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# “Experiences at Sea”: A Navy Doctor at War



William P. McEvoy

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## Abstract

This article identifies a significant hole in the literature of World War II. Few works discuss the everyday life of medical personnel and fewer still detail the lives of naval medical providers; those that do tend to focus on the exciting and bloody aspects of a medico at war. Filling this gap, this article argues that the most accurate picture of life at war should include life's routine features and then describes the everyday experiences of a U.S. Navy doctor in the Pacific from September 1944 to December 1945, whose daily existence was far different from and more typical than the one most often portrayed.

The image of the courageous corpsman rushing in where “angels fear to tread” dominates the landscape of World War Two medical history. Most of the numerous studies of the Second World War do not adequately examine military medicine's extensive contribution to the war effort, although scholars have shown an increased interest in illustrating the social aspects of military life in recent decades. Historians of the Second World War are now examining, often in great detail, what the ordinary, routine, noncombat existence of the sailor, soldier, airman, or Marine was really like.<sup>1</sup> But unfortunately these studies, which often claim to describe the realities of wartime life, generally neglect to include any

1. Peter Schrijvers looks at this subject in some detail in his *The GI War Against Japan: American Soldiers in Asia and the Pacific During World War II* (New York: New York University Press, 2002), as do Gerald F. Linderman in his *The World Within War: America's Combat Experience in*

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significant analysis of medical care, which is also a critical element of survival during war. This oversight can contribute to mistaken impressions regarding how America's fighting men and women were cared for and how medical personnel, specifically members of the United States Navy's Medical Department, lived and acted during the war.

First, from many, if not most, accounts of the wartime U.S. Navy, one could be forgiven for concluding that physicians or corpsmen treated only physical battle-related injuries, provided care, and manned the sickbay; in other words, believing they had few additional responsibilities.<sup>2</sup> Second, as popular works typically recount their stories, medical officers, pharmacist's mates, and corpsmen reported for duty fully trained and ready to save life and limb. Third, the tendency to restrict coverage of the Medical Corps's activities to combat situations also leaves a significant gap—what its personnel were doing between engagements—and fosters the impression that medical staffs were at action stations more or less continuously. Fourth, it is easy to conclude from the existing literature that a medical section on any given vessel worked almost exclusively in sickbay, was isolated from other ships, and acted completely in concert with its captain. Finally, because the literature of the Pacific War implies that most of its naval engagements were fought by capital ships (destroyers and larger warships), readers could easily assume that most major surgeries usually happened aboard such vessels, rather than in more numerous hulls like troop transports.

As a result, World War Two scholars have largely ignored the daily life of the navy's hospital corpsmen and its doctors. This is not to imply that such information cannot be gleaned, in fragments, from a handful of published works. Besides the few authors who pen general medical histories of the war, like Albert Cowdrey, Diane Burke Fessler, Morris Fishbein, or Jan Herman, it is still only a minority of scholars who concentrate on combat medicine at all, and fewer still depict navy medical activities.<sup>3</sup> This lacuna is magnified because the histories of

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*World War II* (Cambridge, Mass.: Harvard University Press, 1997), and George Blackburn in his *The Guns of War* (London: Constable and Robinson, 2000). John Morton Blum's classic study of politics and American culture during the war, *V Was for Victory* (San Diego, Calif.: Harvest Book, 1976), considers all of these topics and more, for military personnel and civilians alike. Nor are these types of social histories confined to treatments of the Allies. Saburō Ienaga discusses this subject in *The Pacific War, 1931–1945: A Critical Perspective on Japan's Role in World War II* (New York: Pantheon Books, 1978). John Dower's powerful study *War Without Mercy: Race and Power in the Pacific War* (New York: Pantheon Books, 1986) also considers the Allied and Japanese social experience by examining the role race played in their servicemen's and women's behavior. These and other titles, of which there are many, utilize ordinary soldiers' own words in describing their everyday life. But, as is the case with other aspects of World War Two historiography, there is very little information regarding the medical professionals' social history.

2. The Medical Corps comprises the Medical, Nursing, Dental, and Hospital Corps.

3. Albert Cowdrey surveys all aspects of both the army's and navy's medical departments in *Fighting for Life: American Military Medicine in World War II* (New York: Free Press, 1994). Diane Burke Fessler's *No Time for Fear: Voices of American Military Nurses in World War II* (East

the navy's Bureau of Medicine and Surgery (BuMed) are compiled from After Action and Annual Sanitation Reports, emphasizing, whether intentionally or not, combat-related activities.<sup>4</sup>

Although the official records are excellent data sources, they lack the emotion and individual perspective that diaries and other personal collections often contain. The problem is that the military forbade its members to keep diaries because of fear that they might fall into enemy hands, thereby threatening the Allied war effort.<sup>5</sup> Rosanna Jones, a navy nurse, recalled:

I kept a diary, though cameras and diaries were not allowed in case information fell into the wrong hands. I used a writing tablet as a diary, and it would have been destroyed if [the authorities had] found it during an inspection. Luckily it was never opened.<sup>6</sup>

The words of soldiers and sailors can often reveal a great deal about a certain situation provided that they write while the experience is still fresh, when they are apt to be more forthright and honest with themselves regarding the facts and their feelings.<sup>7</sup> Moreover, many of the diaries that are available to the general public were written, and in some cases dramatized by their authors, many years after the

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Lansing: Michigan State University Press, 1996) is a collection of interview excerpts that centers on military nurses' service in wartime. Morris Fishbein's *Doctors At War* (New York: E. P. Dutton and Company, 1945) is a collection of essays contributed by the men who directed the war's medical effort, such as the army's and navy's Surgeons General. Jan Herman's *Battle Station Sick Bay* (Annapolis, Md.: Naval Institute Press, 1997) is one of the few navy-specific publications available. It is a compilation of interviews with men and women who served in the Medical Corps during the war.

4. "In the Navy, Surgeon General Admiral [Ross T.] McIntire ordered the medical departments of all ships and stations to include in their Annual Sanitary Report an account of their experiences in administrative matters as well as in clinical and preventive medicine. These reports covered the period from 7 December 1941 to 31 August 1945." Surgeon General of the Navy, ed., *The History of the Medical Department of the United States Navy in World War II*, 3 vols. (Washington: GPO, 1950–1953), 1: viii (hereafter referred to as Surgeon General, *History of the Medical Department*).

5. Linderman, *World Within War*, 1. Fortunately, there were members of the armed forces who did not take this order to heart, such as Jeff Fahey who published his journal as *Pacific War Diary* (Boston: Houghton Mifflin, 1963), E. B. Sledge in *With the Old Breed: At Peleliu and Okinawa* (Annapolis, Md.: Naval Institute Press, 1981), and Sy Kahn in *Between Tedium and Terror: A Soldier's World War II Diary, 1943–1945* (Champaign–Urbana: University of Illinois Press, 1993). *Burma Surgeon* (New York: Blue Ribbon Books, 1943) by Gordon Seagrave, *Doctor Danger Forward* (Jefferson, N.C.: McFarland & Company, 2000) by Allen Towne, *The Other Side of Time: A Combat Surgeon in World War II* (Boston: Little, Brown and Company, 1987) by Brendan Phibbs, and *Navy Surgeon* (Philadelphia: J. B. Lippincott Company, 1959) by Rear Adm. Herbert L. Pugh, MC, USN, are published memoirs of doctors and medics, although they, too, tend to emphasize combat-related and administrative activities.

