

Notes of a Korean War Surgeon
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Civilian to Marine

In August, 1950, I was in the fourth year of training following graduation from medical school. I was a second year Surgical resident at Touro Infirmary in New Orleans, but the training in Surgery was actually far beyond that level. I knew early on that I wanted to study Surgery, so that during the year of rotating internship, and during a year of Pathology residency, I read surgical literature, attended the surgical conferences and made special study of unusual surgical problems. In Pathology, I did extra study of surgical specimens. And in doing autopsies, I studied the surgical anatomy and did careful dissection to mimic approaches I would use later in live patients. All this extra preparation was to serve me well in the experience which was shortly to follow.

In 1948, in order to continue training, I had to have financial help, and I discovered that the Navy offered a commission and pay for such training in a civilian hospital in exchange for later obligated service. In my initial orders to active duty under instruction at Touro Infirmary, in New Orleans, no length of assignment was specified. Even though I was in desperate financial straits, I declined to take the oath, delayed a month until new orders were received assigning me to duty under instruction at Touro Infirmary and adding “to remain in such assignment until 1 July 1952.”

Thus, it was a matter of great concern when, on 16 August 1950, I received dispatch orders detaching me from such duty, to travel to Camp Pendleton (California) and to report to the Commanding General of the Fleet Marine Force (Marines). For those who may not know about such things, dispatch orders are to be carried out within 24 hours; in other words, within 24 hours I should be gone from Touro Infirmary!

I dug out a copy of my initial orders and, thru the local Naval facility, sent a dispatch to BuPers objecting to the orders and citing the language that I was to remain at Touro until 1 July 1952. Within a few hours, I had a telephone reading of the reply (I never did receive a written copy; it probably arrived after I was gone.) The reply was terse and to the point, “Do not occupy Naval channels with unnecessary dispatches. Carry out your orders.”

Now I was in a panic! I had no choice but to go. But I had not yet even bought a uniform. So I headed for the Naval Station in Algiers, found enough uniforms to fit, but slight mods and applying Lt(jg) gold stripes &

insignia would take an extra day. But I was in a hurry!! And I almost made a colossal blunder. The nice lady who did most of my order sold me the gold insignia of an oak leaf on a stem, said this was the new medical insignia. I still wasn't sure, so after I got back to Touro, I talked with a couple of Navy veterans and made some phone calls, discovered that what she suggested was the Medical Service Corps insignia. The proper one for a physician was still the oak leaf with an acorn on it. So I called in a panic, just in time to keep the wrong insignia from being applied.

Fortunately, the 250 miles per day travel allowance gave me eight days to make it to Camp Pendleton. I knew I could make it easily in the '49 Pontiac. But there still were many things that had to be done! I tossed a few things in the car, put most of my belongings in a couple of boxes to be stored somewhere. Nothing of much value to anyone else; I was still a rather poor country boy.

As I left the city limits of New Orleans, heading west, I was apprehensive, and disappointed to have my surgical training so abruptly brought to a halt. Little did I suspect that I was headed to the "Police Action" in Korea, and that I would be hitting the beach at Inchon in four weeks.

It was a long, lonely drive. There was an awareness that the lush, moist swampland of Louisiana gradually became drier and more barren. Somewhere along a lonely, flat, straight highway in Texas, I welcomed the sight of an isolated filling station. I wasn't low on gas, but decided to stop and fill up, to pause for a bit and interact with humans again. As the man filled the tank, I heard the faint sounds of a fiddle being tuned in the back room. I ventured to the back and found the man doing the tuning. Waiting beside him, another man held an acoustic guitar. I apologized for the intrusion but mentioned that I had played a little fiddle in the past. The older fellow politely held the fiddle toward me and said, "Here, give it a try." I declined, using the excuse that it had been a while, but if they didn't mind, I would like to listen. I was doubly glad of my response when he first pulled the bow across the strings. Obviously a professional! To a Shamblin style guitar accompaniment he blew my mind with some of the best fiddlin' I have ever heard. I can still hear his rendition of "Beaumont Rag" played as only a native Texan could do it. It was two hours in paradise for me, and I left reluctantly on my way to uncertainty.

In west Texas and New Mexico, the heat was almost unbearable with temperatures up to 111 degrees. I carried a gallon jug of water and regularly soaked my handkerchief, put it across my face to counter the searing dry heat. Between cities there were few cars on the highway and miles of sandy

expanse without any sign of life. I wondered about how long I would be able to survive if my car quit in such desolate isolation.

I stopped in Phoenix and spent the night with a med school classmate, Lewis Claypool and his wife, Vivian. What great delight to be with friends and cool again! I was intrigued by the air-conditioning system. Looked like a burlap curtain, kept moist by a trickle of water and blown by a fan - simple but quite effective. And their lawn watering system was also interesting. Their yard had a solid perimeter fence about six inches high and sloped down to a central drain. In late afternoon, water rose up thru the drain until it covered the yard for a few minutes, then rapidly drained away.

They explained to me that almost no one travels over the desert during the day. It's much better at night. And so it was! A delightful breeze filled the car. Obviously a lot of others had the same idea - traffic was very heavy going toward California.

At about 0600 hours, I pulled into the entrance of Camp Pendleton near Oceanside, California. I asked the guard where I could find the Commanding General (my orders said to report to him). Following the guard's directions, I drove along the main road and spotted the large ranch-style residence about a quarter mile off to the left. I parked beside the road for a while considering options, then drove on to a cluster of buildings, the main part of the base. I asked about the office of the Commanding General, figuring I would wait for him there. I entered the office, showed my orders to a clerk and asked when he expected the General. He laughed at my ignorance of military matters, then assured me that he could handle the matter for the General. In short order, I was checked in and assigned barracks, told to report to another office for duty assignment.

It was soon apparent that Pendleton was only a site for transient processing, and I was ordered to proceed to Travis Air Force Base "for further assignment." No doubt about it, I was headed overseas. So I called Vivian Claypool and asked her about keeping my automobile while I was out of the country. Next day I drove up to Los Angeles and turned it over to her brother, who would later take it to her.

Off to War

The following morning we boarded a troop train headed for Travis (Fairfield-Suisun Army Air Base). In the group were three doctors (Graves, Leuhrs and I) and about 90 Marines and Navy corpsmen. At Travis, we had a long overnight wait, sitting sprawled on the floor against a wall or resting against bags of personal gear. Some time the next afternoon, we finally were herded aboard a DC-6 for transport “overseas.” As the list was checked it was noted that I was the senior officer in our replacement group (earlier date of rank than the other two Lt(jg)s), so the crew let me sit in the cockpit and watch the colorful sunset over a solid cloud layer. In the middle of the night we landed at Shemya Island, next to last of the Aleutians, for refueling. Not much there, a single long airstrip with a few buildings on one side and a pile of rocks on the other.

It was mid morning when we landed at Haneda airport in Tokyo. As I walked into the terminal on my way to a check-in desk, my legs felt wobbly and I almost fell. Within seconds it was over and I realized that I had been in an earthquake. Others around me muttered about this being a little one!!

The group was transported to Yokosuka Naval base where we were issued Marine fatigues, canteen & metal mess gear. We were housed two nights and then put aboard a Japanese sleeper train (upper & lower bunks, small & narrow and closely spaced) for an overnight trip to Osaka. From there we were transported to Kobe, to a large warehouse where we waited along with a bunch of cargo for loading onto a ship already docked and loading (USS Thomas Jefferson, APA 30). As we waited, a big muscular Marine (let’s call him Frank) came up to me, almost in tears, and asked if I had any pain medicine. Said his rear end hurt real bad. Here was a man who could tell many war stories, undoubtedly a veteran of many previous Marine campaigns. I had him drop his pants and lean over a crate. The cause of his pain was apparent. He had a large blue thrombosed hemorrhoid hanging at the anal verge. With the help of a couple of corpsmen, we opened a few boxes marked medical supplies. First one was a huge one containing nothing but Boric Acid ointment - no help. After a time we found a syringe & needle, some Novocaine, a knife and a couple of hemostats. We leaned him over the crate again, lanced the hemorrhoid and evacuated the clot. Relief was immediate and complete. Later, in Korea, Frank showed his gratitude many times by looking out for me. Somehow he could get needed items that supposedly weren’t available, although we sometimes provided a bit of medical alcohol for him to barter. In spring, I sometimes had a problem going out into the bright sunshine after a session

in the operating room. This Marine happened to hear me mention it. Next day he handed me a new pair of sunglasses, aviator issue. I asked where in the world he found them, but he smiled and said, "Don't worry. They're free."

We were herded aboard ship and shown to a large room full of stacked bunks, typical of troop transport facilities. The scuttlebutt was that we were headed to Pusan, Korea to reinforce the troops holding that small section against the North Korean army. But we were not scheduled to get underway until the next day.

Several enlisted men in the group came to me to complain that they had tried to leave the ship on liberty for a few hours, but were told that no one was allowed ashore. I checked again with the ship's crew to make sure that we would not be departing until the next day. I figured that these men who would soon be in a combat zone needed some diversion, so I went along with a few dozen to the talk with the Marine sergeant guarding the main gate. He reiterated the "no one ashore" order. I asked to speak with his commanding officer. He tried a call on his telephone, but couldn't reach anyone. So I played the rank card, pointed out that these men in my charge would soon be in a combat situation, and that I was granting them four hours liberty, which I had the authority to do unless he could countermand it with higher authority.

