 cases, and there was some impairment of sensation in seven.

Five cases gave a history of malaria, and another six had suffered from dysentery.

These cases appeared more rapidly after evacuation from Burma than those of 14 Brigade. This is probably due to the fact that 77 and 111 Brigades had lived almost entirely on K rations until their arrival in the Rehabilitation Area, and the rations issued during their travelling period had little time to replace the body reserves of vitamin B Complex, so thoroughly depleted in Burma. The same discoveries [sic: difficulties?] of postulating the aetiological factors involved, postmalarial complications, postdiphtheritic paralysis, or failure of intestinal absorption after dysentery or gastroenteritis was experienced. It is considered however, that these were probably precipitating factors in patients suffering from avitaminosis in a subclinical form.

No frank cases of scurvy were found on examination of these brigades after their evacuation, but again the disease may have been present in its subclinical form.

Although the discovery of these cases of avitaminosis would seem to indicate that the vitamin content of the K ration is deficient, this is in fact not so,

¹³⁶ Central Nervous System.

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and those cases of avitaminosis which did occur, can only be attributed to the well-known fact that the men threw away or failed to eat some vitamin-containing part of the ration. While this cannot be condoned it can never be avoided, and it does indicate the absolute necessity of the inclusion in the ration of a separate multi-vite tablet.

Condition of Personnel on Termination of Operations

All brigades on their withdrawal from Burma, with the exception of 16 and 23 Brigades, concentrated in the reception camp at Tinsukia. Here they were placed on a special convalescent scale of rations—received their first hot bath for months, and were given a complete new issue of clothing and necessaries.

At this camp the psychiatrist¹³⁷ attached to the Force was located, and as the various brigades passed through, he was in a position to take a cross section of each brigade and assess their general condition and morale, and at the same time was available to see any special cases considered by the medical officers to require psychiatric advice and treatment.

The reports on his observations are attached and are of considerable interest and show clearly that morale was highest in those units and formations which finished on a high note, with a recent success in battle—and the lowest in those where a reverse had led to acute disappointment.

Morale on the whole—considering the length of time the men had been in and the hardships to which they had been subjected—was surprisingly good.

Psychiatric Report on 77 Ind Inf Bde, Special Force¹³⁸

Examined at—69 Ind. Rest Camp, 6 A.B.P.O. July '44.¹³⁹

Procedure. In conducting this investigation two aims were formulated:

- (1) To assess the morale of the Brigade as a whole, and
- (2) To estimate the percentage of psychiatric casualties.

To accomplish the latter the co-operation of the Camp Medical Officer and the local hospitals was enlisted to supplement personal interviews.

In assessing morale an essay was made to garner data under two sub-headings:

- (1) Factors favourably influencing morale
- (2) Factors influencing morale unfavourably

In the two to three days available, as many as possible of the British personnel of the Brigade were interviewed immediately on arrival at camp from the local air-strip.

In all 189 men were examined. The number more or less equally divided between the South Staffs and Lancashire Fusiliers.

Psychiatric Casualties. Not one case of mental illness was seen on personal contact. Neither was any case referred by the Camp Medical Officer or to the hospitals in the neighbourhood.

Relative the present evacuees the mental health is 100 percent sound.

¹³⁷ J. S. Dawson, Captain, RAMC, who signed each of the reports quoted below.

¹³⁸ The report on the 77th Brigade is second in sequence in the original Report. Its introductory section, however, indicates that it was intended to be first in order.

¹³⁹ Ind.—Indian; A.B.P.O.—overseas postal office designation.

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Factors influencing Morale Unfavourably.

(a) *Promises.* Officially promised out before the Monsoon and again after "White City" in May. Undivided opinion of the men here gave it that these promises dashed their hopes considerably when not implemented and they would much rather they had not been given.

(b) *Monsoon Equipment.* Non-existent. The gas-capes issued were useless after a fortnight's rain. Loss of sleep and consequent exhaustion were attributed to lack of this equipment. American hammocks would have been appreciated.

(c) *Clothing.* Replacements inadequate and for most unobtainable.

(d) *Rations.* Monotonous and depressing. Three months on "K" rations is enough for any man.

(e) *Repatriation.* A sore point with those concerned. Men with five years service overseas and more before entering Burma, resent having been detailed to go in. An ominous bond of sympathy exists between these and many of the remaining men, strengthened by the assertions that many of those who were due repatriation have been killed.

(f) *Medical Attention.* Uncivil and inadequate. By far the greater majority of men expressed this view and said they were ultimately afraid to go sick for fear of being accused of "scrounging." Men with fevers and dysenteries had to continue fighting. The absence of detailed stretcher bearers in the columns was also bemoaned. These complaints were largely mitigated however, by the almost unanimous opinion that the conditions obtaining were due to lack of medical personnel. (N.B. Surgical cases interviewed could not speak too highly of the attention received from M.O.s and orderlies alike.)

(g) *Length of Campaign.* Much too long. None would have minded being in twelve weeks.

(h) *Chinese.* Very unpopular. Described as an undisciplined collection of looters and thieves. Very difficult to distinguish from Japanese troops owing to the variety of clothing they wore. W.O.s and N.C.O.s shared the same opinion as the men. All would have preferred to have continued to fight as an independent Chindits Force.¹⁴⁰

Factors Favourably Influencing Morale.

(a) *Officers.* Apart from a few isolated instances, the officers had the unbounded confidence of the men. Brigadier [Michael] Calvert was extremely popular and the admiration of the men without exception, stopped a little short of hero-worship. One wit expressed the opinion that "we would follow the Brig. through Burma into Hell."

(b) *Evacuation of sick.* Air-personnel's work in evacuating the sick much appreciated. All felt confident of getting out if wounded.

(c) *Self-appreciation.* Stated un-reservedly that they had had their fair share of fighting in this campaign and hadn't done so badly either.

(d) *Japanese.* Not the invincible myth he was conjured up to be. All feel they have got his measure in jungle warfare, both in attack and defence.

Summary. The general tone is one of satisfaction, with *one* thorn, that of repatriation, in the flesh of an otherwise healthy body. Even considering the "unfavourable influences" listed above, there was the encouraging observation that these were given in the nature of constructive criticisms in a co-operative effort to improve things to come.

The morale of this Brigade is excellent.

Sd/—J. S. Dawson, Capt., R.A.M.C.
Specialist in Psychiatry, Special Force

¹⁴⁰ The allusion here is to the last stage of the campaign when the 77th Brigade and the Chinese were attacking Mogaung, and when the former (like the latter) were parts of the total force commanded by General Stilwell.

WITH WINGATE'S CHINDITS

Psychiatric Report on 111 Ind Inf Bde, Special Force

Examined at—69 Ind Rest Camp, 6 A.B.P.O., July-Aug. '44.

Procedure—This investigation was conducted with two formulated aims:

- (1) To assess the morale of the Brigade as a whole
- (2) And to estimate the percentage of psychiatric casualties.

In assessing morale an attempt was made to gather relative information under the sub-headings:

- (1) Factors favourably influencing morale
- (2) Factors influencing morale unfavourably

British personnel only were concerned in this review, and, in all, 273 men were examined, 97 of these from the Cameronians and the remainder, including 17 Royal Artillery other ranks, from the King's Own Regt.

Psychiatric Casualties. None of the men personally contacted showed any signs of mental illness. No cases were referred to the Camp Medical Officer or the local hospitals.

Factors influencing Morale Unfavourably.

(a) *Promises.* Before the campaign promised "out" before the monsoon. Four to five days after the evacuation of "Blackpool" (3rd-4th June) officially told they had no further commitments and were then going out, but two days later ordered to advance and assist in the attack on Mogaung. Morale fell considerably, and the King's Own gave it that they had 17 desertions as a result.

M.O.s and Chaplains confirmed the men's assertions that the promise after "Blackpool" had a very deleterious effect on the morale of the Brigade.

(b) *"Blackpool."* Complaints were numerous and bitter regarding this block and were shared by almost every man. Why was it called a "block" at all? It was too far from the road and railway to act as such. Many regarded it merely as a "decoy" and little better than a death-trap. Why wasn't the railway put out of action, and why were Jap troop-trains allowed to come beyond the block unmolested? Where were the floating 14 and 77 Brigades promised?

W.Os, N.C.Os, and men all believed the air-strip on which they depended entirely for supplies and ammunition to be inadequately defended. Part of the strip was actually outside the block and had no defence at all.

The continual shelling, to which they had no reply, ultimately got most of the men down, and they had had about all they could take when the block came to be abandoned.

(c) *Officers.* The rationale of this observation is obscure, but it is an undisguised fact that before "Blackpool" the officers as a whole had the confidence of the men, but after the block that confidence almost completely vanished. After the block administration was described as chaotic, recces were said not to have been carried out, no-one knew what was going on and leadership was considered poor.¹⁴¹

(d) *Nature of campaign.* Not one man but complained of having been ordered to participate in "Static warfare" for which he was not equipped. Wingate had intended the Chindits to function as L.R.P. troops and as such they had done everything asked of them. Had Wingate lived they felt sure they would have continued to fight in their intended capacity.

Until "Blackpool" morale was 100 percent throughout the Brigade. There were insufficient, if any, rest periods during the campaign, marching was excessive and the campaign as a whole was much too long.

¹⁴¹ Masters describes the affair at Blackpool in great detail, pp. 240-262, 282-283. He was not entirely happy about the idea of establishing the block, nor with the site; he too was impatient when neither the 14th nor 77th Brigades reached the perimeter to reinforce him. The punishment the Japanese gave with artillery as well as reinforced infantry became intolerable. Repeated declarations that the position had become untenable brought no command to retreat. Using, finally, the initiative of the local commander to estimate the situation, Masters ordered the stronghold to be abandoned in the face of obviously imminent destruction of the Brigade. See also the introductory section of part IV.

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(e) *Medical Attention.* Inadequate, with the depressing prospect of having to continue marching when suffering from a fever. Not many held any great hopes of speedy evacuation when sick. All the Medical Officers were extremely popular, however, with one exception, who depressed the column with his uncivil barrackroom attitude.

(f) *Repatriation.* A considerable number of N.C.O.s and men were due repatriation before they entered Burma, and resent having been detailed to go in. Many due repatriation lost their lives during the campaign.

(g) *Public Flogging of B.O.R.s.* Greatly resented. Nothing but an exhibition of slavery. All agreed that the guilty men deserved their punishment, but the punishment should not have been implemented publicly in front of natives and coloured troops.¹⁴²

Factors favourably influencing morale.

After "Blackpool" the men could instance nothing which raised their morale in any way.

Medical Administration. Certain criticisms, of sufficient magnitude to occasion concern, were served on the D.D.M.S. and A.D.M.S. by medical officers of the Brigade. A statement by the D.D.M.S. to the effect that too many fit men were being evacuated engendered great indignation amongst the M.O.s concerned and in their opinion, showed a lack of appreciation of the true conditions obtaining in the columns and reflected seriously on their judgment. As neither the D.D.M.S. nor the A.D.M.S. contacted them in the columns they consider the above statement unjustified.¹⁴³

Medical supplies were considered so inadequate during "Blackpool" as to seriously influence the morale of the men. One Medical Officer of No. 3 W.A. Fd Amb¹⁴⁴ gave it as his opinion that the medical arrangements lacked organization, which would have been materially improved if the A.D.M.S. had "lived in" with the Brigades.¹⁴⁵

The S.M.O.¹⁴⁶ was dissatisfied with the support received from the D.D.M.S. and harboured criticisms which he intended to make personally.

Summary. Of the 273 men examined not one expressed his willingness to participate in another Burma campaign, and of this total, 184 declared they would do detention rather than face a second campaign under similar conditions. The 184 figure comprised 69 Cameronians, 17 Gunners and 98 King's Own personnel. Despite the histrionic quality, in several cases, of the avowal to do detention, the incubus of discontent pervading this Brigade is none the less obvious and alarming.

Morale is low.

¹⁴² The only reference to corporal punishment anywhere in any sources available to the editor.

¹⁴³ See Officer's expressed attitudes on the point, which evidently had been previously stated directly to the 111th Brigade medical officers. Masters: "Certainly a few of these men [being evacuated during the "fearful falling off in general health" at Lake Indawgyi, after Blackpool] were taking the easy way out, but Desmond Whyte was a fighting doctor and, when I called all the medicos together for a conference, he and the others assured me that a high proportion of the British troops, officers and men, were in fact on the threshold of death from exhaustion, undernourishment, exposure, and strain" (p. 262).

¹⁴⁴ Field Ambulance (unit).

¹⁴⁵ See pp. 215-216, for difficulties which the A.D.M.S. encountered when he tried to establish proper administrative relationships with the troops in the columns.

¹⁴⁶ The Senior Medical Officer of the brigade was Maj. Desmond Whyte. Masters had great confidence in Whyte, whom he recommended for the Victoria Cross. The Distinguished Service Order, which Whyte received instead, was "not good enough" (p. 273). The reference may well be to the incident in which Desmond, annoyed by a message from the Force Surgeon (presumably Officer) regarding the prescribed methods of preventing foot disorders, sent back a tart and skeptical reply. "The chief doctor wanted to court martial Desmond for that, although the message was from me, but fortunately for him [Whyte? Officer?] thought better of it" p. 272. The atmosphere is indicated by the fact that Masters was then repeatedly demanding a medical inspection of the Brigade as a basis for its relief and evacuation on medical grounds (p. 276). Crew, V, pp. 216-232, quotes Whyte's brigade medical report.

WITH WINGATE'S CHINDITS

Psychiatric Report on 14 Inf Bde, Special Force

Examined at—69 Ind Rest Camp, 6 A.B.P.O. Aug–Sep '44.

Procedures—As adopted with 77 and 111 Ind Inf Bdes 372 men were examined comprising 126 Black Watch, 88 Leicesters, 84 Bedfs Herts and 74 Y & L.¹⁴⁷

Psychiatric Casualties—No case of psychiatric illness was seen on personal contact or referred by Camp. M.O., Bn. M.O.s or local hospitals.

Factors influencing Morale Unfavourably

(a) *Promises.* Black Watch and Y & L personnel complained bitterly of official promises of their "going out," which never materialized. Every job after May was their last job and morale dropped considerably with each promise.

In marked contrast the other two bns stated they never had one official promise throughout the campaign and suffered no loss of morale in consequence.

(b) *Reinforcements.* All stated they were never up to full strength and an increased burden was thus thrown on remaining personnel of unit. Many of the reinforcements received were untrained in jungle warfare and had never seen a heavy pack.

(c) *Length of Campaign.* Much too long. If the campaign had terminated before the monsoon many deaths from illness would have been avoided and all felt they would have been in a better mood to face a second campaign than they are now.

(d) *Rations.* "K" rations monotonous and almost unbearable after three months.

(e) *Officers.* "Class-distinction" too much in evidence, particularly regarding monsoon equipment and medical evacuation.

(f) *Medical Inspections.* Not one individual but complained of having had no proper medical "over-haul" before he went in. Some had none at all. Others were actually checked for fitness by a Sgt-Major consulting pay-books.

They have had no medical inspection, not even an F.F.I.¹⁴⁸ since leaving Burma.

The general feeling, resultant on this, is that they are of the opinion that no one cares how they feel and that they have been neglected.

(g) *Medical Treatment.* Despite the admirable efforts of the M.O.s (with two exceptions) treatment was described variously as inadequate to ridiculous to call it treatment at all. It was common for sick to be turned away by the M.O. with the apology that he had nothing to give them. On occasion it was impossible to get even a bandage, parachute cloth having ultimately to be torn up to serve the purpose.

Coln. 16 of Bedfs Herts complained of having no M.O. at all for 6 weeks. A L/Cpl.¹⁴⁹ (from the Bn) carried on in his absence and it was rather alarming to learn from the Cpl himself that he was giving intravenous quinines, pentothals¹⁵⁰ and performing minor operations on his own.

(h) *Unknown Fever (Scrub Typhus).* Without exception this affected the morale of the men considerably. They saw friends "dying like flies" with the fever and in cases they were even afraid to visit those stricken with the fever for fear of contracting it themselves.

(i) *Medical Evacuation.* None had any great confidence of getting evacuated if sick. Indeed the one concern in the mind of each individual was the fear of falling sick with the disturbing prospect of having to endure hardships in the coln were he unfit.

Age and Weight. A considerable bond of sympathy existed between the men and those they considered overage and underweight. Men of 38 and 39 they believe should never have been sent in, and it was ridiculous to have included men of little more than 8 stone in weight. Giving the weight of the heavy pack as 69 to 81 lbs. this meant those men were carrying over half to three quarters of their own weight. They blame this on the lackadaisical medical inspection prior to entering the campaign.

¹⁴⁷ Abbreviations: Leicesters—7th Battalion, Leicestershire Regiment; Bedfs Herts—1st Battalion, Bedfordshire and Hertfordshire Regiment; Y & L—2d Battalion, York and Lancaster Regiment.

¹⁴⁸ "Free from Infection"—that is, a health inspection of the troops.

¹⁴⁹ Lance Corporal.

¹⁵⁰ A commonly-used anaesthetic.

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Defective Vision. Those wearing glasses definitely did not possess the confidence of the men whose visual acuity was good. They went in constant fear of either losing or breaking their glasses, and even with them on the glasses were often little better than useless owing to rain and perspiration dimming the lenses. (An M.O. from personal experience gave it as his opinion that this latter observation was a very real one.)

Syphilitics. A disgruntled few were interviewed but of such a mental make-up to spread dissension through any unit. They complained of being neglected and of having no treatment for their condition while in Burma.

Factors Favourably Influencing Morale.

Self-appreciation. All bns could point with some pride to the part they had played in the campaign. They feel they have achieved what they set out to accomplish and are solid in their assertions that the Jap is anything but invincible and "has it coming to him."

Addendum. Prior to the campaign a considerable number of men were put up by S.M.O. and Bn. M.O.s for regrading, but many of these were turned down by Medical Boards. S.M.O. maintains that Specialists in hospitals are not fully conversant with the true conditions obtaining in the field and that less stress should be put on their findings and more on those of Bn. M.O.s. Those originally put up for regrading by him and his staff were ultimately evacuated as unfit during the campaign.

Summary. It was obvious from the outset that medical problems occasioned the chief concern in each Bn., yet criticisms were, on the whole, positive and constructive, particularly regarding treatments and evacuations.

That the "conditions and diseases" have not undermined the morale of the Brigade to any serious degree is evidenced by the unanimous opinion of the men that they think they would be able for another "go" in six months time.

Morale is good.

V. CONCLUSIONS

Certain very definite points arise from the experience of this last campaign and require earnest attention before embarking on further similar operations. These can be numerated as follows:

(1) A Medical Organization capable of dealing with the casualties likely to be encountered. Such an organization has been requested.

(2) Medical Personnel who are in their technical training above the average and so able, in any Medical Emergency, to act on their initiative. As well as this they must be fit enough to withstand the rigours of Long Range Penetration Warfare.

(3) Combatant leaders who realise that preventable disease is, unless countered, liable to take a heavier toll in casualties than the Japanese and who, in consequence, must be prepared, by ensuring strict discipline, to do everything in their power to train their men in preventive measures and, by personal example, ensure that sickness from this unnecessary and avoidable cause is kept to an absolute minimum.

(4) A diet that is not only sufficient but which is interesting enough to stimulate a desire and enthusiasm for eating it and thereby maintain morale at its highest. For probably no single factor plays a bigger part in the maintenance of morale than good food. While this is a truism in all conditions of life it is even more so under conditions in which this Force must operate and when everything else is looking blackest and bleakest it is amazing what

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good food can do to counteract acute depression. If the answer to all other problems was as easy as it is to this one, then all difficulties would disappear. Knowing what is wanted, as everyone does, it should be easy at this stage of the war to produce it.

(5) The preliminary to the regular taking of Suppressive Mepacrine is the regular supply of it to the columns. If this is not Fool-Proof then no amount of discipline nor desire on the part of the men to take it can overcome its deficiency. The only safe way of ensuring this regular supply is the inclusion of the requisite dose in the men's individual ration. No other method can be Fool-Proof.

In conclusion, I would repeat what I have had to say so often before, and that is that without a very close co-operation between the Medical Branch and the Planning Branch, whether this be before or during operations, it is impossible to run a good Medical Service with that efficiency which, unlike that of any other service, is so open to adverse criticism.

The habit of looking upon the doctor as a Fifth Columnist likely to blab the merest piece of confidential information which is vouchsafed him, is still all too prevalent. Apart from the fact that we are all of the same nationality, holding the same Commission in the same Army and fighting the same enemy for the same reasons, a doctor, by the very virtue of his profession and his training, probably holds more secrets and information of a personal and confidential nature than any other individual. This being so, and it is agreed, as it must be, that the inclusion of a Medical Service in the planning of a campaign or operation is essential then the most *Top Secret* information can safely be disclosed to the head doctor without any fear of it being repeated. So often one finds that information of this sort is known to a junior "G" officer but is not told to the Medical Service until it is too late to be of use in the making of an efficient Medical Plan.

With the increased speed and tempo of modern warfare the time has passed when the D.D.M.S. of a Corps or the A.D.M.S. of a Division received his information through the head of the "A" [Administration] Branch. Every means by which Red Tape and unnecessary effort and time are dissipated should be cut ruthlessly. When it is realised that the head of the Medical Service of such a formation is, as the representative of the D.M.S. of the Army, the Commander of all Medical Units and Personnel in it, then surely it is right to assume that he should be treated in the same way as the C.R.E. [Chief, Royal Engineers] and the C.R.A. [Chief, Royal Artillery] and that he should, by his attendance at all conferences, receive his information first hand direct from his Commander.

The best units and formations are always those which are most Medically minded and where the doctors are in the closest confidence with their respective commanders, and it is in these units where discipline is of the highest. The reason for this very definite statement needs no further elaboration except to say that such close cooperation leads to a mutual trust and confidence with a realisation of the other's difficulties. The all too ready attempts to criticise adversely treatment and procedure which are a feature

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of a certain type of officer are eliminated and the realisation that success at all times and in every undertaking is no more possible by a doctor than by a commander is more fully appreciated.

It is with no attempt to make out that this Force is more culpable of more breaches in this respect than any other that this truism is included. It is repeated only in an effort to eliminate it altogether and to remind senior Staff Officers of the need of continuing to imbue their less experienced officers with this fact.

Book Five

THE MARAUDERS AND THE MICROBES

A Record of Righteous Indignation

THE MARAUDERS AND THE MICROBES

James E. T. Hopkins, M.D., Henry G. Stelling, M.D.,
and Tracy S. Voorhees

I. THE 5307TH

“VICTORY AGAIN. Radio from George Marshall on U.S. units for Stepchild. Only 3,000, but the entering wedge. Can we use them! And how!”—*Stilwell Diary*, 2 Sept. 1943.

“* * * 12 men left in 2 [Battalion] G[alahad]. Beach and Magee sick. Shudmak discouraged. [Galahad] is just shot.”—*Stilwell Diary*, 30 May 1944.¹

*Stilwell's terse terms of jubilation and despair sum up the history of the first and principal action of American infantry in the Burma campaigns of World War II. At Quebec, in August 1943, Stilwell's sponsors secured the promise of an American force as a token match for the British 14th Army and the Chinese Army in India. The Quebec planners supposed that the American regiment would serve with General Wingate's long range penetration group. This notion did not suit Stilwell, however. He did not like Wingate's plan for isolated action; his national pride was offended. Rather, he wanted the regiment to fight in close conjunction with the main Chinese advance, acting as a spearhead or as a flanking weapon. Wingate resisted Stilwell's claims, and the Americans had already started toward Burma before Stilwell's authority over them was assured.*²

To raise the regiment, the War Department issued a call for volunteers and rapidly assembled the officers and men who responded from the United States, Trinidad, Puerto Rico, and the South and Southwest Pacific Theaters. On 29 October, the troops arrived at Bombay,

¹ Stilwell Papers, Hoover Institution on War, Revolution, and Peace, Stanford University. The quoted passages are also found in the published version of the diaries, pp. 219 and (in part) 301. *Stepchild* was the cover name for Burma campaign plans. *Galahad* was the code title of the regiment of American infantry which journalists dubbed “Merrill's Marauders” and the Army officially knew as the 5307th Composite Unit (Provisional); Stilwell always preferred the original code name. Lieutenant Colonels George A. McGee, Jr., and Charles E. Beach commanded the 2d and 3d Battalions of the regiment. Maj. Melvin A. Schudmak, M.C., was the Regimental Surgeon. The appropriate military symbol for *battalion* appears in the quoted passage.

² *Stilwell Diary*, 1 Sept. 1944 (Black and White Book), 3 Jan. 1944 (Notebook). Also: NCAC History, pp. 39–46; *Merrill's Marauders*, pp. 8–16; Eldridge, *Wrath in Burma*, pp. 179–180; Romanus and Sunderland, II, pp. 34–36; Ogburn, *Marauders*, pp. 49, 60–62. Stilwell wrote on 1 September: “What's the matter with our people? After a long struggle, we get a handful of U.S. troops, & by God, they tell us they are to operate under WINGATE! We don't know enough to handle them, but that exhibitionist does! And what has he done? Made an abortive jaunt to Katha, got caught E. of the Irrawaddy & came out, with a loss of 40%—Net result, cut the RR that our people had already cut [by air attacks]. Now he's an expert. This is enough to discourage Christ.”

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stopped briefly at a staging camp in nearby Deolali, and then moved to Deogarh, Bengal Province, for their training. The unsettled command situation left them under improvised administrative and supply arrangements for much of this time. The troops were restive under the general supervision of Wingate's headquarters. Their self-respect as volunteers leaked away in the weeks when they did not even bear an official military designation. Their enthusiasm was scarcely increased by the vague and awkward nomenclature finally adopted—5307th Composite Unit (Provisional).³

The 5307th was organized into three battalions of infantry, without artillery support but with 700 pack animals. Each battalion was divided into two combat teams. Of special importance was an air supply section, for it was conceived at the outset that the 5307th, like Wingate's Special Force, would depend on aircraft for supplies and for casualty evacuation. Twelve officers and 84 men composed the medical establishment, enough to provide detachments for each combat team.

The volunteers presumably were ready for a "hazardous mission," and were in a "high state of physical ruggedness and stamina." Some were battle-tested. Accepting Wingate's doctrines, the planners assumed that the regiment would be able to stand 3 months of jungle fighting. At the end of that time, its condition would be so bad that there would be no use trying to salvage it by sending in replacements. Its survivors would need prolonged rest at the rear before they could again be sent into combat.⁴

³ Romanus and Sunderland, *ibid.*; Ogburn, pp. 29–34, 46–62, 282–283; *Merrill's Marauders* and NCAC History, *ibid.* The medical establishment in the Theater was evidently not among those branches privy to the plan for 5307th. Tamraz records in his diary his unawareness until the end of October, when he was suddenly asked by the British what he proposed to do for 5307 hospitalization: see p. 171. Williams, the Theater Surgeon, wrote the editor in 1947 that "the whole project was so hush-hush that I did not hear of it until the day before they were committed to action in Upper Burma." In this regard it is notable that from September onward, Tamraz was in almost daily touch with officers who were joining South East Asia Command headquarters, then forming. The 5307th was, of course, part of the SEAC. Williams, according to entries in his diary, met very highly placed medical officers from the Office of The Surgeon General, who were visiting from the United States in the latter part of September. He also conferred at Ledo in September with General Boatner, and with the two principal medical officers in the combat command, Vernon W. Petersen and L. N. Simmons. In December he met with the Rear Echelon and SOS Surgeons and he was at Ledo, looking into the outbreak of scrub typhus. It is difficult to imagine that none of these people mentioned 5307th to Tamraz or Williams. But it is probable, in view of their comments or recollections, that they were not officially drawn into the planning discussions or asked to make special arrangements for 5307th while it was conceived as a branch of Wingate's Special Force under the authority of SEAC.

⁴ *Merrill's Marauders*, pp. 8–14; Ogburn, pp. 9, 29; Romanus and Sunderland, II, p. 34; "Organization into Combat Teams for Combat," an appendix to "Galahad—5307th Composite Unit (Prov)—Merrill's Marauders—1 September 1943–1 June 1944": Stilwell Papers, Folder I, Section 2. "Galahad" was the draft of the published *Merrill's Marauders*. The figure given for the medical establishment comes from the diary of Col. Robert P. Williams, 23 Feb. 1944, when he visited the 5307th in Burma. The size of combat team detachments, according to "Organization into Combat Teams," just cited, is given as two officers and 15 men. Comparatively there were nine officers and 126 men in a standard regimental medical detachment.

Most of the officers were among the original volunteers. Two were added to the 5307th after it finished training. They came from the 14th and 73d Evacuation Hospitals. At the same time, 15 enlisted men were transferred to 5307th from the 99th Station Hospital: Tamraz Diary, 14 January (the passage is not quoted in part III of the diary because it is an entry of his headquarters staff, made while he was away on an inspection trip).

MARAUDERS AND MICROBES

*For several months, Col. Charles N. Hunter, the senior officer, led the 5307th. When Stilwell placed Brig. Gen. Frank D. Merrill in command on 6 January 1944, the period for the development of corps d'esprit had nearly ended. However, the loyalty already attached to Hunter quickly expanded to include Merrill. Ordered to the combat zone immediately upon assuming command, Merrill led the 5307th into position south of Shingbwiyang. As the men completed their 100-mile march from Ledo on 21 February, Stilwell watched them come in and noted approvingly: "Tough looking lot of babies. Told M. what his job would be * * * we can go now."⁵*

Tough the Marauders certainly proved to be. They looked the part suggested by the gaudy name which newsmen gave them at Shingbwiyang. They stayed in the jungle until the first week in June, marching and fighting for the full 4 months they were there. They withstood the silent terror of ambushed jungle trails. They survived while their clothes, boots, and sometimes their flesh rotted in the heat and damp. They carried their sick and wounded with them to jungle clearings or river sandbars from which light planes flew the casualties to safety. They fought pitched battles at their road- and trail-blocks. They crossed a 7,000-foot-high range of mountains in the rain on half-cleared trails and attacked at the end of the march without a rest. When they could fight no longer, they had enough meanness left in them to rebel, to a degree in deed and in spirit utterly, against what they felt were unlawful, ignorant, and harsh demands still being made upon them.

When Stilwell appraised the Marauders as they started their first attack mission, he doubtless thought of what had been heard of them during their training period. They had been hard to handle. They despised the accommodations and rations which the British produced. Cliques from different outfits resisted assimilation; to break them up, the troops were finally reshuffled among the several battalions. Soon after they reached India, some of the men went "over the hill" for women and drink.

But they had "shaped up" by the time they reached Burma after a last, wild Christmas spree. Stilwell probably put their unruliness on the credit side of the book, if he thought of it at all seriously. The Marauders fitted the traditional image of volunteer, expeditionary troops in their slouchiness, touchiness, and air of rascality. The fact that many nursed grievances did not show. But the time had been and would come again when their recollection of real or imagined promises of special amenities and perquisites would surface and fester.

⁵ Stilwell Diary, 21 Feb. 1944 (Notebook); *Merrill's Marauders*, pp. 14-16; Romanus and Sunderland, II, p. 146; Ogburn, pp. 47-88. Ogburn recalled: "We did not feel tough—our complaints would have kept a corps of chaplains occupied—but it was gratifying to be thought so" (p. 81). In 1947, Colonel Williams (the Theater Surgeon) wrote to the editor: "These volunteers were a tough lot, capable in their own estimation of licking the entire Jap Army." The picture that remained in his mind was of a unit which "had gotten so out of hand that the British had asked CBI to 'please for God's sake take them off our hands.'" In part, evidently, the toughness was revealed (as he saw them) in lack of discipline and organizational structure.

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Two incidents might have received special attention in Stilwell's summary view of his troops. Not long after the 5307th reached India, Theater authorities began to hear rumors that they were in everything except a "high state of physical ruggedness." By November, the incidence of malaria was so high that the Acting Theater Malariologist, Maj. F. A. Mantz, MC, hastened to Deogarh for an inspection. His report was startling. It was "incumbent upon any medical officer," he wrote, "surveying a unit with a current malaria rate of 4080/1000 annum; with 7.4% of the men non-effective each week because of malaria; and 57.3% of the remainder infected during the past year, to consider that unit as unfit for operations before adequate rest treatment and replacement is provided."⁶ If it was impossible to replace the infected men, he proposed the removal of all soldiers who had had three or more malaria relapses and whose last relapse had occurred since 1 September 1943. The remainder of the malaria victims should be put on a regimen of complete rest while being treated. He estimated that the three-relapse policy would eliminate 12.8 percent of the troops in the 3d Battalion, where the infected men were most numerous. No heed was taken of the more radical of his two proposals. No men were released, but training was suspended in the 3d Battalion for those men undergoing a full course of treatment for malaria. Suppressive Atabrine therapy then was resumed.⁷

The episode revealed more than the deep inroads malaria had made in the regiment. Just as significant was the fact that it had broken through the routine of Atabrine suppressive discipline. The combination of enforced and self-regulated measures of hygiene obviously had collapsed, as one especially virulent manifestation of the loose morale of the troops en route to and during their first weeks in India. The

⁶ As reported in n. 90, p. 24, the malaria rate for CBI troops exceeded that anywhere else in the Army. In 1943 it ran from 264/1000/annum in June to 322/1000/annum in August. In November the rate fell below 200/1000/annum. Thus Mantz's recommendations must be considered conservative, observing due respect to the priority which commanders gave to training.

⁷ Letter, RE Headquarters CBI, "Report of Malaria Survey," 29 Nov. 1943, Deputy Theater Surgeon to Chief of Staff, inclosing "Malaria Status of 5307th Provisional Regiment," 26 Nov. 1943, from Mantz to the Commanding Officer, 5307th Regiment; "War Diary of 5307th Composite Unit (Provisional)," by Maj. John M. Jones, Inf., appendix 16 of NCAC History; Letter No. 639S/A/D.M.S. 4., GHQ (I), Medical Directorate, "Medical Arrangements—5307 Prov. Regt. U.S. Army," 31 Dec. 1943, Brig. J. S. Fulton to Col. John Tamraz. Jones's "War Diary" seems to have been excepted from the general security declassification of the Stilwell Papers in the Hoover Institution. However, the present editor used and cited it in his own work (*Medical Service in Combat*), and Ogburn used it in *Marauders*. The continuation of security reservations appears unnecessary.

After leaving CBI, Captain Hopkins, whose reports on 5307th are published herein, composed some "Notes" for an article he did not complete. In most respects, the material is less circumstantial than his other statements, but some details are included which are not so precisely presented elsewhere. Malaria rates, he said in the Notes, had run as high as 8,190/1,000/annum in one unit which contributed troops to 3d Battalion; in another, the rate was 4,000/1,000/annum; in a third, 2,000/1,000/annum; and in a fourth, 1,000/1,000/annum. In November, when Mantz surveyed the troops, 213 cases of malaria had appeared in 3 weeks. By then, over 10 percent of the troops had had over four attacks of malaria; over 50 percent had had one or more attacks. They had not taken Atabrine during the preceding month. In December, all 3d Battalion men were treated for malaria. Thereafter they were expected to take Atabrine every day. "The malaria rate promptly dropped": Hopkins Notes, pp. 1-2.

MARAUDERS AND MICROBES

need to restore Atabrine discipline was as pressing as the need to treat the relapses.

One final incident relating to the health of the command occurred before the 5307th went into battle. Stilwell noted the number of men who fell from the ranks on the march down from Ledo to Ningbyen, Burma. When he met the officers to give them their final instructions, he told them that most of the march casualties had been found fit for duty by the hospitals to which they had gone. Many of them, indeed, had not been sick enough to have been evacuated at all. They were being immediately returned to the regiment. "He directed the regimental surgeon [Maj. Melvin A. Schudmak, MC] to straighten out some of the younger inexperienced Medics on how to handle minor sickness without resorting to sending every man with a case of diarrhea or a headache to the hospital."⁸

Whether or not Stilwell was quoted exactly, the touch of sarcasm is authentic; so is the hint that fortitude is the sovereign remedy for tropical diseases. The tone is that of the hardy commander instructing his tender-minded medical staff in its obligations to a tough-minded legion. But at least some of the medical officers of the 5307th were not so inexperienced or soft-hearted as to evacuate typical cases of "Delhi belly" or trifling F.U.O.—Fever of Undetermined Origin. Henry G. Stelling, in the 2d Battalion, had already served at a tropical military station before he volunteered to join the 5307th. So had James E. T. Hopkins, who had come to the 3d Battalion from combat service in the South and Southwest Pacific, where he began his studies of the manner and cause of battle casualties in jungle warfare. With the information he had painstakingly collected on the battlefield, he could account for the exact nature and circumstances of death, wounds, and injury of several hundred troops. These vital data he was prepared to correlate with the tactical and disciplinary aspects of training and combat which had affected the soldiers' vulnerability.⁹

Soon after the Marauders left the battlefield in June, these officers wrote extended reports on the campaign.¹⁰ Quite frankly, both were

⁸ "War Diary of 5307th," p. 29.

⁹ U.S. Army Medical Service, *Wound Ballistics*, chapter IV and appendixes A, B, and C. The editors of the work pay special honor to Hopkins in their preface, p. xiv.

¹⁰ Various circumstantial details regarding the Hopkins and Stelling reports will become evident in the presentation which follows. Hopkins, Stelling, and Capt. Abraham Lewis Kolodny, MC, of the 2d Battalion, sent statements in July "through channels"—headquarters of the 475th Infantry, 5332d Brigade, Northern Combat Area Command, and CBI Theater—to The Surgeon General, Washington, D.C. It was October before the reports reached Theater Headquarters, where they were held for an unknown length of time, although eventually they found their way to the addressee. Meanwhile, Hopkins was sent home and left a copy of his report with the Historical Unit, Office of The Surgeon General, in the early autumn. Copies of all three reports are now among Army records deposited in Kansas City, Mo. Copies of the Hopkins and Stelling reports also are among the Stilwell Papers in the Hoover Institution. Kolodny's report, dated 19 July 1944, is quite brief. Its tone is formal and the information it reports is much more fully presented by Hopkins. He joins Hopkins and Stelling in believing that the amount of chronic disease in the troops is excessive, and that facilities for convalescent and resting troops are inadequate. Ogburn (*Marauders*, p. ix) states that Kolodny once started to gather materials for a book, but turned them over to Ogburn instead.

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briefs in the case of the 5307th against the Army. They presented the medical history of the regiment to support their authors' contention that by June 1944 the Marauders were honorably "used up" and had not, as rumor had it, simply lost their nerve. Hopkins and Stelling also wished to protect their men from further combat until they had been thoroughly rested and the sick and wounded had completely recovered their health. To add urgency to their case, they had learned that convalescing troops were to be sent back into the lines, and that under the War Department's current policies, the Marauders were no more eligible for return to the United States than a rear echelon clerk with similar months of overseas duty to his credit.¹¹

The reports are unusually valuable, despite their special pleading. In the first place, the medical records of the 5307th were scanty and unreliable. It never composed the statutory "annual medical report," an omission which is understandable in the light of its troubled history and its breakup in August 1944. But the fact that most of the Marauders left combat as medical evacuees means that the regiment's medical history must be reconstructed if its combat record is to be explained. In the second place, both reports came from the battalion level, without having been filtered by administrative screens erected by regimental or higher headquarters. Thus they are less remote, less generalized, and less conventionalized than most of the documents available to the military historian. Because of their origin, the reports omit some lines of perspective which the observer needs to obtain a clear picture of the 5307th. But at the same time, the picture they outline is undisguised by shadings of tact or bureaucratic self-consideration. Unlike the ordinary history of a medical unit, they do not try to present a success story. They explain a failure.

