SEAGOING SURGERY

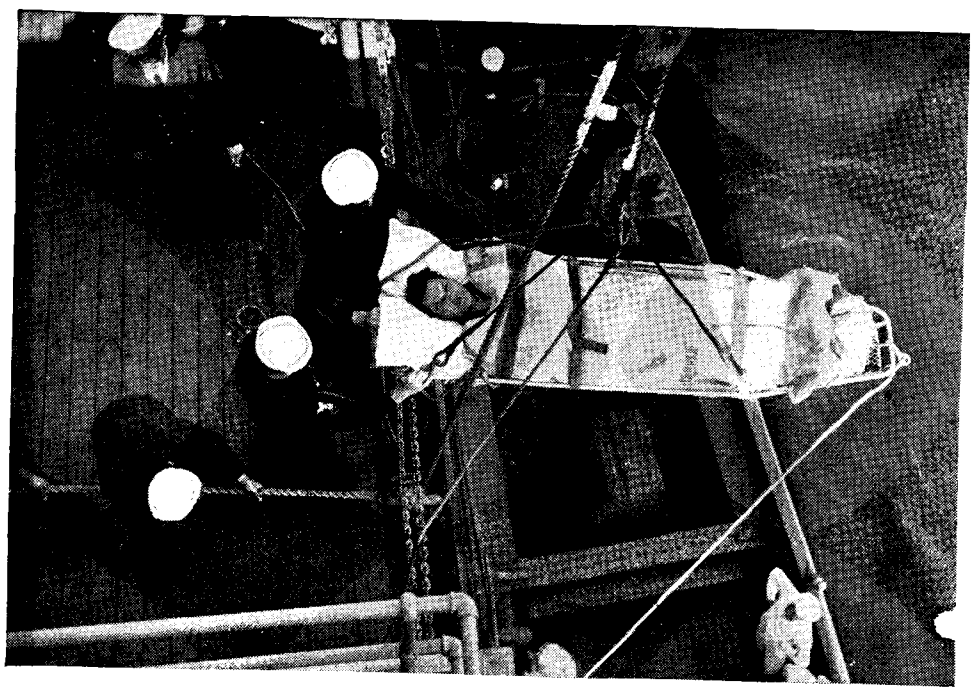
By Hannah Lees

The best medical skill looks after our men in the Navy. And hospitals follow the fleet. Miss Lees takes you to sea to inspect our floating facilities

Every kind of medical equipment is found on the Navy's hospital ships. Here Leslie H. Joslin, pharmacist's mate, 1st class, prepares to take an X-ray

Hospital-ship nurses take a turn around the deck. They are required to wear cumbersome life-jackets at all times when the ship is under way. Nurses are assigned eighteen-month stints, during which time they seldom set foot on shore

An injured sailor goes over the side in a Stokes stretcher. In one of these, the patient can be carried or hoisted without aggravating his injury



Hospital ships follow the fleet, standing ready to receive patients. Here in the operating room a surgeon performs an emergency appendectomy. Some of the surgeons and specialists gave up five-figure practices to serve in the Navy

IT WAS cold in the North Atlantic last winter, cold and rough . . . too rough. On one of the tin cans prowling around up there . . . destroyers if you're a landlubber . . . a seaman was going aft on ice-coated decks. He was a first-class seaman with first-class sea legs, but a wave came along that made the ship look like a stick in a spring freshet. It slapped him into one of the davits, hard and right across the belly. When they fought their way out to pick him up it was obvious that he was badly hurt. This was an injury that needed a hospital.

A hospital? There in the middle of the North Atlantic? Why certainly.

The ship's doctor went to the captain. "Sir," he saluted, "we've an injured man below that ought to be got to the Relief," and he told him about it.

The captain listened and began to give orders. "Radio them we're bringing an injury. Ask if they can send a boat. We'll never get ours lowered in this sea," he said.

