

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret.) MADGE CROUCH, NC, USN

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## **Interview with Madge Crouch Gibson, World War II Navy nurse.**

### **Where are you from?**

Winston-Salem, NC, but I left there at age six and never lived there again. I've lived in New York and New Jersey and went into nurse's training in Brooklyn at the Methodist Hospital. It was a 3-year diploma nursing program.

I finished training in '41 and joined the faculty there. In those days when you finished training, the Red Cross had you sign up with one of the services, in case of an emergency. Nobody thought this had any significance, but we did it anyway. My older sister was in the Army Nurse Corps, and I adored her. All I got from her was "Don't you dare do anything about going in the military." Nevertheless, to show my independence, I signed up in '41 when I graduated. I liked the Navy so that's the service I selected. I have never for one moment regretted that decision.

Even though I was teaching and in the middle of a semester, I received my first orders in early 1943. The director of nursing got a delay for me until we finished that semester of pre-clinical students. In July of '43 I got a second set of orders to report on August 10th to the Norfolk Naval Hospital in Portsmouth, VA.

At that point everything was just expanding like crazy. The Nurse Corps was getting bigger and bigger all the time and they just didn't have any space for us. When we reported in we were quartered in an enlisted men's barracks which was a shock. The enlisted men would come in to clean the barracks and say, "Man aboard!" and you would be in the middle of getting dressed to go on duty.

Eventually, we had to go over to the Norfolk Navy Yard because the hospital facilities were just swamped. So we were bused back and forth from Norfolk to the hospital for duty.

### **Where did you work in the hospital?**

At first I was assigned to the "dirty" surgery ward which dealt mostly with pilonidal cysts. For some reason, in those days there were a large number of pilonidal cysts.

Then I was put in charge of officers' sick bay assignments for admissions. I got to admit all of the officers who were assigned to the hospital as patients. I would interview them and decide which ward they should go to. I liked that duty.

On the 18th of January, 1944, a number of us got orders to the National Naval Medical Center in Bethesda. They told us we would love it there and we would have single rooms! "Wait till you get up there and see how wonderful it is, especially after living here

under these conditions."

When we reported for duty they told us there were no more single rooms but that the basement had been set up as a dormitory. As we got more senior we did get very attractive private rooms. And the nurses had their own mess right in the nurses' quarters.

I was initially assigned to the plastic surgery and neurosurgical ward, which was very busy with wounded patients. Then I was reassigned to be in charge of Central Supply. That was a wonderful experience because in those days, among other things, we made all the intravenous solutions. We also prepared all the blood equipment used for taking blood. We made up all the taking and giving sets. We were also in charge of all the penicillin issued because it was under such tight control. (It was treated almost like a narcotic.) We had to account for every unit because there was such a black market for it. It was truly the miracle drug.

#### **When was this?**

It was '44. Central Supply was also a training ground for corpsmen. All the carts that went out to the wards for dressings for the surgical units were set up in Central Supply and the corpsmen from Central Supply took the carts out to assist the doctors when they made rounds.

In addition, some of the corpsmen would be selected to go on to surgery. In those days, corpsmen had a lot of responsibility in operating rooms. And because they scrubbed, they had to be taught surgical technique. Corpsmen who weren't selected to go into surgery were sent to the Fleet Marines for independent duty. And that was very hazardous duty. If we didn't approve them to go on into the operating room, we knew exactly what was going to happen to them. And the death rate for those guys was just awful.

At the time, CAPT Winchell Craig was the chief of surgery. Eventually I convinced him that we should stop making IV solutions because it was so dangerous. If we ever had a contaminated batch, we could have a catastrophe on our hands. He agreed that we should begin buying them from commercial sources. This was a tremendous relief to those of us who were responsible.

**Bethesda was always considered Roosevelt's hospital and other dignitaries were treated there as well. Did you have contact with any of these people?**

Cordell Hull was one of our patients. He was still Secretary of State then and those of us assigned to care for him were instructed to address him as "Mr. Secretary," even though his charts were not under his own name. He was really quite ill with TB and other

ailments and had special duty nurses around the clock. Because I was in Central Supply and didn't have to work there on weekends, I was often assigned some duties on the wards. There were two Sundays I had evening duty with Cordell Hull.

