A black and white portrait of a young man with short, dark hair, looking slightly to the right. He is wearing a light-colored military flight suit with epaulettes on the shoulders. The background is a plain, light color.

# A WORLD WAR II

FLIGHT SURGEON'S STORY

**S. CARLISLE MAY**  
FOREWORD BY MARTIN K. A. MORGAN

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Dr. Lamb Myhr was one of hundreds of thousands of young men who served his country in World War II. A flight surgeon in the United States Army Air Force, he served from Morocco to Germany and witnessed historic moments, including Generals Clark, Patton, and Eisenhower meeting to plan the invasion of Sicily.

As pilots and crew battled fatigue, extreme conditions, and devastating losses, Dr. Myhr healed, counseled, and taught them, often with limited resources. Informed by documents, research, and interviews with Dr. Myhr, *A World War II Flight Surgeon's Story* offers a rare glimpse into the daily life of a doctor on the front lines. It also illuminates the culture and community of an Army Air Force base, exploring the sanitation measures, mental and physical examinations, and medical procedures that Dr. Myhr performed. Complete with photographs and personal letters, this volume widens our understanding of a war that changed our world forever.

**A WORLD  
WAR II  
FLIGHT SURGEON'S STORY**



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WAR II**  
FLIGHT SURGEON'S STORY

**S. CARLISLE MAY**  
FOREWORD BY MARTIN K. A. MORGAN



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*In loving memory of my brother, Glenn "Bo" Myhr Plummer,  
Jr. I'm so glad we shared a love of history. I miss you daily.*



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## Foreword

In recent years the history of the men and women who fought in World War II has been largely dominated by the voices of those who served at the tip of the spear—the warriors who engaged the enemy in direct action. Although their personal accounts and memoirs, focusing on the experience of combat, have always been popular, they nevertheless provide only a narrow account of wartime service. Those who served in support roles or who were otherwise not directly in the line of fire experienced service during the Second World War in ways that, although slightly less exciting, nevertheless broaden and enlighten our understanding of the conflict.

In the pages that follow, S. Carlisle May recounts the personal experiences of one such individual. As an officer and flight surgeon in the Ninth Air Force's Troop Carrier Command, Lamb Bolton Myhr witnessed firsthand some of the most significant moments of the war in the African/Middle Eastern/ European theater of operations. From Morocco to the Rhine River, he was a part of each campaign the US Ninth Air Force flew and fought. The author has organized Myhr's letters, photographs, and documents into a narrative revealing not just important aspects of military history but also aspects of the social and cultural history of

the Second World War that tell us much about what it took to keep a squadron functioning as an effective team. The officers and men of Myhr's 50th Troop Carrier Squadron moved from one austere duty station to another so that they could go to war in unarmed and unarmored aircraft that were mission critical to Allied victory. Without them, crucial supplies could not have reached the troops who needed them, and airborne operations in Sicily, Italy, Normandy, Holland, and Germany would not have been possible.

Lamb Myhr's World War II story starts when he joins the Army in 1942 and then follows him from Randolph Field near San Antonio, Texas, to Bowman Field in Louisville, Kentucky, and on to Sedalia Army Airfield in Warrensburg, Missouri. It continues in May 1943 when he deploys overseas with the squadron's air echelon in an 8,580-mile journey beginning at Morrison Field in West Palm Beach, Florida, and continuing on to Puerto Rico, Brazil, Ascension Island, Dakar, West Africa, and finally on to Berguent Airfield near Jerada in eastern Morocco. Captain Myhr's squadron ultimately flies from airfields in Tunisia, Sicily, England, and France before VE Day. During this time, he treats everything from burns to VD, and even delivers a baby while the squadron is in Tunisia. In all, his experiences offer a unique perspective of the Second World War in North Africa, the Mediterranean, and Northwest Europe—the kind of perspective that will only become more useful to historians as veterans of the Second World War continue to recede from living memory.

Martin K. A. Morgan  
Author/ Historian  
Covington, Louisiana

## Acknowledgements

This book was a labor of love and learning. There are a number of people that I need to say a few words about.

I cannot say enough how much I appreciate Maranda Gilmore, archivist for the Air Force Historical Research Agency, for the help she provided in finding reports and support information that was invaluable in structuring this book. I also appreciate Marilyn Phar for her help in finding WWII veterans willing to read my manuscript.

Thank you Marty Morgan for writing the foreword. Your knowledge and expert opinion add a stamp of approval that few could give. I'm glad I can call you a friend.

To Joe Lawrence, who read and offered insight. I appreciate your help. Also, thanks for your love and support of the veterans of WWII.

I would like to thank my Tuesday-night critique group – Claudia McCormick, Lisa Folsom, Eleanor Ford, and Paul Franz. You have read, made suggestions, re-read and supported me throughout the writing of this book. I might have been able to do it without you, but it sure was an easier road having you with me.

I can't say enough how grateful I am to Lisa Folsom for reading the second and third time with a fine-tooth comb. You made my work shine. Debbie and Bill Kaufman, thanks for every missing comma. They are all appreciated.

To my sister-in-law, Jeanie, who was married to my

brother, to whom this book is dedicated. I'm grateful for your love and friendship. I couldn't have asked for a better sister. To Jeanie and Bo's children: Katie, Anna, Becky, and Dallas. I see your father in each of you daily; he would be proud of you.

To my mother, I would like to say thank you. You have always been supportive and a great cheerleader. I love you.

I couldn't write day and night and still survive without my family—Drew, Mary Beth, Joseph, Zach, and Nick. I can't leave out the love of my life and husband, Andy, the WWII buff, who helped me talk issues through and made suggestions. I love you all!

## Introduction

*A World War II Flight Surgeon's Story* came about during an afternoon swim on a hot summer day. My brother Bo and I were floating in inner tubes in the lake talking. Our discussion turned to the fact that our great-uncle Lamb, the younger brother of our grandmother on our father's side, was getting older.

