REFUGE

NARRATIVE HISTORY OF THE MEDICAL DEPARTMENT OF THE

NAVY HOSPITAL SHIP U. S. S. REFUGE

I. PERIOD OF CONVERSION AND OUTFITTING

On 12 March 1943, the Vice Chief of Naval Operations authorized the conversion of the naval transport U.S.S. KENMORE to a hospital ship. The U.S.S. KENMORE, a steamship of 14,000 tons displacement and 522 feet in length, was launched in 1921 as the 'Blue Hen State'. The ship later sailed under the flags of the President and the Dollar Lines bearing the names 'President Garfield' and 'President Madison'. In 1942, the ship was taken over by the Navy and converted into the transport U.S.S. KENMORE and was used to carry troops and munitions to the combat areas in the South Pacific.

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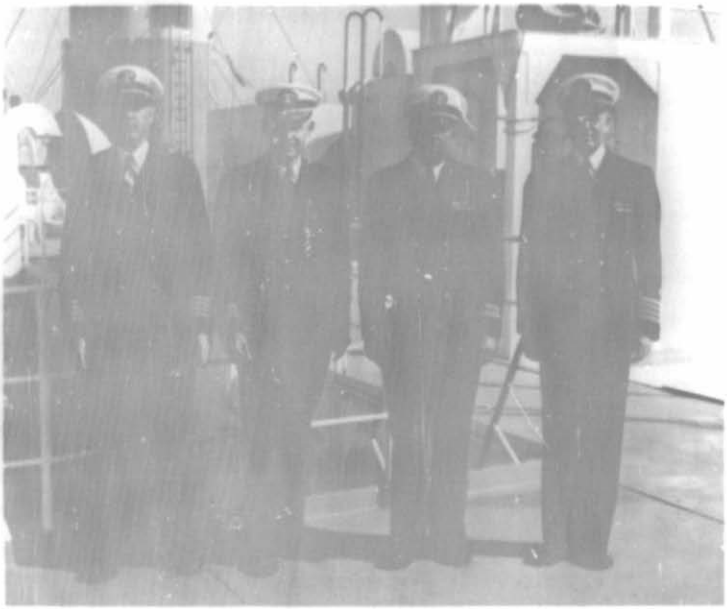
The Bureau of Ships, on 10 April 1943, advised the Commandant Navy Yard, Norfolk, and the Assistant Industrial Manager, Baltimore, that the U.S.S. KENMORE would be converted into the hospital ship (AH-11) at the Maryland Drydock Company, Baltimore, Maryland. It was expected that the ship would be available for conversion about 15 June 1943. However, the acute need for shipping to the South Pacific required her services for one more trip and the conversion was postponed until autumn.

The Surgeon General, in August 1943, designated Commander Charles R. Wilcox (MC) USN as the prospective Senior Medical Officer of the AH-11. Being on duty in the Bureau of Medicine and Surgery at that time, Commander Wilcox was in an unusually favorable position to assist in the planning and conversion of the ship, the requisitioning and procurement of equipment and supplies, and the selection of the personnel of the staff. While discussing with Captain W. J. C. Agnew (MC) USN, Chief of Personnel Division, the selection of the members of the hospital staff, Commander Wilcox was informed that Commander W. S. McCann (MC) USNR had been chosen by the Surgeon General as the chief clinician of the hospital and supervisor of the clinical activities of the other members of the staff. This meant that Commander Wilcox would have overall responsibility for the



Capt. C. R. Wilcox (MC) USN, Senior Medical Officer
Comdr. M. A. Jurkops (DM) USNR, Commanding Officer
Lt. Comdr. D. L. Parker (DM) USNR, Executive Officer
Capt. W. S. McCann (MC) USNR, Chief of Clinical Activities

administration of the hospital and all of its activities while Commander McCann, who in civil life is Dewey Professor of Medicine of the Rochester Medical School, would have charge of the professional work. This arrangement differed from that in use before the war, in which the Senior Medical Officer supervised the clinical activities of the hospital as well as the administrative functions, and was an outgrowth of the procedure followed early in the war of ordering to active duty groups of doctors from civilian hospitals and medical schools who had been organized prior to the war as 'Specialist Units' in the Naval Reserve. The senior officer of each of these 'Specialist Units' maintained a certain degree of supervision, if not authority, over the members of his unit on reporting to active duty, and this led in some instances to the establishment of an additional Executive Officer to supervise the professional activities of the entire hospital staff. While the 'Specialist Unit' that Commander McCann had brought into the Navy had been broken up, he was bringing certain members of his unit to the ship with him, and he was to act as the hospital's Executive Officer for clinical activities. It was also arranged that Commander McCann would be given a spot promotion to Captain for the duration of his duty aboard the hospital ship.

At about this time, a very excellent report on the operation of the U.S.S. SOLACE, during the South Pacific fighting of 1942, was submitted to the Surgeon General by Captain M. J. Aston (MC) USN, Senior Medical Officer, and Captain R. A. Kern (MC) USNR, Chief of Medicine. This report, together with the organization bill of the U.S.S. RELIEF, were of great assistance in the preparation of an organization bill for the AH-11 and added greatly to the efficiency of the hospital when we went into active service.

The report from the U.S.S. SOLACE emphasized the value of cargo ports in the side of the ship for the rapid embarkation and debarkation of patients. Following this advice, Commander Wilcox revised the preliminary conversion plans to provide a cargo port on each side of the second deck opposite to the elevator with a lobby connecting the cargo ports with the elevator and with the passageways to the wards. This proposed

CHIEFS OF SERVICES

Comdr. K. M. Broesamle (DC) USN, Chief of Dental Service
Capt. C. R. Wilcox (MC) USN, Senior Medical Officer
Lt.(jg) M. A. E. Marean (NC) USN, Chief of Nursing Service
Captain W. S. McCann (MC) USNR, Chief of Medical Services
Comdr. C. L. Swan (MC) USNR, Chief of Surgical Services

change was approved by the Bureau of Ships and has greatly facilitated the embarkation and debarkation of patients and baggage since one half of the hospital beds are on the second deck and the elevator is required for only the litter patients on the third deck and in Sick Officers' Quarters.

The U.S.S. KENMORE finally arrived in Baltimore and on 16 September 1943 she was decommissioned at the Maryland Drydock Company's shipyard. Commander Wilcox and Lieut. Comdr. A. R. Higgins (MC) USN, Hospital Planning Officer of the Planning Division, visited the ship that day, inspecting her from the boat deck to the holds and from the bow to the stern. In general, we found the prospective medical department spaces of the ship to be in very poor condition, the wooden partitions and sheathing of the deckhouse broken, patched, rotten and covered with the accumulation of a quarter of a century of painting. The composition decks were badly broken up with many holes and raggedly uneven areas, and the wooden weather decks were badly deteriorated and sprung in many places with the underlying deck-plates rusted through. There were evidences of many leaks from the weather decks into the living spaces below.

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We found that the ex-KENMORE's laundry, which the Bureau of Ships proposed to retain for the hospital, was poorly located, entirely inadequate, and that much of the machinery was in need of repairs. The compartment at the after end of the second deck, then occupied by the Ship's Service Store and Fountain, was found to be ideally suited for installation of a laundry adequate to meet the needs of the hospital. The space allotted for the patients' baggage room was entirely too small. We found that by removing the ten fuel storage tanks from hold #5 a large space would be provided for an excellent baggage room and also provide storage for the field hospital, and still leave adequate fuel oil capacity.

Our findings were presented to Captain Carlton L. Andrus (MC) USN, Chief of the Planning Division, Bureau of Medicine and Surgery, who arranged for a Board of Inspection and Survey from the Bureau of Ships to visit the ex-Kenmore. The Board visited the ship on 20 September 1943 accompanied by Commander Wilcox,

CHIEFS OF SERVICES AND DEPARTMENTS

First Row:
Comdr. K. M. Broesamle (DC) USN, Chief of Dental Service
Capt. C. R. Wilcox (MC) USN, Senior Medical Officer
Lt.(jg) M. A. E. Marean (NC) USN, Chief of Nursing Service
Capt. W. S. McCann (MC) USNR, Chief of Medical Service
Comdr. C. L. Swan (MC) USNR, Chief of Surgical Service

Second Row:
Lt.Comdr. L. C. Kolb (MC) USNR, Chief of Neuropsychiatry
Comdr. E. H. Campbell (MC) USNR, Chief of EENT Service
Lt.Comdr. E. J. Connell (MC) USNR, Chief of Urology Service
Comdr. H. C. Jones (MC) USNR, Chief of X-Ray Department
Lieut. L. M. Hellman (MC) USNR, Chief of Laboratory Dep't.

Lieut. Comdr. Higgins and by Lieut. Comdr. N.M. McDonald, USN (Ret), Naval Technical Inspector in charge of work on navy ships at the Maryland Drydock Company shipyard. The Board inspected the ship carefully and recommended that the wooden superstructure be replaced by steel; that the wooden weather decks be replaced by new ones; that the old composition decks be replaced by magnesite decking; that the ship's service store and the laundry exchange places; and that the ship's refrigeration spaces be entirely torn out and rebuilt with new equipment. These changes, with additional recommendations by the Board, meant that instead of the patch-work job of conversion called for by the original specifications, the production of a first-class hospital ship was decided upon, approved and carried out.

During the autumn and winter months of 1943-1944, a tearing down of the old ship and the conversion into a hospital ship progressed under the supervision of Lieut. Comdr. McDonald. He had at one time served as the Engineering Officer of the hospital ship U. S. S. RELIEF and showed great interest and the most cordial spirit of cooperation with the Bureau of Medicine and Surgery in carrying on the conversion. His experience aboard the U.S.S. RELIEF gave him an understanding of the needs of a hospital ship from which we benefited in many ways.

The prospective Senior Medical Officer kept in close touch with the progress of the conversion by weekly visits to the ship and by telephone conversations with Lieut. Comdr. McDonald whenever problems arose. These problems were promptly solved by personal discussions with the Planning Division, Bureau of Medicine and Surgery, and with the Auxiliaries Division, Bureau of Ships. Examples were the designing of the relocated new laundry with the procurement and installation of new machinery; the designing and installation of the patients' baggage store room and storage space for the field hospital; and the remodeling of the cafeteria, messhall and scullery. An Optical Repair Unit for making and repairing eyeglasses at overseas bases had been developed and Commander Wilcox secured the permission of the Surgeon General to have one installed aboard the hospital ship. This unit proved itself of great value during our operations in the Southwest Pacific.

MEDICAL SERVICES STAFF

First Row:
Lt.Comdr. L. C. Kolb (MC) USNR; Neuropsychiatrist
Comdr. G. D. Geckeler (MC) USNR, Charge of SOQ
Capt. W. S. McCann (MC) USNR, Chief of Medical Service
Lt.Comdr. H. E. Hailey (MC) USNR, Dermatologist
Lieut. P. K. Boyer (MC) USNR, Cardiologist
Second Row:
Lt.(jg) R. G. Kuehnert (MC) USN, Ass't. in Neuropsychiatry
Lieut. L. M. Hellman (MC) USNR, Laboratory Officer
Lieut. H. R. Brown (MC) USNR, Shock Resuscitation Officer
Lieut. E. B. Millard (MC) USNR, Contagious Diseases

A study of the life-saving facilities proposed by the Bureau of Ships for the hospital ship: six motor whale boats and three 36-foot motor launches, revealed a deficit of 910 places. Commander Wilcox made a study of the problem with Lieut. Comdr. McDonald and secured the approval of the Bureau of Ships to place sixteen 26-foot life boats on the boat deck, two motor whale boats on the poop deck, two 36-foot motor launches and one 40-foot motor launch on the well deck with a 35-foot motor boat nested in the 40-foot motor launch. This provided sufficient places for all hands and all patients to abandon ship in providing that all boats could be cleared. In addition, the original allowance of life rafts was retained for emergency floatage.

Supplies and equipment for the hospital were procured by the joint activities of the Planning Division and the Ship's Commissioning Allowance Section, Finance Division of the Bureau and the Naval Medical Supply Depot, Brooklyn. No efforts were spared to provide every item of supply and equipment required in a first class hospital, and nearly all of the recommendations for special equipment and non-listed supplies submitted by members of the staff were approved for procurement. Fixed items of equipment were delivered to the Maryland Drydock Company for installation during the conversion, and other items of equipment and supplies were assembled at the Naval Storehouse, Port Covington, Baltimore, for loading after the conversion was completed. Ensign L.A. Morgan (HC) USN, the prospective Property and Accounting Officer, proved most useful in seeking out non-listed items of equipment and supplies that had become very scarce due to the war, and in maintaining close contact with the Naval Medical Supply Depot to facilitate the flow of our supplies. All activities concerned cooperated splendidly toward providing the materiel required for the hospital.

The Surgical Dressings Service of the Baltimore Chapter, American Red Cross, assisted us immeasurably by preparing the surgical drapes and linens for the four operating rooms and large numbers of various types of surgical dressings. In December 1943, Commander Wilcox visited the Surgical Dressings Service at the Sears Community House, North Avenue and Harford Road, where he was received most cordially by the chairman, Grace

SURGICAL SERVICES STAFF

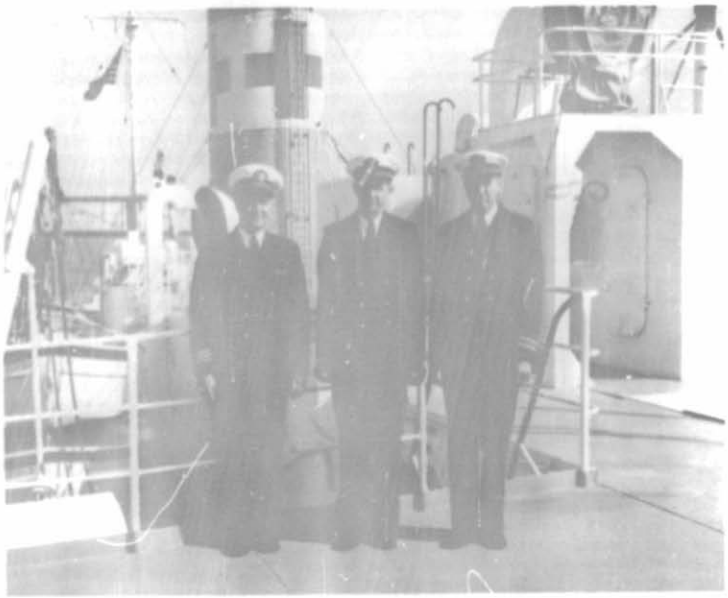
First Row:
Lt.Comdr. E. J. Connell (MC) USNR, Urologist
Comdr. E. H. Campbell (MC) USNR, Otolaryngologist
Comdr. C. L. Swan (MC) USNR, Chief of Surgery
Comdr. H. C. Jones (MC) USNR, Roentgenologist
Lt.Comdr. H. E. Hipps (MC) USNR, Orthopedic Surgeon
Second Row:
Lieut. J. P. Haas (MC) USNR, Ass't in Surgery
Lieut. A. W. Henderson (MC) USNR, Anesthetist
Lieut. J. B. Cummins (MC) USN, Thoracic Surgery
Lt.Comdr. E. M. Robertson (MC) USNR, Ass't Surgeon
Lt.(jg) T. K. Long (MC) USNR, Ophthalmologist

Barclay Moore (Mrs. J. Earl Moore) and the co-chairman, Julie F. Nelson (Mrs. S. Page Nelson) who were enthusiastic in their response to his request that the Surgical Dressings Service undertake to prepare sufficient dressings and operating room linens for the original needs of the hospital. It was explained that we were not permitted to accept gifts for the hospital but that we would furnish the gowns, sheeting and muslin with which to prepare the operating room linens and drapes, and the guaze and cotton for the surgical dressings and pads. It was also agreed that the prospective Surgical Supervisor, Lieutenant (jg) Doris E. Nelson (NC) USNR, would be ordered to Baltimore to work with the ladies of the Surgical Dressings Service.

These plans worked out perfectly due to the capable administration of Mrs. Moore and Mrs. Nelson and to the assistance of Lieutenant Nelson whose technical knowledge of the needs of the surgical service guided the work of the Red Cross ladies. Miss Nelson's talks to the ladies of the Surgical Dressings Service of Baltimore, and of outlying branches of the Service in Suburbs of that city, about the work of the naval hospital ships and shore hospitals during this war, added much to their interest in and enthusiasm for this project. A total of 140,620 items of drapes, linens, and dressings were prepared by the Surgical Dressings Service for the hospital, and many hundreds of casualties have had occasion to thank the patriotic ladies of that very fine organization for their help in caring for our wounded.

During the period of conversion, the crew of the ship and hospital were being assembled at the Receiving Station, Philadelphia, where the senior Hospital Corps officer, Lieut. (jg) Andrew A. Taylor (HC) USN, was on duty. The care and attention given by Lieutenant Taylor to the indoctrination and training of the pre-commissioning detail of hospital corpsmen was evidenced by the knowledge concerning their duties shown by these men when they reported aboard.

On 11 January 1944, Captain Charles R. Wilcox (MC) USN Reported to the Assistant Industrial Manager, Baltimore, for duty in connection with the conversion of the AH-11 and on board as Senior Medical Officer when commissioned. He was assisted in the supervision of in-



DENTAL SERVICE STAFF

Comdr. K. M. Broesamle (DC) USN, Chief of Dental Service
Lt.Comdr. M. Q. Bolstad (DC) USNR, Ass't Dental Officer
Lt.Comdr. H. P. Hellweg (DC) USNR, Prosthetic Officer

stallation of fixed equipment by Commander Kenneth M. Broesamle (DC) USN for dental equipment, Commander Horace C. Jones (MC) USNR for x-ray equipment, and Commander Edward H. Campbell (MC) USNR for equipment in the Eye, Ear, Nose and Throat Clinic. At the same time, work on the organization bill for the hospital and compilation of the Medical Department Memoranda progressed with the clerical assistance of Ensign Charles R. Green (HC) USN, prospective Medical Records Officer.

By the latter part of February, the conversion had progressed as far as the Maryland Drydock Company could carry the work, the remaining installations being scheduled for accomplishment by the Norfolk Navy Yard, and the ship was commissioned the U.S.S. [illegible] (AH-11) on 24 February 1944. Commander Martin A. Jurkops (DM) USNR assumed command and Lieut. Comdr. David L. Parker (DM) USNR became the Executive Officer. The officials of the Maryland Drydock Company had planned with the prospective officers of the ship to invite representatives from the Bureau of Ships, the Bureau of Medicine and Surgery, and the Maryland Drydock Company to be speakers at the commissioning ceremony to be followed by a tour of inspection of the hospital ship by these representatives and invited guests and a dinner at a downtown hotel. These plans were approved by the Office of Public Relations, Navy Department, but were disapproved by the Assistant Industrial Manager, Baltimore. So the ship was commissioned without ceremony other than falling-in of the officers and crew on the dock while the Chaplain offered a prayer, the Assistant Industrial Manager read the orders accepting the ship from the Maryland Drydock Company and placing it in commission. Commander Jurkops had forgotten his orders, so could not read them, but said "I accept the ship", the jack and ensign were hoisted, the watch set, and the ship was commissioned although it would be many weeks before she would be ready to function as a hospital.

The conversion work was continued at the Maryland Drydock Company until 2 March 1944 when the ship moved a few miles across an arm of the Chesapeake to the Naval Storehouse, Pier 9, Port Covington, Baltimore. Here our medical and ship's stores were brought aboard

HOSPITAL CORPS OFFICERS

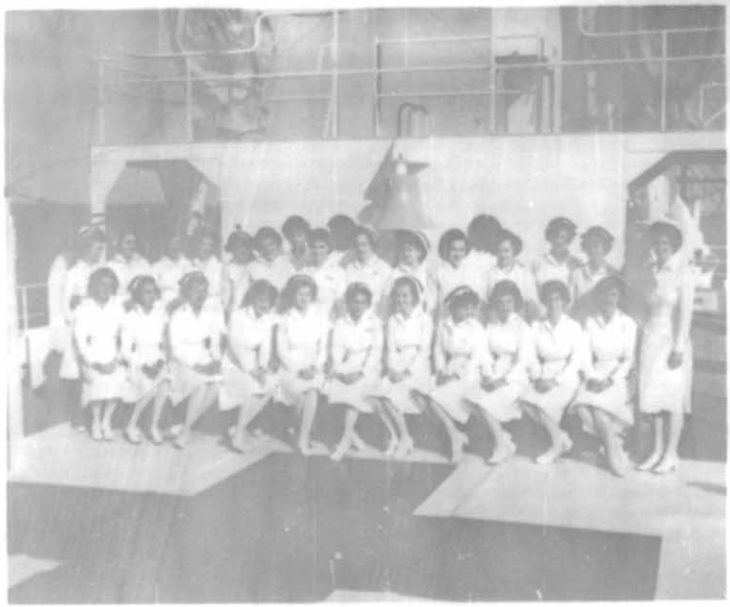
Ch.Pharm. J. W. Maxwell USN, Ass't Medical Maintenance
Ens. A. P. Wentzell (HVS) USNR, Optical Repair Unit
Ens. C. R. Green (HC) USN, Medical Records Officer
Pharm. W. D. Decious USN, Hospital Commissary Officer
Lt.(jg) A. H. Gilliam (HC) USN, Medical Maintenance
Ens. L. A. Morgan (HC) USN, Property and Accounting

and the ship was cleaned and brought into a semblance of order and neatness in preparation for an "At Home" to be held on Sunday 5 March 1944. During the period of March 2 to 5, most of the doctors and nurses reported aboard. The "At Home" was held for the purpose of giving official guests and families and friends of the ship's personnel an opportunity to visit and inspect the hospital ship. The Public Relations Office of the Navy Department arranged for a nation-wide radio broadcast by Vice Admiral Ross T. McIntire (MC) USN, Surgeon General and Chief of the Bureau of Medicine and Surgery.

The Senior Medical Officer had arranged with Mrs. Moore for the ladies of the Surgical Dressings Service to arrive early so that they could be shown the hospital before the other visitors arrived. These ladies, dressed in their Red Cross uniforms, were met at the cargo port by Captain Wilcox, Lieut.(jg) Mildred A.E. Marean (NC) USN, the Chief Nurse, and Lieut. (jg) Doris E. Nelson (NC) USNR, the Operating Room Supervisor, and were escorted on a tour of the hospital ending in the Nurses' Wardroom where icecream, cakes and coffee were served. Captain Wilcox thanked Mrs. Moore and the ladies of the Surgical Dressings Service for their very helpful and patriotic contribution toward placing our operating rooms on a working basis and for many thousands of dressings they had made for us. Mrs. Moore replied for the Red Cross ladies and thanked Miss Nelson for her helpful guidance in their work.

Vice Admiral and Mrs. McIntire, Rear Admiral Luther Sheldon (MC) USN, Assistant Chief of the Bureau of Medicine and Surgery, and guests arrived at 1415 and were conducted to the Captain's Cabin which had been rigged for the radio broadcast. At 1430, Vice Admiral McIntire was interviewed by the radio reporter, Mr. Slocum, as follows:

SLOCUM: This is a strange and pleasant assignment for these unhappy days. I'm aboard a sleek and sturdy instrument of modern warfare, which is designed not to kill, but to heal. It's the Navy's newest hospital ship, U.S.S. REFUGE. The Navy is very proud of this sea-



NURSE CORPS OFFICERS

First Row: Ens. J. B. Otto (NC) USNR; Ens. M. L. McCollum (NC) USNR; Ens. J. A. Pszenny (NC) USN; Ens. E. C. Hess (NC) USNR; Ens. M. J. Donnelly (NC) USNR; Lt.(jg) M. A. E. Marean (NC) USN (Chief Nurse); Ens. B. A. Glembocki (NC) USNR; Ens. J. L. Grim (NC) USN; Ens. E. V. Walenga (NC) USNR; Ens. M. L. Clemente (NC) USNR; Ens. M. A. Kloetzli (NC) USN.

