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Historical Division

21st
Station Hospital

ANNUAL
REPORT

1944

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231ST STATION HOSPITAL

ANNUAL REPORT 1944

1. Introduction: This organization has functioned as a station hospital during the entire year, 1944. Its activity has been varied. Through the whole year, it has served as a receiving hospital for Air Force battle casualties rushed direct from operational missions over Europe. After the Invasion of France, Ground Forces battle casualties were received, after they had been evacuated through more forward echelons. During the latter third of the year, the unit was authorized to board patients for transfer to the Zone of the Interior, and from this time on it functioned simultaneously as station hospital, general hospital and forward-echelon evacuation hospital.

Service was rendered to the personnel of 15 heavy bomber bases, a fighter group, and affiliated service organizations such as Engineer, Quartermaster and Ordnance troops. (Estimated total: 60,000 troops.) Additionally, 2099 patients were evacuated to this hospital by hospital trains.

At the end of the year, Air Force casualties tapered off, while Ground Forces admissions kept the hospital filled to maximum capacity.

Beyond the routine duties of care for patients, the unit conducted experimentation and research in several fields of investigation, as outlined in more detail below. However, basic policy remained as established when the hospital started operation in 1943; namely, "The patient comes first." All other policies of this unit are subordinate and supplementary to this one rule. It is believed that the policy has been successfully carried into execution.

2. Historical Outline:a. On 1 January 1944, this organization was in charge of the hospital plant installation at Redgrave Park, Suffolk (later designated U.S. Army Hospital Plant 4209). At various times in February, groups of personnel were placed on Detached Service with the 77th Station Hospital at Morley Hall, Norfolk, in anticipation of a unit transfer. As of midnight, 3 March 1944, the 231st Station Hospital relinquished responsibility for the hospital plant at Redgrave Park, and assumed responsibility for the plant at Morley Hall (later designated U.S. Army Hospital Plant 4210).

b. Major events were inspections by the Surgeon General of the U.S. Army on 11 March, and by the Commanding General of United Kingdom Base on 16 November. The Surgeon General, Major General Norman C. Kirk, was accompanied by Brigadier General Paul R. Hawley, Chief Surgeon of the European Theater of Operations, and by Major General Grant, the Chief Surgeon of the Army Air Forces, and Brigadier General Grow, Chief Surgeon of the 8th Air Force. At a ceremony during this visit, Brigadier General Hawley was invested with the rank of Major General, and was sworn in by Major General Kirk.

During this inspection, the Surgeon General saw every orthopedic patient in the hospital. He commended the service at the end of the inspection.

The visit of Brigadier General H.B. Vaughan, Jr., Commanding General of United Kingdom Base, was unmarked by incident.

c. The first hospital trainload of patients received by this organization arrived on 12 July. Seven more were received later in the year.

d. On the 14th of August, this hospital was authorized to board patients for return to the Zone of the Interior. 521 patients were boarded and transferred under this authority.

3. Professional Service: a. Valuable advice has been given to this hospital by Colonel W.S. Middleton, Chief Consultant in Medicine, European Theater of Operations. Especially deep appreciation is felt for the aid and counsel of Colonel Elliott C. Cutler, Chief Consultant in Surgery, ETOUSA, who has maintained a close personal relationship to this unit, and who has been accessible whenever needed.

b. Medical Service: (1) The Chief of Medical Service, Lt Colonel Hugh P. Smith, O-473796, MC, was relieved of his duties on 18 Oct 44 (SO 292, this hq) because of ill health. Appointed Acting Chief, and on 15 Nov 44 (SO 320, this hq), made permanent Chief of Service, was Captain Benjamin M. Hair, O-1821437, MC.

(2) Neuropsychiatric Section: This section of Medical Service initiated new methods of handling NP patients during this period. The problem was to give definitive treatment to a larger proportion of patients than had previously received it, in order to prevent overcrowding of general hospitals. After observation of methods in use at the 312th Station Hospital, the 65th General Hospital and the 7th General Hospital, a method of treatment was adopted by Major Thomas A. March, O-474601, MC, Chief of Neuropsychiatric Section, combining features found in all three of the hospitals studied.

Insulin was administered in progressively larger doses over a period of five to ten days, combined with sedation by amytal. During the same 5-10 day period, group psychotherapy was practised by lecturing the patients on the reasons for their "nervous conditions." The treatment caused the patient to gain weight and to lose the dreams which had been recurrent in sleep. Anxiety over being in the hospital was relieved by the group psychotherapy.