We—our family—had always been interested in history. Bo was particularly fascinated with war history. Uncle Lamb had never said much in front of us about his time serving in WWII. The only time I can remember him answering any questions was when we were in our teens and he was at our house for a visit.

Bo and I decided that day in the lake that we needed to see if Uncle Lamb would talk to us about his WWII experiences. Bo would ask the questions, and I would act as secretary. I thought that the information should at least be written down for the family to have. We made plans then to make a trip to East Tennessee during the 2001 Thanksgiving holidays to interview Uncle Lamb.

Just weeks after those plans were made, my brother died in an accident. Talking to Uncle Lamb went by the wayside for a number of years; I couldn't bring myself to do the interview without Bo. Four years after my brother's

death, I decided I had to do the interview, knowing I would regret it if I didn't. After speaking to Uncle Lamb, I realized that people outside of my family should also have the opportunity to hear about his experiences during the war. I needed to tell Uncle Lamb's story in book form, and I would dedicate it to Bo.

Uncle Lamb served in the Ninth Air Force of the Army Air Forces. As I read through the war diary of his squadron, the 50th Troop Carrier Squadron of the IX Troop Carrier Command (TCC), I became familiar with the names of the pilots and crewmembers. Reading the different accounts, I begin to feel like I knew these men. One name stuck out to me in particular because I have a friend with the same last name. I'd "met" the pilot with the last name Dunagan in Africa and later read of his death on D-Day. By that time I had become emotionally involved with the man and was saddened when I read of his death. If I felt that way more than sixty years later from just reading old accounts of the IX TCC, I can only imagine how deeply it must have hurt when Lamb lost a man or a plane full of men.

### **Additional Stories about Lamb**

While going through a lard tin full of old letters that I had inherited from my grandmother, Lamb's older sister, I discovered letters Uncle Lamb had written home to his mother. Most of them have been shared in full in this book. When Lamb writes about his concern for "the boy" or with a request to tell him hi, Uncle Lamb is referring to my father, who lived in the same house with Uncle Lamb during his

college and medical-school years.

Some years after the war Uncle Lamb was boarding a commercial flight and discovered he knew the pilot from the war years. Lamb got off plane, refusing to fly. He had flown with the pilot during the war and thought the man was an unsafe pilot.

Uncle Lamb was known for his bedside manner. It was said that he only had to talk to patients to make them feel better.

My father received a number of gifts from Uncle Lamb during the war and brought some home for him. One of those gifts was a wine bottle from Hitler's wine cellar. It was left at my father's childhood home and someone, not knowing its value or origin, drank it.

## **IX Troop Carrier Command**

North Africa - 1943

Sicily - 1943

Naples-Foggia - 1943-1944

Rome-Anzo - 1944

Normandy - 1944

Central Europe - 1945

Rhineland - 1945

### **50th Troop Carrier Squadron Stations**

Bowman Field, Louisville, Kentucky

January 1942 to November 1943

Sunninghill Park, England

November 1943 to September 1944

Chantilly, France

September 1944 to June 1945

Bad Kissingen, Germany

June 1945 to December 1945

# Chapter One

## Preparing for Service

“Hey, Doc! Inbound. Casualties,” the medical aide yelled as he loped by the tent door. “The pilot radioed. Shots to the fuselage. Three injured. One engine out.” Flight surgeon Lamb Myhr snatched up the medical bag he kept supplied for such occasions.

The June 1943 heat in the North African desert hit Lamb like a punch to the face as he pushed through the door. Layers of heat shimmered along the horizon. As Lamb climbed into the jeep, the aide stomped the gas and rocked Lamb back, pressing him into the seat. They sped past the squadron tents dispersed among the rolling sand dunes until they reached the lone flat area the 314th Troop Carrier Group maintained as an airstrip.

A hum grew into a roar as the first of the C-47s came into view. One plane flew outside the standard tight formation, its wing dropping to the right. After that plane, another aircraft also dipped its wing, a small trail of dark smoke billowing out behind it. The plane no longer in formation landed and quickly taxied out of the way. Undamaged planes circled above, letting the injured ones land first.

The smoking airplane touched down, rolled a few yards before its nose hit the runaway, and then skidded sideways. A wing bounced off the ground, bringing the plane to a

jerking halt. The right engine burst into flames.

Speeding forward, the aide drove the jeep as close to the plane as possible, arriving just before the ambulance. The heat from the fire drove the already over-one-hundred-degrees desert temperature even higher. The metal skin of the craft ceased rattling as the jeep came to a halt and Lamb jumped out. An asbestos-clad fire crew bounded off a large truck and hustled to smother the flames with foam. Others pushed closer in hopes of saving the flight crew.

"Doc, it's Rogers. He has burns to his hands and feet," a crewman yelled before disappearing into the interior of the plane. A minute later the crewmember reappeared, supporting Rogers with the help of another man. Every crewman worked quickly to carry the injured out onto the wing. The aide handed up a litter. Rogers was placed on the litter and carefully lowered down. Through the haze of black, rolling smoke caught in the unceasing wind, it was difficult to see or breathe.

"Anyone else?" Lamb called.

The flight-crew members shot Lamb a grim look. "Simmons and Rich didn't make it," the crew radio operator told him. His level voice contrasted with the dark emotion reflected in his eyes. "Others are behind me. Mac has a cut. Nothing serious."

"Let's get Rogers on the jeep and away from the plane," Lamb told his aide, and men ran to help. Lamb knew there was a high probability of pilots and co-pilots burning to death during landings, but that knowledge never made the experience any more palpable.

Lamb had no time to worry about what was happening around him. He had a patient to consider and he needed to

stabilize Rogers for transport to the hospital.

With the help of the aide, Lamb secured Rogers in the ambulance. "You'll be fine, Rogers. Hang in there," Lamb said as he gave the airman morphine.

Turning to another aide, Lamb ordered, "Check the other man. See that the bleeding is controlled and bring him to the dispensary." Lamb climbed into the ambulance and he and his aide sped away from the burning plane with Rogers.

