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AGO ltr 29 Apr 1980

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SUBJECT: Operational Reports--Lessons Learned, Headquarters, 3d Field Hospital, Period Ending 31 July 1967

1. Subject report is forwarded for review and evaluation by USACDC in accordance with paragraph 6f, AR 1-19 and by USCONARC in accordance with paragraph 6c and d, AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from Lessons Learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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Commanding Officers
5th Battalion, 46th Infantry
5th Battalion, 12th Infantry
6th Battalion, 31st Infantry
31st Engineer Battalion (Cbt)
5th Battalion, 42d Artillery (155mm-T)
3d Field Hospital
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1967 (RCS CSFOR - 65)

THRU: Commanding Officer
68th Medical Group
ATTN: AVCA MB-GD-FO
APO 96491

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

The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters for the quarterly period ending 31 July 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3

2 Incl
1 - Assigned Units
2 - Visitors

Kenneth R. Dirks
COL, MC
Commanding
# Table of Contents

**SECTION I:** Significant Organizational Activities  

**SECTION II:**  
- Part I, Observations (Lessons Learned)  
- Medical Supply, Dental, Medical  
- Food Service  

**SECTION II:** Part II Recommendations  

**ANNEXES**  
- A. SURGERY  
- B. MEDICINE  
- C. 629th MEDICAL DETACHMENT (MEDICAL UNIT)  

**INCLOSURES**  
- 1. List of assigned Units  
- 2. Visitors to 3rd Field Hospital  

Withdrawn, Hqs, DA 2. Visitors to 3rd Field Hospital
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1967 (CAS CSFOR - 65)

A. During this report period, the 3d Field Hospital continued to accomplish its assigned mission of providing the best care for all classes of patients. Specifically, the hospital provided direct support to units in the III and IV Corps Tactical Zones and general support to units in II Corps.

B. Personnel, Administration, Morale and Discipline:
   1. Personnel:
      c. Major Lawrence H. Gottlieb, MC, became Chief of Medicine on 13 July 1967, replacing CPT Lewie L. Travis, MC.
      d. CPT Joe W. Ribette Jr, NSC, replaced CPT William F. Smart, NSC, as Registrar.

   2. Administration: In addition to the 3d Field Hospital, four attached units were provided administrative support during the report period. Inception of a weekly staff conference, comprised of key professional and administrative personnel resulted in improved communications and enhanced internal hospital operations.

   3. Morale and Discipline:
      a. Awards and Decorations:
         (1) The following awards and decorations were approved and presented or forwarded to assigned or attached personnel during this period:
            (a) Bronze Star - 1
            (b) Army Commendation Medals - 7
         (2) The following Awards and Decorations have been recommended during this period but are still pending as of 31 July 1967:
            (a) Bronze Star - 6
            (b) Army Commendation Medals - 14
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1967 (ACS CSFOR - 65)

b. Morale of enlisted personnel has been substantially improved with addition of a recreation center and basketball court within the hospital compound. These new facilities should encourage personnel to remain on the compound resulting in fewer delinquency reports and reduced plaster expenditures.

c. Security: Emphasis has been placed on closer scrutiny of VN employees and visitors to preclude loss of government property from the compound.

d. Plans, Operations, Training:

(1) Medical Regulation: Plans have been made for the 3d Field Hospital to eventually assume the MNO mission in the Saigon area when the 44th Medical Brigade is relocated.

(2) Arrangements have been made to include the 3d Field Hospital in the Headquarter Area Command Emergency Disaster Recovery Plan for the Saigon area. In addition to providing emergency care and treatment at the hospital, limited first aid and ambulance support will be provided at a disaster site in the hospital's area of responsibility.

(3) Some important statistics for the 3d Field Hospital during the report period are as follows:

   (a) Total admissions:
       May - 527
       June - 500
       July - 521

   (b) Total Direct admissions:
       May - 410
       June - 388
       July - 340

   (c) Total Transfer admissions:
       May - 117
       June - 112
       July - 181

   (d) Daily average Beds Occupied
       May - 201
       June - 153
       July - 185
AVCA MB-3D-Fn

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1967 (nCS CSFOR - 65)

C. Logistics

1. Effective 1 July 1967, two additional units, the 229th and 346th Medical Dispensaries, were satellited on the 3rd Field Hospital for medical supply support. Including these two units, the hospital now provides medical supplies for three dispensaries, one mobile medical laboratory and three TOE 8-500 teams. In the past, demands for large volumes of outpatient medical supplies were infrequent and experience factors over the next 60-90 days will determine adequate stock levels to support the additional customers.