For some patients abreaction treatment was used in which a hypnotic state was induced with the aid of pentathol, and in which the patient recalled and emotionally re-experienced the events which had caused his breakdown.

These treatments, it is estimated, were about 50% more effective in completing cures than the methods used formerly. Of the cases judged suitable for such treatment, about 70% are returned to full duty in non-combat capacities. The remaining 30% are considered failures, and in general tend to show a more deep-seated emotional background than those responding

successfully. Approximately 30 such patients were treated each month after May. Three fourths of those had seen action on the Continent.

(3) Venereal Disease Section: Under direction of instructions in Circular Letter No. 86, Office of the Chief Surgeon, 22 Jan 44, Major Byron R. Gayman, O-231958, MC, initiated penicillin treatment for cases of primary and early secondary syphilis about 1 July. The treatment has appeared to effect complete cure in early cases so far as has been possible to keep them under observation.

It has been noted that secondary syphilis cases with much glandular enlargement with primary will usually have a reaction consisting of chill and rise in temperature during the first 12 hours of treatment.

(4) Following a suggestion seen in the British Medical Journal, a gelatin pastille has been prepared, containing 500 units of penicillin, for continuous sucking in mouth infections. The method seems promising, but not enough data are on hand to draw conclusions from.

c. Surgical Service: (1) The Chief of Surgical Service during the entire year was Lt Colonel Pedro L.W. Platou, O-481453, MC. Lt Colonel Platou personally kept constant supervision over the Operating Room which was set up under his immediate direction. He rigidly enforced a policy that no person, except patients undergoing operation, should enter the surgical chamber without wearing a sterile mask, cap and gown. This policy applied to all ranks, being invoked even for the Commanding General of United Kingdom Base on his tour of inspection. (Picture of the Operating Room is inclosed.)

(2) Orthopedic Section: (a) Scope of service: Maximum service was rendered to Air Force units during the 3-month period preceding, during, and after the Invasion. Thousand bomber raids were common, and 2 or 3 missions per day were being flown, with a natural increase in casualties. When hospital trains began to bring Ground Forces battle casualties to this hospital (starting in July), it was discovered that orthopedic cases averaged a third of each trainload.

During the year, the Orthopedic Section expanded from 75 in-patients in 2 wards to about 400 patients in 7 wards, 5 ward tents and a Rehabilitation Barracks. In the latter part of the year, there was a monthly turnover of 225 patients out of the 400. Because of measures taken to enable the medical officers to devote more time to serious cases, the number of patients treated in the Out Patient Clinic decreased from 550 per month to 200.

(b) Organization: I. Housing: In the semipermanent Nissen hut installations, the only provision made for a Plaster Room was an 8 x 15 foot side room in the Operating Room building, which proved quite inadequate. A ward tent was erected adjacent to the Operating Room, and equipped with electric light, hot and cold running water, and telephone. In it were placed all equipment and accessories necessary for reducing fractures, applying and removing casts, and changing dressings. (Photograph of tent is inclosed.)

In addition, the tent serves as an office where the work of the section is coordinated. A Charge of Quarters is kept on duty 24 hours each day to meet emergencies.

To conserve time and duration of anesthesia during reduction of major fractures, a darkroom tent for rapid development of check X-rays was erected behind the orthopedic tent and connected to it by a tunnel passageway.

It was found advantageous to maintain a ward and ward tent for orthopedic officer patients, rather than have them scattered on several mixed officers' wards.

Another advantage was found in avoiding confusion by the designation of one ward for routine daily admissions of cases of true station hospital nature, rather than scattering them over 7 wards. The turnover of these cases - simple malleolar and metatarsal fractures, incomplete radial head fractures, sprained backs and knees with effusion - was rapid, and they were followed in the Out Patient Clinic.

II. Personnel: Theoretically, 70% of each hospital's surgical officers should be orthopedists, to treat the 70% of all wounds constituted by orthopedic cases. This is, of course, impossible, because of the lack of training available in civilian life and practise. During the first months of 1944, one orthopedist, assisted by one NCO (trained in plaster technique), performed all operations and fracture reductions, applied all casts, and conducted the clinic at this hospital. (Captain Theodore K. Himelstein, O-501659, MC, assisted by Tec 3 Richard A. Pingstock, 15104675, Med Dept). As the volume of work increased during invasion time, night work increased to the point where, at one stage, the small staff worked for 11 days and nights without an uninterrupted night's rest, and as a result "operational fatigue" became manifest. More plaster technicians were trained and 2 more officers were added to the professional staff.