At the dispensary, Lamb cut away the burned fabric of Roger's flight suit, applied carbolic acid and phenol, and covered it with gauze impregnated with Vaseline, which worked like a local anesthetic over the red, angry skin. It was a slow but effective process. This method of burn care helped relieve pain and hyperemia and had recently become standard procedure.

Rogers moaned. Lamb waved his hand over Rogers to



*C-47 crash, Africa*



*Fire of a crashed C-47 put out with foam*

keep the flies at bay. “We’ll get you on a plane and out of here as soon as possible.”

Crashed, burning planes were a regular occurrence and a risk of flying for the aircrews of the United States Army Air Forces during World War II. Scenes like this one would occur numerous times before the twenty-five-year-old doctor returned to Tennessee at the war’s end.

Flight surgeon Lamb Bolton Myhr was born May 8, 1917, in Bellevue, Tennessee, just outside of Nashville. His father was twenty-two years older than his mother and nearly sixty years old when Lamb joined the family. The fifth and last child of a Christian Church minister from Norway and a college-educated Latin teacher from East Tennessee, Lamb had three sisters and one brother.

Provided with an excellent education, Lamb attended Davidson County Schools and later went to Tate Boarding School in Shelbyville, Tennessee, until it closed. He returned to Nashville to complete high school at Duncan Preparatory School. He later graduated from Vanderbilt University

with a bachelor of arts degree. One of his professors was so impressed with Lamb's excellent memory that the professor encouraged him to attend medical school. In 1935, one applicant out of nine was selected to attend the Vanderbilt University School of Medicine, an institution that ranked third behind Harvard and Johns Hopkins as the best medical school in the nation. Lamb took his professor's advice and applied; he entered Vanderbilt medical school in the fall of 1936.

His first year of medical study consisted of classes in gross anatomy, histology, neurology, bio-chemistry, and physiology. Anatomy was Lamb's most difficult subject, and he complained that the smell of formaldehyde stayed with him no matter what he did to try to remove it.

The total cost of the first year of medical school at Vanderbilt was \$743.40, which included \$125.00 for a required microscope. The US surgeon general stepped up training in medical schools because of the fear of impending war. Lamb's schooling was paid for through a government assistance program, the goal of which was to train as many doctors as possible in preparation for war. Nine-month-long classes were instituted with almost no free time between terms. Students attended medical school year-round under the 9-9-9 Program, which allowed two classes to be training at the same time by accelerating the time necessary to complete the program. Medical students spent two nine-month periods doing premedical training, four nine-month periods of medical training, and then completed a nine-month internship.

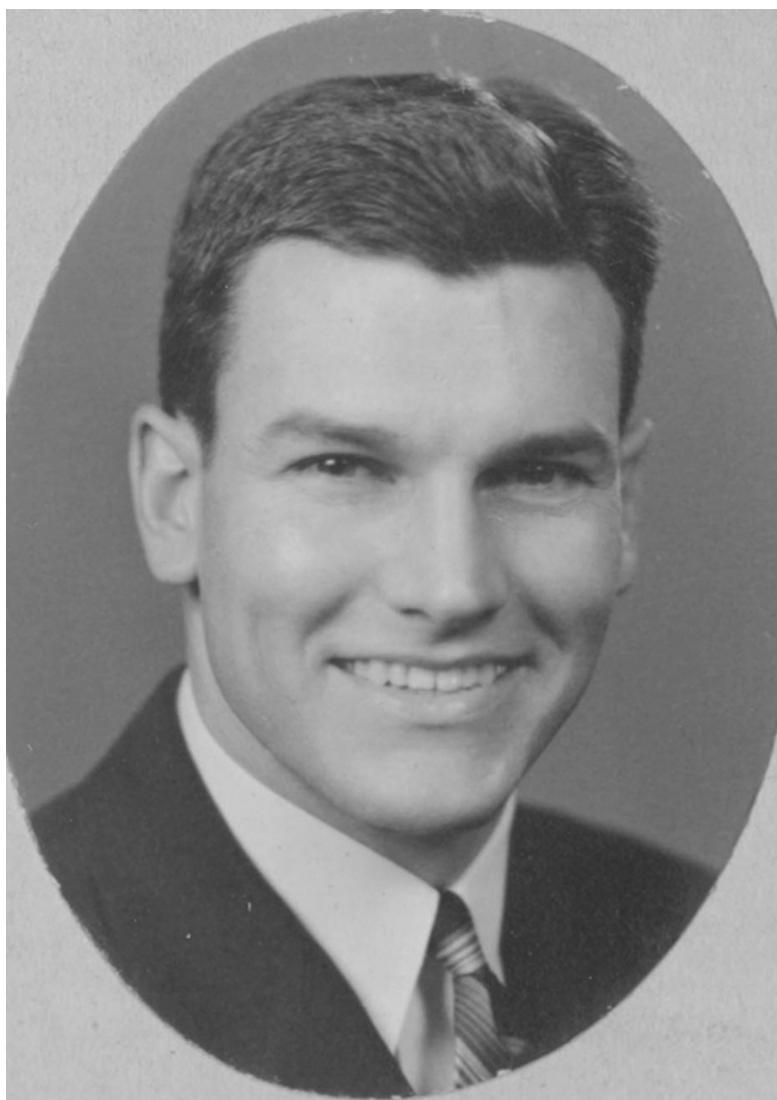
The second year included classes in bacteriology, pathology, pharmacology, physical diagnosis, clinical

pathology, and parasitic diseases. Case studies and grand rounds filled the rest of the first two years. Medicine, surgery, surgical pathology, and obstetrics composed the third year. In 1938, clinical students at Vanderbilt medical school were obligated to see patients in addition to doing lab work, and they were also required to deliver at least five babies in the home.

Lamb's fourth and final year included medicine, surgery, preventive medicine, public health pediatrics, and gynecology classes. Hours of hands-on training were gained working at Thayer-Harding VA Hospital in Nashville. There was a three-month rotation in each of the areas of surgery, medicine, emergency, and obstetrics and gynecology.

