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A WORD FROM THE FORMER SECRETARY

MAJOR F. L. DENZER, M. C.*

Since I last wrote to the Editor of *Linacre*, I have seen service as Chief of Medicine at Camp Kilmer Station Hospital in New Jersey, and am now at the Charleston Port of Embarkation. A few words on our hospital ships may be of interest to the readers of our Quarterly.

It was in September, 1941, while transport surgeon on the U. S. Army Transport Siboney, that I was first introduced to Charleston. At that time, it was an improvised Army installation with but a dock and a shack for an office, and we were lucky to find the dock vacant at the time. Since then, the Port has grown in leaps and bounds so that now it covers an area of over three square miles and can unload any number of ships at will. All this, I believe, is largely due to Brig. Gen. James T. Duke, the Commanding Officer, who, incidentally, is a fervent Catholic. The peculiar feature of this port is that it is the home of all hospital ships in the East and even many from the Pacific Asiatic Theatre of War.

This transformation is paralleled by the type of personnel passing through here. Whereas in 1941 we loaded paratroopers aboard our transport, now we unload many thousands of wounded from the combat zones—probably some of the same who passed through here as combat troops years ago.

Another coincidental feature is that the Siboney has since been converted to a hospital ship and renamed the Stafford. And so the transformation continues, as we might expect, in other war departments as V-day approaches and victory seems nearer.

The Army can be proud of its hospital ships totaling approximately forty in this area. They are the best equipped and most scientifically complete, both for comfort and for technical needs, of any hospital ships in the world. Most of them are completely new in their interior and represent an outlay of many millions of dollars. The precursor of a hospital ship is usually an army transport, though "liberty ships" are occasionally used. Their names are usually changed to some recent hero or heroine though many have names of places or cities. An example of the former would be the *Blanche Sigman*, an Army nurse killed at Anzio, and the *Chateau Thierry* is an example of the latter. Personally, I don't see the need of the latter, when there are so many heroes of medical and surgical history to choose from.

The total bed capacity is from 400 to 900 patients; of course, in addition, there must be accommodations for a large merchant marine crew, as well as permanent Army personnel, totaling approximately 300 more. So you see it takes a lot to construct and maintain a hospital ship.

* This communication from the former secretary of the Federation was received by Mrs. Dillon for publication in January, 1945. Sincere regrets have already been expressed for the delay in publication. A. M. S., S.J.

International rules governing hospital ships are few, but definite; they must be registered with all belligerents; must be painted white with a large red cross visible on three sides; must be fully lighted at night. Traveling in convoy is forbidden, and going through a mine field or passage under military escort, is done on its own risk of enemy action, as it is a violation of the above rules. We have darkened out many of our ships near invasion coasts, but these have not been molested, probably due to the excellent protection afforded them. In the early days of the war, there were a few armed hospital ships which traveled in convoy and were painted battle gray.

These ships of mercy transport wounded and psychiatric cases to America. Most of them had been in base hospitals overseas several months, others arrive directly from the front, depending on their disposition as to rehabilitation and travel. No elective surgery is permitted on hospital ships en route. This restricts the doctor to emergency surgery (occasionally an appendectomy), changing of casts and dressings, care of mental cases, and, finally, routine illnesses. I must mention here that I did more surgery and medicine as transport surgeon than is done by the average hospital ship complement I've come in contact with. A great work, however, was done by some hospital ships lying off invasion coasts on D-day. They received and cared for the wounded, both our own boys and prisoners, directly from the firing line. In addition, the ships in the Pacific, had done yeoman's service between the islands, where in ferry service they provided facilities and aid fit for Bon Ton civilization. Truly it can be said that we are getting sufficient medical supplies to wherever our armies are fighting, and on time. "Too little or too late," is old stuff with the medicos also! Even a floating hospital—the hospital ship!

Morale plays a big part on the journeys. Contests and concerts over the public address system are routine. The food is excellent—they get meat and ice cream galore—two good American foods of which they have not had much for a long time.

Not a small item is the presence of a Catholic chaplain whose absence is the exception, and not the rule, as was the converse on Army transports. Then also the nurse corps adds their program which includes hymns and singing High Mass, not to mention choral groups in the moonlight on the upper deck, wafted by the warm breezes of the southern route through the beautiful Azores. The Chaplain's work is tremendous—Masses in different wards daily, confessions, communions, morale programs, and listening to everybody's confidential troubles and pet peeves. Really the taste of home environment is everything to these boys—they know they are once more among their own and the richest country in the world ready to shower its appreciation on them for their sacrifices. As the saying goes, "There's no place like home."