6. Fessler, *No Time for Fear*, 47.

7. Phibbs poignantly recounts a near-violent run-in he and several soldiers had with a rear-echelon colonel over the care a dead soldier received while near Antigone, France, and there can

war's conclusion.<sup>8</sup> Beyond this, what makes these journals and diaries superior, in some respects, to the official record and even letters home is that they offer an uncensored glimpse into an individual's life at war.<sup>9</sup> One of the best ways to address the scholarly neglect mentioned above is to use participants' words to fill in the gaps left by the various authorized or quasi-official histories and retrospective accounts. Consequently, the discovery of Lieutenant Commander William L. Mattison's wartime journal is significant, as it illuminates the daily life at war of a doctor who rarely experienced combat directly. Mattison served aboard the Auxiliary Personnel Assault (APA) transport vessel U.S.S. *Banner* (APA-60) as the Senior Medical Officer (SMO) from 16 September 1944 through 10 December 1945.<sup>10</sup>

Mattison, a native of Columbia, South Carolina, graduated from Wake Forest University in 1929 with a Bachelor of Science degree in Medicine. The twenty-six-year-old then went to Northwestern University's School of Medicine, where he earned his M.D. in 1932. After completing medical school, he moved to Nashville, Arkansas, and began a ten-year private practice as a general practitioner. In early 1933, he met Lois Martindale, and after a quick courtship, they married later that year. Wishing to help the country's war effort after the attack on Pearl Harbor in December 1941, he joined the U.S. Navy and was commissioned a lieutenant in the Navy Reserve on 14 April 1942. He transferred to the Regular Navy after being promoted to commander in 1945, as he realized that he wanted to continue caring for sailors as a career naval

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be no doubt that this event was not discussed in any official report or that the censors would have struck this story from any letter he sent home. Phibbs, *The Other Side of Time*, 7–22. Pugh expresses his doubts about whether Japan was totally to blame for the attack on Pearl Harbor, and he writes that he believes many Americans did not share his view “that certain Americans and American tactics had been partially to blame for” the attack. As with Phibbs, it seems likely that the censors would have removed this from any official report or letter he sent home. Pugh, *Navy Surgeon*, 241.

8. Phibbs's *The Other Side of Time*, Jack McDonald's *Navy Retread* (New York: Vantage Press, 1968), and Leo Litwack's *The Medic* (Chapel Hill: Algonquin Books, 2001) are three excellent examples of these types of dramatized and embellished memoirs.

9. Douglas Edward Leach's *Now Hear This: The Memoir of a Junior Naval Officer in the Great Pacific War* (Kent, O.: Kent State University Press, 1987), Dick Winters and Cole C. Kingseed's *Beyond Band of Brothers: The War Memoirs of Major Dick Winters* (New York: Penguin Group, 2006), Eugene Sledge's *With the Old Breed: At Peleliu and Okinawa* (repr., Novato, Calif.: Presidio Press, 2007), and Robert Leckie's *Helmet for My Pillow: From Parris Island to the Pacific* (New York: Bantam Books, 2010) are but a few examples of this type of work. These authors, though, also do not have much to say about medical care unless there was a tragedy that called for it.

10. Lt. Cmdr. William L. Mattison, MC, USNR, “Album—Record of the Medical Department—Experiences at Sea” Personal Journal: September 16, 1944–December 10, 1945. Captain Mattison was the author's grandfather. Shortly after my mother passed away in 1997, I discovered his journal in a box of her belongings. It covers a period of 441 days, but he made only 390 entries (some of which cover a period of several days). The original copy and a transcription of his journal now reside in the Special Collections of the Navy Department Library's Rare Book Room at the Washington Navy Yard in Washington, D.C., and is still awaiting cataloguing. The author would like to thank Susan McEvoy, M.D., for her patience in helping make sense of many of the medical terms Mattison employed.



*Captain William L. Mattison* [Courtesy of William P. McEvoy]

officer. After serving for almost twenty-three years and eventually rising to the rank of captain, he retired to Dallas, Texas, in November 1964.<sup>11</sup>

Mattison died in September 1972 and is remembered by those who knew him as a very serious man, but one who also possessed a robust and irreverent sense of humor. Joseph Rizza, the *Banner's* executive officer, recalled that Mattison kept the people around him in good spirits, as he was "a very amiable fellow" who commanded (and earned) respect owing to his decisive and confident manner.<sup>12</sup> Besides being an athlete (his favorite game was tennis), he was a very good doctor and loving husband and father (he and Lois adopted their daughter, Patricia, in September 1949). His faith was strong, and he frequently wrote about the church

services he attended while aboard the *Banner* and when he went ashore. "Sunday morning services every Sunday on the deck were very good," he commented, "but so unlike a real church service."<sup>13</sup> He described the churches he visited at each port. The following entry is typical, and it is illustrative of his powers of observation:

Sunday Apr 29 [1945]: I went into Honolulu early and visited the Nuuanu Baptist Church. It was rather small and the congregation of about 130 people represented several nationalities. The choir consisted of 5 American women, 3 Chinese women, 1 Negro man, 1 Negro soldier, 1 white sailor, and 1 Portuguese man. Rev. Stewart preached. The hymns were the old familiar ones. There were 2 conversions, a Chinese girl and the other a Japanese boy.<sup>14</sup>

11. Mattison's postwar naval career included service as the Chief of Medicine aboard the hospital ship U.S.S. *Consolation* in the eastern Pacific shortly before and during the initial months of the Korean War; Force Medical Officer, Amphibious Forces, Atlantic Fleet in Norfolk, Virginia; the Commanding Officer of the Third Medical Battalion, of the Third Marine Division in Okinawa; one the Medical Officers of the Sasebo and Yokosuka Naval Hospitals in Japan; the SMO of the Naval Supply Center in Oakland, California; and other duties in Virginia, Indiana, California, and Texas. His naval career was cut short after he suffered a series of small heart attacks in the latter half of 1963 that forced his retirement later the next year.

12. Rear Adm. Joseph P. Rizza, USN, Ret., telephone interview by William P. McEvoy, 6 March 2007.

13. Mattison, "Album," 8.

14. *Ibid.*, 29–30.

He could be very diplomatic when necessary, and he was a generous man with a caring bedside manner who genuinely took pleasure in being a doctor.

Mattison, as also evidenced by his journal, was proud, detail-oriented, and reserved almost to a fault. This comes through in his descriptions of the *Banner's* first official inspection and V-E and V-J Days. The ship had to be inspected before joining the fleet in late October 1944; it was perfect:

Ship's trial run satisfactory. Military inspection completed by official inspecting party. *U.S.S. Banner* received the highest grade on inspection of any of this class of ship constructed to date, the Medical Department found to be entirely satisfactory in every detail. The Medical Department received special mention at the conference following the inspection.<sup>15</sup>

Of Germany's collapse, he wrote, "Surrender of Germany May 8th [1945] heard on radio. Score now is 2 down and 1 to go. [It] should not take but about 5 or 6 months more to polish off Japan."<sup>16</sup> Later on, he was in San Francisco at the time of Japan's defeat and was apparently more critical of the celebrations than happy about the news of the war's end:

Formal announcement of ceasing of hostilities about 4 o'clock San Francisco time, and the town went wild. Celebration carried entirely too far. The celebration was certainly carried to [sic] far in San Francisco and I'm wondering how it was in other parts of the country . . . it was beyond the control of the police and the shore patrol, in fact dangerous to be on the street."<sup>17</sup>

There was, however, one instance in which his recollections were less restrained. Mattison expressed his attitude toward the invasion of Luzon in no uncertain terms:

Thus on Jan 9th, 1945, began the invasion of the main island of the Philippines which the Japs invaded 37 months before. Vengeful American troops are back now on this soil ready to march down the valley toward Manila and to begin another Death March of Bataan, only this time the "death" is to be for the Japs.<sup>18</sup>

His meticulousness is reflected in the medical statistics he compiled for each month he was assigned to the *Banner*: "Total attending sick call," number and types of "Operations" performed, "Injuries" cared for, and "Diseases" treated. These statistics add to the journal's uniqueness because his is the only one that provides such thorough informa-

15. *Ibid.*, 6. Mattison had good reason to feel proud. Just two weeks before the inspection, he had submitted twelve "alteration requests" for the Medical Department. They ranged from simple changes, like modifying the sickbay hatches to make stretcher-bearing easier, to more complicated adjustments, such as installing JV-11 sound powered phones and a 200-gallon emergency fresh water tank. Also, at each of his next inspections, he received very high marks. *Ibid.*, 5, 35.

16. *Ibid.*, 31.

17. *Ibid.*, 36.