World events were encroaching on the young doctor's education. Great Britain was already at war with Germany, and during Lamb's medical school years there were a number of guest lecturers from Europe. The 1940-41 school catalogue stated that Sir Edward Mellanby, director of the Medical Research Council of Great Britain, was on the agenda. The catalogue also included a disclaimer from the committee that invited guest speakers stating that they hoped circumstances in Europe would not prevent Sir Mellanby from visiting Nashville.

Lamb spent the summer of 1940 working with the Cocke County Department of Public Health in Newport, Tennessee, caring for the people who lived in that mountainous region. He graduated from medical school in the spring of 1941. Fifty people made up the new group of doctors: forty-nine men and one woman. Lamb and five of his fellow graduates were classmates through Duncan Preparatory High



*Lamb's portrait in the Vanderbilt University School of Medicine Class of 1941 photo (Courtesy Historical Collection, Eskind Biomedical Library, Vanderbilt University Medical Center)*

School, Vanderbilt undergraduate, and Vanderbilt medical school. They would later see each other during the war.

With "MD" behind his name and a plan to specialize in internal medicine, Lamb moved to Birmingham, Alabama, to do his one year of residency at Hillman-Jefferson Hospital. There residents dressed in all white and earned ten dollars a day. One of Lamb's older sisters and her family lived in Birmingham, which made it nice to be assigned to that internship.

On December 8, 1941, Lamb had only been in Birmingham for a few months when he woke to the radio report that the Japanese had bombed Pearl Harbor. The next day, President Roosevelt declared war on Germany and Japan. Like most American men, the young doctor wanted to join the military right away.

Lamb's medical superiors advised him to wait six months before enlisting so he could complete his medical training and qualify as medical personnel. Their advice paid off as doctors would be desperately needed in the years ahead. Lamb finished his residency in March of 1942. Around the same time, after several long months of waiting, he enlisted, though he would have soon been drafted if he had not voluntarily signed up.

All of Lamb's medical school classmates joined the military with the exception of the lone female student. While still in Birmingham, Lamb wrote home to say that he had heard from the Medical Army Air Corps. He would probably report on July 1. He hoped to travel to Maxwell Field in Montgomery, Alabama, to see if he might be

stationed there. He thought the war was at a turning point and would not last another year.

Lamb would later write that he believed he would be sent to Carlisle, Pennsylvania. He planned to buy his uniform before he went into the service. The cost of a uniform would be \$150; he wanted to purchase the uniform in Birmingham because he thought he could get a better quality one than he would find on a post. He also thought he might get to work in a defense plant while waiting to be called up.

On May 16, 1942, the five-foot-ten, dark-haired man with smooth, Scandinavian skin, easy smile, and gentle laugh married Betty Freeland of Nashville. They honeymooned in Highlands, North Carolina. Betty had three brothers who were already serving in the military.

Lamb's father had died while Lamb was in high school. Before his marriage, Lamb lived in a house primarily filled with females. His mother, his oldest unmarried sister, and his next-to-oldest widowed sister and her young son all lived there. Naturally, questions about whom Lamb was dating were frequent. Whenever they were posed, Lamb pithily responded by telling them with a grin that he was seeing "Lucy Fullbosom." This private man was almost married to Betty before the family knew he was dating her.

Lamb received his call up in June 1942. He was stationed in Nashville, where one of three Flying Training Command classification centers was located. (The others were in San Antonio, Texas, and Santa Ana, California.) In Nashville, Lamb went through a six-week practical training course. Part of his time was devoted to the medical processing of men, and the other part was used to familiarize him with

medical administration and the unique issues of aviation medicine.

Lamb had become a member of the Army Air Forces, which had changed from the Army Air Corps in 1941. The Army Air Forces provided doctors, nurses, flight surgeons, and corpsmen. These men would be responsible for setting up field hospitals and battalion aid stations. Lamb requested assignment as a flight surgeon.

Thousands of dedicated medical practitioners volunteered for aviation medical responsibilities that were often undefined or unfamiliar to them. Very few flight surgeons trained as actual surgeons in medical school; most studied to be primary-care physicians.

The term "flight surgeon" comes from an era when all military physicians were referred to as surgeons. To qualify as a flight surgeon, an individual had to graduate from a Class A medical school, complete one year of a rotating internship, and complete a month-long course at the School of Aviation Medicine. These doctors were responsible for the medical treatment and certification of aviation personnel, which included pilots and aircrew. Public-health and preventative-medicine concerns also fell to the flight surgeon. In addition to dispensing routine medical services and managing traumatic injury cases, flight surgeons selected men for flight training, putting an emphasis on the ophthalmological, cardiovascular, and neuropsychiatric qualifications of the men. They were also to study the effects of flight on an aircrew, serve as confidante and advisor to the men, and be their intermediary with the commanding officer. There were three components to the military medical

organization: physical examinations, field medical services (which handled battle casualties), and hospitals.

As a 1st lieutenant in the Medical Corps, Lamb spent the fall of 1942 at Randolph Field, Texas, at the School of Aviation Medicine. Betty stayed behind in Tennessee. Lamb enjoyed the day-long classes and found them instructive, believing they would be helpful when applied practically.

From late August 1940 to the end of the war, about four thousand doctors entered and completed the basic aviation medical examiner program. Approximately half of those satisfied further learning and experience requirements to qualify as full-fledged certified flight surgeons by taking classes through the School of Aviation Medicine. The additional classes included nutrition, physical fitness, mental stress of flying, and the need for convalescence. A class on aviation physiology was required for all flight surgeons. Additionally, information was provided on chemical warfare.

Lamb completed the program and became a certified flight surgeon, earning a Flight Surgeon Badge as a commissioned medical officer. He also wore Flight Surgeon Wings. This pin looked much like a pilot's, but it was gold rather than silver and featured a caduceus in the center.

After aviation school, Lamb was stationed at Bowman Field in Louisville, Kentucky, as part of the 349th Evacuation Unit of the Ninth Air Force. When Lamb and his wife, Betty, arrived at Bowman Field, they were housed for a time at the Brown Hotel in downtown Louisville. They later settled at a tourist travel court, Sunset Lodge, about five miles from the Field. Also staying in the same lodge were six other doctors



RANDOLPH FIELD, TEXAS  
School of Aviation Medicine,  
September 27, 1942.