2. A new policy was recently implemented that resulted in more efficient linen exchange. Formerly, nursing service personnel brought dirty linen in exchange for clean linen to linen supply. This procedure not only resulted in unnecessary congestion in the linen supply but also detained nursing service personnel from their wards for considerable periods of time. Currently, linen supply personnel are picking up soiled linen from the wards every morning and are delivering clean linen to the wards each afternoon.

3. Starting in July, a weekly report was initiated to apprise higher headquarters of progress made in the various construction projects at the 3rd Field Hospital. It is believed that this is an excellent way to keep higher commanders informed of problem areas and deficiencies that can often be rectified at higher echelons of command.

D. Other Significant Organizational Activities:

1. During May, the Chief Nurse and two head nurses from Trung Vuong Hospital spent two days each on the wards of the hospital. Under supervision, they observed and participated in nursing procedures. This program, which was requested by a USAID nurse, was to give the Vietnamese nurses an idea of the functions and responsibilities of nurses in American hospitals.

2. Fifteen nursing instructors from Cho Ray Hospital toured the hospital during June. They observed proper utilization and care of equipment, methods of keeping reports, making assignments and scheduling for nursing service personnel.

3. One Civic Action Program of the hospital was the institution of a health program for the orphans of St. Elizabeth's Orphanage. The children were immunized, X-rayed and provided needed dental work.

4. On 31 May, a physical reconditioning program was started with the purpose of restoring not only the injured extremities, but the patient's total physical condition to a level that will enable him to return to duty. The program consists of a series of calisthenics and therapeutic aquatic exercises.
AVC: KB-GD-F

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1967 (KCS CSFOR - 65)

5. On 17 July, the physical therapy room was doubled in size. The expansion was necessary to allow space for authorized requisitioned equipment such as diathermy, traction apparatus, ultrasound, electrical stimulator, wall pulleys, NK table (knee exerciser) and posture mirror. The equipment is expected in the near future and will give the clinic a capability for more comprehensive treatment for both in-patients and out-patients.

6. The 406th Mobile Medical Laboratory has reorganized its training program to enable it to provide more comprehensive service by rotating personnel through all sections. The laboratory received the following equipment during this period:
   a. Sub-Zero upright freezer
   b. Ice-making machine
   c. PH analyzer and blood gas laboratory test instruments.

7. The oral surgeon and the plastic surgeon are now providing weekly consultation for maxillofacial surgery cases at Cong Hoa Hospital. In addition to participating in surgical rounds each week, the consultants perform surgical procedures at the Vietnamese hospital as often as time permits.

8. The dental clinic, like other areas of the hospital, is plagued with the problem of lack of adequate space. Specifically, space is necessary for prosthetic appliances required to implement the surgical treatment of facial fractures. The dental clinic's lack of laboratory capabilities precludes the fabrication of such appliances. It is anticipated that additional space will be available for a new dental clinic when the new surgical building becomes operational in late 1967 or early 1968.

9. Due to the shortage of Army Nurse Corp Officers, nurses began working a twelve hour shift, 2 July 1967. Unless replacements are received, this problem will become increasingly critical, as 17 nurses or 45% of the entire nursing staff will DEROS before the end of September.

10. The Radiology Department workload for the quarter remained stable with approximately 1000 examinations being completed each month. Special procedures, i.e., arteriograms, upper GI series, barium enemas and IVPs continued to increase from about 6 to 8 daily. Additionally, about 1200 films monthly are read for other medical facilities in the area. Weekly X-ray conferences were presented to dispensaries at Tan Son Nhut and Cong Hoa Hospital, Saigon.
SECTION II  PART I  OBSERVATIONS (LESSONS LEARNED)

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1967 (HCS CSFOR - 65)

A. MEDICAL SUPPLY:

Item: Compressed Air.

Discussion: Physicians continually request compressed air for patients who are on respirators.

Observation: Urgently needed compressed air can be obtained occasionally from the Navy EOD team in Cholon. Because this supply source is not always reliable, some other provision must be made to provide compressed air when it is required. Compressed air is not available through normal supply channels.

B. DENTAL:

Item: Prosthetic appliances.

Discussion: When patients with insufficient natural dentition present themselves for treatment of facial fractures, an artificial means of obtaining intermaxillary fixation must be utilized. Such appliances can be fabricated by trained personnel in one day, provided the equipment is available.

Observation: Due to lack of adequate space and appropriate equipment, dental personnel must request other dental facilities to make artificial devices, which takes three to four days to accomplish. This delay precludes using the devices for the immediate treatment of patients.

Item: Dental Treatment.

Discussion: Many individuals need extensive dental treatment just after arriving in Vietnam.

Observation: This condition exists even though dental examinations were given to personnel prior to their shipment from CONUS. Often these personnel state that they were advised in CONUS to request treatment upon arrival in Vietnam. In a combat zone, proper dental care is not always immediately available. The policy of delaying dental treatment until a person's arrival in Vietnam results in needless loss of productive manhours.