The reports have been divided into three comparable parts. The first gives the authors' versions of the origin, organization, and precombat experience of the Marauders. The second and third portions treat the campaign in March and April and in May 1944, periods which constituted distinct chapters in the Marauders' history.

¹¹ By August, however, many became eligible and did return to the United States. At about the same time, Hopkins, Stelling, and Kolodny were shifted out of the combat regiment.

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II. SEPTEMBER 1943—MARCH 1944

The Hopkins Report

5307th Composite Unit (Prov)
Third Battalion Medical Detachment

A.P.O. #487
c/o PM, N.Y.C., NY
22 June 1944

Subject: Preliminary Report of Physical and Mental Condition of Men and
Officers of the 3rd Battalion with Recommendations
To: The Surgeon General etc.¹²

Introduction.—*a.* The physical and mental condition of the 3rd Bn. has now reached a point where when the men are returned from Burma and are discharged from the hospital to gather as a unit, its function will (in my opinion) be poor even as a garrison unit backed by the best efforts of the medical and other officers. This is a preliminary history of the 3rd Bn., many of the figures are not accurate to the last man. It has to be remembered that the personnel came from many organizations. No medical records came with them. We have constantly been on the move and have just returned from four months in Burma.

b. This report is made with hope that adequate steps will be taken immediately by proper military authorities in this area. It is desired that if they are unable to remedy the situation adequate steps will be taken by the War Department.

Brief history of formation and work of the 3rd Battalion as well as its relation to the 2nd and 1st Battalions of this unit.—*a.* In September 1943 volunteers were gathered from four divisions which had seen action in the Southwest Pacific. Approximately 600 men and officers congregated in New Caledonia to form a special Infantry Battalion. Divisions furnished men approximately as follows: 37th 150; 43rd 150; 25th 100; Americal 200.

b. The 37th Division has been overseas since May 1942. The 147th Infantry sailed in March 1942, served on Tonga and Samoa and fought on Guadalcanal from November 1942 through May 1943. Infantry Regiments 148 and 145 served in New Zealand, Fiji, Guadalcanal, and the Russell Islands. They fought on New Georgia as well as surrounding islands with high casualties.

¹² There are several copies of the Hopkins reports. One is in the files of the Historical Unit, Army Medical Service, D/A. Another, with the original letter of transmittal, is in the Stilwell Papers, Hoover Library, Folder 88, No. 1. In his transmittal letter, which he addressed to Col. Charles N. Hunter, Hopkins stated that he was being evacuated from a hospital, perhaps destined for the United States. He suspected that the authorities considered him *persona non gratis*, but he hoped he could at least present his case to the officials in New Delhi. To Hunter, personally, he wrote: "We are backing you to the limit out here and feel that you are a shining light in a dark basket."

In the text of the report here presented, trivial typographical errors have been corrected. Bracketed insertions are supplied by the editor.

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c. The 43rd Division made up of the 172nd Infantry, 169th Infantry, and 103rd Infantry departed overseas October 1st 1942. They spent time in New Zealand, New Caledonia, New Hebrides, and Guadalcanal. This Division occupied the Russell Islands in February 1943 and made the initial landings in the New Georgia Group. They took extremely heavy battle casualties.

d. The 25th Division with the 27th Infantry and 161st Infantry arrived on Guadalcanal during the first week in January 1943. The majority of these men had been overseas before Pearl Harbor. They had seen action there and at Midway (in some cases). These men played a major role in the Guadalcanal Campaign and later participated with very reduced strength in the New Georgia Campaign where they had a very high casualty rate.

e. Two regiments of the Americal Division departed overseas in January 1942 and the 164th Infantry in March 1942. After many months on New Caledonia this division carried the greater part of the Guadalcanal Campaign suffering heavy casualties. They had a short rest in Fiji before the volunteers joined this unit [the 5307th].

f. During the early part of October the newly organized battalion boarded the Army Transport Lurline to travel by way of several Australian Ports to India. On the boat we found two other Infantry Battalions, the 1st Battalion from Panama and the Continental United States and the 2nd Battalion made up of men and officers from the Caribbean Theatre.

g. At Brisbane seven officers from the 41st Division, and 150 enlisted men from the 32nd Division and 125 enlisted men from the 98th Pack Artillery joined the 3rd Battalion. The majority of the men had been overseas over 18 months.

h. The Regiment landed November 1st at Bombay and traveled by train to a British Transit Camp at Deolali, India. In three weeks after rigorous training here, we gathered at an isolated spot, Deogarh in Central Province, India. A new tent camp was soon formed. The 3d Battalion transferred 160 men and 6 officers to the 1st and 2nd Battalions and took an equal number of men and officers from them. We organized and trained according to Wingate tactics. In December General Merrill joined us and we knew that we would work under General Stilwell. Training with numerous field exercises continued until late January when we were to leave for Burma.

i. During the latter part of January 100 men from the 31st and 33rd Q.M. Pack organizations with numerous animals were attached to the 3rd Battalion. We were also given a few men and officers who came to us by way of North Africa.

j. During our training period in India the 3rd Battalion sent 115 men to Regiment for duty. These men were considered by the Medical Officers to be unfit for combat. (See miscellaneous Disease). 79 men were sent to the 181st General Hospital at Karachi and 36 to the 97th Station Hospital at Agra. A few of these men got back to duty before we left for Burma.¹³

¹³ Hopkins Notes: "Each battalion transferred men with chronic disease and psychiatric complaints as well as poor general physical and mental fitness to regimental headquarters

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k. After boat and train travel the entire regiment arrived at Ledo during the first week of February 1944. After one day's rest we started the march from Ledo into Burma. The Campaign was not to end for the majority of my men until the last week in May 1944. Over 100 men from the 3rd Battalion are still fighting at Myitkyina. About 50% of these are men who had been left in hospitals when we went into Burma. Others are men who have recently been sent back to duty most of them without medical examination before the trip to Myitkyina.

l. The Battalion like the rest of the 5307 lived and fought from the early part of February well into the last week of May 1944 or 4 months. We played the major part in two engagements and a minor part in two. We also fought four minor battles and twelve skirmishes. We marched between 700 and 800 miles over mountainous jungle terrain in Northern Burma.

Hospital facilities.—*a.* I have spent many months in the Solomons and have visited New Zealand, New Caledonia, and Fiji. Medical care, from the eyes of the Battalion Surgeon, was very good in these places. My opinion is that none of the troops in the Solomons from August 1942 until September 1943 could expect adequate medical care. The hospitals did not have the facilities to study chronic or acute disease properly. Transportation facilities, crowded hospitals and understrength units made short periods of hospitalization necessary. Many sick men especially [those] with malaria were treated in quarters or on duty. Many attacks of malaria in the Pacific were given very little more nursing care or rest than the average common cold at home; very little interest could be aroused in studying the diagnostic problems and chronic cases. This must, in part, explain why so many chronic cases came with the 3rd Battalion. Many of these men volunteered with the hope that they would get hospital care. This is a fact.

b. Hospital care on the Lurline from New Caledonia to India was excellent. The British hospitals did a good job at Deolali and Deogarh. We were always disappointed in the care given the few venereal cases in India. Our station was several hundred miles from the 181st General Hospital at Karachi. We could use it for little except cases which we thought required medical boards¹⁴ and complicated diagnostic procedure. During our stay in India we sent 79 men to this hospital. Few were given medical boards and some were treated three months before joining our unit.

c. We also made use of the 97th Station Hospital at Agra. The 30 or so cases sent here were diagnostic problems and complicated venereals and mostly eventually returned to duty. 30 to 40 men were left in hospitals at Ledo along the road. The majority were chronic cases.

d. From Burma our men were evacuated by liaison planes which landed on run-[ways] we prepared in clearings which are found at strategic points in

where they were to pack parachutes and drop them out of planes to the unit in Burma. The first and second battalions each sent about 20 men, the third battalion sent 115 as well as 70 to the 181st General Hospital. The majority of the hospital cases did not return in time for combat. The 185 men were replaced by quartermaster pack and casual troops who had not been in combat."

¹⁴ Procedures of special boards of officers convened to determine and, if necessary, change the duty classification of troops.

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Northern Burma. At times sick and wounded men had to be littered many miles.

Living conditions.—*a.* The men of the third battalion have had field living conditions for practically their entire stay overseas. Even in Fiji and New Caledonia floorless tents without screens and lights were universal for the infantry. In combat of course the much publicized foxhole gave a resting place. Some outfits in the islands lived in hole after hole for as long as 70 days in succession. In India when not on maneuvers we lived in British tents which are quite warm during the day and cold during the night. On our maneuvers which usually lasted five days we spent uncomfortable periods because of the very cold nights. A man hiking 10–15 miles per day with five days' rations on his back is not willing to carry over two blankets in most cases and this certainly was not adequate in the field.

b. Our four months in Burma found us sometimes on top of the ground and sometimes in holes. The first month was cold, the next two months were ideal, and the last month was very hot and wet. Because of this many miserable nights were spent and joint pains were universal.

c. On the islands the days were full of maneuvers, salvage and stevedore work when not in actual combat. Sleeping accommodations consisted of a bunk, the blanket they carried overseas and a net.

d. Food was never ideal. In all Pacific areas it came from cans. Canned milk, fruit and fruit juices were never easy to obtain or sufficient when obtainable. Synthetic lemon juice was the rule. Baking powder and yeast were seldom issued in sufficient quantities. Fresh meat was practically nonexistent. Some units went as long as two months on C-Rations. In the infantry outfit which I joined ¹⁵ outbreaks of simple diarrhea and gastritis were weekly occurrences. We could never blame anything but the canned food. Food supplied to my unit on Guadalcanal ran 10% spoilage. On the Russells it ran 10–20%. After the New Georgia campaign, where we had lived on cold C rations when we could get them, spoilage ran for different types of brand from 10 to 50%.

e. At our assembly area in New Caledonia and on the Lurline the food was exceptional. During our training period in India, it was never adequate in variety.¹⁶

f. In Burma, we marched and fought for four months on K-Rations with an occasional 10–1 drop whereupon many men usually developed gastritis and diarrhea. The food was inadequate since the average loss of weight appears to be about twenty pounds.¹⁷

¹⁵ First Battalion, 148th Infantry, 37th Division.

¹⁶ Ogburn recalled the diet in much the same terms: adequate but likely to leave appetites unappeased: *Marauders*, pp. 55–56.

¹⁷ Supply service sources indicated that K-rations constituted 80 percent of the Marauders' food supply in the campaign. The remainder came in the form of B, C, and 10-in-1 rations. (K, C, and 10-in-1 rations were balanced standardized units, K and C providing a day's supply for a single individual, and 10-in-1 providing one day's meals for a group. The B rations consisted of various bulk items to be used as needed or desired.) An untitled, unsigned typescript which is the war diary of the 2d Battalion (judging from clear internal evidence) reports receipt of airdropped supplies from time to time. The usual ration drop provided 2 days of K-rations per man; sometimes a 3-day supply came down. Receipt of 10-in-1 rations is occasionally acknowledged, as are "extras"—B-ration items such as

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Recreational facilities.—*a.* Recreational facilities for these men during the eighteen months in the Pacific were of necessity poor. When in rear areas poor setups existed. In forward areas certainly little could be expected. When movies did function bombing raids or the weather often discouraged any but the most persistent. Even soldiers became unwilling to undergo much discomfort while attempting to see poor or antiquated movies and newsreels.

b. No other facilities existed for the men in most cases. Our stay in the Pacific was a little early for recreational kits and free use of radios.

c. Both the movie and reading material situation improved in India but was far from ideal. The Post Exchange situation was poor.

d. Post Exchange supplies for infantry troops in the Solomons for the first year were practically non-existent. For six months in my area we were unable to obtain a tooth brush. Beer and Coca-Cola were of course not available with few exceptions.

Medical history with a discussion of malaria in the unit.—*a.* The four medical officers who gathered in New Caledonia with the 3rd Battalion knew that their job would be a difficult one. I, as one of them, can say we did not realize how serious the physical condition of these men had become. We expected picked troops. Instead we found many chronically ill men. Many brave men came but also numerous psychiatric problems as well as men with chronic disturbances who believed that they might get treatment if they could get away from their outfits.¹⁸ We were also to find that a majority of the men and officers had [had] one or more attacks of malaria.

b. Under the direction of Major Norton our battalion surgeon, we weeded out about 20 men. The step was obviously inadequate. We were soon to find the men had not been given adequate physical examinations and histories by us or by their organizations. As I will later show, we had then and still have many chronically ill men in our battalion.

c. From our arrival in New Caledonia until we finally set up at Deogarh, during the last week in November, we did not have free access to our medical supplies. Because of this we were largely dependent on others for medical help during our trip to India. In New Caledonia the 6th Replacement Depot Dispensary held sick call for the battalion. I worked regularly there. In the first week before we started one suppressive atabrine daily we treated about 50 cases of malaria. On the Lurline all medical attention was given at their request by the Naval Medical Staff. After about three weeks they convinced Major Camp that the atabrine should be stopped and the malaria cases allowed to break down. Their large sick bay was soon filled and

chicken, milk, bread, jam, rice, candy, and, on 29 March, "turnovers": "2nd Battalion Diary," pp. 5710, 5716, 5722, and *passim*, Stilwell Papers, Folder 132.

Some reports placed the average weight-loss of men who completed the campaign as high as 35 pounds. Subacute vitamin deficiency signs were observed, particularly of a scorbutic nature. Dental officers in the 14th Evacuation Hospital, which received Marauders at the end of the campaign, learned that many men disliked and discarded the antiscorbutic lemon extract powder in the rations. Ogburn reports the same fact. See *Merrill's Marauders*, p. 26; Van Auken, "History of Preventive Medicine," chapter IV (contributed by Capt. Carl J. Koehn, SnC); "Annual Report, 14th Evacuation Hospital, SOS, USAF, IBT, 1944"; Ogburn, pp. 153-156, and *passim*.

¹⁸ So says Ogburn also, p. 41.

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remained filled for the entire trip. Some of the men, as had been the practice in the canal, treated themselves, as I later found out. During my association with this unit I have found many men who had taken atabrine constantly since their first attack in order that the severity of their attacks would be decreased. The Naval Medical personnel were very much upset over the condition of our men. We in the Pacific have always known that the condition of naval personnel is much better than Army personnel. To us such a statement would be an obvious conclusion. The sick bay treated many cases of recurrent malaria, amebiasis, hookworm, as well as the usual chronic bronchitis, sinusitis, arthritis and other chronic disturbances which caused so much suffering among our men. They thought the situation so grave that a letter was written and sent through Major Schudmak, our regimental surgeon, to our Commanding Officer, giving their opinion that the 3rd Battalion was not in physical condition for combat. At Bombay, our debarkation port, they sent Major Camp, our battalion surgeon and another officer, both with chronic malarial fever, to an Army Hospital. These two men were given a medical board. Twenty enlisted men also went to the hospital with chronic amebiasis etc.

d. At Deolali the 3rd battalion kept between 50 and 100 men in the British Hospital. During one week we had over 100 cases of recurrent malaria.

e. A conservative estimate of recurrent attacks of malaria at Deogarh for the first five weeks would run between two and three hundred. We usually carried between 75 and 150 cases in the 80th British General Hospital, a small field hospital. Of course they were not all malaria. Our 10 bed battalion hospital usually carried 15 to 20 patients.

f. A malarial survey of the 3rd battalion, conducted by the Delhi Malariologist, led to a blanket treatment in the early part of December. This was the third blanket treatment for some of the men in the Americal Division. This was followed by a daily suppressive dose of atabrine. His report recommended that men who had malaria over four times not be sent into combat.¹⁹ This amounted to a considerable number of men and was apparently considered a poor policy as it was never carried out.

g. We continued the suppressive treatment until the men were evacuated to hospitals from Myitkyina during the last week of May. What suppressive treatment our men who are in Burma as casualties are getting must depend on what they wish to take. A few are evacuated daily with malaria. Without atabrine, our men would have been of little use in Burma. Our men took atabrine in Burma on the honor system.

h. A high percentage took it regularly as is proven by their color and the low incidence of severe attacks. During the first three months, I evacuated two cases both of whom had been taking one tablet of atabrine regularly. They had severe malaria complicated by other diseases. Both had had it several times.

i. The doctors, Capt. [Milton H.] Ivens and Capt. [Philip J.] Cecala, who were with the other column of my battalion have been transferred from

¹⁹ Varies from the official recommendation, but the sense is the same: see p. 296.

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this unit and I have no records as yet available, but my impression is that they evacuated about 10 cases in three months. Many low grade fevers with mild symptoms responded to therapeutic atabrine treatment. The men began to break through in increasing numbers during the last two weeks of the campaign. Some [malaria cases] were complicated by scrub typhus or amebiasis or both.

j. Preliminary study of all available data indicated that [of] the men from the 43rd, the 37th, the 25th and the Americal Divisions, 80% have had one or more attacks, 30% have had over four attacks. An approximate overall count would give three attacks for every man.

k. The entire 3rd battalion or rather what was left of it, was evacuated from Myitkyina by plane during the last week of May on EMTs.²⁰

Approximately 90% of the men are still distributed among three hospitals, the 20th General, the 14th Evacuation Hospital, and the 111th Station [Hospital]. The atabrine suppressive policy is irregular in the hospitals: Some of the men are still taking it. Some have already had one or more attacks of malaria. None of our men have died of malaria. I have seen only two cases of cerebral malaria, neither of whom had a rough course or complication.

l. From personal experience I am unwilling to take men with chronic malaria into combat.

The Stelling Report

5307th Composite Unit (Prov)
2nd Battalion Medical Detachment
APO 487
C/O Postmaster, New York, New York

30 June 1944

Subject: Report of Physical and Mental Condition of Men and Officers of
2nd Battalion with Recommendations

To: The Surgeon General

Outline of principal considerations.—A. This report²¹ is written in order to present certain vital facts concerning the physical and mental condition of the men and officers of the 2nd Battalion. All of these facts support the conclusion that the unit as a whole and the men as individuals

²⁰ Emergency Medical Tags—the brief printed forms on which lower echelon aid stations wrote the initial diagnosis and treatment of patients they evacuated.

²¹ Stelling, like Hopkins, first sent his letter to Colonel Hunter, who indorsed it forward on 21 August 1944, from the 475th Infantry Headquarters to The Surgeon General, through the Commanding General, 5332d Brigade (the "Mars" Force which succeeded the Marauders). The 5332d sent it on to the Commanding General, Northern Combat Area Command. From there it went in October to Theater Headquarters and finally to the ultimate addressee in Washington, D.C.

The text published here is from the carbon copy in the Stilwell Papers, Folder 88, section 1. The typescript was written almost entirely in capital letters. To improve readability, normal form has been followed in the text above. Minor typographical and verbal errors have been corrected; paragraphing has occasionally been provided. Editorial insertions are in brackets.

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are no longer fit to function in combat or even in garrison without adequate medical treatment and a prolonged convalescent and rest period of many months. Most of these men and officers have served in foreign duty over two years, and many have served in foreign duty from six years to eighteen months without having leave or furlough to go home. Some of these had already been given orders to return home when the Pearl Harbor attack occurred and their leaves and furloughs were cancelled. A large number of men and officers of the battalion who have survived the past two years of constant strenuous maneuvers in tropical lands, climaxed by four months of combat in Burma, during which they marched from seven hundred to a thousand miles over mountains and through jungles, will never be fit for combat again.

B. Each fact presented in this report has come from the experience of the men and officers of the battalion and those of the writer who is a medical officer of the battalion and who has marched through the entire Burma campaign up to the last engagement and has been present at every combat engagement of the battalion except the beginning of the last one at Myitkyina. Each fact has behind it the sworn testimonials of from one to several hundred men and officers.²² Practically every fact was observed personally by the writer. Several opinions are also presented based on the professional knowledge of the writer. It is earnestly hoped that the facts, conclusions and recommendations here presented will be acted upon by the proper military authorities in time to remedy the situation.

C. The writer was forced to leave Myitkyina several days after the majority of the 2nd Battalion were evacuated by EMTs on planes to India. He was ill with fever which soon developed into epidemic hepatitis²³ and resulted in hospitalization. This illness delayed the preparation and presentation of this report by almost thirty days.

D. The facts here presented focus upon two main considerations of prime importance which cannot be ignored. First, that every man and officer in the 2nd Battalion, as well as those of the 1st and 3rd Battalions of 5307, who survived the Burma campaign as "Merrill's Marauders," has for several months, in addition to many other diseases and illnesses, suffered under an ever increasing complex of symptoms and ailments summarized best and recognized by medical authorities as exhaustion syndrome. Second, that every man and most officers of "Merrill's Marauders" has experienced a series of mental frustrations in the form of so many promises that were never

²² Perhaps Stelling refers to information which the Theater Inspector-General, Brig. Gen. Francis H. Griswold, obtained confidentially. Stilwell put Griswold on the case on 22 June: Stilwell Diary, 22 June 1944. Romanus and Sunderland, the historians of CBI, cite Griswold's report with apparent confidence: II, p. 239 *et seq.*

²³ As noted in n. 113, p. 259, and on pp. 263, and 268 infectious hepatitis caused concern to the British 14th Army and to the Chindits, but it was not a significant disease in the 5307th. No special notice of it is given by the 14th Evacuation Hospital in its account of the clinical situation in 5307th patients, nor is the 5307th identified among units in CBI wherein the disease became temporarily important: 14th Evacuation Hospital Annual Report, 1944; Blumgart, Herrman L., and George M. Pike, "History of Internal Medicine in India-Burma Theater," pp. 124-127.

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kept, and so many disillusionments as to the general and many of the specific situations, that morale and esprit de corps which at first were excellent have now faded to the vanishing point.

E. It cannot be overemphasized that this is the first time in the history of modern war that so many men so heavily laden, have been called upon to march so rapidly and so long, over such high mountains and through such thick jungles, on inadequate diet, in pursuit of such a tenacious enemy. And there is no one who can personally comprehend adequately the draining hardships on bodies and minds caused by marching from seven hundred to a thousand miles over such terrain except a medical officer who has carried as much weight on his own back as that carried by the average man in the outfit. The men and other officers felt the hardships and suffered the exhaustion but they did not and cannot comprehend [the total effects of the campaign] in terms of actual energy loss and damage done to their own bodies unless they possess the scientific knowledge of such matters as that possessed by medical officers. And no man can march along carrying one-tenth or one-half or even three-fourths as much weight per pound of his own body weight as [was] the weight carried by the average man in the outfit and claim with justification that he comprehends the hardships of the outfit, and therefore, because he feels comparatively fresh that the whole outfit is in good shape and ready for another hundred miles or so. It follows that no officers of such caliber can be qualified in terms of scientific medical truth to state whether or not such an outfit as "Merrill's Marauders" is in condition for combat or not. And certainly no officer who did not take active part in the campaign is qualified to do so. Only a medical officer in possession of the facts who has carried his own pack of equipment equivalent in weight to the average in the outfit and throughout the entire campaign is qualified to give a true and comprehensive statement of the physical and mental condition of the men in the outfit.

To overlook these fundamental basic truths is to ignore the main difficulties under which the whole outfit suffered and still suffers. No medical officer who has not experienced these difficulties and hardships throughout such a campaign is qualified to examine a man who has gone through the Burma Campaign by means of the usual gross diagnostic procedures and state in every case whether that man is in condition for combat. Of course it goes without saying that certain well known diseases can be diagnosed by the usual procedures in the hands of any medical officer and the termination and probable prognosis and time of convalescence estimated. But the very serious diseases made much worse by the underlying exhaustion syndrome and the mental picture involved here are not subject to adequate diagnosis by such gross procedures and rushed techniques as the average evacuation hospital or theatre general hospital are forced to adopt.

F. It is my personal opinion that never before has severe exhaustion syndrome been so manifest on such a large scale as it is manifest most astound-

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ingly throughout the men and officers of 5307th.²⁴ Before the third month of combat, evidence of marked adrenal insufficiency began to be noticed in the men. Blacking out and dizziness were common in spite of adequate salt and vitamin intake and an almost passable but still inadequate diet. Lack of muscle tone accentuated diarrheas already present in over 90% of the men. Anorexia and gastritis accompanied by nausea and vomiting were quite common. Mental and physical lassitude increased. Weight loss averaged twenty pounds per man and in many cases reached as much as fifty pounds. This in spite of the fact that the men were trained down to the point of no excess fat early in the campaign. Failure to regain the usual physical rebound in strength and endurance after a day or two rest every ten to thirty days was universal. The comparatively delicious ten-in-one ration which was dropped to us occasionally during these short day or two rest periods failed to give us the rebound of energy expected. The men continued to decrease in strength and endurance and their physical and mental lassitude and exhaustion continued to increase until the very last.

G. It is a fact that the morale and spirit de corps which reached their height following the first two major combat engagements in which the men fought magnificently and withstood assault, and in the second engagement accounted for over 200 of the enemy for every American killed or wounded,—that this wonderful fighting spirit as a unit gradually dwindled due to exhaustion, false promises and increasing distrust of theatre commanders and of other high ranking officers, General Merrill excluded. The spirit and will to go on became purely a matter of getting out of Burma as soon as possible rather than that of a fighting unit proud of its record and desirous of increasing accomplishments to add to its laurels. Toward the last it became a matter of getting over one more hill and still another mountain over and over again with the certain knowledge that by no other means could we ever hope to terminate the torture. It was during these times that the most crushing disappointment came. The outfit was dead on its feet. No one seemed to know or willing to tell if they did know how long we were expected to march and where to and what for. Once every two weeks or so some announcement was relayed that we would not go beyond such and such a place or south of this village or that, and no sooner did we arrive than away we would be ordered again.

During the first half of the Burma campaign during which we accomplished with great success our original missions there were almost daily meetings at which the officers were given information concerning the situation which was handed down to the men so that every one would know what to do and what to expect. This information became less and less and finally dwindled to practically nothing at all even though excellent radio commu-

²⁴ The unawareness of British and American jungle warriors about their common lot now seems peculiar. Each had been trained to take pride in its uniqueness—and pride was meant to take the edge from pangs of hunger. Yet in May, when both were on the verge of collapse, they felt neglected and isolated. It might have been heartening for them to recognize their brotherhood in peril and fortitude. But there are no signs that Stilwell made certain that each knew he expected no more from one than from the other. Instead, invidious comparisons were allowed, if not encouraged, to the point where the sense of injustice surmounted the sense of heroic identity.

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nications existed between battalion and regimental headquarters.²⁵ Not even good child psychology was being used on us. Never was the promised stick of candy given to us even though promise after promise was made. And this was no little march of a week or a month or of a few hundred yards of fighting for ten days or so without packs. This was a long gruelling campaign of over seven hundred miles of marching with extra full and often overloaded packs, for four whole months on an inadequate diet, over one of the highest ranges of mountains in the world through some of the most treacherous enemy-invaded jungles in the world.²⁶

H. Be it noted that the medical officers of the entire outfit of three battalions consistently adhered to the principle of keeping the men going against all odds in as good a condition of health and morale as we could help maintain. And that only after the men began failing fast did a few of us begin to insist that something be done [to] remedy the situation. This condition and difference in combat experience and actual work done, and knowledge of our men and willingness to help them, divided the medical officers into two schools of thought and action. One school which was in the majority and held the weight of rank, and apparently desired and desires to increase this weight of rank, consistently "yessed" the commanding officers in nearly every recommendation concerning the fitness of the men to continue in combat. These same medical officers allowed themselves to be dictated to by these line officers.²⁷ When matters became so extreme that seriously ill officers and men were ordered to take one march after another even when not in contact with the enemy, and finally the column and battalion commanders recommended medical evacuation before the battalion surgeon dared perform this most sacred duty for the men, it was quite evident that such a medical officer was only a mouthpiece of the battalion commander.

Out of the entire high ranking personnel excluding medical officers only two officers consistently made efforts to fight for the integrity of the outfit as a whole and to back up their talk with action to do all in their power to give the men and officers of 5307th a fair and square deal and a fighting chance. These two officers are General Merrill himself and Colonel Hunter. All others in direct day by day contact with the organization were either powerless to help or didn't seem to care whether the men were treated justly or not. The outfit seemed doomed after General Merrill's transfer to another post, and this condition of being a pawn in the hands of General [Haydon L.] Boatner and other generals of this theatre, regardless of the physical and

²⁵ The campaign is discussed more specifically in other parts of the report. One point may here be noted, however. At the outset, Stilwell gave Merrill a good deal of freedom in determining tactical movements. Later, after its second major engagement, unforeseen Japanese flanking movements required improvisation. The assault on Myitkyina eventuated in several weeks of tactical developments which were often pragmatically instituted. Stelling, however, is making two points, the first that they were told too little and the second that they were told too much.

²⁶ It is no disparagement of the Marauders' march to Myitkyina to observe that the Kumon Range, which they crossed at 6,000 feet, hardly qualifies as "one of the highest ranges of mountains in the world." It is true, however, that the Burma jungle was as difficult as that encountered in the Pacific areas, and that no Japanese force fought better than the 18th Division which defended North Burma.

²⁷ Part of this sentence is garbled and obliterated by faulty typing. The construction here, however, seems clearly what Stelling intended.

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mental unfitness of the men, persists. Unless the War Department will intercede on behalf of several thousand still sick and exhausted men in the outfit there is little hope of averting one of the greatest mass tragedies of gross injustice in the annals of the United States Army.²⁸

History of 2nd Battalion; the relation to other battalions in 5307th Composite Unit (Prov) up until arrival in India.—A. The 2nd Battalion was derived from and organized out of the 33rd Infantry in Trinidad B.W.I. in September 1943. The 33rd Infantry at that time was composed of two battalions made up of men from Panama, from which the whole regiment had originally come, and several hundred replacements from the United States proper as well as from Jamaica and Puerto Rico. These replacements came at intervals as one cadre after another was sent to the states [from the 33d Infantry].

B. The replacements from the states were subjects of amazement on the part of both medical and line officers all the way up to the Regimental commanding officer. It seemed evident that Trinidad and the 33rd Infantry in particular was being used for a dumping ground for all of the misfits in the Army. Many of the men had extremely low I.Q.s and many were physical wrecks. There were literally dozens of marked *pes planus* cases and many with bony deformities ranging from ankylosis of elbow and shoulder joints to herniated intervertebral discs, and incapacitating limitations of motion of the body due to residual deformities from automobile and other accidents. Several were found to be totally blind in one eye and of low visual acuity in the other. Some had perforated ear drums and others were partially or totally deaf due to neural pathology. At least a dozen draining pilonidal cysts were found and many severe hemorrhoid cases. Several men were veterans of the last war and one had been paid disability compensation since 1918.²⁹

²⁸ The final two sentences pertain principally, if not entirely, to the situation in June. Then, as will be shown, the original Marauder campaign had ended and a rather different kind of battle had developed at Myitkyina. General Merrill had been transferred because of ill health. After January, Brig. Gen. Haydon L. Boatner served as Commanding General, Northern Combat Area Command, and Chief of Staff, Chinese Army in India. On 30 May, Stilwell put him in command of the Myitkyina Task Force: Romanus and Sunderland, II, pp. 138, 237. Stelling's distribution of praise and blame typifies opinions which the Marauders generally expressed. The reference to "several thousand" men is vague. Presumably it means the original 5307th plus replacements and some additional American troops added to the Myitkyina Task Force in June.

²⁹ The only likely way to account for the absurd assignment of medical misfits to the 33d is (a) the War Department policies of 1942 and 1943 which attempted to find military use for men with various mild or chronic disorders; (b) the classification of the Trinidad station as noncombatant; or (c) as Stelling says, the deliberate "dumping" of misfits by other units. For many men, a "limited service" status resulted in assignment to camps where conditions were not greatly different from those of civilian life. But unwise, careless, or inappropriate placement of such men occurred often enough to produce many tales such as that Stelling recounts. The editor recalls an interchange of men between the camp headquarters where he was stationed and the 91st Division, which had been sent a good many limited servicemen and which had others whose health had deteriorated in training. Before the bargain was sealed, camp officers narrowly scrutinized the service records of all whom the 91st proposed to transfer, and refused to accept a good many who were obvious troublemakers. It was also stipulated that no men should be transferred whose medical condition warranted discharge. The camp was to receive only bona fide limited servicemen fit for appropriate noncombatant duties. But Dante would have been inspired by the sight of the several hundred men the 91st unloaded in the company street one

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C. When the 2nd Battalion was formed it was difficult to find the required number of even partially normal soldiers from among the many volunteers. The announcement of the special military mission for which volunteers were desired was followed so quickly by the rapid organization and actual departure of the men that little time was available to select the men carefully on a physical as well as mental basis.

D. The CO of the 33rd Infantry was quite new in September 1943 because he had been in Trinidad only a month or so. He was so anxious to have a 100% volunteer outfit for the special mission that he practically ordered all of the officers to volunteer and in other ways brought pressure to bear. The men were quickly gathered together in platoons and companies and asked by their officers after a very brief explanation of an important hazardous and mysterious mission to which they would be flown by special transport planes: "Is there any man here who does not volunteer?" or "If there is any man here who does not volunteer step out in front of the company and tell us why." My name was placed on a list several hours before I had heard of the great event because I was out making a sanitary inspection of an outpost. But little did the CO realize that the men would do almost anything to get out of Trinidad—myself included. However, the summary manner in which the "100% volunteer" unit was rushed together put a bad taste in everyone's mouth. Many of the men and officers—myself included—had volunteered into the Army shortly after Pearl Harbor and some before and we couldn't figure out why the CO or others higher or lower than himself just didn't order us to active combat in the first place. But failing to do this why not let us really volunteer again instead of making a halfway gesture under pressure.

E. Many of us had already been in Trinidad a year or more. Some who came from Panama hadn't been home in from four to six years. Nothing ever happened in Trinidad except marching, maneuvers and jungle warfare training over and over again. When Africa began to be safe for the Allies, Trinidad was no longer a very dangerous or exciting post. Most of us had been run through at least one and some two or three jungle warfare training courses in which we hiked hundreds of miles but did little else except listen to lectures, watch demonstrations and wait for something to happen.

F. The V.D. rate on the island was astonishingly high, at times 90% among the Negro soldiers (Americans of 99th Coast Artillery), and it became as high as 75% among the white soldiers. However, much good V.D. control work was done in the 33rd Infantry a few months before the 2nd Battalion of 5307 was formed and new V.D. cases were practically nil before

afternoon—gray haired, haggard, twisted by arthritis or doubled over with the coughing spasms of chronic bronchitis—"halt, lame, and blind," poor devils!

And there was the night the first sergeant explained why the camp headquarters company had had so many men in the guardhouse in its early days. He had been stationed, he said, at Fort Ord. One day his company was ordered to make up a cadre of a hundred men or so to open up a new camp. He and his CO went promptly to work, and when the day was done they had neatly eliminated all their problems from the ranks. Off went the cadre, and good riddance. Five days later he (as first sergeant) and his CO were ordered to take over the cadre at the new station! When they arrived, they found a dozen men wandering around, another 30 or so asleep in the barracks, the rest drunk in town or "over the hill."

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we left Trinidad. Malaria was quite common and many men had had from two to eight reoccurrences. Trichophytosis and other chronic fungus infections were almost universal.

G. In May 1943 a great flourish of excitement and much preparation including training in amphibious landings with the Navy was participated in by the 33rd when the Regiment was to be included in the attack on Martinique. When this fell through there was a great letdown as most of the men were spoiling for a fight. Even though many lives were saved by the diplomatic triumph of the peaceful submission of Martinique by American and French collaboration, the cancelling of our combat mission after so much preparation and expectation seemed to be the loss of our last hope to break the useless and deadening monotony of Trinidad. We had become a bunch of grass and tree planters where grass and trees were plentiful.

H. Morale was suddenly restored upon the formation of the 2nd Battalion of 5307 and the men we left behind in Trinidad were for the most part a disappointed and despondent lot. Before the news came through that there was to be a special battalion organized from the 33rd for the secret mission in September 1943 there was a number of suicides and the N.P. wards at the hospital and the guard house and the wood pile were always overrunning with candidates.

I. The morale of the 2nd Battalion was especially high just before leaving Trinidad because we had gathered information that we were going to the states first. For most of us this was to be the first feel to be had of our native land in nearly a year, and for some the first homecoming in several years of continuous foreign duty. Other volunteers were added to our group from Puerto Rico. Among these were some who had been promised verbatim leaves and furloughs in the states before going into combat.

J. The first great shock of our experience after leaving Trinidad came in Miami, Florida, where we were treated more like prisoners and ordinary convicts than volunteers on a special mission. No one was allowed to contact any of his friends or relatives. No messages of any kind were allowed to be sent or received. Everyone was checked on carefully and kept within certain areas of hotels especially blacked out and selected for the purpose. None of us except maybe two or three of the highest ranking officers had the slightest notion of what our mission would be, or whether we were headed to the East or the West or to the northern borders of the United States. All hopes for leaves and furloughs were lost. Home for the first time in over a year, and for some, years, we were to be sealed in special trains and ridden through our own home towns nonstop to some distant P.O.E. [Port of Embarkation]. Most of us understood that this procedure is S.O.P. [Standing Operating Procedure] for troops in transit and we were finally reconciled by the realization that ours must be such a special mission that we had to pay a special price. For many of us this was truly the last fleeting feel of our native land because many of our battalion are already buried in India and Burma. Not until we were held over twenty days in Deolali, India, doing absolutely nothing but marching and shooting once on a range, and unpacking and repacking our equipment, and listening to the same lectures we had heard

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a dozen times before, did we begin to question the wisdom of not being allowed leaves and furloughs in the states. This especially since the main benefits of security had been lost because several of our men had gone AWOL in the states all the way from Miami to California. Almost every day one or more men would escape from the trains and go AWOL.³⁰

K. At Camp Stoneman in California we were allowed to write letters and send telegrams and make telephone calls during the two days we were not on alert. This helped our morale greatly and we became resigned to another long absence from home. Those among the men who had been definitely promised furloughs by their colonel in Puerto Rico tried to contact the Inspector General at Stoneman but were told by our CO [Lt. Col. George A. McGee, Jr.] that he didn't think that they deserved furloughs in spite of the fact that some of them had not been home in several years and that he had just shortly returned from over a month's leave in the states before he left Trinidad. This started the first bad feelings between the men and the CO of the battalion.

L. Food and medical facilities and ordinary sanitary and other comforts were practically ideal in Trinidad, and of course especially on all Pullman trains from Miami to California, and in Camp Stoneman itself. Excellent food and medical facilities and entertainment and other comforts continued aboard the Lurline all the way to India. Training and closer organization and special study periods and lectures on jungle fighting and various subjects to be in demand later were carried on during most of the voyage of 37 days from San Francisco to Bombay. Much speculation on the nature of our mission was indulged in but very few facts were known by any except the very highest officers. All we knew was that we would probably be called upon to fight Japs in some jungle in India or Burma or China.