Dearest Mother,

Sorry you haven't heard from me before this, but a card I mailed to you Monday was returned today for postage.

I am enjoying this course very much. It is extremely informative and well-organized. The instructors are well-trained men. This has been an extremely fortunate break for me. I was informed that I am the youngest person (doctor) to attend this school in 10-12 years.

I am unable to say when I shall leave here.

The President was here today.

Hope you are well and give my regards to all the family.

Love,

Lamb B. [Signature]

Letter written from Randolph Field by Lamb to his mother, 1942



# The Brown Hotel

BROADWAY AT FOURTH AVE.

HAROLD E. HARTER  
MANAGER

Louisville                      Kentucky  
Saturday

Dear Mrs. Taylor -

Well here we are semi-settled in a tourist court. Most of the officers from Nashville all arrived at about the same time Thursday and after having dinner together, we all stayed at the above Hotel. For a well advertised place the Brown Hotel is certainly the worst we've ever seen. All our rooms were perfectly filthy. There were bottles, cigarettes, papers, dirty linen strewn everywhere but even with all that we were lucky to get a room at all. By virtue of comparison this little tourist court is heaven. It is out about seven miles from town and our twelve miles from Bowman Field. We are lucky in as much as there are six doctors and their wives staying here and five cars so that the gas rationing and transportation will be no problem. The men plan to go together to the field and get their breakfast on the way. I got special permission to use my coffee and toast electrical gadgets and two of us wives have coffee and toast or we could walk down the



Letter from the Brown Hotel, Louisville, Kentucky



# The Brown Hotel

BROADWAY AT FOURTH AVE.

HAROLD E. HARTER  
MANAGER

Louisville                      Kentucky

highway to several joints for breakfast and lunch. Neither of us are particularly anxious to go out for three meals a day, so we plan to get along on a little fruit and what ever we can keep in our rooms. At night we all dine over to the little town of Shively for our evening meal - its only about a mile from here and there's a little cafe there which serves very good home-cooked meals.

Our room is quite large, bright, and cheerful and done up in very nice taste and rather good furniture. We are really pleased with it.

We know no more about how long we'll be here than we did when we left Nashville. Three of the men have already been sent out and the rest (a total of 23 doctors) told to be ready to leave anytime on a 12-24-48 hour notice. The whole idea of air-transport evacuation is so new that no one can guess how long it will take to become organized.





# The Brown Hotel

BROADWAY AT FOURTH AVE.

HAROLD E. HARTER  
MANAGER

Louisville

Kentucky

we are saving the fruit cake for Christmas, but it will be hard waiting. I know it must be delicious and it will be awfully nice to have such a nice little bit of home in our new surroundings.

Damb is positively itching to know what's in Elene's package but he will just have to itch until Dec. 25 th.

Please tell Ivan how proud I am of the dainty little knit things. I know how much time and effort must have gone into the making of them - and I truly do appreciate her thoughtfulness.

Give every one our love and best wishes for a merry Christmas.

much love,

Betty and Damb

of Semat Lodge - No. 12  
Spirely, Kentucky



and their wives. There were five cars between the couples, and they often ate their evening meals out together at a local café. Lamb and Betty's room was nothing more than a small hotel room. Lamb spent his days on the air base while Betty awaited his return. In the mornings, they shared a small breakfast in their room prepared over a one-eye hot plate.

Bowman Field opened in November 1942 for flight training. The base housed combat-readiness training schools and glider-pilot-combat training schools and was designated as the Army Air Force School to train flight surgeons, medical techs, and flight nurses. Bowman Field was located five miles from downtown Louisville and was the busiest field in the country. The construction of barracks, mess halls, and other facilities to meet needs of the overwhelming number of people stationed at the field cost a million dollars.

The graduates of the school would evaluate and treat half a million sick and wounded airmen before the end of the war. Medical personnel who attended the school learned to treat and evacuate wounded by air, while acquiring skills to help ensure survival in combat zones.

The training at Bowman for glider pilots was less about flying and more about military training with weapons and procedures for what to do on the ground. The men learned to use a rifle, fire hand guns, and throw grenades. They were also trained in patrol techniques, scouting, compass use, and map reading. They participated in close and extend drills, forced cross-country marches, night bivouacs, tactical formations, chemical warfare, infantry organization, combat swimming, and military courtesy.

Pilots came from almost all walks of life—rich, poor,

cities, and farms. Many had attended college, and the majority had finished high school, which was unusual for a man of the 1930s. Pilots tended to be white Anglo-Saxon Protestants.

Batteries of tests were established to determine if a man would make a good member of a flight crew, particularly a pilot. These tests differed from year to year. Most of the psychological tests turned out to be unsuccessful or inadequate in making a determination and were scrapped. In 1941, aptitude tests were devised that would indicate the applicant's general potentialities, practical judgment, and ability to take instruction. Further tests were given to measure a man's aptitude to be a pilot, bomber, or navigator. By 1942, the Air Surgeon Office reinstated the neuropsychiatric examination, believing the attitude and aptitude tests did not clearly define a man's ability to perform.

A pilot's physical examination was lengthy. It included everything from recording basic information, like height and weight, to an extensive eye exam requiring numerous eye charts and tests to rule out heart disease. It was necessary to file a different form for each exam. Psychological questions were also asked; there were more than fifty of them, covering everything from a man's family life to health history.