C. MEDICAL:

Item: Assessment of missile fragment wounds of joints.

Discussion: Several cases of pyogenic arthritis have been observed in patients transferred to the 3d Field Hospital. These were usually the result of failure to identify small missile fragments in the knee joint.

Observation: Medical personnel should be aware of the possible complication of a pyarthrosis in all extremity fragment wounds.
Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1967 (USCS CSFON - 65)

Subject: Management of Massive Hemоторax.

Discussion: Penetrating wounds of the chest with resulting hemothorax and hemorrhagic shock are customarily treated with immediate closed tube thoracostomy and whole blood replacement.

Observation: In most patients, this previously mentioned treatment is adequate; however, with a few patients with major vessel injury, the hastily inserted chest tube serves as a vent for exsanguinating hemorrhage. The tamponade effect of the hemothorax is lost and uncontrollable bleeding occurs.

Item: Adjuncts to Arterial Surgery.

Discussion: In a few patients undergoing reexploration of a femoral artery repair, it has been noted that the use of conduction anesthesia has greatly reduced spasm in the affected artery.

Observation: Specifically, continuous epidural anesthesia provides adequately lengthy anesthesia for the procedures necessary to re-establish flow, while a chemical sympathectomy is accomplished at the same time.

Item: X-ray Film Processing.

Discussion: The quality of X-ray film processing is dependent upon the temperatures of developing fluids. Ambient temperatures of 85° to 90° in the dark room bring the temperature of the developing fluids to above 80° and cause over-development of the X-ray films.

Observation: With the developing chemicals now in use in the Saigon area, it was found that chilled water was absolutely necessary to assure proper development of X-ray films. Tap water cannot be used since the temperature is not low enough to insure optimum processing. This problem was solved by installation of a water cooler for the developing tanks which resulted in a much improved quality of films.

D. Food Service:

Item: Nourishment and Forced Fluids.

Discussion: During this period it was ascertained that excess juices were being consumed in the wards and action was taken to find a solution to this problem.

Observation: Juices used as nourishment and forced fluids were issued twice daily to the wards on a prescription form signed by the nurse of duty. It was found that juices were being given to all patients whether or not they were on nourishment or forced fluids. Food Service personnel trained...
two Vietnamese helpers to dispense nourishments and forced fluids by using a Nourishment and Forced Fluid hoster which lists the patient's name, bed number, ward, and type of nourishment required. Since are now delivered by Food Service personnel, a decrease of approximately 50 percent in juice consumption has been realized.
SECTION II PART II RECOMMENDATIONS

SUBJECT: Operational Report - Lessons Learned Quarterly Period Ending 31 July 1967 (HCOS CSFOR - 65)

RECOMMENDATIONS:

1. Provisions should be made to provide compressed air through regular Army Supply Channels in Vietnam.

2. When adequate space and equipment become available, initial impressions and models for prosthetic appliances can be produced at this facility while final finishing touches when needed can be accomplished at other dental facilities.

3. Recommend that extensive dental treatment, if needed, be given to personnel in CONUS prior to their departure for Vietnam.

4. Patients with fragment wounds of the extremities near a joint should be X-rayed prior to debridement in order to determine if fragments are in a joint space. An arthrotomy, irrigation and removal of the fragment should be performed if possible at the time of initial debridement.

5. In those patients with hemothorax and shock, but not in acute respiratory distress, the following sequence of treatment should be followed:
   a. Stabilization of cardiovascular dynamics by whole blood replacement.
   b. General endotracheal anesthesia, providing control of respiration and adequate oxygenation.
   c. Surgical prep for a possible formal thoracotomy.
   d. Closed tube thoracostomy, and if massive hemorrhage continues, an immediate thoracotomy can be performed if necessary.

6. In the patient whose general condition permits the insertion of an epidural catheter continuous epidural anesthesia is the method of choice for arterial surgery in the lower extremities. The catheter may safely be left in place for 48 hours post-operatively and employed as a vehicle for continuous chemical sympathotony. It may be used for repeat induction of surgical anesthesia if necessary.

7. Recommend installation of water coolers with developing tanks to assure top quality X-ray film processing in areas where ambient temperatures in excess of 80°F prevail.

8. Recommend that a Recessment and Fluid Roster be maintained, and that liquids be served by Food Service personnel.
SUBJECT: Operational Report—Lessons Learned for Quarterly Period Ending 31 July 1967 (RCS CSFOR-65) (3d Field Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

THRU: Commanding General, 44th Medical Brigade, APO 96307

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

Reference Section II, Part II, paragraph 1. Compressed air has been requested only on one occasion thru the medical supply officer, 3d Field Hospital. Compressed air, however, is available through normal supply channels when professional personnel feel the requirement exists. One time usage does not justify stockage at this time.