Standing: Ens. S. Collins (NC) USNR; Ens. A. M. Lohan (NC) USN; Ens. D. E. Oliver (NC) USNR; Ens. M. C. Warner (NC) USNR; Ens. J. A. Sevrens (NC) USN; Ens. E. B. Torrance (NC) USNR; Ens. E. S. Greer (NC) USN; Lt.(jg) M. M. Teisseire (NC) USN; Lt.(jg) D. E. Nelson (NC) USNR; Ens. M. S. Geiges (NC) USNR; Ens. M. K. Twomey (NC) USN; Ens. E. G. Olsen (NC) USNR; Ens. E. E. Dyer (NC) USNR; Ens. A. M. Curtis (NC) USN; Ens. P. D. McCusker (NC) USN; Ens. H. L. Wentz (NC) USNR

going hospital, and proudest of the new ship is Vice Admiral Ross T. McIntire, who as Surgeon General of the United States Navy is charged with the Medical care received by all our sea-going fighting men . . . and the Commander in Chief at the White House. Admiral McIntire has taken time from showing this new ship to an official party from Washington to talk briefly about her to us. Admiral McIntire, would you tell us something about this new mercy ship?

MCINTIRE: Well, she'll comfortably care for 630 patients, more if necessary. She carries a 72-cot mobile field hospital and the very newest and best of hospital equipment.

SLOCUM: She certainly doesn't look much like the usual U. S. Navy ship.

MCINTIRE: That's done with a purpose. If you look aloft you'll see the Geneva Red Cross painted on her smokestack. Along her hull runs a green line, five feet wide, which is the international sign of a hospital ship. She will be fully lighted at night and will travel unescorted at all times.

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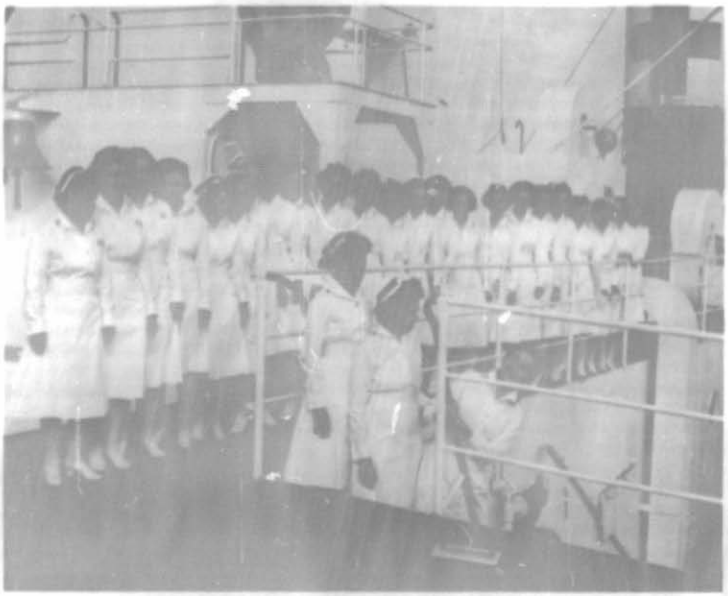
SLOCUM: In your office I saw pictures of an old side-wheeler, the Red Rover, and the new Solace. Tell us something about them, Admiral.

MCINTIRE: The Red Rover was the first hospital ship. Admiral Farragut used her on the Mississippi during the Civil War.

SLOCUM: And the U.S.S. Solace?

MCINTIRE: She is one of our present day hospital ships. All these mercy ships are doing a splendid job. The Solace is typical. She was at Pearl Harbor and has been in constant action since. Thousands of wounded



NURSE CORPS OFFICERS

On Deck: Lieutenants (jg) Marean, Teisseire, and Nelscn.
Ensigns Heiges, Grim, Clemente, Pszenny, Greer, Hess,
Kloetli, Otto, Walenga, Twomey, Warner, Glembocki, Curtis,
Wentz, McCollum, McCusker, Donnelly, Sevrens, Torrance,
Olsen.
On Ladder: Ensigns Oliver, Collins and Lohan.

have been cared for aboard the Solace, yet her mortality rate has been less than one-half of one percent.

SLOCUM: Let's hope the Refuge maintains that standard, but with many fewer patients. Admiral, Americans are slowly learning of the heroism of Navy hospital corpsmen. Tell us something of their work, Admiral.

MCINTIRE: The Navy is very proud of its corpsmen. They've done great work nursing the injured aboard ship, but the job hospital corpsmen have done on the beaches of Guadalcanal, Tarawa, Africa and other landing places has become immortal. Ask the Marines.

SLOCUM: I didn't have to ask them, Admiral . . . they've told me. How about the personnel of the Refuge?

MCINTIRE: In the main it's composed of doctors, dentists, nurses and enlisted men fresh from civilian life. The commanding officer and the senior medical officer are veteran Navy men, however.

SLOCUM: And just one more question . . . your patient in the White House has recently returned from a brief vacation. There was some talk that his health was not of the best.

MCINTIRE: I am very pleased to report that the President's brief rest has returned him to the very best health. He is in perfect shape.

SLOCUM: Thanks very much, Vice Admiral Ross T. McIntire, Surgeon General, United States Navy . . . I know everybody listening joins me in wishing the officers and men and women of the U.S.S. Refuge, good sailing.

Following the broadcast, Captain Wilcox escorted Vice Admiral McIntire and his party on a tour of the hospital. Admiral McIntire was most interested in the

Main Operating Room

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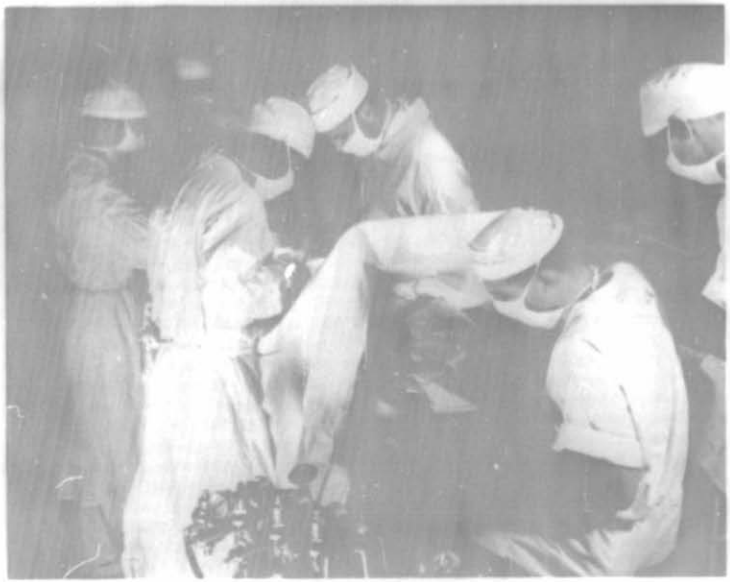


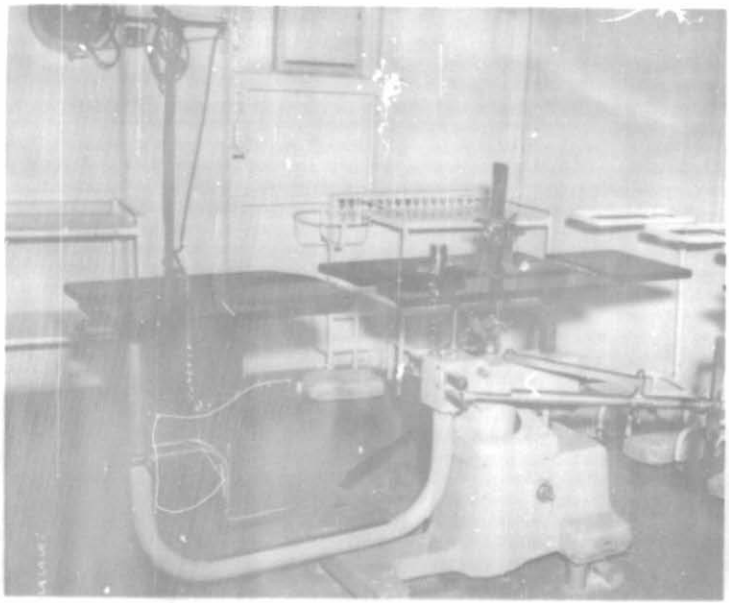
Surgical Team at Work

functional arrangement of the various parts of the hospital, which he found to be well integrated with each other. The Admiral congratulated Commander A.R. Higgins (MC) USN, the designer, Lieut. Comdr. N.M. McDonald USN (Ret.), the technical inspector, and Captain C. R. Wilcox (MC) USN, the Senior Medical Officer, on the conversion job we had accomplished. After a visit to the Officers' Wardroom where icecream, coffee and cakes were served, the official party departed for Washington, D.C.

At 1100, Friday, 10 March 1944, having completed the loading of supplies, the U.S.S. REFUGE departed from Baltimore for Hampton Roads, Virgina. The next day, while proceeding down the Chesapeake, we admitted the first patient from outside of the ship's personnel, Chief Boatswain Mate Albert Lindgren, USNR, from the U.S.S. CHOWANAC, with a dento-alveolar abscess.

Having arrived at Hamptom Roads, we were inspected by Captain H. H. Hartley USN, CTG 23.8 on the morning of 12 March 1944 following which we returned up the Chesapeake for a week or drills and ship cleaning, a brief shake-down cruise. On returning to Hampton Roads we were inspected again by Captain Hartley on the morning of Sunday, 19 March 1944. The next day the ship entered the Norfolk Navy Yard, Portsmouth, Virgina, for installation of a public address system, a new telephone system, and an additional set of stills bringing our fresh water capacity up to 60,000 gallons per day. These installations required one month to complete during which time many of the crew were given leave and most of the doctors and nurses had leave. Opportunity was taken during our stay in the yard to give certain of the hospital corpsmen additional training at the Norfolk Naval Hospital in operation room technic, laboratory technic, methods of care and handling of mental patients, and in occupational therapy. Many of the crew and nearly all officers also attended the Fire Fighting School at the Naval Operating Base.

Our stay in the navy yard ended on 19 April 1944 when the ship steamed out to Hampton Roads for compass calibration and the next day departed for Oran, Algeria. During the period of conversion and outfitting of the



ORTHOPEDIC OPERATING ROOM

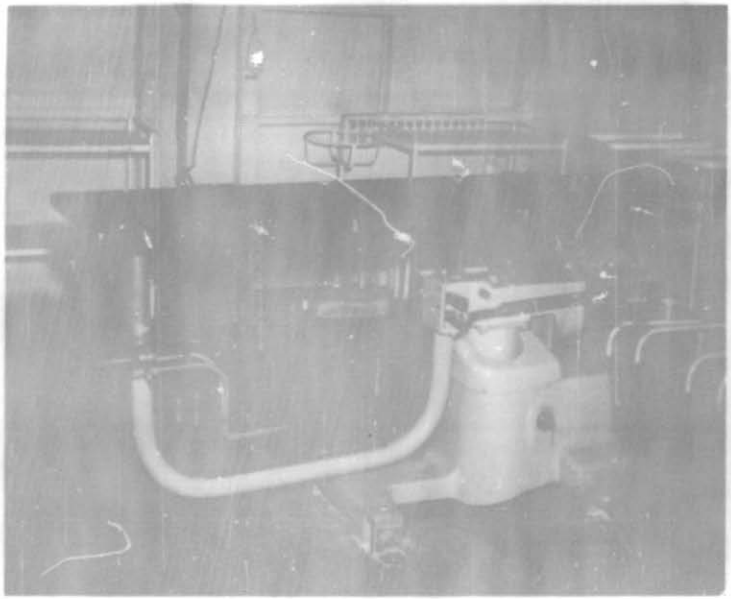


TABLE CONVERTED FOR GENERAL SURGERY

hospital ship, certain changes had occurred in the personnel of the hospital staff. The officers of the Medical Department of the U.S.S. REFUGE at the time we departed on our first trip and began functioning as a hospital were as follows:

Captain Charles R. Wilcox (MC) USN	Senior Medical Officer
Captain William S. McCann (MC) USNR	Chief of Clinical Activities; Chief of Medical Services.
Comdr. Charles L. Swan Jr. (MC) USNR	Chief of Surgical Services.
Comdr. Edward H. Campbell (MC) USNR	Chief of EENT Service
Comdr. Kenneth M. Broesamle (DC) USN	Chief of Dental Service
Comdr. Horace C. Jones (MC) USNR	Chief of X-ray Dep't.
Comdr. George D. Geckeler (MC) USNR	Assistant Chief of Medicine; Charge of SOQ
Lt.Comdr. Herbert E. Hipps (MC) USNR	Orthopedic Surgeon
Lt.Comdr. Edwin M. Robertson (MC) USNR	Assistant Surgeon
Lt.Comdr. Emmet J. Connell (MC) USNR	Urologist
Lt.Comdr. Hugo E. Hailey (MC) USNR	Dermatologist
Lieut. Miles Q. Bolstad (DC) USNR	Assistant in Dentistry
Lieut. Lawrence C. Kolb (MC) USNR	Neuropsychiatrist
Lieut. Harold P. Hellweg (DC) USNR	Assistant in Dentistry
Lieut. Louis M. Hellman (MC) USNR	Pathologist and Laboratory Officer
Lieut. Paul K. Boyer (MC) USNR	Assistant in Medicine
Lieut. Ernest B. Millard (MC) USNR	Assistant in Medicine
Lieut. Herbert R. Brown (MC) USNR	Assistant in Medicine
Lieut. Allen W. Henderson (MC) USNR	Anesthetist
Lieut. James B. Cummins (MC) USN	Assistant in Surgery

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INSTRUMENT STERILIZER ROOM

Lt.(jg) Doris E. Nelson (NC) USNR, Supervisor of Operating Rooms.

Lieut.(jg) John P. Haas (MC) USNR	Assistant in Surgery
Lieut.(jg) Robert G. Kuehnert (MC) USN	Assistant in Neuropsychiatry
Lieut.(jg) Theodore K. Long (MC) USNR	Ophthalmologist
Lieut.(jg) Allen H. Gilliam (MC) USN	Medical Maintenance Officer
Ensign Charles R. Green (MC) USN	Medical Records Officer
Ensign Lawson A. Morgan (MC) USN	Property and Accounting
Ensign Albert P. Wentzell (HVS) USNR	Optical Unit Officer
Ch.Pharm. John W. Maxwell USN	Assistant Medical Maintenance Officer
Pharm. Warren D. Decious USN	Commissary Officer

While we were at Norfolk, two nurses chose husbands in preference to the Navy, and we went to sea with 27 instead of our full complement of 29 Nurses, as follows:

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Lieut.(jg) Mildred A.E. Marean (NC) USN	Chief Nurse
Lieut.(jg) Myrtle M. Teisseire (NC) USN	Dietician
Lieut.(jg) Doris E. Nelson (NC) USNR	Surgical Supervisor
Ensign Martha L. Clemente (NC) USNR	Surgical Supply Room
Ensign Sarah Collins (NC) USNR	Ward Nurse
Ensign Aura M. Curtis (NC) USN	Ward Nurse
Ensign Marjorie J. Donelly (NC) USNR	Sick Officers' Quarters
Ensign Elizabeth E. Dyer (NC) USNR	Operating Rooms
Ensign Mildred S. Gelges (NC) USNR	Ward Nurse
Ensign Lessie A. Glembocki (NC) USNR	Ward Nurse
Ensign Emma S. Greer (NC) USN	Ward Nurse
Ensign Jean L. Grim (NC) USN	Ward Nurse
Ensign Ernestine C. Hess (NC) USNR	Ward Nurse
Ensign Margaret A. Kloetzli (NC) USN	Ward Nurse
Ensign Ann M. Lohan (NC) USN	Blood Bank and Ward
Ensign Mary L. McCollum (NC) USNR	Ward Nurse
Ensign Patricia D. McCusker (NC) USN	Ward Nurse

Ensign Dorothy E. Oliver (NC) USNR	Ward Nurse
Ensign Eleanor G. Olsen (NC) USNR	Operating Room
Ensign Jane B. Otto (NC) USNR	Ward Nurse
Ensign Jessie A. Pszenny (NC) USN	Ward Nurse
Ensign Jean A. Severns (NC) USN	Ward Nurse
Ensign Elizabeth B. Torrance (NC) USNR	EENT Nurse
Ensign Mary K. Twomey (NC) USN	Ward Nurse
Ensign Esther V. Walenga (NC) USNR	Ward Nurse
Ensign Mary C. Warner (NC) USNR	Nurses' Quarters & Linen Room
Ensign Helen L. Wentz (NC) USNR	Ward Nurse

II. EUROPEAN THEATER OF OPERATIONS

The U.S.S. REFUGE departed from Hampton Roads, Virginia, for Oran, Algeria, on 20 April 1944, this being the first of three trips from the States to the European Theater of Operations. We had beautiful weather with quiet seas all of the way across permitting all hands to get their sea-legs without undergoing the discomforts of seasickness.

During the crossing, training activities were intensified to bring the hospital into readiness to handle the embarkation, distribution, care and treatment of battle casualties. Bleeding bottles for the blood bank were assembled and sterilized in preparation for emergency transfusions. Two hospital corpsmen from each ward were designated as members of the Shock and Burn Teams and these twelve teams were given intensive training in the resuscitation of the shocked and treatment of burned casualties. These hospital corpsmen practised inserting intravenous needles, using each other as subjects, and practised the application of burn dressings becoming very adept in these procedures.

One of the problems faced by every hospital ship is the rapid embarkation and debarkation of patients. The organization and equipment for handling patients must be flexible so as to meet the many different conditions under which patients are received. In numbers, the patients will vary from the one or two admitted at

a time, when the ship is acting as a base hospital, to the over 600 patients who will be moved in one operation when we are acting as an ambulance ship. The manner in which patients are embarked will depend upon the circumstances under which the ship is operating: underway at sea, lying off an attack beach, at anchor in a sheltered harbor or tied up alongside a dock. Patients may be brought to the ship in all manner of craft from an oar-propelled dinghy to an LST, and will be brought aboard by individual litter hoist, by salmon board hoist, by way of accommodation ladders, through the cargo ports or from the deck of the transferring ship across a gangplank to the deck of this ship. The admission and distribution of patients under these different conditions was simulated in drills until we felt that we could embark and debark out patients rapidly under any circumstances. Our subsequent experiences have proved our equipment and organization to be sound, flexible and efficient.

Emergency drills and general quarters drills were held repeatedly during which it was simulated that the ship was under attack. The operating rooms and battle dressing stations were manned and made ready to care for casualties. Evacuation of litter patients from the wards was simulated by drills during which hospital corpsmen practised hoisting each other up the ladderways in stokes stretchers. These drills were given added reality to us in that we had heard of the bombing and near misses of British hospital ships near Salerno, and we were hoping that we would be put on the Italy-Oran run.

The first surgical operation performed aboard the U.S.S. REFUGE took place on April 25th when Vincent A. Giello, S2c, was operated on by Comdr. Swan and Lieut. Cummins for repair of a right inguinal hernia. Seaman Giello was quite proud of the honor of having the first operation performed on him. He has remained with the REFUGE to date and has risen to Coxswain.

Early on the morning of Friday May fifth we sighted Africa as a gray mass off the starboard bow and as we approached the Straits of Gibraltar we had our first glimpse of Europe as the hills of Spain came

over the horizon on our port side. An American destroyer overtook us, signalled and preceded us into the straits which we entered about eleven o'clock. On each side the land rose in brown, barren looking hills and mountains resembling the coast of Lower California. As we were admiring Tangiers through field glasses a flight of five Flying Fortresses passed the city and were fired upon by the Spanish but with no apparent damage. The REFUGE entered the Bay of Gibraltar about 1500 and as we waited for the Boarding Officer, we admired the huge mass of the Rock towering much larger and higher than Diamond Head. His Majesty's Messenger soon came aboard with orders for us to proceed to Oran and we departed at 1600. As we passed Gibraltar we viewed the Rock from changing angles and across the Straits an old white-walled fort above the city of Ceuta and ancient round watch-towers on the peaks of mountains in Spanish Morroco told us of by-gone wars.

62 On approaching Oran the next afternoon, we saw that the city was built along an escarpment rising from the sea. An old fort crowned the crest of a mountain to the west of the city and the monastery and shrine of Santa Cruz rose like a campanile from a shoulder of the mountain. Numerous ships lay at the docks behind the breakwater or swung at anchor, each ship trailing its barrage balloon above it. The REFUGE tied up to the jetty at Mirs-el-Khebir next to the old French battleship LORAINE which was covered with scaffolding while undergoing refitting. We were boarded by the Base Medical Officer, Captain T. M. Arrasmith (MC) USN who introduced the Army Evacuation Officers, Major M. M. Cohn and Lieutenant J. E. McGarrahan. These evacuation officers were given the number of beds we had available for mental patients, litter cases, ambulatory, and troop class evacuees, and were taken on a tour of the hospital to acquaint them with our facilities. On the basis of this information they would prepare a list of patients to be embarked two days later on Monday the 8th.

The next morning, Captain G. B. Tyler (MC) USN, commanding Naval Base Hospital No. 9, sent several cars to the ship to take our doctors and nurses out to

his hospital for a visit. This recently completed quonsett hut hospital was built on a gently rolling plain above the escarpment just outside of Oran. The plan of the hospital was well arranged and the grounds and buildings were clean and neat. The REFUGE doctors and nurses were entertained at luncheon and then we drove across the high barren plain a few miles to a deep canyon that spread out into a valley as we approached the Mediterranean. Groves of citrus and olive trees followed the stream in the valley and wide vinyards sloped down toward a lake. The road took us back up onto the plain and to Oran which is a combination of fine European buildings and shabby, dirty Arab huts. On returning to the ship we took Captain Tyler and his staff on a tour of the hospital followed by dinner, a most interesting day.

That evening Lieutenant McGarrahan brought us the embarkation list and Captain McCann, Comdr Swan and Captain Wilcox assigned each person to his ward by writing his number on a ward ticket. The tickets were then arranged in two groups, one for litter patients and the other for ambulatory patients.

Our first embarkation of patients began at 0830, May 8th, with the arrival of the first ambulance load of litter patients. Litter patients numbering 236 were loaded via the cargo port and ambulatory patients came aboard via the after accommodation ladder onto the main deck. Liberated Italian prisoners of war, now working for the Army for 80 cents a day and food, acted as litter bearers, carrying these patients aboard and to their beds. As each patient came aboard, the ward ticket bearing his number was drawn and a hospital corpsman guide conducted him to his proper ward. The embarkation proceeded smoothly, 597 patients being admitted by 1100. During the embarkation, Lt.Comdr. C. C. Clay (MC) USNR, in charge of a Naval Medical Photographic Team, took moving pictures of scenes on the jetty and in the wards. At 1400 we departed from Oran, Algeria for Charleston, South Carolina.

