

KOREAN WAR PROJECT

**ANNEX LOVE: CO "C" 1ST MEDICAL
BATTALION; 1ST PROVISIONAL MAR
BRIGADE, [REINF]**

**BOX 1
FOLDER 11**

ANNEX LOVE

Report of
Company "C", 1st Medical Bn

ANNEX LOVE
CO "C" 1st MEDICAL BATTALION
1st Provisional Mar Brigade, (Reinf.)

Period Covered

7 July 50

to

6 Sept 50

1. The Special Action Report of Co. "C" 1st Medical Bn. is submitted in accordance with references CG 3/wgb, Ser: 551, dtd 29Aug50 and Para 11401, 2a MCM 1940. The purpose of the report is to supplement the historical records of the Marine Corps and for the information of those concerned. Co. "C", 1st Medical Battalion was assigned the mission of giving emergency, life-saving, surgical treatment to non-evacuatable and gravely wounded combatants; of supplying forward echelon medical units with equipment, supplies and replacement personnel; and preventive medical treatment, routine medical and surgical treatment and evacuation of all personnel. The next higher echelon for the purpose of administration and discipline was H&S Battalion Commander, 1st Provisional Marine Brigade (Reinf.), Major Richard E. Sullivan, USMC. For tactical operations the next higher echelon was the Brigade Surgeon, Captain E. R. Hering, Jr. MC USN.
2. Co "C", 1st Medical Battalion was under the command of Commander Robert A. Freyling, MC USN. Three medical officers and one medical service corps officer were assigned. Seven HMC and sixty-seven corpsmen were assigned to the Company. One MSGT and nineteen other Marine enlisted ratings were assigned for the purpose of furnishing drivers, security and messing facilities. An Epidemiological Disease Control Unit, consisting of LCDR Bryon D. Casteel, MC USN, Commanding, three Medical Service Corp Officers and fourteen enlisted personnel of the Hospital Corps USN was temporarily attached at intervals from 7 August 1950. One medical officer from Ordnance Battalion and one medical officer from the 1st Shore Party Battalion were temporarily attached to this activity most of the interval reported upon.
3. Preliminary planning, planning schedules, logistic planning and operating planning were all included in the general plans and specifications of the Brigade.
4. Training of the officers and hospital corpsmen except for the details of the organization of the functions of 1st Medical Battalion was virtually complete before the Brigade was formed. No rehearsals were conducted. Specialized medical and surgical schooling was held for all hands while under-way at sea. This schooling dealt with the details peculiar to the functions of the 1st Medical Battalion. There was considerable emphasis devoted to physical fitness, and daily exercises were conducted at sea. Lectures on health and sanitary problems to be encountered in Korea were given all hands.

5. Loading of equipment and supplies was accomplished at the Naval Station, San Diego, Calif. Work began 8Jul and was virtually complete by 12Jul. Embarkation was on 13Jul50. Personnel and gear were divided and put aboard the USS Henrico, USS Clymer, and USS Pickaway.
6. The convoy departed San Diego on 14Jul50 and arrived Pusan, Korea 2Aug50 in the afternoon. Unloading began immediately, and disembarkation was complete by the afternoon of 3 Aug. The Battalion proceeded by motor convoy and rail to Czang Won, six miles from Masan, where assigned bivouac areas were occupied. On 6Aug the Battalion proceeded by rail and motor convoy to Masan where preparations to receive and treat casualties from the expected offensive action by the Brigade.
7. For the offensive operations west of Masan during the second week of Aug. the following preparations were made: The rail cars - a flat car for the surgical trailer, a flat car for the generators, a chair car for minor surgery and surgical preparation and two to three box cars for supplies and storage, were spotted on a quiet side track near a field suitable for the erection of tents and the use of vehicles. Contact was made with a nearby air field, and arrangements for air service were made. Consideration for the landing of casualties via helicopter was given, and plans for transporting the casualty from the plane to the surgery were formulated. Telephone connections were made with the switchboard of the 25th Division U. S. Army. Later telephone connections were changed to the Shore Party switchboard. The 25th Division, 2nd Bn. Clearing Sta. was contacted and arrangements were made for evacuation and handling of casualties. During slack intervals several M.O. from the Bn. gave professional assistance to the hard pressed Army Clearing Sta. Arrangements for satisfactory resupply from Pusan and from the Army Med. Supply Act. at Masan were made. For the handling of the casualty after arriving at the Bn. for treatment, the following functional teams were organized: Litter transfer or litter & ambulance transfer team; sedation and antibiotic team which under the direction of the medical officer administered routine dosage of tetanus toxoid (when available), penicillin and streptomycin; surgical preparation team for prepping and shaving; a stripping and personal inventory team (this process was accomplished before the patient was admitted to the preparation table inside the rail car, because a live hand grenade was found on one patient that had been brought into the car before stripping him of his clothes and gear.); a general surgical team which operated in the operating trailer; and orthopedic surgical team which operated in the chair car on the orthopedic table; and a ward team for post-operative care. The portable X-Ray equipment was made ready for use. Tents were erected to care for the patients awaiting

evacuation and return to duty.