FOR THE COMMANDER:

ROBERT L. SIMMONS
CPT, MSC
Adjutant
AVCA-FO (4 Aug 67)

SUBJECT: Operation Report-Lessons Learned for Quarterly Period Ending 31 July 1967 (RCS GSFOC-65) (3d Field Hospital)

HADQUARTERS, 44th Medical Brigade, APO 96307 7 September 1967

To: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-C
APO 96307

1. The contents of basic document and first indorsement have been reviewed.

2. This report is forwarded with the following comments pertaining to Section II, Part II (Recommendations):

a. Concur with comment in first indorsement.

b. Concur in part. This type recommendation is often made by personnel in field and evacuation hospitals, however, the TSC of such a unit does not include qualified dental laboratory personnel. There is a critical shortage of enlisted men with MOS 42D in Vietnam, so none are available for assignment to the 3d Field Hospital at this time.

c. Nonconcur. Dental FC standards are determined by the Department of the Army and are beyond the control of this Headquarters.

d. This item concerning a strictly technical professional matter has been noted. The recommendation should be considered by appropriate professional consultants of the Surgeon General.

e. Same as paragraph d, above.

f. Same as paragraph d, above.

1. Concur.

h. This is an internal problem and should not have been included in this report.

Tel: Lynx 3S2

1 Incl
nc

Brigadier General, MC
Commanding
AVCA CTO (4 Aug 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1967
(ROCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 11 SEP 1967

TO: Deputy Commanding General, United States Army Vietnam, ATTN: AVHGC-DH, APO 96375

1. The Operational Report - Lessons Learned submitted by the 3d Field Hospital for the quarterly period ending 31 July 1967 is forwarded.

2. Reference page 6, paragraph A, and page 9, paragraph 1: Comments in 1st Indorsement are appropriate.

3. The 3d Field Hospital engaged in medical support for 92 days during the reporting period.

4. Concur with basic report as indorsed. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 430/782

1 Incl
nc

[Signature]

HARAX 1ST INF
Acting A1S AG
This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 July 1967 from Headquarters, 3d Field Hospital (MICHA) as indorsed.

Fientent comments follow:

1. Reference item concerning compressed air, paragraph 4, page 6; 1st Indorsement and paragraph 2a, 2d Indorsement: Nonconcur with 1st Indorsement and paragraph 2a, 2d Indorsement. Standards established by the Office of the Surgeon General are now attainable in Vietnam. Sources of supply for medically acceptable compressed air are being established.

2. Reference item concerning prosthetic appliances, paragraph 7, page 6: Nonconcur. A minimal capability for construction of splints with quick setting Acrylic exists in the Field Hospital. Any complex splint can be manufactured within several hours by KJ Teams in the vicinity if given a priority. Maxilla facial injuries are usually associated with other bodily injury and usually are on a delayed basis.

3. Unit will be notified of actions and comments by routine indorsement which returns this report.

FOR THE COMMANDER:

[Signature]

1 Inc

nc
SUBJECT: Operational Report for the Quarterly Period Ending 31 July 1967 from HQ, 3d Fld Hosp (UIC: WBJMAA) (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558

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

This headquarters has evaluated subject report and forwarding indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:

K. F. OSBOURN
Maj, AGC
Asst AG

1 Incl
nc
The mission of the Surgery Department during the 3 month period May-July 1967 was primarily that of caring for wounded patients transferred from other surgical and evacuation hospitals; mainly, the 12th Evacuation Hospital and the 3rd Surgical Hospital. Direct casualties, patients from CSF not ready for evacuation, and injuries and surgical illnesses incurred by military and civilians in the Saigon area constituted the remainder of our patient load. A significant number of elective surgical procedures was performed.

A constant change in professional personnel occurred during this period.

The present surgical staff consists of the following: Chief of Surgery and Plastic Surgeon, four (4) General Surgeon, one (1) Thoracic Surgeon, one (1) Orthopedic Surgeon, one (1) Ophthalmologist, and two (2) Anesthesiologists.

<table>
<thead>
<tr>
<th></th>
<th>Admissions</th>
<th>IRHA Major</th>
<th>Operations Minor</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>367</td>
<td>109</td>
<td>132</td>
</tr>
<tr>
<td>June</td>
<td>302</td>
<td>123</td>
<td>112</td>
</tr>
<tr>
<td>July</td>
<td>516</td>
<td>169</td>
<td>128</td>
</tr>
</tbody>
</table>

The Emergency room besides functioning as triage and resuscitative area for the management of IRHA and other acute traumatic injuries continued to take on an increasing outpatient load.