The patients evacuated from Oran fell into the following diagnostic classifications:

		Army	Navy
Surgical Cases:	Wounded	155	7
	Fractures	163	13
	Burns		1
	Urological	9	
	Colostomy	6	
	Eye	10	2
	Other	4	5
	Total	347	28
Medical Cases:	Malaria	1	9
	Respiratory	2	6
	Gastro-Intest.	13	6
	Cardio-Vascu.	16	7
	Skin	4	6
	Other	29	5
	Total	65	39
Neuropsychiatric:	Open Ward	60	39
	Psychotics	15	4
	Total	75	43

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Most of these patients had received from one to four months of hospital care before being embarked on the REFUGE for evacuation to the United States. They required no surgical treatment other than the opening of two wound abscesses. Besides the continued treatment of the medical conditions and the dressing of still open wounds, the chief problem was one of furnishing means of recreation for the patients. In addition to books, magazines and card games, the occupational therapy activities provided diversion for many of the patients. Commander G. D. Geckeler had organized the occupational therapy activity, had procured the instruments and materials to carry on this work, and had charge of the hospital corpsmen who had been trained at the Norfolk Naval Hospital in this specialty. This project proved of value not only for diversion of bed patients but also in the treatment of certain of the psychoneurotic patients. Occupational therapy provided materials and instruments for leather working, wood carving, metal working, plexiglass cutting, making belts from cord and weaving of woolen yarns.

After an uneventful crossing we entered the Cooper River early the 24th of May and were boarded off Fort Sumpter by Comdr. T. Q. Harbour (MC) USN, executive officer of the Charleston Naval Hospital, and Lt. Col. E. M. Nielsen (MC) AUS of the Army Debarkation Center, with their assistants. These officers were supplied with lists of patients to be debarked and tagged each man with the hospital and ward to which he would be taken.

On approaching the Army Debarkation Center, we saw rows of ambulances and busses lined up side by side and Army and Navy litter bearers drawn up in military formation with their litters beside them. An Army band and a Navy band took turns welcoming us with music which was played during the entire period of debarkation. We drew up to the dock, the cargo port was swung open, a wide, covered gangplank was placed aboard and our senior patient, Brigadier General A. H. Rogers, USA, stepped ashore to be met by a general's flourishes and ruffles. Debarkation of the patients began at 1030 and was completed at 1300, thus ending our first evacuation mission.

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In the afternoon, Captain Wilcox and Captain McCann called on Captain O. D. King (MC) USN, commanding the U. S. Naval Hospital, Charleston, S.C. Captain King took us on a tour of the hospital and showed us his plans for new construction on land recently acquired for expansion of the hospital. Our visit came to an end at the captain's quarters with enjoyment of the hospitality for which Charleston is justly famous.

That night the REFUGE dropped down the river to the Navy Yard where we remained until the first of June undergoing repairs in the engine room. On our trip across with the patients we found that we had provided no means for raising the head-end of the beds, so Captain Wilcox drew up working plans for a folding back rest adjustable for different heights. The Charleston Navy Yard turned out 250 of these back rests for us in two days, an example of excellent cooperation.

On May 26th, Captain Carlton L. Andrus (MC) USN, Chief of the Planning Division, Bureau of Medicine and

Surgery, came aboard to inspect the ship and to discuss various recommendations Captain Wilcox had made for the improvement of new hospital ships. Following lunch he visited the Charleston Naval Hospital to discuss building plans with Captain King. It was good to see my old "boss" and friend again.

On May 31st, the Executive Officer, Lt. Comdr. D. L. Parker (DM) USNR, was transferred to the Naval Hospital with diagnosis of cerebral arteriosclerosis. He was relieved by Lieut. Carl W. Johnson (D) USNR, and it was recommended to the Navy Department that Lieut. Johnson be given a spot promotion to Lieutenant Commander. This came through in a few weeks.

At 0600 on June 1st, the REFUGE cast off from the Navy Yard dock, dropped down the Cooper River and headed out to sea bound for somewhere in the United Kingdom. Our orders were to go to a point north of Ireland where we would receive further instructions. The weather was beautiful with a perfectly flat ocean and a silvery blimp cruised about to the north of us all day, finally heading westward into the setting sun.

The radio news on the morning of Monday, June 5th told of the capture of Rome from the Germans the day before, and that night we listened to President Roosevelt's discussion of the progress of the war: One Axis capital down and two to go. We were pleased over the fall of Rome, but the real excitement came the next morning when word came over the radio of the landings in France on the coast between Cherbourg and LeHavre. We stayed close to the radio all day long listening to the frequent battle reports and in the evening church services were held to pray for a successful invasion. Never before had our 10.5 knots seemed so dreadfully slow. It would be at least ten days before we could reach a port in the United Kingdom. We knew that with the landings in France there would be many American boys in need of hospital care and we wanted to be there to make use of our fine new hospital.

Eventually we arrived off the northern coast of

Ireland where we received orders to proceed to Belfast Lough on the eastern side of the island. As we headed southwards along the coast the rains and mists blew away and the sun brought out the unbelievably green greens of the rolling hills. We anchored in Belfast Lough off of Bangor the afternoon of Friday, June 16th, and were boarded by the U.S. Naval Port Officer, Comdr. T. J. Keane, USNR, a delightful gentleman who welcomed us to Belfast and gave us information about money exchange rates, transportation and so on. Comdr. Keane arranged for Comdr. Jurkops and Captain Wilcox to call on the senior British naval officer, Rear Admiral R.H. L. Bevan, RN, (Ret.), the next afternoon.

Saturday we went ashore at Bangor and were driven up to the city of Belfast at the head of the Lough and through the city and up a winding road to the British Naval Headquarters, a fine old mansion overlooking the entire sweep of the bay far below. The building reminded me of some of the embassies along Massachusetts Avenue. Comdr. Keane introduced us to Admiral Bevan, a slim, wiry, white haired officer about 60 years of age, who was very cordial in his welcom to the REFUGE. We arranged for the REFUGE to come up to Belfast for a few days to facilitate the sightseeing trips that all hands were interested in making, and so that our British friends could visit the ship more readily.

The following week was a busy one with exchanges of visits between the British and Americans. On Sunday, the Senior Medical Officer and senior members of the hospital staff visited the British military hospital at Bangor. The hospital was set up in the buildings of a school with large quonsett-type huts for additional wards. We were particularly well impressed with the orthopedic ward where home-made contrivances had been put to good use. We brought the commanding officer, Col. Lambkin, and his executive officer, Col. Clark, out to the ship with us for dinner and an inspection of our hospital.

Monday the ship moved up the lough to Belfast and tied up at the airport dock. Admiral Bevan came aboard for a brief inspection and had lunch with us. In

the afternoon, Captain B.P. Davis (MC) USN, commanding the U.S. Naval Hospital, Londonderry, came aboard for a short visit and arranged to send his car for us the following day to visit his hospital.

On Tuesday, Captain Wilcox, Captain McCann, Comdr. Swan and Comdr. Jurkops were driven up to Londonderry through a land of rolling hills, moors, peet-bogs, lakes, pasture lands and groves of trees about well-kept estates. The Londonderry hospital was one of the first overseas hospital erected, and was in the process of evacuating its patients to the States and decommissioning the hospital. The progress of the war had moved along so favorably that the hospital was no longer needed. After luncheon, Captain Davis took us on a tour of the city of Londonderry with its walls and ancient buildings made famous by the defense of the city by the Protestants against the armies of James II.

Wednesday we entertained at Luncheon Captain RN, the Earl of Kilmorie, and other members of Admiral Bevan's staff, and that afternoon Admiral and Mrs. Bevan entertained the nurses and senior officers of the REFUGE at a cocktail party. Fortunately the weather continued clear and we enjoyed the beauties of the flower gardens about their home.

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Thursday we were visited by the Governor General of Ireland, the Duke of Abercorn, with her Grace, the Duchess. They are both well over seventy years of age, but took keen interest in our hospital facilities. Her Grace was especially interested in penicillin, which she had never seen, so a tube of the powder was shown and its use was explained. The Duke and Duchess were accompanied by the Earl of Kilmorie, Admiral and Mrs. Bevan, the Duke's aide, Comdr. Henderson RN, VC, and Comdr. Keane. Tea, coffee, cakes and icecream were served in the Nurses' Wardroom after the tour of inspection. The Duke and Duchess were delightfully informal and seemed to enjoy their visit very much.

Friday we were put on 24-hours notice and that morning we dropped down the lough and anchored again near to Bangor where we remained until July 13th. Every day we expected to receive orders to proceed to

one of the Channel ports to act as a hospital for wounded from the fighting in France, and after two weeks of this uncertainty the Senior Medical Officer telephoned U. S. Naval Headquarters in London to learn what was planned for us. The Operations Officer informed us that in a day or two we would be sent to Southampton, but those orders never came. I was told later by the Senior Medical Officer of Naval Headquarters that the Americans wanted to send us around to the Channel for duty but that the British would not agree to it.

While awaiting orders we acted as fleet base hospital for the numerous transports, merchant ships and occasional combatant vessels visiting Belfast Lough. Trips were taken by the nurses and some of the officers to the Devil's Causeway at the northern tip of Ireland, and to the ancient Roman city of Armagh to the south of us. Bangor itself is a solidly built city of brick and stone construction with beautiful flower gardens about the homes, a nice park and a fine golf course. The Royal Ulster Yacht Club, made famous by Sir Thomas Lypton, extended the courtesy of the club to the senior officers of the ship, and the hospitality of the club was greatly appreciated. Officers of battleships and cruisers visiting Belfast Lough entertained the nurses at dances ashore and parties aboard their ships. All in all, it was a most delightful visit to Ireland although we were always hoping for orders down to the Channel to care for combat casualties. But these never came. Finally we received orders to go to Liverpool, England, and to Milford Haven, Wales, to load patients for evacuation to the United States.

We left Bangor, Ireland, at 0400 the 13th of July, and arrived at the Gladstone Docks, Liverpool at 1800 that evening. The dock area showed considerable evidence of bombing but nothing recent. We were boarded by the U.S. Army Evacuation Officers, Lt.Col. J. H. Nauman and Maj. J.A. Pyne of the Army Medical Corps who told us that the patients for the REFUGE were arriving early the next morning on two trains from hospitals in the south of England. They had no lists of patients by name, so we could not assign them to their wards before they came aboard. But they did have a breakdown of patients by classes: mental, litter, ambulatory and

troop, so that we knew what to expect.

The docks at Liverpool were too high to permit use of the cargo ports, so two gangplanks were put across from the forward deck into a doorway of the dock building. The first patients arrived at 0830 in a heavy rain and it was fortunate that they had the dock building to stay in until they could be brought aboard the ship. Patients were taken into the mess-hall where litter patients, of which there were 146, were placed on the mess tables, examined, their names taken, and assigned to appropriate wards to which they were guided by hospital corpsmen. This procedure took a little more time than the embarkation at Oran where each man had been tagged with a number before coming aboard and each number corresponded to a ward ticket, but by 1330 both trainloads had been embarked although the second train did not arrive until noon. A total of 493 patients were embarked and at 1810 we departed for Milford Haven, Wales. On the way out of the Gladstone Docks we passed the British battleship King George V. The next time we saw her was in the Gulf of Leyte.

Milford Haven lies at the end of a rather long, narrow bay bordered by gently rolling green hills on which many cattle were grazing. Several sunken and beached ships gave evidence of earlier bombing raids. We tied up at the pier at 1520 and found ambulances already on hand with 93 patients from the U.S. Naval Anti-Aircraft Base Dispensary #321. Captain R. S. Simpson (MC) USN, Senior Medical Officer of the dispensary came aboard for a brief visit. Unfortunately we could not visit his station as we had to cast off on completion of loading to clear the pier while the tide was high enough to float us. At 1630 embarkation was finished and we departed for Norfolk, Virginia.

Counting the 23 patients we had taken aboard in Belfast Lough for evacuation to the States, we had a total of 609 evacuees with the following diagnostic classification:

		Army	Navy
Surgical Cases:	Amputations	5	8

	Burns	1	13
	Eye Injuries	1	7
	Fractures	43	179
	Hernias		8
	Joint Injuries		26
	Nerve Injuries		6
	Wounds	15	70
	Total	65	317
Medical Cases:	Arthritis		7
	Cardio-Vascular	5	5
	Gastro-Intestinal	12	7
	Respiratory	12	10
	Rheumatic Fever	2	14
	Miscellaneous	6	10
	Total	37	53
Neuropsychiatric:	Closed Ward		51
	Open Ward	4	80
	Total	4	131

The principal cause of injuries to the surgical cases was explosion of underwater mines and explosive charges when struck by landing craft and assault boats. These explosions threw the men upwards with tremendous force, frequently fracturing the bones of the feet and legs, and less frequently causing fractures of the spine, skull and upper extremities. Several compound dislocations of the ankles and knees occurred.

This group of patients, having been injured from four to six weeks prior to admission, was received much sooner after their injuries than the patients embarked at Oran and required considerably more surgical attention. In most instances they had received no treatment other than primary first aid at the battle station and secondary application of casts at the base hospitals. Apparently not much attempt had been made to reduce the fractures and in many cases bones had partially united in poor position. Nine fractures were operated on: three with vitallium screw fixation; three by open reduction and plaster cast fixation; one fixation with plate; one bone graft and one 4-pin external fixation. Several cast blockings to correct angulations

were carried out. One patient came aboard with compound dislocation of the left knee with gangrene of the leg requiring a thigh amputation. One patient received a skin graft and a foreign body was removed from the mandible of a wounded patient.

We arrived at Hampton Roads July 29th, mooring at the Army dock at Newport News, Virgina. Debarkation of Army patients began at 1120 and was completed at 1[illegible]5. The army patients were carried or walked from the REFUGE to an Army hospital train on the dock. This train was air-conditioned and the cool cars were a great relief after the hot wards on the REFUGE. We left Newport News at 1230 and arrived at the Norfolk Navy Yard at 1515 commencing debarkation of patients at 1530. Fewer ambulances and busses were available for the debarkation at Norfolk than we had at Charleston with consequent delays in the flow of patients, but by 1805 the ship was cleared and our second trip completed.

This was our first trip in hot weather and we found that the Neuropsychiatric Ward located in the poop deck house was unbearably hot, temperatures running around 104 to 106 degrees when the outside air temperature was 84 to 85 degrees. Since the patients in this ward had to be kept behind locked doors, they had no relief from this continued heat and it was a problem to get enough fluids into them. Intravenous saline and glucose was given to patients whose temperature control failed under these conditions with resultant heat stroke, and a few patients were packed in ice for relief from the intolerable heat. To relieve this very serious situation, the Norfolk Navy Yard installed air ports about these spaces and four overhead mushroom ventilators. These ventilation aids reduced the temperatures by 5 to 8 degrees.

During our brief stay at the Norfolk Navy Yard, certain changes occurred in the personnel of the staff. On August 1st Ens. Katherine C. Hughes (NC) USNR and Ens. Kathryn Peterson (NC) USN reported for duty bringing the number of nurses to 29, our full complement. One of the Chief Pharmacist Mates, William G. Cunningham, who had been recommended for promotion elsewhere, re-

ceived an appointment as Pharmacist and was detached. Ch.Pharm. John W. Maxwell, USN, was detached and relieved by Pharm. Lemuel J. Clark, USN.

We departed from the Norfolk Navy Yard on August 2nd on our second trip to the Mediterranean, expecting to receive orders at Gibraltar to go to Algiers. But on entering the Bay of Gibraltar the afternoon of 16 August, we received orders sending us again to Oran. The day before, the radio told of the beginning of the invasion of the south of France and we were hoping that we might be sent directly to the invasion area. We anchored at Oran the afternoon of the 17th and the next morning departed for the Gulf of St. Tropez in southern France. We were finally going to an invasion beach.

We entered the Gulf of St. Tropez early on the morning of the 21st, D plus 6 day of the invasion, and found a scene of busy activity with numerous transports and cargo ships discharging their loads of personnel and equipment to the shore. Toward the west we could hear the distant sound of heavy gun fire and feel the concussion of bombs as the fighting approached Toulon, and above us Allied airplanes patrolled over the invasion beaches to keep German planes away. We anchored off the pretty little seaside town of St. Maxime, from whose beach casualties were being evacuated to an Army hospital ship. Most of the shoreline along the bay was rocky with tree-covered hills rising abruptly from the water's edge and growing into mountains not far inland. On the southern side of the bay, the white buildings of the city of St. Tropez spread along the hills of the peninsula whose arm outstretched into the Mediterranean forms the gulf in which we were lying. It was difficult to believe that only six days ago men were fighting and dying in this beautiful place.

That afternoon, Captain F. C. Greaves (MC) USN, Fleet Medical Officer, U.S. Naval Forces in Mediterranean and Northwest African Waters, came aboard and told us about the evacuation plans he had drawn up for the invasion. LSTs were used for evacuation of wounded on the day of the invasion followed by hospital ships beginning on D plus 1 day. A pool of twelve hosp-

ital ships, of which we were the only one belonging to the U.S. Navy, had been assembled for this purpose. Captain Greaves scheduled the hospital ships so that they would arive at the beach early in the morning, load casualties during the day, and depart before dark for Naples where the patients were sent to U.S. Army hospitals. It was expected that by D plus 15, August 30th, air fields would be in shape for use by ambulance planes for continued evacuation as the invasion moved farther inland.

The Army hospital ship took care of all casualties brought down to the beach on the 21st, and that evening both hospital ships put out to sea. The REFUGE spent the night underway a few miles out at sea, brightly illuminated, and next morning returned to St. Maxime preceded by mine sweeps to remove any mines that German planes might have dropped during the night. Ships that remained in the bay at night pulled down their barrage balloons and smoke craft moved about the bay covering the area with a white cloud.

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Casualties were brought down to the beach in ambulances from Army Evacuation Hospital #54 and loaded aboard two LCIs. The LCIs were just the right height to make good use of our cargo ports for embarkation of the casualties. These began to come aboard at 1000 and their admission continued throughout the day as casualties arrived at the beach. Our orders were to depart by 1900 and having cleared the beach of all casualties by that time, we left for Naples. Shortly after clearing the bay, in the fading evening light we saw two airplanes flying over a group of LSTs a few miles to the starboard of us. All of the LSTs opened fire with their anti-aircraft guns joined by the guns of nearby transports, but the planes flew on away, apparently unharmed.

Among the 426 patients embarked at St. Maxime, there were 7 U. S. Navy, 10 British Army, 12 French Colonial Army, 328 U.S. Army and 69 German prisoners of war. The Navy patients were not combat casualties but came aboard with the usual run of conditions requiring hospital care. Patients admitted from the

beach showed the following conditions:

British Army: Abscess - 2; amputation - 1; contusion 2; ear - 1; fracture - 1; skin - 2; and wounds - 1.

French Colonial: Burn - 1; ear - 1; fracture - 2; respiratory - 2; and wounds - 5.

U. S. Army

Surgical:		Medical:	
Abscesses	17	ENT	11
Amputations	1	Gastro-Intest.	11
Burns	5	Hepatitis	6
Eye Injuries	3	Malaria	91
Fractures	20	Respiratory	4
Genito-Urinary	8	Skin	22
Joint Injuries	35	Total	145
Wounds	84		
Miscellaneous	6	Neuropsychiatric:	
Total	179		
		Open ward	4

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German POW: Amputations - 1; gastro-intestinal -4; fractures - 9; Skin - 2; Wounds - 44; and miscellaneous - 8.

These combat casualties were of quite recent origin having been brought from the battlefields to the 54th Evacuation Hospital and then cleared to the beach for transfer to the hospital ship. Many of them still had on the original first aid dressings and splints, while others had undergone debridement and application of plaster casts following the Orr-Trueta technic. Since these casualties would be aboard only two days, dressings were disturbed as little as possible. All casts were observed for the condition of the circulation of the part, and a few splints were replaced by plaster casts. One German prisoner of war was brought aboard in extremis as a result of peritonitis following bayonet wounds of the abdomen. He had been operated on at the evacuation hospital but was in far advanced shock when admitted here. He did not respond to blood

and plasma transfusions and died at 1957 the day of admission. This was the hospital's first death. We felt that the man should not have been moved from the evacuation hospital, but perhaps his condition seemed satisfactory before moving him.

A thirty one year old Army private was admitted desperately ill with gas bacillus infection of the left leg and gangrene of the foot as a result of shell fragment wounds of the leg. At the evacuation hospital long incisions had been made in the leg and thigh, the leg supported in a posterior splint and large quantities of gas-bacillus antitoxin and penicillin administered. Upon arrival here, the leg was refrigerated by packing crushed ice about it. Several blood transfusions were given and penicillin continued at 20,000 units q 3 hours. The patient's general condition improved remarkably and 36 hours after admission a guillotine amputation was performed through mid-thigh under low spinal anesthesia. The patient made an excellent and uneventful recovery. Pathological examinations of the leg showed gas bacillus infection with thrombosis of the anterior and posterior tibial and popliteal arteries with gangrene of the foot and leg. The value of refrigeration was strikingly evident in this case.

One of the French Colonial Senegalese soldiers had received a severe laceration of the face and right eye requiring enucleation of the eye.

These were the only major operations performed during the run to Naples, but several patients were given blood transfusions and plasma was administered as needed. Many of the combat casualties appeared to be near the point of exhaustion on coming aboard, and it was remarkable to see how their condition responded to rest in clean, comfortable beds, to being bathed and clothed in fresh pajamas, to having all of the fresh food they could eat including milk and icecream and to the interested care of doctors, nurses and hospital corpsmen.

Our route to Naples passed between the islands of Corsica and Sardinia through the Strait of Bonifacio. The two islands are only eight or ten miles apart and

in the clear Mediterranean weather we had an excellent view of these shores, the most rocky, desolate lands we had seen so far on our journeys. We could see no green of grass, no trees, just bare tan-colored rocks. At the southern end of Corsica was perched a little town of stone buildings, but where they obtained their water and how they lived in such a place was a mystery. No wonder Napoleon left Corsica for more productive lands.

A pleasing contrast to these barren shores was viewed next morning as we steamed close by under the sheer towering cliffs, the tree-covered shoulders and green slopes of the Isle of Capri lying at the entrance to the Bay of Naples. The broad entrance to the bay between the islands of Ischia and Capri was closed by mines so we entered the bay through the narrow passage between Capri and the rocky cape on which the city of Sorrento lies. Vesuvius did not come into view until we had rounded the cape when its blunted cone with a slight haze of smoke could be seen across the bay. It was a disappointingly small mountain, only about 4000 feet high, but it was Vesuvius and to the left of it was Naples. All of us were most interested as we entered this region famous in song, in story, and in history.

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The bay was full of many transports and cargo vessels and we threaded our way between them as near to the inner harbor of Naples as we could go, dropped the anchor and signalled the beach for orders. After lunch an Italian pilot came aboard and took us into the inner harbor which still showed the masts of several sunken ships and the hulls of others that had been sunk or rolled over on their sides along the docks. We went alongside the principal pier, which was very badly damaged by bombing, and were boarded by the Army Evacuation Officers, Captain B. A. Hollister (MC) and Lieut. J. Kutchman (MAC). Maj. C. C. Hurst, RAMC, represented the British. Arrangements were made to debark the British patients in one group, the French in another, U.S. Army and Navy patients next and the German prisoners of war last. Debarkation of the patients began at 1530 and was completed at 1815. Transportation was

limited and the distance to the hospitals was considerable so delays in debarkation were inevitable.