18. *Ibid.*, 15.

tion.<sup>19</sup> Mattison's attention to detail is not limited to military matters, and he sounds every bit the experienced clinician when he makes his observations. For example, he wrote about and described the places he visited, such as Tacloban, Leyte, where he

Arrived at harbor just out of Tacloban, Leyte on Feb. 20th [1945]. . . . Went ashore with enlisted men's recreation party and visited the "trading post." Natives are very interesting people, like to talk and always have something to trade. They are more intelligent than the natives of New Guinea and most of them speak rather good English.

And in Manila:

Anchored in Manila Bay [on 9 July 1945] about 4 miles from the piers. . . . Visited Manila and rode in Caremota through area after area of destruction and demolition. Once a modern city in parts, now just about completely destroyed. Only a few office buildings with enough to carry on any kind of business [remain] and most of these are taken over by the army now. Most of the uptown district was dynamited by the Japs as they were being driven out. Portion[s] of other sections of the city [were] destroyed by American bombs and artillery in order to wipe out Jap Army units.<sup>20</sup>

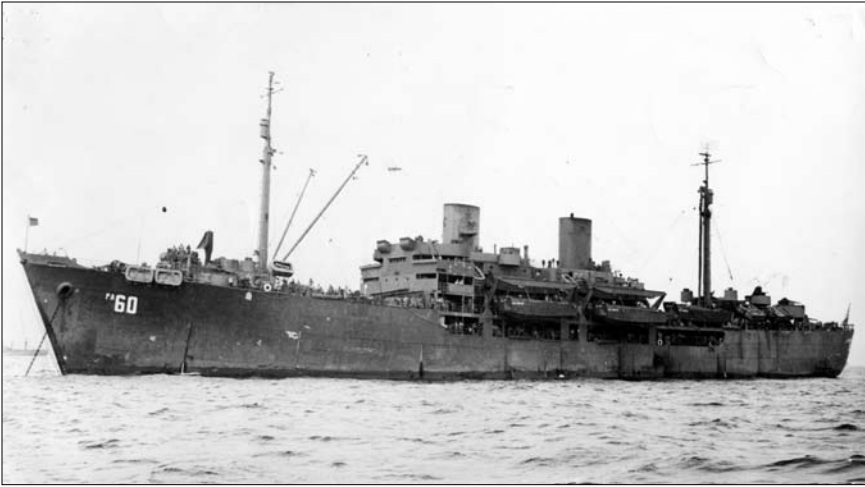
Furthermore, Mattison's journal even contains a copy of the Medical Plan for the invasion of Okinawa that he transcribed.

The *Banner* served in the Pacific, earning two battle stars in the process. It was one of a new class of shallow draft attack transports that operated in every theater of the war. An APA generally had a crew ranging from 350 to 500 officers and sailors and could transport an additional 1,100 to 1,200 men. Commissioned at San Pedro, California, on 16 September 1944, one day after the Pelelieu landing, the *Banner* moved to San Francisco to join the fleet on 22 October following a series of trial runs and last-minute modifications. After developing engine trouble on its first attempt, the ship set out for New Guinea eight days later. It arrived at Milne Bay on 18 November, sailed for Hollandia, New Guinea, the next day, and prepared for the invasion of Luzon at Hollandia and Sanaspor over the next several weeks. On 30 December, the *Banner* departed for the invasion of Luzon, which began on 9 January 1945. Subsequent to discharging its landing party, it was ordered to Leyte Gulf on the eleventh and spent the next two months sailing between Hollandia and Leyte before rehearsing for the invasion of Okinawa in early March.<sup>21</sup> The ship left Leyte in convoy for that invasion on 27 March, where

19. All of this information has been compiled and is available in the Appendix. While Mattison was aboard the *Banner* (except for the first ten days of December 1945), he listed the total number of people who attended sick call per month and each month's daily average, whether they were naval personnel or not. When he treated members of a different armed service, he pointed that out. He did not, however, list who received care. He listed only the types of diseases and injuries he treated, operations he performed, and the number of times he did so.

20. Mattison, "Album," 18, 35.

21. *Ibid.*, 15.



*The U.S.S. Banner (APA-60)* [Courtesy of William P. McEvoy]

it landed elements of the 382nd Infantry. After its service in the operation for Okinawa, it set out for Guam on 5 April. The following seven months saw the *Banner* crisscross the Pacific, stopping at least once at Pearl Harbor, San Francisco, Manila, San Diego, Eniwetok, Okinawa, Saipan, and San Pedro. Following V-J Day on 2 September, the ship joined the so-called “Magic Carpet Fleet” (the name Pacific service personnel gave to the ships that carried them home) on the run from Guam to Seattle, Washington. Mattison left the *Banner* in San Pedro for home on 10 December 1945. His unusual display of excitement is atypical and almost palpable: “Monday Dec 10th: Officially detached from *U.S.S. Banner*, after 15 months at sea. Ship is sailing for Guam tomorrow and I will not be aboard. On the contrary, I’ll be with Lois and my family at Raleigh for Christmas.”<sup>22</sup>

Mattison’s chronicle of his life aboard this troop ship not only provides helpful information and insight about his day-to-day experiences while afloat and ashore, but it also fills in some of the holes in the historiography of navy medical care by shedding light on the typical aspects of daily Medical Corps activities fleet-wide. Even though the *Banner* participated in the invasions of Luzon and Okinawa, two of the operations that saw the most ships damaged by *kamikaze* strikes, it never fired a shot in anger, nor did its medical staff treat a single combat casualty. Even its target shooting was less than perfect, as Mattison made clear:

Nov 12 [1944] we met another mine floating forward of the bow; emergency turn made and we passed within 50 yards of it. We circled it at a distance of 600 yards but unable to explode it as dusk came on.<sup>23</sup>

22. *Ibid.*, 45 (his emphasis).

23. *Ibid.*, 45.

Of the many thousands of ships in commission during the war, only a small number of vessels sustained any damage or took on wounded, so what Mattison recounts is meaningful because it speaks to the majority of the fleet's experiences, and its emphasis on the routine side of life for naval medical personnel runs counter to the image of almost non-stop wartime action painted by popular history. It is here, in conjunction with the existing popular and official literature on the navy's Medical Corps, that Mattison's journal in particular can do the most good in correcting these misapprehensions regarding service as a member of the Medical Corps during the Second World War.<sup>24</sup>

Doctors and corpsmen did far more than care for military personnel who were wounded in a combat situation. Their time, when not spent treating casualties during and after an engagement, was often consumed by practicing preventive medicine—or more mundane duties like ministering to ear aches, ankle sprains, allergies, or numerous heat- or cold-related maladies at sick call—in order to keep the crew as healthy as possible. While aboard the *Banner*, Mattison treated an assortment of benign ailments, such as simple cuts, scrapes, ingrown nails, muscle and joint strains, ear aches, abscesses on various body parts, and hay fever and other allergy symptoms.

He did, however, care for men with more acute troubles, such as assorted fungal, parasitic, viral, and bacterial infections (for example, various venereal diseases, tropical fevers, or tuberculosis) that could have threatened the overall health of the ship's general population if left untreated. He also treated several more serious conditions, such as congestive heart failure, skull fractures, meckel's diverticulitis, appendicitis, and even heat stroke, all of which could quickly become life threatening if not immediately addressed. He also performed minor operations to treat varicose veins, tonsillitis, and hemorrhoids; he amputated mangled fingers, cauterized external ulcers, and set broken bones. These seemingly nonthreatening problems are very important because they speak to the larger scope of warfare. Prior to the Second World War, more soldiers and sailors died from disease and illness than directly from wounds sustained in combat. Owing to Mattison's and his staff's level of care, his work contributed to the battle-readiness of the ship and the fleet overall.<sup>25</sup>

Of the several tasks assigned to a ship's medical staff, only one specifically called for the "care of the sick and wounded."<sup>26</sup> Of course, the others were related

24. For a compilation of its wartime activities, the navy relies on S. E. Morison's quasi-official *The History of United States Naval Operations in World War II*, 15 vols. (Boston: Little, Brown and Company, 1947–62). This massive description of the service's undertakings hardly mentions medical care. It seems odd that works of Morison's scope would address this subject in such a limited fashion, as the navy's overall efficiency was directly dependent on competent health care. Fortunately, the branch of the navy charged with the well-being of its personnel, the Bureau of Medicine and Surgery, published two records: Surgeon General, *History of the Medical Department*; and *The United States Navy Medical Department at War, 1943–1945*, vol. 1, pts. 1–2 (Washington: Bureau of Medicine and Surgery, 1946) (hereafter referred to as *USN Medical Department at War*), and also identified as *Manuscript 68-A, United States Naval Administrative History of World War II*.