M. It must be borne in mind that by no possible twist of the imagination could the 2nd Battalion be regarded from the medical-physical standpoint as being made up of first class fighting men. Morale was high and bravery and will to fight unquestioned and later proved magnificently true. But physical handicaps of most serious degree were and still are common among men. Many possessed the body deformities already enumerated. Chronic recurrent malaria continued to break through from time to time. A few had organic heart disease and were sent to hospitals in India later. Several were nearly deaf or nearly blind and old V.D.s began to break through. The most serious of these cases were also sent to American hospitals in India later after being further diagnosed and treated by the Navy Medical officers on the Lurline. But to weed out even all the seriously handicapped men at this late stage would have reduced the battalion's strength so much that

³⁰ The grievance of the men, while understandable, is hardly supportable. If the need for strict security is admitted, then to send the troops on leave after they had been accepted for a secret mission would have been foolish. That leaks did occur anyhow, due to the indiscretion of men who went absent without leave, does not argue against security measures which were as comprehensive as possible. Since the 5307th was to be the first American infantry unit to fight in Burma, and since its task would be long range penetration, security precautions were especially justified. But, as it was, Tokyo Rose went on the air when the troops debarked in Bombay to send them greetings and threats!

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the matter was dropped for the time being with the hope that some replacements could be found before the actual combat mission began. It is a drastic mistake ever to suppose that the longer men are left in tropical countries the better their condition to fight in these countries becomes. The theory of acclimatization in the tropic backfires after the first year. The men become more and more drained of their physical and mental stamina.³¹

N. Great interest was shown in the coming aboard of the 3rd Battalion at New Caledonia and at Brisbane. Our men and officers eagerly searched out these men to get first hand accounts of combat experiences. Medical officers held daily seminars on subjects of special interest dealing mainly with diseases to be expected in India and Burma and China. Medical officers lectured to the men on subjects of first aid and sanitation and stressed the use of atabrine and halazone³² and use of repellent and nets to prevent malaria and other mosquito borne diseases. The men were very attentive and cooperative and general morale was very high.

O. The main depressing influence on the men's spirits during the voyage on the Lurline was cancellation of all shore leaves. We were not allowed to set foot on any port of call except a few officers at Noumea, New Caledonia, and officers of field grade at Brisbane and at Fremantle near Perth, Australia. However, at Fremantle we were marched ashore to a park near the edge of town and then marched aboard again. Several men went AWOL at every port of call but most of these were rounded up and brought aboard again. One man jumped overboard when far out at sea and was never seen again.

After arrival in India.—A. The first disappointment in India was refusal to allow passes to see Bombay. But most of the men and officers still realized that our mission must of necessity be of great importance and they were eager to get going and have it over with. This especially because we were told in Trinidad that in volunteering for the mission, which was to be a short and hazardous one, we earned the privilege of being sent home as soon as the mission was over.³³ But the majority of the men and officers could not forget that no leaves or furloughs or passes of

³¹This viewpoint might be considered carefully, since it challenges the normal practice of using veteran troops according to their training and experience. As noted on p. 5, the 151st Medical Battalion, which became one of the main ground evacuation units in Northern Combat Area Command, had desert training. The 13th Medical Battalion had mountain training with pack animals and thus was presumably an appropriate unit to serve in North Burma, despite the contrast between cold weather training and tropical service: Knite, George B., "Report of Medical Department Activities" (13th Mountain Medical Battalion, 1944. Knite, the executive officer of the 13th MMB, was interviewed in 1945 in the Office of The Surgeon General, and the report records his statements).

³²The chlorinating tablet used for individual water purification.

³³The very early origin of this mistaken idea should be noted. Who made such statements and on what authority is impossible to determine from available sources. But it is certain they were made in some fashion and were universally believed. It will be recalled that the War Department had notified Stilwell that it thought the 5307th would be consumed by a 3-month jungle campaign. No attempt would be made to send individual replacements to it. The Theater Inspector-General and, subsequently, the historians of CBI believed that views such as Stelling reports were a distorted rendering of the War Department statement. How it became known so quickly and so widely is a question. But once known in its distorted version it was so much what everyone wished that it could never be revised or explained convincingly to the 5307th. The question of good faith does not really arise for most of the victims of false hope, for they received the distorted statement in all confidence from superiors or peers.

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any kind had been issued in many months and in most cases in years. Nevertheless, we had become resigned to our fate and realized thoroughly that we were on no vacation.

B. The first astounding shock in India came at Deolali where officers and men were dumped in barn-like structures with inches of dust under foot to sleep on wooden and rope beds. The shock was not the barns or the beds but rather the evident fact that the camp which was to be our training point was not yet available and that we were thrown there at Deolali to waste precious time that could have been spent at home or at least in active training for our mission. The food and sanitation at Deolali for men and officers were deplorable. The food in most instances for the men was actually nauseating in its preparation and appearance. Hair as well as maggots was in the meat and the vegetables were rotten. The native Indians who prepared the food were filthy in their persons and habits. Finally after a week or so the medical officers insisted that the preparation and serving of the food be supervised by our own cooks and KPs. But the raw food itself was no good. The men went to nearby English and Chinese restaurants and lunch rooms and soon became out of funds buying food to eat. They also purchased large amounts of tea and cookies and fruit from native peddlers.³⁴

C. Sanitation in other ways besides that connected with the preparation and serving of food was unbelievable. Latrines were wide open with open buckets to catch the fecal deposits. These were collected periodically by the native Indian servants and stored away somewhere to be used as fertilizer. Every single principle of sanitation which we had stressed to the men for months and months previous to this was violated before their eyes and our own. Numerous cases of gastritis and diarrhea developed within the first two weeks. Also several dozen cases of malaria began to break through in spite of atabrine suppressive treatment. Most of us were afraid to eat. I personally rented a bicycle and rode for miles around buying up all the American and Australian canned fruit and vegetables and milk and cheese that I could find as well as crackers in boxes. I lived mostly on these during the twenty days spent in Deolali as did many of my fellow officers and men themselves. Only once a day

³⁴There is no reason to suspect exaggeration in Stelling's account. The conditions he describes were met with everywhere in CBI. There were the problems of native food-sources and food-handlers; of antiquated waste disposal procedures supported by the caste system; of environmental sources of filth, discomfort, and disease; of strained civilian and military resources in the host nation. Remedial actions required a combination of administrative ingenuity and persistence, on the one hand, and technical and material changes, on the other. See Van Auken, "Preventive Medicine," *op. cit.* To add complications in this instance, the 5307th had been organized and sent to India on very short notice, and its status was "between stools"—an American unit authorized by the Combined Chiefs of Staff to serve in the new inter-Allied South East Asia Command with the British long range penetration group which Wingate led. Fumbling the question of logistical responsibility and arrangements unquestionably occurred. The War Department queried Mountbatten on the Deolali episode, observing that Stilwell had offered to take responsibility for housing and training 5307th, but that SEAC had refused the offer. The War Department pointed out that while the troops waited at Deolali for Deogarh to be put in readiness, 2 weeks of training were lost. In view of its great effort to assemble and ship the troops speedily, the War Department, speaking of Gen. George C. Marshall's personal interest, was greatly disturbed: Romanus and Sunderland, II, pp. 34-35; Ogburn, pp. 47-52; and see n. 3, p. 294.

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did I venture into the officers' mess and then mainly for social rather than for gustatory purposes.

The conditions of feeding and sanitation at Deolali were inexcusable but we were told to keep quiet about them in order to avoid international friction. Socially and in every other form of hospitality our British hosts were most cordial. Hospital facilities and the quality of the British medical officers and sisters were excellent in every respect. All of our men sent into the British Military hospital at Deolali were given excellent treatment. We could not comprehend the reasons for the discrepancy between the excellence of the British hospital personnel and the facilities and the deplorable sanitary conditions in and near our living and eating quarters.³⁵

D. Our next big shock mainly from the medical standpoint, as are most of the shocks and disappointments and frustrations related to the physical and mental condition of the men, came at Deogarh, India. Here was our main training camp which we were to use for about nine weeks. Our shelters were very neat double walled and roofed Indian type tents. The nights were extremely cold and days extremely hot. These natural phenomena could not be helped and our shelters and cots were as comfortable as could be expected. Besides, we had all been trained in very rugged outdoor living in jungles, sleeping and marching in pouring rains, and we now knew at last that we would be expected to go into Burma and live under plenty of hardships. Soon we were not only prepared for many hardships but we expected them. And we felt confident that we could stand up under any hardship of physical endurance that could present itself.

But we were not prepared for the failure of those who had selected and outfitted our training camp to arrange for necessary sanitary facilities and to provide an adequate food supply. No latrines were provided and no one seemed to worry about this at first except the medical officers. The food was grossly deficient for weeks and only improved after insistent appeals to higher authority.³⁶ Nothing could be gained by training to go without food and thus face our rigorous Burma campaign poorly nourished. The quality and variety of food served in camp at Deogarh can best be judged by those who have lived on C and K and Ten in One rations by stating that we actually looked forward to overnight and several day maneuvers in order to enjoy these rations which are all many times more palatable and balanced in every way compared to food served in camp during the first half. Later some milk and fruit and vegetables and better meat and some sweets were provided. In fact, during the last two or three weeks of the nine weeks of our training the food was quite adequate and very palatable.

³⁵ In a few weeks, as Stelling soon reports, he saw a similar discrepancy develop in his own regiment. He explained it then as the failure of his commanders to heed good advice from the medical officers. A little reflection might have suggested to him that some such reason might equally explain the difference between a British staging area and a British hospital.

³⁶ Being then under British control, the 5307th was on British rations. Stelling's complaint is like that of brigade commanders and troops in Wingate's Special Force during the same months, while it was also in training; see pp. 216-217 and 239-243. For conditions and activities at Deogarh, also see Ogburn, pp. 52-58.

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E. The sanitary problem was not solved until the last part of our training period.³⁷ Only slit trenches were available for the first half of the training period and these had to be dug in shale and among rocks and were never more than a foot or two deep until much later when demolition details were appointed to blow craters into the ground. The fecal deposits were never properly covered until finally during the second half of our stay in camp regular box type latrines were constructed and their freedom from flies closely supervised. But this was only accomplished after repeated oral and written reports were made by medical officers through the chain of command. The training schedule was so crowded that it was claimed that no time was available for the construction of proper latrines.

F. In like manner the preparation and serving of food and the disposal of garbage was never properly done from the standpoint of sanitation until near the end of the training period. Meat and vegetables and bread were left exposed as well as other articles of food to millions of flies from nearby slit trenches and these flies were allowed to swarm over food and kitchen utensils. Only after several weeks of adverse reports by the medical officers were these conditions improved. Finally, during the second half of our training period in this camp steps were taken and time allowed for the construction of fly proof kitchens and food storage and serving facilities.

G. But these tardy efforts at improving the deplorable sanitary conditions came too late and only after serious damage had been done to the men. Many of the diarrheas acquired at Deolali were not yet cured when we arrived at the camp in Deogarh. Within a month 90% of the men were incapacitated by diarrhea, most of which proved to be bacillary dysentery and a few cases of Amebiasis. There were also many cases of Fever of undetermined origin and the ever present recurrent malaria. The 80th British General Hospital in the vicinity of our camp, placed there especially to serve us, was filled to overflowing with our men. And our own ten-bed hospital was always full. So many men were ill at one time that in addition to those overrunning all available hospitals in the vicinity the men had to be kept in their own tents and treated there. The men received excellent care in the British and American hospitals including the 181st General Hospital at Karachi, and the 97th Station Hospital at Agra to which most of our most serious cases were sent.

H. During the training period at Deogarh there seemed to be a plan put into operation for the 2nd battalion only, by the CO and other high ranking officers, to divide the men from the boys on a basis of physical endurance as quickly as possible. We were always sent on the longest marching maneuvers. Most of these took place before our pack animals arrived. On one maneuver

³⁷ Diarrhea and dysentery were the principal acute diseases in 5307th from November 1943 to January 1944. In December, an outbreak of bacillary dysentery occurred in the 1st and 2d Battalions; there were about 200 cases: Hopkins Notes. The very close parallel between these conditions and those in Wingate's troops should be noted, along with the inability of medical officers to "get through" to their commanders, or, if they did, to persuade them it was profitable manpower economy to use small work crews to build and maintain sanitary facilities in order to protect much larger numbers of men from sickness. The severity of Stelling's criticism is matched by that of senior British medical officers reporting on Wingate's training centers and campgrounds: see pp. 256-258.

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lasting ten days,³⁸ all during which the [men of the] Heavy Weapons outfit in our battalion were forced to hand carry their weapons, we covered over 200 miles carrying in addition full field packs and rations for from three to five days at a time. On some days we marched 20 to 40 miles. The heavy weapons men hand-carrying mortars and heavy machine guns as well as some ammunition were almost completely broken down on the march. Upon returning to camp a large percentage of them had to be hospitalized immediately because of exhaustion and seriously swollen and infected feet as well as high fevers, some of which were malaria and others of undetermined origin. All during these maneuvers diarrheas were common. The peak of the epidemic of dysentery followed shortly after the longest maneuver of 200 miles. When they returned their resistance to infection had greatly decreased.

I. Then, in spite of large numbers of sick and exhausted men, training in river crossings was carried out. Training always continued regardless of the condition of the men. There seemed to be a childish desire on the part of the battalion commanders of the 2nd and 3rd Battalions to brag about what their men could do or had done and then to make them do it all over. Less than 50% of the entire outfit could swim. These men were brought to the river's edge, and without previous instruction as to the use of flotation bladders provided them, were ordered to go across some 300 yards of cold deep water. A suggestion made by a medical officer to have a rubber raft or boat handy in case of an accident during this first river crossing was ignored by the battalion commander. Finally, after two men had to be pulled out to prevent drowning, the column commander of the combat team to which I was attached realized the danger of this first river crossing under such conditions and moved to a narrower part of the river. He had a rope stretched across to add to the confidence of the non-swimmers until they could realize that the flotation bladders properly used would hold them up safely. In spite of these precautions six other men had to be dragged out by the few life savers present. In the wider portion of the river without a rope or a boat these would have resulted in fatalities. Two men had already been lost from drowning by other battalions.³⁹

J. Shortly after we arrived at Deogarh we were addressed by General Wingate and the implication was made that we would fight side by side with the British soldiers on a long range penetration into Burma under General Wingate's command. A British medical officer who had been with General Wingate on his first campaign talked to the medical officers of 5307th and gave us some very good pointers on what to be prepared for. British intelligence officers were assigned to us and a group of Gurkha soldiers were attached to us.

K. Soon after the first long maneuver during which the combat team to which I was attached captured the Brigadier and a British column by means of an ambush, there were statements made to the effect that we would not

³⁸ Probably the exercises conducted jointly with Wingate.

³⁹ Ogburn's notice of the marches and river crossings of 1st and 3d Battalions suggests that there was no special design against 2d Battalion: Ogburn, pp. 50, 53-58. Given Wingate's presiding genius in the training period, the importance of training in river-crossings and of endurance would not be underestimated.

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be under General Wingate's command but under General Stilwell instead. Shortly after this we were addressed by Lord Louis Mountbatten who made a very fine impression on most of us and gave us the first true picture of the general set-up in this theatre. Nevertheless, each week or so the general picture seemed to change and no one seemed to know just what we were going to do. Of course we didn't expect detailed information dealing with the strategy and tactics of the impending campaign. But we did expect to know before we entered the campaign under whose command we would be and the general nature of our mission. However, we were first told that we would go on a long penetration into Burma. Then we were told that we would go on a short range penetration spearheading the Chinese. We were told we had been promised to Prime Minister Churchill by President Roosevelt to fight under Wingate. Then we were told that we were entirely under General Stilwell's command. Naturally, we had all supposed that such details of our special mission had been worked out far in advance. Of course we were powerless to do anything about the situation except to do as we were told, but much confidence in our leaders was lost and we had the feeling of being a political football.⁴⁰

L. In January our regiment was activated and Colonel F. G. Brink, a special G-3 representative from the War Department,⁴¹ who had supervised our training at Deogarh, presented Colonel Hunter as our Regimental Commander. But soon General Merrill came to take over the command of the regiment. By this time most of us arrived at the very obvious conclusion that everything wasn't running too smoothly among the generals of the theatre command. The British intelligence officers and Gurkha soldiers were taken from us. Insulting remarks against the British were made by high officers in our Command. We began to feel that something was going wrong in the general setup of our command and in the specific plans for our unit. We couldn't see the fire in the stove but we could feel that the stove was getting hot. But our chief concern was to accomplish our mission and get out as soon as possible.⁴²

M. During the last two or three weeks at Deogarh several hundred mules and horses were given to the regiment with which to train. Days were spent trying to get men who in the vast majority of cases had never ridden a horse or a mule and could not swim themselves to lead the animals across the river. These operations in the case of the 2nd Battalion were placed in charge of a veterinary officer who had had no experience whatsoever in this

⁴⁰ One suspects that Stelling's tone would have been a good deal more bitter had the 5307th remained under British control, for national alienation would have been added to all other foes of high morale. The British Special Force, certainly, believed that it would not have suffered so in May and June had it not then been under American operational control: see *With Wingate's Chindits*, part IV.

⁴¹ Assigned by Theater Headquarters on 13 November to supervise training: Romanus and Sunderland, II, p. 35.

⁴² Stelling's reading of the confusion is instructive. Whereas those at the top saw the changes as steadily clarifying and improving the organizational status of 5307th, some in or just above the enlisted ranks felt "pushed around." That many could not approve the shift to American control without disparagement of the British is pitiful, but such bitter competitiveness was all too common and, unfortunately, had its roots even in Stilwell's mind and example: see *Chinese Liaison Detail* and *With Wingate's Chindits*. Ogburn, however, remembered the changes in a favorable light and emphasized the confidence placed in Merrill because of his apparent high place in CBI affairs: *Marauders*, pp. 64-65.

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activity. The horsemen of the battalion, including the specially trained personnel of a QM Pack outfit which had brought the animals in, were practically ignored, and the veterinary officer continued in charge of most activities dealing with the animals and many others not dealing with the animals. He became universally hated by all the men and most of the officers of the battalion, because of his overweening sense of importance and his arrogant manner of giving orders to those over whom he had no official authority. The fact that he was maintained in his decisions and became the welcome "shadow" of the battalion commander caused still more loss of confidence in the CO. The captain in charge of the pack train and his trained personnel were continually ignored by or forced to take orders in non-medical matters to do with the animals from the veterinary officer.

N. Before leaving for Burma our morale as a regiment was greatly strengthened by knowing that General Merrill was with us. Every officer and man had and still has a high regard for the General. He struck the right note when he told us in a speech to the regiment that his main objective was to lead us into Burma and to help us to accomplish our mission as soon as possible and then get us out. Through his efforts many of the men and officers received the first passes to visit places of interest in India just before the Burma Campaign of Merrill's Marauders began.

O. Shortly before we left for Burma a number of our best men and several of our best officers were still in hospitals due to the exhaustion of our strenuous maneuvers and the epidemic of dysentery and other diseases. We took some of these with us as convalescent patients on the train as we had done before when we left Deolali. Each time we were forced to leave some in the hospital until they were well enough to join us later. Also our battalion medical officers formed a board and decided upon the most serious cases to be sent to the 181st General Hospital at Karachi and to the 97th Station Hospital at Agra. These amounted to some 25 patients. About 50 other partially incapacitated men who were absolutely unfit to even start a rigorous campaign but who were not acutely ill were assigned by the medical board of our battalion to Regimental Headquarters to serve in the rear echelon. Other men were also sent to the rear echelon by other than medical officers in the battalion for non-medical reasons.

P. In addition to these, early in our training period at Deogarh, we had exchanged about 80 men and one or two officers with the 3rd Battalion so as to have the benefit of men who had combat experience in the jungles against the Japs.

The Burma Campaign.—A. Early in February the regiment arrived at Margherita near Ledo. After a day's [effort of] unpacking and packing the packs for the animals and for our own backs we started down the Ledo Road. The first day's march of over twenty miles resulted in many sore backs for animals and men and many blistered feet and other ailments for the men. Some of the "bunches" on the backs of the animals started this first day persisted until the animals were killed in the Burma Campaign. About twenty of the men had to be ridden on trucks because of their condition following this first day's march. Several, including a medical officer, were sent

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to the 20th General Hospital for treatment on the second day of the march. Those among us who had had experience in the cavalry could not imagine why anyone in command ordered such a long first-day march with full packs on animals not yet hardened to marching. But we continued from ten to twenty miles per day down the Ledo Road until we had covered practically its full length to about 150 mile marker in ten days. Of course all the men carried full packs as did the animals from Margherita to the end of the Burma Campaign unless they became incapacitated in some way and had to be evacuated or were killed in combat.

B. Later on the road one of the trucks carrying men and rations ran away down a steep hill and off the road into some trees. In this accident one man was killed and ten men were injured seriously enough to be sent to a nearby evacuation hospital. There were several compound fractures of the arms and legs and a few head injuries in this group. Also, in addition to this group other men fell out each day and we left the serious fever cases at evacuation hospitals at intervals along the road.⁴³ Toward the end we were riding from thirty to forty men each day on the ration trucks and we had lost almost as many scattered along the road. But most of these were returned to us by truck transport before we started into the jungles proper.

C. Food along the road was adequate and well prepared most of the time. Our own ration trucks carried our cooks and some K.P.s and most of the food we ate. Sanitation was quite bad because all our bivouac areas were pre-designated and most were at former camp sites either still being used by construction engineers, or close to Chinese camps, or just recently used by them or by the battalions ahead of us. Human as well as animal feces were almost always scattered around in these camp sites. And of course flies were plentiful. Some of our bivouac areas had adequate latrines but the latrines were not used by many of the men who had gone before us.

III. FROM WALAWBUM TO NPHUM GA

Stilwell attacked the Japanese 18th Division in a series of enveloping maneuvers. None succeeded, but each engagement forced Lt. Gen. Shinichi Tanaka to give ground on the road leading southward to Kamaing. The Chinese 22d and 38th Divisions were Stilwell's chief weapons. To put an edge on them he had a group of tanks and the Marauders. By the middle of February 1944, the Chinese had dislodged the enemy from its original positions in the northern part of the Hukawng Valley. Stilwell thought that vigorous efforts on the flanks as well as in the center of his advance might catch the 18th in the vicinity of Maingkwon, the valley's most significant village.

Accordingly, he sent the Marauders around a battalion of the 56th Regiment, which Tanaka had posted well out on his right flank. The Chinese 113th Regiment, 38th Division, followed the Marauders. It

⁴³ Detachments from the 48th Evacuation Hospital and 151st Medical Battalion manned the roadside hospitals.

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was to consolidate positions which the 5307th would take up behind the enemy's main line of resistance. The 22d Division and the tanks were to advance in the center and to try to get around the enemy left flank on the southwest.

From 24 February to 3 March the Marauders marched along jungle trails until they were safely past the 18th Division line. Then they swung back toward Walawbum, a village on Tanaka's line of communications near his headquarters. The 1st Battalion guarded the trails at the Marauders' back while the 2d and 3d Battalions attacked. Unexpectedly, Tanaka decided to concentrate on the Marauders, estimating astutely that the Chinese would advance too slowly and cautiously to be immediately dangerous. His bold plan nearly succeeded. But when the Marauders held fast against artillery fire and infantry assaults, and the Chinese finally closed in upon him, he ordered a withdrawal on 7 March. The Marauders, in turn, dropped back to avoid encountering the full strength of the 18th as it passed by the roadblock. They turned their sector over to the 113th Regiment, which by then had caught up with them. They had been under fire at Walawbum for 4 days before they returned to the jungle to evacuate their casualties, replenish their supplies and ammunition, and await orders for their next mission.⁴⁴

During their 3-day rest, the Marauders could accept with justifiable pride the congratulations Stilwell sent them. After their brisk 100-mile march, they inflicted several hundred casualties on the enemy, and they passed their first battle-test with aplomb and determination. They had lost only eight men killed and 37 wounded. Yet it might have sobered them to reflect that their strength was nearly 10 percent less than it had been when they started for Walawbum. Thirty-three of 250 men they evacuated had suffered nonbattle injuries. The rest of the evacuees (battle casualties excepted) were sick. Many of their disorders were either preventable or were conditions of long-standing with which the Marauders should not have been burdened. Nineteen men, who should have been protected by Atabrine suppressive control, went to the hospital with malaria. Eight were sick with other serious fevers; dengue was the most common. Ten displayed neuropsychiatric symptoms. The remaining 109 invalids—almost the equivalent of a company—were evacuated with a miscellany of illnesses and disabilities. It is safe to conjecture that less seriously afflicted men stayed with their comrades, and that many of those who were evacuated and those who remained had diarrhea, dysentery, and various chronic disorders. A few of the evacuees had

⁴⁴ Romanus and Sunderland, II, pp. 148-159; *Merrill's Marauders*, pp. 31-45; Ogburn, pp. 91-134. The only account without the cold curse of summarization is that of Ogburn. Although Stilwell regretted the withdrawal of the 5307th, he had told Merrill to hold down his losses and to use discretion in his tactical movements. Very poor communications prevented Stilwell from coordinating the Marauders' concluding actions at Walawbum with those of the oncoming Chinese. As it turned out, however, the intended envelopment sprang its most serious leak on Stilwell's right, where the 22d Division came in too late to close off Tanaka's escape route.

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scrub typhus, which they probably had picked up while crossing the northern edge of the Hukawng Valley.⁴⁵

The medical support of the Marauders was like that which Northern Combat Area Command had devised for the Chinese Army in India (and which Wingate's Special Force would adopt).⁴⁶ Battalion medical detachments marched in the columns, established aid stations during battle, collected and gave emergency treatment to casualties, and cared for the sick. The sick and wounded walked, rode, or, if necessary, were carried with the columns until they recovered or an air-evacuation point became accessible. One of the most essential tasks which 3d Battalion performed in the Walawbum engagement, therefore, was to secure an airstrip at Lalang Ga. Communications with the rear regarding medical matters—supply and evacuation, mainly—were the responsibility of the regimental surgeon. Through him, the battalion surgeons arranged to get their casualties to the airstrip and aboard the light planes sent down to serve as combat area ambulances.

The L-1 and L-5 planes carried casualties to the nearest landing field that could accommodate two-motored aircraft. For the Walawbum engagement, such a field opened on 29 February at Taipha Ga; planes also continued to fly to the older and more distant airfield at Shingbuiyang. At these points the patients were transferred to the C-47 ambulance planes of the 803d Medical Air Evacuation Squadron. In this way 135 Americans were brought to the 20th General and 73d Evacuation Hospitals at Ledo after the battle of Walawbum.⁴⁷

Air clearing stations were essential links in the chain of evacuation. Those in the most forward zone were improvised by local troops until detachments of the 13th Mountain Medical Battalion moved in. At the larger fields in the rear, the 151st Medical Battalion, a Service of Supply unit, provided clearing stations. A typical ACS, such as that which the 151st put at Taipha Ga in March for Chinese and 5307th evacuees, consisted of a medical officer and from 10 to 25 men—nursing orderlies, drivers, loaders, laborers. It had a ward tent and facilities for an average patient census of 30; first aid supplies on the scale of a divisional emergency unit; a few trucks or ambulances; and housekeeping equipment for the ACS personnel. The ACS could be opened or closed on short notice, or it could become the nucleus of a major evacuation center.⁴⁸

⁴⁵ NCAC History, p. 65; Merrill's Marauders, p. 45. Ogburn, p. 134, depends on previously published sources. Conjecture is required with regard to the 109 miscellaneous cases, since no record of the diagnoses ever has been located.

⁴⁶ See pp. 225-232.

⁴⁷ "War Diary of 5307th," p. 46; G-4 Periodic Reports Nos. 19-22, CBI, 1944; George B. Kuite, "Report of Medical Department Activities" (13th Mountain Medical Battalion, 1944).

⁴⁸ The most comprehensive account of the evacuation system is that written by Floyd T. Romberger, Jr., the Evacuation Officer in the S.O.S. Surgeon's office at Ledo (see *North Tirap Log*, *supra*). His unpublished "Organization and Operation of Air and Ground Evacuation on the Ledo Road Project" is supplemented by the annual reports of the 151st Medical Battalion, the 803d Medical Air Evacuation Squadron, and the 5th and 71st Liaison Squadrons, as well as by the reports and correspondence of SOS, NCAC, and Theater Headquarters. See also Stone, "Evacuation of Sick and Wounded."

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The great advantage of this evacuation plan was that it avoided long litter or ambulance hauls and followed the Marauders by air into areas where land communications were difficult. The disadvantage was that some patients who went back to the large hospitals might have been as well treated and restored to duty sooner by more forward medical stations. Some, also, had to wait out the entire evacuation sequence before they received anything but emergency care, when intermediate therapeutic procedures would have forestalled death, radical treatment, or a long convalescence.

The usual way to solve such a problem was to use mobile evacuation hospitals between the divisional medical battalion and the major fixed or semi-mobile hospitals. Combat Command had none assigned to it, however. Instead it had to do the best it could with such units as Seagrave's and the 25th Field Hospital.⁴⁹ Such units, being relatively large and well-equipped, functioned best on an effective line of ground communication, whereas many of the troops in Burma required medical service which was fully mobile and of a relatively advanced technical quality. This need was especially great during the several envelopment maneuvers, when flank regiments were out for weeks on jungle trails.

The answer to the need lay in mobile surgical units such as the Portable Surgical Hospitals (four officers, 33 enlisted men), which the Army had recently established as standardized medical units. Combat Command had three of these, the 42d, 43d, and 46th. More were needed. To fill the gap comparable surgical teams were improvised with medical troops detached from hospitals and other units in the combat area. The place of the surgical hospital was near the regimental line, ahead of (but, with luck, near to) an airstrip. They were expected to work under fire, if need be, in order to stay inside a defensive perimeter or to avoid long litter carries in the jungle. Their role was to provide prompt and significant surgery for casualties which the battalion aid stations could not handle decisively and who would profit from

⁴⁹ Justice to Seagrave's hospital cannot be done in a short note. It was a small, multi-purpose unit, capable of serving as a surgical hospital or field hospital, as need be. It began its work with the Chinese Fifth Army in the First Burma Campaign, served in India at the training center of the New First Army, and went through the Second Burma Campaign until the Chinese left Burma in 1945. The 400-bed 25th Field Hospital, although designed for communications zone stations, did yeoman service on the combat road. In the first stage of the campaign, its hospital sections were used separately to provide both advanced and intermediate facilities. The 1st Hospital Section took over a Seagrave station at Talpha Ga just before the Walawbum engagement. Between 4 and 12 March, it treated 460 battle casualties. Some of them were Marauders taken to the 25th from the airfield instead of being sent on back to Ledo. See Seagrave, *Burma Surgeon Returns*, and the annual reports for 1944 of the 896th Clearing Company and the 25th Field Hospital; also G-4 Periodic Reports, Nos. 19 and 20, CBI, 1944.

John H. Grindlay, one of Seagrave's most valuable assistants, reviewed the medical problem for The Surgeon General in April 1944. He thought that every combat battalion in the jungle needed a mobile surgical unit. There were enough restless surgeons in the evacuation hospitals and other units in or near Burma to provide such teams, if Portable Surgical Hospitals were too scarce: John H. Grindlay, "Report of Medical Department Activities in China Burma India," 29 Apr. 1944 (report of interview). About the same time, the Theater Surgeon wrote to Maj. Gen. George F. Lull, Deputy Surgeon General, that "Seagrave's Nondescripts are doing a wonderful job." Williams said he was using the 25th Field Hospital "like three portables for the first stage"; later he would consolidate it as a hospital: Letter, Williams to Lull, 2 Apr. 1944 (copy furnished the editor by Williams).

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advanced procedures before reaching a large hospital. Such treatment might in itself be sufficient to prevent further evacuation, the patient being briefly held and then returned to duty or to the battalion medical station. Otherwise, such patients were started on their way to recovery soon after being wounded and at the same time that they were on their way to the Ledo hospitals.

A small surgical team from the 13th Medical Battalion was attached to 1st Battalion, 5307th, for the Walawbum engagement. A veterinary officer from the medical battalion also went with the Marauders. The 113th Regiment had surgical support from a team composed of officers and men from Seagrave's well-seasoned hospital and from the 13th Medical Battalion. When the 113th and 5307th made contact at the end of the Walawbum battle, and both used the Lalang Ga airstrip, the 13th Medical Battalion teams combined to treat Marauder casualties.⁵⁰

⁵⁰ The problem of triage produced by the long-range air evacuation system came under review in the annual reports for 1944 of the 20th General and 73d Evacuation Hospitals, although it was, of course, taken up long before the reports went out at the end of the year. Features of the Portable Surgical Hospitals were revealed in their annual reports. Units sending personnel out for improvised surgical detachments usually noted the fact in their annual reports and sometimes included accounts of the service their men had performed, for example, the 1944 annual report of the 73d Evacuation Hospital, the 896th Clearing Company, the 13th Mountain Medical Battalion. Information regarding the detachments with the 113th Regiment and 1st Battalion, 5307th, is found in Seagrave, *Burma Surgeon Returns*, pp. 110, 115; Kuite, "Report"; G-4 Periodic Reports Nos. 21 and 22, CBI, 1944; and Hopkins, in *Wound Ballistics*, *op. cit.*, pp. 249-251. The whole subject is treated briefly in the editor's article, "Surgeons in Battle: The Mobile Surgical Hospital in Burma, 1943 to 1945."

The following passages from Kuite's report suggest the role of the improvised surgical team, as well as the way in which the 13th Medical Battalion clearing stations worked: "These teams functioned as portable surgical units which marched and lived with the Chinese infantry. They set up emergency operating rooms under tarpaulins or parachutes, operated on casualties, performed debridements, amputations, abdominal surgery, and applied casts. They were supplied solely by parachute drop, frequently worked under artillery fire, had to improvise and substitute, as supplies frequently were not delivered in accordance with plan, and often found at the end of a day's march twenty-five to forty casualties waiting to be treated * * *."

"It was not unusual for Colonel [Vernon W.] Petersen, the Northern Combat Area Command Surgeon, to drop in at a clearing company installation and say, 'Major Kuite, I need five officers and twenty-two men to accompany a battalion on a mission down the left flank. They will be leaving tomorrow morning. Horses or mules may or may not be available; I don't know. You will have to make arrangements for animals and rations immediately. If animals are available, they will carry only the necessary surgical equipment. If they are not available, your men will have to carry their own personal equipment, rations, and whatever surgical equipment they can carry. Medical supplies will be air dropped at designated locations and times. Code word for medical supplies will be ———. See Colonel ——— (chief American liaison officer of the battalion) for details.'"

In describing clearing station functions, he wrote: "If a serviceable road was located near, ambulances with Chinese drivers brought casualties to our forward installation. Here the casualties were sorted, given morphine, plasma, shock treatment, and such operative treatment as debridement, removal of foreign bodies, amputations, and application of plaster casts. Early in the campaign these casualties were then evacuated to one of our clearing hospital units, usually located ten to twenty miles to the rear, near an air-evacuation station. From this station patients were either flown by plane or driven by ambulance to the 25th Field Hospital at Shingbwiyang or to the 20th General Hospital at Ledo. Later, when portable surgical teams arrived, our forward installation sorted the casualties, treated shock cases, and then sent the more serious cases and those requiring greater surgical skill to the nearest portable surgical unit, which was located nearby (usually within two miles of us)."

The larger units which provided surgical teams had been under instructions since November 1943 to prepare for such service. A suggested Table of Organization for a "Special Hospital Unit (Surgical)" of 50 beds called for four medical officers (three surgeons and one internist-anesthetist), and 20 enlisted men. The unit was to be trained

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As far as can be determined, sick and wounded Marauders received good care.⁵¹ Early in April a committee of surgical chiefs of service met to study the treatment of battle casualties. On the whole, it concluded, the medical officers in forward units had performed commendably and there had been a steady gain in the speed of evacuation. In the Chinese advance of December 1943–January 1944, slovenly practices and difficult ground communications delayed evacuees as long as 2 weeks. In March, casualties came to the Ledo hospitals from 24 hours to 4 days after being wounded. The longer period, unfortunately, pertained most regularly to the Marauders. At Walawbum, they had been tightly confined to their roadblock positions and perimeters from 3 to 8 March. Later in the month, casualties incurred during their march to the next roadblock position could be evacuated only at irregular intervals from jungle clearings.

As a result of such delays and of the unavailability of advanced surgical detachments, more men from the 5307th than from Chinese units had wound infections when they were hospitalized. Along with such serious cases, however, were Marauders with relatively minor disabilities. The committee realized, of course, that unless intermediate medical facilities were accessible, the 5307th had no alternative but to evacuate those who (even temporarily) could not fight or keep up the march.

The committee was bound to take notice of various technical flaws in field medical service: inadequate wound debridement, premature or poorly-accomplished wound-closure, circulatory constriction due to dressings or casts that were too tight, for example. Even when qualified by general statements of encouragement and approval, the report of the hospital surgeons caused some resentment in the field, where officers

to go on foot with Chinese infantry and to be relatively self-sufficient, depending for supplies on what it could carry and what could be dropped in from the air: Letter, 8 Nov. 1943, Hq Base Section 3 to 20th General, 73d and 14th Evacuation Hospitals, "Fifty Bed Field Hospital."

⁵¹ Hopkins, in *Wound Ballistics*, p. 251: "Aside from the variable, and sometimes inadequate, facilities for their evacuation, the men of the 5307th Composite Unit (Provisional) received excellent surgical care." Ogburn takes a favorable view of the medical services, throughout. The India-Burma Theater Surgical Consultant, though he gained his impressions many months after the campaign, was also commendatory in the editor's conversations with him.

Relating to the whole subject were Hopkins' studies of wound ballistics in the New Georgia and Burma campaigns, *op. cit.* His statistical summaries and his discussion in chapter IV relate to combined data from 1st Battalion, 148th Infantry (New Georgia), and 1st and 3d Battalions, 5307th. It appears from the case studies presented in the appendixes that at Walawbum (as throughout both jungle campaigns) machine guns and rifles did more damage than any other enemy weapons, both in terms of numbers of casualties and in terms of wounds that removed men permanently from their units. However, 1st Battalion lost eight men from artillery fire, and five men in 3d Battalion were wounded when they exploded an American boobytrap on a trail leading away from Walawbum. Six men, he discovered, had been wounded while outside of or in shallow foxholes. Four of these men, also, were without their helmets. In such observations, Hopkins was in no way trying to minimize the hazards of combat or disparage the quality of the troops. Rather, he was asking whether casualties could be reduced in number or severity, and whether unit fighting strength could be conserved by more effective practice of standard protective and tactical doctrine.

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*felt that critics in the rear failed to appreciate the difficulties of battle and jungle surgery.*⁵²

The Walawbum engagement was child's play compared to what the Marauders faced during the next month of the campaign. Even before the last and worst week of that 30 days, a reliable report⁵³ warned 5307th headquarters that "should the men be told they will stay here on completion of the campaign, they will be practically impossible to control. The men feel they have earned a furlough home, and say it has been promised them too." Since the campaign plan was open-ended, the combination of anticipation with a grievance was ominous.

After Tanaka eluded him in the Hukawng Valley, Stilwell planned another double envelopment about midway on the Mogaung Plain. Again, Chinese troops advanced on Tanaka's left flank and in the center. The Marauders, divided into two flanking forces, circled around his right. The 1st Battalion headed for Shaduzup on trails close to the Kamaing Road. Almost at once it encountered enemy ambushes and trailblocks. Some of these it fought through. In other instances it left the trail and literally hacked a new pathway through close-set jungle. The battalion's progress was not only slow but arduous and dangerous to the last degree of endurance.

