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MASH: An Army Surgeon in Korea (review)

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Otto F. Apel, Jr., and Pat Apel. *MASH: An Army Surgeon in Korea*. Lexington: University Press of Kentucky, 1998. xv + 222 pp. Ill. \$25.00.

Sent through medical school by the Navy in World War II and released without active duty, Otto Apel was recalled from his surgical residency to serve in the Korean War in 1951 (the Navy assigned a number of such physicians to fill Army shortages). With brief assignments at Fort Knox, Kentucky, and at a general hospital in Japan, he was sent to the 8076th MASH in Korea in the late spring of 1951 and was immediately operating on wounded soldiers. He had received no training in military medicine.

Dr. Apel provides an excellent description of the work of his MASH. Periods of operating around the clock as mass casualties flow in alternate with periods of respite and time for picnics. He cannot praise the new helicopter evacuation system too highly, a system that brings him wounded patients so severely damaged that his surgical competency is stretched to the limits. The arrangements for moving a "mobile" hospital are well discussed, as are the logistic and operational requirements (power, fuel, water, heat) of forward surgery. Living conditions—with rats, flies, mud, latrines—are primitive. Apel enjoyed working with allied medical units; his MASH cared for patients from several of the allied forces, and language could be a problem.

The valuable contributions of the nurses and enlisted men are appropriately presented, as are those of the Korean employees. Apel notes the "jokes" in the unit—most of which appear to have been peeking at the nurses during their showers. Even so, his comments on the buffoonery of M*A*S*H are worth quoting: "In the case of the film and television series, the interpretation is several times removed from the reality it purports to depict. The artistic presentation is always four or five times removed from the reality" (p. 95).

The 8076th MASH gradually enlarged and began to admit nonwounded sick patients. In 1951, 21,048 patients were admitted: 8,675 were wounded, and 19,143 were evacuated further to the rear; 2,000 returned to duty from the MASH. Three surgeons with three assistants operated on 5,176 patients, of whom 4,993 were battle casualties. The average pace was 100 operations a week. Only 188 died at the MASH.

Apel presents fascinating new data on arterial wound repair. In the late

summer of 1951 his slightly senior colleague proposed that instead of ligation—the official doctrine (to prevent gangrene)—they try arterial repair with vein grafts. Neither one had ever seen the operation in their residencies. They practiced on wounded Chinese and North Korean prisoners (innocent of Geneva and the Nuremberg Codes—recall that they had had no military medical education). Further cases in South Korean and then American soldiers polished their techniques. An arterial clamp was invented by them and was made in Tokyo by a silversmith while they were on leave. Higher medical headquarters were not at all pleased by their entrepreneurial surgery and issued “cease and desist” orders; Dr. Charles Mayo made a consultant visit and approved their work. Two successive commanders of the 8076th told them to continue, and eventually their program was approved. They did arterial repairs on more than two hundred patients. Dr. Apel wrote a paper on ten of those cases in the fall of 1952, but never sent it to a journal (the paper is in the book). He mentions a visit by Major John M. Howard “in the fall of 1951” (this would have really have been in January or February 1952): he says that Howard admonished him about doing arterial repairs (p. 163). This seems odd, because a part of Howard’s mission was to establish research groups to do arterial repairs.¹ Had Apel published, he would have had a splendid priority in contributing data about arterial repair in combat.²

While there is a small but useful bibliography, Apel cites no contemporary letters or diary. The book is written from memory, from conversations and letters many years after the war, and from reviewing his wartime photographs of his MASH. Thus, there are too many errors, both concerning people he never met and events he did not witness, and based on imprecise interpretations of his reading. Major errors include every comment about the MASH having initiated forward surgery (Larrey did it in the Napoleonic wars); it is not true that “in military medicine, all doctors become surgeons” (p. 26); the U.S. Marines were not “kicked down the Korean peninsula” (p. 59), they landed in the Pusan perimeter on 2 August 1950; the comments on aeromedical evacuation in World War II before 1950 and in Korea are quite wrong (pp. 67–69); battalion surgeons do not choose hospitals—the corps regulating staff does (p. 80); and the specific comments about débridement (p. 130), the use of antibiotics (p. 143), forward neuropsychiatric care (p. 126), postoperative wards (p. 144), and convalescent hospitals (p. 145) are all wrong. Among the minor mistakes, it was General

1. Walter Reed Army Institute of Research, *Battle Casualties in Korea: Studies of the Surgical Research Team*, 4 vols. Vol. 1, *The Systematic Response to Injury* (Washington, D.C.: USGPO, 1955), pp. 3–9.

2. Edward J. Jahnke, Jr., “Surgery of Acute Vascular Injuries: Report of 77 Cases,” *Milit. Surg.*, 1953, 112: 249–51; E. J. Jahnke, Jr., and Sam F. Seeley, “Acute Vascular Injuries in the Korean War: An Analysis of 77 Consecutive Cases,” *Ann. Surg.*, 1953, 138: 158–77; Carl W. Hughes, “Acute Vascular Trauma in Korean War Casualties: An Analysis of 180 Cases,” *Surg. Gynec. Obstet.*, 1954, 99: 91–100; Frank C. Spencer and Ray V. Grewe, “The Management of Arterial Injuries in Battle Casualties,” *Ann. Surg.*, 1955, 141: 304–13.

Sams's son-in-law, not his son, who was killed (p. 34); van Buskirk was not "tall and slender," he was short and stubby (p. 50); "dust-off" began as a radio call sign in Vietnam and had nothing to do with "rapid landings and takeoffs" (p. 77); chloroquine is taken weekly, not daily (p. 97); the Quad 50 is on a truck, not a jeep (p. 113); shell fragments are not shrapnel, which is lead balls with a bursting charge (p. 130); and Major Jahnke was Army, not Air Force (p. 150).

I fuss about all these errors because military historians are beginning to take a new interest in the Korean War. The MASH, thanks to the television program, is widely known. This book is likely to be used as a secondary source. As an uncommon account of a real MASH and of a young surgeon sent to war, it is splendid. As an account of Army medicine in the war, it is not useful. Dr. Apel's commitment to honor and duty is documented by his refusing to accept a draft exception (married with children), and later by extending his tour in Korea by four months to be sure his experience was passed on. He came home, served for four final months at Fort Monroe, completed training, and went into practice in Ohio.

Korea has been called "the forgotten war," and in some ways that is true. The memoirs of those who served so well there, like Dr. Apel, are thus extraordinarily valuable in ensuring that the medical care of the wounded of that war is not forgotten.

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