In the specialty of aviation medicine, five areas were considered to determine if an applicant was fit to become a flyer. The first was his physical condition, or how he reacted to the loss of oxygen in the blood at extreme heights and how he adjusted to the cold. The second was his reaction to gravitational pull. This dealt with the speed and maneuvers made in a plane during flights. Third was

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1. PHYSICAL EXAMINATION FORM FOR PILOT

(See AR 40-100, 40-105, 40-110)

COLORED

433621

1. (Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)  
 TAAFF Tuskegee, Alabama Aviation Cadet-Pilot 14088027 23 5/12

2. TAAFF Tuskegee, Alabama For Appointment & Extended Active Duty Jan. 1945 Qualified  
 (Address) (Purpose of examination) X (Date and result last examination)

Flying time as: Pilot 1412; observer; pilot; observer

3. Temperature 98.6. Vaccinations: Typhoid series, No. 1. Last 27-43; smallpox 2-13-43 Section Vaccinia (Date)

4. Medical history.  
 (In the case of applicant include family. Has he ever had epilepsy, neuritis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, passive nocturnal incontinence, incontinence, anxiety attacks, irritability, apathy, dlaties, depression, sensory disturbances, tinnitus, epistaxis, uncontrolled, repeated episodes of alcoholism, essential hypertension, cyanosis, nasal catarrh, tuberculosis, asthma, hay fever, repeated colds, meningitis, diphtheria, scarlet fever, syphilis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)  
 Usual childhood diseases. Family history negative. Denies any operations, injuries or serious illness.

5. Eye: Inspection Normal. Nystagmus None.  
 6. Associated parallel movements Normal. Pupils: Equality Equal. Reaction Normal.  
 7. Visual acuity: R. E. 20/20 correctible to 20/20. L. E. 20/20 correctible to 20/20.  
 8. Depth perception (uncorrected) 6 mm. With correction mm.  
 9. Heterophoria at 6 meters: Eso 0. Exo 0. R.H. 0. L.H. 0. Prism divergence 5.  
 10. Red lens test Normal. Angle convergence: PcB 65 mm. Pd 52 mm. 51.  
 11. Accommodation: R. 10. D. L. 10. D. Addition required for 50 cm. R. L.  
 (Jaeger type): Right J. 1-13 correctible to J. Left J. 1-13 correctible to J.

12. Color vision Pausse A. O. C. book  
 13. Field of vision (form): R. Normal. L. Normal. Ophthalmoscopic: R. Normal. L. Normal.  
 14. Refraction: R. reads 20/20 with Max. Sph. & cyl. red. CAx. L. reads 20/20 with Max. Sph. & cyl. red. CAx.  
 15. Ear: History of ear trouble Denies.  
 16. External ear: R. Normal. L. Normal. Membrana tympani: R. Normal. L. Normal.  
 17. Hearing (Whisper): R. 20/20. L. 20/20. Audiometer (percent loss): R. L.  
 18. Nares Normal. Tonsils Present NS=ND.  
 19. Teeth:  
 (a) Right (Examinee's) Left  
 8 7 X 5 4 3 2 1 1 2 3 4 5 6 7 8  
 16 15 14 13 12 11 10 9 9 10 11 12 13 X 15 16  
 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 (b) Remarks, including other defects None  
 (c) Prosthetic appliances None (d) Classification<sup>2</sup> TV

20. History of swing, train, air, or sea sickness Denies.  
 21. Barany chair (when indicated with results) Not indicated.  
 22. Posture (slender, erect, tall, thin) Good. Figure (slender, medium, stocky, obese) Medium. Frame (light, medium, heavy) Medium.  
 23. Height, 74 inches. Weight, 136 pounds. Chest: Inspiration 39. Expiration 35. Rest 36. Abdomen 31.  
 24. Skin and lymphatics Normal. Endocrine system Normal.  
 25. Bones, joints, muscles Normal. Feet: Pes Planus 2.5. NS=ND.

26. Heart Normal.  
 27. Pulse rate, 68-75. B.P.: S. 110-120. D. 70-80. Schneider 15. Pulse immediately after exercise 96.  
 Two minutes after exercise 75. Character Full & regular.  
 28. Arteries Normal. Varicose veins None.

1. This form and regulations are used for examination in the Air Corps, examination in Air Corps Reserve, transfer to the Air Corps, or any other special purpose. 16-27313  
 2. U. S. G. O. FORM NO. 64 (July 20, 1943)

UCB

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Physical examination form used by flight surgeons, page one (Courtesy the Air Force Historical Research Agency)

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- 29. Respiratory system Normal
- 30. X-ray of chest Negative
- 31. Abdominal viscera Normal
- 32. Hemis None Hemorrhoids None
- 33. Genito-urinary system Normal
- 34. Nervous system: Reflexes, gait, coordination, musculature, tendon, tremor, and other pertinent tests  
Normal
- 35. Laboratory procedures: Kahn Negative Wassermann -  
Urinalysis: Reaction Acid Sp. gr. 1.018 Albumin Negative Sugar Negative Microscopical Negative
- 36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons)  
Satisfactory
- 37. Remarks on conditions not sufficiently described: Examine status he is not drawing a pension, disability allowance, compensation or retired pay from the U. S. Government.
- 38. Is the examinee physically qualified for flying duty? Yes If yes, in what class? 1  
If disqualified, indicate defects by paragraph number -
- 39. Have defects been waived by The Adjutant General? - If yes, give date -  
If no, is waiver recommended? - Is request for waiver attached? -
- 40. Is the examinee incapacitated for active service? No If yes, indicate defect by paragraph number -
- 41. Corrective measures or other action recommended -
- 42. If applicant for appointment: Does he meet physical requirements? Yes Do you recommend acceptance with minor physical defects? - If rejection is recommended, specify cause -

Station Hospital,  
Tuskegee Army Air Field,  
Tuskegee, Alabama, June 21, 1945  
(Place) (Date)

*Richard C. Cunningham*  
RICHARD C. CUNNINGHAM, Lt. Col., Medical Corps.  
(Name and grade)  
*Harold E. Thornell*  
HAROLD E. THORNELL, Major, Medical Corps.  
(Name and grade)  
*E. Brown Singleton*  
E. BROWN SINGLETON, Captain, Medical Corps.  
(Name and grade)

REVIEWED AND APPROVED:  
*Richard C. Cunningham*  
RICHARD C. CUNNINGHAM, Lt. Col., Medical Corps.  
(Senior flight surgeon)

1st Ind.<sup>2</sup> \_\_\_\_\_ 19\_\_\_\_

Headquarters \_\_\_\_\_ 19\_\_\_\_  
To the Commanding General \_\_\_\_\_  
Remarks and recommendations \_\_\_\_\_

*Philip B. ...*  
\_\_\_\_\_  
2d Ind.<sup>2</sup> \_\_\_\_\_  
To The Adjutant General \_\_\_\_\_

<sup>1</sup> Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying status.  
<sup>2</sup> State action taken on recommendation of the board. If incapacitated for active service, state whether action by examining board is recommended.  
NOTE.—Use typewriter if practicable. Attach additional plain sheets if required.