The section's work was analysed, and facilities were organized for maximum efficiency. Two augmented wards (ward building and ward tent, with capacity of 51 or 52 patients) were assigned to each officer. Officers who, in civilian practise, were obstetricians and gynecologists assisted in reduction of fractures and in debriding fresh casualties. After mastering the basic principles, they began to work alone, leaving difficult cases for the Chief of Section. The Chief of Section saw each case at least once a week, initially assessing each individual case, outlining a plan of treatment, and prognosticating eventual disposition. Necessary revisions were made in succeeding rounds. The Physical Therapy department was represented on all rounds for prescription and supervision of exercises.

Professional Observations and Recommendations derived from the experience of the Orthopedic Section are to be found in Annex "C" of this report.

(3) Appendectomies: All appendectomies with primary closure of the McBurney incision have been returned to duty on the 21st day, if in the Air Force. This policy has been well standardized, with the cooperation of the group surgeons at the Air Force bases, and has been of advantage in saving manpower.

All cases of appendicitis in the advanced stages, and complicated by local or generalized peritonitis, have been treated by appendectomy through a McBurney incision plus the instillation of 15 grams of sulfanilamide intraperitoneally, with closure of the peritoneum and no sutures in the muscle fascial or skin layers. Wangensteen drainage has been started on these cases immediately after operation, and proper amounts of crystalloids, sulfadiazene and plasma have been given intravenously to maintain sulfa, crystalloid and circulating blood protein levels. Penicillin has been given these cases in doses of 20,000 units each 3 hours for at least 72 hours post-operatively. Usually, on the 5th or 6th post-operative day, Wangensteen drainage is discontinued and the wound closed in layers, using chromic catgut. No case of appendicitis treated in this manner without drainage has failed to recover.

(4) Skin Grafting: In August, a new method of skin grafting was adopted experimentally, and has proved amazingly successful. Originally suggested in "Skin Grafting by Coagulum Contact Method," by Sano, an article which appeared in the Journal of Surgery, Gynecology and Obstetrics (pp 510-531, Vol 77, 1943), a revision of the method was published by Lt Colonel John F. Rogers and Captain Daniel M. Killaran in the Medical Bulletin No. 19, Office of the Chief Surgeon, ETOUSA, pp 23 and 24, dated 1 Sep 44.

The coagulum contact method has been used on approximately 40 cases in this hospital, the areas covered ranging from 3 x 3 cm to 8 x 16 cm. Experience has shown that the use of greater amounts of the cell paste and plasma than is actually required eliminates the problem encountered by Colonel Rogers and Captain Killaran: "loss of portion of the graft."

Results have shown that the method is almost 100% perfect as compared with the old method of pinch grafting in which the take was successful only about 50% of the time. Also, it has been found that any general surgeon can employ the method successfully. Specialist training is not necessary.

A description of the method of preparation of the Leukocyte Paste for this graft is included as Annex "A" of this report.

(5) Cold Injuries: This hospital was designated as the Cold Injury center of the VII (US) Hospital Group (Prov) and, during the month of November, three medical officers of the Air Force were attached to it to study any cases of cold injury which would be admitted. The number of cold injury cases admitted has been negligible, which can be ascribed to the fact that waist-gunnners now operate behind closed doors, heating suits are more efficient, and there have not been as many Air Force casualties admitted as during the early months of 1944.

d. Dental Service: (1) Clinic: Because of the necessity for extensive work on patients from the Ground Forces hospitalized here, the Chief of Dental Service, Lt Colonel Joseph J. Karow, O-263041, DC, arranged with the Dental Surgeons of nearby installations serviced by this unit to do much minor dental surgery on their own personnel in their own dispensaries. These dentists did fillings and prepared three-quarter crowns when possible. All other work was done here.

It is suggested that hospital dental facilities will be relieved of strain and many duty hours of patients will be conserved if base dental surgeons fill all cavities before sending patients to hospital.