When it finally reached Tanaka's communication line near Shaduzup, it fell upon an unsuspecting Japanese supply camp. Then it blocked the Kamaing Road for 2 days (27 and 28 March). When the Chinese 113th Regiment came up behind it, 1st Battalion pulled back into the jungle again. After a 2-day rest, it started eastward to rejoin the rest of the 5307th. Communications with Stilwell were unreliable, and it was unaware that its battle at Shaduzup had been too late to coincide with roadblocks set up by 2d and 3d Battalions further south. Worse, it was not aware that the other combat teams were in mortal danger. The 1st Battalion took up a moderate pace until Osborne, its commander, became uneasy enough to go directly to Stilwell's headquarters at Shaduzup. There he was told to get on as fast as he could

⁵² Essential Medical Technical Data [EMTD] Reports, CBI to SGO, January-April 1944; 73d Evacuation Hospital and 20th General Hospital annual reports for 1944; Clarence J. Berne, MC, Chief of Surgical Service, 73d Evacuation Hospital, "Observations in regard to liaison between surgeons in portable surgical hospitals and evacuation hospitals in Northern Burma Campaign," a letter report.

To some extent inexperience did, in fact, hamper effective forward surgery. Maj. George B. Kuite of the 13th Medical Battalion reported that only four medical officers in his unit had advanced beyond recent graduation from medical school. Of the four, two had nearly completed a surgical internship; the other two were not even that close to surgical specialization. But the pressures of the campaign plunged all of them into "surgery by force of necessity," dentists and veterinarians, too. "It was nothing unusual to see an officer operating with an open textbook alongside the patient." Many men rated as enlisted technicians lacked training, but in time, it became "necessary to allow enlisted men to do simple debridements, when casualties came faster than we could take care of them": Kuite, "Report," *op. cit.* The 25th Field Hospital and some of the Portable Surgical Hospitals evidently had fair to excellent preparation for the particular forms of battle service encountered in Burma; but one reported that its men saw their first surgery when the first wounded man arrived: Stone, "Surgeons in Battle," *op. cit.*

British hospital officers noted many of the same weaknesses in the field treatment of Chindit casualties: see pp. 258-261.

⁵³ Letter report, Maj. B. P. Harrison, Jr., to Rear Echelon, Galahad, 29 Mar. 1944, in Stilwell Papers, Folder 88, section 2.

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to the village of Hsamshingyang. By forced marches day and night it reached 3d Battalion headquarters on 7 April. Colonel Hunter welcomed it by giving it a place in an attack he was preparing. The battalion combed its ranks for men still able to negotiate the trails. It found only 250 to send up the line with the 3d Battalion.⁵⁴

How had the 2d and 3d Battalions fared during these weeks in March? After leaving Walawbum they marched eastward into the rough hills on the rim of the Mogaung Valley. The trails were unguarded, but the necessity of crossing and recrossing the many streams in the hills made the march wearisome. However, with one combat team guarding their rear, they attacked Tanaka's communications line at Inkangahtawng 23-24 March. Then they learned that there was a strong enemy force coming up toward them from Kamaing. Merrill pulled his troops back to avoid this threat. No sooner were his troops disengaged than he was told that another enemy column, a reinforced battalion, had started north and soon would be behind him. Unless he intercepted it, he and the Chinese would be outflanked. Stilwell therefore ordered the 5307th to return eastward and throw itself across the enemy's pathway.

Back they went, 3d Battalion followed by 2d. They sent their I & R platoons ahead to protect their line of march. A series of brave and stubborn rearguard stands by the scouts allowed the combat teams to get on to the main trail north. The 3d Battalion reached Hsamshingyang, where it found a clearing it could use as an airstrip. Five miles behind, under artillery as well as small arms fire, 2d Battalion dug in on a hilltop at Nphum Ga. There it stayed under fire for 2 weeks.

For the first 2 days of the ordeal the two battalions were in touch with one another. Then the Japanese took the waterhole at Nphum Ga⁵⁵ and closed the trail to Hsamshingyang. No longer could 2d Battalion obtain supplies or evacuate its wounded. General Merrill collapsed with a heart disorder; Colonel Hunter assumed command. In conditions of mounting desperation and morbid horror, 2d Battalion held its perimeter. Day after day, 3d Battalion attacked up the trail or tried to find a jungle bypass to the hilltop. On 6 April, it still had a mile to go to reach Nphum Ga. Next day Hunter added the 250 men of 1st Battalion to the relief force. He committed all his troops on the 8th and advanced a half-mile before night fell. The troops dug in on the trail so that they could resume the attack immediately next day. But on Easter Sunday morning, the 9th, Hunter's patrols discovered they could simply walk on in to the 2d Battalion perimeter. The Japanese had vanished during the night. Although they had suffered many casualties, they were still relatively strong and they slipped off to join the garrison

⁵⁴ Romanus and Sunderland, II, pp. 175-191; Merrill's *Marauders*, pp. 47-91; Ogburn, pp. 137-218.

⁵⁵ "2nd Battalion Diary," 1 April: "We were drinking muddy, and I mean muddy, water. Nothing else to be had. Even seen fellas taking water from pool where dead mules lie." On 6 April, after water was dropped in plastic containers from aircraft, the diarist wrote: "Can't understand how we held out with the water the boys had to drink."

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at Myitkyina. The 5307th moved a few miles northward to lick its wounds.⁵⁶

The march to Shaduzup and the battle near it cost 1st Battalion almost as many casualties as the entire regiment lost at Walawbum—8 killed, 35 wounded.⁵⁷ At Inkangahtawng, casualties in 2d and 3d Battalions were much lighter. They lost 2 killed and 12 wounded. The great damage to the regiment occurred in the siege of Nphum Ga. There the Marauders lost 57 killed and 302 wounded. Although many sick and wounded men were kept in the columns when the siege lifted, 379 were evacuated from Hsamshingyang in the second week of April.⁵⁸

As before, casualties were carried to battalion aid stations or surgical teams on litters or mules, if they could not walk. Airstrips for light planes evacuated patients from the Shaduzup and Inkangahtawng areas. At Nphum Ga, 2d Battalion casualties were taken to the 3d Battalion perimeter at Hsamshingyang during the first 2 days of the battle. Thereafter, the enemy controlled the trail; no further evacuation occurred until after the battle ended.⁵⁹

In the Shaduzup-Inkangahtawng engagements, most, if not all, the regiment's casualties were seen by surgeons from the 13th Medical Battalion and Seagrave's hospital. They had been formed into a mobile surgical team in February, and already had marched to and served at Walawbum with the Chinese 113th Regiment and the 5307th. On occasions, Charlton Ogburn, in the 1st Battalion, recalls seeing them digging foxholes for their patients during artillery bombardments. He saw his own battalion surgeons, John McLaughlin and Winnie Steinfeld, operating at night by flashlight behind poncho shields.⁶⁰

The medical detachments with 2d and 3d Battalions were put to the severest tests of nerve and energy. As 2d Battalion scrambled in the rain up to Nphum Ga, enemy artillery fired repeatedly into the column. Somehow the company aidmen pulled the wounded men along, improvised litters, or put them on mules. As soon as the perimeter was established, Maj. Bernard Rogoff, the battalion surgeon, began operating in a deserted basha. One knows, despite the absence of records, that Captains Stelling and Lewis A. Kolodny, Rogoff's as-

⁵⁶ Romanus and Sunderland, *Merrill's Marauders*, Ogburn, *ibid.* During this period, Stilwell's diary entries suggest that his attention was given to the Chinese advance until the 5307th was caught at Nphum Ga. On 4 April, he noted a "disturbing msg. from Hunter last night." He worried on the 5th ("No report from Galahad") until he heard late in the day that "G is ok. Closing in on japs at Nphum Ga." How hard the fighting was he may not have realized. His entries on the 6th, 11th and 13th are cheerful in their references to the 5307th.

⁵⁷ *Merrill's Marauders*, p. 57; Ogburn, p. 185. There was a heavy outbreak of amebic dysentery immediately after the battalion reached Nphum Ga: Hopkins Notes, p. 3.

⁵⁸ *Merrill's Marauders*, p. 91; Romanus and Sunderland, II, p. 191. In contrast: "No more than 15-20 men were evacuated [before the battle of Nphum Ga, from 3d Battalion] because of disease": Hopkins Notes, p. 2.

⁵⁹ 2d Battalion Diary, 17, 25, 26 and 29 March; NCAC History, pp. 93-101; "War Diary of 5307th," pp. 55, 70; *Merrill's Marauders*, p. 68.

⁶⁰ Seagrave, *Burma Surgeon Returns*, p. 120; Ogburn, pp. 180, 186; 13th Medical Battalion "Unit History," 1944; Kuite, "Report"; *Merrill's Marauders*, p. 57.

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sistants, were at once at work receiving casualties, moving them into sheltered positions at the edge of the deserted village, and supervising their evacuation on litters. The wounded were carried to Captain Hopkins' 3d Battalion aid station at Hsamshingyang, who in turn put them aboard the liaison planes which landed at the airstrip on 29 March. Evacuation stopped after that, when the Japanese cut the line between the two battalions.

A few men came to Rogoff fearful or apathetic from battle fatigue. He set them to work digging trenches and foxholes for the casualties. All but two of his eight neuropsychiatric cases responded to this practical therapy and returned to the firing line. About sanitation he could do little. The carcasses of horses and mules soon littered the perimeter. The men were too closely confined to their foxholes to do much about their own wastes. The flies and the stench became almost unbearable. An airdrop of 500 pounds of lime helped a little, but not much.

The waterhole of the village lay near the edge of the perimeter. On the 31st the Japanese captured it. Until 3 April, 2d Battalion had no water except what it could collect in pits and shellholes on the few occasions when rain fell. Then water was airdropped into the perimeter in plastic containers. It had to be used sparingly. The doctors were unable to provide the extra fluids which the wounded men required, and they were handicapped in preparing plaster casts. Supplies became scarce. On the 8th, they were partly replenished by an airdrop of glucose-saline solution, vitamins for intravenous administration, gas gangrene-tetanus serum, and, for the dysentery patients, sulphaguanidine and paregoric.

On 4 April, Rogoff reported a casualty list of 17 killed, 97 wounded. Fifteen men had previously been evacuated to 3d Battalion. By the 6th, he had 100 patients in his aid station. Four of his medical men had been wounded. Some of the casualties were refusing to stay at the station and were returning to their foxholes to fight. Three of the wounded men were subsequently killed. When the siege ended on Easter Sunday, Rogoff led a litter train of 103 wounded men to Hsamshingyang.

Meanwhile, Hopkins and his assistant, 1st Lt. Paul E. Armstrong, had not only maintained the 3d Battalion aid station but had been out on the combat trail. Sometimes their aid post was as near as 30 yards to the firing line. Wrote the official diarist of the 5307th:

[Hopkins] goes anywhere to take care of the wounded * * * He has a pleasant personality that assures each wounded soldier he is in the hands of a man who cares for him and who knows how to take care of him. He has seen every man before he died * * * Every wounded man is moved and treated within two minutes of being shot. Medics move with the assault troops. An 81 mm and one knee mortar shell

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landed in the aid station and wounded two men. Doc Hopkins got a piece of shrapnel in the aid pouch at his side.⁶¹

*As soon as the 5307th established its bivouac north of Nphum Ga, when the siege ended, it put together a small hospital with parachutes and bamboo lean-tos. To reinforce the battalion detachments, Combat Command flew in a group of medical officers from the 14th, 48th, and 73d Evacuation Hospitals near Ledo. The team was shocked to learn of the conditions under which medical service had been rendered "on the hill," but impressed by the quality of the work which the battalion surgeons had done. Wounded men who had survived were in good condition, even though their injuries were 2 weeks old. During the 10 days the special team stayed with the Marauders, they kept an average of 70 patients in the hospital. Hasty studies of the troops were carried out with the intention of evacuating those appearing unfit for further jungle fighting.*⁶²

*Terribly exhausted; suffering extensively and persistently from malaria, diarrhea, and both bacillary and amebic dysentery; beset by festering skin lesions, infected scratches and bites; depleted by 500 miles of marching on packaged rations, the Marauders were sorely stricken. They had lost 700 men killed, wounded, disabled by nonbattle injuries, and, most of all, sick. Over half of this number had been evacuated from 2d Battalion alone. Many remaining in the regiment were more or less ill, and their physical condition was too poor to respond quickly to medication and rest.*⁶³

⁶¹ "War Diary of 5307th," pp. 126-127. Kolodny, of 2d Battalion, had a similarly narrow escape at Walawbum: Ogburn, p. 117. Preceding details of the medical service at Nphum Ga and Hsamshingyang are from the "War Diary," pp. 93-135, the "2nd Battalion Diary," 29 March-9 April, and Ogburn, *ibid.* Hopkins and Rogoff were decorated with the Bronze Star medal; so were medical technicians Eugene F. Arnold and Joseph N. Gomez: Stilwell Papers, Folder 88, section 3; *Merrill's Marauders*, p. 116.

⁶² 73d Evacuation Hospital Annual Report, 1944, appendix 3, "Brief Resume of Detached Service with the 5307th Prov. Comp. Unit."

⁶³ *Merrill's Marauders*, pp. 91, 94; 73d Evacuation Hospital, *ibid.* A tabular "Casualty Report," 5 July 1944, showed the following losses up to the end of April (Stilwell Papers, Folder 204):

	February	March	April	Total, February- April
Killed in action.....	1	19	30	50
Died from wounds.....	0	6	15	21
Died from injuries during action.....	0	1	0	1
Wounded in action.....	0	84	147	231
Missing.....	0	0	1	1
Sick and injured evacuated.....	127	73	304	504
Died, nonbattle causes.....	3	0	1	4
Total.....	131	183	498	81 ₂

Hopkins noted that there were approximately 200 cases of sickness in the 2d Battalion when it left Nphum Ga; most of the patients had amebic dysentery, he believed. He also reported that there had been 26 cases of scrub typhus in 1st Battalion, with two deaths; five cases in 2d Battalion (no deaths); and four cases in 3d Battalion (one death). Some of these may have occurred during the period of rest and patrol action after the siege was ended, but before the 5307th started for Myitkyina: Hopkins Notes, p. 3.

Hopkins had continued his studies of wound ballistics. Several men in the 1st Battalion were hurt by American weapons—one when a twig caught the trigger of his submachine gun while he was on horseback; two by the fire of poorly-sited mortars; three while

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General Wingate was accused of ruthless folly, if not madness, when he lost one-third of his brigade in the jungles and plains of Burma in 1943. By mid-April, the 5307th had suffered almost as many casualties as the Chindits and, like them, had many men sick and dazed in the ranks. But the campaign of 1944 was still under way. The Mogaung-Myitkyina line still had to be captured.

IV. MARCH-MAY 1944

The Hopkins Report, Continued

General discussion of disease.—*a.* In the Pacific the sick rate was high for the following diseases: Bronchitis, arthritis, asthmatic attacks, sinusitis, myositis, external otitis, diarrhea, dysentery, the common cold, and gastritis.

b. Among the men of the 3rd battalion who were studied in India, approximately 250 were seen and studied with 400-500 chronic cases of disease. For example I have records on 13 chronic backaches; 30 chronic gastritis cases; 10 severe psychoneurotics; 8 psychosis cases; 30 chronic bronchitis cases; 10 hernias; 30 chronic malaria with splenomegaly, anemia, and weight loss; 9 men with chronic recurrent attacks of pleurisy; 5 with per-

cleaning their rifles; one by discharging his rifle accidentally in his foxhole at night; and one who left his foxhole during the night and was shot by someone who supposed he was a Japanese. The last six of these men received their wounds in the brief trail action at Nphum Ga; the other three casualties occurred in the Shaduzup engagement.

Two men shot in the head on the way to Shaduzup were not wearing helmets when they were wounded. Two others, one at Shaduzup and one near Nphum Ga, were shot when they needlessly left their foxholes. Still another bled to death when he hysterically fought off treatment after he had been wounded in the leg. After the action at Shaduzup, two men were wounded as they tried to recover two other wounded men. And two were killed in action on patrol outside Nphum Ga.

His records of his own battalion covered 78 casualties. Of these, 36 occurred between 1 and 6 April, and 29 between 7 and 9 April. Thirteen were killed in action or died of wounds. Ten of the casualties were victims of surprise. Six of them were preparing breakfast and looking curiously at the bodies of Japanese killed the day before; the other four were with the scouts on a flanking operation near Nphum Ga. In this case Hopkins thought that there had been insufficient care in reconnaissance. One of the men died of wounds incurred while attempting to reach another casualty. American weapons were involved in several cases resulting in death—one killed by a case of ammunition dropped from a cargo plane at Hsamshingyang, another by a companion carelessly cleaning his rifle, a third who wore an unusual suit of coveralls and was mistaken for a Japanese when he emerged from the jungle after a patrol. Another soldier was wounded when a defective shell exploded while he was loading his mortar. Two men were hit by American planes strafing Japanese positions; three men in a shallow foxhole were wounded by a tree-burst of an American mortar shell; four others were hit by the second ranging shot of poorly-sited 60 mm. mortars; and once again a man was shot when he rose suddenly from his foxhole and was mistaken for an enemy soldier.

In several cases, Hopkins thought that tactical errors contributed to casualties. Two men were wounded who continued to fire at the enemy after having been warned to take cover; one of them was killed while he was being pulled to shelter. Eight men bunched on a trail leading to Nphum Ga were simultaneously wounded by a Japanese mortar shell. Several were wounded when they failed to seek cover or moved incautiously from cover. In such instances the victims were entering or were already in known fire lanes.

The number of casualties which Hopkins evidently thought might have been avoided seems to be proportionately greater for the Nphum Ga engagement than for the battles at Walawbum and at Shaduzup—Inkangahtawng. He himself did not make this comparison. But his case studies suggest that a fair question might be asked: "Did the lapses which led to casualties derive in part from the mounting fatigue and illness of the troops at Nphum Ga? Were they, if so, thus partly a consequence of deterioration in health?"

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forated drums, some with chronic otitis; 11 severe chronic tonsillitis cases; and 5 pilonidals. This discussion could take up many groups of chronic disease. Our sick call usually ran 25 to 75 men and we were very liberal about seeing them throughout the day.

c. I have previously stated that we put 115 men not fit for combat in the rear echelon and sent 69 to the Karachi [181st] General Hospital. The rest and many of those we sent to the hospital went with us into Burma.

d. We have all been impressed by chronic attacks of dizziness on change of position which the men complain of, as well as the high incidence of anorexia and gastritis. The symptoms continue even after days of hospitalization.

Typhus.—*a.* The 3rd Battalion left for Burma with its typhus inoculation complete. We continually kept typhus before the minds of the men. They were cautioned against lice and ticks. We were never impressed with the danger of the so-called Burma or CBI fever which is apparently tsutsugamushi fever [scrub typhus]. My battalion had one typhus case in India. In Burma, during the first three months, three cases were evacuated; one died. During our last three weeks in Burma, many men were evacuated with typhus. Figures are not yet available but the 3rd Battalion records will probably show between 125 and 150 cases. Twenty-one men from this battalion have already died and several are still seriously ill.

b. Our men were apparently inoculated at Ritpong⁶¹ where the Japanese had had two recent deaths, according to statements of a prisoner, from an undiagnosed disease. The majority of the dead and sick slept in bashas on the outskirts of the village.

c. The hospitals here state that these typhus cases should be given medical boards and evacuated to the states for further convalescence. However no one with the possible exception of the 111th Station Hospital⁶⁵ seems willing to take this step.

d. In the majority of cases it seems apparent that these men are not getting the type of study and convalescent care that their disease warrants. Lipman, Byron and Casey in the January 1944 issue of the [Army Medical Department] Bulletin give the following opinion.

e. "It is well to stress a few points. Scrub typhus fever may run an entirely mild course with relatively low-grade temperature ranging from 99 degrees to 102 degrees. However, regardless of the severity of the infection all cases in their convalescence should have a period of prolonged bed rest following a regimen akin to that used in rheumatic fever and postdiphtheritic heart disease. Every case should have electrocardiogram studies in order accurately to assess cardiac damage of which perhaps there is more than is immediately apparent. In justice to the patient, extremely careful study should be made before returning the patient to full or limited duty."

Amebiasis.—*a.* My opinion is that the Amebiasis rate in the Pacific was low, but diagnostic facilities available to me were poor and I may be mis-

⁶⁴ On the trail to Myitkyina in May.

⁶⁵ At Chabua; later redesignated the 142d General Hospital. It received some of the evacuees from 5307th in June, when hospitals at Ledo reached the point of overflow.

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taken. We were troubled more by bacillary dysentery. On the Lurline 15 to 20 cases [occurred; the men] were transferred to the Army Station Hospital in Bombay. In India a few cases were treated at Deolali and Deogarh. No followups have been done on any of these men.

b. Diarrhea and dysentery were ever present with the 3rd Battalion in Burma. The men used Halazone religiously and we were always setting up water points away from villages where it might be contaminated with Cysts.⁶⁶ We saw many attacks of bloody dysentery especially during the latter two months of the campaign. Stools are not being done routinely at the 20th GH or the 14th Evac Hospitals. The 111th Station Hospital has been able to make adequate studies. Their work points to a very high percentage of amebiasis. I personally think 90% of the men have the disease.

c. No steps have been taken for mass diagnostic procedure, or adequate followup of the treated cases. Some men have gone back to Myitkyina without adequate stool study.

Casualties.—*a.* The men of the 43rd, the 25th, the Americal, and 37th Divisions came in the majority of cases from battalions where military and medical casualties had been high. I know very little about the 32nd Division. My battalion, the 1st battalion of the 148th Infantry, had over 200 casualties. This amounts to 25 to 30% casualties. My impression is that the other divisions took higher casualties.

b. In Burma up to the present, the battalion has had 45 killed or died of wounds, 22 dead from disease and 115 wounded. At this time it is not possible to figure the exact percentage but it would seem about 10% killed or dead and 15% wounded.⁶⁷

Morale.—*a.* The spirit and enthusiasm among the 22 officers and 650 men who formed the unit in New Caledonia were exceptional and impressive. It was a great unit. Unfortunately some outfits had promised the men promotions if they volunteered. This was the case in my regiment. I was actually told that I would be given a majority. It soon began to dawn on the men that they were not to be a commando unit as they had been told and that they were not to be automatically promoted. After considerable controversy all privates were made private first class.

b. The enthusiastic spirit of officers and men was dampened at Brisbane where five officers who outranked all ours in their grades and who had not seen combat joined us from the 41st Division. They brought no men.

c. None of the men or officers with few exceptions, since being overseas, had been given leave. Many had not returned home for several months before sailing overseas. They were very disappointed to find that it was not the policy to give passes ashore in any ports. In India no leaves were given until about one half of the third battalion went AWOL during the latter part of December. When this started a few short leaves were given. In two

⁶⁶ Encysted forms of *E. histolytica*, the amoeba causing dysentery. In this form, the organism was especially resistant to chlorination.

⁶⁷ These figures represent the total after participation in the battle of Myitkyina. Hence, they exceed those given above for the period of February–April (Walawbum, Inkangahtung, and Nphum Ga engagements).

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years or more overseas the majority of the men and officers have never had leave.

d. It is not within the scope of this report to discuss the numerous cliques and problems which have arisen so often to lower the men's morale. The attitude of the average enlisted man is that many promises have been made and few have been kept. They openly state that their days of volunteering are over. They feel that their country has let them down. They have been in the Army long enough to know that psychologically and medically they have gotten what they call a raw deal. The majority of them still have great respect for the Regimental Staff and General Merrill.

e. Seventy five percent of these men should have been evacuated from Burma before the start of the Myitkyina campaign. They put up with a lot and led the Chinese to Myitkyina, doing a large part of the fighting on the way. They all knew of and believed in the vague promise that they would be evacuated as soon as the airport was taken. This was accomplished just about two weeks before the battalion was finally evacuated on EMT tags.

f. The 3rd battalion was the most superb fighting outfit I have ever seen. Considering the fighting they did their casualties were amazingly low. These low casualties go hand in hand with their accomplishment and both are due to the leadership of company commanders and platoon leaders as well as their magnificent courage and past experience. Many died because they were willing to fight Japs as well as disease on the trip to Myitkyina.

g. Many of these men were mentally and physically ill after 2 and 3 campaigns and 2 years of field duty in the tropics and subtropics. Their morale is low and they have lost all confidence in the CBI Theatre Leaders. It is not helped by seeing raw and previously unorganized infantry and poorly trained and prepared engineer troops sent to Myitkyina to carry on a large share of the battle.

h. It is not helped by seeing their buddies sent out as casualties quickly sent back to the same area, after a magnificent showing for four months of sickness, death, wounds, and misery. Many were still affected with the disease with which they were evacuated.

i. Here I want to insert a paragraph from the January issue of the *Bulletin of the U.S. Army Medical Dept.* I quote: "Morale is an intangible necessity which no army can get along without and still be successful. Soldiers with inferior weapons and equipment but with high morale can overcome an enemy with the best equipment but low morale. The Army is well aware of this, and through its Special Service Division has accomplished much by encouraging athletic recreation and entertainment as diversions. A Special Service Officer is assigned to each post and unit. Frequent physical inspections are conducted, since poor health can seriously interfere with morale. The selection, preparation, and serving of food are closely supervised, as it is well known that plenty of good food is one of the prime supports of good morale in any group of men. Morale, however, is far more than entertainment and diversion. As a matter of fact it is an integral factor in mental hygiene." Unquote.

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The Stelling Report, Continued

D. After starting into the jungles we failed to make our objective the first day so our battalion commander decided to continue in the dark along a very narrow jungle trail without lights of any kind. The trail went across several muddy stream beds and two or three flimsy bamboo foot bridges. In the pitch black dark only those who have attempted to do so can possibly appreciate the utter impossibility of keeping a column of loaded pack animals and men moving along such a trail with thick vines and bamboo and underbrush growing up to the very edge of a narrow winding trail and with fallen logs and roots every few feet. With just a little light or in bright moonlight it can be done, but with no lights at all and men falling and stumbling and animal packs getting caught in vines and stuck between and under limbs of trees, it is an impossibility to move over a few feet a minute. It takes hours to move even a half mile. It is easily understandable that occasions could arise in enemy territory where a half mile or even a few hundred yards or feet could mean the difference between victory and defeat. But without such special reasons we have on several occasions wasted whole nights that should have been spent sleeping just moving two or three miles. Never has any possible advantage been achieved by us in night marches through the jungles except once or twice on moonlight nights. The disgust generated by our battalion commander on the first night march by stubbornly ordering the battalion on for three or four hours after dark during which we moved nearly one-half of a mile, of course without any light whatsoever, caused him to reach a new low in the estimation of all the men and most of the officers. It's no doubt laughable now but let anyone try to walk in absolute darkness in deep jungles such as I have described, stumbling and falling and barking shins and spraining ankles and falling on their faces in the mud, and stopping to repack animals—all this to absolutely no avail. Spend a whole night doing this and find that you have covered nearly a mile or maybe two by morning, which you could have covered in less than one hour in daylight and see how much adrenalin you use up, and how fresh you feel to march all day the next day in enemy infested jungles. The morale factor involved in such physical and mental frustrations is quite large. Any officer who stubbornly persists in ordering such utterly inexcusable and dangerously depleting activities of which this is only one example destroys one's faith in his mentality to say nothing of his leadership.

E. During three days [of] rest at the end of the ten day Ledo Road march and after part of a day and a night and another part-day march to our first stopping place in the jungle, we received our first air drop and packed rations and ammunition in addition to regular packs for our start into deeper jungles to our first engagement with the enemy; every few days we received air drops of food and ammunition and other supplies when needed. This was to be routine during the four months of the Burma campaign. The Air Corps working in conjunction with the men of the rear echelon coordinated by regimental and combat headquarters did an excellent job without which the campaign would have been impossible.

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F. Rations were K rations enough for from three to five days at each drop. No rations were carried on animals except for their own grain. K rations for mountain and jungle marching were found to be inadequate to maintain body weight and energy even when supplemented with C and D and Ten in One rations occasionally. This proved to be true in spite of adequate salt and vitamins added to the diet.

G. The 2nd Battalion fought through four major engagements and three minor ones and several skirmishes during the four months of the Burma campaign. 55 men were killed in combat or died of wounds and 175 of the wounded are still living. Two died accidental deaths out of combat. None have to my knowledge died of disease up to the time of this writing.⁶⁸ These figures are not absolutely accurate to the last man because about 25 men of the 2nd Battalion are still in the vicinity of Myitkyina and the detailed medical records of the battalion are not available to me at the present time. Neither have hospital records been completed.

H. It should be borne in mind that only once were we taken totally by surprise by the enemy. Excellent scouting and patrolling and general reconnaissance by our own men and accurate and timely information by the Kachins assigned to us and the excellent work of the OSS mostly done by Kachins kept us well posted. Of course this information came to us mostly through regimental headquarters. Only one out and out catastrophe occurred due to failure to guard a trail. But none of the enemy ever forced their way through our perimeter.⁶⁹

I. The worst combat ordeal for the battalion and the one catastrophe referred to which caused the highest number of casualties came when we were completely surrounded by what later proved to be a reinforced battalion of Japs as we were holding rear guard for the regiment at Nphum Ga. We were surrounded here on this hill for fifteen days. The conditions were horrible in the extreme. It is here that the greatest drain on the life and strength of the battalion occurred. We were living on a bull's eye. Day and [night] almost with every Jap shell we lost more men in killed and wounded. Here alone we lost 45 killed and 150 wounded. There was no water to be had except from a mud hole in which drainage from dead animals accumulated, until later during the siege water was dropped to [us] along with food and ammunition and medical supplies. Out of some 200 horses and mules which went to Nphum Ga all but about 53 were killed or wounded by enemy fire and the wounded animals had to be killed by us.

J. On Nphum Ga the medical and sanitary problems were acute in the extreme. Nothing could be done to relieve the situation until the combined efforts of the Air Corps and the 3rd Battalion helped us to break the siege. Men could not venture out of their fox holes except when absolutely necessary. They began to look like skeletons, haggard and worn and very thin

⁶⁸ Totals for the campaign, including the Myitkyina engagement.

⁶⁹ Kachin rangers led by OSS officers screened the advance of 2d and 3d Battalions to Inkangahtawng and marched with 2d Battalion to Myitkyina.

The characterization of the Nphum Ga episode as a "surprise" is misleading. The northward thrust of the enemy was a typical maneuver on the flank. Stilwell parried it, as Tanaka had parried Stilwell's attempts at envelopment. But perhaps 2d Battalion pride would have been strengthened had it known more clearly the part it played at Nphum Ga.

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from severe battle exhaustion due to prolonged and almost constant enemy fire and bombardment which made it next to impossible to ever eat or sleep or even to relax for a moment. The water problem at first became accentuated by the capture of our only real water hole by the enemy. For several days until water could be dropped to us the whole battalion tried to get water out of the only mud hole below the picket line. From this and due to other extreme sanitary problems because of being trapped and of not being able to bury the men and animals deep enough as fast as they were killed, and not being able to move from the spot for half a month, acute gastritis complicated by pernicious nausea and vomiting and bloody diarrhea were almost universal by the tenth day of the siege. After many promises of relief had failed, most of the men and officers began to have the hopeless look of despair and had developed such severe battle exhaustion that they could not continue to function. These and the high number of wounded and dying averaging together as high as twenty per day made it impossible for the medical personnel to dig fox holes fast enough for the men who could not dig for themselves. Some of the men including those from the pack animal personnel helped enlarge the aid station facilities which however were adequate.

K. With no water during the first part of the siege with which to boil instruments and barely enough to give oral medication and practically none to drink, some of the men became delirious from thirst and all suffered marked dehydration. It became difficult to recognize one's closest associates by looks and because of personality changes due to the physical and mental strain of the siege.

L. The surgical problem was acute. Men already weakened pitifully had little resistance and succumbed more rapidly to infection and from blood loss. Plasma saved many lives but many more could have been saved if evacuation to hospitals could have been achieved earlier. Only operations of absolute necessity to attempt to save life and limb were performed. These had to be done while almost standing on one's head on the edges of fox holes in which the patients lay. Deep fox holes could not be dug fast enough to accommodate even the most serious surgical cases. Great heroism was shown by some of the medical enlisted men in going out at all times and under all conditions to bring in casualties. The majority of the medical personnel bore up bravely and efficiently under this most trying of all ordeals.

M. The great majority of the enlisted men of the line and their officers fought on day and night with magnificent bravery and courage. Our perimeter was never successfully invaded by the enemy in spite of repeated charges from many directions and enemy reinforcements that were brought up.

N. After the siege was broken and the enemy thrown back mainly through the efforts of the 3rd Battalion and the Air Corps from the outside reinforcing our efforts from the inside, we were finally relieved. Even before this siege of half a month, after the 2nd Battalion and a column from the 3rd Battalion had destroyed several hundred Japs near the road at Inkangahtawng about the middle of March, we had been promised evacuation on grounds that our mission had been accomplished.

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We were told at that time that we would start out of Burma in about ten days. Also about the tenth of March we were told that the animals would need to hold up for only ten days longer. We had accomplished the desired effects of causing the Japs to withdraw south on the Road allowing the accumulating Chinese forces to break a stalemate and advance rapidly down the road toward Kamaing. In doing this the 2nd Battalion had formed one road block behind the Jap lines and had tapped enemy wires leading to division headquarters and gained much vital information contributing to allied successes.⁷⁰ And in attempting to cut the road again at Inkangahtawng [we] had practically annihilated a Japanese battalion. The 3rd Battalion fought magnificently near Walawbum, destroying many hundreds of the enemy. The 1st Battalion had engaged the enemy several times north of these points and had caused him to become disorganized and to lose many men.

O. Thus, before the siege of the 2nd Battalion at Nphum Ga we were led to believe that we were on the way out of Burma.⁷¹ In fact, we had been congratulated upon our good work and told that we had killed our quota of Japs. It must be constantly borne in mind in order to have a true picture of the campaign of "Merrill's Marauders" that we were not resting between combat engagements, but were always on the move enduring unbelievable physical and mental hardships which defy description. During the successful first half of our campaign our extraordinary mobility accounted for much of our success. We moved much faster than any of the enemy forces we engaged and surprised them time and again. Roughly speaking we moved from two to four times faster than any of the Chinese outfits with which we were associated. So, before the Nphum Ga siege,

⁷⁰ Specifically, at Walawbum. At Inkangahtawng, a radio message from Merrill, warning Colonel Hunter of an approaching Japanese force, reached 2d Battalion but not Hunter himself. The response of 2d Battalion helped alert the rest of the 5307th on 24 March: Romanus and Sunderland, II, pp. 153-181.

⁷¹ Without gainsaying Stelling's report of "promises," since subsequent inquiries revealed that there had been much loose talk about the future, it may be helpful to restate the sequence of events. The Inkangahtawng roadblock plan developed from proposals by Hunter and Merrill, responding to Stilwell's instructions to set up another flanking maneuver after the battle of Walawbum. They first recommended a wide approach march and an attack at Shaduzup. The result of discussion was a plan to attack both at Shaduzup and at Inkangahtawng. As Hunter approached the target, he thought that it would be possible to attack even more boldly if the three battalions rapidly assembled and fell on the major Japanese center at Kamaing. He and Merrill agreed, however, that unless they could count on speedy action by the Chinese to follow up the Marauder attack, the 5307th might become locked in a static battle: Romanus and Sunderland, II, pp. 175-182. The discussion suggests that Hunter and Merrill did not foresee an end to Marauder efforts after the roadblock engagement at Inkangahtawng. Thenceforth, as Stelling goes on to say, the 5307th was in continuous action. No rest period followed the battle at Inkangahtawng, as had been the case at Walawbum. It is not likely that any major occasion occurred in which promises or predictions were officially laid before the troops.

It is true, however, that during March the question of how far Stilwell should advance was being asked at the highest levels of South East Asia Command and the Joint Chiefs of Staff. Early in March, Stilwell doubted whether it would be safe to go below Kamaing unless Chinese and British forces were fully committed to the North Burma Campaign. Throughout March and April, Mountbatten persisted in opposing an advance to Mogaung and Myitkyina, believing that other plans for Allied cooperation would be more fruitful (though more delayed and costly of resources). Not until early May was Stilwell clearly shown the "green light" to attempt the Mogaung-Myitkyina operations: Romanus and Sunderland, II, pp. 160-164, 171-172, 176-178, 200-203. If Kamaing had been the final goal of the spring campaign, the 5307th's task might have ended soon after the battle of Inkangahtawng.

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in spite of great fatigue, our morale was high. Our losses in killed and wounded up to this time before Nphum Ga were very small, less than one American killed or wounded for every 200 Japs killed.

When we came down off Nphum Ga after the most killing and wearing ordeal that had ever been sustained by any similar unit in the Army, and after the Chinese had moved up to hold the ground we had gained,⁷² the whole regiment of "Merrill's Marauders" naturally expected to be sent out of Burma for a much deserved rest. The most optimistic amongst us thought of the implications made in Trinidad when the 100% volunteer mission was said to be a hazardous one but with hope of being sent home at the end of it. And all of us recalled the several promises made during the fighting and marching thus far in Burma by no less than General Merrill and Colonel Hunter themselves, as to our being through with our mission in ten days following the initial successes. So after Nphum Ga, we were all consternated [sic] and in the weakened exhausted state of the 2nd Battalion we couldn't at first believe our ears when we heard that still another combat march lay ahead of us.

V. THE TWILIGHT OF THE GODS

What Mogaung was to the Chindits, Myitkyina was to the Marauders—a city of despair. The fate of the two forces was curiously similar. In May, both had reached the end of the period supposedly allotted to them for jungle penetration warfare. Both, then, were called on by Stilwell for one more assault. By that time a major part of each had been severely mauled in a static situation, the 111th Brigade of the Chindits at Blackpool and the 2d Battalion, 5307th, at Nphum Ga. Each believed that it was performing tasks for which other national forces were properly responsible. Their suffering, they thought, resulted from shirking or failure not their own. The monsoon rains pelted each force alike; the trails and dugouts turned to slime beneath their feet. Their men—the half or so left for the last attempt—were all gaunt and weary. Some of their officers were disgruntled, many of the doctors were resentful, most of the troops were either jocularly or sullenly bitter.

The 5307th had 2 weeks in April to rest after the battle of Nphum Ga. New clothing, extra rations, treatment of the sick, and some routine training exercises were thought to be preparation for withdrawal to India as soon as Chinese troops took over the trail patrols. By the 21st, however, Stilwell's orders to attack Myitkyina reached the regiment. A week later it had been bracketed with Chinese and Kachin troops. The 1st and 3d Battalions were joined to the Chinese 150th Regiment, 50th Division, and the Chinese 88th Regiment, 30th Division. They formed H and K Forces, respectively. The

⁷² A battalion of the 112th Regiment, 38th Division.

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Chinese troops had recently been flown to the combat area from China. A pack artillery battery, surgical teams, and the 42d Portable Surgical Hospital were added to the columns. The 2d Battalion, cut in half at Nphum Ga, was reorganized internally into more compact subdivisions. Three hundred Kachin scouts accompanied it. It was called M Force.

