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Thomas Helling. *Desperate Surgery in the Pacific War: Doctors and Damage Control for American Wounded, 1941-1945.* Jefferson: McFarland, 2017. 476 pp. $45.00, paper, ISBN 978-1-4766-6421-7.

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In the island-hopping campaigns of the Pacific theaters during World War II, soldiers and Marines repeatedly charged from landing craft onto enemy beaches where they encountered withering small-arms fire and barrages of mortars and artillery. The military mission of wresting heavily fortified isles from the grip of the Japanese army was daunting in and of itself; data demonstrate that these battles were the bloodiest of the war.[1] Providing adequate medical support for the assaulting American forces proved equally challenging. In his book *Desperate Surgery in the Pacific War*, Thomas Helling chronicles these efforts from Pearl Harbor through Okinawa, focusing specifically on surgical care of the combat wounded. The Pacific theaters have received markedly less scholarly attention than has Europe, a discrepancy persisting in the field of medical history.[2] This book helps fill an important niche to understanding American operations in this realm.

Helling approaches the subject as a surgeon without formal historical training, but he adeptly mines an array of primary sources to portray medical care in the Pacific theaters. He illustrates how the unique geography and conditions in this part of the world dictated the manner in which the Army Medical Department and Navy Bureau of Medicine and Surgery could tend to the wounded. For example, hospitals could not land until assaulting troops had at least secured a beachhead, which often required days of intense combat. Until then, the wounded had to be evacuated off the island. Transoceanic distances further compounded the difficulties of transporting casualties to surgical hospitals, a voyage often necessitating days to reach bases sometimes a thousand miles away. This expanse similarly rendered resupply—particularly for perishable items like blood—a herculean logistical exercise.

Helling spends the majority of the text examining the military's responses to these challenges. He noted that while the medical services of the army and navy had analogous overarching goals of providing optimal care to the wounded and genuinely tried to cooperate, the inherent friction of any joint operation complicated procedures, particularly efficient evacuation and early treatment. In an effort to transfer the casualties to a surgeon as quickly as possible, the army and navy collaborated to create Landing Ship, Tank (LST) hospital ships. Helling traces the origin of this novel concept, which began by simply stationing a doctor on a landing craft and culminated with the creation of a mini-hospital ship, complete with multiple surgeons, ad hoc operating rooms, and the ability to treat dozens of patients.

The author similarly recounts the utilization of commissioned hospital ships, noting that early

in the war they functioned mostly as floating ambulances, ferrying stricken soldiers and Marines who had already received some treatment to base hospitals on other isles for further care. As the war progressed and the value of far-forward surgical intervention became increasingly apparent, these ships changed roles. By Iwo Jima, they had transitioned into floating operatories, anchoring offshore to perform major wartime surgery. This story, described over several chapters, offers new insight in the use and evolution of US Navy Hospital Ships.

The PASH (portable army surgical hospital) represented another innovative effort to position surgery closer to the battle. As their name indicates, they were man-portable hospitals that the staff—including doctors—carried on their backs and assembled a few miles behind the lines, at least in theory. Helling traces their bureaucratic creation and actual implementation. They were most active in Papua New Guinea and other jungle-covered isles that endured prolonged ground campaigns. Rarely deployed as intended, PASHs admitted mostly medical, not surgical patients. Moreover, manual portage of all necessary equipment proved largely impractical, and the units suffered from real deficiencies in resources. Nonetheless, the idea of the PASH epitomized the commitment to far-forward surgical care and represented an inventive idea to implement it.

In addition to these broader themes, the author explores the experiences of the average medical officer serving in the Pacific. Drawing from published memoirs, archived diaries, contemporaneous interviews, and official reports, he portrays the terror of these doctors when landing just behind the initial assault waves. He documents how young physicians on the front lines deployed with comparatively minimal training, ill-equipped to handle the severity of the wounds they encountered. At all echelons, inadequate supplies and long delays compromised care, deficits upon which senior, consultant-level surgeons commented most forcibly. The frequent interjections of doctors' experiences, laced with quotations, enlivens the book by providing the reader with the perspectives of medical officers in these theaters.

Desperate Surgery is more a descriptive account of events than a traditional historical monograph. Throughout the text, Helling argues that surgeons practiced an early version of damage-control surgery, a methodology that prioritizes resuscitation and staged operative intervention when treating physiologically devastating wounds. However, this technique typically refers to specialized doctors in resource-rich hospitals specifically choosing delayed or staged surgery rather than circumstances forcing the decision. I would suggest that the practice of medicine and surgery in the PTO reflected triage prioritization and actual limitations of ability in austere environments rather than an early manifestation of elective damage control.

The chapter organization of the book could have been improved. Initially, the reader proceeds chronologically from battle to battle, with a section at the end documenting surgical care aboard naval vessels under attack from Japanese ships and kamikaze aircraft. These latter chapters note the distinct hazards of shipboard medicine, where evacuation to rearward facilities was not an option, drowning an omnipresent risk, and specialized care unobtainable. This battle-by-battle configuration facilitates military or medical historians analyzing a specific engagement while simultaneously allowing Helling to articulate both surgical and logistical changes over time. Scattered through the text are chapters focusing on particular clinical problems like wounds of the abdomen or burn care. Incorporating this content into sections on individual battles (e.g., discussing burn care with kamikaze attacks) would have highlighted some of the iatric considerations specific to certain engagements and made for a more integrated read.

Nevertheless, *Desperate Surgery* is a meaningful contribution to the literature. Illuminating for our generation an underexamined topic, it clearly outlines the difficulties of providing surgical care to American wounded in the Pacific and how the US military strove to overcome those challenges. Military and medical historians both will find value in this account and particularly the ability to read selectively for topics of interest.

Notes

[1]. Gilbert W. Beebe and Michael E. DeBakey, *Battle Casualties: Incidence, Mortality, and Logistic Considerations* (Springfield, IL: Charles C. Thomas, 1952).

[2]. Mary Ellen Condon-Rall and Albert E. Cowdrey, *Medical Service in the War against Japan* (Washington DC: Center of Military History, 1998) is the only other published modern secondary source on medicine in the Pacific. It focuses on logistics and unit involvement and includes information about medicine broadly, including the treatment of tropical diseases, PTSD, et cetera; surgery is less well represented in this account.