The following statistics reflect the increasing outpatient clinic load.

<table>
<thead>
<tr>
<th></th>
<th>Emergencies</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>135</td>
<td>1955</td>
</tr>
<tr>
<td>June</td>
<td>130</td>
<td>1986</td>
</tr>
<tr>
<td>July</td>
<td>122</td>
<td>1660</td>
</tr>
</tbody>
</table>

The Anesthesiology Service has functioned well. The operating room, recovery room and intensive care wards have operated smoothly under the supervision of the Chief, Anesthesiology Service.

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>Regional</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>117</td>
<td>26</td>
<td>44</td>
</tr>
<tr>
<td>June</td>
<td>88</td>
<td>44</td>
<td>36</td>
</tr>
<tr>
<td>July</td>
<td>99</td>
<td>50</td>
<td>63</td>
</tr>
</tbody>
</table>
6. The Orthopedic service continued to operate with a large outpatient clinic.

7. Additional activities by members of the Department of Surgery consisted of weekly participation in the MEDCAP program and consultant visits to the 7th Day Adventist Hospital, and the Cong Hoa Military Hospital.

8. Weekly surgical staff rounds and participation in the professional staff conference continues by members of the surgical services.
### ANNEX B

#### MEDICINE

1. General Medicine: There were 255 admissions to the General Medical Ward (Ward 8) from 1 May 67 to 31 July 67. Following are listed discharged diagnoses during this period.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gastritis</td>
<td>10</td>
</tr>
<tr>
<td>2. Heat Stroke</td>
<td>1</td>
</tr>
<tr>
<td>3. Myocardial infarction</td>
<td>4</td>
</tr>
<tr>
<td>4. Med. obs. for chest pain</td>
<td>2</td>
</tr>
<tr>
<td>5. Hypertension</td>
<td>14</td>
</tr>
<tr>
<td>6. Encephalitis</td>
<td>1</td>
</tr>
<tr>
<td>7. Med obs. abdominal pain</td>
<td>5</td>
</tr>
<tr>
<td>8. Renal calculi</td>
<td>32</td>
</tr>
<tr>
<td>9. Hyperventilation</td>
<td>2</td>
</tr>
<tr>
<td>10. Arthritis, no diagnosis</td>
<td>2</td>
</tr>
<tr>
<td>11. Pneumonia</td>
<td>10</td>
</tr>
<tr>
<td>12. Valvular heart disease</td>
<td>1</td>
</tr>
<tr>
<td>13. U R I</td>
<td>1</td>
</tr>
<tr>
<td>14. G C arthritis</td>
<td>1</td>
</tr>
<tr>
<td>15. Hepatitis</td>
<td>1</td>
</tr>
<tr>
<td>16. Med. observation</td>
<td>2</td>
</tr>
<tr>
<td>17. Infectious mononucleosis</td>
<td>7</td>
</tr>
<tr>
<td>18. G C urethritis</td>
<td>2</td>
</tr>
<tr>
<td>19. Liver disease, etiology unspec.</td>
<td>2</td>
</tr>
<tr>
<td>20. Epididymitis</td>
<td>2</td>
</tr>
<tr>
<td>21. Allergic reactions</td>
<td>1</td>
</tr>
<tr>
<td>22. Diarrhea, etiology unknown</td>
<td>1</td>
</tr>
<tr>
<td>23. Cardiovascular disease, etiol. unspecified</td>
<td>1</td>
</tr>
<tr>
<td>24. Rheumatic fever</td>
<td>1</td>
</tr>
<tr>
<td>25. Peptic ulcer disease</td>
<td>8</td>
</tr>
<tr>
<td>26. Hepatomegaly</td>
<td>1</td>
</tr>
<tr>
<td>27. Non specific urethritis</td>
<td>2</td>
</tr>
<tr>
<td>28. L G V</td>
<td>2</td>
</tr>
<tr>
<td>29. Ca. thyroid</td>
<td>1</td>
</tr>
<tr>
<td>30. Bronchitis</td>
<td>3</td>
</tr>
<tr>
<td>31. Gastroenteritis</td>
<td>2</td>
</tr>
<tr>
<td>32. Diabetes</td>
<td>2</td>
</tr>
<tr>
<td>33. Thrombophlebitis</td>
<td>1</td>
</tr>
<tr>
<td>34. Asthma</td>
<td>2</td>
</tr>
<tr>
<td>35. Amoebic liver abscess</td>
<td>1</td>
</tr>
<tr>
<td>36. Chest masses, etiology unknown</td>
<td>2</td>
</tr>
<tr>
<td>37. Tenosynovitis</td>
<td>2</td>
</tr>
<tr>
<td>38. GI bleeding, etiology unknown</td>
<td>2</td>
</tr>
<tr>
<td>39. Arteriosclerotic heart disease</td>
<td>5</td>
</tr>
<tr>
<td>40. Allergic reaction to insect bites</td>
<td>1</td>
</tr>
<tr>
<td>41. Rheumatoid arthritis</td>
<td>1</td>
</tr>
<tr>
<td>42. FUO</td>
<td>2</td>
</tr>
</tbody>
</table>
4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1967 (KCS CSFOR - 65)