When the reorganization was completed, General Merrill, just out of a hospital, spoke in Stilwell's name.

In giving Merrill his orders for the march, Stilwell stated that he knew he was calling on Galahad for more effort than could fairly be expected, but that he had no other option. In the light of that, and the exhaustion of the unit, he authorized Merrill to begin evacuating Galahad 'without further order if everything worked out as expected.' After discussing the plan with his battalion commanders, Merrill said a few words about what would be done for Galahad on completion of the mission. Such a prospect was a tremendous incentive to the weary men of Galahad, and Merrill believed many made the march as a last desperate effort for a great prize.⁷³

The rewards, according to the way the men understood Merrill, were to be immediate return to India when the Marauders took their objective, "a party to cause taxpayers a shudder," recuperation in rest camps (which were located in such attractive places as Kashmir), and furloughs.⁷⁴

The advance to Myitkyina was desperately difficult. The trails over the Kumon Mountains were wet and overgrown, steep and narrow. Many miles of the pathway had to be rebuilt or cut out anew. K Force led the way on 28 April. Just across the mountains it attacked enemy strongholds at Ritpong and Tingkrakawng. H Force, which started for Myitkyina on 30 April, went past the Japanese while K Force engaged them. M Force (2d Battalion) first spread out in the Naubum-Nphum Ga area to seal the trails. Its task was not dangerous but it was tiring. On 5 May, it closed up its patrols and left for Myitkyina over the worst of the trails selected for the advance. Animals and men began to fail at once as the column hastened after the rest of the force.

H Force reached Myitkyina airfield on 17 May. "The attack went like a service school demonstration, for although the Japanese knew Myitkyina was in danger, the actual assault was a complete surprise."⁷⁵ The Marauders took positions to protect the airfield from possible counterattacks, and the Air Force promptly began flying in supplies

⁷³ Romanus and Sunderland, II, p. 225; the general description of reorganization, *ibid.*, pp. 224-225, and *Merrill's Marauders*, pp. 96-97. Ogburn, pp. 222-227 and 278, describes the situation and attitudes in 5307th after the battle of Nphum Ga. Hunter astonished the men by ordering them to march and drill when they began to show signs of recovery.

⁷⁴ As given by Ogburn, p. 227. It will be recalled that the troops had complete confidence in Merrill and Hunter.

⁷⁵ Romanus and Sunderland, II, p. 226.

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and additional Chinese troops. Urged on by Hunter, Merrill hoped to attack the city at once. But time and luck ran out. The Chinese regiments were inexperienced, easily daunted and confused, and sometimes badly led. The Marauders were exhausted. Both broke down repeatedly short of their objectives. Japanese reinforcements soon found holes in the Chinese and American lines. In a few days a determined, well-organized, and fortified garrison of over 4,000 troops defied the Myitkyina Task Force.

Stilwell had no more Chinese he could add to the attack. The British Chindits were a long distance away, although—against their protests—he was maneuvering them up to the Mogaung-Myitkyina line. But in the last week of May, he found additional American troops. The men were replacements for the 5307th, who had been secured in the United States by a call for volunteers. The War Department intended that they would compose a fully organized and trained unit to replace 5307th as a whole. Stilwell, however, had no time to carry out the War Department plan for a new regiment. Instead, he ordered the men to Myitkyina on 30 May (5 days after they reached India) to fill up the ranks of the Marauders. At the same time he pulled two battalions of engineers, the 209th and 236th, off the Ledo Road and sent them to the battlefield. They were split into companies and sandwiched between Marauder units.⁷⁶

Nothing availed. During the last week of May, a very strict policy on evacuation had been enforced, with the hope of preventing rapid decimation of the ranks. Additionally, word went through medical installations on the battlefield and back at Ledo to stretch every point in order to return men to duty. But such measures actually hastened the collapse of the 5307th. To injury they added insult.

In each previous mission, the Marauders had been required to undertake a jungle march, seize a designated enemy position, hold it for a few days, and turn it over to the Chinese. This they had done at Myitkyina. Never before had it been expected that they would settle down to a battle of conventional, yard-by-yard advance, let alone besiege a city. Yet this change of purpose and style now was demanded. The stringent evacuation policy, the reappearance of some Marauders previously evacuated to Ledo, and the addition of replacements all

⁷⁶ *Ibid.*, pp. 229–243; 2d Battalion Diary, 15 April–17 May; Russell F. Hill, Operations Sergeant, “S-3 Journal 3rd Bn 5307th Comp. Unit (Prov).” Stilwell Papers, Folder 88, section 2; Stilwell Diary, 23 April–30 May 1944. Stilwell’s entries show his worry while the 5307th made the approach march to Myitkyina. After a few days of exuberance when Myitkyina airfield was taken so easily, gloom set in. He put Col. John E. McCammon, Merrill’s assistant, in command of Myitkyina Task Force. McCammon was sick, and after 2 weeks Stilwell replaced him with his own Chief of Staff, General Boatner. Boatner commanded the task force from 30 May to 26 June. Stilwell felt he did not act with sufficient energy, and when Boatner showed signs of malaria, Stilwell replaced him with another officer from his staff, Brig. Gen. Theodore F. Wessels (who had been at SEAC Headquarters for several months).

On more than one occasion Stilwell noted an atmosphere of discouragement at Myitkyina along with reports of faulty operations and low morale among Chinese and American troops. Expecting the Japanese to counterattack, he began looking for reinforcements. On 22 May, he alerted the engineers for possible transfer to Myitkyina. Orders regarding the replacement troops are referred to on 28 and 29 May.

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*showed that they were being committed to the Myitkyina battle to the bitter end. What little capacity to fight they had left after Nphum Ga had been preserved by hope and will. In the face of what seemed like betrayal, hope and will vanished and the Marauders were finished. All but a few score were flown back to Ledo as medical evacuees in the first 3 days of June.*⁷⁷

*The medical support for the Myitkyina expedition was more elaborate than the Marauders customarily received. In addition to their own battalion medical detachments, surgical teams accompanied the H and K Force columns. With H Force, 1st Lt. Milton A. Dushkin led a Seagrave hospital team of three officers, 16 enlisted men, an English civilian technician, and three Chinese orderlies. His teammates were Lieutenants Carl J. Antonellis and Theodore Gurney. All had been serving for months with the Chinese New First Army and, like the Marauders, they were seasoned jungle troops. K Force had with it Capt. F. B. Zombro and three men of the 73d Evacuation Hospital. They had been part of the medical troops flown in to help the 5307th after the battle of Nphum Ga. The principal surgical unit in the column, however, was the 42d Portable Surgical Hospital. It supported the Chinese 88th Infantry in K Force. Zombro's team backed up Hopkins's 3d Battalion medical detachment.*⁷⁸

When K Force started for Myitkyina, the 73d Evacuation Hospital team and 3d Battalion medical detachment marched near the head of the column. The 42d PSH went at the rear with the animal train of the 88th Infantry. Its men were on foot. Twenty-five horses carried its equipment which, in the absence of packing cases, had been bundled up into bags of parachute cloth—"bulky, awkward, difficult to pack as well as to load." Since the bags were not waterproof, supplies and equipment were repeatedly soaked. When the trail became too steep for the animals, the Chinese shouldered the loads. At first the men of the PSH put their own baggage on the animals. But when they discovered that the pack train came in 3 hours after a bivouac had been established, they picked up packs discarded by other troops and thenceforth carried their own rations, blankets, jungle hammocks, and personal belongings.

On the afternoon of 7 May, K Force began fighting at the village of Ritpong. Casualties collected in a clearing, and the 42d was called up from the rear of the column. The trail was so narrow that men and animals could pass each other only in a few places. It was dawn of the 8th before the PSH equipment had been hand-carried forward to the casualty collection point. Meanwhile the men of the 42d had given emergency treatment to some 50 wounded soldiers. As soon as the equipment arrived, serious surgery began under a bamboo lean-to. By

⁷⁷ Romanns and Sunderland, II, pp. 238-242; *Merrill's Marauders*, pp. 110-113; "War Diary of 5307th," pp. 75-78; 2d Battalion Diary, 30 May-5 June; "S-3 Journal of 3rd Bn." 29 May.

⁷⁸ Seagrave, *Burma Surgeon Returns*, pp. 129-130; "War Diary of 5307th," pp. 139-142; G-4 Periodic Reports Nos. 25-29, CBI, 1944; 73d Evacuation Hospital, "Brief Resume"; 42d Portable Surgical Hospital "Annual Historical Report—1944."

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the end of the 4-day engagement at Ritpong, there were 60 litter patients in the portable surgical hospital. When K Force resumed the advance, the question of evacuation became acute.

The nearest evacuation point was a hard two days' march. The second battalion of the 88th Chinese Regiment was assigned the task. Litters were constructed of bamboo poles and ground sheets and each was carried by two Chinese. Fellow soldiers carried the extra rifles, fourteen per man, and extra packs, eight per man! The walking wounded straggled behind. One officer from this organization [the 42d] accompanied and supervised this evacuation. Upon arrival at a small liaison plane landing field at Arang, in the mountains, air evacuation was begun. One hundred and ten patients were evacuated by liaison plane in one day from that field. Two planes crashed because of the hazardous take-off. However, no patients were lost in the complete evacuation.⁷⁹

The 42d learned a valuable lesson at Ritpong. Afterward, it pared down its equipment to essentials, which it packed on four animals. These animals, with four of the unit's men, were put with 3d Battalion headquarters near the front of the column. The rest of the PSH troops moved up to the head of the Chinese infantry, which followed 3d Battalion. Only secondary and reserve hospital baggage remained in the animal train at the rear. The plan of operation was for the four men at the head of the column to go into action as soon as a battle began. By the time the rest of the PSH had come up, the hospital would be unpacked and medical service could be started at once. The plan was tested a few days later when K Force attacked a well-protected Japanese battalion at Tingkrukawng. The 88th Infantry took fairly heavy casualties. The Marauder 3d Battalion lost 8 killed and 21 wounded.

Hopkins placed his aid station immediately behind the 81 mm. mortars and near an ammunition dump—the only available spot for him in the cramped position which the battalion occupied on rough and thickly overgrown terrain. The 42d PSH stationed itself 200 yards behind the aid post. Hardly had it laid out its hospital than enemy troops filtered through the Chinese line. They opened fire on the trail and the nearby hospital. Several Chinese and two American animal-handlers were killed. It was late afternoon before the enemy was driven off and casualty evacuation to the PSH began.

The 42d worked "all night with flashlights in spite of the proximity of the enemy, until ten o'clock the next morning, at which time the column received orders to move. The Hospital was torn down and at ten-thirty moved with the column thirteen grueling miles over mountain trail."⁸⁰ Its patients again were carried on litters over the long

⁷⁹ 42d Portable Surgical Hospital Report, p. 7.

⁸⁰ *Ibid.*, p. 6.

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route to the airstrip at Arang. In the Ritpong and Tingkrukawng engagements the PSH treated 133 Chinese and American surgical cases.⁸¹

Although K Force held the enemy at bay, H and M Forces still had the rain and the precipitous trails to contend with. Sick men accumulated so rapidly that when H Force passed by Arang, it dropped off the Seagrave medical team to care for its invalids and supervise air evacuation. Casualties from K and sick men from M Force soon swelled the number needing help at Arang. Over 100 men were brought out from the village by liaison plane. Beyond Arang, a 2-day, 20-mile march produced over 30 more sick men in 1st Battalion. Five of them had scrub typhus. They were left at the village of Seingyang, expecting evacuation by air. A week went by. Finally an officer and one of the sergeants, both seriously ill, walked on in to Myitkyina airfield. Four liaison plane trips later, a part of the group at Seingyang had been rescued. Then a plane crashed and the flights were halted. After 4 more days of waiting, the remaining sick received a message to come on in to Myitkyina or go back to the airstrip at Arang. They chose the latter and finally were evacuated.⁸²

When the Marauders attacked Myitkyina, the battalion aid stations were established in the perimeters. For the first few days, before enemy counteraction became serious, the principal medical problem was the still-increasing number of sick men. In the latter 10 days of the month, however, battle casualties, too, required attention. Hopkins' aidmen and the 73d Evacuation Hospital team were at Charpate, in 3d Battalion territory, on the 24th. Early in the morning "a large Japanese patrol infiltrated the perimeter and was not discovered until it was practically inside the command post. During the ensuing action six Americans including two officers, were killed and seven [enlisted men were] severely wounded. The aid station was within fifty feet of the point of attack but fortunately none of the personnel was injured." After 2 days in this position, 3d Battalion withdrew to a less active point north of the airstrip, where it remained until the men were evacuated at the end of the month. At the same time, the 73d Evacuation Hospital team returned to its parent unit.⁸³

The other medical unit with K Force, the 42d Portable Surgical Hospital, put its station in the perimeter of the Chinese 88th Infantry. The tactical situation was too changeable for the hospital to be safe. On 21 May, rifle, machine gun, and mortar fire spattered the area. PSH men scrambled to get their patients under cover, but some were hurt anew and some were killed. One of the medical men, too, was seriously wounded. He was later decorated with the Bronze Star medal.

⁸¹ *Ibid.*; 73d Evacuation Hospital, "Brief Resume."

⁸² Ogburn, p. 253; "War Diary of 5307th," pp. 63-63a. The latter source gives Kawyang as the second evacuation point. It seems less likely as the location, since it is on a side-trail. It is further from Myitkyina than Seingyang, but closer to Arang. Otherwise the two accounts confirm one another. Ogburn, pp. 238-240, gives a glimpse of the evacuation point at Arang, from which he was himself evacuated.

⁸³ 73d Evacuation Hospital, "Brief Resume."

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During the following week, Japanese patrols broke into the defenses on numerous occasions. Once an enemy machine gun was emplaced a mere 75 feet from the hospital. At times, intense fire interrupted surgery. Heavy rain and deep mud prevailed constantly. Hospital troops and patients lived in foxholes under tarpaulin shelters. By the end of May, the 42d PSH, like the 5307th, was exhausted. Two of its officers—one, Capt. Douglas A. Sunderland, with a Bronze Star for heroism during attacks on the hospital—were evacuated sick; so were five of the men. The rest were relieved from duty with the 88th Infantry, and the 42d moved to the airfield near Seagrave's hospital.⁸⁴

Before H Force attacked the Myitkyina airfield on 17 May, Gordon Seagrave and his hospital were with the 50th Chinese Division in the Mogaung Valley. Lately arrived, the Chinese were inactive. Seagrave fumed at the lack of business. Acting on a hunch, he cleared out all his patients on the 18th and packed his equipment. He alerted his staff—another medical officer, two Burmese contract surgeons, three Burmese technicians, three American medical men (including a Chinese-American corporal who had joined the unit that day and became the registration clerk), 18 Burmese nurses, and five Chinese orderlies. Almost as if on a schedule, Petersen, the Combat Command Surgeon, telephoned and told Seagrave to get over to Maingkwan airfield. Planes were coming to carry his hospital to Myitkyina. By the end of the afternoon, the hospital was on the battlefield near the 5307th command post. It sheltered its equipment beside a revetment at the airfield. Next morning, the staff laid litters across packing boxes and began to operate on casualties. At noon in came Dushkin and the H Force surgical team, "the thinnest, dirtiest, weariest bunch of men [Seagrave] had seen for a long time." No matter. They went to work immediately under scorching sun and squalls of rain. The nurses held umbrellas over the patients on the operating table during the worst of the downpour.

A Chinese litter bearer company scoured the battlefield, collecting casualties wherever they found them, without regard for their unit origin. By nightfall Seagrave's surgeons had operated on 128 men. Many of them were promptly evacuated in the troop transport and cargo planes which were flying to and fro between Myitkyina and Ledo. Patients who remained were put on ground sheets under parachute cloth and tarpaulins. Casualties continued to come in. An electric generator was located to provide light. It was 2:30 in the morning before the last patient had been treated and the hospital personnel sought relief from the rain under the same improvised tents which sheltered the wounded.

Next day they draped parachutes over bamboo poles to form three operating pavilions. A slight decline in casualties gave them time to put up shelters for the medical troops, as well.

⁸⁴ 42d PSH Report, p. 7; "History of 42nd P.S.H. in Myitkyina Campaign"; NCAC History, appendix 2: "Myitkyina," p. 29; Citation list, Stilwell Papers, Folder 88, section 3.

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Rain was almost continuous and the condition of shock in many patients was greatly aggravated by the cold and wet, blood and mud. Evacuation by plane became more difficult and patients were lying everywhere underfoot under every kind of cover or lack of cover. Because of torrential rain during the night the "covers" hastily thrown up for half the unit personnel collapsed and little real rest was possible.

It took two more moves in as many days for the hospital to find a permanent position. They soon improved their shelters, and after 10 inches of water covered the ground one night, Seagrave's demand for drainage ditches brought action. By early June, the hospital was securely established.⁸⁵

One other medical unit served with 5307th while it was at Myitkyina, a surgical team of one officer and four men from the 25th Field Hospital. They reached the airfield on 24 May, where troops of the 5307th headquarters and the 209th Engineers were located during the rest of the month. Mainly, the team treated emergency cases and sick men, evacuating its patients to the nearby 42d PSH or to Seagrave's hospital.⁸⁶

⁸⁵ Seagrave, *Burma Surgeon Returns*, pp. 132-139. The first quotation is on page 137. Seagrave's chronology is incorrect; the flight occurred on the 18th, as stated above. For the second quotation and other details, 896th Clearing Company Annual Report, 1944, pp. 3-5; NCAC History, "Myitkyina," pp. 17-21.

⁸⁶ 25th Field Hospital Annual Report, 1944, p. 7; NCAC History, "Myitkyina," pp. 24, 89. Medical operations continued to expand during June. The 42d PSH moved to the airfield on 29 May. It pooled its staff with that of Seagrave until 7 June. Next it went on a 5-day support mission with an outlying American unit. When it returned, it put up a permanent hospital on the west side of the airfield. It built five wards—one of 35 beds for surgical cases, two of 27 and 40 beds, respectively, for medical patients, a 10-bed officer ward, and a 30-bed ward inclosed in barbed wire for sick and wounded Japanese prisoners. Throughout June and July, admissions averaged 40 per day in number. About one-fourth of these received primary surgical treatment at the 42d. The remainder came from other hospitals for further evacuation. It did its surgery at night, since casualties usually did not arrive until late afternoon. (The 58th Portable Surgical Hospital, which often evacuated patients to the 42d, operated in the morning and early afternoon because it was too close to the enemy to show lights after dark.)

The 42d became a jack of all trades. It was the chief supply center for medical units at Myitkyina. It cleaned and sterilized linen, sponges, and instruments for the 58th PSH. It collected the patients' packs and arms and sent them to task force headquarters. It scrounged up clothing for Japanese prisoners. And it formed a first aid team to stand by for crash landings at the airfield: 42d PSH Annual Report, 1944; Seagrave, *Burma Surgeon Returns*, p. 153 (Seagrave speaks with high praise of 42d PSH officers); NCAC History, "Myitkyina," pp. 29, 41, 50.

The 58th Portable Surgical Hospital flew to Myitkyina on 10 June. It relieved the 42d PSH in the combat perimeter of the 88th Infantry. Its first bamboo surgery building caved in under an airdropped package. It then moved closer to the combat line and put up canvas-and-bamboo huts for an operating room, a receiving room, and an evacuation ward. It dug large pits to protect patients waiting for treatment or evacuation. The hospital frequently was hit by small arms and mortar fire. When under fire during surgery, the operating teams put the litters they used for tables on the ground, and the surgeons finished their work on their knees.

The 58th evacuated its patients to the airstrip in jeeps when the roads were not too muddy. Otherwise, they used ox carts. If these bogged down, Chinese and Burmese litter bearers did the job. The trip was long and slow and it was under enemy observation. Evacuation trains frequently were fired upon. One patient was killed. The usual destination of the evacuees was the 42d PSH, which either arranged for air evacuation or provided surgical care, if the casualty were one of an "overflow" group: 58th Portable Surgical Hospital "Annual Report," 1944; NCAC History, "Myitkyina," pp. 42-43; G-4 Periodic Reports, Nos. 28-33, CBI, 1944.

In July a new unit, the 44th Field Hospital, came in. An advance party built a hospital and patients were first admitted on 29 July. By mid-August, after Myitkyina fell, it had

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Seagrave has left a vivid sketch of the medical scene at Myitkyina. He depicts his own hospital, specifically.⁸⁷ But the sudden influxes of casualties, the strenuous exertions of evacuation, the menace of enemy fire, the dreadful climate, and the remarkable success of close-in medical support provided by indefatigable doctors, nurses, and enlisted technicians—these were the hallmarks of the medical service in Burma, whether it was provided by a battalion detachment, a mobile surgical team, or a field hospital:

* * * On July 14th, 190 operations were performed in 24 hours on Chinese patients. This number was made not only possible but easy by two factors: the nearness to the front lines—always less than 2½ miles—and the extreme efficiency and endurance of the Chinese regimental litter bearers. It should be called to the [reader's] attention that the first aid work done by forward Chinese units was uniformly of a very high grade in sharp contrast to the first aid work done in the first "Battle of Burma." There is no question that this is the direct result of training given the Chinese units by Liaison American Medical Officers at Ramgarh, Ledo, and actually on the field of battle at Myitkyina. The task of such medical liaison officers is a thankless one and they attain little fame. But to those who have been responsible for this change in Chinese first-aid methods some recognition is due.⁸⁸

Because of this improvement in first-aid and the speed with which casualties were borne by Chinese litter bearers to hospital, a very great many men with wounds of unbelievable severity were able to reach the hospital who would never have done so in any previous war, or in the first Burma Campaign where effort was made to set up surgical teams out of range of enemy shell fire. In all those previous battles such cases

treated 628 patients, two-thirds of whom were American. Its dental clinic had handled 149 cases, the E.E.N.T. clinic, 250; the surgeons had performed 44 major operations: 44th Field Hospital "Historical Data," 1944; NCAC History, "Myitkyina," p. 88.

⁸⁷ 896th Clearing Company Report, 1944, pp. 6-7; a similar but more circumstantial description is in Seagrave, *Burma Surgeon Returns*, chapter 7.

⁸⁸ Chinese medical units trained chiefly at the New First Army Center in Ramgarh. American medical officers and a Chinese medical training unit from Anshun, China, opened the first Medical Service Course in January 1943. The standard program was a 4-week course in field medical service. More specialized programs were occasionally provided, one of which was a 6-months' course for junior medical officers. Dental and veterinary training programs were also instituted. The Ramgarh center for medical training remained open until April 1945; similar centers were established in China at Kunming, Tali, and Kweilin.

One of the most important parts of the medical education program was the series of courses for regimental line officers. Although only 1 week long, the courses covered basic features of sanitation and field medical operations. Over 1,200 officers took classes in 1943 and 1944. No one—even Seagrave—could have been very optimistic when the training program began. Every aspect of the Chinese Army seemed unfavorable to medical education: a grave scarcity of medically-trained personnel, line officers and men entirely unacquainted with modern medicine and sanitation, language barriers between instructors and students, absence of equipment and books except what could be improvised or locally produced. Yet despite many inevitable disappointments and failures, the total result was little short of miraculous: Stone, *Medical Service in Combat*, I, chapter IV, pp. 145-177.

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would have died before reaching hospitals. Luckily, in this battle, it was impossible to place hospital units out of range of shell fire and so patients reached the hospital much more rapidly, in some cases within a half-hour of the time the wound was received. This, plus the large amounts of blood plasma and sulfa drugs furnished the forward units, made it possible to save lives of very many soldiers who otherwise would have died. Of some 4,000 Chinese casualties operated on by this unit alone during the Myitkyina battle (an average of 50 per day) only 168 died (3.8%).

Although so close to the front, no casualties were experienced by unit personnel except on one occasion when one of the Chinese orderlies was wandering around where he should not have been during a shelling and received a microscopic shell fragment in the leg. Shelling never interfered with important operative work which went on, with an occasional ducking of heads, when the whistling sounded too close, in spite of shelling. On one occasion the Japs pulled up a 150 mm gun to the north and with its "shorts" dropping to the north of us and its regular shells dropping so close to the south that their shrapnel fell within the revetment, and with the Myitkyina 75s shelling the field west of us and mortars blasting at installations just to the east, the unit was so completely surrounded by fire that personnel hardly knew which way to duck * * *.

Sun, rain, mud and dust alternated continuously during the battle of Myitkyina, but the blood of almost 4,500 casualties (Chinese, American, British, Indians, Kachins) was with us continually, flowing down ditches, rotting, breeding flies, maggots and stench—price of the conquest of one of the really important air bases of the future.

Air evacuation procedures continued to play a vital part in the medical service, whereas ground evacuation remained very difficult. During the approach to Myitkyina, casualties suffered seriously from delay and trouble in reaching airstrips at Arang, Seingyang, and Myitkyina. At Myitkyina, the battalion aid stations and surgical hospitals lacked sufficient litter bearers to carry patients to the evacuation points on the airstrip. The rain and mud soon made it very difficult even to use jeeps as ambulances. Natives and their ox carts were brought into action. "This involved the complicated process of getting the cart, oxen, owner, and driver together at the same place, at the designated time. The trip was excruciatingly slow, so much so that one cart could make only one trip daily."⁸⁹

At the airfield the absence of an air clearing station caused further difficulties in ground evacuation. Task Force headquarters supposed that stray men always were at hand to help receive and load patients, so it turned down an SOS offer to put in a clearing station of the sort so successfully operating in the Hukawng and Mogaung Valleys. Instead, two men from the 5307th were assigned the duty of super-

⁸⁹ W. W. Hiehle, "Medical Service in Myitkyina Campaign."

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vising a small evacuation shelter at the field. They were entirely overwhelmed by the tasks of receiving and dispatching patients, keeping adequate records, reserving and assigning air space, watching the condition of the patients, and directing the work crews of soldiers or native laborers sent to help them. An unnecessary burden fell upon the nearby 42d Portable Surgical Hospital. After working throughout the night in surgery, "it was necessary on many occasions for them to litter patients from the hospital to the air strip * * * at the expense of operating efficiency of the hospital * * * delay in loading planes and consequent blocking of the air strip."⁹⁰

The first ambulance plane of the 803d Medical Air Evacuation Squadron landed at Myitkyina on 18 May. It was shot up before it could take off. During the attack, the crew removed the patients they had just put aboard. In the process, the flight surgeon, flight nurse, and two technicians were wounded. But thereafter the air evacuation system worked smoothly and continuously. Since the campaign depended entirely upon air support, there were always cargo planes returning from Myitkyina which could transport patients if the 803d MAES ambulance aircraft were full. Myitkyina patients accounted for 75 percent of all who were air evacuated from North Burma between 17 May and 3 August. Almost 4,000 Chinese and American patients were flown out in the first month of the battle alone.⁹¹

Before the battle of Myitkyina, patients usually reached base hospitals in from 1 to 4 days. The first group of Marauders to be flown back had been held up 5 or more days because of their inaccessibility during the approach march to Myitkyina. But from Myitkyina, Marauder casualties reached Ledo within 24-48 hours. About one-fourth of those admitted to Ledo hospitals on 17 May, the day of the attack on Myitkyina airfield, had been wounded earlier that day. By the end of 18 May, 83 percent of the Americans and 75 percent of the Chinese who were wounded on 17 May were safely in hospital. This efficiency continued throughout the Myitkyina engagement. Those sent by the portable surgical hospitals and Seagrave usually

⁹⁰ *Ibid.*; later in June a proper ACS of the 151st Medical Battalion went into operation, however: Romberger, "Air and Ground Evacuation," pp. 36-38.

⁹¹ Romberger, "Air and Ground Evacuation," pp. 36-38, and appendix V, pp. 27-28: 803d MAES Annual Report, 1944. The "Report Summarizing the Activities of U.S. Army Medical Department Units Assigned to Northern Combat Area Command During the Northern and Central Burma Campaigns, Evacuation," showed the following figures for American air evacuees in North Burma (only a part of which came from the 5307th):

February (1944) -----	44	June -----	1,342
March -----	200	July -----	969
April -----	502	August -----	1,145
May -----	1,879		

In the same months, the total air evacuation figures, swelled by Chinese and British casualties, were, respectively, 469, 1,031, 1,211, 4,351, 3,311, 2,302, and 3,171.

The use of cargo planes and the lack of an air clearing station occasioned special disadvantages. Medical attendants were available to accompany patients only in the ambulance planes of the 803d. Blankets, clothing, and litters accumulated at Ledo because there was no system to collect or exchange them during the period of improvised air clearing services.

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had remained overnight. Some, however, still had the odor of ether on their breath when they arrived. About half the casualties came directly from battalion aid stations within 24 hours of being wounded.

Medical officers in the fixed hospitals again observed two consequences of the rapid air evacuation system. First, opportunities were increased for definitive and successful treatment. Second, the large hospitals received patients who might have been just as effectively treated nearer the front, if enough field facilities had been present.⁹²

[Death] in flight was rare indeed * * * Patients with intra-cranial injuries tolerated air evacuation beautifully. Intrathoracic injuries, without sucking wounds of the chest, could be transported safely with benefit of oxygen if cyanosis or dyspnoea were present. Intra-abdominal injuries, with preexisting abdominal distention, occasionally did badly in flight. Soldiers subject to abdominal laparotomies in the forward area, fared better in flight and subsequently if the trip were postponed 5 to 7 days following operations. Gastric suction aboard the plane was not employed. By virtue of the tactical situation, such delay in evacuation was frequently impossible. Injuries of the cervical cord with respiratory embarrassment required, as might be expected, special attention. Fracture of the long bones with temporary immobilization tolerated such travel exceedingly well.

If general statements can be justly made, it may be concluded that,

(1) Battle casualties tolerate air evacuation exceedingly well.

(2) Rapid evacuation permits early major definitive surgery—especially applicable in intra-cranial injuries.

(3) Many patients reached fixed hospitals in the Base alive, who otherwise would have perished en route.

(4) Those wounded, denied surgery in forward units, in the light of interdicting tactical situations, might benefit from surgery in rear hospitals before infection occurred.

For the Marauders the most crucial aspect of the medical evacuation program became the policy which governed it. No question arose about how battle casualties should be handled. If they could not be restored to duty almost immediately, they were evacuated. Whether they went directly to an airstrip or to a portable surgical hospital made little difference. In either case, they were soon in a fixed hospital and they were lost from the unit for an indefinite period of time. Many of the sick, however, were thought to be curable without evacuation. Most of the respiratory and enteric disorders, skin infections, and malarial or other fevers constituted grounds for evacuation only if the man were acutely ill, utterly unresponsive to treatment, or unable to keep up with

⁹² "Report of the 20th General Hospital, 3 April 1943 to 1 August 1945," pp. 45-56; 20th General Hospital "Annual Report," 1944, pp. 75-76. The quotation is from the report first cited. Some of the casualties with soft-tissue wounds need not have been carried all the way to the fixed hospitals, for example. But the holding facilities of the aid stations, portable surgical hospitals, and Seagrave hospital were too limited to preclude evacuation of most casualties and many sick.

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the columns. The policy was well illustrated after the battle of Nphum Ga. A large number of men were evacuated, but many more were treated in the area to control, if not cure, their illnesses, and to produce some partial semblance of fitness for duty.

The differentiation between sick and wounded derived from the facilities and medical staffs needed to care for them. The wounded who required surgery and, in many instances, immobilization, could not be treated in marching columns or by aid stations. The sick, however, might be given suitable medication and simple nursing help at the battalion level. Convalescence and military duty were simultaneous. Although the policy was not ideal, it was in accord with established military practice and it had been tolerable up to the time the Marauders attacked Myitkyina.

When the Marauders emerged from the jungle in mid-May they were "a pitiful but still a splendid sight," according to Merrill.⁹³ The splendor was in their very presence, after the torture of the approach march. Their misery immediately became evident at the battalion aid stations. "In wholesale numbers they reported to the doctors, seeking evacuation. A large number, if not practically all, were legitimately ill men * * * many had been so for a long time. Particularly malaria cases."⁹⁴

The Regimental Surgeon, Maj. Melvin A. Schudmak, began recommending that the entire unit be withdrawn because of its wretched physical condition. The battalion surgeons seconded him.⁹⁵ But the Japanese counterattack was expected. Although it did not come, the failure of the advance on Myitkyina town left the expeditionary force in a precarious position after 22 May. Mass evacuation would apparently endanger the entire operation. The hope was that the 5307th could hang on until replacements arrived. Then, with the fresh strength thus provided, it could finish the Myitkyina campaign.

The problem of the sick remained, nevertheless. The rule-of-thumb in 5307th, for which Hunter, then the senior officer, took responsibility, was that men should be evacuated if they ran temperatures of 102° for 3 consecutive days and if a committee of medical officers authorized evacuation. The policy meant that men with malaria and a variety of other diseases would be held for at least 72 hours in hope that treatment would beat down their symptoms. In practice, the battalion surgeons doubtless tried to hasten the evacuation of men who obviously could not respond to medication in the prescribed time. To hold men with scrub typhus, for example, positively reduced their chances of survival.

Yet the policy was inhibitory in spirit as well as in application. After "instructions were issued by Gen. Boatner stressing the gravity of the

⁹³ Romanus and Sunderland, II, p. 230.

⁹⁴ "Galahad" (*op. cit.*, the corrected draft of Merrill's *Marauders*), p. 78. The published version, however, omits the quoted passage.

⁹⁵ NCAC History, "Myitkyina," p. 4. Schudmak received the Legion of Merit award after the campaign.

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outlook and cautioning the Medicos against indiscriminate evacuation," the atmosphere became lurid with suspicion and hostility. There were charges that some doctors disobeyed orders and evacuated men who were well although tired and despondent. Conversely, there were charges that line officers personally invaded aid stations and evacuation points, removed Emergency Medical Tags from sick men, and sent them back to their combat teams.⁹⁶

⁹⁶ "Galahad," p. 77. Approximately the same passage occurs in *Merrill's Marauders*, p. 111, and NCAC History, "Myitkyina," pp. 4, 28. Williams, the Theater Surgeon, wrote to Stilwell on 23 August 1944, in part as follows:

"I have been informed that three derelictions occurred in connection with the medical service of General Merrill's men:

"(1) that men who had no wounds or disease, but were simply exhausted, were evacuated to hospital;

"* * * (3) that sick men, tagged for evacuation by medical officers, had had their medical tags removed by non-medical officers and had been ordered back to duty before they had received treatment.

"The first offense, evacuation of well men, is clearly an usurpation of command function by the unit medical officer. It can only be excused as a misdirected effort to cooperate in conservation of manpower. As soon as the Theater Surgeon learned of this practice, the attention of the Surgeon, Northern Combat Area Command, was called to it and he was advised to issue instructions putting a stop to it, that a medical officer's sole function in such cases was the making of proper recommendations to his commanding officer. It may be noted also that commanders concerned might have stopped this practice when they first learned of it by giving proper orders to the medical officers serving under their command. * * *

"The last incident, that of interfering with the evacuation of sick men is a very serious charge. At least one authentic incidence occurred. The man was evacuated the next day. Fortunately there were no untoward effects * * * Medical officers did not send sick soldiers into combat."

Williams' diary shows he conferred on 23 May with Stilwell, Boatner, Petersen, and others at Stilwell's headquarters at Shaduzup, but that on the 26th Boatner rejected his request to visit Myitkyina. In the letter just quoted, he objected to this restriction on his efforts to go where he felt needed. Probably he did not know that on 24 May, Stilwell had ordered his headquarters to cut down the number of visitors to the combat area: "No one should be allowed up front who cannot in some way help the situation." Had he known, however, he might well have asked why the Theater Surgeon should not be a necessary observer of the scene at Myitkyina, in the midst of a medical crisis: Radio message CHC 1100, 24 May 1944, Stilwell to Forward Echelon.

At the end of May, Williams stopped briefly in New Delhi and then he was sent to Washington, D.C., to confer with The Surgeon General regarding future medical requirements in the Theater. The letter just quoted he wrote about 2 weeks after returning to India.

"Careful scrutiny of all cases" and "drastic measures" to restrict evacuations "became necessary," according to the corrected draft of *Merrill's Marauders*, p. 78. As for General Boatner, it should be said that he was acting as Stilwell's chief of staff until 30 May, when he became commander of the Myitkyina Task Force. Prior to that date, then, the command responsibility for the evacuation policy did not lie with him. The Marauders were on their way to Ledo 2 days after he was put in charge of the Myitkyina operations. Afterwards, he struggled with the evacuation problem of "New Galahad" and the engineers. These he treated with conventional severity to break up the link between medical (or pseudomedical) evacuation and low morale. Thus on 15 June he reported to Stilwell: (a) continued instances of fear and confusion among the raw American troops; (b) "definitely limiting * * * American evacuations. Much to the wails of the U.S."; and (c) hope of receiving troops from the old 5307th who, he understood, were now ready for duty after hospitalization at Ledo: holograph report, Boatner to Stilwell, 15 June 1945, Stilwell Papers, Folder 207 (although dated "July" the report is within a June series, has several references to events in June, and requires a June date to fall in the period of Boatner's command at Myitkyina, which ended 26 June). So much confusion arose in June regarding Galahad that incidents in "New Galahad"—the replacements plus engineers—were sometimes mistakenly identified with "Old Galahad"—the original 5307th.

On 4 October 1944, Boatner wrote to Stilwell about "many rumors about myself concerning evacuation and forcing Galahad to fight. Naturally I am taking no outward notice of same because although untrue, it would probably do more harm than good to recognize them. As you no doubt have assumed, I never once took part personally in any way in the decision as to whom should be evacuated, etc., or put personal pressure on medical evacuation personnel. This can be substantiated."

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Outright official verification of the charges on either side never became public. It is very probable that the medical staff legitimately evacuated some men who did not meet the exact and literal evacuation prescription but who were really suffering from combinations of malaria, dysentery, and extreme exhaustion. And the testimony of medical officers cannot be refuted with regard to the intervention by line officers in the evacuation process. It would be mistaken to think that many such cases occurred; improbable to suppose that officers in 5307th itself were involved, after all they had shared with their men; and irrational not to allow for the extreme anxiety of Task Force Headquarters about the tactical emergency.

By the end of May, in any case, the terms "sick" and "well" were meaningless. In 2d Battalion, which had started to Myitkyina with 27 officers and 537 men, there were only 12 men left in action on 30 May. Even counting the engineer company bracketed with it, there were only 24 officers and 455 men. The engineers were absolutely unprepared for combat. McGee, 2d Battalion Commander, and some of his men collapsed several times during an attack. No one could claim any longer that 2d Battalion existed as a fighting force. Matters were much the same in 3d Battalion. It had fought several times on the way to Myitkyina, and after the 24th it was severely attacked repeatedly at Charpate, near the airfield. The commander of K Force, with which 3d Battalion had marched, was dying of scrub typhus. The 3d Battalion commander had malaria and was evacuated after the unit withdrew from Charpate; soon he was on his way to the United States. Obviously, the battalion could not survive any further battles. Only in 1st Battalion did some strength remain—about 200 men and some of its officers were still able to carry on.⁹⁷

Approximately 2,000 Marauders started for Myitkyina in the fourth month of their campaign. Thirteen hundred reached the airfield and were in action for about 12 days. Probably about 200 were evacuated from Myitkyina before the end of the month. The rest, excepting the

His letter continued by discussing his relations with Colonel Hunter. Hunter, on 25 May, had written critically to McCammon, commander of Myitkyina Task Force, to the effect that the 5307th was being unfairly required to perform tasks which the Chinese should be undertaking. When Boatner succeeded McCammon, he attempted to avoid irritating Hunter; the way he chose was to stay out of Hunter's sight. "And, the precise and premeditated reason I never once visited Hunter's C.P. in the field, was knowing of his previous complaints and suspicions of senior headquarters and our having decided to retain him in command in spite of that. I did not want to let him infer by my presence that I was there to put pressure on him, to interfere or give him reason to be suspicious in any way," : Stilwell Papers, Folder 204.