(2) Cooperation with Neurosurgery: From 1 Jan to 10 Aug, while a neurosurgical specialist was assigned to this hospital, the Dental Service cooperated with him by making head plates. An impression was made in wax of the part of the head where bone was missing. A model of the head was made in stone, and on it the outline of the missing part was drawn from the evidence of X-rays and the wax impression. Then a metal die and counter-die were poured and the tantalum metal swedged to shape, so that the metal plate restored the contour of the head.

(3) Improvised equipment: Some equipment has had to be improvised because of shortages, as listed:

(a) Foot engines used for preparing cavities have been powered by airplane defroster motors which are run by 24-volt batteries.

(b) Air Force oxygen tanks were used for compressed air at the dental chairs, with an improvised hand shut-off syringe.

(c) Field lamps were adapted for the use of British-type light bulbs by using the socket of a burned out light bulb from the field lamp and adapting a socket of a British-type light bulb to the plug of the burned out lamp.

(d) An acrylic shade guide for matching teeth was made.

(e) A spring clamp and flask were made up for the purpose of manufacturing acrylic crowns.

(f) Bracket tables, unavailable through supply channels, were built here.

(4) Suggestions: (a) In order to prevent deliberate destruction and waste of dentures, it is suggested that a ruling be made that a Statement of Charges be filled out for all dentures lost not in line of duty.

(b) Because of difficulty in ascertaining facts after a lapse of time, it is suggested that a Line of Duty Board be appointed immediately in fractured jaw injury cases incurred while patient was off his post.

e. Rehabilitation: This hospital has operated a Rehabilitation Program for convalescent patients since before the first day of the year. Patients confined to their wards have had a daily schedule of calisthenics. Ambulatory patients have participated in a program of drill, calisthenics and classroom subjects.

On 15 July 44, the program was altered. A block of ward buildings, originally constructed as the Venereal Disease Section, was designated as the Rehabilitation Training Barracks. These, together with adjacent tents, provided a bed capacity for 150 convalescent patients. These patients, for all practical purposes, were treated as a separate detachment. Convalescent officers and noncommissioned officers were placed in charge of the Training barracks and program, under the supervision of the Rehabilitation Officer, Captain Joseph Hillel, O-496445, MC. A gymnasium, craft shop and day room were equipped for Rehabilitation patients.

f. Nursing: (1) The chief nursing problem arose when the unit's T/O was cut in July from 75 nurses to 63. The patient census rose sharply soon afterwards. The situation was met by training enlisted personnel in nursing procedures so that ward men could take over much bed care, while nurses supervised the care of greater numbers of patients than they formerly had been able to see. VD Ward and Skin Ward were cared for entirely by enlisted personnel.

(2) To enable nurses to carry the extra burden of work without undue fatigue, a policy was followed by the Chief Nurse, Captain Lucy J. Ramsdell, N-721394, ANC, of permitting a 48-hour informal leave each month for each nurse.

g. Laboratory: (1) Blood bank: The hospital found unavoidable difficulties in getting blood donors from nearby organizations within a reasonably short period of time. In order to prevent excessive use of hospital personnel as donors, the Laboratory Officer, 1st Lt Richard B. Bruno, O-519969, Sn C, established a blood bank, by means of which a supply of whole blood is kept ready for instant use at any time.

(2) Skin Graft Preparation: Since August, the laboratory has prepared a Leukocyte Paste for skin grafting by the coagulum contact method. Full description is given in Annex "A".

(3) Penicillin: During January, February, March and April the laboratory participated in penicillin research directed by higher headquarters. In December, work was begun on the use of penicillin in mouth hygiene, particularly in connection with the pyorrheas and Vincent's disease. This was done in cooperation with the Dental Service.

(4) Training: In addition to the training of unit personnel which was maintained throughout the year, approximately 15 enlisted technicians from other organizations were given training in dispensary laboratory techniques. They trained usually for 3 weeks, of which about 10 days was spent on hematology, about 4 days in reading GC smears and about a week on urinalysis.

h. X-Ray: In August, a double brick wall was erected in the X-Ray Department building, dividing the main radiographic room into two rooms, one of which was set aside for fluoroscopy. The alteration was made at the suggestion of Lt Col Kenneth D.A. Allen, Chief Consultant in Radiography in the ETO. It has been found to work well. In December, a 100-milliamperere machine was added.

i. Physical Therapy: New exercise equipment was built and put into use by Physical Therapy Clinic as part of the Rehabilitation Program. It included hurdles, shoulder wheel, grip strengthener, stationary bicycle, finger pulleys, flight of steps, pulley table and teeter board. (Picture of some of this equipment is inclosed).

j. Pharmacy: (1) In order to save time in filling prescriptions, The Pharmacy staff initiated a system by which one man was sent out to the wards each morning to pick up all prescriptions, The staff then compounded the prescriptions without interruption by wardmen. The prescriptions were delivered in the afternoon. This method saved many man hours which would ordinarily be consumed by ward men from each ward journeying back and forth daily to the Pharmacy.