Diagnosis                                    No of Patients
43. Seizure disorder                         3
44. Alcoholism                               2
45. CNS disease, etiology unknown           1
46. Sarcoid                                 1
47. Glomerulonephritis                      1

2. Interesting: General Medical cases 1 May 67 to 21 July 67:

a. 36 year old white male who had a partial thyroidectomy in 1964 and a radical neck dissection on the left for papillary adenocarcinoma of the thyroid. Patient had been on suppressive doses of desiccated thyroid. Physical examination revealed a non-fixed and non-tender mass below the right side of the mandible. Patient was air-evacuated to CONUS to rule out metastatic recurrent adenocarcinoma of the thyroid.

b. 36 year old white male admitted for headache, inability to void completely, low back pain and left sciatic nerve pain. He was febrile on admission but had a slightly stiff neck. Kernig and Brudzinski signs were negative. CSF revealed 621 white cells, no bacteria, normal sugar and a slightly elevated protein. The patient developed an elevated temperature, increasing residual urine, cerebellar signs, weakness of the right hand, dysphagia, dysgraphia. Patient was discharged after 19 days hospitalization with a tentative diagnosis of acute encephalitis.

c. 37 year old SSG admitted for severe pain of acute onset left knee and right ankle. Recent sexual exposure was denied. Culture of the left knee effusion grew out Neisseria gonorrheal. Blood cultures were negative. Patient was treated with 20 million units of penicillin and return to duty.

d. 36 year old negro male hospitalized at the 3rd Field Hospital to evaluate the possibility of sarcoidosis. The patient had fever, pain and swelling of multiple joints in the recent past and had been hospitalized for 91 days. Diagnosis was unknown to the patient. In November 1962, he developed morning stiffness and pain, was hospitalized for 6 months. Marked proteinuria was noted, renal biopsy was negative, patient was treated with steroids and diagnosed and profiled as rheumatoid arthritis. In 1964, he was rehospitalized for arthritis and proteinuria. In Mar 1967, he was evaluated and noted to have a negative LE prep, normal urinalysis, total protein and serology. Serum Calcium of 6.1 Meq was noted. In spite of parotid swelling no evidence of sarcoid was noted. Liver biopsy and facial lesion biopsies were negative.

e. 30 year old white male admitted with a 2 week history of bilateral flank pain, anorexia, nausea, low grade temperature, and loose stools. Physical examination revealed marked McVay tenderness and tenderness over the right costal margin, at the anterior axillary line. Spleen and liver were not enlarged. WBC was elevated, and BSP LDH were elevated. A minimal right pleural effusion was noted. Patient was begun on emetine and chloroquine for a suspected amebic abscess of the liver. Within 48 hours there was considerable improvement in his clinical picture. He was returned to full duty.
SUBJECT: Operational report - Lessons Learned for Quarterly Period Ending 31 July 1967