25. There were no fatalities aboard the *Banner* while Mattison was its SMO.

26. Mattison, "Album," 3.

to it, and they included such things as keeping the commanding officer informed of “all matters of hygiene and sanitation,” filling out one (or more) of the over 115 various navy and Medical Department records and reports related to medical service, performing physical exams of each crewman, securing a Bill of Health, training and instructing corpsmen in their duties, and inspecting the ship’s living, mess, and commissary areas (including all food brought aboard).<sup>27</sup> As if these activities were not enough to keep doctors busy, a member of the medical team also had to serve as a beach platoon’s Medical Officer, muster the hospital corpsmen at quarters, prepare the “watch-quarter and station bill,” and stand watch.<sup>28</sup> At times, medical officers were even called upon to examine the occasional pet or ship’s mascot (including bear cubs and skunks), censor mail, and code and decode classified messages.<sup>29</sup> The Navy Department added one additional duty to the medical officers aboard ship and that was for them to sit on the board of summary courts-martial, something Mattison did on over a half-dozen occasions while aboard the *Banner*.<sup>30</sup>

In order to achieve the high level of success extolled in the secondary literature, medical officers had to be certain that corpsmen were well prepared to provide first aid when necessary, and to that end, the “training, drills, and instruction [of corpsmen] shall be continuous until arrival at scene of action.”<sup>31</sup> Besides preparation in mundane fields like record keeping and “ward management,” corpsmen had to attend regularly scheduled classes to learn first aid, anatomy, dentistry, triage procedures, surgery, pharmacy, nursing, anesthesia, bandaging,

27. Ibid., 3; and Bureau of Medicine and Surgery, *Manual of the Medical Department of the United States Navy* (Washington: GPO, 1939), 16a–16h, 29 (hereafter referred to as *Manual*). A Bill of Health gives “a description of the vessel, the sanitary history of vessel, the sanitary conduct of vessel while at port, and the sanitary conditions existing in the port.” Upon entering a foreign port, Mattison wrote, a Bill of Health was “given in duplicate to the Quarantine Officer,” and when leaving a port, it was presented to the ship’s commanding officer. The quotation comes from Bureau of Medicine and Surgery, *Handbook of the Hospital Corps of the United States Navy, 1939* (Washington: GPO, 1939), 454 (hereafter referred to as *Handbook*).

28. Mattison, “Album,” 3–4. A beach platoon was a group of men selected from a particular ship who went ashore to deliver supplies and medical care to any personnel they landed.

29. Rear Adm. Charles Oman, MC, USN, *Doctors Aweigh: The Story of the United States Navy Medical Corps in Action* (Garden City, N.Y.: Doubleday, Doran, and Co., 1943), 120; Herman, *Battle Station Sick Bay*, 132; and United States Navy, Pacific Fleet, *Organization and ships regulations, APA [226], Amphibious Forces, U.S. Pacific Fleet* (n.p., 1944), II-3-3 (hereafter referred to as *Organization and ships regulations*). I would like to thank the staff at the Naval Historical Foundation in Washington, D.C., for their help in locating and copying this document.

30. *Organization and ships regulations*, II-3-3; and U.S.S. *Banner*, “Deck Log,” Entry P-118-A1, 1941–1950, Box 719, Record Group (RG) 24, Modern Military Records Division (MMRD), National Archives and Records Administration (NARA), Washington, D.C. Mattison tried cases with charges ranging from being absent without leave, to dereliction of duty, to insubordination.

31. *Organization and ships regulations*, IV-17-9.

taking X-rays, physiology, and even embalming.<sup>32</sup> Ships' medical officers repeatedly drilled different combinations of corpsmen in the operating room so that they could assist in various surgical procedures, and they taught all the corpsmen how to dispense various anesthetic agents, especially sodium pentothal.<sup>33</sup> They also had to be thoroughly trained in antishock techniques in the event it became necessary for them to take a doctor's place if he were incapacitated, if they were cut off from his oversight, or if they were serving on a Damage or Fire Control party (where they carried first-aid kits and axes).<sup>34</sup> No matter what, they were required to demonstrate a certain professionalism:

A hospital corpsman giving first aid should do so with evident display of self-assurance and authority borne of knowledge, with decision, calmness, alacrity, and alertness of mind, thereby obtaining the confidence of the patient and of interested bystanders.<sup>35</sup>

Naturally, the instruction of corpsmen was stepped up prior to an invasion, as Mattison explained when he described the preparations for the invasion of Okinawa in 1945:

During the month of March to this date [26 March] we acquired an abundance of medical supplies. Flash-burn protective cream was distributed, one tube per man, and instructions given how and when to use it during a bombing attack. Lectures and demonstrations were given to the corpsmen daily by the doctors.<sup>36</sup>

Because a ship's crew far outnumbered those who served in the sickbay, and owing to the bloody nature of warfare in the Pacific, all officers and men also had to possess a working knowledge of first aid. It was not unusual for small groups of men to become cut off from their crewmates or isolated from the rest of the ship if it was damaged during an encounter with the enemy, so every crewman might have to become a temporary medic. Medical staffs therefore provided a "systematic first-aid program . . . aboard the fighting ships for all non-medical personnel."<sup>37</sup> The crew of the U.S.S. *California* cared for its wounded after it suffered an explosion off Saipan, causing its doctors and surgeons to praise this arrangement.<sup>38</sup> Films and slides augmented lectures, and all hands had to know

32. Mattison, "Album," 4; and *Handbook*, 882.

33. Annual Sanitary Report, U.S.S. *Doyen* (APA-1), 1943, 19–21, in *USN Medical Department at War*, 151–52.

34. Cmdr. Walter Karig, USNR, and Lt. Russel L. Harris, USNR, *Battle Report: The End of an Empire* (New York: Rinehart and Co., Inc., 1948), 360–62; Gerald W. Smith, Captain, MC, USN, "Conversion of Cruiser into Temporary Hospital Ship," *Military Surgeon* 94 (March 1944): 205; and *Organization and ships regulations*, III-2-6-III-2-7.

35. *Handbook*, 86.

36. Mattison, "Album," 20–21.

37. *USN Medical Department at War*, 263.

38. Action Report, *USS California*, Saipan (n.p., n.d.), 50, in *USN Medical Department at War*, 269.

when or if first aid was called for and how to move the wounded safely without making their injuries worse. They also had to recognize and treat shock, discover and staunch any bleeding, apply sulfa powder and battle dressings, treat a fracture or burns, and properly use a morphine syrette.<sup>39</sup> Furthermore, a ship's complement was encouraged to practice first aid on one another and to witness as many surgical operations as possible, as they needed to be used to the sight of blood.<sup>40</sup> "It is believed," Navy physician Gerald W. Smith pointed out, "that if more time were spent on instructing enthusiastic students of first aid in what *not* to do, rather than what to do, everyone, especially the patient, would be much better off."<sup>41</sup> These simple, common-sense precautions were also designed to boost morale; all personnel knew that help was only as far away as the closest shipmate.