The next morning we left the dock and anchored in the bay while we waited a day for orders and then returned to the Gulf of St. Tropez, arriving the morning of the 28th. By this time air evacuation of casualties had been established and there were relatively few patients at St. Maxime for embarkation and most of these were German prisoners of war who had been patients in a captured German field hospital. Embarkation was completed by 1900 and we departed again for Naples.

This group of patients was our smallest load so far, numbering 135 in all. There were 6 U.S. Navy, 13 U.S. Army, 2 British, 1 French and 113 German prisoners of war. Again, the Navy patients were routine hospital admissions. The Army patients included 1 fracture, 1 epilepsy, 1 respiratory, 1 wound and 9 mild neuropsychiatric cases.

The German prisoners of war were nearly all combat casualties and included 7 amputations, 2 cardio-vascular, 21 fractures, 2 nerve injuries, 2 respiratory and 76 wounds plus 3 miscellaneous.

Several of the German prisoners of war were in serious condition requiring transfusions of blood and plasma. One casualty wounded by a shell fragment in the left upper arm began to bleed severely from the brachial artery requiring its ligation. This operation undoubtedly saved the patient's life.

We returned to the same pier at Naples the afternoon of 30 August, debarked the patients, and the next day went out to the bay where we remained at anchor until September 16th. During our stay in the Bay of Naples we acted as station hospital ship for the Naval forces ashore, for the numerous transports and cargo vessels in that area and for the occassional naval vessels visiting that port. While the hospital was not overworked, we carried on a brisk consultation business and our census of hospital patients had grown to 172 by the time we were ordered to load for the States.

ST. MAXIME - USS REFUGE Lying in Gulf of St. Tropez

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ST. MAXIME - Loading LCI 220 from Field Ambulance

The stay in Naples was another very pleasant and interesting interlude in our travels. Although the city had been bombed severely along the water front and in the manufacturing areas, most of the city was unharmed. Transportation was procured for trips to Rome and all of the officers and nurses and nearly all of the enlisted personnel had one-day visits to that city. Other nearby places of interest visited by various groups were Pompeii, Salerno, the Isle of Capri and Caserta, once the palace of the Kings of Naples, now the headquarters of the 5th Army in Italy.

The Senior Medical Officer took the occasion of the visit to Naples of Captains Tyler and Arrasmith of Oran for his trip to Rome. The station wagon was used and the party included Captain Wilcox, Captain McCann, Comdr. Swan, Comdr. Campbell, all from the REFUGE, and Captains Tyler and Arrasmith. We started from Naples about 0400 on a very dark night heading northward and eastward along Route 6. Fighting had taken place along this route all of the way to Rome, and even while it was still dark, the car's headlights would illuminate shattered buildings especially at turns of the road where houses had been used as strong-points to sweep that approach. As first-light of morning began to come over the hills on our right we could see an occasional shell-battered stone farm houses across the fields and once in awhile what was left of a burned-out tank. All of the bridges had been blown up and Bailie bridges had been set up across these piles of broken concrete and twisted steel. As we continued toward the north, the hills on our right grew taller and more rocky until they formed low mountains and we found ourselves in a valley with another range of hills on our left toward the sea. The signs of battle became more evident as we followed this valley, reaching a climax when we drove into Cassino just as the full light of morning flowed over the mountains.

Seeming to cut off the northern end of the valley, Monte Cassino jutted out toward the west from the range of mountains and on its summit was a pile of tan colored rubble, all that was left of the monastery used by the Germans as an observation post for their

artillery. On the summit of a lower shoulder of the mountain was another pile of broken stone, the remains of the castle of Monte Cassino, and strewed about the valley at the foot of these mountains were irregular piles of rubble of stone and brick and dust. Nothing that even suggested a house or a store or a hotel was left standing; here and there a low wall protruded from its pile of debris but there was no sign of life in the whole place. What had once been trees were now jagged stumps of splintered wood, and once grassy pastures had been churned up by overlapping craters of bombs and shells filled with muddy water. A whole winter and spring of fighting had been concentrated in this one small space where the Germans had held the head of the valley and prevented the Allied armies from advancing on Rome. At that time, to us it was the ultimate of destruction; the atomic bomb being still in the unknown future.

Route 6 took us through several other towns as we continued toward Rome, and some of these places showed the effects of bombings and of fighting between the retreating Germans and the advancing Allies. Just outside of Rome we passed beside an air field with its hangers twisted and shattered from bombing and burning, and piles of debris from airplanes had been dragged off from the field and heaped along the edges to clear the runways for use by our planes.

The streets of Rome were busy with people and traffic, but we found the American Red Cross building without undue difficulty and next door to it was Cook's Wagon-Lits where we obtained a guide by the name of Martini. We told him that we had just the one day to see the sights of Rome and that we would leave it up to him where we went and what we saw, providing only that we planned to attend the noon audience at which the Pope welcomed members of the Allied Forces who visited the Vatican. Mr. Martini knew Rome well, spoke English fluently and proved to be a most interesting guide and companion for our day of sightseeing. A detailed listing and an attempt at description of the numerous places we visited would make a book in itself, so suffice it to say that our morning's tour ended at St. Peter's Church whose grandeur and magnificence we

marvelled at and admired deeply. Our guide then informed us that he could not accompany us to the Vatican, so we agreed to meet him at the station wagon, and parted company.

The entrance hall of the Vatican carried us gradually upwards by a series of ascending pavements and wide stairs for the distance of about two blocks where we turned to the right along a similar but shorter passage that led to a third one from which opened the great room where the Pope received the members of the Allied Forces. At the far end of the room was a low platform on which was set a dais and large chair for the Pope. On one side of the platform were chairs for female members of the Services, WACS and Nurses, and to his right were seats for the officers. A carpet extended from the door down the center of the room to the platform and along each side of the carpet was a portable fence to keep this space open.

We took seats on the platform a few minutes before twelve, and soon the entire room was packed with Service people from every imaginable nation, excepting, of course, enemy nations. Promptly at noon, the Pope, preceded by the Swiss Guards and members of the official household, was carried into the room seated on a sedan-chair. As the procession passed along the central space, people held out rosaries and other religious objects which the Pope touched and blessed. On reaching the platform, the Pope stepped from the sedan-chair, mounted the dais and then spoke briefly welcoming us to the Vatican and then prayed for our welfare and that of our dear ones at home. He blessed us, our families and all religious objects that he had not already blessed. This was in English and repeated in French. The Pope then stepped down from his dais and shaking hands, or being kissed on the hand, asked the individual officers where we had come from and if our families were well. There was quite a crush of people trying to get close enough to the Pope to touch him, to kiss his hand, and to have him touch and bless their rosaries. It was an impressive exhibition of the faith possessed by people of the Catholic religion, and a most memorable occasion.

After the visit to the Vatican we drove out to the Borghese Museum grounds where we ate the luncheon that we had brought along with us, and then resumed our tour, visiting not only ancient ruins and magnificent churches but also the modern athletic stadia, tennis courts and swimming pools of Mussolini's Forum, now being used as a rest center for the 5th Army. Wishing to visit the battlefields of Anzio and Nettuno on the way back to Naples, we brought our tour to an end at about four o'clock, took our guide back to Cook's and headed southward again.

A few miles below Rome we found a road branching off to the right with a sign: Anzio - Nettuno, so we swung off onto this road and followed it down to the coast. The nearer we came to Anzio, the more frequent were the evidences of fighting, burned out tanks, half-tracks, parts of trucks and the wreckage of an occasional crashed plane. One plane we identified as one of our Liberators and we hoped that the crew had had time to jump. The fields still showed the criss-crossing tracks made by maneuvering tanks some of which ended in a pile of torn and twisted metal.

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After passing through Anzio and Nettuno, we swung eastward to get on Route 7 which runs southward, to the west of Route 6, through the Pontine Marshes and along the seacoast. The road through the Pontine Marshes ran along beside a wide drainage canal and was crossed occasionally by smaller drainage ditches leading into the main canal. Below the Pontine Marshes, the road ran along the seashore, at places being carved out of the cliffs that came close to the water's edge. We were stopped in one village by a group of armed Carbinieries and wondered what all the chattering was about but finally found that a couple of them wanted to ride about five miles down the road with us, so we took them along. The remainder of the ride was without incident, and we returned to the REFUGE after a most interesting and memorable day.

While in Naples, we lost two of our nurses under rather unfortunate circumstances when Ensigns Peterson and Hughes were ordered to the Naval Dispensary to

make room for two Red Cross ladies whom we had been ordered to request. Although these two nurses were the most recent additions to our staff, they had quickly fitted themselves into our organization and departed with tears of sorrow and anger at being put ashore for such a reason. And to make it worse, no Red Cross ladies reported aboard.

Our visit to Naples came to an end on 16 September when we embarked 374 patients and departed at noon for Oran, Algeria, where we arrived at two o'clock the afternoon of the 19th, loaded 67 patients aboard and departed for New York that evening.

This group of evacuee patients came from the forces invading southern France, from the fighting in Italy above Rome, and from the illnesses and accidents incident to ordinary activities of the occupation forces in Italy.

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Army Patients

Surgical		Medical	
Amputations	10	Arthritis	11
Burns	2	Cardio-vascular	5
ENT	4	Gastro-intestinal	10
Eye	4	Hepatitis	1
Fractures	115	Malaria	8
Intra-cranial	7	Metabolic	5
Joint Injuries	10	Neurological	10
Wounds	96	Respiratory	19
Miscellaneous	4	Skin	6
Total	252	Trench Foot	5
		Miscellaneous	6
		Total	87

Neuropsychiatric	
Closed Ward	28
Open Ward	2
Total	30

Navy Patients

Surgical		Medical	
Amputations	4	Arthritis	4

Disc. Intervert.	6	Cardio-vascular	7
Eye	11	Gastro-intestinal	14
Fractures	33	Malaria	9
Genito-urinary	8	Rheumatic Fever	5
Intra-cranial	3	Respiratory	18
Joint Injuries	7	Skin	11
Wounds	10	Miscellaneous	12
Miscellaneous	4	Total	80
Total	86		

Neuropsychiatric

Closed Ward	20
Open Ward	54
Total	74

Most of the above group of patients had been hospitalized for several weeks or months before coming to the REFUGE and few required operative treatment during the trip to the States. Two patients with cord bladders resulting from spinal fractures required suprapubic cystostomies and one patient with a traumatic rupture of the Vth lumbar disc had a spinal fusion operation. A few healing amputation wounds were skin grafted and anemic patients were given blood transfusions as needed.

One young Army soldier was brought aboard in critical condition resulting from fracture of the cervical vertebrae and injury to the spinal cord. He was completely paralysed, had a suprapubic cystostomy and was in a very poor state of nutrition with large decubitus ulcers and badly infected urinary system. During the crossing to the States we tried to improve his condition by giving him blood transfusions, plasma, special diets and to control the infections with penicillin and sulfadiazine but he gradually grew weaker. He wanted so much to make it back to the States but died while the REFUGE was passing up the Narrows an hour before we tied up at the Army Debarkation Center, Staten Island, on 6 October. This was the second death aboard the REFUGE.

As the REFUGE swung in from the channel toward

Staten Island, a WAC band on the end of the dock played welcoming music for us. Soon we were tied up and debarkation of 613 patients began at 1400. Rear Admiral E. U. Reed (MC) USN, Medical Officer of the Third Naval District, came aboard to welcome us and to tell us that a party from the Public Relations Office, Navy Department, was arriving from Washington that evening to interview and take pictures of the Nurses. This debarkation took a little longer than our others because of delay in Navy ambulances reporting at the Army Center, but by 1725 all patients had left the ship and our third trip was completed.

All of the Nurses were kept aboard that evening to meet the Public Relations people, whose train was delayed. We had almost given them up as lost when they came aboard, a group of WAVE officers and Navy photographers together with the Public Relations Officer of the Third Naval District. The Nurses were photographed, interviewed and arrangements were made for radio broadcasts by our Nurses during our stay in New York. The purpose of this publicity was to increase volunteering of civilian nurses in the Navy Nurse Corps.

The next day at noon we departed from the Army docks and went across the bay to the shipyards of the Tod-Erie Shipbuilding Company in Brooklyn, where we remained until 1 November undergoing repairs. This visit to New York came as a very welcome interlude between the end of our European duty and the beginning of our Pacific duty. Beside being the best liberty port in the world, the three weeks stay permitted the granting of leave to nearly all of the officers and many men of the REFUGE.

During this overhaul period, several changes occurred in the personnel of the hospital staff. The following named officers and nurses were detached: Captain William S. McCann (MC) USNR, Commander Edward H. Campbell (MC) USNR, Commander George D. Geckeler (MC) USNR, Lieut. Comdr. Miles Q. Bolstad (DC) USNR, Lieutenant Herbert R. Brown (MC) USNR, Lieut.(jg) Allen H. Gillam (HC) USN, Ensign Martha L. Clemente (NC) USNR, and Ensign Jean L. Grim (NC) USN. Chief

Pharmacist Mates W. K. Landis, USNR and A. W. Kapler received appointments as Pharmacist and were detached rrom the ship.

Much as we regretted parting company with all of the above listed members of the staff, we particularly felt the loss of our Chief of Clinical Activities, Captain William S. McCann. During his tour of duty aboard the REFUGE, Captain McCann had been increasingly concerned about the deplorable state into which the teaching staff of his medical school had deteriorated, and finally decided that he could contribute more to the medical well being of the nation by returning to his professorship in the Rochester Medical School than by continuing in the Navy. Although we agreed that his decision was correct, we knew that we would feel keenly the loss of his wide clinical experience and sound therapeutic judgment during the remainder of the cruise of the REFUGE. Captain McCan was not replaced as Chief of Clinical Activities due to a change in policy in the Bureau which returned hospital ships to their pre-war organization in which the Senior Medical Officer combined administrative duties with supervision of clinical activities.

The following named new officers and nurses reported for duty aboard the REFUGE:

Comdr. Victor W. Logan (MC) USNR	Chief of Medical Services
Lt.Cdr. Gerald E. Pauley (MC) USNR	Chief of EENT Service
Lieut. Stanley C. Wilkins (DC) USNR	Assistant in Dentistry
Lieut. Elmer P. Wilkey (HC) USN	Medical Maintenance and Personnel Officer
Lt.(jg) Vincent P. Herlihy (MC) USNR	Ward Medical Officer
Lt.(jg) Emily Stevenson (NC) USN	Assistant Dietician

Ensign Mary C. Leiser (NC) USNR Ward Nurse

Two Red Cross Ladies reported aboard at New York:

Miss Leone McGowan, Assistant Field Director
Miss Katherine Bush, Staff Aide

Our repairs being completed and our medical and ship's storerooms being filled to capacity, we cast off from the Todd-Erie Docks at 1005, Wednesday, 1 November 1944 for the Panama Canal and the Pacific.

During our tour of duty in the European Theater of Operations we hospitalized a total of 2654 patients of whom 2380 were evacuated to rear area hospitals. There were two deaths, each patient being in extremis when received, making a mortality rate of 7/100 of 1%.

III. PACIFIC OCEAN THEATER OF OPERATIONS

As a result of the experience gained during our three evacuation trips from the European Theater of Operations to the States, and the two periods of acting as fleet station hospital at Bangor, Ireland, and at Naples, Italy, the staff of the REFUGE had become an experienced organization, well trained in their duties and capable of meeting any demands made upon the hospital. On leaving the Atlantic for the Pacific, we felt nearly all occasion for further naval or amphibious operations in the Atlantic or Mediterranean to be at an end, and were pleased to be going out to where the naval war was still in progress.

On 1 November 1944 the REFUGE departed from New York for the Canal Zone where we arrived on the 9th after an uneventful trip. This was the first visit to the Canal Zone for most of the people aboard ship, so everyone not on duty spent the day shopping and sightseeing in spite of the frequent rains. We were fortunate in having clear weather the next day for transiting the canal. The handling of the ship by the electric 'mules' during the ascent through the Gatun Locks to Gatun Lake was a fascinating procedure to watch, even for those of us who had transited the canal

before, and the ever-changing vistas unfolding at each turn of the canal made a series of unforgetable pictures. While crossing Miraflores Lake, after descending through Pedro Miguel Lock, we had our first glimpse of the Pacific between the coastal hills. We completed the descent to the level of the Pacific through the Miraflores Locks, dropped our canal pilot and headed out across the Gulf of Panama into a brilliant sunset with Finschhaven, New Guinea, as our destination.

Our course across the Pacific drifted gradually toward the south keeping within a few degrees of the equator all of the way across. We were surprised at the mildness of the climate, the equatorial heat being tempered by the cool waters of the Humboldt Current which sweeps northward from the Antarctic along the coast of South America and then turns westward across the Pacific.

Although the crossing seemed endlessly long, we made good use of the time. Our weekly Clinical Conferences were continued with presentation by the medical staff of papers about tropical diseases commonly encountered in the Southwest Pacific, and the surgical staff presented papers about the treatment of combat casualties of various types. The Hospital Corps School met regularly four times a week, with special instruction on Wednesdays for the Chiefs, 1st and 2nd Class Pharmacist Mates. Good progress was made in the continued education of the Hospital Corpsmen. Our future area of operations would expose us to many diseases, so every Saturday afternoon, Lieutenant Hellman, the Laboratory Officer, had a field day immunizing all hands against these diseases.

A very welcome break in the daily sameness of our trip came on the 20th of November when Davey Jones and his official party boarded the Ship, presented greetings to the Commanding Officer from Neptunus Rex, and handed out summonses to the Polywogs ordering them to appear the next day before the court of Neptunus Rex to answer to the crimes listed in each summons. The

remainder of the day was spent by the Polywogs in performing various stunts in partial expiation of their crimes and by the Shellbacks in completing the ducking pool on the forward well deck. Early the next morning Davey Jones returned aboard with Neptunus Rex, his Queen, the Royal Baby, Doctor, Scribes, Barbers, Imps, and numerous other attendants. The command of the ship was assumed by Neptunus Rex and the ceremonies of initiation of the Polywogs into the Ancient Order of the Deep commenced. The Senior Medical Officer, being the senior Polywog, led the parade of these unfortunates. The plunge into the cool ocean water of the ducking pool felt good. The rest of the initiation can best be left to one's imagination. Suffice it to say that no one was seriously or permanently injured in the festivities. The REFUGE crossed the Equator at 1418, 21 November 1944, at 125° - 16' West Longitude. We were destined to cross the Equator 13 more times during our evacuation trips.

On the morning of 14 December, the mountainous coast of New Guinea came in view and we dropped anchor in the little harbor of Finschhaven just before noon. The harbor is enclosed by a small peninsula jutting out into the sea and then lying parallel to the mainland. This arm of land was covered with storage buildings and piles of supplies heaped high in the open. On the mainland were quonsett huts and native-type buildings of the naval base. We did not have an opportunity to visit the naval hospital at Finschhaven as we soon had our orders to proceed to Hollandia and departed after lunch, heading westward along the northern coast of New Guinea.

Two days later we arrived at Humbolt Bay on whose western shores the naval base of Hollandia was being built. The anchorage assigned to hospital ships was right at the mouth of the bay where the swells made boating difficult. Presumably hospital ships were assigned to that anchorage so that, in case of bombing, they could illuminate and go out to sea. Immediately upon anchoring we were boarded by Captain [illegible] Kelly (MC) USN, commanding Naval Base Hospital #1. We

were very pleased to see him, as we had served together on Guam, and because Captain Kelly gave us much needed information concerning naval installations at Hollandia. No regular Boarding Officer came aboard while we were in Hollandia, an omen of the disorganization and inefficiency of this base.

Our orders had put us under the operational command of the Service Force, 7th Fleet, so that afternoon the Commanding Officer and the Senior Medical Officer went aboard the flagship, the USS SAN CLEMENTE (the old WRIGHT) to report our arrival and to request instructions. The Admiral was in conference with some Australian officers, and his Chief of Staff refused to receive us but had his aide take us to the Service Force Medical Officer, Captain Paul Richmond (MC) USN, who received us most cordially.

Captain Richmond told us that it was planned to use the REFUGE to evacuate patients from the naval hospitals at Hollandia, Manus and Finschhaven to the rear area hospitals on Guadalcanal and New Caledonia to provide beds for the casualties coming from the fighting in and about the Philippines. On our return trips, we were to go by way or Milne Bay where we would load medical supplies and help move that medical storehouse to Hollandia. I did not think much of this plan as it would not make the best use of our well-trained staff in caring for recent battle casualties, and using the hospital ship for carrying supplies that could be moved just as well on any freighter would be a stupid waste of hospital facilities. However, there was no need to worry as on the 18th we received orders to depart the next day for Leyte Gulf in the Philippines.

After our visit to the San Clemente we went ashore to the Port Director's Office to arrange for fueling the ship. No one seemed to know who was in charge of fueling ships, and it was only after several phone calls that we found the responsible officer and made arrangements to supply the ship. Subsequent visits proved our first experience to be not unusual as we never did receive first-class supply or repair

service in Hollandia, and the only medical supplies ever obtainable were from the Army Medical Storehouse.

During our stay at Hollandia, we visited Naval Base Hospital #17. This quonsett hut hospital was built about a mile from the bay, part way up a valley at whose seaward end was the site of the village of Hollandia. A small, clear stream had been dammed high up the valley as a source of water for the hospital, and another dam just above the hospital formed a swimming pool. Already erected and in operation were the basic hospital facilities and wards numbering 500 beds, and space was being cleared just below the hospital for erection of wards to house an additional 500 beds. Captain Kelly's chief difficulty was an insufficiency of housing for accessory activities. For medical storehouses, there were only two small quonsett huts, one used as an issue storeroom. The bulk of medical supplies were stacked in piles about the hospital grounds with only tarpaulins for protection. The officers of the hospital staff lived in squad tents with wood floors and the sides boarded in. These were screened, but the canvas tops leaked and these accommodations were decidedly below standard for a base hospital. The quarters for Hospital Corpsmen were two-story, open-sided buildings of rough construction. This situation was not the fault of the hospital's commanding officer, as an insufficiency of building was evident about the base where we saw piles of supplies and stacks of mail bags lying in open sheds or with no covering at all.

Having replenished our fuel oil, we departed from Hollandia on the 19th, heading for the Philippines. The morning of the 24th found us at the eastern entrance to Leyte Gulf between the islands of Homonhon to the north and Dinagat to the south. We continued to the westward and before long the hills of Samar came into view on our right and the mountains of Leyte ahead of us. Just after noon we anchored in San Pedro Bay off of 'White Beach', used by the Army for debarkation of casualties. We had hardly dropped the anchor and had not even had time to open the cargo ports before an

Army patrol craft was alongside with a load of casualties from the beach. In a few minutes we had them tied up and embarkation of patients proceeding smoothly. The Evacuation Officer, Major M. L. Falick (MC) AUS, came aboard with this first load and was followed soon by Captain A. T. Walker (MC) USN, 7th Fleet Medical Officer. We learned from these visitors that no unified evacuation plan had been set up between the Army and Navy and there was no central clearing authority to determine priority of evacuation of casualties. Consequently, the only procedure possible was to accept patients on a first-come first-admitted basis until we were full. It was arranged that we would notify both the Army and Navy of the total admissions each evening and the number of empty beds remaining. But again, this information was relatively useless as two independent and uncorrelated activities were to act on it.