(2) A shortage of standard cough syrups existed during the early months of 1944 when an epidemic of nose and throat ailments broke out. To meet the emergency, the Pharmacy staff prepared a cough mixture of their own from available ingredients. The mixture was so successful that the formula was adopted by the 77th Station Hospital and the 136th Station Hospital.

4. Mass Admissions: a. General: Eight hospital trainloads of casualties were evacuated at Wymondham railhead, transported by ambulance, bus and truck to Morley Hall, and admitted to the hospital. It is thought that the technique developed for these evacuations has several points of merit. A description of the SOP for hospital train evacuation is appended to this report as Annex "B".

b. Attached Personnel: A feature of these mass admissions was maximum use of all personnel. Personnel of organizations attached to this post and convalescent patients were used as litter bearers, mixed with the hospital's assigned men. The untrained men proved of great value. It was observed that they showed great consideration for the welfare and comfort of the evacuees. It is believed that this factor - consideration for patients' welfare, cannot be emphasized too much. Experience here has shown that it is more important than specific training in simple techniques. It should be stressed in all training of medical personnel.

c. List of trains:

<u>Date.</u>	<u>No. of patients</u>
12 July	292
4 August	269
10 August	289
25 October	290
25 November	267
1 December	274
10 December	280
20 December	138

TOTAL

2099

5. Routine Admissions: It is believed at this hospital that the place of a patient is on a ward, not in an office. In keeping with this belief, patients are not detained in the Admissions office, but are merely taken through the office directly to a ward or to the Shock Ward. A member of the staff of the A & D Office goes with the patient and obtains all the necessary information for admission records while the patient is as comfortable as possible in bed on the ward.

The Admission and Disposition Officer during most of 1944 was Major Monroe M. Broad, O-336562, MC.

6. Supply: a. Medical Supply:

(1) Central Supply Issue Room: Conservation of materials has been effected by rules that equipment which is not in daily use on the wards must be turned in to Central Supply for use where needed. Not more than a week's supply of drugs was permitted on the wards.

(2) Tent Expansion: On 29 May, a telephone call was received from the Surgeon, Western Base Section Communications Zone. It was stated that within 24 hours this hospital would have to expand from a capacity of 834 beds to a capacity of 1254. It was also stated that the Surgeon's Office did not know where the additional beds were to be obtained. They were not in stock at this hospital nor at any nearby depot.

Within the required 24 hours the Medical Supply Officer, 1st Lt Bernard Berkowitz, O-1544615, MAC, had obtained offers of 1200 beds, and had actually transported the quantity necessary for the required expansion. Within the same period, his staff had set up the beds in ward tents.

(3) Medical Supply, together with Utilities Department, designed and built an entire new set of shelves for the storage and issue room,

(4) A shortage of electric bakers for patients was eliminated, with the cooperation of a nearby Air Base. Craftsmen at the base made two bakers after the design given by the Medical Supply Officer, from sheet aluminum. The bakers were equipped with eight British-type light bulbs each, which rendered them superior to American models for use in the United Kingdom because they can be carried from one hospital ward to another without the necessity of carrying transformers also.

b. Unit Supply: Responsibilities of this department were greatly increased when the hospital set up a Disposition Board for return of patients to the Zone of the Interior, because the majority of patients so returned were without clothing and equipment when admitted to this hospital, and they had to be clothed and equipped before transfer out.

This factor, together with the large patient census, required maintenance of Unit Supply stocks in such range and quantity as to make the department a combination sub-quartermaster and sub-chemical warfare depot. Numerous items of clothing and equipment were stocked, in complete size ranges.

Volume of issue can be gauged from a representative item. In December, over 450 pairs of shoes were issued.