While this peculiar situation arose after the 5307th had been evacuated, it is illustrative of the tenseness in command relationships. The very juxtaposition of evacuation and command in Boatner's mind suggests the close interaction between them on the battlefield. The matter is briefly discussed in Romanus and Sunderland, II, pp. 237, 239.

⁹⁷ Stilwell Diary, 30 May; 2d Battalion Diary, 28 April, 26 May-4 June: "Sick men first, others after" (3 June). "Evacuation continued; whole Bn cleared by tonight. McGee, Rogoff, Healy [a Combat Team commander], last of our unit to come out" (4 June); *Merrill's Marauders*, pp. 112-113; Romanus and Sunderland, II, pp. 237-242. Capt. Lewis Kolodny, one of the 2d Battalion Surgeons, photographed McGee as he lost consciousness, telephone in hand, in a foxhole; Ogburn published the photograph in *The Marauders*; "Galahad," p. 75.

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1st Battalion survivors, were evacuated by air between 30 May and 4 June. The official casualty record, at that point, was as follows:⁹⁸

Battle casualties:

Battle deaths-----	93
Nonbattle deaths-----	30
Wounded in action ¹ -----	293
Missing in action-----	8

Total ----- 424

Disease casualties:

Amoebic dysentery-----	503
Scrub typhus-----	149
Malaria ² -----	296
Psychoneurosis-----	72
Miscellaneous fevers-----	950

Total ----- 1,970

Grand total----- 2,394

¹ Not including lightly wounded men treated in the column and not reported.

² Diagnosis on evacuation: not, therefore, representative of the almost universal incidence of malaria in 5307th.

Before the battle of Myitkyina, the 20th General Hospital had been the destination of sick and wounded Marauders. This remarkable organization, its staff from the University of Pennsylvania, had built a 1,000-bed facility out of bamboo in 1943, in spite of the most disheartening conditions of climate and scarcity. By 1944 it was working at full capacity. Most of its patients were Chinese, but it also received the most seriously sick or injured Americans on the Ledo Road, and all of the evacuees from the 5307th during February,

⁹⁸ Merrill's Marauders, p. 114. The footnotes are part of the original table. It is repeated in Romanus and Sunderland, II, p. 240. The "Casualty Report," 5 July 1944, Stilwell Papers, Folder 204, gives the following figures for May and June (see p. 331, n. 63, for February-April figures):

	May	June
Killed in action-----	14	3
Died of wounds in action-----	6	1
Died of injuries in action-----	0	0
Wounded in action-----	68	25
Missing in action-----	7	0
Sick and injured evacuated-----	1,568	638
Nonbattle deaths-----	17	11
Total -----	1,680	678

The June figures distinguish between "Old" and "New" Galahad. Those for "Old Galahad"—the 5307th—are shown above. While June battle casualties almost all came from the 1st Battalion men who remained at Myitkyina throughout the rest of the campaign, many of the sick who were evacuated were probably among the troops withdrawn en masse from 30 May to 4 June. Certainly the figure shown for sick and injured evacuees is far too large to come from the few "Old Galahad" troops active in June, even if it included some Marauders who returned from the hospitals and were sent back almost immediately.

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March, and April. Thereafter, even by extraordinary efforts it could not keep up with the demand for hospital beds.⁹⁹

A crisis in hospitalization arose just when the Marauders began their last march. Its roots went back a year to May 1943, when plans to provide adequate medical support in the Second Burma Campaign were cut back to fit into the total resources of the U.S. Army. Since that time, Combat Command had acquired a few small field medical units—the portable surgical hospitals, the 13th Medical Battalion, and the 25th Field Hospital. No new intermediate or large hospitals had been assigned to it, however. When the 5307th went into action it relied on the SOS hospitals then in the Ledo area to absorb the new burden of combat casualties.¹⁰⁰

Their ability to do so seemed doubtful. Warnings from the SOS Surgeon at Ledo and from the Combat Command Surgeon brought little response.¹⁰¹ For one thing, the War Department had reduced the formula scale for authorizing hospital beds to the Theater. For another, there had been diversions and delays of medical troops scheduled for service in CBI. The priority of other theaters of war produced some of these disappointments. In part, however, the Theater itself was to blame for the apparent inattention to its pressing needs. Until June 1944, it did not send the War Department detailed information regarding the amount of hospitalization given to Chinese troops. Although there were thousands of such patients, it looked to The Surgeon General as if the Theater had beds to spare. The error in reporting came to light too late to prevent the midsummer crisis in which the Marauders unwittingly became involved.¹⁰² On 1 June

⁹⁹ The official annual reports of the Theater and SOS Surgeons provide general surveys of the hospitalization problem. The annual reports of the 20th General Hospital itself are especially relevant, of course; that for 1944 is both extensive and well-written.

¹⁰⁰ Citations on planning accompany chapters III and XIV of Stone, *Medical Service in Combat*, and *ibid.*, "The Hospitalization and Evacuation of Sick and Wounded in the Communications Zone, China-Burma-India and India-Burma Theaters, 1942-1946," an unpublished report to The Surgeon General. In May 1943, the medical plans were discussed in Washington, D.C. They outlined a series of medical units extending from the combat zone to the rear, and including mobile surgical units, field hospitals, and evacuation hospitals. To stay within the limits imposed by the scarcity of troops and equipment, however, the Theater had to content itself with requisitions for a few portable surgical and field hospitals. Delay in receiving both types of units was expected.

¹⁰¹ 3 and 5 January, and 22 February 1944, from Base Section 3, and 17 February 1944, with subsequent indorsements and statements in March and April, from CAI Headquarters: cited in Stone, *Medical Service in Combat*, II, p. 73, notes 12-15. Williams visited Ledo in February and again late in May, according to his diary.

¹⁰² See *Tamraz Diary*, pp. 174-175 and n. 105, p. 186. The War Department's immediate reaction was to arrange rapid transportation for the 69th General Hospital, which had already been earmarked for CBI. Its staff began to arrive in midsummer.

The formula scale for hospitalization is discussed in Stone, *Medical Service in Combat*, chapter III, pp. 134-147; see also *Tamraz Diary*, part three. In February 1944, the scale was revised upward again on the basis of Theater protests. Williams, the Theater Surgeon, wrote to his deputy, Col. George E. Armstrong, on 15 June 1944: "After all these months the War Department finally let us know why they've been putting * * * off [our hospital shipments]." Curiously, he still felt that the statistical reports need not show Chinese patients since the report form did not literally require detailed information about services given foreign troops. In any case, the form was not adapted to

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1944, the Ledo group of SOS hospitals possessed an authorized bed capacity of 3,250. They were actually caring for 7,088 Chinese and American patients, and they were prepared, if necessary, to make room for another 2,000.¹⁰³

The hospitals making this prodigious effort were the 14th, 48th, and 73d Evacuation Hospitals, rated at 750 beds each, and the 20th General Hospital.¹⁰⁴ Several of them had sent officers and men to surgical teams out with combat forces. But also there were a few officers, nurses, or technicians who were temporarily assigned to Ledo hospitals while waiting to go to their permanent posts in Burma and China. The 685th Clearing Company, formerly one of the companies of the 151st Medical Battalion, took some pressure off the larger units by hurriedly building and operating a 500-bed station hospital at Ledo. The SOS Surgeon also had arranged to send patients back to the 111th Station Hospital at the large air transport base of Chabua, some 75 miles away.¹⁰⁵

In this group of hospitals, the 20th alone took care of the sick and wounded Marauders flown to Ledo from Walawbum, Shaduzup, Inkangahtawng, and Nphum Ga. By the end of April, however, the rate of its improvised expansion fell behind the accelerating overload of patients. In that month it admitted over 2,000 men, most of them Chinese. Its daily patient census exceeded 1,800. May was worse. Over 2,500 patients were admitted and over 2,000 were in the wards each day. Before the end of the month, the 20th had to evacuate patients in order to make room for new arrivals. In this way some of the sick from 5307th found themselves in the 111th Station Hospital at Chabua. Even so, in June the 20th admitted just a few less than 3,000 new patients and cared continuously for nearly 2,500. Under such circumstances it had to be satisfied to be "not unduly embarrassed by reports * * * that we had missed a number of cases of amebiasis and one diabetic." But except in one respect, it maintained the quality of its professional services magnificently. Indeed, by opening new or rebuilt

present a realistic picture of Chinese hospitalization prior to June 1944. Williams later commented on the inadequacy of his staff to undertake administrative responsibility, and on Tamraz' concentration upon American medical needs: Letter, Williams to the editor, 13 Mar. 1947.

¹⁰³ Essential Technical Medical Data Report, CBI, July 1944, including the ETMD Report of Base Section 3, CBI.

¹⁰⁴ See pp. 10, 37, and 77, for notes on all but the 14th Evacuation Hospital. It was an affiliate of the University of Southern California, Los Angeles. When it reached India in August 1943, SOS sent it to Mile 19 on the Ledo Road. It took several months to construct a hospital of tents and bashas, but in time it became a major facility for Chinese patients. Its special role was to provide care for long-term, chronic, or permanently disabled patients, for whom repatriation was impossible until the war ended. The editor recalls his visit to the hospital long after the campaigns had ended and little else but routine work was left to do. To counter ennui and look constructively toward the future, many of the medical officers were engaged in a program of self-instruction. With stray dogs for "patients," training in surgery was part of the curriculum.

¹⁰⁵ Stone, *Medical Service in Combat*, chapters XIV-XV, citing the correspondence and reports of the headquarters involved and the annual reports of the units themselves.

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wards of improved design during the months of crisis it even increased the excellence of its performance.¹⁰⁶

The exception was in its lack of facilities for convalescent patients. The 20th had authority to send to the United States anyone needing more than 6 months of care. But a good many patients remained who required a few weeks for recuperation before returning to duty after clinical treatment. This need Tamraz, the SOS Surgeon, had foreseen long before. In March 1943, he recommended that a convalescent hospital or camp be established in the Ledo area. No one opposed the idea, but other needs appeared more urgent. Early in 1944, however, the practice was started of sending long-term Chinese patients to the 14th Evacuation Hospital at Mile 19 on the Ledo Road. Soon the 14th became a major center for convalescent, rehabilitation, and repatriation services in the Chinese Army in India. For a time, also, some thought was given to the possibility of sending American convalescents back to the 99th Station Hospital at Gaya in central India.

The impracticality of such a procedure led the 20th General to open a small convalescent annex in the spring of 1944. To it men were to go when they were ambulatory and out of danger. Medical attendance would be provided on a minimal scale, but normal command relationships were to be introduced so that the men would become psychologically, as well as physically, prepared to resume normal military activity. The SOS Surgeon, too, began to take hold of the problem. A convalescent camp site was selected, some bashas were constructed, and in April the 14th Evacuation Hospital sent up one-third of its staff to open the new facility. But hardly had its men reached Ledo than Marauder casualties began pouring in after the disastrous march to Myitkyina. In a few days, all that was left of the 5307th arrived at the 14th Evacuation Hospital branch.¹⁰⁷

First things were put first. The new 5307th casualties preempted the space intended for Marauder convalescents. It was almost impossible to retain them as full-fledged patients, shaky and weak though they were. Many, therefore, were prematurely released from medical surveillance. There was no place for them to go except to a staging camp, where unattached troops or men in transit were housed. "It is true that in order to discharge them from the hospital," the Theater Surgeon later explained, "these cases were marked 'Duty.' But in each case

¹⁰⁶ 20th General Hospital Annual Report, 1944, pp. 1-3, 66-67, 84, 96-98, 109-111; as a basis for evaluation, the unanimous opinion of all observers who left records of their visits to the 20th. For its full program of professional services, its emphasis upon study as well as treatment—its staff produced 38 scientific and clinical papers in 1944, as well as the annual critical reviews of services performed—, and its sense of responsibility for setting medical standards, as the leading hospital in the area, its commander, Brig. Gen. Isidor S. Ravdin, and his staff amply deserved the prize bestowed on it.

¹⁰⁷ See *Tamraz Diary*, pp. 148-149; and Stone, *op. cit.*, II, pp. 89-93. The correspondence, radio messages, reports, and plans on this important matter were voluminous and are noted in the work cited. CBI formally requested three convalescent hospital units in March 1944. The War Department was sympathetic, but it could do no more at the time than authorize the establishment of such facilities with personnel already in the Theater. Not until fall did the Theater receive the troops for a convalescent camp.

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the camp commander was informed that the man should not be returned to his organization for a specified number of days."¹⁰⁸

It was the last week in May, no time for Marauders to be showing notes to line officers, as if they were schoolboys whose parents asked for them to be excused from physical education until they "felt better." The attack on Myitkyina dragged. Supplies were dwindling and casualties were rising. It looked possible for the Japanese to break out of the Myitkyina trap, perhaps even to destroy the expeditionary force. Stilwell's commanders, apparently with his knowledge, initiated draconian measures. The battalions were ordered to hold down evacuations, especially when malaria was the chief cause of sickness. The Ledo hospitals were "asked"—in declaratory tones—to turn out Marauders as soon as they were able "to pull a trigger." Rear echelon headquarters was told to send up all who had been released from hospitals.¹⁰⁹

Reputable medical authorities such as Ravdin and his staff rebuffed attempts to influence their professional judgment. Moreover, Ravdin and Merrill went directly to Stilwell on 8 June. Almost certainly they asked him to clarify, if not justify, his intentions. In his diary he noted the lethal effects of scrub typhus, which suggests that Ravdin discussed the importance of convalescent care for men who had survived serious diseases in spite of their general debility after the campaign. Stilwell afterward was reported to have said he did not intend to mobilize sick men in order to strengthen Myitkyina Task Force. Later he quite certainly exempted the sick and wounded from his demands for continued combat from the British Chindits, when they, like the Marauders, were seeking relief.¹¹⁰

However, if bedridden evacuees still were safe, there were others who had been discharged from the 20th General and 14th Evacuation Hospitals simply to make room for more acutely ill or wounded men. Rear echelon authorities raided the staging camp and selected some 200 men to return to Myitkyina. It is said that medical officers rescued some of them on the way to the airport.¹¹¹ Among those who reached

¹⁰⁸ *Ibid.*: 14th Evacuation Hospital Annual Report, 1944; 20th General Hospital Annual Report, 1944; Romanus and Sunderland, II, pp. 237-241. The quotation is from the letter Williams wrote to Stilwell on 23 August 1944, which has already been cited in connection with the evacuation scandal. Although Williams' diary shows that he visited the major hospitals on 24 May, he was about a week ahead of the crisis over convalescents. When it occurred he was in New Delhi and soon afterward he was in Washington, D.C.

¹⁰⁹ Romanus and Sunderland, II, pp. 237-239; *Merrill's Marauders*, pp. 111-112; "Galahad," pp. 75-78; Memorandum, CBI Headquarters, Armstrong to CG CBI ("Re the attached [Hopkins] report"); Letter, CBI Headquarters, Armstrong to Petersen, 15 July 1944; Letter, Williams to Stilwell, 3 Aug. 1944, previously cited. Williams stated, in the passage omitted from the quotation on p. 353, that one of the "derelictions" was: "that men were returned to duty before they were ready for duty." His comment thereon is quoted in the text. Hunter wrote his letter of protest on 25 May. It seems likely that the premature efforts to recover evacuees helped him to his decision to demand relief of the unit. In addition to Romanus and Sunderland, *ibid.*, see NCAC History, "Myitkyina," p. 4, and Ogburn, pp. 256-258, 260-261.

¹¹⁰ Stilwell Diary, 8 June 1944; Tracy S. Voorhees, whose report is part of the text, met Ravdin and discussed the matter with him. The attempts at intervention in the medical process became widely discussed among officers and troops. No denials have been recorded. The explanation attributed to Stilwell testifies to the fact while commenting on the intention. Also, see *With Wingate's Chindits*, part four.

¹¹¹ Ogburn, pp. 260-261.

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the battlefield, a number (variously reported as from 10 to 50) were immediately tagged for medical reevacuation. The remainder were as depressed and bitter as they had been sick, injured, or exhausted a few days before.¹¹²

Soon the rest of the 5307th, except 200 from 1st Battalion, returned to Ledo. The matter of the convalescents did not end therewith, however. Two weeks later, Boatner was told that the staging camp had filled up with Marauders lively enough to shoot up the barracks, carouse, and go absent without leave. Some, it was said, were anxious to get back to the fight. He welcomed the rumor that many of them were being rounded up to go into New Galahad. The information he received was authentic, but the new attempt at recovering Marauders had little success. Its main effect was to keep open the graves in which Marauder hopes and pride had been buried.¹¹³

Special efforts to revive Marauder corps d'esprit were ironic, if not futile. With most of the 5307th back at the Ledo camp, Stilwell (on Boatner's prompting) visited Myitkyina on 18 June and pinned medals on some Marauder chests. "The men look good," he wrote in his diary. It was their officers who were unduly "gloomy with their talk of low morale and poor health in New and Old Galahad." But by the 22d, the series of incidents regarding evacuation and the return of evacuees reached the level of scandal. He was forced to launch an official investigation of the 5307th and Myitkyina Task Force.¹¹⁴

¹¹² Romanus and Sunderland, II, p. 240; *Merrill's Marauders*, p. 112; "Galahad," p. 76. In a letter to the editor, 12 Feb. 1947, Lt. Col. Kirk T. Mosley, MC, the Theater Epidemiologist who was in Burma in June 1944, commented: "The pay-off was when some [Marauders] were sent back to Myitkyina before they felt they were completely well. I shall never forget the medical officer who was ordered back to Myitkyina. He had recently been discharged from the hospital with scrub typhus and was still weak. His reaction and that of his fellow medical officers was most bitter."

¹¹³ Holograph report, Boatner to Stilwell, 15 June 1944, Stilwell Papers, Folder 204: "From Galahad's rear in Dinjan I hear that 250 of old Galahad men are being equipped and will be flown back today. They will be of tremendous help. Rumor has it that they were roving around the countryside and many AWOL's. Col. Osborne just saw me and spoke most earnestly about how he felt these men are malingering and wants to go back to get a few more officers and many men back here. If Hunter OK's I will send him back. On the face of it, it might appear we have plenty here on the field for protection. Such is not actually the case—we in fact have only a prayer."

However, when Ogburn voluntarily returned to Myitkyina on 22 June, Osborne told him that the emergency had passed and the problem was to get 5307th out rather than in; Hunter is said to have told another voluntary returnee the same thing: Ogburn, p. 267. Ogburn vividly describes the chaos at the staging camp, pp. 273-278. The camp itself was a far cry from the push center which the Marauders had imagined they would occupy. The stories about interference with evacuation and return to duty were widely known and easily exaggerated. Grievances ripened into near-rebellion. Villains and heroes in the high command were chosen. "Most of the men swallowed their bitterness and anger * * * and because of the minority the rest camp, as it filled up, was little better than a shambles," Ogburn recalled, p. 274.

Actually, once before Marauder evacuees had been returned to combat. Earlier in May, about 200 men released from hospital were combined with the 149th Chinese Regiment, 50th Division. The team went far out on the right flank to attempt a penetration and road-block operation against Kamaing. "Purple Force," as it was called, lost its way and encountered such difficult terrain that it abandoned its baggage before returning to the central line of advance. With this column marched a surgical team of the 13th Medical Battalion. The difference between this episode, which caused no complaint, and the terminal situation was that when the 5307th attacked Myitkyina, it carried out what it had been told was its last mission. Return of evacuees in June, therefore, violated a promise. Romanus and Sunderland, II, pp. 210-211, briefly note the futile mission of "Purple Force." The medical team is described in the 13th Medical Battalion Annual Report, 1944.

¹¹⁴ Stilwell Diary, 22 June 1944; Romanus and Sunderland, II, p. 240.

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Thenceforth little more was heard about or from the *Marauders*. The investigation produced no official action, although the 5307th thought that the sudden relief and repatriation of Hunter, late in June lacked subtlety. The inquiry added one dimension to the disagreeable picture, however. Boatner, explaining Stilwell's position, spoke of the inter-Allied aspects of the campaign. Both the Chinese at Myitkyina and the British Chindits below Mogaung were part of the same operation to which the *Marauders* were assigned. Stilwell could not afford any accusations that he spared American combat troops at the expense of their Allies.¹¹⁵ The 5307th, that is, was a political as well as a military force.

The point can be sharpened, in fact. In the last week of May, while the *Marauders* were being manipulated, the 111th Brigade of the Chindits evacuated its roadblock, Blackpool, much against Stilwell's wishes. Before and after, Stilwell flung the incident in the faces of British commanders, questioning their claim that the 111th, specifically, and the Chindits generally, were no longer fit for combat. Stilwell went to great lengths to hold the 111th in the Kamaing area after it left Blackpool, even though it had hundreds of sick and wounded men to evacuate. He repeatedly expressed doubt that the 77th Brigade did all it could to help capture Mogaung. Likewise, Boatner, when commanding Myitkyina Task Force, took a stern tone with the Morris Force wing of the 111th across the Irrawaddy from Myitkyina, and he was belated and grudging in acknowledging its exhaustion.

Stilwell's relationships with the Chinese were just as uneasy. Throughout the campaign he alternately coaxed and bullied local commanders into aggressive action. He knew that Generalissimo Chiang secretly restrained the Chinese Army in India when he thought its risks were excessive compared to those of the British and Americans. Just within the month, in fact, the battle for Kamaing and Mogaung had not progressed satisfactorily until Chiang lifted his hand from the 22d and 38th Divisions. Under such circumstances, Stilwell was certain to feel that the Chinese, like the British, would quickly take flight if he seemed overly protective of his American infantry.¹¹⁶

No favoritism appeared. He required the 5307th and the Chindits to demonstrate conclusively that they were literally and completely used up before he spared them further combat. He settled any questions about whether they had done their duty by requiring them to go beyond it. While the Americans were in the battle, the expenditure of Chinese troops at Myitkyina could not be challenged. And while he continued to fight at Myitkyina, the need for the British below Mogaung could be demonstrated. He won his victory. But from the standpoint of the *Marauders* it was a Pyrrhic triumph.

¹¹⁵ Romanus and Sunderland, II, pp. 239-240.

¹¹⁶ Relative to British and Chinese forces, see *With Wingate's Chindits*; Romanus and Sunderland, II, pp. 196-199, 204-213, 215-216, 220-223.

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VI. AFTER MAY 1944

The Hopkins Report, Concluded

Present status of 5307.—*a.* By the 31st of May all but 13 men and one officer of the 3rd battalion had left Myitkyina on EMT tags. These men were held up several days because of General Boatner's verbal order to Major Schudmak that none but very seriously ill would be evacuated.

b. Approximately 100 men from the 3rd Bn are now ¹¹⁷ at Myitkyina. These can be divided into four classes:

(1) Men who had been assigned to the rear echelon before combat because they had been designated unfit for combat duty by the battalion medical officers.

(2) Men who had been left in hospitals when the 3rd Battalion went into Burma.

(3) Men who came out of Burma during the campaign because of wounds or illness.

(4) Men who came out during the last week of May.

c. It is true that these men have been treated in hospitals. My opinion however is from knowing the histories of many, that a large majority are in very poor mental and physical condition. A typical example of that is one who just came in the ward with a snake bite. He received a bullet wound through his inguinal region and hip area in April. He was sent back during the latter part of May with considerable temporary limitation of motion.

d. The remainder of the 3rd battalion can now be found in one of four places.

- (1) 20th General Hospital.
- (2) 14th Evacuation Hospital.
- (3) 111th Station Hospital.
- (4) The Staging Area at Ledo.

e. Since the airfield at Myitkyina was occupied, several very strong efforts have been made by higher headquarters in that area to send all available men back. This as I have said has resulted in the return of many sick men and soldiers who had not had adequate convalescence.

f. Since there is no rehabilitation or convalescent setup in this area many men have been discharged to duty in a shorter period than their situation warrants.

g. We have found it necessary to readmit many men to these hospitals in order to prevent them from going back to combat, as casuals, before they are in reasonable condition. Many men are readmitted because they have not been adequately studied or treated. This is especially true for amebiasis cases.

h. Since the men are all still alerted for Myitkyina no leaves can be granted.

¹¹⁷ 22 June 1944, the date of the report.

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Discussion.—*a.* I have outlined the history of the 3rd battalion of 5307. I have discussed the medical history and written about miscellaneous diseases seen, as well as typhus, malaria, and amebiasis. I have discussed casualties, food, and living conditions, not to mention hospital care and morale.

b. The discussion I believe has shown several important points which apply to the greater majority of the men in the 3rd battalion as well as to many others in 5307.

(1) The men have lived in the tropics and subtropics from 18 to 36 months.

(2) Recreational facilities, food, and general living conditions have consistently been substandard even when not in combat.

(3) The majority of these men have been through two severe campaigns and some through three.

(4) Casualty figures for these Campaigns have been high, probably an average of 25% for the men who were doing the fighting.¹¹⁸

(5) Hospital facilities have been poor during these two years. They are now good.¹¹⁹

(6) The men have been subjected to almost constant physical and mental strain.

(7) Chronic disease rate in this outfit is very high.

(8) 80% of the men from the Southwest Pacific have had malaria; 30% over four times; over 3 attacks for every man.¹²⁰

¹¹⁸ No fully reliable medical statistics exist for 5307th. Some medical records were destroyed when the mule carrying them was blown up by an artillery shell. In some tactical situations records were not kept or, if kept, were not consolidated. The regiment refused to send the normal weekly medical statistical reports to the Theater Headquarters; presumably to do so might endanger secrecy. Minor wounds and illnesses were sometimes not reported. Men with several possible causes for evacuation were often listed only in one statistical category: Radio NR 192, 1 Mar. 1944, 5307th Hq to CBI Rear Echelon Hq; "Medical Service in Myitkyina Campaign," 15 Aug. 1944; "Galahad," p. 105.

The figures published in *Merrill's Marauders* (424 battle casualties) gave the rate as 14 percent. The "Casualty Report," 15 July 1944, Stilwell Papers, Folder 204, showed almost exactly the same figure and rate. However, a note in *Merrill's Marauders*, p. 114, states that the number of wounded at Nphum Ga alone exceeded the official figure for "Wounded in Action" in the entire Regiment for the whole campaign.

Hopkins may also be right in his estimate of casualties among troops "doing the fighting." Except at Myitkyina, one battalion or a part of it usually occupied a position which did not encounter enemy fire. Therefore, the troops actually engaged would have suffered casualties at a rate higher than that shown for the entire force.

¹¹⁹ The contrast is drawn, apparently, between Pacific area hospitals and the Ledo group of hospitals.

¹²⁰ The most usable indexes of disease in 5307th come from the 14th Evacuation Hospital branch. It received the Marauders evacuated in May and June. Although some of the patients came from "New Galahad," the majority were out of the original 5307th. The hospital reported the following figures for disease in 5307th when it was evacuated:

Gastrointestinal diseases.....	616
Malaria	516
Upper respiratory infections.....	301
Exhaustion syndrome.....	135
Scrub typhus.....	93
Undiagnosed fevers.....	109
Neuropsychiatric conditions.....	42
Dermatological infections and diseases, as primary cause of admission.....	31
Miscellaneous	65
Total	1,905

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(9) The battalion has had 125 to 150 cases of typhus with 21 deaths.

(10) The amebiasis rate is very high and will require followup studies.

Diagnostic procedures have not been adequate.

(11) Morale of this unit is very low. As a doctor who has seen two infantry battalions intimately and lived with them for months in and out of combat I feel qualified to judge the situation. The 3rd battalion was at one time a great outfit with esprit de corps. The morale now found combined with the health of the men makes this outfit of little value as an offensive fighting unit.

The most serious disease was scrub typhus. The 14th EH rendered initial treatment in 93 cases and received 35 convalescent cases from the 20th General Hospital. Mild cases may have escaped notice or were included in the category of undiagnosed fevers. Fifteen men died from the disease in the 14th EH. (The 20th General Hospital treated 432 American and 41 Chinese cases during 1944. There were 22 American and 3 Chinese deaths. It built a special air conditioned ward and instituted enriched nursing procedures for scrub typhus patients.) Hopkins stated in his "Notes" that in May, 1st Battalion evacuated 23 scrub typhus patients, five of whom died. The 3d Battalion had 68 cases, with 21 deaths. He reported no cases from 2d Battalion in May: Hopkins Notes, pp. 3-4.

Dysentery was the most frequent cause of hospitalization. The 14th EH had no facilities for the culture of pathogenic organisms but it made microscopic studies of a large number of cases. Amebiasis was widespread. (The 20th General Hospital treated 257 cases of bacillary and 316 cases of amebic dysentery in 1944. It also diagnosed 49 cases of amebic hepatitis. It saw "quite a number of diarrheas of considerable duration, etiology undetermined, treatment ineffective. Some follow amoebic, some follow bacillary dysentery.")

In a group of 875 cases of disease studied in the 14th EH, malaria was the primary diagnosis in 205 cases; the secondary diagnosis in 22 more; and the clinical diagnosis (without supporting laboratory findings) in an additional 63 cases. Of this group of patients from 5307th, 115 disclaimed previous attacks of the disease. The remainder reported they had had from two to fifteen recurrences. The hospital staff found that there had been a sharp rise in malaria cases in the last few days of the campaign. Overt malaria was more common in "New Galahad" later in June and in July than it had been earlier in the original 5307th. (The 20th General Hospital treated 2,633 cases of malaria in 1944. There were 26 cases of cerebral malaria in American troops; four died. Although all troops in the forward area were supposed to be taking Atabrine, "only 20 of 67 patients [surveyed] gave a history of taking adequate amounts * * * Thirty-five stated that they had had none. In a second survey, 25 of 27 stated that they took no Atabrine at all. Figures of this sort depend a great deal upon the experience and skill of the ward officer in eliciting an accurate history.")

The mental health of 5307th cannot be described with any certainty. Hopkins reported the evacuation of 31 traumatic neurosis cases, 29 of which returned to duty. "Eighteen chronic anxiety states were activated by combat. Only one was sent to the United States, as were five psychoses; eight psychopaths were recommended for discharge under section VIII [of Army Regulations covering medical department matters]. Very few mental cases were encountered in the third battalion as potential cases had been given non-combat jobs before the campaign."—Hopkins Notes, p. 5.

Most of the breakdowns in the regiment appeared after the siege of Nphum Ga or at Myitkyina. The official figure for psychoneurosis (*Merrill's Marauders*, p. 114) is 72. It appeared that the relative number of psychiatric cases in 5307th was exceeded by that in "New Galahad" and the engineer battalions at Myitkyina. Observers believed this difference resulted from the fact that the latter had gone into battle without adequate training or combat experience. Thus they had not eliminated men of unstable personalities beforehand, nor had they been adequately prepared for battle.

At the end of May, the tensions in 5307th arising from prolonged combat, the restricted evacuation policy, and the threat of renewed duty at Myitkyina precipitated some battle fatigue and neurosis. The diagnosis of "anxiety state" accurately described most of these conditions. The men were evacuated and treated promptly, and 62 percent returned to duty—many to Myitkyina Task Force and, later, the 475th Infantry. In contrast, psychiatric casualties from "New Galahad" were often held at Myitkyina until the end of the battle in August. In these cases, conversion hysteria was typical, usually accompanied by and persisting longer than anxiety states. These evacuees were much more resistant to treatment than men of the 5307th, and their hospitalization, if successfully terminated, was of longer duration. From "New Galahad" only 13.8 percent of such casualties returned to duty; from the two engineer battalions, only 33 percent: Lt. Col. John R. S. Mays, "History of Neuropsychiatry in India Burma Theater in World War II" (unpublished report to The Surgeon General). The findings on disease given herein are from the 14th Evacuation Hospital Annual Report, 1944, and 20th General Hospital Annual Report, 1944.

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(12) The medical situation is now so bad in the 3rd battalion that it can only be kept on even a moderately efficient garrison status with the greatest effort of the surgeons and other officers. Incidentally, of seven medical officers we have had I am the only one still on duty with the unit. I have never seen so many physically unfit men gathered in one unit.

(13) 5307 is still alerted for Burma. As soon as men are sent back to duty they go into Burma as casualties. The greater majority are not fit for combat at present or even in the near future.

(14) It must be remembered that the men have just finished a hazardous and remarkable infantry campaign during which they marched and fought over 700 miles of rugged Northern Burma terrain. During this time they were subjected not only to severe physical and mental strain but also K rations for four months.

(15) It should be pointed out that two-thirds of the men in the 3rd Bn have been overseas two years. No rotation plan has as yet applied to them.

Recommendations.—*a.* The alert for the 3rd battalion on the Burma front should be immediately removed.

b. A systematic effort should be made to study the Army records and health of the men.

(1) A large percentage of the men with chronic malaria should be given medical boards or reassigned. Many of these men need long periods of hospitalization.

(2) All men should have adequate stool studies for amebiasis and other intestinal diseases.

(3) Chronic diseases of other types should be adequately studied and proper disposition made.

c. Assuming that all men have been properly studied and treated by hospitals the ones discharged should be sent to a camp assigned to 5307. The hospitals should make an honest effort to board all men who require this step. Boards should be more lenient than with service troops. Other men not fit for infantry work should be designated as reassigned. The men returning to camp would be in good physical condition or their physical status would be known. They would fall into several classes.

(1) Men and officers from the 25th, the 43rd, the 37th, the 41st, the 32nd, and Americal Divisions; men and officers from the 97th and 98th Pack Artillery Outfits. This group would now number approximately 550.

(2) Men from the above units who were transferred to the 1st and 2nd battalions. They now number approximately 150 men and officers.

(3) Men and officers who were in the 1st and 2nd battalions who are now in the 3rd battalion. About 150.

(4) Men and officers from the 31st and 33rd Quartermaster Pack Outfits which joined the 3rd battalion in January 1944: about 80.

(5) Various casualties, probably 50 men and officers.

(6) Men and officers who were sent to 5307 Regiment Headquarters before the Burma Campaign because they were not fit for combat duty. Approximately 100.

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d. All men overseas two years should be immediately sent to the Continental United States.¹²¹

e. Men who have been overseas 18 months and have been through one or more campaigns should be sent to the Continental United States.

f. Men who have been overseas less than 18 months and have been through two or more campaigns should be sent to the Continental United States.

g. The remainder of these men should be either reorganized or sent to units where their various talents could be best utilized.

h. The ideal set-up would be to take the qualified men home as a unit.

JAMES E. T. HOPKINS,
Captain, M.C.,
Battalion Surgeon

JETH/jet

27 June 1944¹²²

Additional notes on the status of 5307.—*a.* The status of this battalion as well as the first and second battalions, is essentially the same as it was in the report dated June 22nd 1944.

b. At this point, it should be explained that the regimental surgeon has been hospitalized at APO 465 [Calcutta] since leaving Myitkyina. He has not been available to this unit for two weeks. Within the past few days I have talked with all but one of the remaining medical officers in the regiment. I am of the opinion that they agree with me and will back any statement made in either of these reports.

c. It is my opinion that the medical situation of the regiment is now beyond the China Burma India Theatre control and requires the attention of the War Department. Many will agree that it holds more dynamite than the *Patton Incident*.¹²³

Discussion of steps taken to remedy the situation.—*a.* All possible steps have, in my opinion, been taken by the regimental staff to carry out the recommendations of the medical officers of this unit.

b. I have talked with the commanding officers of the 20th General Hospital, the 111th Station Hospital and the 14th Evacuation Hospital. Their co-

¹²¹ Such men became eligible for return in August; most men in 2d and 3d Battalions left the Theater soon after. A revised rotation policy—the “point system”—prevailed in 1945 wherein months of service overseas and combat received weighted credit toward repatriation.

¹²² Hopkins' continuing concern led him to resume his reports on 27 June, 13–14 July, and 17 July. Each one he addressed to The Surgeon General from 3d Medical Detachment, 5307th. The “Subject” in each was: “Additional notes on the present status of 5307 with a [or, *the*] discussion of steps [or, *the steps*] to remedy the situation.” The supplementary reports are given in order, but the repetitive letterhead, addressee, “Subject” headings, and signatures are omitted.

¹²³ In Sicily in 1943, Gen. George S. Patton, visiting a hospital, became violently angry upon encountering patients he believed were malingering. One he scolded hysterically, another he struck. During his inspection, “he continued to talk in a loud voice about the cowardice of people who claimed they were suffering from psychoneuroses and exclaimed that they should not be allowed in the same hospital with the brave wounded men.” Dwight D. Eisenhower, *Crusade in Europe* (1948), pp. 179–180.

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operation is excellent but they are unable to relieve the most important factors which are playing a part in the situation.

c. I have written three personal letters, copies of which are attached to this report.¹²⁴ Col. Perrin Long, MC, taught me preventive medicine and information on the sulfa drugs at Johns Hopkins Hospital and Medical School. Col. Benjamin Baker is a former teacher and a personal friend. He is particularly interested in the men of this battalion because of his work in USAFSPA Headquarters in the Pacific. General Merrill is, of course, the former commanding officer of this unit.

17 July 1944¹²⁵

Additional notes on status of 5307.—*a.* The status of this battalion as well as the 1st and 2nd Battalions is essentially the same as it was in the report dated June 22, 1944.

b. At this point it should be explained that the Regimental Surgeon while on leave at APO 465 was hospitalized and thus has not been where he could study his troops. Recently, he was able to spend several days in this area before going back to Myitkyina.

c. Theatre Headquarters was given, during the early part of July, permission to send all two year men by air travel to the Continental United States. A few days later, the following telegram was received by 5307 Composite Unit (Prov): "Decision of Boss [Stilwell] relative Galahad rotation is that no men will be rotated who are physically fit for further combat until situation here is cleared. Green light will be given as soon as possible. Present qualifications for rotation are two years overseas and certificate given by commanding officer of S.O.S. Hospitals stating that soldier because of physical condition should be sent to States. (This does not mean that the soldier is necessarily a convalescent.) However, the surgeon will carefully consider all cases. In order to expedite and coordinate carefully it is requested you delegate authority to issue orders to Comdg. Gen. NCAC. From your headquarters quotas and dates are to be radioed to Breister who will then select names and issue orders." This put a different light on the picture. The hospitals in this area are reluctant to send these two year men home unless they can demonstrate definite disease. Up until this date orders have been received by only 6 officers and 35 enlisted men. Apparently men not received by the SOS Hospitals will not be rotated until Myitkyina falls. It is the opinion of the writer that at least half of these men are not at present ready for combat even under emergency conditions.¹²⁶

¹²⁴ None were retained with the carbon copies of Hopkins' report in Army files.

¹²⁵ Hopkins' final reports on 13, 14, and 17 July are virtually identical, those on the 13th and 14th differing only in typographical form. The report of the 17th is almost the same as those of the 13th and 14th, but it enlarges upon the subject of rotation of 5307th troops, supplying details which support the position he had previously taken on the matter. The report of the 17th is printed herein, as inclusive of those of the 13th and 14th.