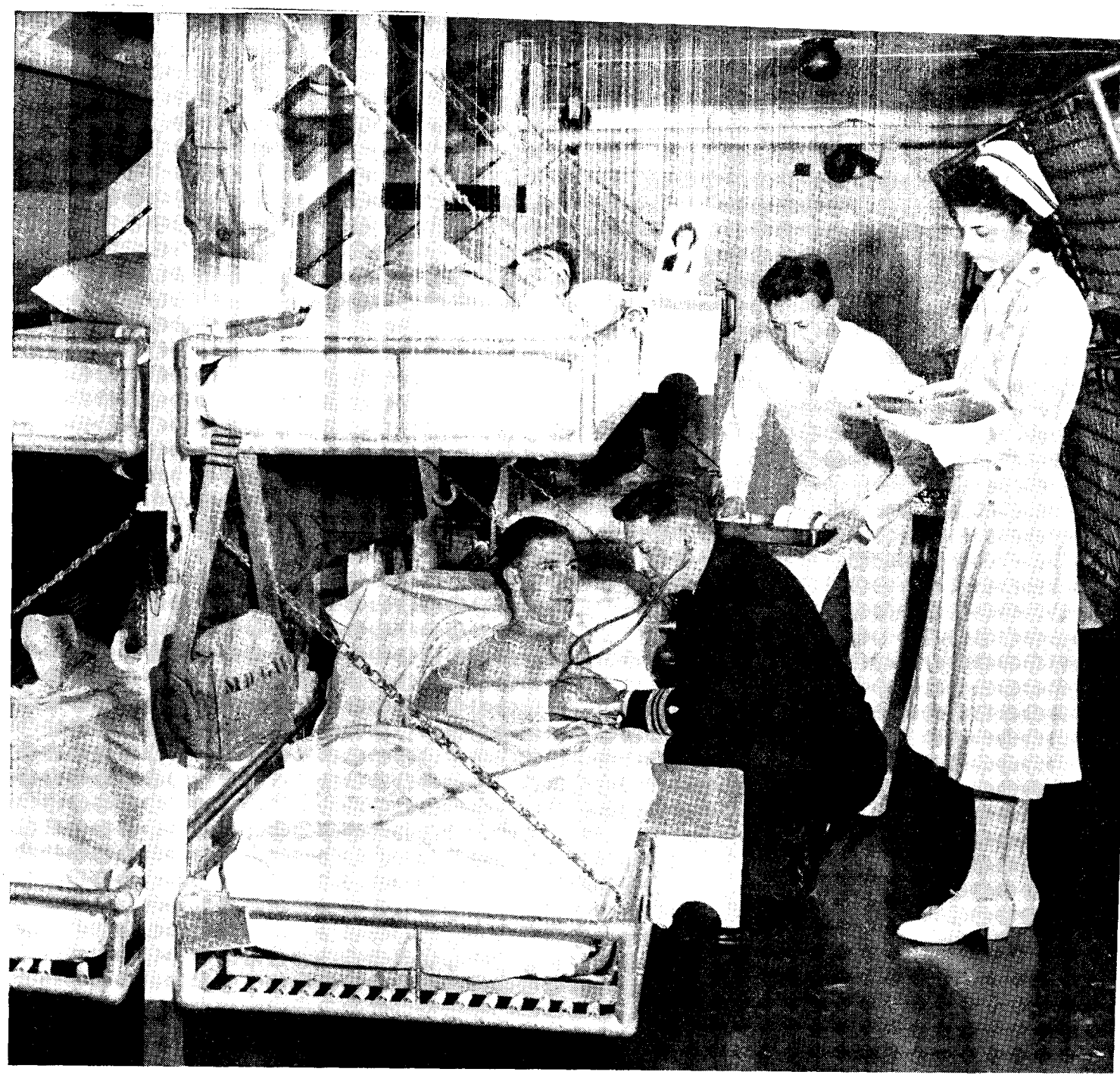
The orders were grimly given and grimly carried out. It was lucky they weren't in the midst of a convoy job. It was lucky they could turn around and head for the Relief, the hospital ship that was tending the task force up there. But no one had had a hot meal in ten days, no one had had much sleep with the sea the way it was. The patient wasn't in the best sort of shape for a serious operation even if it could be done at once. And it was going to take time to get him to the Relief, time and a lot of dangerous motion. Of course, there was the Stokes stretcher.

Stokes stretchers are as integral a part of Navy medicine as a bedside manner is of private practice, and a lot more useful. They are shallow wire baskets—heavy galvanized wire fastened to steel pipe frames—shaped very much like a man's body. There is a space for the head, space for the shoulders, a trough for each leg. When an injured seaman is wrapped in blankets, laid in a Stokes stretcher and then fastened in with straps, he can be carried up and down ladders, hoisted in and out of boats, and though the trip may do terrible things to his psyche, it probably won't make his injury any worse. Which, when you're organizing medical care in a high sea, is quite a factor.