While we were embarking Army patients from the PC and a yard oiler through the cargo port, the special hospital unit LST 464 tied up to our port side and transferred patients to us across the forward well deck. This was our first transfer of patients from an LST and the embarkation proceeded smoothly as the LST 's deck was but little lower than ours and patients could walk or be carried aboard without difficulty. Many of these patients were casualties from naval ships that had recently been struck by Jap suicide or kamikaze planes, and were the most seriously wounded group of patients we were to receive during the entire service of the hospital.

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That afternoon we admitted 434 patients, and our Christmas Eve was busily spent in getting these patients cleaned and settled in their beds, in starting the flow of blood transfusions and plasma, the administration of penicillin and sulfadiazine, and in carrying on all of the numberless services connected with the admission and treatment of badly injured battle casualties and the sick. Everyone was too busy Christmas Eve and Christmas Day for the usual celebration of the holiday season, which we postponed until after we had left Leyte, but several of the Nurses

said that it was the most memorable Christmas they had ever experienced, one that they would never forget.

We had our first air-raid alert Christmas Eve. The Japs had been sending over bombing raids from Luzon nearly every night, attacking the airstrips near Tacloban and Tolosa, and the ships lying at anchor in San Pedro Bay. As night fell, small smoke-craft patrolled the bay, moving slowly back and forth as they lay down a haze of white mist that covered the shipping. A destroyer anchored on each side of us to give us anti-aircraft protection in case the bombers should pass over our part of the bay, which they didn't. Soon after the alert sounded, we saw the red streaks of shells from anti-aircraft fire arching high into the sky and disappearing through the broken clouds, but did not see any planes hit. However, on our third visit to Leyte we saw a Jap bomber burn ruriously on the nearby hills of Samar.

On Christmas Day we admitted another 170 sick and wounded, and we had our first death as a result of extensive burns. Besides being busy admitting and caring for patients, we transferred a large quantity of medical supplies to the special hospital unit LST 464 and to the Army hospitals on the beach. During the absences of the LST 464 from the Leyte area, the Army hospitals took care of Navy personnel, so it was to our advantage to furnish the Army hospitals with such medical supplies as they needed and we could spare. During all of our tour of duty in the Philippines - New Guinea area, we maintained a most cordial relationship with the Army, giving them what they needed of our medical supplies and drawing from the Army what we needed of their supplies. This was fortunate for us as the Navy did not begin to send medical supplies into the Leyte area until about six months after its occupation, and by that time we found ourselves dependent on the Army for certain scarce articles of supply such as x-ray films and adhesive tape.

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Christmas afternoon we received orders from Commander 7th Fleet to put our field hospital ashore. The

medical officer of a naval aviation unit based ashore had come out to the ship and asked for equipment and supplies to set up a dispensary. He was informed that we could only release the field hospital upon receipt of orders from the fleet command and he was advised to see the 7th Fleet Medical Officer. Upon receipt of the orders, we began to break out the hospital from its stowage in hold #5, carrying it up the elevator and stacking it on the forward deck for unloading the next morning. This took the rest of the afternoon and until nearly midnight to complete. The morning of the 26th, landing craft came alongside and we began to unload the hospital into them. No one had been sent with these craft to receipt for the hospital and no provision had been made to watch the gear to prevent pilfering, so we sent a message to the Fleet Medical Officer requesting that an officer be sent to the REFUGE to receipt for the hospital but no one came. Consequently we withheld items most easily stolen, such as field glasses and wrist watches. Our fears were justified as we subsequently learned that a great share of the hospital equipment, supplies and tentage was stolen, the hospital was never set up and most of the material was wasted. Such neglect seems quite inexcusable, even in time of war.

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Tuesday, the 26th of December was a very busy day for us. We had hardly finished unloading the field hospital when eight cases of acute gastro-enteritis appeared among members of the crew and hospital corpsmen. From the violence of the symptoms displayed by these patients, it appeared to be the result of food poisoning. Since it was to be expected that more cases would follow, we broke out cots and set them up along the Upper Deck on each side and rigged a line above them for suspending flasks of intravenous glucose and saline. These precautions were promptly justified as within the next two hours 52 members of the crew and 32 ambulatory patients were taken ill and were undergoing treatment on these cots, or, in the case of patients, in their wards. All persons affected by the poisoning were kept on the binnacle list over-night. By the follow-

ing morning, all but 15 felt well enough to return to duty, and these had fully recovered by the second day. By a process of elimination of foods eaten, it was determined that the offending food was a batch of creamed eggs and diced ham served to the stragglers at the end of the breakfast mess line.

During the 26th, we admitted 14 patients and three deaths occurred. The cause of death in the first patient was extensive burns and a head wound; in the second, extensive burns and traumatic amputation of the left leg; in the third, gunshot wound of the chest with acute terminal hemorrhage. The bodies of the patient who had died on Christmas and of the three who died on the 26th were taken ashore for burial by the Army Graves Registration Service at the American Cemetery, Leyte.

The 14 patients we admitted on the 26th were brought in by a Dutch motorship after having been rescued from a small naval ship that had been sunk by enemy action. Most of these patients were suffering from fractures resulting from the under-water explosion.

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The next morning, December 27th, we departed from Leyte Gulf for the naval base at Manus in the Admiralty Islands. While at Leyte we had admitted the following patients for evacuation:

First Evacuation Trip 27 December - 3 January

		Army	Navy
Surgical:	Amputations	12	
	Appendicitis, acute	5	7
	Burns	29	17
	Cellulitis	7	1
	Eye Injuries	6	1
	Fractures	26	16
	Genito-Urinary	6	4
	Intracranial Injuries	3	1
	Joint Injuries	27	7
	Wounds	173	26
	Miscellaneous	10	7
	Total	304	87

Medical:	Arthritis	6	2
	Cardio-Vascular	3	
	Dengue	9	1
	Ear, Nose, Throat	12	3
	Gastro-Intestinal	18	7
	Hepatitis	18	
	Malaria	2	
	Respiratory	11	4
	Skin	47	5
	Scrub Typhus	1	
	Miscellaneous	6	6
	Total	133	28
Neuropsychiatric:	Closed Ward	8	9
	Open Ward	34	10
	Total	42	19

As stated above, this group or patients included the most seriously burned, wounded and injured casualties admitted on any or our evacuation trips. Most or the Navy and many or the Army casualties resulted from bombings and kamikaze plane attacks on LSTs and similar ships on which they were being transported. These people had been rescued by other small ships, given first aid and transferred to the special hospital unit LST 464 where surgical treatment was carried out. The Army casualties from ashore had received their wounds while fighting in the interior of Leyte and had been cared for in Army evacuation hospitals before coming to the REFUGE. Many of the casualties were from three to five days old when we received them, and, since this includes one of the most dangerous periods following burns, it accounts for the high mortality of our burn patients.

The operating room was quite busy during the trip to Manus. Five wounded patients had received insufficient wound toilets and required further debridement. Two wounds had closed, retaining infections, and the resulting abscesses required drainage. One patient, admitted with gas gangrene of the right leg, did not respond to long incisions of the leg, penicillin, sulfadiazine and transfusions, but made a good recovery

following amputation of the leg through the thigh. Several Orr-Trueta casts and casts for fractures required renewal with revision of the wound or fracture. Four operations for removal of foreign bodies were performed. We had been unable to procure pooled, refrigerated blood on this first trip to Leyte, so all transfusions, of which 49 were given, were drawn from our own personnel.

During this evacuation trip, two of the burned patients died and there was one anesthetic death resulting from administration of pentothal for operative reduction of a fractured mandible. Respirations ceased suddenly, and in spite of oxygen intratracheal insufflation with artificial respiration, the patient could not be resuscitated.

The refrigeration box in the morgue has a capacity of only two bodies, and since the last of the burned patients to die had such extensive tissue destruction that an attempt to embalm the body was unsuccessful, it was necessary to have a burial at sea. At 1600, Sunday, 31 December 1944, the ship's company assembled on the after well deck, Chaplain Keiser conducted the funeral services, and the body was consigned to the deep according to the traditional burial ceremony. It was a very impressive occasion.

We approached the island of Manus on the rainy, windy morning of 2 January 1945, the land appearing off our starboard bow through the rain squalls as a mass of grayish green hills. On coming closer, a string of palm-tree studded islands encircling the lagoon became distinguishable from the background of Manus itself, and within the lagoon could be seen numerous ships at anchor. We entered the protected waters of the harbor and dropped anchor at noon. As soon as the accommodation ladder could be rigged, Comdr. C. E. Dietderich (MC) USNR, Base Medical Officer, and a line officer from the Port Director's office, came aboard to give us the debarkation plans. The ship was to go alongside a dock immediately, the Navy patients would go to Naval Base Hospital #15, and the Army patients would be divided into litter and ambulatory cases, the former being kept on Manus and the latter being taken to Los Negros island. The wind was still sweeping across the

lagoon with considerable force, and since there were no tugs to help handle the ship, it was decided that the approach to the docks could not be made safely. Therefore we remained at anchor until the next morning by which time the wind had subsided and the approach to the dock was successfully accomplished. This delay gave us time to sort out the baggage of the Army patients, separating the baggage of the litter cases from that of the ambulatory.

Debarkation of patients began at 0800 the 3rd of January and within 2 hours and 45 minutes all evacuees had been removed from the ship. The flow of ambulances for litter patients and covered trucks for ambulatory was handled efficiently and the debarkation went off smoothly. At 1330 we left the dock and returned to our anchorage in the lagoon.

When we docked at Manus we were boarded by our old friends, Captain H. E. Robins (MC) USN, Commanding Naval Base Hospital #15, and Captain J. R. Fulton (MC) USN, who was on his way to the States, having recently been relieved as Senior Medical Officer of the naval hospital ship USS BOUNTIFUL. Captain Fulton and Comdr. Swan were also old friends, having been classmates in medical school, and the group of us had a good visit while touring the REFUGE. Our visitors could not stay for luncheon, as Captain Robins had to return to his hospital to see that reception of the patients was progressing properly, and Captain Fulton was busy securing transportation orders, but Captain Robins invited the staff of the REFUGE to attend a clinical conference at 1500 that afternoon, which invitation we were pleased to accept. The conference on Chest Wounds was held in the hospital officers' club and, although we arrived too late for the presentation of cases, we did arrive in time for a general discussion of the subject and greatly enjoyed the cordial hospitality of our hosts.

A peculiar situation was in effect at Manus at this time in that the Commodore in command refused to permit women on the base. However, the next morning Captain Robins came aboard with an invitation for

the REFUGE nurses and officers to attend a dance at the hospital, the Commodore having given his permission for the nurses to go ashore. Comdr. Jurkops accepted the invitation, but that afternoon the weather turned windy and rainy again and he announced that the REFUGE would not run boats after dark. So Captain Wilcox sent a messenger ashore to tell Captain Robins that the party was off unless he could furnish boats from the base. The Commodore was quoted as saying that if the REFUGE would not furnish boats for her own people, he was certainly not going to, which was not too unreasonable, and so the party was called off.

This policy of ceasing the operation of boats for officers at about 6 o'clock was maintained during the period of our service in the Pacific, resulting in the situation that invitations to guests for dinner and the movies were necessarily limited to persons who could furnish their own boats. This was quite contrary to the customary usage in the Navy, but since the ship did furnish boats for the official business of the Medical Department, such as going for emergency cases after dark, the Senior Medical Officer could not enter an official complaint regarding the lack of boating service for officers and nurses.

Certain repairs being required in the engine-room, the ship remained at anchor until the 15th of January. Every afternoon a recreation party was sent to one of the islands bordering the lagoon where the men could swim, play ball and drink beer. One of the large repair ships lying near us made a habit of sending one of its boats by us every afternoon to pick up any officers and nurses who wished to visit another of the islands on which that ship had built a club. That ship also furnished boats at night for dances and steak roasts on the island, so the nurses and officers were not confined to the ship after 6 o'clock and the stay at Manus was quite enjoyable.

One afternoon, Captain Robins took Captain

Wilcox and some of his staff officers on a tour of Base Hospital #17. This hospital was built on rolling land that had once been a coconut plantation, and when spaces were cleared for erection of the quonsett huts, the coconut trees not in the way were left standing. The hospital buildings, which housed 1500 beds, were arranged according to the contours of the hills with communicating covered passages and ramps. The buildings had been well constructed, tightly screened and painted green, giving the entire hospital a very pleasing appearance. New huts were being assembled to house an additional 500 beds. Large, quonsett-type buildings housed the galley, mess hall, medical storerooms and the garage. Everywhere there was evidence of good planning and careful construction.

After a stay of 13 days at Manus, we departed the afternoon of 15 January to return to Leyte where we arrived the afternoon of Sunday the 21st. Major Falick, the Army Evacuation Officer, came aboard and told us that casualties from the fighting on other islands of the Philippines were being flown to the Army hospitals on Leyte from 50 to 200 a day, and that these casualties would be sent out to the REFUGE as soon as they could be cleared. Casualties from the fighting between Lingayen Gulf and Manila were flown to Mindoro and then to Leyte. The first casualties, a group of 11 litter patients, were brought aboard at 2330 that night. On Monday we received 156 patients; Tuesday, 170; Wednesday, 66; Thursday, 71; Friday, 91 and Saturday, 60. This nearly filled the hospital and we received orders to Hollandia, getting under way at 1030 the morning of the 28th.

During this week in San Pedro Bay, Leyte, in addition to the admission and treatment of casualties, we carried on an active out-patient consultation service, especially in the Dental and EENT Clinics. One death occurred on 24 January, an Army patient with Bush Typhus or Tsutsugamushi Disease. This patient became ill about 11 January with fever, back pain and cough. He was admitted to an Army dispensary on 18 January where he was given sulfadiazine and penicillin.

Admitted here at 1340, 24 January with temperature of 107 degrees, a crusted eschar on the right breast and macular rash on the arms. Patient was in coma on admission and did not respond to intravenous fluids, ice packs and oxygen tent but died one hour fifty minutes after admission to the hospital.

The patients embarked for this second trip from Leyte were evacuated to Hollandia for the following conditions:

Second Evacuation Trip 28 January - 3 February

		Army	Navy
Surgical:	Amputations	6	0
	Appendicitis	11	4
	Burns	7	1
	Eye Injuries	6	2
	Ear, Nose and Throat	14	4
	Fractures	42	12
	Genito-Urinary	9	8
	Hernia	4	1
	Intracranial Injuries	2	2
	Intervertebral Disc	1	4
	Joint Injuries	13	6
	Wounds	104	7
	Miscellaneous	10	5
	Total	229	56
Medical:	Amoebic Dysentery	6	0
	Arthritis	11	2
	Cardio-Vascular	4	5
	Gastro-Intestinal	12	8
	Hepatitis	73	2
	Respiratory	11	6
	Rheumatic Fever	2	1
	Schistosomiasis	2	0
	Scrub Typhus	2	0
	Skin	71	10
	Miscellaneous	13	7
	Total	207	41

Neuropsychiatric:	Closed ward	21	14
	Open Ward	32	14
	Total	53	28

Considerable surgery was done during the transportation of this group of patients: Appendectomy - 3: arthrotomy - 1; cystotomy - 1, on a patient with injury to the spinal cord; debridement of wounds - 3; incision and drainage of infected wounds - 2; fracture, closed reduction - 1; fracture, open reduction, without fixation - 1, fixation with screw - 1, fixation with plate - 1, and fixation by 4-pin - 1; removal of metallic foreign bodies - 3; secondary suture of chest wounds - 2. There were two patients suffering from gas bacillus infection, one in a wound involving the right scapular region, and the other with infection of the right thigh following compound fracture of the femur. These wounds were opened widely, cleaned surgically and the patients given penicillin, sulfadiazine, antitoxin and repeated blood transfusions. Both made good recoveries.

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Pooled, refrigerated, universal-donor blood was available on this trip and on all of our future visits to Leyte. We used the pooled blood for most of the casualties requiring restoration of hemoglobin level after severe bleeding, but freshly drawn blood of the patient's type was used for infected cases and the more seriously ill.

The second death from Scrub Typhus, or Tsutsugamushi Disease, occurred on Sunday the 28th of January. This 24 year old Army private had a shaking chill on 17 January and was admitted to an Army Hospital the next day with fever, aching, weakness, nausea, constipation and cough. A questionable insect bite was noted in the left inguinal region but no eschar formed. On 19 January a rash appeared on the trunk and extremities. Admitted to the REFUGE on 22 January with temperature 104 degrees, pulse 112, respiration 28 and blood pressure of 100/60. Treatment was supportive with transfusions of blood and plasma, but blood pressure fell daily. Did not respond to digitalization and oxygen tent and died of myocardial

failure caused by scrub typhus.

We arrived at Hollandia early on the morning of 3 February and remained at anchor in the bay until noon when debarkation arrangements were completed and we moved in to dock #2, a pontoon dock nearby the naval hospital. The cargo port was used for litter patients and the accommodation ladder was rigged from the after well deck for ambulatory patients. Debarkation began at 1340 and was completed in three hours which was good time as some of the Army ambulances had to make a thirty-mile round trip over slippery roads.

The next morning we returned to the hospital ship anchorage in the bay where we remained until 8 February while some minor repairs in the engineroom were made. Soon after returning to our anchorage, an LCI signaled for assistance for a man who had suffered a traumatic amputation of his right foot. The patient was brought aboard, taken immediately to the operating room and given a transfusion while revision of the amputation was performed. During the remainder of our stay at Hollandia, the ships anchored in the bay made use of our consultation and special treatment services as we were much more convenient to them than the shore hospital.

Tuesday morning, the 13th of February found us back at Leyte and at 1300 we started embarking the third load of casualties for evacuation. That day we embarked 173 patients, 315 on the 14th, and 127 on the 15th. The next morning, the 16th, we departed once again for Hollandia. Among these patients was a group of ten naval officers who had been on duty in the Philippines at the onset of the war, had been captured by the Japs, and had been liberated from Cabanatuan on the 29th of January. These officers stated that they had gained on an average of about twenty pounds since their liberation, but still showed effects of malnutrition. Each of these patients was given a physical examination, a new health record was opened, and every attempt was made to make them comfortable and to improve their state of nutrition during the few days they were with us. The senior officer

of the group was Comdr. L. B. Sartin (MC) USN whom we have since learned received his promotion to Captain upon his return to the States, and was assigned duty as Executive Officer of a naval hospital.

Not including the ten liberated prisoners of war, this group of evacuees were carried under the following diagnosis:

Third Evacuation Trip 16 February - 22 February

		Army	Navy
Surgical:	Amputations	4	2
	Appendicitis	3	8
	Burns	5	1
	Cellulitis	3	0
	Contusions	2	4
	Eye Injuries	5	3
	Ear, Nose and Throat	10	0
	Fractures	55	2
	Genito-Urinary	2	1
	Hernia	4	3
104	Intracranial Injuries	12	3
	Joint Injuries	5	3
	Wounds	168	3
	Miscellaneous	8	7
	Total	286	40
Medical:	Amoebic Dysentery	12	1
	Arthritis	8	2
	Bacillary Dysentery	3	1
	Cardio-Vascular	2	1
	Gastro-Intestinal	15	5
	Hepatitis	77	1
	Respiratory	9	5
	Schistosomiasis	11	0
	Scrub Typhus	3	0
	Skin	54	7
	Miscellaneous	12	4
	Total	206	27
Neuropsychiatric:	Closed Ward	25	4
	Open Ward	9	7
	Total	34	11

Our third death from scrub typhus occured on 17 February during this trip to Hollandia. The patient, an Army private aged 24, was admitted on 13 February from an Army hospital without records. He was in a semicomatose condition, temperature 101 degrees, dehydrated, showing Kussmaul respiration, and with several small, necrotic, sloughing ulcers over the shoulders, right arm and right leg. Laboratory studies showed marked anemia and acidosis. Patient was placed in an oxygen tent, given sodium lactate and glucose solution intravenously to correct the acidosis, blood transfusions and penicillin. Electrocardiographic studies showed myocardial damage, blood pressure fell gradually and the patient expired on the fourth day after admission. How long he had been ill previous to admission here is not known.

Again, the surgeons were busy continuing the treatment of the casualties. A colostomy was performed on a patient with a penetrating wound of the sacrum and rectum to divert the feces and permit future reparative surgery of the rectum. A pelvic abscess, resulting from a ruptured appendix, was opened and drained and four abscessed wounds were incised and cleaned surgically. Many of the wounds had been caused by fragments of shells, and 11 patients were operated on for removal of metallic fragments. Six fractures were treated as follows: Open reduction with screw fixation - 1; closed reduction with cast fixation - 3; with Steinman pin fixation - 1, and with 4-pin fixation - 1.

A second death occurred on this trip as a result of peritonitis following a ruptured appendix. The patient became ill on 9 February with abdominal pain and loss of appetite but no nausea or vomiting. Tenderness became localized in the right flank and temperature rose to 104 degrees. He was transferred to special hospital unit LST 464 on 12 February with a diagnosis of perinephritic abscess. Through a flank incision, a retroperitoneal abscess was drained and the appendix removed. Rubber drain left in the wound. The patient was transferred here on 14 February, very

toxic, temperature 104 and pulse 100. Wangensteen drainage was started on admission and administration of penicillin, sulfadiazine, blood transfusions, saline and glucose by vein were continued. Temperature continued to rise, reaching 109 degrees before death which occurred on 17 February. Post-mortem examination showed generalized diffuse peritonitis and pneumonia at base of right lung.

When we were about one day's run from Hollandia, an accident occurred to one of the cylinder heads of the port engine requiring that it be stopped. We limped on into Humbolt Bay, arriving on 22 February. The liberated officer prisoners went ashore immediately to arrange air transportation to the States. We remained at anchor in the bay until the next afternoon when we moved in to dock #9, located at the extreme western end of the harbor. Debarkation of patients started at 1450 and was completed in 2 hours and 40 minutes. We then left the dock and anchored in the inner harbor for repairs to the port engine.

On this date, 23 February, the first of the REFUGE nurses to go home from the Pacific, Lt (jg) Eleanor G. Olsen (NC) USNR, was detached. Arrangements were made for her to return by air. He departure caused considerable excitement among the nurses as their year of sea-duty was nearly completed and all of them expected orders soon.

Repairs or the engine being completed, on 7 March we departed from Hollandia and arrived at Leyte on the 12th where we resumed embarkation of the sick and wounded. We admitted 103 on the 12th, when the LST 464 transferred their accumulated patients to us; 47 on the 13th, and had our largest single day of admissions at Leyte when 457 patients came aboard on the 14th. The admission of 34 patients on the 15th and of 18 on the 16th overflowed the hospital so that it was necessary to set up cots on the weather decks. This gave us a census of 665, the highest point we reached at any time.

During this period of embarkation at Leyte, a death occurred as the result or multiple brain abscess-

es. The patient, a 20-year old American Indian, became ill on 9 March with headache and chest pain for which he was given sulfadiazine aboard his ship. The fever continued to rise and patient was sent here on the 14th with headache, dry cough, dysphagia, and substernal chest pain as his complaints. Temperature on admission was 101 degrees, neck was supple and lungs clear. WBC 19,400. He was placed on penicillin and sulfadiazine. Two days later, 16 March he developed a stiff neck. Lumbar puncture showed 300 mm water pressure, milky spinal fluid with 27,000 WBC of which 73% were polymorphs. No organisms on smear and culture. He improved temporarily following a second spinal tap but expired at 2135 that night, three days after admission to this hospital. Post mortem examination showed 23 small abscesses in the brain. Culture from the pus yielded no organisms.