¹²⁶ On 13-14 July, Hopkins wrote more briefly on this subject, stating that he had learned on 3 July that the rotation of 2-year men had been authorized by the War Department, but that Stilwell had attached the additional condition of substantial unfitness for duty because of illness and hospitalization. There were 700 men eligible for evacuation,

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d. It is the general impression of many that the men who are out of the hospitals by the end of July will be sent to Myitkyina organized into platoon groups rather than as a unit.

e. The present living conditions of the 1,000 or so men now out of the hospitals, are deplorable. They have been placed in the Transient Camp at Ledo. This is a poorly drained area. Practically all of the bashas leak. There are not enough of these, so we are now housing the men in tents. None of these living quarters are screened. Insects come through walls as well as doors and windows. There is no evidence of mosquito control in this area. Food is ample. No post exchange supplies have been available for two weeks. No shower facilities are available in the area. The latrines are unkept and inadequate. Rarely have the soldiers been subjected to such inadequate and sub-standard living conditions.¹²⁷

f. Approximately 100 men out of the Battalion have been given leave. It now appears that very few more men or officers will be given leave until after Myitkyina falls.

Discussion of steps taken to remedy the situation.—*a.* All possible steps, in my opinion have been taken by the Regimental Staff to carry out the recommendations of the Medical officers of this unit.

b. I have given testimony about the mental and physical condition of these men to both the Combat Hdqtrs, Inspector General and the Theatre Inspector at their request.

c. I have talked with the commanding officers of the 20th General Hospital, 14th Evacuation Hospital and the 111th Station Hospital. Conversations have also been held with the Base Section Three, the Combat Hdqtrs., and the Theatre Surgeon.¹²⁸ Their cooperation is excellent, but apparently they are unable to relieve the most important factors playing a part in the situation. We do, however, seem to be assured that the Typhus cases will have a prolonged convalescence. A few will be given medical boards.

d. Steps are being taken by this organization to apply mosquito control in this area and to improve the housing and general living conditions. It must be remembered that this area is a staging area which should be ready at all times to provide [adequate] living conditions for transient troops.

according to Hopkins, of whom only half would be returned under Stilwell's terms. Apparently, Hopkins continued to investigate the matter and by 17 July, he was prepared to quote explicitly the order which restricted the rotation of 2-year men. The quotation provides for the chief expansion of his remarks on this subject in the earlier 13-14 June report. The name "Breister" in the quotation probably should be [Waldermar F.] Breidster. The point is not, however, in the name but in the firm retention of discriminatory control over rotation by Northern Combat Area Command headquarters.

¹²⁷ On 13 and 14 July, Hopkins stated in subparagraph *e* that a list had been requested which was to show the names of men unfit for combat but available to serve as instructors at Myitkyina. Presumably they were to work with the engineers and replacements. Since this point is not included in the 17 July report, Hopkins must have concluded that the action contemplated would not be taken. Subparagraph identities vary in the 14 and 17 July reports, because of the omission noted herein. The description of the transient camp (subparagraph *f*. in the 14 July report) is a little longer in the 17 July report.

¹²⁸ Williams, the Theater Surgeon, was in Washington, D.C., from 21 June to 1 August. Hopkins must have talked to the Acting Theater Surgeon, Col. George E. Armstrong. Armstrong reported on 15 July 1944, incidentally, that steps had been taken to relieve Hopkins from duty with Galahad: Letter, 15 July 1944, Acting Theater Surgeon to NCAC Surgeon.

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Observations on the inadequate preparations made to receive these troops as they came from a combat area.—*a.* No convalescent or rest camp was established.

b. No effort appears to have been made to study the troops' peculiar problems and meet them.

c. Preparations were not made by the hospitals of this area to study and rehabilitate these troops. It must have been obvious that they could not have remained in combat indefinitely.¹²⁹

d. The area selected for their recovery after hospital care shows no signs of the application of even the simplest sanitary principles.¹³⁰

e. Adequate plans were not drawn up to treat the acute typhus cases or to care for them after the severe period of their illness. The mortality rate in one hospital was 30% of 50 cases.¹³¹

f. The command here apparently did not appreciate the seriousness of our malaria and amebiasis as well as morale problem.¹³²

Justification for the submission of these reports.¹³³—*a.* The writer considers these reports of interest to the Surgeon General for several basic reasons.

(1) This is the first campaign waged by American infantry in this theatre.

(2) I do not believe that the Surgeon General has records available which give a true picture of the medical history of this group of 5307, which came from the Pacific area.

(3) This was a special type of Infantry outfit with a special Medical table of organization and equipment.

(4) It is my impression that other American troops will fight under control of this theatre.¹³⁴ This makes it seem imperative that the Surgeon

¹²⁹ As indicated above, plans for replacing 5307th were very vague, although they did exist. If Myitkyina had fallen quickly, the steps already underway to develop convalescent facilities might have been satisfactory. At least, the pressure to interrupt the period of recuperation would have been less. Also, if Myitkyina had been taken promptly, Stilwell would have had time to organize and train the replacements properly.

¹³⁰ Inattention to transient and staging areas was common. In 1943, conditions at Chabua became so bad that Stilwell personally took stern measures to have them improved. Responsibility for such camps often fell on officers who were all-too-easily spared from more urgent duties and who saw little value in their labor. Transient troops and an inadequate permanent party contributed little to the maintenance, even less to the improvement, of such areas.

¹³¹ See n. 120, p. 363, for figures on scrub typhus. The 20th General Hospital had been very concerned and had taken special steps to care for scrub typhus patients. The inadequacies of which Hopkins was aware were in the 14th Evacuation Hospital Branch, and they arose from the unreadiness of the entire hospitalization program. The staff of the 14th did the best it could on short notice.

¹³² As hereafter indicated, it did and it didn't. In the case of malaria, adequate suppressive measures were firmly enjoined; it was also generally known that the troops were infected. No clarity about amebiasis existed, nor about the problems of water purification procedures. These gaps in understanding were not limited to commanders, but existed in the medical establishment as well, due to the inadequacy of records, limitations on laboratory facilities, and the changing state of opinion regarding the effect of chlorination on amebic cysts. No one could doubt that diarrhea and dysentery sorely troubled the troops, but the accumulation of adequate clinical information required fixed hospital services.

¹³³ This section of the 17 July report is not found in the reports of 13 and 14 July.

¹³⁴ From the survivors of Old and New Galahad, the Theater formed the 475th Infantry Regiment in August 1944. The 475th and the 124th Cavalry Regiment, which was sent to the Theater, formed the 5332d Brigade—the "Mars Task Force"—which helped the Chinese clear the Burma Road from Bhamo to the China border in 1944-45. On 6 October,

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General get intimate information about troops in this area insofar as their health and morale are concerned.

(5) The writer does not try to set himself up as a military authority, but has only attempted to set down in writing a few simple truths. It is hoped that this effort will tend to increase the desire of all concerned to see the mental and physical health and military efficiency of troops, who have fought and will fight in this area, continually improve.

The Stelling Report, Concluded

P. It was at this point that confidence in Theatre commanders became zero. We could not believe that General Merrill had forsaken his men and we did not believe this. We knew he had already had one heart attack and was at the moment in a general hospital. So we were forced to conclude that his promises to us had been overruled by higher authority. Our consternation reached a new high when it was discovered and witnessed many times that our own battalion commander and our own column commanders and our regimental and battalion surgeons all collaborated in the fanciful idea that the majority of the outfit was in condition to continue in a few days on the most difficult mountain marching and combat mission of the entire campaign.

The men had almost fallen off of Nphum Ga after the siege and they walked about as in a trance and with lack lustre eyes and hopeless staring attitude. The idea was expressed by the battalion commander and the column commander, whether they believed it or not, that a few days of rest and ten in one rats [rations] would put the men in good shape again. And they themselves about this time personally expressed to me that they felt better than ever before in their whole lives. The column commander of the column to which I was attached is the most incurable chronic optimist I have ever known and a very capable leader in every respect. However, shortly after starting on the most fool-hardy and crushing second half of the campaign, he as well as dozens of others blacked out and fainted several times during strenuous climbs. Coming off of Nphum Ga he weighed little more than 120 of his 180 pounds with which he started the training period back at Deogarh.

Q. It is a disgrace upon the Medical Department of the Army that the ranking medical officers of the regiment did not insist upon the total

Stilwell visited the 475th at Myitkyina and talked with the men from Galahad, first with scattered individuals, then with the regiment, and finally with delegations from each battalion. The subject was the grievances of the earlier campaign and fears that the causes of them would be repeated: Romanus and Sunderland, II, p. 467.

In fact, both the health of the command and the arrangements for medical service in 5332d Brigade were better than those of 5307th, although old sanitary and disciplinary defects did not entirely disappear. Preventive medicine programs were instituted with newly arrived malaria control units and enlarged supplies of insect repellents. New portable surgical hospitals and field hospitals enriched the medical establishment. Commanders were more diligent in their support of medical officers. Overall administration and control were more reliable.

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evacuation of the 2nd and 3rd Battalions of 5307 after Nphum Ga and after the Chinese took over and held the gains which had been made. There was no immediate danger of enemy contact. Almost a month passed before we finally marched far enough to make contact with the enemy again and then we were on the offensive. The medical officers who began to insist that this action take place were sent out with combat teams on special holding missions which were for the most part unnecessary, and were not included in any of the regimental meetings of medical officers, meetings where decisions were made as to recommendations concerning the physical and mental condition of the troops. These were the officers who had always been out in front in every engagement and had performed nearly all of the surgical procedures to help save the men's lives and to prevent deformities. The regimental surgeon in his administrative capacity did not undergo the hardships of the entire campaign. He rarely carried a pack and was flown by air from place to place. Yet he dared to pose as an authority upon the condition of the men and made only token protests against the treatment they were receiving. He was most always overflowing with cheerfulness and cordiality to those of higher rank but usually ignored the suggestions of those with lower rank and discouraged their ideas. He ordered me to stop carrying my pack saying that it was too heavy and would reduce my efficiency, yet he failed to realize or admit the degree to which the health and efficiency of the men had been lowered by the hardships they endured, until near the end of the campaign.

R. The battalion surgeon carried a light pack and for days carried no pack at all and was often seen hanging to the tails of exhausted overloaded animals as they climbed mountains. Yet he refused to evacuate seriously ill men on several occasions. Except just after Nphum Ga he never evacuated but a small percentage of the seriously ill until the last month of the campaign. He took the attitude that the men were exaggerating their illnesses until proven otherwise. He preferred to be overly cheerful and on occasion to shout in a lusty voice: "Carry on men! Carry on!" He nearly always held out promises of long rests to the men which never came, and his usual statement to sick men regardless of whether facilities for evacuation were available was: "Come back and see me tomorrow. I can do nothing more for you now." and "Tomorrow" would usually find us further away from evacuation facilities than ever. The men throughout the battalion began to detest and loathe him and many have threatened to kill him if given a chance. I know of three line officers who were seriously ill for from one to two weeks before he finally agreed to evacuate them, as well as many enlisted with similar complaints. Two of the officers had epidemic hepatitis and one had severe bloody diarrhea. Neither of them could function efficiently during these weeks. They only suffered and dragged along with the column. They volunteered the statement before they were

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finally evacuated that the battalion surgeon allowed his medical judgment to be dictated by the battalion commander.¹³⁵

S. During the last half of the campaign following Nphum Ga the men were so thoroughly exhausted that they could climb the five to six thousand foot range of mountains they were forced to cross only by very slow labored marching with rest stops every five or ten minutes. The mules and horses were so exhausted and undernourished that they began falling down without being able to get up even without packs and saddles. We were losing toward the last of these rugged mountain marches as many as ten animals in a single day. Near the last, loads had to be left and the few remaining animals shuttled back and forth until the absolutely essential loads were brought through. Many animals and pack saddles and much ammunition and equipment had to be left behind with no hope of recovery. The battalion at times was scattered from ten to twenty-five miles along these mountain trails. If any sizable enemy force had been met or had ambushed or cut off segments of our columns we would have been exterminated without a chance of holding our own.¹³⁶ Our battalion commander was so set on reaching Arang and being ready to push on to Myitkyina and so blind

¹³⁵ Passages such as these invite the reader to retire with a jury. Before doing so, the terms of the law should be stated. First, the 5307th was created to be totally expended in the North Burma campaign. The campaign had been planned to culminate in the capture of Myitkyina. Second, the 5307th had been designed to carry out protracted jungle marches capped by diversionary operations in favor of the main body of forces at Stilwell's disposal. Its value was in what it could do for the Chinese, not what it could do itself. Third, its tactical doctrines, based upon the Wingate formulae, required abnormally restricted communications, supplies, and evacuation. Unlike normal forces, it had no rear, only a front; it was not shaped to fall back, only go forward. Finally, its most precious quality, its *raison d'être*, was its continuous mobility, not its firepower. The latter needed to be sufficient only to harass the enemy. But more important still was the absolute necessity that the 5307th keep moving to threaten the enemy constantly from the flanks and from the rear.

These terms were rigorous, even fatal. They allowed little latitude for interpretation. Stelling and those of like compassion mistakenly supposed that they alone recognized the perilous plight of the 5307th. On the contrary, Stilwell, who ordered the march to Myitkyina, and all who seemed to countenance the order, gave many signs of grave apprehension. On both sides of legitimate doubt there were hardy, brave, and sensitive men who had already demonstrated their good faith at Walawbum, Shaduzup, Inkangah-tawng, and Nphum Ga. Doubts notwithstanding, they would soon be facing the enemy again at Ritpong, Charpate, and Myitkyina. The battalion commander who convinced himself that the 5307th could take Myitkyina was the same commander who led his troops until he lay unconscious in a foxhole. The battalion surgeon who hid his feelings under the frivolous mask of a games-master was the same surgeon whose aid station had been under fire inside the perimeter at Nphum Ga and whose name would be among the three recorded by the 2d Battalion diarist as the last to leave Myitkyina. Stilwell and his commanders were nearly wrong in hoping that the 5307th could fight at Myitkyina. Stelling and his comrades were nearly right in fearing that the 5307th had been destroyed at Nphum Ga.

Here was the classic situation once more. Pierre gazes in wonder at the artillerymen whose gaiety increases as enemy cannon balls fall ever more thickly. The young recruit flees in outrage from war-demons so wanton as to award the red badge of courage only to the naive or the foolhardy; Paul dies on a quiet afternoon on the Western Front. Above the Scamandrian plain the gods amuse themselves while mortals quarrel. When, instead, they face their common and hopeless fate, when Priam kneels and Achilles weeps, the gods withdraw in pity. Stilwell and Stelling, Bezhnev and Henry Fleming, Rogoff and Hopkins—only the names change.

¹³⁶ Perhaps Stelling did not know that K and H Forces were ahead, and that K Force, especially, had taken action to safeguard the rest of the force. The Kachin scouts with 2d Battalion, too, offered insurance against surprise attack on this occasion, as they had when the 2d and 3d Battalions marched to Inkangahtawng. Having been left to guard the rear, 2d Battalion had the unfortunate task of attempting to close up to the rest of the force when it neared Myitkyina and Hunter foresaw the opportunity to take the town as well as the airfield.

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in his stubborn determination that he walked off with his usual very light pack and left most of his staff far behind and started pushing the leading platoon at full speed. Some units of the outfit were two days behind including about thirty quite ill patients who were trailing near the end trying to keep up.

When the battalion finally reached Arang some fifty men were completely incapable of marching because of exhaustion plus specific diseases including advanced malaria, epidemic hepatitis, cholecystitis, chronic bloody diarrheas of weeks' duration, and fevers of undetermined origin. Several typhus cases developed out of this group. I made an insistent appeal to the battalion surgeon to put up a stand to evacuate the battalion at Arang where an airstrip was available, as none of the men would be able to fight when they finished the march to Myitkyina or its vicinity. No man in the battalion was in condition for combat at Arang and certainly the almost fifty miles which still lay ahead would not improve the condition of any of the men. The battalion surgeon refused to make a stand which in my opinion it was his duty to do. Instead he ordered me to remain at Arang with the acutely ill patients and to take charge of their evacuation by plane. He told me that I would rejoin the battalion in about two days.

T. The battalion's stand near Myitkyina was deplorable. The men were so completely exhausted by then that they were literally on their last legs. All alertness and all will to fight or even move had left them. When ordered to dig in, many fell from exhaustion and went to sleep by their partially dug fox-holes. Others fell without attempting to dig. Those on guard fell asleep from sheer exhaustion. One man was killed and seven wounded by enemy fire, and the wounded who could still move looked dazed and made little attempt to take cover. The medical men were too exhausted to care for the wounded and considerable time passed before the wounded could be finally evacuated.

U. This was the pitiful end of a magnificent fighting unit which had gradually been depleted of strength and will to fight by constant and many unnecessary drains on their energy and morale. These depletions began in Trinidad and developed as serious illnesses for the group back at Deolali, and continued getting more and more serious through Deogarh and throughout the entire Burma campaign. The men fought courageously and accounted for hundreds of the enemy. They accomplished the original mission with great success, but they were ordered on and on past the breaking point and promise after promise to them failed to materialize. Due to lack of vision and lack of knowledge of the limitations of physical endurance, or failure to act upon this vision and knowledge, in the face of what was known to be a very difficult situation, the theatre commanders forced the regimental command to drive the men until they dropped and to an ignominious failure from which many will never recover to the point of having the strength and the will and unhampered courage to fight again. The medical department failed in its duty to the men to insure that every American soldier be maintained in as good health as possible throughout

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every campaign, and that all sick as well as wounded be evacuated as soon as possible. No situation can change the fact that seriously ill and utterly exhausted men cannot fight.

V. Finally, upon the suggestion of the commanding officer the battalion surgeon authorized evacuation of what was left of the men by emergency medical tags from Myitkyina on planes to hospitals in India.

Later, at the airstrip near Myitkyina I found to my astonishment that many 5307 men who had been evacuated during the last part of the campaign since Nphum Ga, and some of the rear echelon who have never been fit for combat, had been sent to duty at the airstrip. Among these I found eight with fevers ranging from 100 to 104 and several men who had been wounded and whose wounds were still draining, and one man who had had an abdominal operation less than three weeks before and with the skin incision still quite raw, and another man who is a veteran of the last war and over 48 years old with pitting edema of the hands and evident cardiac pathology. I was told that orders had been issued by General Boatner that none but the most acutely ill patients were to be evacuated. This despite the fact that there were several thousand Chinese troops near the airstrip and in the vicinity of Myitkyina, as well as several hundred fresh American troops who had not seen combat before. Entirely new medical officers who knew little of the condition of the men in "Merrill's Marauders" and couldn't possibly comprehend their fitness for combat or any other duty were in ranking position at the Myitkyina airstrip and given authority above that of the medical officers of "Merrill's Marauders" with the stipulation that no patients could be evacuated without the specific sanction of the new medical officers.¹³⁷ I made an effort to evacuate all of the 5307 men of "Merrill's Marauders" whom I knew to be unfit for combat or duty of any kind and was successful in evacuating several dozen of the most serious cases in spite of opposition. It was at this time that I succumbed to illness after having run a high fever for over a week and I was sent to a hospital in India.

Present status of the 2nd Battalion and the men of "Merrill's Marauders" as a whole.—A. Since arriving back in India I have learned from unimpeachable sources and witnessed personally many astounding developments. The great majority of "Merrill's Marauders" sent back to Myitkyina for duty were collected suddenly from rear echelon and convalescent areas and rest camps and put in trucks from which they were placed on planes and

¹³⁷ This reference to new medical officers does not occur in other source materials. From Stelling's account it appears that he speaks of events some time between 4 and 20 June, after the replacements had reached the scene and the 2d Battalion had left it. The new medical men might have been individual replacements sent to "New Galahad" from other units in CBI; they might have been officers with the engineers; or they might have been in the staffs of the 42d and 58th Portable Surgical Hospitals and the Seagrave hospital. Stelling's protests complement Boatner's report of 15 June that evacuations were being restricted. Stelling understandably believed that the evacuation policy worked more hard-ship on ex-Marauders in "New Galahad" than upon the fresher replacements. In this regard, it should be noted that on 15 July, Col. George E. Armstrong, acting as Theater Surgeon while Williams was in Washington, D.C., reported that he instructed the medical officers at Myitkyina not to sanction medical evacuation for "tired" men: Letter, 15 July 1944, Acting Theater Surgeon to NCAC Surgeon.

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flown to Myitkyina. Many of these were definitely weak and ill patients convalescing in and near the staging area because the hospitals were and still are overflowing and cannot accommodate the men. The medical officers of the 20th General Hospital and 111th and 14th Evacuation Hospitals upon learning of this wholesale gathering of convalescents to be sent to Myitkyina without medical sanction, immediately took steps to rehospitalize as many as possible and to issue convalescent certificates for the protection of the patients.

B. The majority of the men and officers of the 2nd Battalion as well as of the other battalions of "Merrill's Marauders" are still in the 20th General Hospital or in the 14th and 111th Evacuation Hospitals either as wounded or as acutely ill patients or convalescing from definite diseases. The hospital care has been as good as could be expected under the crowded conditions and by the overworked medical personnel. However it has proven impossible under these conditions to accurately diagnose and adequately treat many cases. Even the most obvious diseases have in most cases been of necessity treated inadequately. Among the malarias first treated very briefly with 30 grains of quinine given once followed by a few tablets of atabrine there are already beginning to be reoccurrences reporting almost daily to sick call and being rehospitalized. Some of these have already had malaria from six to ten and even more times. And in spite of the fact, as proven by the cases and observations of many medical officers in the tropics, that malaria cannot be cured by means of atabrine alone or even with moderate amounts of quinine in addition, the same mistakes are being repeated over and over. Medical officers with combat experience in tropical and subtropical terrain know that it never pays to take chronic recurrent malaria cases into combat. The most conscientious of these medical officers will refuse to do so. Such malaria cases will invariably break down often just when the men are needed most. No man with high fever is in fit condition for combat. Fortunately atabrine suppressive treatment will hold the fevers down but men with chronic recurrent malarias respond less and less to atabrine and will never recover unless returned to temperate zones and given further study and extensive therapy.

C. In like manner cases of amebiasis have been inadequately treated. A few shots of emetine or a few doses of other medication will not cure amebiasis. Of the cases thus treated there will be many chronic reoccurrences and the probability of liver abscesses greatly increased. It is my opinion, as it is the opinion of other medical officers in 5307, that the percentage of amebic dysenteries among our men is far greater than the cases so far diagnosed seem to indicate. I have already contacted several men and officers who are supposedly cured of the specific illness with which they entered the hospitals but are now quite definitely still suffering symptoms typical of amebiasis as well as those of other serious ailments they experienced in the Burma campaign.¹³⁸

¹³⁸ The 20th General Hospital reported: "The response to emetine is dramatic. A few recurrences and amoebic liver abscesses have occurred." It also reported observing numerous cases of diarrhea which resisted treatment and which followed amoebic or bacillary dysentery: Annual Report, 1944, pp. 86, 88-89.

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D. New cases of epidemic hepatitis are increasing each week. In the 2nd Battalion we have had more evidence of this disease and more serious cases than the other battalions. The rather long prodromal and incubation periods of this disease will continue to keep many developing cases covered up. But the disease as we have had it is completely incapacitating and can be of even more serious consequence.¹³⁹

E. Many upper respiratory as well as possible lung pathologies have been insufficiently investigated and it is quite probable that if chest plates were done at this time several cases of tuberculosis would be found. The 2nd Battalion passed through one native village in which it was found that a native had just died and another was in the last stages of tuberculosis. I was called in to examine this man and he had every sign and symptom of terminal tuberculosis, and several groups of natives were coughing and expectorating bloody sputum around the basha. This condition may have existed in other villages as several mysterious deaths had been reported and an interpreter described to me how many of the natives were coming down with disease. The men of the battalion always in spite of warnings to the contrary slept in or near the bashas of native villages whenever possible. Many of them have chronic coughs and have not regained weight or appetite since being in the hospitals here.¹⁴⁰

F. Typhus did not strike the men of the 2nd Battalion as it did those of the 1st and 3rd Battalions. We had only about six to ten cases whereas the other two battalions combined had near to two hundred cases and of these nearly forty have died. A large percentage of these deaths can be attributed to the exhausted condition of the men and failure to evacuate fevers of undetermined origin quickly enough. The 2nd battalion marched to Myitkyina over a different route than that used by the other battalions and thus missed the principal infected foci of the disease. But typhus has been increasing lately among the men of the Chinese and American forces in the vicinity of Myitkyina.

G. Since the evacuation of the majority of "Merrill's Marauders" from Burma several other very disappointing and inexcusable occurrences have served to decrease our morale still further and our confidence in those of high authority who are still refusing to treat us fairly. When we left for Burma we were told to pack all our personal belongings in one or two barracks bags

¹³⁹ The 14th Evacuation Hospital Branch did not give special attention to infectious hepatitis in its review of disease in the 5307th, nor was it identified as a major cause of illness among American troops in CBI, generally speaking. The 20th General Hospital reported: "This disease has increased during the past few months. There have been 87 cases during the year [among American troops]. One severe case died [the entry on this reads: Cause unknown, was on suppressive atabrine]. Several cases have been accompanied by more pain, tenderness and fever than is usually seen." Its monthly account of the disease showed four to six cases had been hospitalized in each month from April through July. During the period August-November, from 10 to 17 cases per month entered the 20th General: Annual Report, 1944, pp. 85b, 85d, 89.

¹⁴⁰ As shown in n. 120, p. 363, upper respiratory infections were the third highest cause of hospitalization in the 14th Evacuation Hospital Branch. During 1944, the 20th General Hospital treated 41 American patients for tuberculosis. It noted that upper respiratory infections caused hospitalization more frequently in April, May, and June, than in the cold months: Annual Report, 1944, p. 89. Conceivably, this unexpected phenomenon might have been due to the evacuation policies and tactical isolation of the 5307th, which tended to hold back the sick until their condition became grave.

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and some of the men and officers had suit cases and trunks. We were told that this personal property, including our best clothes and shoes and all of our official papers and letters and photographs and other things of equally cherished and irreplaceable value, would be kept in a safe place for us under guard until our return. However, when we returned we found that 90% of everyone's bags and cases and trunks had been either totally lost or hopelessly wrecked and the contents strewn in tangled, damp and rotting masses. Containers had been ripped open with knives and locks broken and suitcases and trunks crushed in or torn open. In this manner at least 90% of the personal luggage of every combat team of every battalion has been totally or partially wrecked. The only compensation so far presented has been a free issue to all men and officers of at least one complete uniform including shoes and hat. This issue may be entirely unrelated to the loss of our personal belongings. What is left of the wrecked and scattered belongings can be seen now in a few long bamboo huts still unguarded and no attempt has yet been made to classify the articles or to salvage them.

H. New American outfits coming to India for the first time as we did, but not having the previous combat experience that some of us had, and the training and prolonged working together as combat teams which all of "Merrill's Marauders" experienced, have been rushed into the Myitkyina area almost totally unprepared for combat. These outfits have had unbelievably heavy casualties and some of them were never given a fighting chance. A few companies have lost more killed in one or two engagements than our entire regiment lost in four months of many engagements.¹⁴¹ Company commanders and platoon leaders of infantry outfits just flown in and of engineer outfits who had only eight months basic training over a year ago and have since been working on the Ledo Road and laying pipe, were sent into action hastily organized and poorly equipped. Whole companies didn't even have entrenching tools and their fire power was greatly reduced because of '03 rifles and practically no automatic weapons.

These outfits were rushed to the Myitkyina area in spite of thousands of Chinese troops already present. In some cases they were promised at least a brief training period and had not a chance to get organized properly since leaving the boat. Some were sent out without Kachin or Chinese scouts or liaison men or proper reconnaissance and they lost hundreds of men trying

¹⁴¹ The "Casualty Report," 5 July 1944, Stilwell Papers, Folder 204, shows that in June 1944, "New Galahad" had 309 battle casualties of all types, compared to the official figure of 424 for the 5307th in the entire campaign. In "New Galahad," in that month, 45 were killed in action and 12 more died of wounds; 248 more survived wounds in action. The number of battle deaths in "New Galahad" in its first month was well over half the number in 5307th during the whole campaign. Romanus and Sunderland, II, pp. 241-243, describe the hurried organization of "New Galahad," the unprepared condition of the men, and their ultimate development into reliable and effective fighters. The final casualty report for the battle of Myitkyina listed 272 killed and 955 wounded American troops; most of them were from "New Galahad." There were 980 American sick. It can be assumed that the number recorded as sick did not include those with minor conditions. However, since "New Galahad" was directly on an effective evacuation line, the figure is probably more revealing than figures for 5307th prior to May (when only the seriously sick were evacuated). The casualties in the 209th and 236th Engineer Battalions were "as heavy * * * as [those of] any American units in the theater (the former, 41 per cent)." This estimate and the total figures for the Myitkyina battle are given in Romanus and Sunderland, II, pp. 252-253.

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to take well dug-in and fortified Japanese positions which have been in preparation over a year. Others were caught in the open by veteran Jap troops and shot down by machine guns without having a chance to fight back. This information came first hand from officers and men who managed to survive, some of whom I knew personally in Trinidad, and who could have no other possible motive than to tell the truth and hope that other men would not be sacrificed as many of their fellows were. Quite a few who volunteered this information are still patients in hospitals along with other wounded and sick from "Merrill's Marauders." These accounts of actual experiences do not help the morale or add to the confidence of the men so far as the responsible leaders in this theatre are concerned. In fact they reinforce all the doubts and misgivings as well as the experiences that exist concerning these responsible leaders.

I. The latest and most crushing fact of all has put the final touch to the gross injustice that has been dealt out to "Merrill's Marauders" of 5307. Lists were finally prepared and orders in process to send all two year men of the regiment to the continental United States. In fact about 800 were to be started on their way in July. A very encouraging speech was made to the available men of the regiment by a representative of the Inspector General implying possibilities that all men of the outfit would be sent home to the United States in the near future. But suddenly all of these homegoing orders and plans were canceled or suspended. Now the men are faced with the possibility of being sent into combat again in the near future in spite of their illness and exhaustion.

It is true that the hospitalization and rest most of them have received for the past few weeks have improved their physical condition to some degree. But now the medical officers of the outfit who are the only ones who can know from actual experience the condition of the men have been pushed aside and hospital medical officers given the full and only authority to say whether a man is fit for combat or not. This further injustice to the entire outfit is the more deplorable because it takes away one of the best hopes the men have of getting fair treatment at this late date. No foolish implication is made that a medical officer or any doctor must have a disease before he can diagnose or treat it properly and no inference should be drawn that the medical officers of this outfit regard themselves as superior or as the only judges of the hardships to be found in jungle warfare. But it is undoubtedly true that no medical man can perform a rushed examination on a man, using the usual diagnostic procedures as are available at the present time, and just because the man shows no evidence of a specific disease and can walk to and from meals and to a picture show once in a while and says he feels pretty good, to class this man as fit for duty with the impending possibility of early combat attached, and this so shortly after the man has undergone such hardships as this paper presents. Only the medical officers who have endured with the men the self-same hardships can properly evaluate the men's present condition and point with justification to the fact that the men are not fit for duty or combat.

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J. The medical officers of the 20th General and the 14th and 111th Evacuation Hospitals and their entire medical personnel have been most kind and efficient in their efforts to help the men and officers of "Merrill's Marauders." But they cannot appreciate the full damage done from the physical or mental standpoints to the men of the outfit. They admittedly cannot carry out all of the diagnostic procedures indicated in many cases, and in the most serious groups of illnesses such as typhus, malaria, amebiasis and epidemic hepatitis they have denied authority to take necessary steps to guarantee that these men shall not be returned to combat.¹⁴² The most definite statement yet made as to this problem came from the Chief of the Medical Service of the 20th General Hospital. He stated to a battalion surgeon of the regiment, "This is war and we know what should be done but our hands are tied and we cannot do any more for you than we are doing." Yet he admits that there is a very high probability that there are cases of developing liver abscesses and tuberculosis as well as other serious complications among the men.

K. In this there is a serious challenge to the sacred duty which the medical department owes to the men of the army and to the sense of intellectual

¹⁴² The passage is ambiguous. Should it read: "have been denied authority," or "have denied having authority"? Stelling touches unwittingly upon another complicated administrative problem. In the Ledo area, the 20th General Hospital had the authority to convene a Disposition Board, which could recommend the return of patients to the United States or to duty in the Theater. Those returned were deemed to have permanent disabilities, to require more than 6 months of treatment, to need therapeutic care unavailable in the Theater, or to be fit only for limited or Zone of Interior military duty. Informally, at least, the 20th sometimes recommended limited duty in the Theater, but the official policy envisaged evacuation to the United States of such soldiers.

Overall Theater policies with regard to disposition went through several phases of informal development until 24 August 1944. Then the Theater issued its first general directive on the subject. Theater policy, according to the directive, forbade evacuation to the United States of patients "merely because they have suffered any specified number of attacks of malaria or of any other disease, such as scrub typhus." Instead, their disposition was to be judged only in accordance with the physical qualifications needed for further service in the Theater. However, evacuation was countenanced for all cases of blackwater fever, chronic malaria with residual defects, bronchial asthma, peptic ulcer, rheumatic and arthritic conditions (not including "the vague pain in the back for which no cause other than a weak spirit can be found"); and active pulmonary tuberculosis.

The directive advised disposition boards that uncomplicated malaria or amebic dysentery cases were not to be evacuated. The boards were to concern themselves only with medical matters, eliminating from consideration the patient's length of overseas service, anxiety to return home, or dissatisfaction with his assignment. Such circumstances, unless they were constituent aspects of genuine psychic illness, were to be dealt with by administrative or command agencies. So also were cases of chronic alcoholism, pregnancy, general maladjustment and ineptness, constitutional psychopathic behavior, "the nostalgic, and those who are so unmindful of their obligations and duty that they will seize any opportunity to escape the tedium of service and return to the comforts of home." The directive commented that inappropriate medical disposition of such cases constituted a matter of growing concern to the Theater command.

Later in the year the Theater Surgeon's office informally encouraged Theater reassignment as one means of dealing with medical disabilities. Reassignments from one area to another in the Theater, or from one type of unit to another, it was suggested, could conserve manpower without medical injury to the individual. This policy was officially confirmed in July 1945.

The subject is discussed in Stone, "The Hospitalization and Evacuation of Sick and Wounded in the Communications Zone, China-Burma-India and India-Burma Theaters, 1942-1946," chapter X. The quoted passages are from Memorandum, SOS Headquarters, Office of the Surgeon, "The Disposition Board," 24 August 1944. It will be noted that the "guarantees" Stelling sought could not be provided, and that service in 5307th was not grounds *per se* for evacuation. On the other hand, any condition of a serious nature could lead to study by a Disposition Board and, on evidence showing sufficient incapacity, any individual could be evacuated. It is obvious that the policy statement reflects the Theater's current experience with tropical combat conditions. In some passages, the tone is reminiscent of the controversies regarding the Marauders.

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honesty and adherence to scientific truth which is the essence of the medical profession. If pressure from high ranking field officers can be applied to Army General and Evacuation Hospitals as well as to medical officers in general to such an extent [regarding their] prerogative of protecting the health of the fighting men and guaranteeing that men unfit for combat are kept out of combat, then those hospitals as well as all medical officers are robbed of sacred duties and rights to which their professional knowledge and service entitles them.

Summary and conclusions.—A. Many facts have been stated as well as several opinions advanced based on my observation and knowledge of the physical and mental condition of the men and officers of the 2nd Battalion as well as its relation to the 1st and 3rd Battalions of "Merrill's Marauders" of 5307 Composite Unit (Prov). Much evidence has been presented to prove that these men have undergone such grueling physical and mental hardships, that they still suffer such exhaustion superimposed on so many diagnosed and undiagnosed diseases, that they are not in condition for combat at the present time and cannot be made in condition for months to come, especially in this theatre.

B. The tactical situations which have been alluded to, and the personal references to certain individuals which have been made, are all presented in a purely scientific spirit as necessary evidence in the long chain of physical ordeals and mental disappointments and frustrations which have been the chief factors in reducing the men of the outfit to their present state of unfitness. Few names have been mentioned but it is quite evident that the names of other persons referred to can be easily determined. The personal animosity which I can't help holding towards certain individuals mentioned, because of their callous disregard for the feelings and condition of the men and their failure to make a firm stand in behalf of the outfit as a whole, has little place in the purpose of this paper. It is not my desire to bring into any more bold relief the personalities of these individuals. I have only quoted and interpreted some particular facts which bear directly upon the condition of the outfit as a whole. But if anyone should desire to investigate more completely the truth of these matters I am prepared to advance still more evidence to support the statements which have been made. But it is not the purpose of this paper to disparage anyone. I only seek justice for the men and the outfit as a whole.

C. General Merrill and Colonel Hunter are mentioned quite specifically as being two men associated intimately with the regiment who have done the most to give the men a fair deal. It is emphasized again here that these two leaders in direct command of "Merrill's Marauders", and their regimental staffs, are not implied to be responsible for the continuance of the Burma Campaign after Nphum Ga and our first missions were successfully completed, except as they were directed by higher authority, and of course this holds for the campaign as a whole, to some degree. General Merrill had and still has the admiration and respect of the entire regiment. And the officers and men realize perfectly, when after General Merrill's hospitalization he was not available for duty, that Colonel Hunter was directed by still

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higher authority to continue the campaign in spite of evident disadvantages and disappointments amounting in the end to the medical evacuation of most of the regiment.

D. It is not presumed that the writer implies that he understood or now understands the tactics and strategy of the Burma Campaign, and he does not make claim in any way shape or form to be a military expert, nor that the extreme urgency of the situation could not justify the Theatre Commander and his staff to sacrifice the entire regiment if they saw fit. The only claim made by the writer and the only basis for the facts and opinions presented in this paper is that he is a medical officer of the 2nd Battalion who went through the campaign itself, and he is thus qualified as an expert to judge and give an accurate estimate of the physical and mental condition of the men and officers with whom he was and is on such intimate terms. The morale factor being of such vital importance as a part of the mental picture it is necessary to relate the numerous instances of mental frustration presented, and these required reference to tactical situations and the personality traits of leaders. The writer deems it his duty to the 2nd Battalion and to the regiment as a whole, and to his profession and to the loved ones to whom his life is dedicated, and to the ideals and principles of the United States of America which are to him far dearer than life itself, to relate the true facts and opinions here presented. This is done in the hope that the proper military authorities will take steps to prevent further injustice to the regiment.

Again he would like to emphasize the evident possibility that the Theatre Commander did not have time to evaluate the details concerning the welfare of one regiment when many more important and pressing matters concerning the success of the war in this theatre occupied and still occupy his attention. Information concerning the fitness of the regiment may have been inaccurately presented to him. This statement is made because in the evaluation of the psychological as well as physical disintegration of the men of the regiment, implications could be drawn from the many uncomplimentary remarks concerning the theatre generals, that some intent other than that of presenting the actual influences upon the men has been insinuated. No such other intent is implied. It is entirely in keeping with the true intent of this appeal to higher authority that the proper military authority to remedy the situation may and should in all justice be within the Theatre Command itself.