Almost as soon as the destroyer got within hail of the Relief—call it the Relief but it might just as well have been Mercy or the Solace or any kindred noun, for that's the way U. S. Hospital Ships are named—the ambulance boat was alongside. There was no question of carrying the hurt bluejacket down the gangway, not in that sea. A sling was rigged and the stretcher was lowered into the boat like so much cargo. A red and white flag was hoisted at the little boat's bow; signal H, known medically enough as Hypo, which means there's a sick man aboard. And as fast as the waves would allow the sailor was being hoisted into the hospital ship by another sling and rushed to the operating room by a special elevator running up and down through the ship and opening directly at the operating room.

A surgeon was waiting. He looked the man over, gave him spinal anesthesia and operated as fast and efficiently as ever he could have on hard dry land. They use spinal anesthesia almost routinely in the Navy. It's easier on the patient, they think, gives complete relaxation, and most important of all, it's an anesthetic a doctor can give by himself, if he has to. He probably won't have to; hospital ships are equipped with trained anesthetists and all the other standard forms of anesthesia. But it's well to be prepared, and they are.

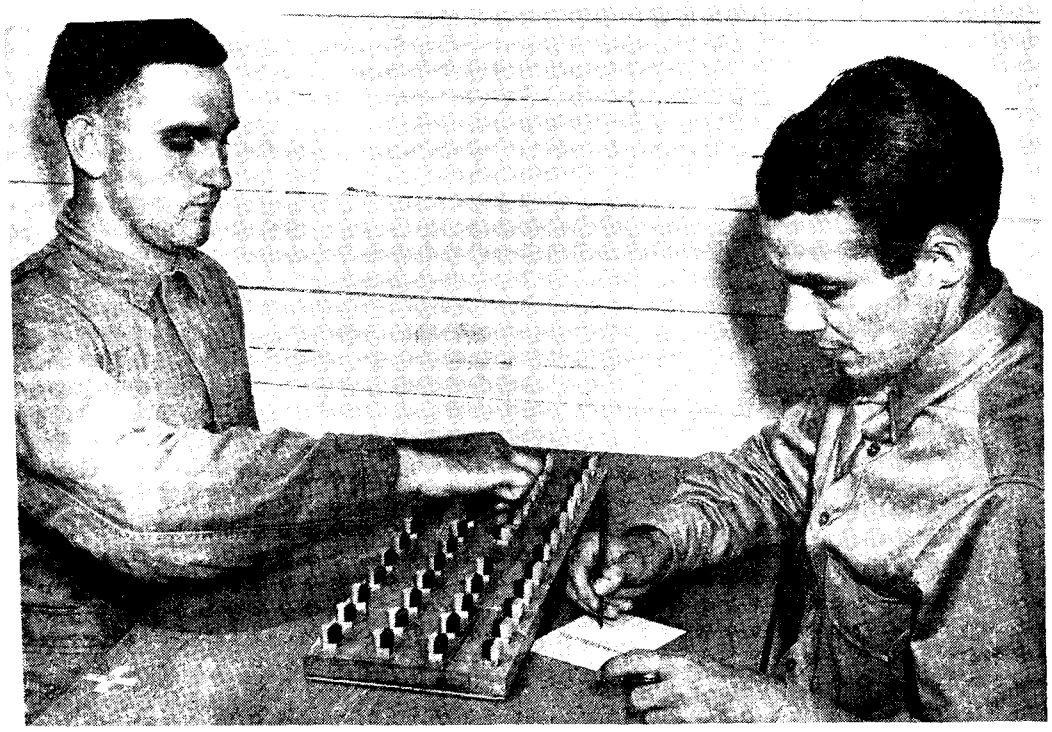
It was a bad injury our sailor had. His liver was almost hopelessly crushed and peritonitis was beginning to set in. But he couldn't have had better care if he'd been a bank president. His surgeon had been chief of staff at one of the better known New York hospitals before Pearl Harbor. The only thing *(Continued on page 57)*