Physical examination form used by flight surgeons, page two (Courtesy the Air Force Historical Research Agency)

psychological issues, which included how a man reacted in a crisis and how well he dealt with stress. The fourth was physiological, having to do with how the man oriented or failed to orient himself during flight, including his depth perception, reaction time, and ability to tolerate motion that might confuse him. The last was his emotional level. Doctors looked for the man with strong emotional currents who gained a gratification and importance from flying, which in turn seemed to shield him from thoughts of failure or death.

Medical standards for entry into the military were lowered after war was declared. Men in good physical condition were difficult to find, as many lived with poor nutrition and little or no medical care during the Depression. Finding men best suited to flight was paramount. The ideal pilot was a graduate of a military academy who became a flyer, was in near to perfect physical condition, and was emotionally, physiologically, and psychologically sound.

The workload to determine who would make flight crews grew by the thousands for flight surgeons after war was declared. Air Force commanders were uncompromising in their need for air personnel, as were the Army and Navy. Prior to 1939, the rejection rate for flyers was 73.2 percent, and after realistic downgrades the rejection rate went to 50.3 percent. The majority of the men rejected for pilot status were reclassified as air crewmen to become bombardiers, navigators, or flight engineers. The decision not to lower the intellectual and physical standards for aviation cadets was never seriously challenged. It became evident that the complexities of modern aircraft and the nature of aerial

warfare demanded pilots and crew be chosen from the best of the best, based on both physical and mental standards.

The Standard Form 64 was the official guideline used to assess each crewmember. This special report dealt with the physical and psychological status of a pilot, used to evaluate the flying officer's capabilities for carrying out necessary special duties. It was regularly filled out on each flying officer in the squadron to determine whether the man was "medically fit to fly."

Military airplanes were flying faster and higher than ever before, creating new medical issues. Determining why 90 percent of pilots became disoriented enough to crash planes became a high priority. Flight surgeons also studied other factors having to do with flight.

The five main medical risks during World War II concerning a pilot were anoxia, frostbite, aero-otitis, battle wounds, and stress. Anoxia is critical lack of oxygen from flying at a high attitude. It can cause a man to be cyanotic, to have shallow breathing and a weak pulse, or to lose consciousness, the result of which was too often the loss of planes and men. Anoxia was studied to improve flying conditions, and recommendations were made for treatment (pure oxygen).

In 1943, the emphasis turned to teaching airmen how to survive at high altitudes and how to prevent illness or death from anoxia. The resulting prevention program contributed to a major drop in the accident rate and an almost-as-significant drop in the death rate of crewmen. Gen. Henry Harley "Hap" Arnold, commander of the US Army Air Force, ordered all flight surgeons to fly regularly in order

to better understand the aviation environment, study the effects flying had on the crew, and learn the procedures pilots and crewmembers were required to follow. Flight surgeons were considered aircrew members, and to qualify for flight pay they had to fly four hours a month. They also received instruction in conduct while in an airplane, which included bail-out procedures and the use of a parachute.

The second concern was frostbite, caused by sustained temperatures between zero and ten degrees Fahrenheit. Having enough protective equipment available and using it properly was a continuing issue.

Aero-otitis is an acute or chronic middle-ear disorder that often afflicted pilots, causing pain or, even worse, deafness. This type of ear trouble is created when the fluid in the ear does not adjust during high-altitude flights. Later, the pilots often developed an infection.

The fourth concern was battle casualties, which occur naturally during war and were as much a mental as a physical problem. From missing buddies in the next bunk to thinking his number would be the next to come up, each man was forced to face death's clout.

Stress, the fifth of the main concerns, went hand in hand with the fourth. The stress of successfully completing missions, winning the war, living in ugly conditions, being away from home, and so much more had to be addressed by Lamb.

In his "care of the flyer," Lamb attended to six functional areas of each man's health: 1) he evaluated the influence of illness and injury of the man's ability to fly and provided treatment; 2) he treated injuries and disorders caused by

flying; 3) he received altitude training and became proficient in the use of oxygen equipment; 4) he taught and evaluated the man's use of protective devices; 5) he diagnosed emotional issues; and 6) he helped the airmen recognize and deal with tension and anxiety. The last two were the most difficult for flight surgeons to successfully discharge.

With Lamb's help, pilots left Bowman Field in top physical condition, mentally alert and confident they could successfully carry out any assigned mission. All the medical training and experience Lamb gained while at Bowman would become invaluable when he went overseas.

While at Bowman Field Betty wrote home: "We know no more about how long we'll be here than we did when we left Nashville. Three of the men have already been sent out and the rest (a total of 23 doctors) told to be ready to leave anytime on a 12-24-48 hour notice. The whole idea of air-transport evacuation is so new that no one can guess how long it will take to become organized."

Lamb's orders came in January 1943, when he was sent to Sedalia AAB, Warrensburg, Missouri, as flight surgeon for the 341th. The then-pregnant Betty traveled with him. He was responsible for the care of three hundred men. On February 26, not long after the move, Lamb returned from leave to receive the news he had been made captain. He would now be making \$393 per month.

Capt. Lamb B. Myhr, USAAF, MC (United States Army Air Force, Medical Corps Flight Surgeon), was then assigned to the Ninth Army Air Force, IX Troop Carrier Command (TCC), 52nd Troop Carrier Wing (TCW), 314th Troop Carrier Group (TCG), 50th Troop Carrier Squadron

(TCS). The 50th was one of four squadrons that comprised the 314th TCG. Completing the group were the 32nd, 61st, and the 62nd Troop Carrier Squadrons. Twelve to fourteen planes comprised a squadron, which included all the necessary personnel.