Being filled to overflowing, on 17 March we departed from Leyte for Hollandia where we arrived on 22 March and debarked the following patients:

Fourth Evacuation Trip 17 March - 22 March

		Army	Navy
Surgical:	Amputations	9	2
	Appendicitis	1	8
	Burns	2	1
	Dental	1	6
	Eye	2	3
	Ear, Nose and Throat	13	7
	Fractures	48	14
	Genito-Urinary	4	13
	Hernia	3	5
	Intracranial Injury	6	4
	Intervertebral Disc	1	3
	Joint Injury	8	8
	Nerves	14	6
	Wounds	97	7
	Miscellaneous	7	11
		216	98
Medical:	Amoebic Dysentery	5	1

Arthritis		4	10
Bacillary Dysentery		1	2
Cardio-Vascular		5	7
Gastro-Intestinal		18	15
Hepatitis		42	5
Malaria		3	3
Respiratory		8	15
Rheumatic Fever		0	3
Schistosomiasis		23	1
Scrub Typhus		2	8
Skin		30	15
Miscellaneous		8	15
		149	100
Neuropsychiatric:	Closed Ward	16	10
	Open Ward	32	34
		48	44

The following operations were performed during this ten-day period of loading and evacuation of casualties: 1 partial amputation of foot; 5 appendectomies; 2 arthrotomies of the knee; 1 colostomy for compound fracture of the sacrum with fecal fistula; 1 cystotomy for cord bladder; 4 debridement of wounds; 1 fracture treatment by open reduction and 4-pin fixation, 1 with two steinmen pin fixation, and one with kirschner wire traction; 2 inguinal hernia repairs; 2 removal of metallic foreign body; 2 incision and drainage of wound abscess; and 1 ligation of femoral artery.

This visit to Hollandia was very brief. We remained at Dock #1 overnight and went alongside a tanker the next day. On completion of fueling that evening, we departed for Leyte. These return trips to Leyte provided welcome breaks in the hospitalization of casualties in that the laundry had a few days to catch up with the accumulation of hospital linen, the wards could be cleaned and touched up with paint as needed, the operating room could prepare surgical supplies and dressings, and all personnel of the hospital could enjoy a brief period of rest before entering the next phase of intense activity.

Soon after dropping anchor in San Pedro Bay, Leyte,

on the 29th of March, Lt.(jg) Marjorie T. Cole (NC) USN reported aboard. She was the first nurse to join us in the Pacific.

During our previous absences from Leyte, the special hospital unit LST 464 had remained in Leyte Gulf acting as station hospital. But this time she was needed in Luzon and her departure left the Leyte area with no Navy hospital facilities to care for patients except for the small dispensaries at Jinamoc Island and Headquarters 7th Fleet at Tolosa. Consequently the Army hospitals took care of the Navy patients, including those evacuated by air from Luzon and Mindoro. About 300 patients had accumulated during our absence, and upon our arrival, the Army hospitals immediately began to clear house and transferred them to us.

By this time, Captain C. G. Clegg (MC) USN had relieved Captain Richmond as Medical Officer, Service Force, 7th Fleet, under which command we operated. It was decided that the REFUGE was needed to furnish hospital service to the rapidly increasing numbers of ships in Leyte Gulf and the Navy activities ashore, so the ship was withdrawn from the pool of Army hospital ships that were being used primarily for evacuation purposes, and assigned duty as fleet station hospital at Leyte.

The admission of over 300 Navy patients from the Army hospitals on the first two days filled half of the hospital beds, and with an average daily admission rate of 35 and a duty rate of 4 or 5, it was obvious that the hospital would soon be overflowing unless arrangements were made for evacuation of those patients permanently non-effective from mental and physical disabilities and those requiring 3 or 4 months of convalescence. By this time the Army had their air-evacuation service in operation from Leyte in addition to evacuation by transports of the Army Transportation Service, and were using their hospital ships in other areas, but the Navy had not made any arrangements for evacuation of their non-effectives. In this situation the Army showed an excellent spirit of cooperation. They offered to evacuate Navy personnel by the Army evacuation system, but the trouble with this was that the Army patients

were evacuated to places where the Navy did not have hospitals to receive them. The Navy Air Transportation Service was not ready as yet to evacuate patients from the Philippines as they had all they could do flying them out of Iwo Jima and Okinawa. All the Navy had to offer was the use of LCIs to carry patients to Manus. These tiny ships are entirely unsuitable for evacuation of anyone not ambulatory. There was no alternative, therefore, but to use the REFUGE as a station hospital until the beds were filled, and then sail her to Manus to unload. The Army agreed to resume the hospitalization of Navy patients during our absence.

This lack of adequate Navy hospital facilities in the Leyte-Samar area at a time when the fleet concentration was increasing daily was not a credit to the responsible planning officers. Construction of a naval base hospital had been started at the Guion, Samar, area, but it would not be ready to receive patients for over two months, and construction of the hospital at the naval operating base, Tacloban, Leyte, was being postponed repeatedly, although the staff for the hospital was already present at Tacloban.

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By the 10th of April, the hospital was nearly full and we were ordered to evacuate our patients to Manus where we arrived on the 16th. No Army patients were carried on this trip.

Fifth Evacuation Trip 10 April - 16 April

Surgical:		Medical:	
Amputations	4	Amoebic Dysentery	3
Appendicitis	10	Arthritis	27
Burns	2	Bacillary Dysentery	3
Cellulitis	6	Cardio-Vascular	12
Dental	7	Gastro-Intestinal	41
Eye	13	Hepatitis	6
Ear, Nose, Throat	28	Respiratory	32
Fractures	34	Rheumatic Fever	2
Genito-Urinary	23	Schistosomiasis	2
Hernia	22	Scrub Typhus	5
Intracranial Inj.	2	Skin	56

Joint Injury	26	Miscellaneous (DU)	53
Nerves	10	Total	243
Wounds	17		
Miscellaneous	31	Neuropsychiatric:	
Total	235	Closed Ward	33
		Open Ward	75
			108

A total of 68 operations were performed during the period between 29 March and 16 April while the REFUGE was acting as fleet station hospital at Leyte and evacuating patients to Manus: Appendectomy - 6; arthrotomy of knee - 5; biopsy - 4; bone graft - 1; enucleation of eye - 1; excision of fissures and fistulas - 6; fracture, open reduction with screw fixation - 1, and with 4-pin fixation - 1; foreign body, removal of - 2; hemorrhoid, ligation of - 8; hernia, repair of - 12; hydrocele, repair of - 2; incision and drainage of wound abscess - 1; mastectomy - 2; thyroid adenoma, excision of - 1; tonsillectomy - 5; transfusions - 4; transplant of pterygium - 4; varicose vein, ligation of - 1, carcinoma of mouth, excision of - 1. The great decrease in transfusions was made possible by use of the pooled, refrigerated universal blood which was flown to Leyte from Guam.

On arriving at Manus at noon of April 16th, we went alongside the dock immediately and unloaded the patients that afternoon.. At this time, the medical storehouse at Manus was the only source of medical supplies available to us in the Southwest Pacific Area, so we submitted a large requisition as soon as we could land. The medical storehouse personnel showed their high degree of efficiency by getting out this order so promptly that the supplies began to arrive at the ship by 6 o'clock that evening, and the entire requisition was aboard by midnight.

Following our first visit to Manus, pressure had been brought to bear on the Commodore in Command to permit women on the base, and Navy nurses were now on duty at the hospital. Since the ban was lifted, the officers of the base invited the officers and nurses of the REFUGE to a party at the Manus officers' club

that evening, and since we were still alongside the dock and boats were not needed, everyone not on duty attended. The crew had a beer party on the dock. Having completed the loading of supplies that night, we departed from Manus the next morning for Leyte via Hollandia. We had received erroneous information that there were supplies for us at Hollandia and were routed by that base, arriving at Leyte on the 25th of April.

Four new nurses reported aboard upon our arrival: Lieut. Ella C. Becker (NC) USNR, Lieut. J. Anna Higgins (NC) USN, Lt(jg) Mary-Eileen M. Gibbons (NC) USNR, and Lt.(jg) Catherine P. Moak (NC) USNR.

Our orders to Leyte were to remain there as the fleet station hospital, and soon after anchoring, the Senior Medical Officer called on the Medical Officer, Service Force, 7th Fleet to learn what plans had been made for evacuation of casualties. It was explained that Commodore J. P. Owen (MC) USN had reported recently as the new Fleet Medical Officer, 7th Fleet, and that he was working on arrangements for air evacuation of Navy patients. Captain Clegg and the Senior Medical Officer arranged to call on Commodore Owen the next day to discuss evacuation plans. The two officers then wrote up a directive covering the disposition of patients in the Philippine Area: Permanently non-effective patients, by reason of mental or physical disability, were to be sent to the United States. Patients who would ultimately be able to resume duty status, but whose period of treatment would require over 120 days, were to be sent to Manus or Hollandia. Patients returnable to duty under 120 days were to be retained aboard the REFUGE for treatment and local disposition. Enlisted patients could be sent to the States by authority of hospital ticket Form "G", but officers required an approved medical survey. Both officers and enlisted men could be sent to rear hospital on Form "G" without survey.

The next day Captain Wilcox and Captain Clegg

called on Commodore Owen at Headquarters 7th Fleet, Tolosa, Leyte. Commodore Owen went over the Hospitalization plans with Captains Wilcox and Clegg, and said that NATS could now furnish planes for evacuation of patients to the States via Guam and to Manus. The NATS officer on the 7th Fleet Staff attended the conference and it was arranged that the REFUGE would keep Commander Naval Operating Base, Leyte, informed by daily reports of the number and types of patients ready for evacuation. CNOB Leyte would arrange with NATS for the planes, would provide hospital corpsmen to accompany patients, and would furnish transportation by LCI to Samar or by LCM to the Tacloban air strip. Captain Wilcox also arranged with Commodore Owen to have a Board of Medical Survey appointed aboard the REFUGE for processing officers to the States.

The plans for evacuation of patients being agreed upon, Captain Wilcox and Captain Clegg drove by jeep to Tacloban where the Base Medical Officer, Commander Powell, was informed of the arrangements. Comdr. Powell had a pool of hospital corpsmen who had completed their tour of duty in the Pacific, and planned to draw on these men for the plane trips.

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Eight REFUGE nurses were detached as soon as transportation could be arranged for their return to the States. On 27 April, the following nurses left to return by ship: Lieut. Mary K. Twomey (NC) USNR, Lt. (jg) Jane B. Otto (NC) USNR, Lt.(jg) Jessie A. Pszenny (NC) USN, Lt.(jg) Jean A. Severns (NC) USN, and Lt.(jg) Helen L. Wentz (NC) USNR. On 28 April, the following nurses left by plane: Lieut. Myrtle M. Teisseire (NC) USN, Lt.(jg) Ernestine C. Hess (NC) USNR, and Lt.(jg) Elizabeth B. Torrance (NC) USNR.

On Saturday, 28 April 1945, Commodore J. P. Owen (MC) USN, 7th Fleet Medical Officer, visited the REFUGE and inspected the hospital.

Two boards were set up to process patients for evacuation: An Evacuation Board, consisting of the

Senior Medical Officer, Chief of Medicine, Orthopedic Surgeon and Neuropsychiatrist, made the rounds of the hospital on Monday and Thursday mornings. All patients who would not be returned to duty locally were presented to the Evacuation Board and were classified for evacuation to the States or to Manus. The second board was the Board of Medical Survey consisting of the Senior Medical Officer, the Chief of Medicine and chief of the hospital service to which the patient belonged. Comdr. V. W. Logan (MC) USNR, Chief of Medicine, was in charge of preparation of the medical surveys and performed this duty splendidly.

The procedures incident to the admission of patients, obtaining clinical histories and determining physical findings; the studying of and the treatment of their disabilities; the classification of patients for local duty or evacuation, and the processing of medical surveys of officer patients, all of these procedures required a certain amount of time to accomplish, with a resulting accumulation of patients in the hospital. By the 4th of May, when the first patients were evacuated by air, the census had risen to 417. On this day, an LCI came alongside and embarked 29 evacuees, 16 patients for the States and 13 for Base Hospital #15 at Manus. These patients were taken about 60 miles to Guion, Samar, for further evacuation by air.

The evacuation of patients by air from Leyte was never completely satisfactory because of certain restrictions on the types of patients that NATS would carry. Until the latter part of May, no litter patients for the States would be carried because the patients were flown out on the regular transport planes and there was no provision for slinging litters in these planes. Eventually NATS provided ambulance planes that landed at the Tacloban air strip and took litter patients. The patients sent to Manus were all ambulatory as they also went in regular transport planes not equipped to carry litter patients. This resulted in our inability to evacuate litter patients, who would eventually return to duty, to Manus and the hospital beds gradually filled with these patients.

Another problem was the evacuation of neuropsychiatric patients as NATS did not want to take them out by air. By arrangement with the Army Evacuation Officer, we evacuated our mental patients on Army transports, the first group of 29 evacuees departing on 6 May.

On the 8th of May, seven nurses reported for duty aboard the REFUGE: Lieut. Laura M. Sanderson (NC) USN, Lieut. Annie L. Brewer (NC) USN, Lieut. Estella M. Henderson (NC) USNR, Ens. Kathryn E. Lopartz (NC) USNR, Ens. Gloria C. Richard (NC) USNR, Ens. Dorothy G. Swallen (NC) USNR and Ens. Mary L. Sweeney (NC) USNR.

Our source of medical supplies in the Leyte-Samar area, at this time, was a special medical supply barge belonging to Service Squadron #10 of the Pacific Fleet. This activity functioned primarily as a source of medical supplies for ships of the 3rd and 5th Fleets and of their train, but we were permitted to draw supplies from this supply barge because we were furnishing hospital service to all ships in Leyte Gulf, irrespective of their fleet connections. Up to the time we left Leyte, the 7th Fleet had established no medical supply activity in this area.

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When the REFUGE arrived at Leyte on this, our last visit, we found three British hospital ships anchored with the British Pacific Fleet several miles to the south of San Pedro Bay. These ships were the HMHS Oxfordshire, the NZHS Mauganui, and the HNMHS Tjitjalengka. The latter ship was a Netherland's vessel built for the China - East Indies trade and was most comfortably arranged for duty in the tropics as we discovered when Captain F. G. Hunt (MC) RN, the Principal Medical Officer, invited a group of officers from the REFUGE over for Sunday morning cocktails on May 6th. This custom of Sunday morning cocktails was an innovation to us, but we enjoyed the hospitality of Captain Hunt and his staff, and the comforts of the Tjitjalengka and greatly admired that beautiful ship. They had converted the cargo holds into wards and had built a system of ramps so that it was easy to move patients between decks. The tiles from

the ship's swimming pool had been used for the flooring of the operating rooms, a good use of materials in the conversion.

Captain Wilcox invited Captain Hunt and his staff over to the REFUGE for dinner Wednesday, as Wednesdays are our customary guest-nights, and Captain Hunt invited Captain Wilcox to bring another officer with him for dinner on the Tjitjalengka on Monday night. Captain Wilcox explained that he was sorry but he could not accept the night invitation because the Commanding Officer of the REFUGE did not run boats for officers after six o'clock. The Executive Officer of the REFUGE was present and Captain Hunt asked that an exception be made and Lt. Cdr. Johnson said that he would ask permission to use the boat. This led to an amusing incident Monday night.

Late Monday afternoon, we received a message from Commodore Owen that the first plane for evacuation of patients from Leyte would leave from Tacloban the next morning and that it was planned to take moving pictures and photographs of the occasion. We had sent out groups of patients on the 4th and 6th, and were not planning to send the next group until the 10th. So the Senior Medical Officer had to stay aboard Monday evening to see that the patients were cleared for the special plane on Tuesday. Comdr. Jones, the X-ray Officer, and Lieut. Hellman, the Laboratory Officer, were sent to the Tjitjalengka for dinner as they were not needed for evacuation procedures. They had a good dinner and left to return to the REFUGE about 2200. However, the coxswain was not accustomed to running a boat at night and became lost. After wandering about the bay a couple of hours, they found the Tjitjalengka again and went aboard to find out how to get back to the REFUGE. They found the British celebrating the news of the surrender of Germany, which had just come in, and joined in the festivities. So the coxswain's lack of training was a fortunate break for the REFUGE doctors after all. The Tjitjalengka people instructed the coxswain how to steer to get back to the REFUGE, and our visiting party finally returned safely.

The next morning, Tuesday May 8th, the radio was

quoting the unofficial announcement of the surrender of Germany and saying that the President would make an official announcement the following day. Needless to say, everyone was very happy. Now it was two down and only one - Japan - left to go. We planned to celebrate the official announcement the next day with the Tjitjalengka staff, but on Tuesday Captain Wilcox received a note from Captain Hunt saying that they were going to sea and could not join us. Wednesday the 9th, we went over to Samar to the DESPAC Club, of which the nurses and senior officers were members, to celebrate the official V-E Day. The club was holding an open-house and everyone celebrated the occasion that we had been looking forward to for so many years.

But our stay in Leyte Gulf was not all occupied with visitings and celebrations. During the period from 25 April until 23 June, the hospital admitted 1941 patients and 3374 out-patients were seen in consultation. Of these 1941 in-patients, 627 were returned to duty, 455 were transferred to the States, 754 were transferred to Manus and 98 were transferred to local shore dispensaries for further convalescence. There were 7 deaths. And this great amount of work was accomplished during the hottest season of the year in a ship that was not made for duty in the tropics. The temperatures in the wards at the after end of the ship stayed in the neighborhood of 100 degrees for hours and days at a time, making the treatment of the ill doubly difficult. The continually busy Dental and EENT Clinics were also poorly ventilated and extremely hot but this did not prevent the Ophthalmologist, Lieut. T. K. Long, from seeing 831 out-patients, the highest number seen by any one officer.

Another indication of the activity of the hospital is the number of patients studied by the X-Ray Department. Out-patients numbering 366 and in-patients numbering 861, or a total of 927 patients, received 1402 examinations which required the expenditure of 3784 films.

The Surgical Service performed 268 operations in this two months period, and since the air-conditioning

units for the operating rooms had broken down, these operations were carried out under excessively hot conditions. Very few of the patients in this group were combat casualties, and the conditions treated covered a wide variety of surgical practice as shown by the following list: Amputation - 4; appendectomy - 36; artery, femoral, ligation of - 1; arthrotomy, knee - 12; biopsy - 5; bronchoscopy - 1; bone graft - 1; chalazion operation - 2; cholecystectomy - 5; conjunctival cyst, excision of - 3; cystotomy - 1; debridement of wound - 2; enucleation of eye - 2; epithelioma, excision of - 3; excision of cysts and lipomas - 5; excision of fistulas and fissures - 3; fracture, closed reduction with cast - 6, with Roger-Anderson traction - 1; fracture, open reduction - 3; open reduction with cast - 3, with plate - 3; with screws - 6; with external 4-pin fixation -2; with 2 steinman pins - 2; with Roger-Anderson traction - 3; with kirschner wider - 2; foreign body, eye, removal of - 4; foreign body, shrapnel, removal of -2; hemorrhoids, ligation of - 21; hernia, repair of - 33; hydrocele, repair of - 2; incision and drainage - 9; intestinal resection - 1; joint dislocation, closed reduction of - 4, open reduction (Nicola) - 3; laparatomy, stab wound - 1; mastectomy - 5; papilloma, vocal cord, excision of - 3; pilonidal cyst, excision of - 15; polypectomy, nasal - 2; pterygium transplant - 11; submucous resection - 2; skin graft - 5; thoracotomy - 1; varicocelectomy - 2; wound, chest, secondary suture of - 2; tonsillectomy - 13; miscellaneous - 4. There were no deaths in this group of patients.

A most unfortunate accident occurred on the USS RANDOLPH on the afternoon of June 7th when an Army flyer, who was stunting over the carriers lying at anchor, crashed his P-38 at the forward end of the flight deck amidst a group of men who were sun-bathing. Some of the RANDOLPH's men were killed instantly, others were blown or jumped overboard to get out of the burning gasoline, and others died while receiving first aid. Ten of the survivors, all deeply and extensively burned, and most of them suffering additional injuries, were transferred to the REFUGE that evening.

The Shock and Burn personnel went to work on these unfortunates and soon had them under resuscitation treatment and as comfortable as possible.

Four of these ten casualties died during the next two weeks. The first patient to die, P.F.W., was blown off the flight deck into the sea, striking his chest and abdomen. On admission he was burned on all surfaces except the area covered by his underdrawers, there was a right pneumothorax and possible injury to cervical spine. The right lung gradually expanded but the general condition grew worse until the fourth day after the accident when he became acutely dyspneic, showed evidence of cardiac embarrassment, did not respond to oxygen and cardiac stimulants and expired.

The second patient to die, J.E.G., was blown from the flight deck into the sea, and was admitted with burns of all surfaces except the area covered by underdrawers. He became lethargic passing into coma on the fourth day and expired on the sixth day, apparently from toxemia.

The third patient, R.J.B., was standing about 20 feet from where the plane crashed, was engulfed in flames and burned on all surfaces except that covered by his drawers. His condition appeared to be progressing satisfactorily until the fifth day when he developed bilateral pneumonia and died on the seventh day.

The fourth patient, J.F.S., was engulfed in flames and jumped overboard. He, likewise, was burned on all surfaces except that covered by his drawers. On the second day, the patient became lethargic and at times irrational. On the tenth day there were moist rales and signs of myocardial failure. The patient did not respond to oxygen and ditalization and on the thirteenth day the left lower limb became cold and cyanotic below the midthigh, and the patient expired a few hours later.

The remaining six patients, although very severely burned, survived their injuries. One of these, J.N.S.,

was burned on all surfaces except the drawers area, and in addition had a compound fracture of the left leg which became gangrenous requiring amputation. Several times he appeared to be at the point of death but rallied and was in good condition when transferred to Base Hospital #15.

Three deaths occurred on the Medical Service while we were at Leyte. The first death occurred as a result of a hypernephroma. The patient, a 38 year old man, was admitted to a dispensary on 21 April with progressively increasing dyspnea of two months duration. On admission he was acutely ill, dyspneic, orthopneic, cyanotic and emaciated. Chest x-ray revealed a diffuse infiltration of both lungs resembling miliary tuberculosis. Although placed in an oxygen tent, the patient became more dyspneic and died on 8 May. Postmortem examination revealed a tumor of the right kidney and miliary carcinomatous metastases of the liver and lungs.

The second death resulted from an aplastic anemia complicated by lobar pneumonia. This patient, aged 33, was admitted on 5 June with temperature of 101 degrees, marked anemia and history of increasing weakness for three months duration. Blood study showed a macrocytic anemia of 1,170,000 red cells, hemoglobin of 4.5 grams and 3050 white cells of which 87% were lymphocytes. Gastric analysis showed presence of free hydrochloric acid. Bone marrow biopsy of sternum showed no active elements. Despite large transfusions of whole blood together with massive doses of liver extract and penicillin, the blood picture deteriorated. Three days before death, necrotic, purpuric lesions of the skin and pharynx developed, followed by gastric and intestinal hemorrhages. A terminal left lobar pneumonia developed and the patient died on 17 June.