The casualties were received via the 2nd Battalion, 25th Division Clearing Station for the most part; but some were received via ambulance and helicopter. Each patient was processed through the various teams as applicable under the direct supervision of the medical officer concerned. For two days enough patients were received to require the attention of all hands for an average of eighteen hours per day. The casualties tapered off sharply after that.

On 14 August troops of the 1st Provisional Marine Brigade returned from the front. Approximately 1000 men were fed two meals by our galley this day.

On 15 August the Battalion departed Masan via motor convoy and rail and arrived some sixteen hours later at Miryang. Preparations to handle the casualties resulting from the offensive action by the Brigade during the third week in August in the Naktong River sector west of Yongsan were made in a fashion similar to those made at Masan. A rice paddy close to the rail side track was suitable for landing by the helicopter. Telephone communications with the 24th Division and the Shore Party were made. Liason was made with the #8076 Army Surgical Hospital and with the RTO regarding evacuation of patients via rail to Pusan. For three days there was sufficient load to keep all hands busy for an average of eighteen hours a day. The patient load tapered off after 19 Aug.

On 22 August the Battalion departed Miryang and proceeded via motor convoy and rail to Masan. The RTO spotted the rail cars on the same track that was occupied earlier in the month, and the same set-up as before was organized. There was no action seen by the Marines during this interval except for supportive firing by the 11th Marines. A few serious casualties from the 2nd Battalion, 25th Division Clearing Station were seen, and one intestinal obstruction case was operated. The Battalion remained in the same rail cars during all of its activity.

On 30 Aug the Battalion departed Masan via motor convoy and rail and proceeded to Pusan where on 31 Aug the rail cars were unloaded on Pier 2 into Warehouse #6. Subsequent days were spent bringing up the stores of supplies and equipment to a 10 day supply plus a 30 day resupply level.

On the afternoon of 1 Sept the Brigade was suddenly ordered to proceed to Miryang for offensive action west of Yongsan in the Naktong River bulge. The Medical Bn. departed Pusan on the evening of 1 Sept and arrived at Miryang early on the morning of 2 Sept. LtCol Neiman, Commanding Officer of the US Army Surgical Hospital #8076 and the acting Brigade Surgeon, LCDR Bryon Casteel,

arranged for a consolidation of the medical personnel of the Medical Battalion with that of the #8076 Hospital. On the morning of 2 Sept. four medical officers and twenty-five corpsmen reported for duty at the #8076 Hosp. The medical officers were: CDR H. A. Streit, MC USN, CDR J. W. Metcalfe, MC USN, LCDR C. K. Holloway, MC USN and LTJG D. M. O'Toole, MC USNR. The remainder of the Bn occupied rail cars on a side track in the yards at Miryang and acted as a supplementary base of supplies for the #8076 Hospital. Commander R. A. Freyling, Commanding Officer of the Bn, alternated between the hospital and railhead for the purpose of administration and coordination. By the end of the third day at #8076 Hosp. the officers of the Bn. had performed (76) major surgical operations and assisted in (45). At the close of this report the Brigade was still active in combat in the area west of Miryang. The officers and corpsmen assigned to the #8076 Hosp. had an almost unlimited amount of surgical and hospital work to do, being limited only by the hours in the day and their physical capacity. Those of the Battalion that remained at the railhead at Miryang afforded medical facilities to the Mar. Units at the railhead and supplied the forward aid stations as well as the #8076 Hospital with medical supplies and equipment.

On 4 Sept. LTJG L. A. Bryant, MSC, USN and (3) hospital corpsmen were detached and returned to Pusan to continue the procurement of a 30 day medical supply for future operations.

On 5 Sept 50 the crew of medical officers and corpsmen continued their duties at the #8076 Hospital.

On 6 Sept 50 the officers and corpsmen returned from duty at the #8076 Hospital. Preparations commenced to depart Miryang were started.

1600 - underway for Pusan by Rail.

2300 - arrived Pusan.

8. Not applicable.

9. To date the Bn. has handled (25) major surgical procedures in it's own facilities, has had (171) cases requiring hospital admission; and has seen an average of (200) cases each week not requiring hospitalization. In addition the medical officers of the Bn. saw and assisted in the treatment of some (200) casualties, Army, Marine and South Korean Natives, at the 2nd Bn, Clearing Sta. 25th Division at Masan. It is estimated that at least (10) of the major surgical cases would not have survived without the treatment received at this activity. There were three (3) deaths following major surgical treatment.

10. Comments and Recommendations:

The number of cases that can be handled in the OR trailer is limited due to it's size. Hence only the

non-evacuatable cases should be operated. During periods of heavy casualties hopeless cases should be abandoned and life-saving procedures employed on those that are operable.

Two additional portable operating tables with adequate lighting and supplies should be set up in tents to handle minor cases, debridements, orthopedics, etc. To the present we have done only abdominal and brain surgery in the trailer.