With that he relented, and I joined the men in a beer joint just outside the gate, where we downed several beers and began to get acquainted. Later in Korea I found many of these men in E Medical Company, and I realized that this group had been requested to form the nucleus of a hospital company being created. After a couple of hours, I had had enough. I got up to leave and was quickly joined by what appeared to be the whole contingent, for the walk back to the ship. Suddenly I was a "leader of men." Back at the ship a check revealed all present and accounted for.

Destination Korea

Next morning the ship was underway, and the following sun told us that we were heading west. When we were out of sight of land, out in the Sea of Japan, an important announcement came over the ship's intercom. We were en route to Korea, but not to Pusan as we suspected, but would be participating in an assault landing at Inchon, Korea! Individual units were instructed to assemble for appropriate briefing. But we were not yet a unit! Just a bunch of individuals comprising a replacement draft. Not equipped for combat (782 gear). I asked several senior officers for advice. Where do we get the needed 782 gear? Who leads our group? and what is our assignment? I was the senior officer in our replacement group, but I knew almost nothing about the military, going from civilian life into combat without the benefit of boot camp.

I was advised to have our group report to the 1st Medical battalion which should have landed by the time we went ashore. Again, I guess I was the leader. 782 gear? The troops had brought their own and the ship did not carry any such stock. We would be subject to enemy fire without benefit of a helmet or a weapon. One officer offered a simplistic solution: There would be casualties as we hit the beach, so "pick up a helmet, weapon, ammo and whatever else you need from one of the casualties!!"

As we approached Inchon in late afternoon, we passed a number of ships including a battleship (Missouri) that would be firing salvos of 16 inch rounds over our heads into enemy positions. The ship slowed and dropped anchor and we could see and hear the firefight going on in Inchon. The scuttlebutt was that the Marines had already taken Wolmi-do island (15 Sept) and were already in Inchon. We were assigned stations for debarking. But there was a lot of confusion as light faded into darkness. Then the announcement: "Debarking has been delayed to 0600 hours."

Next morning things seemed a little better organized. We assembled on deck in our assigned area and waited, waited.... About two hours later it was our turn and we were led up to an area where a cargo net had been thrown over the side. No instructions - just "Over the side!" So, like insects caught in a massive spider web, we clung to the net with both hands while feet searched for the interstices below. A landing craft bobbed in the water below us. Near the bottom, someone grabbed my foot and placed it on a flat section of the craft, then helped steady my body as I almost fell backward. Wasn't long before we were packed like sardines, except that we were vertical in the container. The roar of the engine drowned out any thought of conversation, as we all wondered what kind of greeting would be there for

us at landing. Suddenly, the craft ran aground and the front flopped down in the water. And then a short walk through shallow water and we were on land. Scars of recent shelling were evident. One large building was still burning. All around us men were coming ashore, most armed and ready for combat. And near a docking area there was a growing mountain of equipment and supplies. A Marine with a clipboard seemed to be in charge, giving directions. He responded quickly to my question. "First Med battalion is down that road left hand side, bout a quarter of a mile." In the distance we could hear intermittent cracks and booms of the continuing firefight. And some of it was coming from the direction we were headed.

A small compound of tents turned out to be the 1st Med battalion headquarters. Our group reported and within minutes I was talking with Commander Johnson. He said, "Stewart, we just had a battalion surgeon hit by mortar fire, has a compound injury of the shoulder. Gather up your gear and a driver will take you up to replace him." I explained that I had nothing except minimal personal gear, had no 782 gear. So he directed me over to a supply tent where I was issued the battle gear. One problem was that the carbine handed to me was still in its closed sheath, imbedded in a generous coat of cosmoline. It would take a lot of work to make that weapon serviceable. A Marine standing nearby noticed my look of consternation and said. "Here, let's swap. You may need this pretty soon." With that he handed me his immaculate M-2 carbine and he took the package I was holding. He added several clips of ammo and a bandoleer of spare ammo.

Good Fortune

The driver turned the jeep inland along a narrow dirt road and the sound of battle action gradually grew nearer. Then a bit of heavenly providence rescued me. Coming toward us was another jeep with medical marking. The Captain waved us over and asked where we were headed. He said, "Wait a minute. I need to make a call." He directed me to come along as we walked over to a small tent where he found a field phone. He proceeded to call and rake someone over the coals, demanded that those ambulances be sent up pronto.

This was my first encounter with Navy Captain Eugene Hering, a tough, no-nonsense career man whose life was dedicated to the Marines. He was thoroughly battle seasoned, had been with the earliest elements of the 1st Marine Division that came to Korea and helped secure the Pusan perimeter. He considered it an honor to be called a Marine. He obviously enjoyed his role and was comfortable in combat situations.

He turned and asked me about my medical training. When I told him about my surgical residency, he muttered a soft curse, "Dammit, I told Johnson to be on the lookout for surgeons. We are in desperate need. Didn't Commander Johnson ask you about your training?" "No sir," I replied.

With that he was on the field phone again and he gave Johnson a verbal lashing, asked about the other replacement doctors. I heard him say, "Which eye?" and I knew he must be talking about Richard Leuhrs, the Ophthalmologist. Anyway, he hung up and informed me that I was going back and would be assigned as the surgeon for E Medical Company. One of the other doctors would be taken up as the replacement.

He noticed my carbine and ammo and informed me about their policy. "We have a supply of Red Cross arm bands back at headquarters. I suggest you get one and carry it in your pocket. This may offer a measure of protection in case you should be captured. However, you should never be armed when you wear it on your arm. It's one or the other - your choice." I chose to be well armed, but I did carry the arm band in my pocket, never wore it.

Back at battalion headquarters, Commander Johnson greeted me rather coolly and told me about assignment to E Med. I looked up the young Marine who had generously swapped rifles with me, offered to swap back. But he was already in process of getting the new one cleaned, said he was used to doing such things, and declined the swap.

The next couple of days were spent in getting the personnel of E Med

organized and there were new things for me to learn, not having the benefit of boot camp or any previous military experience. Putting together the back pack, shelter half, shovel, bayonet, etc. A sleeping bag had its bag container with purse-string closure. We normally carried a two-day supply of C rations

whenever we were near combat areas or on the move. These were supposed to furnish at least 3000 calories per day, so the small cans typically were loaded with greasy fare. My favorite, one of the less greasy ones, was bits of franks and beans. Whenever we were able to set up a compound with cooking facilities, the fare was much better, although there was nothing fresh, no milk or bread. The cooks opened a lot of big cans, and there was more variety than the C rations. And the portions deposited on our mess gear were generous.

I learned to get to the chow line early for another reason. After each meal, we cleaned our metal mess gear by hanging it together and dipping it in three garbage cans of boiling water. First dip was in water with soap or detergent, next a boiling rinse, and then a final boiling rinse. Worked very well except when one was in the late group. By that time uneaten residue filled the first can, made it look like a mess of slop that one would feed to the hogs. After a while some of the slop got carried over into the second can, and eventually also into the third can. Fragments of such residue clung to the mess gear after the final rinse. Ugh!

Bathroom facilities were a new discovery, even for one used to a country outhouse. First was the urinal. This turned out to be a stove pipe, driven a short distance into the ground. Didn't go anywhere but simply assured that all hands would aim for the same spot. One of our Marines was particularly well endowed and he regularly attracted a group of Korean kids who came to see that unusual "weapon" that he pulled out to aim at the pipe. A greater culture shock for me was the slit trench. Using a backhoe the engineers had cut several parallel trenches in an open field. It was with some reluctance and embarrassment that I first straddled one of the trenches to take a dump. Not very comfortable, either, with no support for your bottom. But some of the Marines found it comfortable enough to read a paperback book while squatting over the trench! After a couple of days, a bout of Oriental dysentery erased all reluctance I may have felt about using the slit trench.

Later we had more civilized facilities such as a 4-holer built of wood framing and placed over a hole in the ground. Each morning someone dumped fuel oil into the pit and lit it to lessen the odor and destroy some of the waste. As we got into cold weather, I tried to time my trips while the

oil burned. The warm smoke rising through the 4 holes added a measure of comfort. At times our people would catch a Korean dipping his “honey bucket” into the pit to salvage some of that wonderful fertilizer that otherwise would simply go to waste.

Becoming a Hospital Company

E Med was assigned a more forward area, separate from the battalion and we were a bunch of unorganized people with little equipment. The Marines and corpsmen came largely from the replacement draft, so I had a speaking acquaintance with many of them. Fellow physicians included Bill Hawley, an internist; Richard Melick, urologist; Richard McLean, psychiatrist; and John Cheffey, Orthopedist, who was initial CO of the group. (Check times) I was the only surgeon. Two dentists were also assigned, Frank Church and Bill Mitchell. Frank had had some experience in anesthesia, so he was designated the anesthetist (although we had no anesthesia machine!!). I gave the spinals when appropriate.

At first we had little tentage, so we lived out of doors, used the tents for storage of equipment & supplies. We dug two-man foxholes, using the crude shovel-hoe tool that was standard issue. It did not do well on the hard, rocky soil, so that Bill Hawley and I were able to dig down only about 8 inches. At night, when we heard the soft flutter and low pitched whistling of shells passing over us, we wished we had dug just a little more. As we lay face-up toward the cloudless dark sky, we could hear a low-pitched rumble from the west and several seconds later could see three missiles in triangular formation streaking eastward. After several more seconds there followed a muffled explosion from the east. The Missouri was lobbing 16 inch shells from the sea some 20 miles into targets as far as Seoul.