In March, Betty returned to Nashville to prepare for the birth of their child. That month, Lamb would spend time at Fort Bragg, Pope Field, and Laurinburg-Maxton AAB, all in North Carolina. April 1943 was spent at Lawson Field in Georgia, but Lamb did manage to make it home for the birth of his first son in mid-April.

The Ninth Air Force was originally constituted in England in 1941 as the 5 Air Support Command and activated later in 1941 as an airborne and transport operation. It was redesigned as the 9 Air Force in April 1942. After pulling men from other forces, the 9 Air Force was reconstituted as the Ninth Air Force in September 1942. The bomber command of the Ninth Air Force moved to North Africa in November of 1942.

Part of the Ninth Air Force, the IX Troop Carrier Command (IX TCC) was composed of light and medium bombers, two fighter commands, and a troop carrier command. Each command consisted of a number of wings, usually three. Wings were comprised of three or four groups, and they in turn contained three squadrons of bombers and fighters and four squadrons of troop carriers each. The IX TCC trained in Sedalia, Missouri, and Lawson Field in Georgia.

Lamb was responsible for the medical care of around five hundred men who were assigned to the 314th Troop Carrier Group, including crewmen, mechanics, and supply personnel. He and the two male aides assigned to him were

three out of the ten men necessary behind the front line to support one fighting man. In *Green Light! A Troop Carrier Squadron's War From Normandy to the Rhine*, Martin Wolfe writes: "our airplane pilots and their abilities were the main reason the rest of us were also there. Pilots, however, were only the cutting edge of a large and complex operation. They amounted to fewer than one-tenth the total squadron roster – forty out of about 420, when we were at maximum strength in Europe. We also needed navigators, glider pilots, crew chiefs, and radio operators, communications experts, cooks, supply managers, sheet-metal men (for repairing holes in a plane's skin), dope and fabric men (for repairing holes in gliders), and several other sorts of technicians."<sup>1</sup>

Lamb began making preparations for his deployment to North Africa. He was issued the standard field equipment for overseas service in a combat unit, which consisted of flying equipment, a bedroll, gas mask, and pistol. Officers in tactical units were also issued a belt, cap, service jacket, underwear and undershirts (cotton and wool), gloves (dress white, leather, and woolen), six handkerchiefs, lace shoes, black tie, overcoat, overshoes, rubber raincoat, flannel shirts, brown shoes, six pair of socks, officer's belt, comb, footlocker, razor, soap, and two towels.

Lamb was allowed forty pounds of baggage, including his coat and anything he might be carrying in his pockets. The flight bag issued by the Army was the only baggage permitted. Small items packed for deployment included extra razor blades, matches, lighter fluid and flints, chocolate bars, flashlight batteries, extra insignia, and essential jewelry.

Benefitting from the knowledge of those with previous

military experience in the area, Lamb packed tooth powder, which worked better than toothpaste in the desert, and a shaving stick, which yielded more shaves than shaving soap. It was recommended that officers carry \$400 in a money belt for emergencies, in case they needed to pay for food and shelter. Lamb normally dressed in coveralls or the pants/shirt combination doctors were issued. Officers wore boots under their slacks instead of shoes.

In preparation for his deployment, Lamb received his shots, collected his dog tags, saw to his insurance, checked and rechecked his equipment, filled out a notice of address change, received a physical, listened to lectures on security, reviewed the packing list, packed and repacked, and was instructed to write out a will. He designated Betty as beneficiary of his \$10,000 National Service Life Insurance policy.

With a great deal of angst and concern, Lamb left his wife and his two-and-a-half-week-old baby boy. Betty and their son would live in a small house that she and Lamb had purchased in Nashville just after they married. Lamb's small family would await his return there.

The young doctor's transport to the front was a lengthy one. He departed Morrison Field in West Palm Beach, Florida, on May 6, 1943, in a C-47 (plane number 42-23402), and arrived in Puerto Rico the same day. On May 8, his plane flew a search mission around St. Lucia. Bad weather kept them grounded for a number of days.

On May 13, Lamb wrote his family that he had the most enjoyable time on a beautiful tropical island in the British West Indies. It was a wonderful place, with a constant



*Saint Lucia, British West Indies*

breeze off the ocean, and quite cool. He spent time picking bananas, coconuts, pineapples, and orchids and also visited a leper colony, one of the oldest in the world.

Late in the day on May 14, Lamb arrived at Atkinson Field, Trinidad, to fly the next day to Belem, Brazil, after which he would fly to Natel, Brazil. On May 17 the plane flew to Ascension Island in the middle of the South Atlantic. It was considered a feat of navigation to find islands in the

Atlantic Ocean. The plane stayed there a day so the crew could rest. On May 19 Lamb arrived in Dakar, West Africa, and flew on to Marrakech, Morocco, for refueling before reaching his final destination of Berguent, Morocco, thirteen days after leaving the United States.

The 50th War Diary, the official record of the 50th Troop Carrier Squadron, for June 1943 to August 1943 reads as follows:

The Air echelon, under the command of Captain Joseph H. McClure, with thirteen C-47's and personnel of thirty-seven officers and forty-eight enlisted men, left Lawson Field, Fort Benning, Georgia, on the fifth day of May for Morrison Field, West Palm Beach, Florida, where it was staged, departing thence on the seventh of May for its base in Africa by way of Borinquen, Porto Rico [sic]; Saint Lucia, British West Indies; Atkinson Field, Georgetown, British Guinea; Belen, Brazil; Natal Ascension Islands, Dakar, Africa; Marrakech, French Morocco; and Oujda. The air echelon arrived at Berguent Army Air Field [sic] on the twenty-first day of May, 1943.<sup>2</sup>

William Randolph Hearst, who became a print-media mogul after the war, piloted the plane that transported Lamb to Africa.