E. It is realized by all concerned that the many stupendous problems of training, transporting, equipping and feeding the regiment, and of maintaining a supply of ammunition and food and medical and other supplies under jungle warfare conditions were solved for the most part with the great efficiency common to all American forces at home and abroad. These fighting forces are known the world over for their excellence in training and stamina in combat, and for the abundance of the latest and best arms and ammunition and plentiful food and medical and other supplies. American forces are also known for the excellent treatment their sick and wounded receive and for the generous recognition and treatment of men who have been

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through long and arduous campaigns. We of "Merrill's Marauders" of 5307 being a composite and a provisional outfit assigned as we were to a specially long and most hazardous mission, have been forced to arrive at the unanimous conclusion that the treatment we have received during the second half of the Burma campaign and since most of us have been back in India is far below best American standards. Being rated as a 100% volunteer outfit and having a record of several successful missions behind us climaxing an average of two years of continuous foreign duty, we believe that we deserve thorough and highly specialized medical care and enough rest in favorable surroundings to enable us to become fit for combat again. The latest steps taken to groom us for almost immediate combat in the next month or two are quite the opposite from the treatment we have a right to expect and most certainly deserve.

F. The writer does not lay claim to a full knowledge of the causes of all the various instances bearing upon the physical and mental condition of the men as presented in this paper. The individuals responsible no doubt felt that they were justified under the circumstances to act as they have acted. However, the writer does claim that whatever the causes were and no matter how justified they may have been or still may be, the end result is that of rendering the men physically and mentally unfit for combat or duty of any kind for many months to come.

Recommendations.—That the entire personnel of the 2nd Battalion as well as that of the 1st and 3rd Battalions of 5307 Composite Unit (Provisional) who took part in the Burma Campaign as "Merrill's Marauders" be returned to the continental United States for thorough medical study and treatment and a prolonged rest of from two to three months before reassignment and return to active duty.

HENRY G. STELLING
Captain, M.C.

VII. EPITAPHS

Three responses to the reports of Hopkins and Stelling were written in 1944. General Boatner wrote to Stilwell that Combat Command Headquarters had sent Theater Headquarters three reports from Galahad medical officers. "Two," he continued, "were more or less constructive in spirit but one was most destructive." He then called Stilwell's attention to the remarks of Colonel Hunter regarding the "officer authors of the worse reports." They had "been made available for reassignment."¹⁴³

¹⁴³ Letter, Boatner to Stilwell, 4 Oct. 1944, Stilwell Papers, Folder 204. Boatner does not name the authors on whom his judgment is rendered, but there can be little doubt that the two who disturbed him least were Hopkins and Kolodny.

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Colonel Hunter, to whom Hopkins and Stelling had sent their reports, wrote as follows:¹⁴⁴

"1. These reports are transmitted as a matter of interest.

"2. I concur in those parts of the report where the reporting officer drew conclusions as a medical officer.

"3. Captain Stelling is an unquestionably fine surgeon and devoted to his work and to his men. This officer has been reported by this headquarters as available for reassignment. It has been my observation that conscientious medical officers especially the young ones are deeply affected by the destruction of human life caused by modern war. This report will illustrate the effect and should be read with the understanding that the report itself is the best evidence of the mental state of the reporting officer."

The most extensive evaluation of Hopkins' report was that of Col. Tracy S. Voorhees, of the Judge Advocate General's office. He was sent to the Theater in the late spring to investigate the medical supply system. In his final report, he observed that other matters of interest to the Medical Department inevitably had come to his attention. One of them was the medical history of the 5307th, in general, and the reports of Hopkins, in particular. His statement to The Surgeon General was dated 16 August 1944, early enough to be derived from fresh observation and interviews, but late enough to describe the terminal procedures carried out in and for the 5307th.

The Voorhees Report: "The Controversy Affecting Merrill's Marauders, 5307th Composite Provisional Unit"

1. The serious morale situation affecting this organization and the medical controversy which raged about it came to my attention first from the surgeon of one of the three battalions of the Raiders; second, from Colonel Armstrong, who investigated the complaints made by the above officer; third, from Colonel Ravdin, Commanding Officer of the 20th General Hospital; and fourth, from conversation with various enlisted men who were in the Raiders.

2. The release by the War Department of the story carried in the press of 6 August has brought this matter to light. Later information indicates that a Senate Committee may investigate it. Especially on this account you may desire to have all available facts. The following information is, of course, partial only.

3. Captain Hopkins, a battalion surgeon of the 5307th, to whom I was introduced when just about to board a plane at Agra on 5 July, handed me

¹⁴⁴ 1st Indorsement, Hq 475th Infantry to CG 5332d Brigade, Stilwell Papers, Folder 88, section 1. The typescript has been altered to read: "This report is * * *," suggesting that Stelling's report was being temporarily held back or passed on without comment. The next indorsements from 5332d Headquarters list the Stelling and Kolodny reports along with the Hopkins report.

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a paper which he requested that I bring personally to The Surgeon General. Later examination showed that the paper was a very serious criticism, with detailed factual information supporting it. Captain Hopkins' battalion was, as I recollect it, "C" Battalion. According to this statement, many of these men then on duty in the Pacific, volunteered for this unit under representations that it was to be a Commando outfit. It indicated that many were not in good physical condition at that time, had undergone long campaigns, had malaria, etc. The report reviewed the training in India and the campaign, the very extensive illness, the alleged failure in Command to protect the men adequately or to relieve them when ill. (From this or other sources I learned that out of an original strength of 4,700, Merrill's Marauders, although losing only 32 killed in battle, wound up with a strength of less than 100 able to fight.) The report went through various promises made or understood to have been made to the men, the breaking of such promises, and the deterioration of morale. It was addressed directly to The Surgeon General, not through channels.

4. I spoke to Colonel Armstrong as to this report, and learned that another copy had come into his possession; that he had made a thorough investigation of it, and had, as the Acting Theater Surgeon, sought a personal meeting with General Stilwell to discuss it, but that General Stilwell had declined to see him. Colonel Armstrong felt that he had taken adequate action in regard to the Hopkins report. Such action included the following:

a. He had informed Hopkins of the proper military channels for forwarding such a report.

b. He had directed Hopkins to withdraw all copies of the report, all but one being in his possession at that time (that one was presumably the one which I had).

c. Colonel Armstrong had shown the report to the Theater G-1, who promised an investigation of the morale problems involved.

d. Theater Headquarters had assured that the two-year rotation program would be applied to Merrill's Marauders, and that between 700 and 800 would be rotated shortly, probably by air.

e. All hospitals are recommending return to U.S. for hospitalization of all cases of chronic malaria and amoebiasis. They feel that repeated cases warrant return. All chronic malaria cases having (1) chronic splenomegaly, (2) chronic anemia, (3) residual cerebral symptoms of psychoneurosis as a result of worry from repeated attacks are being returned to U.S. Returning men to combat service, without any of the above findings, even though they have had malaria ten times, does not, in the opinion of Colonel [Francis C.] Wood, Chief of the Medical Service, 20th General Hospital, jeopardize the future health of the individual.

f. A convalescent and reconditioning camp, under command and technical supervision of the 14th Evacuation Hospital at Ledo Area, has been established. Men here will be carried as "Hospital", reconditioning will be supervised by medical officers, but discipline and actual reconditioning by line officers of Northern Combat Area Command (NCAC). No patient will be marked "Duty" until fit for combat.

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g. General Boatner of NCAC gave assurance that all of the 5307th will be pulled out of Myitkyina as soon as replacements are available, and [kept] no longer than one [more] month.

h. The Surgeon of NCAC was directed to instruct all his MCs to cease evacuating non-medical cases (fatigue cases) from combat areas but to make such recommendations to their commanding officers as they deem appropriate. This is upon the basis that evacuation of "tired" is the function of command but that recommendations by MCs are appropriate.

5. Colonel Armstrong, in discussing the Hopkins report with me, also indicated that Medical Department officers in Merrill's Marauders had been at fault in diagnosing cases as unfit for duty which the facts did not justify, and that this had been done because of sympathy for the men.

6. Colonel Ravdin, Commanding Officer of the 20th General, had been one of the medical officers put under pressure to return troops to duty even if considered by him medically unfit. One officer responsible for such pressure was a Colonel Bradsher. Colonel Ravdin refused to take such action and was told that he would answer for this directly to General Stilwell. He wrote to General Stilwell explaining his position. Later he was ordered to Myitkyina where General Stilwell apologized to him for the other orders, saying that he had not known of them, and that Colonel Ravdin's action had been correct.

7. With knowledge of all of the above factors, I did not feel that it was right to bring the Hopkins report out of the Theater unless consent were given by the proper authorities there to do so. I had at the earliest opportunity informed Colonel Armstrong that I had a copy of the report. It was clear that he did not feel that the report should be brought out of the Theater. In this I felt he was justified since it was not made through channels and there was, therefore, no opportunity for the other side of the case to be stated. Further, it was no part of my business to become involved in the controversy over the report. Since I could not return the report to Captain Hopkins, I burned it and sent a message to Captain Hopkins that after studying the report, I felt it improper to bring it out of the Theater; that I had no way to return it to him and was therefore destroying it.

8. I took this course with some reluctance as the document was a most remarkable one and contained a most informative statement with persuasive internal evidence of being an accurate and fair review of the circumstances.

9. Captain Hopkins was relieved of his post as Combat Surgeon, and was, I believe, assigned or about to be assigned to a hospital, but it was later determined to return him to the United States. On his return an interview with him by a representative of The Surgeon General's Office might give considerable enlightening information.

10. I also met at various places men of the 5307th Unit. The attitude of all was the same. They swore by Merrill as being the finest Commanding Officer in the world, and were against everybody else. They felt that they had been very badly treated and repeatedly let down by their country. It appeared that they had been first promised that they would be taken out of the line on 15 May. Then they were told that they must capture the Myitkyina

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air strip and would then be relieved. They did this and were then told that they must capture the town of Myitkyina and they would then be relieved. They did this,¹⁴⁵ and then the Chinese took over and they lost the town again. Those of the Raiders still able to fight were apparently left in the line. I was told from independent sources that General Merrill stated that he had made the definite promise to the men that they would be relieved by 15 May. General Merrill was taken ill in the Spring and was in the hospital (the 20th General). I believe that this was in April. It was at first thought that he had a coronary attack. The final diagnosis I do not know, but he was in the hospital again later and was found physically unfit for any field duty.

TRACY S. VOORHEES
Colonel, J.A.G.D.
Director, Control Division.

Post mortem dissections of 5307th usually concentrate upon the heart. The Marauders decry the heartlessness of senior officers, and attribute the demise of the 5307th to harsh and fraudulent autocracy. But observers outside the force blame the Marauders themselves for the misery at Myitkyina. The breakdown of morale, according to this viewpoint, determined the Marauders' fate. The diagnosis: heart failure.

Can it not be argued, however, that such explanations only tell us when the 5307th revealed that it could no longer fight? They do not tell us why they collapsed. What reached Myitkyina in H, K, and M Forces was not the 5307th but a rapidly decomposing corpse. The painful controversies that arose late in May were quarrels about what should be done with the body and whether someone should be tried for murder. The 5307th which marched through Ledo past the 20th General Hospital in February was spare, uncouth, tough. The Marauders unloaded at the hospital gates in June were "gaunt, famished, grimy, tattered, and worn out physically and psychologically."¹⁴⁶ Eye-witness descriptions of their arrival at Myitkyina are similar; what happened before Myitkyina had been decisive.

The 5307th of February, March, and April had evacuated relatively few of its sick and not even all of its wounded. As soon as the Marauders reached Myitkyina, they sought hospitalization "wholesale." Their deterioration proved to be as irreversible as decay in human flesh. The 5307th that fought at Walawbum, Shaduzup, and Inkangahtawng had moved in and out of combat positions aggressively and speedily. The Marauders who reached Myitkyina—about half those who started the march—could barely fall into defensive perimeter positions or drag away to safety when ordered to withdraw. After a few days even the

¹⁴⁵ Chinese elements of H Force reached the outskirts and railroad station of Myitkyina on 17 and 18 May, but they were so disorganized that they abandoned the positions. The 5307th troops then at Myitkyina included only the 3d Battalion. Thus, the version of the battle given to Voorhees appears misleading. Otherwise, the accuracy of Voorhees' report testifies to what must have been an extraordinary capacity to get at the truth of the problems he examined, and do so very quickly.

¹⁴⁶ 20th General Hospital Annual Report, 1944, p. 2.

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desperately worried Task Force commanders were willing to exchange the inefficiency of green replacements and engineers for the deathbed struggle of the Marauders. The 5307th did die of heart failure at Myitkyina, as all human organisms die utterly when the heart stops surging. But the most important question remains: what destroyed the Marauder heart?

The chief causes of the disaster were environmental, tactical, and medical in nature. The environment was crowded with impediments to tactical operations and hazards to health. The tactical deployment of the 5307th as a long-range penetration force and, especially, as a static defensive force at Nphum Ga, demanded unusual discipline and physical prowess. The medical imperfections and sanitary defects of the Marauders, in the menacing environment and under such tactical strains, produced the physical collapse which occurred before the battle of Myitkyina. Injudicious promises and false expectations, the severity of enemy action late in the campaign, the disappointing performance of Chinese troops at Myitkyina—all these lowered the Marauders' morale and operational effectiveness. But the 5307th might have withstood them creditably had it not been fatally injured by environmental deprivation, tactical misfortune, and medical demolition.

The social and physical environment of North Burma was inhospitable in peace and hostile in war. Except for the Kamaing Road, jungle trails, many barely passable for native villagers, served as lines of communication. Troops marching on them found their way hindered by numerous watercourses and thickets. Much of the terrain was hilly, with sharp ascents, complicated ridge lines, and steep declivities. Isolated forces, such as the British Chindits, the 5307th, and various other flanking parties, required superb stamina merely to reach their destinations with energy to spare for combat.

Environmental threats to health were numerous. The climate was disagreeable: excessively warm and humid much of the time, often rainy in the spring. In it thrived all the insect pests and carriers of disease organisms: flies, mosquitoes, gnats, mites, and ticks. The inhabitants, few though they were, provided hosts to spare for the parasites that produced malaria and other fevers, and all forms of dysentery. The ground was infested, the water polluted, the air debilitating, the terrain exhausting.

Many men in 5307th were well acclimated to tropical and subtropical conditions. Third Battalion troops had served in the Pacific area, and the 2d Battalion was composed mainly of men from Caribbean stations. All were in India for nearly 4 months before they began their combat missions. They trained in a region which possessed some of the physical features of the combat zone and most of its sanitary defects. As a result the 5307th encountered only two unpredicted environmental hazards. One was the unexpected severity of the Kumon Mountain trails that led to Myitkyina. Their rain-soaked condition and steep grades made them much worse than any which

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the Marauders had encountered before. The endurance of the men would have been risked even if they had made the march when they were fresh. The other unpleasant surprise was the mite-infested ground where lurked the carriers of scrub typhus organisms. By February 1944, it was known that North Burma harbored the disease. Certain types of terrain were suspected, but no advance information could be secured regarding sites of possible danger.

When in comparable situations, enemy and Allied forces reacted in the same ways to the environment. The Chindits of 1943 lasted about 3 months behind enemy lines. The Japanese, having plunged into jungle and hilly country west of the Chindwin early in 1944, deteriorated rapidly as they retreated after 3 months of strenuous maneuver and combat. The 14th and 16th Brigades of Wingate's Special Force became ineffective in a little shorter time, while the 77th and 111th Brigades survived over 4 months before approaching the point of futility. The environmental toll in each case was usurious: antipathy to the point of nausea and despondency, disgust and lethargy, tension and fatigue.

Other troops than penetration forces, however, submitted to the same environment for longer periods of time. The second factor, tactical disposition, must therefore be taken into account in explaining the 5307th collapse. From the time they left Ledo in January until 10 April, after the battle of Nphum Ga, the 5307th was in motion or in combat continuously. The number of days of "rest" did not amount to as much as a week, and they were used to assemble the troops after a battle, gather supplies, evacuate casualties, and overhaul equipment and weapons.

A longer interval for rest followed the siege of Nphum Ga. For many, however, the period was one of recovery from acute exhaustion and illness. For all, anxiety regarding the future prevented relaxation. After 10 days, patrol activity commenced and the troops formed up for the march to Myitkyina. Thereafter there were no respites. For 4 months, then, with negligible intervals, the 5307th was constantly engaged. It could not have been otherwise, if the force was to serve the purposes for which it had been created, penetration and flanking operations designed to divert enemy strength from the defenses opposing the Chinese Army in the Hukawng and Mogaung Valleys.

Weight loss and fatigue were direct consequences of penetration marches. The isolation of 5307th required it to subsist for 4 months on airdropped rations. Although the K-ration proved to be the best combat food pack yet devised, monotony, personal preferences, and occasionally, scarcity led to dietary insufficiency. As long as it had to maneuver out of reach of ground supply lines, the 5307th could do nothing to improve the quantity and quality of its food supply. That the regiment withstood the rigorous campaign as well as it did was a credit to the combat ration. But it could not stave off or reverse a steady loss of weight and energy in the troops.

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The need for mobility and stealth in tactical maneuvers added to the discomforts and dangers in the environment. Strict limits on the baggage train prevented the troops from equipping themselves with extra boots and clothes, antimosquito gear, or improved jungle bedding. Such aids to health, comfort, and endurance were sacrificed to speed. Similarly, their tactical disposition forced them to depend upon the least certain of water sanitation procedures. Boiling water usually was impractical; there was too little time or too much chance of enemy observation. Bulky water purification equipment could not be transported. The standard Lyster bag used in bivouac was not always accessible to all the troops. They depended mainly on individual use of chlorinating tablets for water safety.

The effects of environmental and tactical strain accumulated noticeably in March. But the most striking consequences of tactical operations appeared when the 5307th, by necessity and not by choice, was forced to stand still. Facing an emergency and with no other troops to turn to, Stilwell ordered the Marauders to defend the trail up which the enemy had sent a flanking column. At Nphum Ga, the troops trained and inured to the derring-do of penetration tactics, submitted to "a static defensive role [which] was a radical change in the concept of [their] employment."¹⁴⁷ One battalion under siege, a second trying to rescue it, and a third scrambling to reinforce, the 5307th adjusted to the new role successfully, but at a fatal cost.

The force was too lightly armed, too isolated, and too oriented to hit-and-run tactics to undertake a prolonged defensive engagement. Similarly, the British 77th Brigade in the later days at White City and outside Mogaung, and the 111th Brigade at Blackpool fought well in a static situation, but they too emerged from such battles more severely damaged than from any sequence of rigorous marching and daring attack. Even troops outside the defensive perimeter were afflicted. The 77th "flyer column" circling White City; 3d Battalion, 5307th, attacking day after day up the trail from Hsamshingyang; and 1st Battalion making forced marches to reach Nphum Ga—each suffered exceptionally from its effort to support the troops who were pinned down defensively.

Disease as well as enemy fire fell more heavily than ever before on the Marauders at Nphum Ga. For the 5307th to pass through contaminated terrain on the march was dangerous enough. To occupy such areas for days on end was lethal. First, it became impossible to escape thorough exposure to possible sources of disease. Second, the troops contaminated themselves. Thus the deserted villages of Hsamshingyang and Nphum Ga, sites already sufficiently risky, became saturated with insect pests and disease organisms produced in decaying animals and men, foul water, and fecal wastes. Mental health, too, was imperiled, for the troops on the hill were hemmed in without a line of supply,

¹⁴⁷ Romanus and Sunderland, II, p. 182. In 1947, the editor emphasized the unfortunate consequences of the defensive battle: Stone, "The Marauders and the Microbes."

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evacuation, or retreat. Their casualties accumulated on the spot, visible and pitiable testaments to the waste of battle and the fate that might befall the entire force. Scrub typhus appeared. Malaria recurrences flared up ominously. The diarrheas and dysenteries became rampant. Chronic disabilities took acute forms. When the siege lifted, the men nearly collapsed with exhaustion and sickness. Special medical facilities were introduced. Evacuations exploded into the hundreds.¹⁴⁸

Thus, fostered by environmental conditions and tactical malfunctions, the Marauders' worst enemy, disease, attacked with frightening speed. Had it not been for sickness, a very respectable force of at least 2,300 would have remained after the battle of Nphum Ga. Enemy action had produced nowhere near the predicted losses.¹⁴⁹ Even without the killed, wounded, and missing, the force would have had as much strength as it had ever needed for its successful roadblock attacks. Reinforced by Chinese troops for the march to Myitkyina, the 5307th would have been stronger than before, if enemy action alone had been the chief cause of its depletion.

At this juncture, the Marauders received a heavy blow to morale. They learned they were called on for one last effort, one they felt exceeded the terms of campaigning set for them originally and justified by common sense. Not only was the demand unfair, but, they added, many of them were too exhausted or too sick to go on. Their grievances and illnesses reinforced one another. Total breakdown of the force seemed imminent. But some tension became dissipated when the troops attached their animosity to Stilwell and other invisible authorities; their confidence in Merrill and Hunter revived; and their morale lifted enough for most of them to start for Myitkyina, reluctantly but in good faith. Their health, too, temporarily improved. Vigorous medication and a partial respite from tactical maneuvers brought under control the most acute manifestations of disease. But with its residual malnutrition and enfeeblement, infection and infestation, the 5307th in May was very different from the force that had started the long jungle campaign in February.

One misleading feature of the crisis in health was the apparent suddenness with which it arose. Commanders—especially those at a distance—might well suppose it was the specific result of a single severe engagement. If so, rapid recovery could be predicted. So late in an arduous campaign, complete rehabilitation would be impossible, but

¹⁴⁸ Romanus and Sunderland, II, pp. 189–191, point out that exhaustion and the deterioration of morale were the worst results of the battle. The editor adds emphasis to the outbreak of disease, in the light of the testimony of Hopkins and Stelling, miscellaneous evidence on the medical history of 5307th, and, by comparison, the experience of the Chindits (see *With Wingate's Chindits*).

¹⁴⁹ According to the official report, *Merrill's Marauders*, p. 114, the Theater had predicted 35 percent losses to enemy action and 50 percent losses to disease. Up to the march on Myitkyina, enemy action had produced 11.2 percent loss, and the evacuation of nonbattle casualties had reduced the force by 18.6 percent. To this point, then, the campaign was running nearly true to expectations. The ominous sign was in the nonbattle casualties requiring evacuation in April—304 compared to the 200 evacuated in the preceding 2 months together. These calculations are made from figures in "Casualty Report," 5 July 1944, Stilwell Papers, Folder 204.

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it seemed likely that the force could regain strength enough for a final all-out effort. The troops might think otherwise. But as to that, Stilwell had already openly expressed suspicion that the men and their officers were "soft" about health. Although the regiment had shown enough durability to quiet such doubts, they were too habitual and traditional among commanders to be completely allayed. But such assessments of the situation, although they stiffened resolves to send the Marauders to Myitkyina, failed to recognize the medical background and history of 5307th. The outbreak of disease at Nphum Ga was not merely a special emergency. It was produced by physical liabilities of long standing; preventable faults in medical discipline; and the accumulating disabilities of the hostile environment, the tactical experience of long-range jungle penetration, and the defense at Nphum Ga.

From the first day it reached India, 5307th showed its lack of the superior physical capacities specified for it. After assembling the volunteers and again after debarking, command authorities failed to disengage men physically unfit for the strain of jungle combat. Some men with chronic sickness or permanent disability were cleared from the force during the period of staging and training, but some returned and some were taken out of their rear echelon posts to serve as replacements at Myitkyina. To burden the 5307th with such troops was foolish and unnecessary. Even those able to participate in the beginning phase of the campaign were potential casualties liable to break down at a crucial moment.

An equally unsatisfactory feature of the troops who composed 5307th was their high sick rate. On shipboard, malaria, dysentery, and respiratory infections were excessive and evidently likely to become long-term risks. The first two of these diseases flared up periodically during the preparatory period in India. Malaria became so common that the regiment interrupted training to treat it. Outbreaks of bacillary dysentery occurred, the continued incidence of amebic dysentery produced alarm, and the diarrheas never disappeared. In addition to inhibiting troop activity, such conditions testified to poor health in the past and to inadequate sanitary discipline in the present.

The treatment of enteric disorders posed no peculiar problems. The essential task was to prevent their recurrence and to relieve the men from long-continued drains on their energy. To do so required careful attention to sanitation. Unfortunately, in both the camps which 5307th occupied in India, sanitary facilities were wretched, and food supplies from local sources were medically unacceptable. Command concern, aroused by medical officers, came late. Thus, remediable faults in sanitation led to new intestinal disorders in the regiment. Many men lost training opportunities and did not store up strength for the campaign to come. Worse, the 5307th carried into the jungle its own sources of recontamination, as well as the nagging burden of diarrhea and dysentery. The climax came at Nphum Ga, where 2d Battalion could not provide itself with adequate field sanitation, and 3d Battalion, fighting

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every day to reach Nphum Ga, had no time to spare for sanitary protection. The outbreak of dysentery was virtually inevitable.

There are no signs that the 5307th improved on the average poor standards of British and American troops in respect to field sanitation. The manner of their deployment made difficult the enforcement of disciplinary regulations or the provision of self-regulating equipment. Some hints from the scene suggest, indeed, that the troops adopted primitivism as a sign of a formidable character. In some degrees, thus, did they cooperate with environmental and tactical impediments to cleanliness, proper waste disposal, the elimination of flies, and the safety of food and water. With regard to food they were probably better off than many troops in fixed camps, where native markets and food-handlers were a constant source of enteric disease. The problem of water purification was another story, however. The troops necessarily depended on open water sources, all of which were rightly assumed to be contaminated with intestinal disease organisms. Among these were the encysted form of *E. histolytica*, the cause of amebic dysentery.

To guard their water, the men were required to add chlorinating tablets to their canteens and Lyster bags. Failures to achieve satisfactory results were certain to occur. The unpleasant taste of overchlorinated water encouraged the use of dosages under, rather than on, the safe side. The delay needed to allow chlorinating tablets to work effectively was an annoyance. The appeal of a sparkling stream, the temporary unavailability of halazone tablets, or simple carelessness—all together admitted many chances that the men would consume contaminated water. That they did so, in fact, was shown by the wide and persistent spread of diarrhea and the intermittent upsurge of bacillary dysentery.

With amebic dysentery the case was somewhat different—and all the more menacing. The orthodox view was that chlorination could not kill amebic cysts. Only special filtration devices or boiling, followed by normal chlorination practices, sufficed. It is true that research reports had appeared in 1943 and in January 1944, suggesting that superchlorination destroyed cysts. Few medical officers knew of these reports. From one standpoint, it made little difference, because the 9th Medical Laboratory in CBI later showed that the research had been faulty.¹⁵⁰ Boiling water was impractical and the use of special filters was impossible, so the 5307th was inevitably threatened by waterborne amebic dysentery.

From another standpoint, however, even a false promise that chlorination could check amebiasis would have been valuable. Of all the dysenteries this form was most feared. It was the commonest of be-

¹⁵⁰ Van Auken, "History of Preventive Medicine," pp. 136-141. Hopkins, composing his "Notes" before the research on chlorination had been challenged, believed that "better halazone discipline" would have helped greatly to prevent amebic dysentery. Halazone, he stated, "was used regularly but 30 minutes discipline [that is, delay between chlorination and consumption, as recommended by the new research reports] was not universal": Hopkins Notes, p. 5.

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liefs that no one could escape diarrhea in the tropics: why try? Bacillary dysentery displayed such acute features that troops usually ascribed it to some particular and accidental source—"food poisoning." To deal with it by continuous and unglamorous measures of field and mess sanitation awakened little permanent enthusiasm. But for reasons difficult to surmise, the troops were more easily aroused to the danger of amebic dysentery. One wonders whether the nationally-publicized outbreak from contaminated water in a Chicago hotel, not long before the war, helped call attention to the disease. In any case, superchlorination might have been undertaken for the sake of curbing amebiasis. While this goal could not have been attained, protection against other enteric disorders would have been much increased.

Like amebic dysentery, respiratory and skin infections were difficult to prevent. The most desirable safeguards, shelter, prompt relief from duty while under treatment, cleanliness, and better clothes and boots, were unattainable. Exposure, drenching, excessive fatigue were unavoidable. The strict evacuation policy, without which the 5307th could not have carried out its tactical responsibilities, and the unrelenting harshness of the environment often permitted respiratory and skin ailments to become serious, chronic, or recurrent. Their effects, therefore, were bound to accumulate, and when they became widespread and deep-seated, the 5307th rapidly lost effectiveness.

Still less preventable was scrub typhus. For this serious disease the medical establishment had no specific remedy. Careful nursing and vigilant treatment of symptoms gave the victim his best chance for recovery. If he were in poor condition, beset by concomitant diseases, or not promptly hospitalized, he probably would die. There were two protective measures. The first was to avoid sites infested by the mite which transmitted the disease organism. But this the troops could hardly do because of ignorance about danger zones and because of tactical circumstances. The second was to repel the mites chemically. The preferred insect repellent, dimethyl phthallate, could be relied on for this purpose, but merely to apply the ointment to hands and face was insufficient. To provide a fair measure of protection, the troops needed clothing that was frequently washed and impregnated with the repellent. The supply system was too undeveloped to produce such preventive measures for the 5307th, and recognition that they were required awaited the Marauders' experience. Once understood, need led to deed. In the 5332d Brigade, successors to the 5307th, better selection of campsites, repellent and clothing discipline, and the issue of treated field uniforms were introduced with some success.¹⁵¹

¹⁵¹ Van Auken, *op. cit.*, chapter XV. Local medical officers vigorously investigated the disease in 1943 and early 1944. Late in that year a party from the U.S. Typhus Commission began an extensive field study. When the disease appeared in the 5307th, Combat Command advised medical officers to be alert to its symptoms and to evacuate its victims as soon as possible. They were sent a summary of available information about the disease in North Burma, and troops were warned to use dimethyl phthallate liberally. In June, Myitkyina

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With regard to malaria, the foremost cause of incapacity in 5307th, the story concerns control, rather than prevention or treatment of disease. The disease already was well established in 3d Battalion before the troops had even landed in India. To what extent new infections occurred between February and May is unknown. There is evidence that a significant number of men came down with the disease for the first time in May and early June. The remainder—probably three-quarters of the unit—succumbed to recurrences of old infections.

Attempts to prevent infection were unimpressive. Little had yet been done in the Theater to establish environmental controls over mosquito carriers. There were millions of native hosts in India, and the 5307th itself provided both victims and hosts as the force maneuvered in Burma. Repellents and mosquito bars were unpopular. To require troops to use them diligently required more command supervision and discipline than could be expected. Infection and reinfection, therefore, were the likely results of operations in the jungle. Herein the experience of American, British, and Japanese troops in Burma was identical.

In most cases malaria was readily treated by standardized courses of medication with quinine or Atabrine. The real problem was to do so without evacuating the patient to a hospital, and yet have a fair prospect of clearing the pathogenic plasmodia from his bloodstream. The 5307th, like the Chindits, tried to treat malaria patients on the trail and to reserve evacuation for any who developed cerebral malaria or who failed to respond to extended Atabrine therapy. In principle, no distinctions were made between men with new infections and those who had had numerous recurrences. Practically, it is probable that the latter received some benefit of doubt from their medical officers.

The main effort at controlling malaria was devoted to Atabrine suppressive discipline. Many had been introduced to the system of self-administration of a tablet a day, which had been developed in the Pacific theaters. Atabrine discipline was neglected, however, until the disease brought training to a standstill. Thereafter, suppressive practices apparently held up well until the battle of Nphum Ga. By then some cases were "breaking through" on the march, and they became very numerous during and immediately after the siege. Evacuations and medication produced some relief. But as the troops struggled over the trail to Myitkyina and lost momentum in the fight for the town, malaria overwhelmed the force.

The most probable cause of the outbreak was a serious breach in

Task Force was ordered to spray the troops' clothing once a week with the repellent. In the same month, the new Theater Epidemiologist, Lt. Col. Kirk T. Mosley, launched experiments in the 102d Chemical Processing Company at Ledo to find out how to impregnate clothing mechanically and in large quantities. Difficulties in supplying clothing persisted. Efforts to have the troops do their laundry in soap-and-repellent solutions were not famously successful. Repellent and clothing discipline ebbed and rose according to the energies expended by commanders to maintain it: Stone, *Medical Service in Combat*, III, pp. 215-219, with attendant citations of field memorandums, correspondence, and directives.

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Atabrine suppressive discipline. In the midst of a crisis in morale, such an explanation became especially convincing. Research evidence and practical experience had shown repeatedly that a sustained suppressive program was all but invulnerable to malaria "breakthrough." If there might be a few cases of atypical response to Atabrine, it could safely be predicted that suppressive discipline was more than adequate to protect the bulk of the troops from chills and fever. The outbreak at Nphum Ga, however, revived old doubts. The unusual exhaustion of the men, the frequency with which malaria was accompanied by another disease, and the number of long-standing and recurrent infections led many to think it plausible that malaria had conquered the suppressive system.¹⁵²

It is doubtful whether the command and the medical establishment ever regained control of the situation. Some semblance of Atabrine discipline had been reinstated before the march to Myitkyina began. But "breakthroughs" and new cases immediately appeared again. Those who did not fall by the wayside with malaria were thoroughly ill when they staggered into the aid stations at Myitkyina. Sent off after the usual onsite treatment, they soon returned as sick as ever. Outraged by restrictions on evacuation and the pressure to continue the campaign, genuinely dazed with fatigue and suffering from other diseases, more and more men repudiated Atabrine therapy. The sicker they became, the lower fell their morale. The lower their morale, the less hope there was of restoring Atabrine discipline and curbing malaria.

Thus were the Marauders destroyed, not by misleadership, although it played a part in the closing phase of the disaster; nor by the enemy, although he put the 5307th to severe tests. Although it was from Myitkyina that they were evacuated, their destruction occurred on the

¹⁵² The research and controversies on Atabrine suppression are discussed in connection with the Chindits, pp. 270-275; see also p. 24, for malaria in the American Army. Malaria control in CBI is treated in Van Auken, *op. cit.*, chapter XII. The section on Atabrine in this chapter, by Col. Karl Lundeberg, the Theater Preventive Medicine Consultant, describes the vacillation in the Theater (echoing that in the War Department as late in 1943), the preference for environmental control and for full therapy, and the cautious institution of suppressive discipline. He quotes "a very shrewd analysis" by Maj. Maurice Seltzer, the SOS Malariologist at Ledo, who wrote in June 1944:

"[I] undertook an informal survey by personal questioning of officers and men of the state of malaria discipline existing in the 5307th Provisional Combat Unit [sic] while under combat conditions. Briefly, it might be stated that discipline was good during the first two months, especially as regards atabrine administration. About the only lag was in the use of repellents. Shortly after the interval stated above, concomitant with increasing fatigue, [and] acquirement of other diseases, such as the dysenteries, morale began to deteriorate and malaria discipline suffered greatly. No attention was paid either to clothing, repellent, or the use of atabrine. As this process went on, the impression of the medical officers was that a large number of men deliberately exposed themselves or at least welcomed the incurrence of malaria infection.

"It is conceivable that in situations such as the above, no matter how elaborate and how perfect anti-malaria measures are, in the face of a command that no longer has the desire to stay well, little can be done."

The Theater Surgeon, Lundeberg reported, was "hard pressed" to insist upon Atabrine suppressive measures in the combat zone, in the face of honest doubts and reports of toxic side-effects. Not until December 1944, when the Surgeon toured the combat zone with officers who had first-hand knowledge of the success of the policy in the Pacific, did real progress begin. The ensuing publication of new directives and educational materials, and "a remarkable degree of command acceptance of responsibility" led in 1945 to success "beyond all expectations": Van Auken, pp. 241-245.

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hilltop at Nphum Ga, and on the ridges and jungle trails leading to Myitkyina airfield. Of the three chief causes of the regiment's collapse, the environment was the underlying cause; the tactical disposition was the sustaining and, in the static engagement of Nphum Ga, the precipitating cause; and the invasion of the troops by disease was the final and decisive cause. To an unknown extent, the Marauders helped their enemies by their loose sanitary practices, by command ineptness in supporting the medical establishment, and by defiance of Atabrine suppressive discipline. They were no more guilty of these defects than most troops.¹⁵³ But had they been better trained and better disciplined they might have held on long enough at Myitkyina to end their campaign in the sunshine of victory rather than in the twilight of recrimination.

The military record of the 5307th was a variable function of its medical history. It bore up under environmental strains. It put its tactical opportunities to good use. The injuries it inflicted on the enemy outnumbered ten to one the injuries it received. But in the end, amoebae and plasmodia, bacteria and rickettsia, rather than Japanese soldiers, vanquished Merrill's Marauders.

¹⁵³ Hopkins concluded in his "Notes," p. 5: "Strict suppressive atabrine use, better halazone discipline, dimethylphthallate impregnated clothes and replacements flown in by planes which evacuated patients would have prevented much disease, as well as mental and physical fatigue." He took pride in the thought that his battalion had held up as well or better than the others, despite the fact that it was heavily infected with malaria. "It is certainly a victory for atabrine * * * This is another case showing that malaria even with odds provided by chronic malaria, can be suppressed with great success by atabrine even under the severest conditions" (p. 4).

The experience of 5307th was reproduced elsewhere. As noted above, the campaign against malaria lacked acceptable results until 1945, which is to say that indifferent practice of control discipline characterized the troops of 5332d Brigade, among them former Marauders and "New Galahad" men in the 475th Infantry. The British Chindits were only a month behind the 5307th in collapsing from malaria and other diseases. As for the enemy, intelligence reports indicated that sanitary policies were reasonably well defined, but supplies and equipment became scarce in 1944. Prisoners reported that the Japanese in North Burma became increasingly plagued by malaria; many men had numerous recurrences. Quinine and Atabrine were in use as suppressants, but the dosages which were reported seemed inadequate.

Other prevalent diseases were beri-beri, diarrhea and dysentery, and skin ailments. Prisoners complained about the medical service in North Burma. Some claimed patients died from want of medical assistance; others, that only patients too ill to march received care; another, that walking wounded were kept with their sections in combat. "The Sgt. captured at Myitkyina on 7 August stated that troops in that area were much dissatisfied with the care given to the wounded and sick; wounded able to stand were forced to go to the front. In the last stages of the Myitkyina battle, wounded were killed to keep them from falling into enemy hands."

Inspections of medical installations revealed that inferior and improvised facilities were the rule. Supplies were scarce. Makeshift equipment was common. "Most of the med. units inspected after the evacuation contained Japanese dead lying on their beds, some with food at their sides, others fully clothed who apparently had been trying to walk away. In a few units an occasional living patient was found. In others the dead had been shot through their heads. No evidences of medical personnel ever having been left behind to give care to the wounded were found."

The Japanese losses were heavy. In April, in the 55th Regiment, which the 5307th met on the Kamaing Road and which later helped defend Myitkyina, one man in three had been a casualty. There had been 507 casualties during the month, 217 killed and wounded, and 290 sick. Among the sick, 156 had malaria; 75 had beri-beri. It may be noted that the number of battle casualties approached the number of sick, as was true in 5307th before the march to Myitkyina. Thereafter the balance shifted radically in 5307th, as it had, late in the campaign, for all Chindit brigades except the 77th (see n. 104, p. 252 and n. 105, p. 253). The source of the above information on Japanese medical history is from extracts of British Intelligence reports which the Historical Unit, Army Medical Service, kindly sent to the editor.

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