In checking through cases of equipment, we realized that much was lacking to support a mobile hospital unit. Technically, we were labeled a Clearing and Collecting company, but our function was much like the Army MASH units, providing emergency medical care until patients could be evacuated to a hospital ship or transported to a hospital in Japan. We had no female nurses, only hospital corpsmen. One good finding was that we had several cans of medical alcohol, which proved to be essential to our function.

A few of us went down to the landing area where materials were being stockpiled and inventoried. I spoke to the sergeant in charge and asked for some equipment, most important of which was an anesthesia machine. He checked and, sure enough, nearby was a large crate labeled anesthesia machine. But he would not allow us to take anything. His task, he said, was to collect and inventory everything, after which we could submit a requisition through channels for whatever we needed. How long would that take? "Maybe a week...."

That evening I had a talk with my most grateful Marine sergeant,

Frank. He suggested some alcohol might be the proper lubricant to release the machine. So I gave him a can of alcohol and he took another Marine and a couple of corpsmen to go “negotiate.” Next morning my hopes were more than fulfilled. We not only had an anesthesia machine but about a dozen cases of other medical supplies. I had learned a valuable lesson about survival in the military!

Treating Koreans

Captain Hering came by and told us to prepare for another move, this time to a school building in Yongdong-Po, just on the west side of the Han river, beyond which lies the capital city of Seoul. Our assignment was to provide care for civilian casualties of our invasion.

We were getting better organized and in a short time had indoor medical facilities established. E Med Officers at that time were We were provided two Korean doctors as aides, interpreters. Unfortunately neither could speak English and, even with the small phrase books that we had been furnished, we could not manage much in Korean. I soon discovered that one of the doctors spoke German fairly well. I did not do well in conversational German from my two years' study in college, but the second year study of medical German proved useful. So the Korean doctor and I managed fair communication in German. Some time later (I don't recall when), another

Korean doctor, a Bacteriologist named Yong Kok Lee, joined our company. He spoke English fairly well and helped me learn several useful Korean phrases. He often came in to watch me operate, obviously fascinated by what we were able to do. In later years, he came to the states, served a residency in cardiovascular surgery with Mike Debakey in Houston, returned to Korea to practice. Much later he came to New Orleans and visited briefly with Bill Hawley and me. He was on an international speaking tour, presenting his experience in his first five hundred aortic operations!

Initially we had no takers in Yongdong-Po. I suppose that the Koreans could not understand the American logic of shooting at them one day and offering medical care the next. First a few wounded ventured in, then a few more, then the word apparently reached the general population. After a week we were inundated. Soon the waiting courtyard was packed and the hospital smelled of week-old rotting flesh and foul smelling pus. The smell of gas gangrene was unmistakable and we had a separate ward (classroom) for such cases. Another separate ward received the numerous tetanus cases. As I made rounds each morning, I gently tapped the side of the face of each one. A telltale sardonic grin was enough to earn a transfer to the tetanus ward. We did a lot of amputations for wounds infected with tetanus and/or gas gangrene; surprisingly there were few deaths. Possibly prior exposure to these pathogens conferred some degree of immunity to the Koreans.

One case was particularly noteworthy and was mentioned in the U S

press. A young woman was brought in with a gunshot wound through a prominent, obviously pregnant, abdomen. She was in labor but the pains were not producing much dilation of the cervix. Fetal heart tones were somewhat rapid and faint. When I did the needed C Section, I found a large hole in the uterus with fetal parts sticking out. The baby boy had a bullet wound through one heel, but otherwise was fine. Resuscitation was no problem. I proceeded with removal of the damaged uterus. Mother and child made an uneventful recovery and went home a few days later. An AP article stateside termed this the youngest casualty of the Korean war.

One day I went out to look over the crowd of patients waiting in the courtyard and I spotted a woman nursing her baby. But it was not the usual physical arrangement. Korean women customarily carried their babies in a pouch on the back, with a supporting sash wrapped around the chest, over the breasts. This pressure must have caused the elongation of the breasts that I regularly noted in these women. This time, the woman had left the baby in the back pouch, perhaps hiked up a little, and she had the breast flopped upward onto the shoulder. The baby held onto the breast with both hands, nursing vigorously. I quickly hastened to our sleeping area to find my camera to document a sight few would believe. But when I returned, she was gone. Unfortunate, because this surely would have been worthy of publication in the National Geographic.

Plan for Another Invasion

In mid-October, we received orders to pack up for a move. We still had several wards filled with patients, but the inflow of new ones had diminished. We turned the hospital over to the Korean doctors and left them a generous supply of equipment and medications.

Our loaded trucks joined a convoy to the harbor at Inchon and in short order we were loaded aboard a troop ship (USS Pickaway APA 222). The amenities were not what I expected for a Naval officer. We joined the troops in a crowded berthing area, with racks of canvas stretched on metal frames, stacked about six high, with little vertical space between them. As I recall, I was number three from the floor, and I soon learned to climb up, swing a leg into the space to help bring the body horizontal, then slide sideways into the space. If I bent my knees in the process of turning over, I would hit the guy suspended in the canvas above me. And my backsides sometimes got prodded from below by the next lower man doing likewise. Officers country and the wardroom were off limits to us except at mealtime. So much of the day was spent on deck, watching the blue-green water slipping by. For a change of scenery, we could go to the other side of the ship and watch the water slip by in a different direction.

We were expected to take care of the medical needs of the troops, so we had assigned hours for sick call, and we attended those who were sick enough to be retained in the sick bay bunks. After a couple of days, I saw a Marine who had symptoms and signs of appendicitis, so I had to go through channels to arrange for the surgery. First I had to get permission from the ship's medical officer to use the surgical unit. Then I had to get permission to operate from the most senior physician with the troops. Turned out to be a Dr Peter Arioli (sp?) who later was killed by a sniper's bullet - the only physician killed with the Marines during the time I was there. Although he was not trained as a surgeon, he had me recite the clinical features, my differential diagnosis and my recommendation. Then he gave his permission for me to operate.

My next medical adventure was a bit more satisfying. Bill Hawley had a patient who was having intermittent chills and fever. Turned out that I was the only one on board who knew how to do a thick smear to check for malaria (Thanks Tulane!!). It was a simple matter for me and I was able to make the diagnosis of malaria; I believe this was the first one in the Marine troops. The word went out for all hands to take Atabrine as directed to ward off more cases.

The scuttlebutt filtered down that we were headed for the east side of

the Korean peninsula to make an assault landing at Wonsan. But as we sailed north in the Sea of Japan, word came that the North Koreans were withdrawing from the area, and there were some delays in getting the harbor cleared of mines. At night the convoy turned back south and thus began "Operation Yo-yo" - north during the day and south at night.

Boredom was a growing problem. Somebody discovered that there were some musical instruments on board, and several of us who could pick gathered in a stairwell and got a jam session going. Along came Chaplain Craven. When he heard us, he decided that there should be a happy hour next afternoon. With the decks jammed and people hanging from every possible vantage point, several of us got on a makeshift stage, using primitive amplifiers and a stand-up mike. I played several tunes on a six-string lap steel, then later played rhythm guitar to accompany one of our corpsmen, (name?), singing several pop songs. The applause was almost a roar after every selection, and the monotony was broken at least for a day.

Word came that the harbor at Wonsan was clear and that the enemy had withdrawn. So we prepared to go ashore. This was carried out much as the assault that had been planned but there was no resistance, thus no gunfire.

Again we were taken ashore in landing craft and got our feet wet in the process.

Word had reached higher levels of command that the enemy had withdrawn, so a special treat was arranged. Bob Hope just happened to be in South Korea entertaining the troops. He was brought by helicopter to the Wonsan harbor. As the first wave of Marines hit the beach, there to greet them, waving a Marine cap, was Bob Hope!

The weather was a bit threatening, looked like rain. So, instead of a foxhole, Bill Hawley and I found a bit of higher ground, combined our shelter halves to form a small tent, and dug a shallow trench around it. The rain came down in torrents. In our sleeping bags with upper portion under the tent, we remained dry with water rushing down the trench on both sides. Many others got soaked.

As we moved northward along the coast, there was little resistance. Some headquarters units stopped at Hungnam, but we proceeded on to Hamhung, where we found mounds of decaying bodies of civilians obviously objects of mass executions. Some were in freshly dug-out depressions, but the enemy apparently had withdrawn before taking time to cover over their atrocities.

Closer to the Battle

Within a few days, part of the company was ordered forward to provide closer support of combat troops. This included our CO, Dr Ken Holloway, Bill Hawley, Frank Church and myself plus about half the corpsmen and Marines. The others remained behind to help with evacuation of casualties from Sudong to Hamhung using a train on a narrow gauge railway.

Our trucks moved closer and closer to hill country near the village of Chinhung-ni. On the way we passed a battery of 155 howitzers, then a group of 105s, then a field of mortars. Small arms fire was nearby. At last we were directed to a shallow draw next to a unit of 92 mm recoilless rifles. We set up a couple of tents, dug a hole on the hillside and fashioned a single latrine by covering the hole with a wood box with a hole cut in it.