3. Infectious Disease Service: Between 1 May and 21 July 67, 382
   patients were admitted to the Infectious Disease Ward (Ward 6). A break-
   down of the diagnoses at the time of discharge or transfer were as follows:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abdominal pain, undiagnosed</td>
<td>4</td>
</tr>
<tr>
<td>2. Amobiasis, intestinal</td>
<td>3</td>
</tr>
<tr>
<td>3. Viral illnesses, non specific or Undi</td>
<td>10</td>
</tr>
<tr>
<td>4. Gastrocortisitis, undiagnosed</td>
<td>48</td>
</tr>
<tr>
<td>5. FUO</td>
<td>43</td>
</tr>
<tr>
<td>6. Falciparum malaria</td>
<td>17</td>
</tr>
<tr>
<td>7. Vivax malaria</td>
<td>13</td>
</tr>
<tr>
<td>8. Dengue</td>
<td>1 (poss.)</td>
</tr>
<tr>
<td>9. Hepatitis, viral</td>
<td>65</td>
</tr>
<tr>
<td>10. Encephalitis</td>
<td>1</td>
</tr>
<tr>
<td>11. Diarrhea, acute and chronic, etiology unk.</td>
<td>22</td>
</tr>
<tr>
<td>12. Shigellosis</td>
<td>18</td>
</tr>
<tr>
<td>13. Malaria, non specified</td>
<td>22</td>
</tr>
<tr>
<td>14. Chloroquine-Primaquine reaction</td>
<td>3</td>
</tr>
<tr>
<td>15. Tuberculosis</td>
<td>8</td>
</tr>
<tr>
<td>16. Intestinal parasites, type unspec.</td>
<td>3</td>
</tr>
<tr>
<td>17. Pneumonia, viral</td>
<td>12</td>
</tr>
<tr>
<td>18. Pneumonia, bacterial</td>
<td>1</td>
</tr>
<tr>
<td>19. Chancroid</td>
<td>1</td>
</tr>
<tr>
<td>20. Orchitis, mumps</td>
<td>1</td>
</tr>
<tr>
<td>21. Bronchitis, etiology not spec.</td>
<td>4</td>
</tr>
<tr>
<td>22. Nemicritis, aseptic</td>
<td>5</td>
</tr>
<tr>
<td>23. Mononucleosis</td>
<td>5</td>
</tr>
<tr>
<td>24. Lymphogranuloma venerorum</td>
<td>1</td>
</tr>
<tr>
<td>25. Salmonellosis</td>
<td>3</td>
</tr>
<tr>
<td>26. Sprue</td>
<td>4</td>
</tr>
<tr>
<td>27. Fluorises, type unspecified</td>
<td>1</td>
</tr>
<tr>
<td>28. Gonorrhea</td>
<td>2</td>
</tr>
<tr>
<td>29. Liver abscess, amebic</td>
<td>1</td>
</tr>
<tr>
<td>30. Rubella</td>
<td>1</td>
</tr>
<tr>
<td>31. G-6-P-D deficiency</td>
<td>1</td>
</tr>
</tbody>
</table>

4. Interesting cases in the Infectious Disease Ward:

   a. On 15 June, a 20 year old white male was admitted to the
      hospital with a two day history of fever and a 13,000 white count. A
      blood culture was obtained, and tetracycline was begun. He promptly be-
      came afebrile, and was discharged after four days on no drugs. Two days
      later he reappeared in the emergency room with fever. That same day the
      previously drawn blood culture was reported as positive for staph. aureus.
      RE was negative. Two more blood cultures were obtained, both of which grew
      staph. aureus. On the third hospital day a faint heart murmur was detected.
      During his hospitalization, this murmur became somewhat louder and localized
in the tricuspid area. Staphylocillin, 12 grams daily was begun. Later Keflin, 6.0 grams daily and Bumex were added. Defervesence occurred, but the patient developed a pleural effusion. He was air-evacuated to Japan. During the flight he developed chest pain and the second pulmonic heart sound became quite low—much lower than before. Final impression was acute staphylococcal endocarditis of the tricuspid valve, with multiple pulmonary emboli. In retrospect, the patient recalled that a few days before his first admission he had disturbed furuncle a on his buttocks.

b. A 20 year old white male was admitted to the hospital after stepping on a land mine. Bilateral amputations were done, and multiple fragment wounds were debrided. Cut downs were performed to give blood and fluids. The amputation sites became infected with Pseudomonas. Subsequently the patient became quite ill, with a septic course—high spiking temperatures, chills, drenching sweats. Several blood cultures were obtained and therapy with large doses of colymycin was begun, on the assumption that the patient had Pseudomonas septicemia. Nevertheless, he died. At necropsy acute bacterial endocarditis was found, due to staph. aureus. After his death, all of his blood cultures were found to be positive for staphylococcus.

c. A 45 year old white male was rehospitalized for observation. His illness was of sudden onset and characterized by fever, stiff neck, a lymphocytic pleocytosis in the spinal fluid, ascending paralysis, seizures, and death in spite of treatment with large doses of kefalin, steroids, and assisted respiration. At necropsy, purulent material was found encasing the spinal cord, from which an alpha strep was recovered. After the brain had been fixed in formalin for three weeks, it was cut and found to be the site of several abscesses. In retrospect, from the necropsy findings, we surmised that the patient had had a chest infection, and that a mediastinal lymph node had eroded into a blood vessel, seeding his blood stream.