Popular histories have a tendency to portray service in the war as one long, practically unbroken series of engagements, but as army physician Brendan Phibbs complained in his eloquently written journal, action was often very hard to come by:

Too much time is one of the worst features in any war. There are intervals of terror, certainly, and strenuous hours, but the great part of any war consists of boredom with a halo of chronic fear and discomfort. What does anyone do in a gunpit or an aidstation when there are no targets or casualties?<sup>42</sup>

This idleness also bedeviled those at sea, because after one's duties had been carried out and all tasks accomplished, where could he or she go? More often than not, a sailor or Marine not involved in combat operations found himself spending the war like Mister Roberts, sailing from "Tedium to Apathy and Back," and this applied to those who served in sickbay as well.<sup>43</sup> Often, sailors had only "fueling day" to look forward to as a way of breaking the well-established monotony of ship-board life.<sup>44</sup> Whereas soldiers could often engage in all manner of sports and other activities, sailors on small vessels could do little more than read, write letters home, gather in groups to sing, gamble, or watch a film to relieve the repetitiveness of an ordinary day. This pattern is even reflected in the *Banner's* war diaries, as the entry for 29 November 1944 makes clear, "Steaming as before. Nothing of interest happening."<sup>45</sup> With so few options open to them, Mattison and his shipmates got together "several nights [and] we enjoyed, in various groups, singing old numbers and occasional hymns," and

39. G. W. Smith, "Conversion of Cruiser," 205–6.

40. *Ibid.*, 205.

41. *Ibid.*, 206 (his emphasis).

42. Phibbs, *The Other Side of Time*, vii.

43. Cowdrey, *Fighting for Life*, 53.

44. Capt. Walter Karig, USNR, Lt. Cmdr. Russell L. Harris, USNR, and Lt. Cmdr. Frank A. Manson, USN, *Battle Report: Victory in the Pacific* (New York: Rinehart and Company, 1949) 483–84.

45. Crew of the U.S.S. *Banner*, "War Diary, U.S.S. *Banner* APA-60," p. 7, Box 16: 16 September 1944–31 September 1945, RG 38, MMRD, NARA (hereafter referred to as *Banner War Diary*). The author would like to express his thanks to Tim Frank for his assistance in locating and copying this information.

he echoed the ship's diaries succinctly: "Day after day and night after night cruising along, carrying on ship routine."<sup>46</sup>

Receiving mail was something men and women of all ranks and rates looked forward to as a diversion, and Mattison was no exception. Rarely a day went by that he did not list all his mail and who sent it, and upon entering port, one of the first things he mentioned was any new correspondence: "Arrived Leyte Jan 14th. No mail upon arrival. Jan 17th: welcomed mail arrived, three letters from Mother and two from Lois."<sup>47</sup> In fact, mail was so important to him that he would abruptly change subjects to mention what mail he received. While recounting his impressions of and activities at Hollandia, for example, he paused, listed his mail, and then resumed his sketch of the port:

Received welcome at the hospital [Naval Hospital, Hollandia] and made ward rounds with the other doctors, also helped skin-graft several burn cases. [I also] visited each of two army hospitals here each with a capacity of 1000 beds and saw some very interesting cases. Letter from Lois Nov. 23rd, then today the 28th I received one from Kathryn and one from Lois. Native boys and even whole families in out-rigger canoes come up alongside the ship and ask for little gifts from the sailors, offering Jap cigarettes in trade.<sup>48</sup>

The tediousness of life at sea could be worse for the doctors and corpsmen. The SMO of the minesweeper U.S.S. *Aaron Ward* became so inured by the humdrum and very repetitious practice of general quarters drills at sunset that an actual *kamikaze* attack found him reading *War and Peace* at his battle dressing station.<sup>49</sup> One physician explained that this inactivity could quickly develop into a "curse because [a doctor or corpsman] can become lulled by the monotony of the mundane."<sup>50</sup> Downtime often provided men a chance to reflect on their loneliness, faults, or failures, which was not good for morale. Lieutenant William S. Gervutz's experiences evacuating wounded Marines from Torokina near Rabaul in the Pacific provide but one example of this ennui. After attending to a number of casualties, Gervutz spoke to Captain Milton Sperling, a Marine Corps press officer, about life during the war:

"Wednesday? It's Saturday!" Then uncertainly: "Or is it Friday?" He returned impatiently to me. "I haven't been in a bed for a hell of a long time and I'm pooped. I get letters from my partner back in the Dalles—that's just outside of Portland [Oregon] where I practiced—telling me how exciting it must be for me and how he envies me." He dropped into a brooding silence. "I'm a chest man. .

46. Mattison, "Album," 8.

47. *Ibid.*, 16.

48. *Ibid.*, 9. Kathryn was the younger of his two sisters-in-law.

49. S. E. Smith, ed., *The United States Marine Corps in World War Two: The One-Volume History, From Wake to Tsingtao—by the Men Who Fought in the Pacific, and by Distinguished Naval Experts, Authors, and Newspapermen* (New York: Quill, 1969), 956.

50. Dr. Jerome Groopman, *How Doctors Think* (Boston: Houghton Mifflin, 2007) 78.

.. I can use a bronchoscope like you can drive a car. . . . Now I'd sell my soul to get an inch of shrapnel out of some kid's knee." A long, low whistle sounded over our heads. We looked up. The combat fatigue case [Gervutz had just treated for symptoms similar to a hot appendix] was snoring profoundly under his opiate. The doctor regarded him mournfully. "Those nerve cases," he complained. "They're the one thing that gets me down. I don't know how to handle them. I'm just no damn good at psychology. Let's go back up on deck."<sup>51</sup>

These feelings of loneliness, inadequacy, and boredom were exacerbated during the holiday season. On 25 December 1944, Mattison wrote, "Christmas Day: 9000 miles from home. I'm here [Sanaspor, New Guinea] in person, but my heart is in Dallas and Raleigh."<sup>52</sup> The problem of low morale was further compounded during combat. One navy doctor explained how the "initial tension which almost universally precedes an impending battle rapidly disappears" when the men lose themselves in their jobs, but the "medical personnel are somewhat at a disadvantage. The sickbay and dressing stations are manned, but unless casualties occur, the entire time may be spent waiting for something to happen."<sup>53</sup> The U.S.S. *Montpelier's* junior medical officer, Lieutenant (j.g.) Robert Conard, remembered that:

My battle station was in the after battle dressing station, between the 6-inch gun turrets in the after part of the ship. It was a very noisy place when the guns went off, and the air would fill with dust and smoke. It was a nerve-racking place to have to sit for long periods at general quarters . . . During combat we were below deck, and most of the time didn't know what was going on . . . you resigned yourself to the fact that this is where you've got to be, and you kept your fingers crossed that the ship didn't get hit and that you would come out of it alright.<sup>54</sup>

At Okinawa, Mattison's waiting began almost immediately:

Colonel Lewis and his Third Battalion Landing Team went over the side from the *Banner* into our [fourteen] LCVPs [Landing Craft, Vehicle and Personnel] and made a successful landing when they hit Beach White One at H+2 1/2 hours. I watched them make the landing as I stood on the signal bridge looking through field glasses.<sup>55</sup>

Mattison expressed his frustration repeatedly because the only thing he and his staff could do was wait for the wounded to arrive. He was still biding his time on 2

51. S. E. Smith, ed., *The United States Marine Corps in World War Two*, 457; and *USN Medical Department at War*, 156.

52. Mattison, "Album," 11.

53. Edward C. Kenny, Commander, MC, USN, "Experiences in a Theater of Operations," *Bulletin of the American College of Surgeons* 29 (June 1944): 116.