We were advised that we would be in a cluster with a small perimeter and that part of that perimeter would be guarded by wires connected to trip flares. If a flare illuminated the area, we were to remain absolutely frozen in place. In such bright light, stationary objects do not attract attention, but any motion is rapidly seen and will certainly draw enemy fire.

Towed along for our use was a deluxe operating room trailer. Beautifully built and well equipped, it made an ideal setting to do major surgery in the field. But there was a problem. It could accommodate only one patient at a time, and the crew inside it could not lend a hand when we were getting many casualties.

The troops were involved in an active firefight, so we started getting casualties right away. I had a few major belly wounds that required surgery and the operating trailer served well. One unexpected bonus was that Captain Hering dropped by and volunteered to assist in some of the operations. I suggested that it would be more appropriate for me to assist and for him to do the surgery. But he declined. He pointed out that many years ago he wanted to go into surgery and in fact had had one year of residency training. But duty with the Marines took him away from his training. He never returned but never lost his fascination with the field. As time went on, he was a frequent assistant and we became good friends.

A few hours after darkness fell the first evening, I developed an urge. The oft-repeated episodes of diarrhea were back again. I climbed up the slope to our single hole latrine and sat on the hole in the box. Suddenly a flare illuminated the area bright as a sunlit day. Needless to say that scared the crap out of me ; I was in the appropriate place for that to happen. Within a few seconds, small arms fire started and the recoilless rifles opened up.

Then flare after flare exploded in the sky keeping the area perpetually lit while the staccato cracks of rifles and booms of bigger stuff filled the evening. This went on for what seemed an eternity, but probably about ten minutes. Then the firing subsided, the sky went dark. I quickly finished my task and rushed to the tent. In the darkness inside, I felt my way to a cot and lay down, but it was some time before the rush of adrenaline subsided enough for me to get to sleep. Next morning, we got a report from the nearby rifle group. The trip flare just across the creek had been activated. Next morning they had found a dead dog, obviously the critter that had started the ruckus. Once the troops had been thus aroused, they fired additional flares and concentrated firepower into the area where the trip had occurred.

Another day of intense fighting and we were busy operating and patching up those with lesser wounds for transport back to the rail heading at Sudong. Then it became rather quiet. I later learned that the enemy had withdrawn as a sucker move to entice us on up the road.

The officers were called together for a short briefing. I believe it was by a Major Woessner. He told us that some of the men captured were not Korean but Chinese, that they claimed to be volunteers. But he added that with the entry of Chinese personnel as our enemy, we may be at the beginning of World War III.

The weather had suddenly turned cold and a few snowflakes mixed with sleet blew sharply across the terrain. Parka overcoats began to appear and I soon had one, along with "shoe-packs" - loose fitting black boots to be worn with long thick cotton socks. Initially these could be quite comfortable, but they were air-tight, so sweat accumulated on the feet, the socks became wet and the cold then penetrated all layers. Most comfortable of all was the eider-down sleeping bag. Even in the coldest weather, you could slide down into the soft interior, close the zipper all the way up to leave only nose and eyes peeping through a small oval at the top. You'd stay warm as toast even out in the elements on frozen ground.

About this time I met Col Litzenberg who commanded the 7th Regiment. It was his assignment to lead the march northward toward the Yalu. I was not trained in military tactics, but I sensed that we were taking a great risk, for there was only a single lane dirt road winding upward several thousand feet to the higher ground. That limited the number and types of vehicles that could proceed. For example, our beautiful operating trailer was too large and had to be left behind as we moved again.

Heading for the Chinese Trap

The air was filled with uncertainty as we joined the convoy heading north from Chinhung-ni. But Col Litzenberg exuded confidence in the troops he commanded. If he felt reluctant to proceed, it did not show. That confidence filtered down through the ranks, and the recent retreat of the enemy bolstered that feeling. It wasn't long before the scuttlebutt changed to cheerful optimism - that we would be home by Christmas. Once we secured the southern banks of the Yalu, army units would move in to occupy the territory; the Marines, having carried out their assignment, would be relieved. Sure sounded good - and logical!

I rode on one of our trucks, sitting atop miscellaneous supplies and folded tents. The wind grew stronger and colder as we ascended, rounding hairpin turns in the gullies and narrow cuts around the steep prominences, with no guard rails of any kind. The barren hillsides added to the uneasy feeling. Where was the enemy hiding? I paused to take photos of four large conduits lying on steep inclines, carrying water to the hydroelectric plant near the base of the mountain. On reaching the high plateau, we paused at the town of Koto-ri while the troops prepared for a rapid thrust on northward. Light snow was falling and the temperature had dropped into the freezing range. One could hear occasional small arms fire in the distance, but casualties were few. The enemy troops had disappeared into the hills.

We set up for a short time north of Koto-ri (Tok-su-bong?), had little to do and then were ordered to move further north.

Chosin General Hospital

Our convoy proceeded without incident to the town of Hagaru-ri at the south end of the Chosin Reservoir. E Med was given the largest building in town, a school building, to set up a hospital facility. There was a large bomb hole in the roof, but that was quickly covered by a heavy tarp with lines attached to keep it in place. But icy blasts of freezing wind and drizzle would lift up the edges at intervals; it was almost as cold inside as outside. For the operating room, I chose a small room just off the large open classroom area. We set up a small oil-burning stove in the room. It did not really heat the room adequately, but at least raised the temperature above freezing. The engineers built a rack to hold a standard stretcher. That served as the operating table for major surgery. In the large area, they built wood racks to hold stretchers in a stack, three high as I recall, capable of holding ninety patients. Corpsmen and Marines turned to and it was not long before we were in operation. Our company had several doctors but I was the only surgeon. Dentist Frank Church was the anesthetist.

A covered front porch served as the reception area, with Sergeant “Smokey” Hamner there to confiscate the arms & ammo from casualties, who often were very reluctant to part with their weapons. One day a young Marine walked in holding a hand grenade, asking for a strip of adhesive tape. Seems he had pulled the pin, ready to throw the grenade, then changed his mind. He was clutching the “spoon” to prevent detonation, but wanted the tape to relieve his hand grip! Sgt Hamner took him by the shoulders, turned him around and marched him to a nearby field and made him throw the grenade.

We were beside the main road through town and watched troops and vehicles go past in a continuous parade, heading on northward toward the Yalu. More snow was falling and temperatures were in the minus range, ranging from -25 to -40 degrees. Even inside the building, my feet ached continuously, except when I zipped up inside my Eider-down sleeping bag.

Casualties were light at first and the work load tolerable. The main effort was to stay warm outside the sleeping bag. No way! It was impossible.

The cooks set up a chow line in a cramped area near one end of the building to feed the crew and walking patients. The line ended at a door so that one had to exit the building and walk about 50 feet to another door to reenter the building. But even with hot food deposited on the metal mess gear, fingers would stick to the cold metal before getting back inside!

There was debate about whether the temperature got down to -25 or -

40. Anyway, in spite of four oil-burning stoves in the large open “ward”, IV fluids froze and blood and plasma became slush that would not flow. We lost several men because we could not keep the fluids going.

Everyone looked forward to a big feed promised for Thanksgiving Day. But it didn't happen. As a foreboding of things to come, the trucks carrying our Thanksgiving feast were intercepted and never made it to Hagaru-ri.

As the 7th Marines moved on toward Yudam-ni we began getting more casualties. More than half of the wounded had accompanying frostbite. On

26 November there began a series of nightly attacks on Hagaru-ri and the enemy blocked the road to the south. Air evacuation was not yet possible and the hospital filled rapidly, with patients also occupying tents set up beside

the main building. Supplies were dropped in crates attached to brightly colored parachutes, the color indicating the type of material carried.

Surrounded and Outnumbered

As I recall, it was the evening of 28 November when all hell broke loose. The Chinese had the town surrounded and attacked from all sides trying to capture this focal point of the Marine offensive. Most of the fighting units had already gone up the road to Yudamni, some four or five miles away. The word passed for every able bodied man to grab a weapon and help with the perimeter defense. So the cooks, clerks, headquarters staff - all available - reverted to their basic role, that of combat soldiers. The other docs and I, with a handful of corpsmen, were busy otherwise as casualties began to accumulate. And even triage became a point of inefficiency. With several dozen wounded suddenly piled into the receiving area, I found myself initially wandering amongst the wounded, doing quick evaluations, trying to read the entries on the attached casualty tags, making mental notes, then moving on to the next. A terrible waste of time, accomplishing little! I soon found it more efficient to leave the triage to the other docs and corpsmen and to proceed to render care quickly to any one who needed my level of care. Minor wounds, fractures, frostbite could be delegated to corpsmen with minimal instruction needed. Those with major, life threatening wounds were shifted into the "operating room" for my care. Thus I was almost continuously operating on major abdominal wounds, patching or excising or bypassing damaged intestines (A lot of colostomies!) or opening major chest wounds. Meanwhile one could hear the periodic crack or thud of small arms fire hitting the building.