There has been no single instance of any patient being turned away from the issue room inadequately equipped. Issue of clothes to members of the hospital staff, salvage, shoe repair, laundry and dry cleaning have been continued normally; while special directives to collect and ship equipment required on the Continent have been complied with during the course of normal operations.

Unit Supply Officer (and Transportation Officer) was 1st Lt Charles A. Foley, O-1544096, MAC.

7. Transportation: A total of about 225,000 miles was driven by personnel of the Motor Pool, with only two minor accidents. A special problem was presented by the perpetual coal shortage which necessitated frequent trips to comparatively distant points because of the inability of the Wymondham railhead to supply the hospital's needs. These trips kept two cargo vehicles constantly in use, and unavailable for other purposes.

During a 4-month period, 1/3 of the Motor Pool's vehicles were on loan for Invasion purposes, and the hospital had to make do without them. At the same time, Army Postal Unit 598, attached to this post, had to deadline its truck for repairs, and hospital transport was used to carry mail.

8. Improvements to Plant: a. The biggest construction job of the year was accomplished between the months of April and July when unit personnel, working under the direction of engineers from District VIII, Western Base Section, constructed roofing over all the paved walks between wards and connecting the wards with the patients' mess and the post theater.

b. A brick-and-tile meat house was finished in December, made largely of materials salvaged from a demolished building. A bake house was added to the patients' mess.

c. A former warehouse building was renovated and converted into a clubhouse for the American Red Cross.

d. A Nissen hut was remodelled and equipped as a theater.

e. Extensive landscaping was done during the spring and summer months.

f. Motor pool personnel laid concrete for parking areas and widened approaches to several buildings; and for a combination tennis-basketball court.

9. Agriculture: A 15-acre farm was cultivated on this post during the year by Cpl George A. Weller, 271261, Pioneer Corps, British Army, on detached service with this unit. Crops harvested included potatoes, cabbage, carrots, Brussels sprouts, red beets, parsnips, broad beans, snap beans, onions and lettuce.

About 75% of crops raised were used by the hospital. The remainder were sent to the Subsistence Officer at Quartermaster Depot Q-105.

10. Entertainment and Morale Factors:

a. For patients and staff: (1) Moving pictures: At the Redgrave Park station, movies were shown three days a week. At Morley Hall, the schedule was increased to a six-day week. Feature pictures were shown each week on three separate days, three times a day. On two other days, features were shown on the wards. One day each week, a group of shorts - GI Movies and newsreels - were shown.

(2) Live shows: Shows sponsored by the USO or the Red Cross played here on an average of a little better than once a month. James Cagney, the movie star, played here on 29 March. Sgt Joe Louis, the boxing champion, made an appearance at the end of April. Irene Manning, movie star, and her troupe played here on 30 December. Enlisted men of the hospital produced shows at several intervals during the year.

(3) Music: (a) The Gable Gators, a dance orchestra comprised of staff personnel, gave several concerts in the post theater, and smaller combinations of musicians toured the wards about once a month. All these men rehearsed and played during off-duty hours.

(b) Concerts of recorded classical music were given each week in the American Red Cross Clubhouse on Sunday nights. Concerts were open to patients and staff of all ranks. The records proved so popular that people began to come around to the clubhouse on weekday nights after closing hours to play them. This habit was institutionalized into a Thursday night informal concert (after closing hours) in addition to the scheduled Sunday concert. Individuals have bought and placed in the Red Cross collection for general use classical records worth an estimated 70 pounds sterling.

(4) Reading: Books and magazines supplied by Special Service were distributed to all wards, barracks and day rooms.

b. For patients primarily: (1) Purple Heart awards: Award of Purple Heart medals and ribbons was made to 61 officers and 736 enlisted men during the year. Oak Leaf Clusters were awarded to 9 officers and 73 enlisted men.

(2) Patients' recreation has been handled chiefly by the American Red Cross staff. Red Cross services fall into the following groups:

(a) Ward service: Of all the Red Cross services, this is regarded as the most important. Ward rounds were made every day of the year, distributing comfort articles, Special Service books and magazines, phonograph records; and caring for special needs of bed patients, such as telegrams, inquiries about friends, etc.

(b) Clubhouse: The clubhouse was a warehouse before the Red Cross staff took it over. Under their direction, it was completely renovated and refurnished. It was kept open from 1100 to 2200 hours every week day and from 1300 to 2200 on Sunday. It was equipped with a graphic arts room, a handicrafts room, a 1,000 volume library and a radio-phonograph.