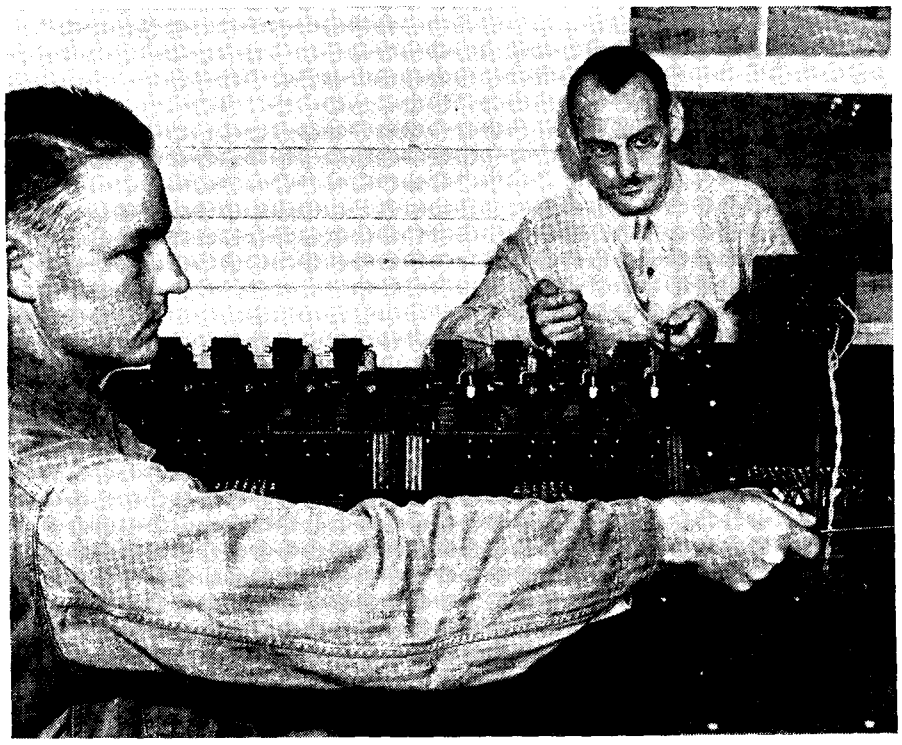
Dr. Oard, assistant chief medical officer, making the rounds in a medical ward. This ward is almost empty because most of the patients have just been transferred to a shore hospital

In the nose and throat clinic, Dr. A. J. Delaney, 11 years in the Navy, treats Dean Polls, pharmacist's mate, 1st class, for a sinus infection

All hospital ships carry ambulances, and whenever a ship approaches within shooting distance of one of our big naval bases, it heads in and unloads patients