54. Herman, *Battle Station Sick Bay*, 132–33, 135.

55. Mattison, "Album," 25.

April when he wrote, "Casualties ashore less than anticipated, none being received on the *Banner* yet. We're anchored two miles off shore and most of the casualties are being sent to nearer ships." As a way of passing the time, he stayed up until two o'clock in the morning that day just "watching the night battle" from the Signals Bridge.<sup>56</sup> Downtime and low morale notwithstanding, there was one instance of celebration for every ship as it crossed the equator for the first time: the initiation of the "pollywogs" into King Neptune's Royal Order of the Deep, and Mattison recorded the events of his initiation:

November 9th [1945]: Shellback Pollywog ordeal and initiation, all pollywogs getting our hair cut right down to the scalp. The initiation lasted all morning. Now that we've crossed the equator and been initiated, we're all full fledged shell-backs and members of the Royal Order of the Deep.<sup>57</sup>

A vessel's medical department was not, as is often supposed, wholly contained within one or two rooms. Although a sickbay was indeed the site of primary care, this facility was simply the center of a much larger system that was designed to spread first-aid and emergency medical care throughout the ship. Most APAs had enough hospital bed space for twenty-three berths: fifteen in the sickbay and four each in the Mental and Isolation Wards.<sup>58</sup> Mattison explained that the physical layout of the *Banner's* medical department spanned one deck and comprised a doctor's office and record room, an operating room, a medical ward, a mental ward, an isolation ward, the dental office, an X-ray and developing room, a pharmacy, a laboratory, and the diet kitchen.<sup>59</sup> An APA generally had four Emergency Battle Dressing Stations (Main, Forward, After, and Engineering) and three Emergency Dressing Stations (Troop Officer's Berthing Area, Chief Petty Officer's Wardroom, and Crew's Berthing Area) located on several decks.<sup>60</sup> Its medical complement served a crew of roughly 350 and, beyond the SMO, consisted of one medical and one dental officer, one chief pharmacist's mate, two pharmacist's mates 1st class, five pharmacist's mates 2nd class, five pharmacist's mates 3rd class, six hospital apprentices 1st class, and one hospital apprentice 2nd class.<sup>61</sup>

56. *Ibid.*, 25–27.

57. *Ibid.*, 8; and see also Fessler, *No Time for Fear*; and Pugh, *Navy Surgeon*, 128. This ritual occurs on all vessels, both military and merchant. Mattison's naval service had kept him in the Northern Hemisphere prior to this time.

58. *Organization and ships regulations*, II-9-3. This applies to APAs numbered from 117 to 235, from *Organization and ships regulations*, II-3-2. For more information on this subject, see below notes 61 and 64.

59. *Organization and ships regulations*, II-6-13; and Mattison, "Album," 2–3.

60. *Organization and ships regulations*, IV-17-3–V-17-4.

61. Mattison, "Album," 7; and *Organization and ships regulations*, VIII-1-1. A particular APA's crew total depended on which type of APA it was; there were four APA classes. The *Banner* was of the Gilliam class and the *Rawlins* (APA-226) was of the Haskell Class, the largest and most numerous class. S. E. Morison, *Supplement and General Index*, vol. 15 of *The History of United States Naval Operations in World War II* (Boston: Little, Brown and Co., 1962), 89–92.

Through discussions with Allied medical personnel prior to the United States' declaration of war against Japan in December 1941, American naval doctors had learned that even well-laid plans frequently amounted to little more than wasted time. During the initial stages of the Royal Australian Navy's wartime involvement, for example, its leaders discovered that during combat a disturbingly large number of their medical personnel became casualties themselves and that fire and flooding resulted in the loss of irreplaceable medical and surgical supplies because they had been concentrated in only one or two areas aboard a ship.<sup>62</sup>

U.S. Navy medical personnel took this lesson to heart, and immediately after Pearl Harbor, medical staffs realized they needed to hoard sulfa drugs, morphine syrettes, plasma, saline and glucose solutions, plaster of paris, gauze, battle dressings of different sizes, gowns, and other necessary supplies. In order to safeguard against damage, this equipment had to be widely dispersed on the vessel.<sup>63</sup> Mattison reported that before the *Banner* joined the fleet, its medical department submitted a list of modifications and upgrades for its operating rooms, including a request for "sixty metal racks for first-aid boxes" to be installed "in various parts of the ship."<sup>64</sup> In some instances, medical officers went so far as to secure "large G.I. cans" from the navy yard, fill them with all the medical supplies they could hold, and distribute them in several locations above and below decks.<sup>65</sup> Moreover, doctors and corpsmen carried large first-aid pouches with them when a ship went to general quarters.<sup>66</sup> These precautions, combined with several battle dressing stations per vessel, ensured that its medical department could still function even if it sustained extensive damage. This system of preventive measures worked.<sup>67</sup> On 29 November 1944, for example, most of the U.S.S. *Maryland's* medical facilities were destroyed during an attack, but the distribution of supplies around the ship and its four battle dressing stations enabled its medical section to render "effective and efficient treatment" in spite of the damage.<sup>68</sup>

Many medical officers availed themselves of nearly every opportunity they had to visit and confer with other doctors wherever their duties took them in order to keep current with the latest medical treatments and information.<sup>69</sup> Mattison visited several base and local hospitals, army and navy hospital ships, and other

62. G. W. Smith, "Conversion of Cruiser," 204.

63. *Ibid.*, 204.

64. Mattison, "Album," 5. The number of first-aid boxes varied from ship to ship, and a commanding officer left the number and placement of the boxes to the discretion of his SMO. *Manual*, 36. The *Banner* had over sixty, but the U.S.S. *Rawlins* (APA-226) maintained only twenty-six first-aid boxes over four decks. *Organization and ships regulations*, IV-17-5.

65. G. W. Smith, "Conversion of Cruiser," 206.

66. *Ibid.*, 207.

67. Ernest J. King, *U.S. Navy at War, 1941-1945: Official Reports to the Secretary of the Navy* (Washington: GPO, 1946), 219.

68. Surgeon General, *History of the Medical Department*, 1:116.

69. Kenny, "Experiences in a Theater of Operations," 115; Surgeon General, *History of the Medical Department*, 1:156; and Mattison, "Album," 9, 10, 11, 18.

vessels. He often assisted in operations while there, even when he was ashore on leave. As was typical, he logged such encounters. In one instance, after the *Banner* docked at Leyte, he wrote:

Arrived Leyte June 10th. I went ashore and into Tacloban in the capital of Leyte and visited the Leyte Provincial Hospital. Everyone in the hospital was quite busy including the three Philippino doctors and [twelve] Philippina nurses. The surgeon was glad to have me visit the hospital and I accepted his invitation to assist him on a hernia operation and two autopsies, one of which I did myself. [I used] hemp suture for closure. I think their work in the operating room, on the ward, [and] in the hospital in general was very good considering the handicaps they were working under.<sup>70</sup>

On 3 April 1945, the third day of the invasion of Okinawa, he called on the U.S.S. *Mendocino* (APA-100) as a way of making himself useful:

The doctors were snowed under with casualties. [I] helped them on cases, one with a crushed pelvis and greater part of [right] buttocks torn off. The other was a case with [six] machine gun bullets through the abdomen with multiple perforations of the intestines. Latter case died next day.<sup>71</sup>

Fortunately for him and other officers, there were times, though rather rare, that these visits were simply social calls. On at least one occasion, he had lunch with an old friend aboard the hospital ship U.S.S. *Hope*, and later, he scheduled a special get-together at Hollandia in January 1945:

The Army Hospital Ship, *U.S.S. Emily Weder*, anchored yesterday and our officers appointed me a committee of one to invite a group of nurses over for dinner in the wardroom. I made arrangements and we had 14 for dinner the following Friday night, and [it] was enjoyed by all.<sup>72</sup>

Mattison was not the only person to recall such events. Norma Harrison Crotty, a Navy Flight Nurse stationed ashore where these types of get-togethers were more common, remembered a surprisingly active social life in the Pacific:

With so few women and so very many men, our social life was outstanding with dances and parties. There was also a 10:00 P.M. curfew, and when we were out at night, there had to be two officers with us, one wearing a sidearm. So many of the nurses married fellows they met overseas, and they didn't know very much about each other. Surprisingly, most of the marriages worked out fine.<sup>73</sup>

These informal meetings allowed exchanges of information to take place, helped the fleet's multiple medical departments prepare for war, and ultimately boosted morale.

70. Mattison, "Album," 33.

71. *Ibid.*, 27.

72. *Ibid.*, 10, 17–18.