Four "event nights" were planned each week. One of these was a bingo party, one a classical record concert. The others varied from time to time, including card parties, games parties, dance band concerts, traveling entertainers, quiz nights, etc.

Special parties and celebrations were arranged for each holiday. For example: on Independence Day, the Clubhouse was turned into a carnival midway with a hula show, a boxing exhibition, a novelty zoo, a weight guesser, a fortune teller and games of chance (for cigarettes). On Christmas Eve, the clubhouse was used as a headquarters for parties on every ward in the hospital. Patient and staff entertainers were dispatched from there for carol-singing and skits.

Each Sunday afternoon, "open house" was held at the clubhouse for girls from Wymondham or Attleborough, who came to the post by cooperation of local British organizations.

(c) Trips and outings: During the fair weather, it was arranged for parties of patients to visit the gardens of families of the county and have tea there. Later, with the help of the Church Army and British War Relief, trips were arranged to visit factories, legitimate theaters in Norwich, homes, and sites of interest, without cost to the patients. An average of 40 patients participated each week.

(d) Social Service: In all matters needing a special liaison with relatives, friends, or the civilian community, of a type which could not be handled "officially", the Red Cross staff gave what assistance they could. There were many inquiries after relatives of patients in the ETO. Telegrams and cablegrams were arranged to be sent. Packages were wrapped for patients. Small loans were made.

The most frequently mentioned "worry" of the patients was that of husbands about their wives at home. In such cases, the staff made every effort to reassure the patient, either by just talking with him or by making confidential investigations through the Red Cross field service in the United States.

c. For staff primarily: Day rooms were furnished for officers, nurses, noncommissioned officers and privates. A bar was opened, during after-duty hours, for enlisted men, and another for officers and nurses. A soda fountain, for all personnel, was opened on 25 May. Dances were arranged at regular intervals. (Note: officer patients were permitted to use the Officers' Club and enlisted patients from the Rehabilitation Barracks were permitted in the enlisted day rooms.)

A sports program was organized during the summer months, with an intra-mural softball tournament among departments (and a team of Rehabilitation patients), and competition against other bases by an all-hospital team. A basketball team was formed later in the year to compete against teams from other bases.

11. Lectures and Discussions: With the cooperation of the Ministry of Information and the English Speaking Union, speakers and Brains Trusts have been brought to the post theater on an average of one each month. These included a Member of Parliament, a Field Marshal of the British Army, natives of various European countries and prominent Norfolk citizens. All ranks were invited to attend these discussions. For certain of the important ones, attendance was required of officers.

"Bull sessions" for patients, led by hospital staff members, were convened in the Red Cross clubhouse library at 1930 hours each Sunday evening during the last quarter of the year.

12. Anglo-American Relationships: These have been consistently good. The hospital's dance band has played a number of concerts and dances for British War Charities. Several English entertainers have played at the post theater and on the wards, and Anglo-American Brains Trusts have been presented in the theater and in the Red Cross clubhouse.

Thirty enlisted men rehearsed with the Norwich Philharmonic Chorus for two months, and sang in a Good Friday presentation of Handel's Messiah in Norwich Cathedral. They were of various religious faiths.

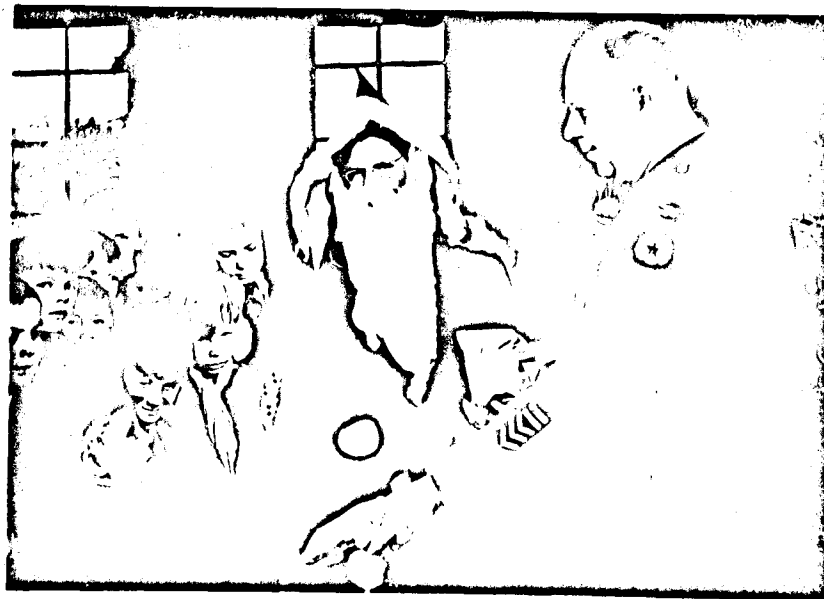
The unit participated in the Stars and Stripes War Orphan Fund, and raised £11 17s 5d for the support of a war orphan by voluntary contributions.