The responsibility for triage shifted largely to the corpsmen, who soon learned to stop bleeding, start blood or plasma on those in shock and to quickly inform me about those most critical. One instance was noteworthy. I am uncertain about which night, but it was the time the British Royal Marine Commandos broke through from the south to come to our aid. They had taken heavy casualties and many were deposited for our care. Our corpsmen carted a litter into the operating room, bearing one of the wounded Royal Marines. I was in the midst of patching wounds in an open belly. The corpsman said, "You better take a quick look at this one; he's nearly gone." I turned around and noted an unconscious young man with blue color and the sounds of a sucking chest wound. His clothes had obviously been saturated and were frozen stiff. I told the corpsman to expose the sucking wound. I dropped out of the operation long enough to close the chest wound around a catheter and hook it through tubing to improvised water-seal drainage. Then I went back to the previous operation, my back to the man with the chest wound. After several minutes, the corpsman

assisting me (Turley?) said, "Take a look at that!" I turned and saw the young man sitting up on the litter, his legs swung to the side and his arms almost encircling the floor heater. His skin was now pink and he managed a slight smile of appreciation. No words were needed. He knew and we all knew that he would be a survivor.

The Royal Marines soon repaid us for saving one of their own. The Chinese had overrun the hill just behind our hospital and were getting close to the back side of the building. Hamner had every able body out in the back yard firing almost continuously, trying to contain the onslaught. This was the weakest area of our perimeter defense, and this is where the Royal Marines joined the fight. Within an hour or so, they drove the Chinese back over the hill. During this part of the fight, one of their men came in with a wound through the bridge of his nose, obviously a small caliber bullet having passed through side-to-side. Our corpsman cleaned the wound and applied a small dressing, started filling out a casualty tag to provide for later movement to a rear medical facility. But suddenly he was gone! He had rejoined his unit for the rest of the fight in progress. I later heard that he had been reprimanded for leaving the scene of battle without permission from his superior officer!

The next several days and nights are a blur in memory, overwhelmed with countless wounds of all description in half frozen bodies. No time for sleep, few breaks for food or anything else. I scribbled personal notes about a few of the most serious cases, thinking about searching for follow-up information at some later date. The detailed information went with each patient, with a copy retained in our company records. Unfortunately several weeks later an accidental fire consumed the small Korean house which was being used by company headquarters staff. With that, almost all of our written records were destroyed.

Our C O later asked me about the number of major operations I had performed at Hagaru. I replied that I had notes on only 17. That number got passed along and appeared on a citation for a Bronze Star with combat V. Somehow the write-up implies that that was all I did during that time, but that was only a few of the many.

Army units that had proceeded up the east side of the reservoir had run into heavy fighting, suffered heavy casualties. Remaining elements began to filter back into the comparative security of our perimeter. But word leaked out that they had left many wounded behind. Colonel Beall and some of his motor transport group took several trucks and drove across the frozen reservoir. They found many dead and some wounded, some having already crawled partway across the icy expanse. They dumped their loads of

frozen bodies at our entrance, and our corpsmen picked through to find the live ones. In addition to their wounds, all had serious frostbite.

With the flood of casualties as the main part of the Division returned from Yudamni, our hospital was filled to overflowing and we had to take over all the nearby tents and put up even more tents adjacent to the hospital. Meanwhile the engineers worked frantically day and night trying to scrape out a useable airstrip from the frozen ground. They, too, suffered casualties as the Chinese fired on equipment operators. Our patient census rose to about 850 before the first plane made it into the strip.

One noteworthy presence during most of this time was the Division surgeon, Capt Eugene Hering. He seemed to be everywhere at once, always involved in some task. At times he came in and assisted me in major surgery. Next thing I knew he was outside on one end of a litter, carrying patients to racks inside or, for the less serious, to one of the tents nearby. When tent space was filled, he was out rounding up more tents to erect. A true leader, he did any job that needed doing, no matter how menial. I don't know when he slept, but one thing I knew - he didn't sleep inside the hospital building, and I am told that he avoided sleeping in tents. Such structures attracted enemy fire. So, most of the time he found a foxhole or natural embankment, and slipped into his sleeping bag on the frozen ground. His aide had little choice but to do likewise, but he often let us know about his displeasure.

On December 1st the first C-47 touched down and flew a load of patients to a secure strip to the south, from which they were transferred to another plane for the flight to Japan. Capt Hering joined the triage team at our front reception area. For less serious casualties, he ordered direct transfer to the airstrip for immediate evacuation. That eased the pressure considerably on our people.

By December 6th, our hospital was almost empty. Captain Hering came by and told us to send the remaining patients to the airstrip for evacuation and to load up to move out. We were to join the division for the push back south. And we were told to burn our hospital building.

Captain Hering called me aside into one of the small rooms, now empty of patients. We sat on a stretcher and he posed a question to me, probably the most difficult one ever for me. He stated that he would be leaving soon by chopper, and wanted to know if I would like the chopper sent back to take me out to Hungnam. He pointed out that as a surgeon, I was important to the continuing care of the troops, that on the march out I could do little more than first aid, which could be done adequately by the

corpsmen. The only negative would be one of morale amongst the corpsmen and the other doctors.

I thought about the danger we faced and the bitter cold to be longer endured, about more sleepless nights and fatigue. And I thought about the ease and comfort of rising above it all in the chopper for the short flight to warmth and security. But I had been part of a team of dedicated people; I couldn't sneak out on them. I decided to stay with our men.

There was some sadness in the scene as flames consumed our hospital and a few structures nearby. I took a photo and turned away to look for our place in the convoy. Each doctor took along 6 or 8 corpsmen, half a dozen marines, at least one ambulance and a couple of trucks of equipment. Each such group was directed to join the convoy at intervals so that we would be fairly evenly spaced.

Leaving Hagaru-ri December 6, 1950

It was a short walk to the road intersection at the base of east hill. There the road presented two choices. The road north ran along the east side of the Chosin Reservoir. The Army unit which had taken this route a couple of weeks previously had been demolished by the Chinese. Only a few soldiers had managed to make it back to Hagaru-ri. No organized unit remained. Undoubtedly overwhelming numbers of Chinese were still there.

The road south represented the obvious choice. This led toward other Marine units, to Hungnam and the sea, the way out of this mess. What we didn't know was that the Chinese had massive forces waiting in the hills on either side of this single lane road. Some said that we were simply advancing in another direction. But we were walking into the jaws of an inescapable trap.

As our vehicles made the turn to the south, I turned around for a last look at Hagaru-ri. It was a small town and very little remained. There was a big black smudge where our hospital had been. A few small huts were still standing, probably being used as temporary warming stations. They would be destroyed or burned by the troops bringing up the rear of the column. A solid line of vehicles filled the road to the south as far as the eye could see.

"Smokey" Hamner had made sure that everyone in our section was armed and had plenty ammo. No one wore the Red Cross arm band.

Our big brown O R tech, Turley, had opted for a BAR (Browning Automatic Rifle), 24 pounds of deadly metal that could spray out rapid-fire bursts just like a machine gun. That weight was burden enough, but he also had a number of bandoleers of ammo slung on either side of his body.

I carried a light weight 30 caliber carbine, standard issue for a medical officer with the Marines. But several weeks earlier I had persuaded Hamner to "issue" me a 45 automatic. I pointed out that it was difficult to tend to wounded men with a rifle slung over my shoulder, so it generally stayed near my sleeping bag. The 45 strapped to my side was quite comfortable and provided a sense of security against the unexpected.

I had done some target practice with the 45 soon after I got it. A couple of our Marines chuckled at my attempts to control the upward bucking as I fired the 45. One of them offered me a few tips. To demonstrate, he turned the 45 horizontally and quickly squeezed off three rounds into the target, making a triangle of three holes about two inches apart. No way I could duplicate that, but the horizontal hold did improve

my aim somewhat.

It was still bitter cold and everyone had the hood of his parka pulled tightly around his head. So there was little talking. We were almost single file stumbling along awkwardly in the big shoe-pak boots on the icy snow-covered ground, keeping near our vehicles. Even so, we could walk faster than the vehicles moved.

It was like rush hour traffic in a big city, drive a few car lengths and then stop for several minutes. Except there was no passing. This was a single lane road, rarely wide enough for a vehicle to pass. Few men rode in the vehicles. There was added danger to riding in or on a vehicle. The Chinese were very effective with mortar fire and undoubtedly had zeroed in several sections of road in preparation for our move along it. Occasionally we would hear a loud boom and see smoke and flames shoot upward from a truck ahead in the convoy. After another long delay we would pass by and see the burned out vehicle pushed off to one side to let others go by. Surprisingly these were single events, not a series of rounds to get several vehicles. Evidently the Chinese mortar teams did not want to give away their position by firing repeatedly.

Surprisingly, too, there was only an occasional rifle shot from the hill on either side. We were like a line of ducks in a shooting gallery, both vehicles and personnel forming a line close enough that it would be hard to miss. But the Chinese fought little during the day; they preferred a swarming assault in the cover of darkness.

The situation was much different at the head of the convoy. The Chinese had the road blocked and bridges blown, and they fought fiercely to prevent the advance of our troops and vehicles. There wasn't time or troop strength enough to take all the high ground, so every few feet of advance to the south was paid for by the life of a Marine. Those of us who survived will never be able to express sufficiently our gratitude for such sacrifice by our Marine brothers.

Along the road, particularly near the east hill as we left Hagaru-ri, there were lifeless bodies of Chinese enclosed in their quilted off-white uniforms, some with a light coat of newly fallen snow. In my medical training, I had become accustomed to seeing bodies in the morgue and in the anatomy labs. But the sight of these bodies out in the field bothered me. Nameless fallout from war, seemingly unattended, forgotten, left for disposition into a collective landfill. Then there would appear a fallen Marine, and that bothered me even more. But we walked on. We had to reserve our space for the wounded. Other units following us would pick up

our brothers who had paid the ultimate price.