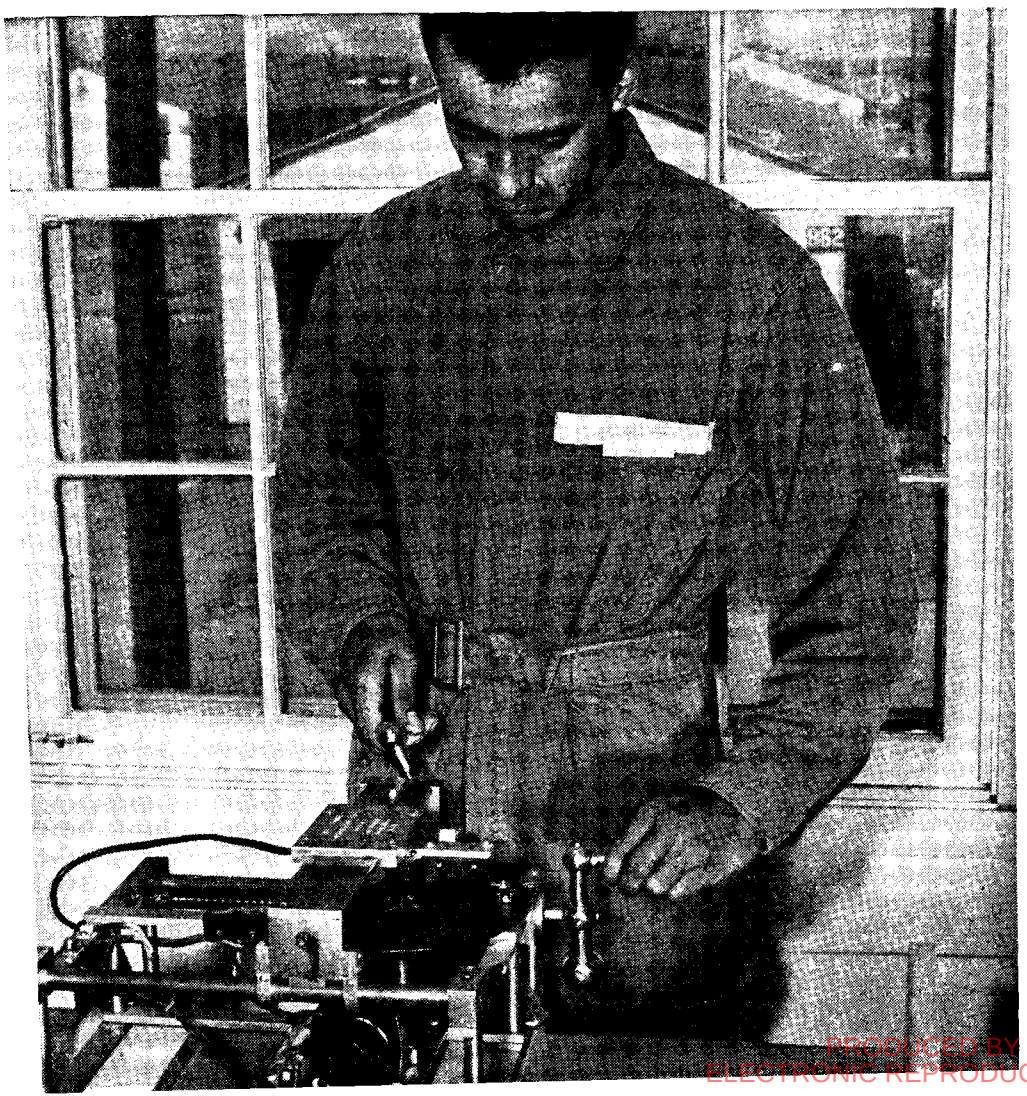


Pvt. Settlage, with a psychology M.A., tests Cadet Alexander's finger dexterity. Trick is to remove peg from square hole, turn it around, replace it against time



Cadet England tests his steadiness by holding rod in center of hole without touching wired sides. Cpl. Preston holds the watch

When lights on board flash, cadets must throw a corresponding switch on the table, thus enabling Staff Sergeant Klapper (in background) to test their reaction time



To prove two-hand co-ordination, Cadet Ortiz turns handles that keep pointer over moving button

THAT'S HOW FLIERS ARE FOUND

By Devon Francis

PHOTOGRAPHS BY HARRY PENNINGTON, JR.

Out of years of study of what makes a man a fighting flier have come the Army's scientific screening tests that sift out pilots, bombardiers, navigators with automatic precision

THEY hand you a list of questions which reads something like this: "A simulated airdrome is one which is A—hidden, B—exposed, C—feigned, D—camouflaged, E—occupied."

The man will come over and say, "You have five choices on each question. Just mark on the test sheet which one you think is correct."

He is disarmingly friendly, and you remark to yourself that this is going to be like shooting fish in a barrel.

You sit there in the Army Air Forces Classification Center, conscious of the hardness of your chair and of the itch in the lobe of your ear. You listen to the sound of pencils on other examination papers around you, like distant surf, and you run your eye down that long series of multiple-choice answers. Presently you begin getting that guilty feeling you experienced during final exams in civics or algebra when you failed to bone up the night before.

There are a lot of those questions—150 of them in fact—and as you turn the pages of the Air Corps Qualifying Examination, you begin having your doubts as to which answer is correct. One may say:

"Two wheels are connected by a belt. The diameter of the first wheel is 18 inches and the diameter of the second is 9 inches. If the speed of the first wheel is 200 revolutions per minute, the speed of the second wheel is A—300 r.p.m., B—400, C—200, D—50, E—100."

If you are a mite shy on your knowledge of mathematics, you will put down the most obvious answer to that one. Then, as you think it over, your self-confidence will begin to ebb and you will resort to pure guesswork. Guesses will be little or no help. The Army has seen to that. The answer, of course, is 400 r.p.m.

But your judgment will be shaken and you will experience some hot and cold flashes before you finish the test. If you are normal, you likely will make a passing grade. That's 90 correct answers out of 150. Passing is very important to you if you want to fight World War II in the air. But much more important to the Army Air Forces will be the telltale psychological fingerprints you leave on your examination paper.

When you have handed in your paper, the Army will have made a pretty good start on determining whether A—you belong in the Air Forces at all, B—you will make a good bombardier, C—you will make a good pilot, or D—you will make a good navigator. All you will be told, though, is whether you passed or failed.

The Army will know a lot more about you. It will have pegged your general level of intelligence. It will know your ability to comprehend and follow directions. It will have gauged your knowledge of mechanics and, in general, determined the soundness of your judgment.

In giving you the first of a series of aptitude tests, it has plumbed you for evidences of temperamental stability. Stability is very important in the air operations of World War II. The A.A.F. can't take a chance on your going to pieces at the moment you have leveled off wave-high, with gunfire making treacherous geysers in your flight path, to launch a torpedo at the flank of an enemy aircraft carrier.

Determination and judgment may be

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