A Christmas Party for children of Wymondham and Attleborough was given on 23 December. (Picture is inclosed.)

13. Anticipations: It is believed that basic professional service has been established on a sound foundation, and policies already set will be continued.

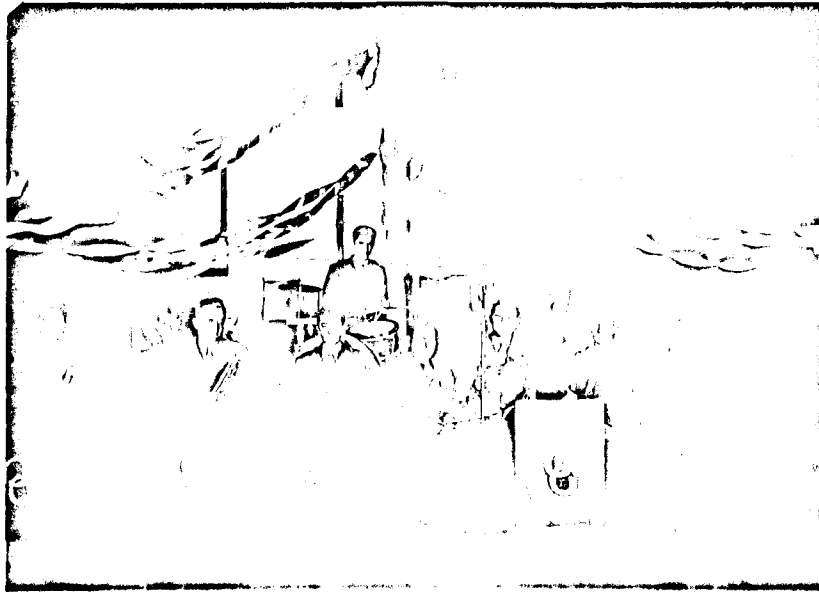
Special Services will be expanded. An expanded sports program is planned for the summer months. An attempt is now being made to get a gymnasium built, and permission has been requested to construct a larger and better equipped Red Cross clubhouse.

Plans are also being made for concentration on educational activities at the close of hostilities in Europe, in order to prepare personnel for return to civilian life. At the moment, however, emphasis is continued on the primary need: war service.



FATHER CHRISTMAS IS A YANK

Children of Wymondham and Attleborough, Norfolk, were entertained at a Christmas party in the Red Cross clubhouse of the 231st Station Hospital on 23 December 1944. Father Christmas (Tec 5 Jerome Schwartz) is shown looking on while Colonel Linwood M. Gable, Commanding Officer, greets the children.



THE GABLE GAIORS

The dance band of the 231st Station Hospital, all of whose members have full-time assignments to administrative or technical duties. Their services to enlisted men and patients are voluntary and free. They have played for many British War Charities.

Reading from left to right:

S/Sgt Leonard R. Lovelace, 34432092, Saxophone
1st Lt Oliver M. Zeiher, O-1544305, Trumpet
Pvt Frank J. Wielgus, Jr., 35370242, Trumpet
Tec 5 Edgar Johnson, 34689892, Saxophone
Sgt Edmund O. Vieira, Jr., 31036542, Saxophone
Tec 5 Eugene R. Rocca, 36582578, Drums
Tec 3 Herman K. Kumbera, 36336372, Violin
Tec 4 Martin H. Sauser, 36731613, Violin
Tec 5 John Aragona, 32432216, Violin
S/Sgt Harry A. Miller, 31171399, Piano; Band Leader
Tec 5 James A. McDowell, 17122902, Vocalist

(Not in this picture, but a regular member of the band is:

Pfc Lenard A. Kratoska, 36657549)