We continued to stumble along in eerie semi-darkness. The light covering of snow provided enough light to make out forms and the general terrain features. We had gone several miles and were in the area generally referred to as hell-fire valley. It was about 9 P.M. when the convoy came to a halt and did not move for the rest of the night. We felt sure that the Chinese would attack some time during the night.

I'm not sure who came up with the idea; I doubt that it was mine, but I readily agreed. We needed to post some lookouts out from the vehicles to make sure that the Chinese could not sneak up on those sleeping in or around the vehicles.

The unit just behind us (as I recall it was a rifle company) agreed to take the west side; our section would take the east. As the officer in charge of our group, I designated pairs of lookouts for one hour intervals, beginning at 10 P.M.

I think it was about 1 A.M. when I was ready to take a turn at the lookout post. A young corpsman went with me. Try as I may, I can't recall his name, but I'll call him Chet. He and I went straight out from the east side and relieved the two who had found a shallow depression on a creek bank about 25 or 30 yards from the convoy. We were both able to lie in the depression and keep our heads up just enough to get a good view of the hillside to the east.

We didn't talk or move much; we wanted to hear any movement near our area and didn't want to reveal our position. But the inactivity allowed the bitter cold to take its toll. I did fairly well except that my feet were frozen and aching. I was sure this was the onset of frostbite; I almost welcomed the numbness that might come next.

Chet was not as tolerant of the cold. His teeth chattered and he began shivering from the cold. I guess we had been out there for half an hour and his shivering had gotten to be uncontrollable. So I told him to go back to the vehicles and get inside one for a while or get onto a truck amongst the tents, blankets and other soft materials. I was not sleepy and felt that I could finish this watch by myself.

I waited and watched. And my eyes played tricks. Light and shadows seemed to move silently across the hillside screen. My carbine was laid out in front, ready to fire on the first object that moved my way. That would give adequate warning to those who might be sleeping in the convoy. It was nearing an hour and I was ready for relief.

Suddenly the hill came alive. Bugles and bells and whistles punctuated

a hail of gunfire and yelling humans. Flares lit up the area bright as day. It was a mystery where so many white-clad forms came from. It was as if a thousand Chinese had suddenly sprung up from the ground - and they were headed my way!

I pointed the carbine at a cluster of white forms and squeezed the trigger. Click! I operated the bolt to throw another round into the chamber and squeezed again. Click! Cycle the bolt again, another round. Click!

Without thinking about why, I released the clip and inserted another one full of ammo, operated the bolt and squeezed once more. Click! And the

white forms were getting closer, and louder!

I muttered, "Oh! Lord!" and added, "I'm in your hands now." I rolled onto my back, pulled out my 45, cocked it and waited for any form coming from any direction. I knew my time was at an end, and I was determined to take one or two of them along with me. My prayer was silent as I contemplated killing humans. My life had been dedicated to preserving human life. But I hoped the Lord would forgive me. I was part of a sinful world, a race of sinful men. We made war and we killed each other.

My initial panic was short lived. For some reason I no longer felt frightened. I was beyond that, with the certain conviction that my life would shortly be over. It is commonly thought that people facing death have a rapid review of their life experience. Not in this case. I prayed in silence, and thought of my mother back in the hills of eastern Kentucky, and how she would grieve on hearing that she had lost her only son.

The chaos continued and seemed to be coming from all sides. All kinds of gunfire echoed through the valley. Tracers made color trails in all directions. I could hear the faint swish of missiles passing and the thwip of some striking frozen ground nearby.

In front of me I saw the beginning of a miracle. A space appeared in the mass of human forms. Several hundred went to my right, several hundred to my left, but none came toward me.

Up ahead the Chinese had broken through and overwhelmed that section of the convoy. I learned later that Dr Bill Hawley was seen falling from the back of a truck, striking the ground and rolling into the ditch beside the road. Looked like he had been hit. The Chinese ignored him, grabbed for stuff on the truck and kept going. Bill had not been hit but acted the part well, played dead and survived.

I don't know how long the intense action lasted but my guess would be

about half an hour. Then the gunfire became sporadic, one or two rounds

and then a volley of gunfire. An occasional burst came from the hillside but most seemed to come from the area of the convoy.

After what seemed like another couple of hours, the action died away. The area became silent. I ventured a few looks around and could not see any movement. The hillside looked empty.

I started crawling back toward the road, hugging close to the frozen ground. My movements were cautious and short, my progress slow. I didn't want my movement to attract attention from either side. Then, to my relief, I realized I was back at the road. I rolled into the roadside ditch and promptly fell asleep.

I felt a nudge on my shoulder and a corpsman asked, "Are you O K?" I answered, still half asleep, "Yea, I'm O K." It was getting light and it was evident that I had slept for some time. I was almost frozen stiff but managed to pull myself up and make my way to the passenger side of an ambulance, which had its engine running. I displaced the corpsman sitting there and got in to thaw. I nodded and slept some more.

As daylight filled the valley, I thought about my misfiring carbine and had just about concluded that the firing pin had been frozen, maybe from too much oil the last time I oiled it. I stepped out, aimed it at nothing in particular

on the westside hill. Pow! It fired! And then a couple more. Pow! Pow!

A look around revealed that we had surprisingly few casualties in our section. The Chinese had not made it to our vehicles, but there were many bullet holes in them.

Sporadic bursts of gunfire were still coming from the east side, and our people answered with a few rounds. I ventured a look past the front of the ambulance just as another burst came our way and a corpsman in front of me gave out a short yelp as he took a round into his thigh. I had seen enough, though, to realize that the gunfire was coming from the shallow creek where I had been on the bank the night before.

A low-pitched drone of an engine came from the south and rapidly grew louder. Soon two Marine Corsairs zoomed past, made a turn and came back to our area, started dropping napalm bombs into the east side creek. Hard to believe how low they flew, almost like they were flaring for landing. I raised up to look around as one made his pass and dropped napalm into the creek about where I had been previously. The fireball which erupted into the air threw a blast of heat in my face and I quickly ducked. Several Chinese came screaming out of the ditch, their arms flailing helplessly as their bodies burned from the jellied gasoline. With that, I decided I had better get low again.

It wasn't long before I heard engines accelerating and saw the column beginning to move. So everyone was up and walking again, except for the wounded & drivers in the vehicles. Out on either side, more on the east, one could see countless off-white lumps, Chinese soldiers who had perished during the night. And near the road there were olive drab forms, Marine casualties. From time to time we passed a burned out vehicle shoved off the side of the road. And there were places where a bridge over the creek had been destroyed, and the engineers had carved a makeshift bypass road around it.

There were sporadic exchanges of small arms fire. The hill was further away on the west side and that's the side on which I now walked. Chinese were in foxholes or depressions out of sight on the slope. Their fire was uncoordinated. One or two would appear briefly to fire a few rounds, and our troops would return the fire. The fellows on the east side were a bit busier.

The intensity of fire on the east side gradually increased, but the column kept moving. Suddenly it was much quieter except for engine noise, and we welcomed the sight of two tanks moving up on the east side to provide cover as we proceeded on into Koto-ri. Just then on the slope of the west hill, there appeared several white flags on sticks or uplifted weapons and Chinese in their quilted coveralls raised up in full view. They were greeted by a fusillade of rifle fire from the Marines on the road. "Cease fire!" "Cease fire!" "Cease fire!" It took several loud shouts to quiet the fire. As I thought about it later, if one's brother had just been killed by an enemy soldier and he raised a flag to seek an end to the exchange, it would be difficult to invoke sudden restraint.

In Koto-ri Col. Chesty Puller's troops had a secure perimeter for us. We set up a few tents and had some warm food.

We had more wounded; our ambulance was shot full of holes. There were several seriously wounded who need surgery urgently, so we set up an O R tent and did the needed operations. After surgery and stabilization, the patients were flown out in a small plane from the short Koto-ri airstrip. I recalled my conversation with Capt Hering and I was thankful that I had stayed with the troops where my services were now needed.

Our escape was not yet assured. We were still surrounded by Chinese troops. We learned that they had blown a key bridge across a deep chasm in the descending mountain road. This was in an area where it was impossible to construct a bypass. And the Chinese filled the hills nearby waiting to challenge anyone who might try to repair the bridge. It would be three more days before we would move again.

Late one afternoon, a small group of us stood outside the tent for some fresh air, which was not quite as cold as previously. Suddenly the corpsman next to me turned and asked, "Why did you do that?" "Do what?" I replied. "Hit me on the side!" We looked where he indicated and found a small hole through his jacket. Inside the tent we had him strip for a check. There, with its nose imbedded in the side of his chest was a spent bullet, its rear half projecting above the skin. I took a forceps and pulled it out, then sat down and wrote out the casualty tag; that qualified him for a purple heart.

The engineers meanwhile were trying to find a way across the crucial break in the road down the mountain. I learned that some type of metal sections were being flown in and air-dropped to use in constructing a makeshift bridge. (Treadway?) The Chinese were still around and part of their objective was to see that we didn't make it down the mountain. Others have written about the construction of the Treadway bridge by the engineers. It doesn't take much imagination to realize the number of casualties those brave men suffered so that we might escape.

