managed routine medical/surgical problems such as appendectomies. The patients were then either sent to an Evacuation Hospital or back to their units.

The officers lived two to a tent and several Quonsets were used as wards and support facilities. A generator supplied power, and surges in power would sometimes blow out all the lights. I can remember holding my laryngoscope over the surgical field while waiting for flashlights to use until the standby generator started. Eventually we got one, battery-powered, freestanding OR light to resolve that problem. Our army issue gas machines were inferior, but a predecessor of mine had also acquired a dandy gas machine reportedly off a naval ship. Such swapping between units was a necessary part of life.

Because much of the surgery involved débriding wounds, I did a lot of spinals and axillary blocks. When I arrived at the MASH, medications for spinals and blocks were being cold sterilized. One of the crystal pontocaine ampoules had nothing in it but a drop of liquid and no visible crack in the glass, so it was clear that cold sterilization was out. Epidurals were not widely used; Pentothal, ether, nitrous oxide, and curare were the primary drugs used for general anesthesia. While I was there, the only blood type given was O Positive. Because errors in crossmatching had been a frequent problem, it was not done in this young healthy, male population.

As each VIP came through, and there were many, they always asked how they could help us. I would tell them I could not get succinylcholine and explained why I felt it was important. I was always reassured that I would have it almost immediately, but it never came. I finally wrote to the manufacturer and explained the problem and almost by return mail got enough samples to last for the duration of my Korean tour.