Ray Banta's War

A Combat Surgeon in World War II China

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Review by COL (Ret) Warner "Rocky" D. Farr, MD, MPH

BOOK REVIEWS

n late 1943, during World War II, a new US Army Medical Department unit design was developed and tested in China. This newly conceived, very untried and untested US Army medical unit was the portable surgical hospital (PSH). The 40th Portable Surgical Hospital filled a gap by providing surgical support and medical care for local indigenous troops of American's allies, in this case, the Nationalist Chinese Army. The aim of the 40th Portable Surgical Hospital was to pro-

vide surgical support as close as possible to the front lines of battle between the Imperial Japanese forces and the Nationalist Chinese armies. Its patients, mostly urgent surgical, were to be Nationalist Chinese soldiers. Largely seen through the eyes of its first commanding officer, Major Ray Banta, Medical Corps, US Army, this book tells the untold story of American surgeons who overcame extreme obstacles to care for their malnourished and severely wounded Chinese allies.

PSHs were a type of field hospital. The Army Medical Corps designed the unit to be carried on the backs of the team staffing the hospital. Mobile Army surgical hospitals ultimately replaced them. In 1942, the standard 25-bed army station hospital was changed into a new structure of a portable hospital of 25 beds.

The new unit was capable of supporting small units in its camp or garrison version (with the addition of four female Army nurses and organic vehicles); alternately it was to support battalion and regimental combat teams in a deployed combat task force version (without the four nurses and organic vehicles). Commanded by a Medical Corps captain or major, the new 29-man portable hospital had four medical officers (three general surgeons and one general surgeon/anesthetist)

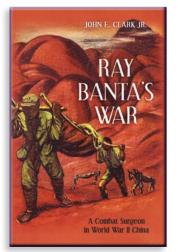
and 25 enlisted men, including two surgical and 11 medical technicians.

What was dramatically different and marked a radical departure from the normal was that all the unit's equipment, including its medical and surgical supplies and rations, could weigh no more than what the 29 men could personally transport. Assembled and trained in the midst of a war, these PSHs had

from many shortcomings. As the war progressed into jungle fighting, shortages of personnel and equipment became evident. The most critical problem was the severe limitation placed on the total weight to assure the unit's portability. From the start, this meant that to stay portable, the unit had to give up equipment and supplies that would have been most useful for life in the field and to treat casualties.

This book is the story of the unit's commanding officer and senior medical corps officer, Major Banta. It tells the story of his challenges in attempting to provide US-level surgical care to Nationalist Chinese wounded close to the battlefield. It is a story of ingenuity, making do, and constant challenges. In Banta's words, it was "a miniature Evacuation Hospital in a

bastard sort of way." It was also a very early attempt to meet the challenges of the then-unnamed "golden hour" of trauma care. One of the surgeons stated, "I never opened the abdomen of a Chinese soldier . . . in which I didn't find ascaris [roundworm] infestation of the intestinal tract . . . one would have to scoot the worms back out of the way to perform anastomosis." As we struggle with the size and organization of forward surgical teams, this book becomes essential history.



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