Nighttime Escape

I believe it was the evening of 9 December, we were told to pack up to move out. Didn't take us long as we were anxious to get down that mountain trail as soon as possible. Again we divided into small medical support groups scattered at intervals through the convoy. It was after midnight when my group was directed to proceed. The night was pitch black except for the faint image of the snow-covered ground. So the vehicles moved slowly, much less than a walking pace. Most of us walked alongside, ready to jump for cover if we met an ambush. Then we came to the bridge!

I'm glad I did not see the Treadway bridge, but I was able to feel ice-coated steel in the dark. We were given the option of walking (crawling?) across the bridge or riding across on one of the vehicles. I'm not sure how the drivers were expected to see, but I suspect that they had a point of light on a distant aiming stake, for the drivers to aim toward. I debated about the matter, and decided that I would not be very stable on the icy steel, and the vehicles ahead apparently made it O K. So I got inside the ambulance and said a silent prayer as we literally inched across. As we moved onto the road on the other side, a marine hit the side and said, "You're O K." Then, like the welcome relief from a traffic jam, we found more space to the vehicle ahead and we accelerated to walking speed.

It was still slow going down that mountain trail and the convoy came to a stop periodically. There was intermittent small arms fire, but you couldn't always tell whether it was them or us. Sharp hairpin turns wrapped around points and in hollows. There was a much more frequent burst of heavy shells, either mortars or artillery. I wondered if the Chinese had similarly zeroed in places along this mountain road. Then it made sense that we would travel at night, so as to provide them minimal visibility.

At one point we were stopped in an acute hairpin turn in a deep hollow. Suddenly an enormous blast filled the hollow just above us. A few seconds later another blast filled the hollow just below us. These had to be artillery shells, and I wondered about the next one. I had heard about how they tend to fire one long and one short and then the payoff right on target. But that third one never came. I found out much later that Chesty Puller had had our artillery people from above, as well as the ones from the base of the mountain near Sudong, zero in the hollows above and below the road. Then they laid down harassing fire all during the night to discourage the Chinese from using this cover to sneak up on the convoy.

As morning light gave better visibility for the drivers, everyone sped

up and those of us walking could break into a slow jog. This helped to generate warmth, and we noticed that the cold weather had moderated considerably.

When we reached level ground, most of us hitched a ride on a vehicle. The Chinese were nowhere around and we hastened on down the road to Hungnam. We were directed onto a waiting Japanese LST. We left the vehicles and went topside. In a short time we were underway into turbulent seas and our empty stomachs spewed out green vomit over the side.

Evacuation from Hungnam

Memory is hazy about the next hours. Between the horrible seasickness and exhaustion, little else registered. But somehow we got transferred onto a troop transport (SNS General Daniel I Sultan T-AP-120). Accommodations were somewhat better than the last one, but we still had to “hot bunk” with other officers. Each one was allowed 8 hours in the bunk, so as to accommodate 3 per bunk. Early one morning as we pulled into the port of Pusan, a military band greeted us. In a short time we transferred to a LST (QO-58) for transport (over smoother waters) to the town of Masan . There we rested and licked our wounds. The troops drank heavily and the local prostitutes had a field day. Sick call dealt mostly with venereal disease; the corpsmen had an appropriate protocol to deal with most, so there was little work for us physicians to do.

Abundant new supplies arrived and we were issued a complete set of cold weather gear, things we desperately needed the past few weeks, now almost useless. Food supplies were also better and we had a delightful feast on Christmas day, preceded by some sort of powerful alcoholic punch the men concocted. Also, a bunch of mail caught up with us. There was little military activity except morning muster and some medal presentations. One of our corpsmen was awarded the silver star for gallantry in exposing himself to intense enemy fire between Hagaru and Koto-ri, while treating casualties well off the road and dragging them back to the line of vehicles. Unfortunately, he and a colleague got drunk in Masan, went wild and shot off a bunch of rounds aimlessly, frightened the local people but didn't hit anyone. The MPs subdued them and brought them back to our compound. For that incident his silver star was recalled and replaced by a bronze star. Some time later, I don't recall the date or place, Cdr Stevenson came by our compound and asked several to line up for awards. He presented me with a Bronze star with combat V. I felt reluctant to accept this when others did as much or more and did not get such recognition. In particular, Dr Bill Hawley had worked tirelessly in caring for overwhelming numbers of patients in Hagaru-ri, and he had been overrun by enemy troops, lucky to have survived.

Back to the War

In early January we loaded up again and were transported around the tip of Korea and up the eastern coast to Pohang-dong. From there we supported the Marines in a slow push up the central part of Korea. With our abundant new supplies and less intense battle action, we were able to set up all the tents we needed to look like a real field hospital. But we still had to depend on a single 9 KV generator for power to the entire compound. It was common for the generator to conk out while I was in the middle of an operation, so that a corpsman had to hold a flashlight over the field for us to complete our work.

Many new amenities added to our efficiency. We now had the clear bubble Bell helicopter (Model 47) capable of carrying two patients at a time (one over each runner). Additional people were brought in to respond to our needs. A well trained anesthesiologist, Ernie Sneddon from Boston, was a welcome relief for dentist Frank Church. (Ernie would later become chief of anesthesiology at the Lahey Clinic.) Ernie also brought along new drugs and new techniques. The new drug for induction, Pentothal, worked like magic. Unfortunately, in the first few weeks Ernie lost two patients during the induction period, before I had a chance to begin the surgery. We found out much later that some early batches of Pentothal had impurities that caused fatalities.

One new addition was not well appreciated by those of us in the field. Several surgical teams had been put together, based in Japan. When casualties would start coming in in significant numbers, a surgeon with his assistant and O R tech would be flown in from Japan and would do a few operations. (Why weren't they around to join us in Hagaru-ri?) They rarely stayed overnight, but as they waited in late afternoon for transportation back to the airstrip for the flight back to Japan, they often openly discussed their plans for the evening, drinks and steak dinner and shack up with their personal geisha girls!

One day Bill Hawley asked me to take a look at a young Marine with abdominal pain, said he didn't think it was a surgical abdomen, but would like my opinion. The young fellow had been sick for only a few hours but was obviously quite ill, with high fever, diffuse abdominal tenderness and a few petechial hemorrhages. I agreed with Bill that I didn't consider this a surgical problem but would recheck in a few hours. Next time I saw him, he was bleeding from everywhere, vomiting blood and passing red bloody stools. Within a few more hours he was dead. Bill guessed and later confirmed (by autopsy in Japan) that this was the dreaded Hemorrhagic

Fever, endemic in this area, with the cause and mode of transmission not yet established.

It is hard to imagine the range of injuries and illnesses that occur in a military campaign. Several cases have left a lasting impression, some even with humor attached to the tragedy of injury. I recall that in Wonju we saw an airstrip on which a British jet had crash landed and had been pushed off the side of the strip to make way for others. Out of curiosity I was among those who stepped up on the wing and looked through the canopy to the cockpit. A couple of days later a young Marine was brought in with both legs broken. He had climbed inside the jet, pretended to be flying and moved various controls. Somehow he actuated the eject mechanism which blew away the canopy and catapulted him about 50 feet into the air!

Another one was a freak injury. A Marine had been riding with others on the bed of a truck. When they arrived at their destination, he jumped off while holding his M1 rifle lightly in one hand. Somehow the rifle butt reached the ground before he did, his leg crossed over the tip, so that the tip of the rifle caught the back of his inner thigh and was guided right up into his anus and into the lower bowel. With one look at the front sight mechanism of the M1, you can imagine the amount of tissue destruction that had to occur as it penetrated the anal canal. I had to do surgery, of course, found the rectum and nearby colon torn apart. I did a bunch of repair work but had to do a colostomy to divert the fecal stream.

I was interested in following some of the major cases, so I had a brief note all prepared with my name and serial number and a request that after complete healing, they drop me a line to tell me about the outcome. A number did so.

One Marine I remember well was unfortunate enough to have been hit by a butterfly bomb or “Bouncing Betty.” This is a particularly feared type of land mine which contains two charges. When stepped on, a light charge causes it to bounce upward to about waist level where the main blast then occurs. It is notorious for destroying external genitalia, thus the tremendous demoralizing effect.

This Marine was found to have his penis almost completely detached at its base, hanging by a thin thread of flesh. The scrotal skin was blown apart and the testicles waved in the breeze. Looked like he would be an ideal candidate for a sex change operation. I created an opening of the bladder onto the abdomen, part of what had to be done to provide urinary drainage.

I noticed that the thin strip holding the penis contained a small artery, and the penile skin just distal to it was pink. Otherwise the site of near

transection was jumbled flesh, like so much hamburger. I threaded a catheter through the urethra from the tip of the penis, then another through the abdominal opening and through the bladder into that part of the urethra. By stitching the two tips together, I was able to pull the tip of the first placed up into the bladder, then placed a heavy stitch through the tip of the penis to tie around and anchor the catheter in place. I also placed a balloon-tipped catheter in the bladder to assure proper drainage. Then I carefully trimmed away damaged tissue, used fine stitches to repair the urethra around the catheter stent, and proceeded to repair other layers of the penile architecture. More repair work mobilized enough skin to get acceptable scrotal covering. The final repair job didn't look half bad, but the usual result in such severe damage is that the cavernosa of the penis become scar tissue and erection is no longer possible. The scarred penis simply serves as a urinary conduit. First thing he asked me when he awoke was, "Will it work, doc?" I gave him one of my notes and put his name in my personal log.

