AEROSPACE MEDICINE HISTORY, *continued*

gunnery school. A natural with guns, he easily rose to the top of the class and earned expert in aerial gunnery, as well as having the second highest score of all 24 crews.

As far as his medical role within the detachment went, "Doc" White prepared the crews with numerous vaccines. He also gave lectures to the crews on hygiene and sanitation while in primitive conditions. Medical kits were prepared and assembled for each plane, and "Doc" assembled a small surgical kit for himself, having to bear in mind the severe weight considerations. He also put together personal medical kits for each of the individual crewmembers, containing a dose of morphine, field dressing and sulfanilamide tablets in case of wounds sustained, as well as 60 grains of quinine for protection against malaria, tincture of iodine, caffeine tablets to help the crews stay alert for the long haul to China, and last, but not least, a pint of whiskey.

The crews then flew to Alameda NAS in Oakland where only 16 aircraft were loaded on the recently commission aircraft carrier *Hornet*. They then shipped out under the Golden Gate Bridge under the guise of bringing aircraft to Hawaii. However, they secretly joined a much larger Navy task force as they headed to Japan. As they closed in on their launching point they were discovered by Japanese picket boats who immediately alerted Japan. They were 9 h ahead of schedule and 250 miles further than planned. However, they decided to press on with extra tins of gasoline loaded on each plane. The aircraft each took off to their targets, with four waves of aircraft hitting Tokyo and the fifth wave heading southwest and then dividing to hit Nagoya, Osaka, and Kobe.[2]

Doc flew with crew 15 (**Fig. 1**), led by Lt. Don Smith, to their target of Kobe. They flew unmolested and hit their targets and then headed to China. Unfortunately the weather deteriorated and none of the arrangements for a homing beacon had been accomplished. Low on fuel and options, they ditched in the South China Sea by a small island. Local guerillas then helped them to the mainland where they learned of a crew that was seriously injured on landing. They immediately hastened to assist, where Doc found Ted Lawson, Pilot of Crew 7, delirious and septic. Gangrene had set in on his lower leg. Despite attempts to control with debridement, topical sulfur antibiotic powder, and blood transfusions from other crewmembers, he worsened. Having lost all of his surgical equipment on ditching, Doc was now faced with doing an amputation in a rural Chinese Missionary hospital using 1890s equipment. Traditional doctrine called for a guillotine type amputation, but Doc knew having an exposed wound would lead to further infection. He performed an above the knee amputation and used flaps to cover the stump under a spinal anesthetic. Later he gave Lawson 2 units of his own blood.

Lawson recovered sufficiently to be evacuated and Doc moved him and two other injured crew men (one with a basilar skull fracture and the other with bilateral dislocated shoulders) on a journey halfway around the world, to safety. Traveling nearly 15,000 miles they passed through India, Southwest Asia, central Africa, and then across the Atlantic to South America, up the Caribbean, and back to the U.S., landing at Bolling Air Base in DC. Doc delivered his crewmates to Walter Reed Army Hospital. He would later be awarded the Distinguished Flying Cross and the Silver Star for his actions on this mission, exemplifying a Flight Surgeon who went above and beyond the call of duty.

REFERENCES

1. Glines CV. Doolittle's Tokyo Raiders. New York (NY): D. Van Nostrand Company, Inc.; 1964.
2. White TR. The Hornet Stings Japan. Atlantic Monthly. 1943; June (21):41–46.

Erratum

In the February 2017 issue of *Aerospace Medicine and Human Performance*, in the article "Decelerations of Parachute Opening Shock in Skydivers" by K. Gladh et al. (Aerosp Med Hum Perform. 2017; 88(2):121-127; DOI: https://doi.org/10.3357/AMHP.4731.2017) we inadvertently missed providing the credentials and affiliations for one of the authors: Anton Westman, M.D., Ph.D., Department of Neurobiology, Care Sciences and Society; Karolinska Institutet Huddinge, Stockholm; Department of Physiology and Pharmacology; Karolinska Institutet Solna; and Department of Anesthesia and Intensive Care Medicine, Karolinska University Hospital, Huddinge, Sweden. We apologize for the inconvenience.