The third death occurred in a 21 year old man as a result of acute myelogenous leukemia. The patient was apparently well up until about three weeks before his death at which time he began to notice petechiae on the skin and bleeding from his gums, followed by fever and marked enlargement of the cervical nodes. On admission, on 20 June, the above signs and symptoms were present,

the liver and spleen were enlarged, the urine was bloody, the red cell count was 3,250,000 and the white cell count 80,000 predominantly myeloblasts. Despite repeated large transfusions of whole blood, and the administration of liver extract and penicillin, the blood picture continued to deteriorate and the patient died suddenly two days after admission, after passing a large, involuntary, bloody stool.

These deaths have been described in brief, not as an apology, but in the belief that they would have been inevitable even though the patients had been treated in the finest hospital in the States. All of the doctors, nurses and hospital corpsmen concerned with the care of these burned, injured and hopelessly ill patients did their utmost for these unfortunates; but they were beyond our best efforts to save them.

After two months of intensive work in the enervating heat of Leyte Gulf, we were pleased to receive orders to proceed to Manus via Biak, and then to Manila where we were to resume work as the fleet station hospital. The British hospital ship Tjitjalengka, which had accompanied the British Fleet to sea and to Manus, was ordered to Leyte to relieve us. We welcomed the Tjitjalengka back to Leyte by taking her staff officers and nursing sisters over to the DESPAC Club for cocktails and then to the REFUGE for dinner. Captain Hunt, in turn, had a group of the REFUGE staff and nurses over for cocktails and dinner on the Tjitjalengka. We found the British to be good company and enjoyed both parties with them.

The despatch releasing us from duty at Leyte ordered us to load with patients for evacuation to Manus, reserving 100 empty beds for patients at Biak. On the 21st of June, we sent off the last group of patients for air evacuation to the States, and during the next two days loaded all patients in the area who required evacuation to a rear area hospital giving us a census of 479 when we departed on 23 June for Biak in the Schouten Islands, just north of the western end of New Guinea. Immediately upon entering the Philippine Sea after leaving

Leyte Gulf, we encountered delightfully cool weather which we were furtunate in keeping with us during most of that trip. Everyone felt a most welcome relief from the oppressive heat of the past two months.

Although the true reward for all persons serving on a hospital ship is a realization of their own contributions to the relief of pain and suffering among the sick and injured, the Senior Medical Officer felt that everyone deserved a commendation for their efforts and issued the following Medical Department Memorandum dated 26 June 1945:

Subject: Commendation for All Hands.

1. During the period from 25 April 1945 until 23 June 1945, the U.S.S. REFUGE has, for the first time, operated as a station fleet hospital ship, accomplishing the type of work and the quantity of work that the hospital was designed, equipped and staffed to perform.

2. A total of 1941 patients were admitted during these sixty days, an average of over 32 patients each day, and in addition, a tremendous amount of out-patient work was accomplished by the X-Ray, Laboratory, EENT, Optical Repair Unit and Dental Departments as well as numerous consultations by the Clinical Services.

3. The Senior Medical Officer desires to express to All Hands his sincere appreciation for the efforts that have made these results possible, and his admiration for the qualities of perseverance and endurance shown by those persons whose duties have required them to work for long hours in very hot compartments, many continuing on duty in spite of surrering from prickly heat and other distressing skin conditions.

4. During these recent strenuous weeks, All Hands have shown a most admirable spirit or loyalty and cooperation, the sort of spirit that binds us all into an unbeatable team with the smoothly functioning teamwork that has overcome all obstacles and accomplished all tasks we have encountered.

5. To each and every one of you, I express my appreciation with the Navy's "WELL DONE".

The morning of Wednesday, 27 June, found us skirting the eastern end of the dark-green, dense, jungle-covered island of Biak and then along the southern coast as we approached the naval base and air strip. We signaled the base and were told that there were no patients for us at Biak but that we were to go to the nearby island of Woendi where Base Hospital #16 was located.

Woendi is only a few miles from Biak, and on approaching the island we found it to be a real tropical atoll, the first one we had seen. A series of low-lying, palm-covered islands joined by reefs and sand-spits enclosed a horseshoe shaped lagoon. Two sand-spits extended a long way out to sea from the ends of the horseshoe, and as we entered the lagoon between these arms of sand we saw the quonsett huts of the naval base and hospital on islands to our left, while native huts were seen on the island to our right. From the latter island a stream of outrigger boats soon appeared, and when they were close we saw that the natives were very black with the dense kinky hair of Melanesians. They called up to us for money and showed themselves to be regular fishes or frogs as they dived and swam under water after coins. It was just like in the travelogues.

We anchored at 1340 and were soon visited by Comdr. P.A. Gray (MC) USNR, commanding the hospital, who explained that they were in the process of closing the hospital as the base was also being closed, and that there were only 22 patients for us to take to Manus. That seemed hardly worth the stop there, but we were glad to have seen Woendi. From the lagoon, the atoll looked very picturesque and inviting. How it would have appeared on closer inspection we did not lear as an LCM soon brought out the patients and we departed after staying at Woendi for less than two hours.

The list of patients evacuated on this, our sixth trip from Leyte, showed the following diagnoses:

Sixth Evacuation Trip 23 June - 30 June

Surgical:	
Amputation	5
Appendicitis	15
Burns	11
Cholecystitis	7
Dental	17
Eye	10
Ear, Nose, Throat	15
Fractures	40
Genito-Urinary	18
Hemorrhoids	9
Hernia	34
Intracranial Inj.	6
Intervertebral Disc	3
Joint Injuries	26
Pilonidal Cyst	12
Wounds	10
Miscellaneous	11
Total	249

Medical:	
Allergies	6
Amoebic Dysentery	3
Arthritis	15
Cardio-Vascular	6
Filariasis	1
Gastro-Intestinal	12
Hepatitis	10
Malaria	1
Metabolic	2
Nerve Diseases	4
Respiratory	21
Rheumatic Fever	1
Scrub Typhus	1
Skin	52
Venereal Disease	6
Miscellaneous	19
Total	160

Neuropsychiatric:	
Closed Ward	30
Open Ward	57
Total	87

We arrived at Manus for our last visit on Saturday afternoon, 30 June, and soon had all of the evacuees transferred to Base Hospital #15. Again, we topped off our medical supplies for the local medical storehouse as we knew that there were no medical supply facilities at Manila. Captain Robins and his staff invited the doctors and nurses from the REFUGE to the hospital for dinner and an evening party which was greatly enjoyed by all attending.

Our first change of doctors in the Pacific occurred this day when Comdr. T. F. Magovern (MC) USNR reported aboard as relief for Lt. Comdr. E. M. Robertson (MC) USNR who was detached and left the ship that night.

Early the next morning we pulled away from the dock and headed out to sea on the way to Manila. Our course

took us back through the Philippine Islands crossing the southern end of Leyte Gulf between Leyte and Dinagat Islands, then through the Surigao Strait between Bohol and Mindanao westward past Negros and northward skirting Panay and Mindoro reaching Manila Bay the morning of Tuesday, 10 July 1945 where we remained as the station fleet hospital until the end of August.

Although the ship salvage people had been hard at work for over four months before our arrival, there were still many scores of sunken ships about the inner and outer harbors of Manila. The harbor at Naples had been littered with the wrecks of many ships but they were few indeed compared to the dead forest of masts of bombed and torpedoed, burned out and sunken ships of all types and sizes from little coastal ships to large transpacific liners and cruisers. The American air forces had certainly done a job on the concentration of Jap shipping at Manila.

Immediately upon our arrival, further changes in the hospital staff occurred and these continued throughout our stay at Manila. These personnel changes are listed in a group for ready reference:

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10 July. Reported: Lt. Comdr. L.A. Schwartz (MC) USNR, as relief of Lt. Comdr. L. C. Kolb (MC) USNR, Neuropsychiatrist. Lieut. R. A. Kaddatz (DC) USNR, reported as relief of Lt. Comdr. H. P. Hellweg (DC) USNR, Prosthetic Dental Officer. Lt.(jg) Elizabeth G. Bodley (NC) USNR reported for duty.

11 July. Lt.(jg) Sarah Collins (NC) USNR Detached:
Lt.(jg) Emma S. Greer (NC) USN
Lt.(jg) Mary C. Warner (NC) USNR

13 July. Reported: Lt.(jg) Loenie A. Guenther (NC) USNR
Detached: Lt.Comdr. L. C. Kolb (MC) USNR
Lt.Comdr. H.P. Hellweg (MC) USNR

16 July. Detached: Lt. Mildred S. Geiges (NC) USNR
Lt.(jg) Aura M. Curtis (NC) USN

19 July. Reported: Lt. Alberta Burk (NC) USN, Chief Nurse.
Lieut. Rita D. Clarke (NC) USN

Lt. Elaine V. Nelson (NC) USN
Lt(jg) Mary P.A. Kane (NC) USN
Lt(jg) Vera K. Lichty (NC) USNR
Lt(jg) Mary Zydinsky (NC) USNR
Lt(jg) Helen K. Diamond (NC) USNR
Lt(jg) Mary M. Sheriff (NC) USNR
Lt(jg) Amanda B. Sturm (NC) USNR

22 July. Detached: Lt. Comdr. Mildred A. E. Marean (NC) USN, the Chief of the Nursing Service, relieved by Lieut. Alberta Burk (NC) USN. Lieut. Doris E. Nelson (NC) USNR, Surgical Supervisor, relieved by Lt.(jg) M. P. A. Kane (NC) USN.

24 July. Reported: Lt.(jg) Edna M. Weisent (NC) USNR
Detached: Lieut. Ann M. Lohan (NC) USN
Lt.(jg) Marjorie J. Donnelly (NC) USNR
Lt.(jg) Dorothy E. Oliver (NC) USNR
Lt.(jg) Esther V. Walenga (NC) USNR
Lt.(jg) Margaret A. Kloetzli (NC) USN
Lt.(jg) Patricia D. McCusker (NC) USN
Lt.(jg) Mary L. McCollum (NC) USNR

25 July. Reported: Lt.(jg) Ethel L. Underhill (NC) USNR
Lt.(jg) Anne G. Bolger (NC) USNR

27 July. Detached: Lt.(jg) Bessie A. Glembocki (NC) USNR
Lt.(jg) Elizabeth E. Dyer (NC) USNR
These two nurses were among the first group of nurses to report to the REFUGE on 2 March 1944 and were the last of the original REFUGE nurses to be detached.

3 August. Reported: Comdr. H. M. Matteson (DC) USNR, as relief of Comdr. K. M. Broesamle (DC) USN, Chief of Dental Service, and Lieut. C. J. McDonald (H-S) USNR, as relief of Lt.(jg) A. P. Wentzell (H-S) USNR, Optical Repair Unit Officer.

5 August. Reported: Ens. H. F. Thomas (HC) USN, as relief of Lt.(jg) L.A. Morgan (HC) USN, Property and Ac-

counting Officer.

6 August Detached: Lt(jg) A. P. Wentzell (H-S) USNR

7 August Detached: Comdr K. M. Broesamle (DC) USN

11 August Detached: Lt.(jg) L. A. Morgan (HC) USN

12 August Detached: Lt.(jg) L.A. Guenther (NC) USNR

The afternoon of our arrival at Manila, 10 July, the Base Medical Officer, Lt. Comdr. F. D. Lovejoy (MC) USNR, and the Medical Officer, Service Force, 7th Fleet, Captain C. G. Clegg (MC) USN, met with the Senior Medical Officer to discuss plans for evacuation of patients from Manila. The British hospital ship, Oxfordshire, was in Subig Bay, and the special hospital unit LST 464 was to act as an ambulance ship bringing patients from Subig Bay to the REFUGE at Manila. Base Hospital #114, on Samar, had been commissioned since our departure from Leyte Gulf and had established a Neuropsychiatric Center for all patients of this classification in the Philippines area. Hospital #114 would also receive other patients requiring rear area hospitalization, while patients for the States would be evacuated to Hawaii via Saipan. A meeting was arranged for the following morning at the office of the Base Medical Officer, at which a representative of NATS would be present to go over plans for air evacuation with us.

At the meeting next morning, we were informed by the NATS representative that the planes for Samar could accommodate only 15 patients but that we could have up to one plane a day if we needed that many. The planes for Saipan could carry 26 patients, including litter cases, and it was expected that one plane a week would be sufficient to evacuate patients to the States. NATS had developed a form to be used in listing the group of patients to go in each plane, and it was agreed that the REFUGE would act as the patient evacuation center for the Manila-Subig area, preparing the listings of plane loads as patients were approved for evacuation. The Base Medical Officer would act as liaison between the

hospital and NATS, informing NATS when we had a plane-load of patients ready to go, and informing us when an LCM and an LCI would call for the patients. Our subsequent experience proved these arrangements to be excellent, the only difficulties being an occasional cancellation of a flight due to bad weather. The principal improvement over the air-evacuation at Leyte was that all types and conditions of patients could be evacuated from Manila, thus obviating the necessity of keeping long-convalescence litter patients on the hospital ship indefinitely. We found that the Naval Air Transportation Service always cooperated splendidly and showed themselves ready to help us in every way.

The seven weeks at Manila was our last period of service as a fleet station hospital. There were fewer ships at Manila than at Leyte but the shore activities sent us more work so that our admission and consultation rates were nearly as high at Manila as at Leyte: Admission rate Manila: 28 per day, at Leyte: 32 per day; consultation rate Manila: 52 per day, at Leyte: 56 per day. A total of 2709 out-patients were seen in consultation and 1463 patients were admitted to the hospital. Of these 1463 hospital patients, 710 were returned to duty, 149 were evacuated to Hawaii by air, 454 were evacuated to Samar by air and 134 by surface transport, 13 were transferred to local shore activities for convalescence and there were 3 deaths. The Ophthalmologist again led the number of out-patients seen in consultation with a total of 476. The X-Ray Department carried out a total of 1242 examinations on 346 out-patients and 711 in-patients using 3014 films, a good indication of the activity of the hospital as a whole.

A total of 188 surgical operations were performed at Manila as follows: Abscess, incision and drainage of - 7; amputation - 5; appendectomy - 29; arthrotomy - 10; biopsy - 4; chalazion - 7; colostomy, closure of - 1; conjunctival suture - 3; cysts and lipomas, excision of - 4; debridement - 6; eye enucleation - 1; fistula and fissures, anal, excision of - 9; foreign body, removal of - 3; fracture, closed reduction, fixation with cast - 2; fracture, maxilla - 1; fracture nose - 2; fracture,

closed reduction, fixation with screws - 2, with 2-pins 2, with plate - 1, with cast - 1; hemangioma, excision of - 2; hemorrhoids, ligation of - 15; hernia, repair of - 16; hydrocele, repair of - 1; joint dislocation, open repair of (Nicola) - 1; laryngoscopy with removal foreign body - 1; nephrectomy - 1; pilonidal cyst, excision of - 7; polypectomy, nasal - 2; pterygium transplant - 2; skin graft - 2; tonsillectomy - 4; transfusion - 13; ureterolithotomy - 1; varicocelectomy - 9; varicose vein, ligation of - 4; miscellaneous - 7.

Of the three deaths at Manila, the first patient, F.C., aged 21, died of acute anterior poliomyelitis. He was admitted on 11 July having been ill for three days with occipital headache, stiff neck and increasing weakness. On admission there was no voluntary motion below the neck. He was placed in the iron lung in the oxygen tent and coramine was administered. Bulber paralysis progressed and patient died on 13 July, the 5th day of his illness.

The second death resulted from burns. The patient, W.R.C., aged 26 was extensively burned in a gasoline fire on 28 July and was treated ashore in a dispensary until brought out to the hospital ship on 3 August in coma and in extremis. The temperature was 110 degrees by rectum. Patient was placed in an oxygen tent, packed in ice, given 750cc whole blood transfusion and cardiac stimulants but did not respond and died one hour and 15 minutes after admission to the hospital.

The third death resulted from complications of fracture of the pelvis when a Filipino, A.G.J., aged 48, was crushed between a boat and the side of a ship. On admission, x-rays showed numerous fractures of the pelvis. There was no evidence of rupture of the bladder although the patient remained in shock. Wangensteen drainage was instituted and repeated blood transfusions given in addition to intravenous saline and glucose. It was believed that the patient had internal injuries but his condition was too poor to permit surgical exploration, and he died two days after the accident. On postmortem examination a complete rupture of the ilium was found together with extensive generalized retro-

peritoneal bleeding.

Our visit to Manila, although quite brief, afforded everyone an opportunity to tour the city and to observe the ruins of many fine buildings destroyed in the fighting against the Japs. Except for along the waterfront, there was relatively little destruction north of the Pasig River, but all of the bridges across the river had been blown up and the greater part of the city south of the river was in ruins. This was particularly true of the Intramuros and of the government buildings which had been built of concrete reenforced with steel and were used by the Japs as strong points. The once beautiful Luneta was no longer recognizable as such and the surrounding buildings were burned out, bombed and shelled.

When we left Leyte the latter part of June, a greater part of the carriers, battleships and cruisers of the 3rd Fleet, under the command of Admiral Halsey, were lying in Leyte Gulf. But during July, nearly every day the radio told of air-strikes by carrier planes against the cities of Japan followed by shelling of seaports as task groups of the 3rd Fleet cruised along the coasts of the enemy homeland. No one guessed how few days remained of the Japanese Empire.

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The Surgeon General of the Navy, Vice Admiral Ross T. McIntire (MC) USN, made a tour of inspection of Medical Department facilities and installations in the Pacific during the month of July. He was aboard the Shangri La while she was a unit of a carrier task force bombing Japan and then after visiting Okinawa, Saipan and Guam, he came to Manila where he was entertained by Commodore J.P. Owen (MC) USN, Medical Officer 7th Fleet, during the first week of August. Admiral McIntire did not visit the REFUGE as he was primarily interested in shore installations and was already acquainted with this ship. However, he called a conference of the senior medical officers in the Manila area at Commodore Owen's quarters where war and post-war plans were discussed. The conference was followed by dinner and further discussions of

medical problems. The next morning, the Surgeon General flew on to Samar and other Southwest Pacific islands.

The tempo of the air and sea pounding of Japan increased daily through July, reaching the devastating climax of the atomic bomb over Hiroshima on August 5th. The radio was swamped with broadcasts describing the power and destructive effect of the bomb, apparently utterly fantastic flights of the imagination. But when President Truman described the bomb as having the power carried by 2000 B-29 bombers, we knew that there must be a great deal of truth in the radio statements.

On August 7th, Russia declared war on Japan and began the invasion of Manchuria and Korea. The second atomic bomb fell on Nagasaki the same day. It took the Japs three more days to think it over and then on August 10th Switzerland was asked to notify the United States, Great Britain, Russia and China that Japan would accept the Potsdam Terms provided the emperor be permitted to remain. The Allies agreed to this proviso, and at 0800 Wednesday 15 August 1945, Philippine time (1900 Tuesday 14 August, Washington, D.C. time) President Truman announced the end of the war. Peace had come again but, so far (11-14-45), it has been a very uneasy peace in many parts of the world.

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The end of the war did not mean the end of work for the REFUGE. Patients continued to come to the hospital and our work of consultation, examination, diagnosis, treatment and evacuation of patients continued, without interruption. Every day the radio brought news of the exchange of messages between General MacArthur and the Japs concerning plans for signing the surrender of Japan and for disarming their military, naval and air forces. After a few days, the Jap emissaries arrived at Manila and were given detailed instructions covering all phases of the surrender.

On Saturday, 25 August, the Senior Medical Officer was called ashore to Commodore Owen's office and told that the REFUGE was to accompany an occupation force going to either North China or Korea and that we were to have all patients evacuated by Monday, 3 September.

NATS agreed to increase our planes from one a day to two on Monday and three each day thereafter. The Senior Medical Officer suggested that the 7th Fleet issue an order stopping the admission of patients to the REFUGE, otherwise we could never empty the hospital, but Commodore Owen decided that the two small dispensaries ashore were inadequate to hospitalize the daily increment of patients, and that we would continue to receive them while at Manila. Then on Tuesday, 28 August, the Senior Medical Officer was informed that the REFUGE would sail on 31 August for Korea, and that we must have the hospital emptied of patients by midnight of the 30th, two days. NATS could not give us any more planes, so it was decided that we would keep the most seriously ill and injured patients in the hospital and send the remainder ashore to the two dispensaries where additional cots were being set up. Seventh Fleet finally issued orders for us to stop admitting patients which was a great help as we could now put all of our energies to work at evacuating patients. On Wednesday, we received orders not to put patients ashore in the dispensaries but to transfer them to Hospital #114 at Samar via the SS. Brazil, a large merchant ship used as a transport. This transfer was accomplished on the 30th and we were ready to sail. Thus ended our service as the fleet station hospital, Manila.

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The REFUGE departed for Jinsen, Korea, the afternoon of Friday, 31 August, leaving Manila Bay by the northern passage between Corregidor and Bataan. Since most of the buildings on Corregidor are on the northeastern or bay side of the island, we had an excellent view of the wreckage of these installations. And the remains of several landing craft could still be seen along the narrow beaches at the eastern end of the island. And over toward Merivales was the rusted bottom of the hull of a naval vessel scuttled early in the war to prevent her capture by the Japs. (The USS Canopus). At dinner time that evening we were off the entrance to Subig Bay and met a squadron of 17 submarines headed southward accompanied by two destroyer escorts and a submarine repair ship. We supposed that they were going to Manila for a well-earned liberty.

We had received warnings of a typhoon passing to the north of Luzon and crossing our route to Korea as it headed for Formosa, so the ship marked time the next two days off the west coast of Luzon to let the typhoon pass ahead of us. This was our position at 0900 on Sunday, 2 September 1945, when the articles of surrender of Japan were being signed aboard the U.S.S. MISSOURI in Tokyo Bay. Although we were fairly close to Japan, the radio reception could not pick up the broadcast of the ceremony and we had to wait for the news broadcast to hear about it.

The remainder of the trip to Korea was uneventful and we anchored off the approach to Jinsen harbor the evening of Friday, 7 September. During the night and early morning, the occupation task force joined us and as soon as it was light, headed by the U.S.S. MINNEAPOLIS, proceeded up the island-studded passage to the anchorage at Jinsen. Overhead, flights of fighter and bomber planes circled to remind the Japs that we weren't fooling, while all about the harbor, landing craft followed each other in circles as they took turns going alongside transports to load Army troops for the beach. When all of the landing craft in a circle were loaded, the leading boat would head for the channel into the inner harbor between the breakwaters with the rest of the boats following in line. The occupation of Jinsen was accomplished without casualty to the landing forces, but the Japs fired from the second story of the police station into a group of Koreans carrying American flags, who were approaching the landing area to welcome the Americans. It is reported that two Koreans were killed. The Japs claimed that they were communists, but they were just patriotic Koreans whom the Japs took one last crack at.

That afternoon, an Army captain, from the Army Prisoner of War Recovery Team, came aboard and reported that they had the POWs from Jinsen at the dock and wanted to know whether we would take them. Captain Wilcox informed him that the operational orders for the occupation of Korea states that only those POWs who required hospital care would be sent aboard hospital ships, and that the others would be evacuated on transports. He was advised to visit the flagship to learn what transport was to receive the POWs,

but he was also told that we would accept any PCWs that were brought to the ship. About 1920 that evening, landing craft began to come alongside and we embarked 168 POWs, mostly British and Australians, with 23 hospital cases among them. They were all given baths, dusted with DDT, and given a big supper. It was after 2230 before everyone had eaten all he wanted and was ready for bed.