About two years later, while back in New Orleans to finish my surgical training, I received a wedding announcement. Not an invitation, but an announcement of a wedding that had already taken place. Inside was a short note written by the bride. I checked my log and, sure enough, the groom was my patient with the severe genital injuries. The bride's note said all that needed to be said, "Thanks for doing such a wonderful job on John in Korea."

Overwhelmed at times

Surgical talent was in short supply in the early part of the Korean war. I was second in terms of surgical experience when I first went. In the early part of 1951, the more experienced surgeon, who had been there from the beginning, was rotated back to the states, and for a time, I was the senior man. That had its liabilities and led to several instances of patient dumping.

One evening just about dark, the chop-chop of helicopter blades settled down on our compound. The patient was unconscious and in extremis, with multiple injuries including a large open wound of the back of his head with brain showing. One of the other hospital companies had first received him, quickly decided he was too much for them and directed the pilot to our unit. I knew a hospital ship was off the Korean coast about 50 miles away, so I told the pilot to head on out to the hospital ship. He declined, saying that he would not make such a trip after dark, but would be glad to do so next morning. So we off-loaded the patient and got to work.

My surgical training had included some but not very much neurosurgery, so I was not anxious to tackle the brain injury. The patient looked like he was terminal anyway, so I started dealing with other sites. Chest injury had caused accumulation of blood and air around the lung, severely restricting air exchange, so I put in a chest tube and hooked it to drainage. An open leg wound revealed shattered fragments of bone so that the unsupported lower leg and foot flopped aside. I was not in a particular hurry as I cleaned and debrided that wound and applied a cast; I expected that any time I would be pronouncing him dead and our chore would be finished. But then he looked a little better, and I asked Ernie Snedden to give some light anesthesia so that I could start on the abdomen. Yes, he had a bunch of wounds through that area also.

Opening the abdomen uncovered a bunch more repair work that needed to be done. Multiple holes in the small bowel were simple to repair, and bleeding sites were fairly easy to secure. The left side of the colon was badly damaged so I cut away the damaged part, closed the lower opening and created a colostomy to bring the fecal stream to the surface.

I was getting tired (it had been a long, busy day), but Ernie reported that the patient was tolerating things fairly well. He went ahead and put in an endotracheal tube and turned the patient enough for me to attend to the head wound. This was the one wound I was reluctant to confront. A good part of the back of his head was gone, hair, skin, skull and dura, so that dirty fragmented strands of brain tissue protruded and fluid leaked freely. I debrided away much of the protruding brain, secured bleeders and looked

without success for tissue to cover the large defect. The skin edges were too far back to mobilize covering. Fortunately we had some sterile parachute silk, so I applied it over the open tissue and then applied a massive wet dressing. Next morning early, we requested the chopper and transferred him to the hospital ship.

A few days later I made a trip down to the waterfront where boats carried patients to the hospital ship. I asked for permission to come aboard, to check on this and a few other recent patients. Message came back from the Captain of the ship, "Permission denied!" By contrast, a few weeks later, a destroyer escort was tied up not too far away. The Captain invited me aboard, allowed me to take a shower and I was allowed to sit in the wardroom and drink a cup of coffee. I was in heaven!

Several months later I was walking in the hall of the Chelsea Naval Hospital when a patient approached me and asked if I was the Dr Stewart who was with the E company hospital in Korea. It was the patient with the multiple wounds cited above. He had had a number of operations, had a large metal plate replacing his posterior skull. Plastic surgeons had mobilized tubes of skin and fat to cover the area. His leg fracture had been fixed. And he was now in for his final surgery, to get the colostomy closed. One great surprise to me was that I expected the loss of so much of the back part of the brain (visual cortex), I thought he would be blind or near so, if he managed to survive. But he reported his vision little impaired. And he repeated several times his thanks for my care in Korea. Made my day!!

But such success was not always the case. The unbelievable variety of surgical problems in the combat arena tests the limits of any surgeon's ability. One case still nags at my memory. I believe it was C Company which had leap-frogged ahead of us and was providing close support of the combat troops. There had been a sudden influx of casualties, so we were moved up to give them a hand. As I entered the triage tent the surgeon suggested I should look at the fellow on the back litter. I found a young Marine, perhaps 20 years old, with a huge dressing covering his mid section. I raised the dressing and could hardly believe my eyes. The entire abdominal wall was gone, probably blown away by blast from a shell exploding at his side. The skin edges were well back on the flank on both sides, and the abdominal viscera were lying in blood clot but otherwise unprotected. It was apparent that they had saved this one for me. But I was at a loss for ideas about covering the viscera with something after fixing the internal damage. So I went ahead with other operations while thinking about the challenge. One thought: I asked the corpsman to check with engineering and with the aircraft mechanics to see if they might have some thin Plexiglas

or similar malleable plastic. None was found. Next morning I noted that some of the exposed bowel had turned black, obviously no longer viable. He needed surgical help immediately but I felt helpless. Again I went on to other operations. A couple of days later he expired quietly. In later reflection, I have thought about a method of salvage that I could have used. But it did not occur to me in time to save that fine young Marine.

It was not often that our unit was in reserve. At one time I pointed out to Captain Hering that our company spent more time in close support than all the others together. He smiled and agreed, said that, like any good Marine, he used his best weapons whenever he could. And he considered our unit his best one. Quite a compliment!!

Wartime Inactivity

And we really didn't mind being active. The time in reserve was terribly boring. I did find a couple of things that helped to pass the time. From somewhere, there appeared a lap steel guitar, a Spanish guitar and a primitive amplifier. I don't remember who played the rhythm guitar, but I played the steel and soon we were cranking out some passable country tunes. I don't recall who came up with the idea, but one day we loaded up and drove up to Battalion headquarters near the hills where active combat was in progress. Sporadic small arms fire echoed across the valley. We set up our stuff in front of Battalion Hq, cranked up the amp to full volume and played with gusto. All the rifle fire stopped! Evidently the Chinese joined our troops in listening rather than fighting. For about three hours our music secured a truce, enjoyed by all. Did this only one time.

On another occasion, we were set up in the rear section near a MASH unit. I noticed some interesting stuff piled on the trash heap for disposal. Looking closer I found an intact Bell & Howell movie projector. So I took it back to our tent and checked it over; it apparently worked fine. But I had no film to show. Movie facilities were not part of our authorized equipment. But I talked with a couple of our talented scroungers and in a short time they returned with a movie on a single large reel. I tried but found that the mechanism tore the film and would not advance. That's why it was discarded. I checked further and found that notches were worn in the shuttle teeth. A bit of careful filing smoothed the teeth and then things worked perfectly, even had sound! And then I learned that, even though we were technically not entitled to movie equipment, the standard practice in the field was to swap movies with any unit. As long as you had a movie to swap, there was no written record, no questions asked. So, when E Company was sufficiently far from the action, we had movies! I was not only the surgeon but also custodian and repairman for the movie projector.

My memory is foggy about the date but I believe it was some time in May. Captain Hering made a visit to our camp and sat down to have a talk with me. He was being relieved and was returning to Washington where he would have meetings regarding setting up a field medical school, most likely at Camp LeJeune. The purpose, to train physicians for combat service with the Marines. And he wanted to assure me that "he would keep me on the team!" I wasn't anxious to be kept on this particular team, but he considered it a great honor to be able to serve with the Marines. Obviously he thought everyone else shared his enthusiasm.

I must say that I had developed great confidence in the Marines and

shared in the pride of serving with such fine men. One incident reinforced that feeling: We were set up in tents in an open field. I was in the midst of an abdominal operation when a Marine sergeant stuck his head inside the flap and said, “ The ROK (Korean army) on our left flank just fell back. We are exposed and have to pull back immediately.” I informed him that I was in the midst of an operation and the life of this Marine depended on some more work. He asked how much time I needed. I said, “One hour.” He said, “You’ve got it.” And with that he was gone. Our people went ahead and tore down everything else and loaded trucks. They had the tent stakes out of the O R tent and were holding onto the ropes. The tent swayed as I put in the final stitches to close the abdomen. Corpsmen carried the litter out, the tent collapsed and in minutes we were on vehicles and gone. Not a single bullet had bothered our people during the hour the Marine had promised!

Time to go Home

After a few weeks, I got orders to return to the states. I often wondered if Captain Hering had something to do with my getting relieved relatively early. A late afternoon flight took a few of us to rear headquarters near Pusan. Supper had already been served but the cook asked us if we would like some chow. I learned that he had real bread, sliced ham and milk, none of which I had had for several months. So I asked for a ham sandwich and milk. It was delicious! But after half of the ham sandwich, I was filled, could not eat another bite. A prolonged diet of C rations had allowed my stomach to shrink!

Next stop was Tokyo. The hotel accommodation was luxurious compared to anything in Korea. Flights to Hawaii were always full, so there would be a wait of a few days. Fellow officers told me about the lavish parties each evening in an upscale geisha house, made a tentative booking for me to go along. But a slot opened up on the next plane out and I opted to head home and forget the geisha party. Midway Island, Hawaii and then Los Angeles.

I felt the welcome of native soil and breathed fresh, clean air. I was home; my war was over.