73. Fessler, *No Time for Fear*, 78.

The relationship between medical department personnel and command was not always cooperative or harmonious, and this dynamic could affect how well a ship's medical department functioned. Each ship's SMO decided what medical supplies were necessary, and usually all involved spared no effort to see that he received the requested materials.<sup>74</sup> In late 1942, Service Force, Pacific, devised a plan to provide medical supply at sea. This program took advantage of tankers and other transports to carry medical stores to the fleet because these vessels were frequently in contact with it. This arrangement "was a spectacular success" even though replenishment while underway often resulted in delays about which a captain was seldom pleased.<sup>75</sup>

In some instances, tension between a captain and a senior physician could turn downright nasty, especially where the medical department's enlisted personnel were concerned. Since the primary goal of a ship's medical section was to keep the men healthy so that they could better fight the enemy, corpsmen were supposed to be exempt from duties not related to health care so they could devote more time to study and training and avoid injury from loading stores, performing repairs, or painting. Seven months into the *Banner's* cruise, Mattison and the ship's captain, Lieutenant Commander James R. Pace, came to a "showdown" over the captain's improper use of the corpsmen, which had been a problem since early in their voyage:

March 7th, quite a day, almost half my Corpsmen being used on ship's working parties. That's gone far enough now and tomorrow I will come to a showdown with the Captain, two previous verbal requests, that my Corpsmen be excused from ship's working parties, having been refused. March 8—Official letter from SMO to the Commanding Officer, relative to corpsmen, was sent through ship's office and made its official routing to the Captain. Quite mad at first, the Captain called me in and acted very nasty about it but finally gave in. However, he still held that corpsmen will be used on working parties when loading provisions and stores. . . . Today Mar 10th another letter from Mother and one from Lois. Beware, a letter from Mr. Rizza a rebuttal on behalf of the Captain, and most ridiculous and absurd. Heated discussion of the matter followed.<sup>76</sup>

Six months later, after the *Banner* returned to California to pick up troops and equipment, this conflict resurfaced:

Morning of Aug 14 the Twelfth Naval District medical representatives came aboard and made an official inspection of

74. G. W. Smith, "Conversion of Cruiser," 206.

75. Surgeon General, *History of the Medical Department*, 1:156.

76. *Banner War Diary*, November 1944, p. 7; Mattison, "Album," 19 (his emphasis). According to the ship's war diaries, Captain Pace had been using the corpsmen on work parties since 10 November 1944. Although the "rebuttal" caused a row with Rizza, Mattison was not as upset with him as he was with Captain Pace because the ship's second-in-command was carrying out Pace's orders.

the sick bay. Every aspect of my medical department including cleanliness, equipment, records and organization was given excellent marks with the exception that hospital corpsmen are being used in working parties involving handling of ship's stores and provisions which they stated violated Article 121 of Navy Regulations.<sup>77</sup>

Still, the situation was not resolved:

Sunday Sept 2nd . . . Report of the Inspection of the Medical Department which was held in Oakland by a board of inspection from the Twelfth Naval District received: Ranged from "good" to "excellent" in every phase except that Article 121 navy reg[ulations] showed evidence of abuse by reason of the fact that [my] hospital corpsmen are being used in working-parties in helping to load ship's provisions and stores. Captain Pace became very angry and ordered that I present him with a letter stating that Article 121 is not being abused aboard this ship. I informed him that it was impossible for me to make such a statement, and that I could not carry out the order. The following several days were very unpleasant for the both of us.<sup>78</sup>

This is the last Mattison wrote of this issue, but it is evident that it caused a strained relationship for the greater part of his and Pace's deployment.

Most published medical histories of the war concentrate almost exclusively on capital ships like cruisers, battleships, or aircraft carriers.<sup>79</sup> This disregard of smaller vessels creates an indifference to the vital role that auxiliary ships like minesweepers and APAs played in the navy. Hospital ships, it is generally assumed, took care of combat casualties as soon as they were evacuated from the beach. There are three major problems with this assumption. First, there were not enough hospital ships in service (only fifteen by war's end) in the navy to care for all the wounded and transport them to base hospitals.<sup>80</sup> Second, a hospital ship's deep draft prevented it from entering most invasion harbors, thus making it impossible to take on patients immediately. Third, these ships could not risk endangering themselves by sailing too close to enemy vessels or shore batteries. Yet despite these restrictions, these vessels were an "invaluable . . . asset" to the Pacific and Atlantic campaigns even though they could not help in the recovery and initial treatment of wounded during amphibious operations.<sup>81</sup>

77. Mattison, "Album," 38–39. Article 121 states: "Members of the Hospital Corps shall not perform any military duties other than those pertaining to the medical department." United States Navy Department, *United States Navy Regulations, 1920 (reprinted 1941, incorporating changes)* (Washington: GPO, 1941). The author would like to thank John C. Riley of the Naval Historical Foundation in Washington, D.C., for his help in locating this information.

78. Mattison, "Album," 40–41.

79. For information regarding medical care underwater, see Herman, *Battle Station Sick Bay*.

80. King, *U.S. Navy at War*, 284.

81. Surgeon General, *The History of the Medical Department*, 1:v.

The navy, therefore, quickly recognized the value of, and began to rely on, attack transports (APAs).<sup>82</sup> Not only did they “combat load” and ferry troops and their equipment to an invasion site and train “embarked troops in the technique of amphibious landing attack operations,” but they also doubled as primary medical care facilities for the wounded they carried away.<sup>83</sup> In short, these vessels fulfilled a critical role that they were neither designed for nor equipped to play. During the invasion of Iwo Jima (19 February–26 March 1945), for example, the APAs “often bore the brunt” of the casualty load from the beach assaults, and by late afternoon of D-day-plus-2, they had received almost 5,000 patients.<sup>84</sup> When the Southwest Pacific Campaign began in 1942, there were no APAs in the Seventh Amphibious Forces. By October 1944, enough of them had been temporarily assigned to that body to help land over 85,000 troops.<sup>85</sup> Furthermore, the U.S.S. *Heywood*’s experience at Tarawa in 1943 was indicative of “the tactical situation” on the day after the invasion.<sup>86</sup> The *Heywood* landed a Marine Assault Landing Team at Betio while its beach party overcame six enemy attacks to land much-needed medical equipment and supplies, and its medical staff treated 277 Marine and naval casualties.<sup>87</sup> Most of the vessels involved in the Kwajalein operation in 1944 were ships that had been converted to APAs.<sup>88</sup> Mattison explains that for the invasions of both Luzon and Okinawa, the *Banner* was oversupplied “so as to provide other ships if they run short, especially the smaller ships.”<sup>89</sup>

Attack transports proved to be so capable and versatile that during the North Africa invasions in November 1942, the U.S.S. *Thomas Stone* was turned into a hospital after being intentionally beached almost “100 yards from the exposed sandy beach at Algiers” after suffering a torpedo strike from a German submarine. Her sickbay augmented the other naval medical facilities in the area by helping with “surgery, dentistry, laboratory work, and roentgenology.”<sup>90</sup> The APAs’ flexibility, combined with the fleet’s increased need for a hospital ship that could travel close inshore, led to the Auxiliary Personnel Hospital (APH). A variant of the APA, the APH was a transport that had been “fitted out for the evacuation of the wounded.”<sup>91</sup> The navy commissioned three APHs: the *Tyron* APH-1, the

82. Mattison, “Album,” 2. He states that the navy eventually commissioned over 200 APAs.

83. *Organization and ships regulations*, I-2-1.

84. Surgeon General, *History of the Medical Department*, 1:98.

85. *Ibid.*, 184–85.

86. *USN Medical Department at War*, 165.

87. Action Report, *USS Heywood*, “Capture of Tarawa, Gilbert Islands,” Serial OO412 of 29 Nov. 1943, 1–2, in *USN Medical Department at War*, 165–67.

88. *USN Medical Department at War*, 214.

89. Mattison, “Album,” 12, 21.

90. Surgeon General, *History of the Medical Department*, 1:193; and Michael Hanson, *Thomas Stone*, <http://www.hazegray.org/danfs/amphib/apa29.txt> (accessed September 2010). Roentgenology is the term applied to the use of X-rays in diagnosing a medical problem.