Early the next morning, Sunday, we received orders to send all of the POWs except hospital cases, to the Navy transport USS NOBLE, and transferred 145 of them. Then on Sunday afternoon we received orders to bring the POWs back from the NOBLE to the REFUGE and sent our boats over and brought them back. That evening we received 148 POWs from the Keijo (Seoul) camp. The camps at both Keijo and Jinsen had been receiving food dropped to them from planes beginning soon after the surrender on 15 August and these recovered prisoners appeared to be in pretty good condition. One officer from the Jinsen camp was brought aboard with a compound fracture of his leg resulting from being struck by a keg of food that came through the roof of the building he was quartered in. We did not have much of an opportunity to study these people as on Monday we were ordered to transfer them all to the NOBLE. The released prisoners were good sports and took all of this shifting around in good spirits, shouting up at us as they left. "We'll be back for supper." But the NOBLE left next day while we remained at Jinsen.

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Commodore Owen arrived on the USS Rocky Mount, Monday morning, and Captain Wilcox and Captain Swan went over to pay our respects and to report on the disposition that had been made of the recovered POWs. He informed us that the plans called for the Rocky Mount to go to Shanghai in a few days and that the REFUGE would also go there. That was good news as we wanted to see Shanghai again.

Monday afternoon, Captain Wilcox, Captain Swan and four senior members of the staff went ashore to inspect the camp where the prisoners of war had been held. We were fortunate in meeting members of the

Army Prisoner of War Recovery Team who, with two Australian Army officers, were planning to visit the POW camp. First we had to secure permission from the Provost Martial and we had another piece of good luck because the Provost Martial was just getting into his jeep to drive down to the camp when we arrived at Army Headquarters. He was very cordial and we all drove down to the camp which was located in the warehouse area at the edge of Jinsen. The camp was enclosed with a board fence around the top of which was interwoven bamboo with sharp points sticking upwards. An American soldier and a Jap soldier were on guard at the gate and the Jap brought out the Jap colonel who had been in command of the prison camp. The Provost Martial arranged for two English-speaking guides, one a Jap officer and the other a civilian, to go about the camp with us.

The buildings used as living quarters measured about 30 by 50 feet and were build of wood, clapboards on the outside and plywood on the inside. There were glass windows along the sides of the buildings, made to slide in opening and closing. They let in plenty of light but could not be closed tightly enough to keep out a driving rain. Along each side of the buildings was a wooden platform about 18 inches above the ground covered with matting. The prisoners lived and slept on these mats. Shelves had been built around the walls and some low tables and benches had been built from packing case boards. Each building was heated by four brick stoves about 6 feet long by 4 feet high by 18 inches wide. With sufficient fuel, these stoves should have heated the buildings adequately, but we do not know how much fuel was supplied.

All food was prepared in a separate building, half storehouse and half galley. The galley contained five caldrons with a capacity of about 20 gallons each and heated by fireboxes below them. There was also an oven for baking bread and we saw some bags of white flour and some rough, brown flour. Again, if there had been adequate supplies of food, the galley had sufficient cooking facilities for 168 men.

The dispensary was in a separate building with two rooms, one being an office and pharmacy and the other having platforms along each side for the sick to lie on. The platforms had pads about two inches thick as mattresses. Patients requiring operations were taken out to the Jinsen hospital.

The latrine was in a separate building with toilets at one and shut off from the washing spaces at the other. The Japs use straddle toilets and that is the type we found in the camp. The water for bathing was heated in a large caldron with a firebox beneath it. There was also a small woodworking shop with a few crude hand tools which the guide said the prisoners were permitted to use. In another small building was a library of a few books and magazines, and a counter with shelves and a closet behind which was apparently used for selling toilet articles and similar items to the prisoners.

A garden occupied about one and a half acres at one corner of the compound and we saw egg-plant, beans and tomatoes growing. There was a pig-sty and a chicken run, both well occupied. The guides assured us that these were for the prisoners but we thought that the Jap guards probably ate most of the pigs, chickens, and garden produce themselves.

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By American standards of housing, these prison camp buildings were nothing to brag about, but in comparison with the houses the Japs and Koreans live in themselves, the prison buildings were well-built and provided adequate facilities for the number of prisoners kept there.

As we were leaving the prison camp, Major General Cheeves, in command of the Army Service Forces of the Occupation forces, drove in. He asked us about the condition of the POWs as we had observed them aboard the REFUGE and our opinion as to the conditions we found in the prison camp. He then invited Captain Wilcox and Captain Swan to ride with him in his jeep out to a Jap munitions plant a few miles toward Keijo.

We gladly accepted his invitation and arranged for the other four doctors from the REFUGE to visit the Jinsen hospital. We were presently bouncing along a road that had once been a macedam and asphalt pavement but was now mostly ruts and bumps. The road soon entered a valley with small green fiels of grain bordering a creek, and rocky, mesquite-covered hills rising abruptly from the sides of the valley. About eight miles out from Jinsen we came to a large industrial establishment, covering several square miles. This was the munitions plant and the Americans were in the process of taking it over. We drove for miles around the place while General Cheeves looked it over to see what he could use the different buildings and materials for. We found an enormous building with long rows of perfectly beautiful machine tools, clean and oiled, just as they had been left by the machinists. The General's aide was a graduate mechanical engineer and after inspecting the machine tools said that there was no evidence of sabotage and that they appeared to be all ready to operate.

The building that had been used as the headquarters offices for the munitions plant was ear-marked for the hospital and could be adapted for that purpose quite easily. Many of the buildings would make excellent barracks, and they would be needed as the General said he had to find quarters for 27,000 men.

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Our tour of the munitions plant being completed, we drove back to Jinsen, and as we knew that the rest of our party was waiting for us on the dock, we regretfully declined the Generals invitation to visit his quarters, and returned to the ship after a most interesting day.

We remained at Jinsen a few days while minesweepers were clearing the entrance to the Yangtse and the Whangpoo up to Shanghai. All hands had at least one visit to the beach for a looksee and a smell. Since the Army had all of the transportation tied up, and it was very difficult to get even a jeep, we did not get up to Keijo, the capital. By Monday, 17 September, we had seen all that we wanted to of Korea and were glad to be on our way to Shanghai.

For this trip and for all of our future trips in the China Sea, we were assigned a destroyer escort to precede us as a guard against mines. We had no radar on the REFUGE and the DE was supposed to pick up mines at night with their radar. Whether they found any at night or not, we do not know, but we did see several of them in the daytime. On our second day out the DE found a mine and after firing at it awhile, the mine blew up with a bright red flash and a cloud of white smoke. Sometimes the mines would explode when hit and others would just sink.

We saw the masts of a few sunken ships as we approached the mouth of the Whangpoo River and, as we ascended the river toward Shanghai, the number of junks and sampans increased until the channel was quite crowded with these craft. A large sampan, being sculled across the river, did not quite clear our path in time and we hit it on our port bow. Fortunately the boat did not overturn but was swept along the side of the ship and left bobbing in our wake. The whistles of the small river steamers and tugboats began to wound a welcome to us as we neared Shanghai and this increased to a deafening din upon our arrival in the city. Another accident happened as we approached the NYK dock. Two medium sized tugboats were tied up to the dock side by side and did not clear the dock before we came alongside. As we smashed into the tugs, the one next to the dock was forced down under the outer tug and looked as though it would sink, but the ship rebounded from the dock and the tug emerged again. The tugs cast off, cleared the dock and we tied up at 1147 on Thursday, 20 September.

The USS NASHVILLE and USS ROCKY MOUNT had preceded us into Shanghai, and that afternoon, the Senior Medical Officer called on Commodore Owen on the Rocky Mount. Commodore Owen said that it was planned to use the REFUGE for evacuation of prisoners of war and internees to Okinawa or Manila for the next month or two and that it was expected that we would depart for the States about the middle of November. He also said that he had arranged for a group of Chinese doctors to visit the ship the following afternoon

On returning to the REFUGE, the Senior Medical Officer was visited by members of the Army Prisoner of War Recovery Team who reported that there were no POWs in the Shanghai area but that there were three or four hundred civilian internees who were being cleared by the American consul for evacuation to the States. They wished to bring these people down to the ship a few at a time as they were cleared by the consul, but the Senior Medical Officer informed them that he would not accept any civilian internees until he had a list of all persons cleared for evacuation on the REFUGE classified according to their family group, age, sex, and whether or not they were ill. This information was absolutely necessary in order to make an assignment of hospital wards as dormitories for men and for women, and sick wards for men and for women. The Army officers objected that this would mean a lot of work for them, but Captain Wilcox insisted on having the list of evacuees, so they got busy and during the next few days classified all of the civilian internees.

Friday afternoon, Commodore Owen brought aboard a group of about ten Chinese doctors accompanied by about twenty of their wives and children. We conducted these visitors on a tour of the hospital ending in the Wardroom where we sat down to icecream, tea, coffee and cakes. One of the doctors, Dr. Amos Wong, had done post-graduate work at Johns Hopkins in 1927 with Dr. Williams and expressed great interest in the use of penicillin and in other items of medical progress since the start of the War. Captain Wilcox invited him to return to the REFUGE the next day and arranged for Dr. Hellman, who is also a gynecologist and obstetrician from Johns Hopkins, to assemble current medical literature on penicillin and other subjects of interest, and to give Dr. Wong an intensive session on recent medical progress. As always, Lt. Comdr. Hellman cooperated splendidly, his efforts redounding to the credit of the hospital and to the improvement of Chinese-American relations.

The Commanding Officer and Senior Medical Officer were invited to a banquet given Monday night by the

Shanghai Commissioner of Health and Sanitation to welcome the REFUGE, the first hospital ship to visit Shanghai, and the next afternoon, we entertained the Commissiorer and his staff and families aboard the REFUGE by showing them the hospital and with the usual icecream, tea, coffee and cakes in the Wardroom.

The naval forces ashore desired to set up a dispensary in connection with the Naval Operating Base but the equipment and supplies for that purpose had gone astray. For the second time, we were called on to put our field hospital shore to be used in setting up a dispensary. We had received replacements for the Medical Department components of the original field hospital, except for Unit No. 36 - Surgical Instruments, and the Marine Corps components which arrived at Manila the day we left. Fortunately we had sufficient spare surgical instruments to make up the most necessary items of Unit No. 36 and sent ashore a good surgical operating unit for the dispensary. It was planned to set up the dispensary in a building, so the Marine Corps components were not required this time. We hope that this field hospital was put to better use than the one we put ashore at Leyte.

Beside the official visits and entertainings, there were many dinners and parties ashore. Everyone found Shanghai very interesting, although the walled city was out of bounds, and a lot of shopping was done. We would have appreciated a longer stay at Shanghai, but by Tuesday the consul had passed on everyone who wanted to return to the States, the Army evacuation officers brought us the list of evacuees and we assigned the wards to the required purposes: Wards 21, 25, 31 and 32 were male dormitories and ward 26 was the male sick ward: wards 23, 33, and 34 were the female dormitories and ward 22 was the female sick ward; ward 24 became the ship's sickbay while ward 12 was used for neuropsychiatric patients. The remaining wards in the Poop-Deck house were used for enlisted persons being returned to the States on 'points'.

Using the list of evacuees, each person was assigned to a ward depending on whether he was well or sick, all

males over 10 years of age being assigned to the male dormitories, and all women, girls and boyes under 10 years of age being assigned to the female dormitories. Embarkation of the civilian internees began Wednesday afternoon in a pouring rain. Each person was checked by a representative of the consul in the customs shed on the dock and then given a ticket to the ward to which he was assigned. Hospital corpsmen guided the evacuees to their wards and a perfectly enormous amount of baggage, trunks and cases was stowed in the baggage room.

Early Thursday morning, 27 September, we cast off from the dock at Shanghai and dropped down the Whangpoo bound for Okinawa with a load of 437 civilian internees of whom 66 were on the sick list, 52 Navy enlisted men returning to the States on 'points', 32 Navy sick and two Army passengers. Over twenty different nationalities were represented among the civilian internees of whom 167 were women and 46 were children of various mixtures of races. There was some grumbling among the evacuees at first as certain of them claimed that they had been assured of first class passage with cabins to themselves, others that they would have air-conditioned quarters, and others were quite grieved to learn that Navy ships had no bars and also that they would have to eat cafeteria style. But before long they were comfortably settled and enjoying the trip. We served icecream to alternate wards each afternoon which helped to keep the people contented. There were some professional musicians among the evacuees who gave us a concert one afternoon with songs accompanied by a little orchestra.

Among the 66 sick internees, there were several seriously ill and two critically ill, one, an 82 year old man with cancer of the rectum, and the other a 56 year old man who was moribund with cardiac failure due to pulmonary emphysema. Despite oxygen tent and supportive measures, the cardiac patient died on 1 October. Aside from this death, the trip was completed without untoward incident and we arrived at Buckner Bay, Okinawa on Tuesday, 2 October.

Lieutenant F. A. Ruoff (MC) USN reported for duty as relief for Lieut. J. P. Haas (MC) USNR who was detached on 4 October.

Soon after coming to anchor, the Navy Transportation Officer came alongside with an LCT to take the civilian internees ashore. Inquiry by the Senior Medical Officer revealed that it was planned to put these civilians in a tent camp for an indefinite period until passage could be secured for them on steamers going to the states. No provision had been made to care for the sick people, and the men were to be sent to a different camp from the one where the women and children would live. Since the civilian internee passengers had either paid $275 for their fare to the States or had signed notes to the State Department for that sum, it appeared quite likely that they would resent such treatment ashore, and the resulting criticism would not reflect credit on the Navy. Captain Wilcox, therefore, sent the following message to Commander Naval Operating Base, Okinawa: " Refer your 020435. Internees carried by REFUGE are paying passengers who have paid passage to U.S. Passengers include 167 female and 46 children. Several passengers are feeble old men and women over 70 years of age. Sick males include 3 mental, 14 litter and 21 ambulatory cases. Sick females include 1 mental, 4 litter and 20 ambulatory cases. Three of cases are critically ill. Information received that facilities ashore are not adequate to care for these paying passengers, especially aged feeble and sick. Request that Senior Medical Officer, Okinawa, inspect and report on adequacy of facilities. Wish to avoid serious reflection against Navy by complaints from civilian passengers. Senior Medical Officer sends."

Action was prompt in that we received orders that afternoon to transfer the patients to the new hospital ship USS SANCTUARY the next day. The remainder of the afternoon and a good share of the night was spent in moving the passengers' baggage from the baggage room in hold 5 to the forward deck preparation for unloading the next day. On Wednesday, 3 October, we transferred all of the civilian internees and ten Navy patients to

the Sanctuary which departed that afternoon for Guam and the States. We were glad to be rid of the civilians as they were something of a problem aboard ship and were glad that they had been put aboard another ship instead of being sent ashore. Five days later the worst typhoon of the year hit Okinawa, blowing down nearly all tents on the island, injuring many and killing several people. When we heard of the typhoon, we felt that the hand of Providence had been over those people, keeping them from being put ashore and sending them safely on their way home.

The next day we sent ashore the 52 'point' man who had joined us at Shanghai, together with 39 hospital corpsmen and about 50 of the ship's crew who had enough points to return to the States. That completed our duties in Okinawa and on Friday, 5 October, we departed for Tsingtao, China, where we arrived on the 10th. When we were two days from Tsingtao we met a British cruiser circling a mine in a rough sea, trying to sink it, and soon our DE sighted another mine and sank it. On arriving at Tsingtao we found the battle-cruiser USS ALASKA with several destroyers at anchor in the harbor, and the next morning a fleet of transports came in with the Marine Occupation Forces. Again, flights of planes circled over the bay and city as they had at Jinsen, while landing craft carried the Marines ashore. The occupation was without incident, and on the 12th the transports went inside the breakwater and tied up at the docks, greatly facilitating the unloading of vehicles, armament and supplies.

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Upon our arrival at Tsingtao, four doctors reported aboard for duty: Comdr. L.H. Garland (MC) USNR, as relief for Comdr. H.C. Jones (MC) USNR, Chief of X-Ray Department; Lieut. R. N. Boylan (MC) USNR, as relief for Lt. Comdr. E. J. Connell (MC) USNR, Urologist; Lieut. A. L. Lee (MC) USNR, as Assistant Orthopedic Surgeon; and Lt(jg) E. H. Drake (MC) USNR, As Assistant Surgeon.

The problem at Tsingtao was that the city was occupied by Jap forces while the surrounding country was occupied by forces of the Chinese communist army. The

Chinese Central Government had forbidden the Japs to surrender to the communists, and so the Marines were sent in to accept the surrender of the Japs and to hold the city until the Central Government forces could take over.

We remained at Tsingtao five days which gave everyone a chance to get ashore once or twice. But after having seen Shanghai, they were disappointed in Tsingtao where there was nothing much to buy and nothing much to do for amusement except to ride the rickshaws and go to the horse races. The city is built on a peninsula which nearly encloses the bay, making an excellent anchorage. Having been built by the Germans, the city is constructed largely in the European Style, although there are a few Chinese temples and one pagoda. Docks and rather extensive manufacturing plants extend along the waterfront of the bay for several miles. As a background to the city rises a range of rocky, sharply serrated mountains sweeping in an arc to the eastward and northward.

On leaving Tsingtao our orders directed us to go to Okinawa and load patients for the States and recovered allied military persons, then proceed to Guam where we were to complete our load and proceed to San Francisco. We arrived in Buckner Bay, Okinawa, the afternoon of 20 October. Lt. Comdr. H.E. Hailey (MC) USNR was detached.

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Four days before arriving at Okinawa we had radioed our time of arrival and that we were to pick up patients and RAMPS (as POWs were now called) for the States. Not having heard anything from the beach, the Commanding Officer and the Senior Medical Officer went ashore and rode some nine miles to Navy headquarters to report our arrival, get routing instructions to Guam and to find out from the Base Medical Officer how many patients they had for us and when we could expect them. The Base Medical Officer, Captain F. Ceres (MC) USN, informed us that he was notifying all medical activities on the island to have their patients for evacuation to the States down at the dock at 0900 the next morning, Monday.

Captain Wilcox invited Captain Ceres out to the REFUGE but he had to accompany the Island Commander on an inspection tour and could not come out.

On returning to the REFUGE, the Commanding Officer and Senior Medical Officer were invited to luncheon on the USS CONSOLATION which afford us an opportunity to have a good visit with our old friend, Captain L. R. Newhouser (MC) USN, the Senior Medical Officer, and to inspect one of the new hospital ships, the first we had seen. Captain Wilcox was particularly pleased to see that several of his recommendations for improvement in the construction of hospital ships had been incorporated in the design of these beautiful new ships. Commander A. R. Higgins (MC) USN, the designer of the HAVEN-class hospital ships, deserves a great deal of credit for his outstanding accomplishment.

There were three changes in personnel of the staff on 21 October: Lieutenant H. M. Cuneo (MC) USNR reporting for duty as Neurosurgeon, and Commander H. C. Jones (MC) USNR and Lt. Comdr. E. J. Connell (MC) USNR being detached.

Monday morning we embarked 104 patients from Okinawa and departed for Guam, but on the way down we were diverted to Saipan where we arrived early the morning of Sunday, 28 October. After breakfast the harbor pilot came aboard and took us into the harbor where we tied up to the dock about 1100. Immediately the Army Evacuation Officers came aboard accompanied by Captain F. L. Read (MC) USN of the naval hospital and Captain C. C. Goss (MC) USNR of the AMG hospital. We arranged to take aboard all patients they had for evacuation, a total of 107 Navy and 337 Army patients. All RAMPS had been evacuated already. The two captains were taken on a tour of the hospital but could not stay for luncheon as they had a previous engagement with the General in Command. Embarkation of the patients began after luncheon and was completed promptly. There were sufficient patients for a hospital load, and we were cleared for the States, not being required to go to Guam as our original orders directed.

At Saipan, Lt. Comdr. F. H. Crosby (MC) USNR re-

ported aboard for duty as relief of Lieut. J. B. Cummins (MC) USN.

At 1655, the last line was hauled in from the dock and we departed for San Francisco. On clearing the inner harbor, our homeward bound pennant was hoisted, its tip trailing far behind us in the water. Everyone was very happy to be on our way to the States once again.

Soon after dinner that night, we received a message that a nearby steamer had a badly burned man aboard. The two ships approached each other and we sent over the Medical Officer of the Day, Lt. Comdr. A. L. Lee (MC) USNR, with two hospital corpsmen to see him. He was found to be burned about the legs, hands and arms, and since both ships were headed for San Francisco, Dr. Lee brought the patient back aboard with him. This man made a nice recovery and his wounds were nearly well upon his arrival in San Francisco.

Two patients gave us a great deal of concern on the trip to San Francisco. One was a seaman 2/c who received an intracranial injury and compound fracture of the femur when struck by a truck in Okinawa. He required a subtemporal craniotomy and was progressing favorably on transfer. Another seaman 2/c received second and third degree gasoline fire burns of both arms and the trunk down to the top of his trousers. This patient went into a severe acidosis but responded to sodium lactate along with plasma and glucose. He was transferred in good condition but will require some skin grafting.

On our return trip from the Pacific, we brought back the following patients, classified according to the principal diagnoses:

		Army	Navy
Surgical:	Abscesses	4	
	Amputation	5	4
	Appendicitis	9	7
	Burns	12	3
	Cholecystitis	2	2

	Eye	5	4
	Ear, Nose, Throat	18	12
	Fracture	46	27
	Genito-Urinary	30	17
	Hemorrhoids	4	3
	Hernia	6	10
	Injury, multiple		2
	Intervertebral Disc		2
	Intracranial Injury		5
	Joint Injuries	10	10
	Phlebitis	5	4
	Pilonidal Cyst	4	3
	Wounds	20	15
	Miscellaneous	10	12
	Total	191	142
Medical:	Allergy	2	
	Amoebic Dysentery	1	1
	Arthritis	6	4
	Cardio-Vascular	6	
	Gastro-Intestinal	8	3
	Hepatitis	20	2
	Nephritis	3	
	Neuritis	4	3
	Respiratory	17	13
	Schistosomiasis	1	1
	Skin	47	24
	Miscellaneous	9	5
	Total	124	56
Neuropsychiatric:	Closed Ward	10	13
	Open Ward	21	41
	Total	31	54

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On 17 November 1945, the day before our arrival at San Francisco, we received a despatch changing the status of the ship from that of an AH or hospital ship to APH or evacuation transport. Early the morning of 18 November we entered San Francisco Bay on a beautifully clear day. Everyone admired the Golden Gate bridge as we passed under it and we felt that we were really back in the States again. As we passed up the bay we were met by the city's official welcoming boat, painted in white, playing music over their loudspeakers and the decks covered with people

waving to us. Upon docking at Pier 7, San Francisco, we debarked the last load of evacuees carried by the USS REFUGE as a hospital ship.

We have completed our mission in the Atlantic and in the Pacific most creditably to all hands. The Medical department staff is being detached from the ship, some to return to their homes and to resume their practices, others to be assigned to new duties. For all of us it is the end of a most interesting and useful period of service and the beginning of new endeavors. The USS REFUGE has served her purpose well and richly deserves the Navy's Accolade - "WELL DONE."

Thus ends the War Log of the Medical Department of the USS REFUGE.

C.R. Wilcox

C.R. WILCOX
Captain (MC) USN
Senior Medical Officer

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