d. A 40 year old white male retired LTC was admitted with fever, chills, leukocytosis, right upper quadrant and pain. A tentative diagnosis of acute cholecystitis was made, and he was treated with nasogastric suction and intravenous tetracycline. He failed to improve, and an IV cholangiogram showed a normal gall bladder and bile ducts. A pleural effusion developed. This was tapped. The fluid was cloudy, no trophozoites were seen, and it was sterile on culture. On the 3rd hospital day the tetracycline was discontinued, and emetine and chloroquine were begun. This was followed by an initial rapid improvement in the patient's symptomology, after 9 days the emetine had to be discontinued because of EKG changes. The clinical picture became static. He was air-evacuated to Letterman General Hospital, where liver scans demonstrated two, or possibly three, "cold spots" compatible with abscesses. Another five days of emetine were given. Subsequently the patient made an uneventful recovery.
5. Rabies Control Board: The rabies control board evaluated 10 cases during the reporting period. Seven were from dog bites, one from a cat, and two probably from rodents. Treatment consisted of local wound treatment and duck embryo vaccine in 5 cases and treatment with duck embryo vaccine and hyperimmune horse serum in two cases.
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1967 (AGS CSFOK - 65)

ANNEX C 629th Medical Detachment (Renal)

1. During the past quarter the 629th Medical Renal Detachment completed its first twelve months in Vietnam. It is now possible to make an appropriate analysis of the results emanating from the renal unit.

2. Clinical Results:

a. In the past 12 months a total of 48 patients with acute renal failure were treated at the renal unit 3rd Field Hospital. Not all of these patients required dialysis and some were so critically injured that they did not survive for the initiation of dialysis. Of the total group of patients seen 38 were treated by hemodialysis or peritoneal dialysis. The latter dialytic procedure has generally been favored for the medical etiology renal failure patients. The treated patients may be broken down into four groups and their various survival rates are listed below.

<table>
<thead>
<tr>
<th>Etiology</th>
<th>No. of Patients</th>
<th>No. of Survivors</th>
<th>% Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>15</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>Post-traumatic</td>
<td>19</td>
<td>7</td>
<td>37</td>
</tr>
<tr>
<td>Burns</td>
<td>3</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Miscellaneous (CH₃OH toxicity)</td>
<td>1</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>21</strong></td>
<td><strong>55%</strong></td>
</tr>
</tbody>
</table>

b. In order to continue maximum efforts toward a further reduction in the mortality of renal failure patients in Vietnam some recommendations can be made to the referring physicians in the various medical facilities throughout the war zone:

1. Strict adherence to the preventive principles of acute renal failure.

2. When the diagnosis of acute renal failure is established or even suspect rapid referral to the renal unit is advised.

3. When possible the referring physician should accompany the patient to the renal unit, or some other physician closely acquainted with the case should make the journey.

4. Initiation of I.V. solutions to combat hyperkalemia when necessary.

5. It cannot be over emphasized that to err on the side of early referral is infinitely better than to delay referral.
3. Quinine studies and Black water fever:

Results are now available for the ongoing studies of "in vivo" and "in vitro" quinine clearance data.

a. In Vivo data: Data have been analyzed for quinine assays in four patients with acute Falciparum Malaria and Blackwater fever. Peritoneal dialysis has been used as the method of therapy for the renal failure in each of these cases. Currently, the results are available on three of these cases. These data have been tabulated in a preliminary fashion, and some general conclusions can be derived from these results. In the anuric or markedly oliguric phase of renal failure, it would appear that one-third (600 mg) of the normal dosage of quinine dihydrochloride produces an efficacious therapeutic serum level. Levels achieved at this phase in the disease process in the three patients studied were in a range of 10-17 mg of quinine dihydrochloride per liter. Based on peritoneal dialysate assays, it appears also that peritoneal membrane clearances of quinine are variable, but overall are less than one might anticipate. With the onset of diuresis full dosage schedules may be resumed to complete an appropriate course of therapy.

b. In Vitro data: In four experiments carried out as designated under "experimental design", (see previous reports) preliminary results indicate that quinine dihydrochloride is diffusible across the cellophane membrane of the Kolff twin-coil kidney. At therapeutic blood levels, i.e. 15 mg/L., quinine may be detected after approximately 1 to 2 hours of dialysis. It will then accumulate in a linear fashion, and significant concentrations are measurable. The effect of non-ionic diffusion of quinine could not be determined on the basis of these studies. Further elucidation is obviously necessary in this important subject.

4. Lecture and Consultation Visits: During the past quarter a number of lecture and consultation trips were made in the II and III Corps areas. Visits for the exchange of dialysis data and lecture purpose were also made to the two additional renal units in the Pacific area. These Renal centers are located at Tachikawa A.F.B., Japan, and Clark A.F.B., Philippine Islands. All visits were found to be most helpful in formulating guidelines for the future of this highly specialized unit.
3D FIELD HOSPITAL

1. The 3rd Field Hospital provides the administration and has operational control over the following attached units:

- 51st Field Hospital
- 62nd Medical Detachment
- 155th Medical Detachment
- 629th Medical Detachment

2. The 406th Mobile Medical Laboratory provides direct support and is housed within the 3rd Field Hospital compound but is not attached for administration or operational control.