91. APA-3 *Rixey*, <http://www.hazegray.org/danfs/auxil/aph3.htm> (accessed September

*Pinkney* APH-2, and the *Rixey* APH-3. These vessels were very similar in design to APAs and served exclusively in the Pacific. The major difference was that the ships' medical departments were at least three times the size of their attack transport counterparts. For example, the *Rixey* had a medical staff of seventy-one officers and men, while the *Banner's* numbered only twenty-two.<sup>92</sup> In addition to ferrying troops to the invasion sites, these evacuation transports also sent hospital units ashore and were equipped just like hospital ships. Unlike the large, white-hulled hospital ships, the APHs were armed so they could defend themselves, provide cover for landing operations, and steam anywhere the APAs were able to go. These specially designed evacuation transports proved very successful; the *Rixey*, for example, treated over 11,000 casualties during the war.<sup>93</sup> APAs were so important to the navy's overall war effort, one officer noted, that "these vessels, as much as any battleships, were men-of-war in the thick of the fight."<sup>94</sup> The *Banner* was no exception even though its experiences were less exciting than those of ships like the *Thomas Stone*, as it embarked troops for Luzon and Okinawa and was ready to render aid to any wounded personnel who required it.

Clearly, Dr. Mattison's journal and his experiences at sea contribute to an increased understanding of the scope of naval medical care during the Second World War, and they fill in a void in the existing social histories of the war by illuminating the daily life of naval health care providers. At first glance, boredom accented by routine was the rule rather than the exception for many, perhaps most, doctors, nurses, pharmacist's mates, and hospital corpsmen during the war. But as Mattison's service demonstrates, military medical personnel generally had something to do that would lead to increased proficiency even if it was a commonplace activity that did not require medical care to be administered while under fire, like practicing preventive medicine, further training of corpsmen, or preparing a sickbay for sea duty. One of the features of naval medicine that authors have praised was its success at saving lives as a result of enemy contact, but it is only an amalgamation of the commonplace and the extraordinary that can explain how the navy's Medical Corps was able to keep as many men at as many guns as possible.

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2010). The author would like to thank his friends and colleagues in the Society for the History of Navy Medicine for their help in locating this information.

92. *Ibid.*; and Mattison, "Album," 7.

93. APA-3 *Rixey*, <http://www.hazegray.org/danfs/auxil/aph3.htm> (accessed September 2010).

94. Cmdr. Walter Karig, USNR; Lt. Earl Burton, USNR; and Lt. Stephen L. Freeland, USNR, *Battle Report: The Atlantic War* (New York: Farrar and Rinehart, Inc., 1946), 430.

## Appendix<sup>95</sup>

### Statistics of Disease and Injury aboard the U.S.S. *Banner*:

#### Month of October 1944

(16 September to 31 October)

Total attending sick call: 782

(average 27 per day)

##### Operations: 4

- Abscess groin
- Abscess rt. arm
- Furuncle left arm

Abscess left mastoidal region

##### Diseases: 6

- Gonorrhea, 2
- Gastroenteritis
- Fungus groin, 2
- Dementia precox

#### Month of November 1944

Total attending sick call: 942

(average 31 per day)

##### Operations: 1

- Amputated finger

##### Diseases: 8

- Scabies
- Poison oak
- Fungus leg
- Appendicitis
- Gonorrhea
- Otiten media
- Acute catarrhal fever
- Acute arthritis

##### Injuries: 5

- Laceration buttock
- Contusion left leg and ankle
- Sprain rt. ankle
- Contusion and hematoma testicle
- Heat exhaustion

#### Month of December 1944

##### Operations: 4

- Abscess rt. axilla
- Furuncle rt. knee
- Ingrown toe nails, 2

##### Injuries: 1

- Contusion chest and shoulders

##### Diseases: 11

- Arthritis, 2
- Fungus legs, 3
- Acute enteritis
- Cellulitis
- Myositis
- Acute catarrhal fever
- Otitis externa, 2
- Psoriasis
- Cardio decompensation

#### Month of January 1945

Total attending sick call: 884

(average 27 per day)

##### Operations: 1

- Cauterization rectal ulcer

##### Diseases: 14

- Arthritis
- Acute enteritis, 6
- Hypertrophic arthritis, 2
- Acute gastritis, 1
- Operational fatigue
- Catarrhal fever, 2
- Cardiac decompensation, 1

#### Month of February 1945

Total attending sick call: 806

(average 26 per day).

##### Operations: 5

- Ingrowing toe nail
- Abscess finger, 2
- Abscess jaw
- Furuncle jaw

##### Injuries: 10

- Foreign body left eye
- Sprained ankle, 2
- Fracture clavicle
- Laceration conjunctiva
- Fracture skull

95. Mattison, "Album." See also note 19.

Heat exhaustion, 2  
Concussion brain  
Fracture finger

**Diseases:** 4

Myositis  
Tuberculosis  
Acute enteritis, 2

**Month of March 1945**

Total at sick call, Navy: 1,210  
(average 40 per day)

Total at sick call, Army: 960

**Diseases:** 13

Appendicitis, 1  
Ulcer foot, 1  
Otitis externa, 2  
Acute arthritis, 1  
Gastroenteritis, 1  
Acute myositis, 2  
Tonsillitis, 1  
Bronchitis, 2  
Asthma, 1

**Injuries:** 1

Heat exhaustion.

**Operations:** 5

Appendectomies, 4  
Meckel's diverticulectomy, 1

**Month of April 1945**

Total attending sick call: 986  
(average 32 per day)

**Operations:** 6

Appendectomy, 1  
Ligation saphenous vein, 2  
Hemorrhoidectomy, 1  
Abscesses, 2

**Injuries,** 3

Contusion multiple, 1  
Physical exhaustion from exposure, 2

**Diseases:**

Cellulitis left leg, 1  
Asthma, 1  
Constitutional psychopathic state,  
emotional instability, 1  
Ulcer leg, 1  
Tinea cruris, 1

**Month of May 1945**

Total attending sick call: 841  
(average 28 per day)

Total attending sick call, Army: 352

**Operations:** 4

Appendectomy, 1  
Hemorrhoidectomy, 1  
Varicose veins, 2

**Diseases:** 14

Otitis externa, 2  
G.C. urethritis, 1  
Acute pyelitis, 1  
Furuncle wrist, 1  
Fungus, 1  
Acute catarrhal fever, 8

**Injuries:**

Contusions multiple  
Muscle strain lumbosacral  
Fractured 2nd metatarsal

**Vaccinations:**

Cholera, 287  
Typhoid booster, 198

**Month of June 1945**

Total attending sick call, Navy: 1,635  
(average 52 per day)

Total attending sick call, Army: 686.

**Operations:** 1

Removal cyst of neck

**Injuries:** 2

Contusion rt. knee  
Contusion testicle

**Diseases:** 7

Otitis externa, 2  
Gastroenteritis  
Acute tonsillitis  
Scabies  
Ulcer leg  
Urticaria

**Month of July 1945**

Total attending sick call: 1,304  
(average 42 per day)

**Injuries: 3**

Contusion left knee  
Fracture 2nd metacarpal left hand  
Wound lacerated tendon rt. hand

**Diseases: 5**

Acute catarrhal fever  
Gonococcus infection urethra  
Urticaria  
Abscess left side chest

**Month of August 1945**

Total for sick call, Navy: 747  
(average 24 per day)

Total for sick call, Marines: 107

**Diseases: 16**

Gonococcus infection, 3  
Personality Disorder  
Peptic ulcer  
Acute tonsillitis, 2  
Acute catarrhal fever, 3  
Cellulitis left arm  
Inguinal hernia  
Ulcerative colitis  
Folliculitis of keloids neck

**Injuries: 2**

Contusion left knee  
Contusion rt. shoulder

**Month of September 1945**

Total attending sick call: 1,143  
(average 38 per day)

Passenger sick call: 606

**Diseases: 12**

Gastroenteritis, 1  
Catarrhal fever, 4  
Impetigo, 1  
Tonsillitis, 4  
Fungus, 1  
Cystitis, 1

**Injuries: 2**

Burn 2nd degree, 1  
Fracture rt. astragalus, 1

**Month of October 1945**

Total attending sick call, Navy: 909  
(average 30 per day)

Total attending sick call, troops: 722  
Total admitted to sick bay: 18

**Month of November 1945**

Total attending sick call: 656  
(average 22 per day)

Total attending sick call, Army: 816  
Total admitted to sick bay: 26