The patient should be completely prepared outside the trailer. Spinal anesthesia should be administered outside the trailer and the patient placed on a cut down litter which sets on the OR table and does not have to be removed. As a general rule the patients should receive atropine; as pentothal is usually used as supplementary anesthesia. IV fluids should be started prior to entry in the OR, arm board secured and maintained adequately. Do not try to administer blood thru a plasma set-up. Use a filter preferably one with visible drops. Blood pressure cuff and stethoscope should be put in place on the right arm. The IV should be started in the left arm and the arm propped against the side of the trailer. The patient should be placed in a good position on the table before the scrub corpsman sets up his sterile field.

In general, the medical officers assigned should have a general surgical background. One orthopedist is sufficient at this echelon level.

Master List of Minimum Requirements for the
OR Trailer.

1. Anesthesia machine with O₂ and N₂O.
2. Electric suction machine.
3. Three large oxygen tanks.
4. Eight complete lap packs - towels, gloves, sheets, etc.
5. Two Unit #36 Instrument Rolls.
6. Laryngoscope and endotracheal tube.
7. Chest instrument roll.
8. Ten day supply of sutures. In particular
 - a. Wire #32, #30, #28.
 - b. Atraumatic intestinal sutures.
 - c. Catgut plain and chromic - all sizes.
 - d. Silk and cotton.
9. Two arm boards.
10. Aersol bombs for insect control.
11. Portable lighting unit.
12. Portable autoclave.
13. IV sets with filter for blood administration.
14. Respiratory stimulents - caffeine, etc.
15. Penrose drains and catheters all sizes.
16. One cut down litter for patient.
17. Spinal anesthesia - preferable pontocaine.
18. Tracheotomy set.
19. Washing machine - gas driven if possible.

20. Kirschner wire and Steinman pins with tracin bows.
 21. Unit lighting battery pack for bronchoscope lights.
 22. Spare 9.5 KW, 110-20AC, generator with heavy duty motor to power refrigerator for preserving blood, X-Ray, equipment and supplementary lighting.
 23. Soda lime for anesthesia machine.
 24. Blood pressure cuff and long tube stethoscope for anesthetist.
 25. Syringes, all sizes.
 26. Spinal needles, short bevel, all sizes.
 27. Needles, hypodermic, all sizes.
 28. Six (6) stainless steel cans with covers.
 29. Twelve (12) stainless steel trays with covers.
11. Notes on Plan of Operation of Mobile Surgical Unit.

Departments of Administration and Responsibility:

1. Security.

Marine Sergeant aids in choice of location and set-up. Posts the sentries. He disseminates the pass-word which frequently is not available.

2. Supplies and personnel

Medical Service Officer.

Whole blood - some should be on hand & kept refrigerated.

Anticipate needs.

Order early and follow thru orders with persistence.

Establish critical list and check daily.

Watch for drug use and abuse.

Quartermaster, Army or Marine - clothes salt tablets, food etc.

Personnel

Go through chain of command.

Pick out responsible men and use them; delegate authority.

3. Casualty Handling

Types.

Major surgical, brain, abdominal, chest and orthopedic.

NP

Non-surgical

Prevention

Shells in chambers.

Trigger happiness.

Paper Work (1 man HMC)

Casualty reports

Admissions with Dx according to Nomenclature.

Operation records.

Admissions and Evaluations

One man of experience in charge, evaluates injury and determines Rx.

Strip patient-look for grenades etc. and inventory gear.

Cleansing of wounds and surgical prep.

Fluids, plasma, blood - use arm boards
and blood pressure cuff.
Antibiotics and Premedication.

4. Communications

Locate Brigade CP.
Army clearing station or hospital.
Telephones - learn the circuits.
Learn the chain of evacuation.
Get the word - initiative and cunning nec.

5. Food

Mess Sergeant in charge.
Inspection of mess.
Regular messing hours with clear announcement
when the field kitchen is in operation.
Use of S. Korean labor - laborers should
have physical inspection.
In danger areas string out line - no crowding
the mess.
Ice - do not use ice for ingestion unless
it has been cleared - all Korean ice is
contaminated.

6. Water

Locate water point early.
Check for chlorination.
Keep tanks filled and have regular hours for
procurement of water.

7. Sanitation

Medical Service Personnel.
Establish slit trenches or latrines and
urinals early.
Use native labor.
Garbage disposal at dumps or burn - do not
dump in stagnant water.

8. Laundry

Operating Room has priority.
Contact laundry facility early.
Or technicians should stress cleanliness.

9. Transportation

Marine Sergeant in charge.
Dispatching of vehicles and runs - use trip
authorization chits.
Adequate maintenance and readiness.
Adequate guard and constant attendance on
trips - always take a driver.
Always have written orders for trips.
Always have "shotgun" on supplies.
Train reserves in all positions.

10. Non-Surgical problems

Diarrhea
Korean food
Koreans and American food.
Fever of undetermined origin.

11. Value of trial runs.