He'd have his visitors and then they'd leave. Then you would get him comfortable and sit with him. He was happy to chat with you. He told me about his boyhood and what a hard time he had getting to go to college. I once asked him, "How did you feel when those Japanese envoys came to see you on December 7th?" He said he just couldn't believe they could be so bold as to have the nerve to come in to talk when they knew what was going on at Pearl Harbor that very moment.

**At some point you were assigned to a hospital ship.**

We heard that six new hospital ships were being planned. I think every nurse in the Navy wanted hospital ship duty. It was the crown. I was told I had been selected for the *Consolation*. The *Tranquillity* had been commissioned first and they thought the *Consolation* was going to be the second. But somehow the *Benevolence* was ready next and they didn't have a nurse crew picked for that ship, so about six or seven of us from Bethesda designated for the *Consolation* were switched to the *Benevolence*.

We received orders to Brooklyn and had 2 weeks there before the actual commissioning. We stayed at the St. George Hotel and commuted back and forth to the Navy Yard and learned a little about the ship and about ship etiquette.

The *Benevolence* was commissioned May 12, 1945. Our shakedown cruise was on the Chesapeake Bay and eventually we went to Norfolk where they did some work on the ship. Then we went through the Panama Canal, still with no patients, and on to Pearl Harbor.

The group on our ship was so fascinating. The skipper was CAPT Clyde C. Laws. He had been an enlisted man who had come up through the ranks. He and Admiral Halsey were good friends and had done a lot of duty together.

Our senior medical officer was CAPT Frederick L. McDaniel, a psychiatrist. There were 30 nurses and two Red Cross women. In addition, there were 58 officers, 238 corpsmen, 24 chief petty officers, and a crew of 230.

CAPT Laws was a fabulous character. He was a short, heavy set guy and when he semaphored, it always looked like he was going to lose his pants. He was so proud of that hospital ship. CAPT Laws was a father figure to us and even more protective of us nurses than the chief nurse. He would get on the PA system and say, "Angels!"... That's what he called us. "Shark bait!"... That was everybody else,

"Now hear this!" And he would make his announcements. When the ship docked, if we were unlucky enough to scrape the sides of that beautiful white ship, he would get up on the deck and start screaming. When we were in Eniwetok, he made sure that when we went swimming, we swam one place and everybody else swam somewhere else.

In May of '45 he issued an order saying he was arming the nurses aboard with guns and they were instructed to shoot anybody who entered their quarters. I have that special order here. It reads:

The rooms and other spaces assigned for exclusive use of women shall be plainly marked. No male shall enter women's quarters except on duty or upon specific invitation. No male shall enter the room of any woman between 2100 and 0700 except under escort of the chief nurse or an assistant chief nurse.

In order that all women on board the Benevolence understand their right to protect themselves, they are hereby ordered to assume that any man who invades their room quarters between 2100 and 0700 except under escort by the chief nurse or an assistant chief nurse, does so with carnal intent and shall shoot to kill the intruder.

(signed) C.C Laws, Captain, USN  
Commanding Officer

**Was this order tongue in cheek or was he serious?**

He was very serious. He even gave us guns! We had .45s hanging up by our bunks! The crew had a fit with this. "My God, those crazy nurses will start shooting and we'll all be killed by bullets ricocheting off the steel bulkheads!" Well, the funny part was we didn't have any ammunition. But nobody knew that but the nurses.

After we got to Japan, officers would sometimes ask us to have dinner aboard their ship. When they came to pick us up, we had to introduce them to the captain. And Laws would say to the guy, "Okay now, you get her back on this ship by such and such a time." And he would check to see that you got back aboard the ship at the time he said.

**Where were you assigned aboard the Benevolence?**

Because of my previous experience, I was put in charge of Central Supply. All the way across the Pacific we were getting organized for the casualties we expected to receive.

We stopped at Pearl Harbor for 5 days and they did more work on the ship. Then we headed off again, to where I didn't know because in those days you were just living in your little world, not knowing

what was going on outside. However, I later learned we were to join the 3rd Fleet for the invasion of Japan.

Anyway, we had this very pleasant trip across the Pacific, all the while trying to prepare for the huge number of casualties we were expecting. There must have been some top-level meetings among the higher ups during that time because every now and then I and some of the other nurses would be told to do some more planning--what to do in case of this or that scenario. And every time they'd go to one of these meetings, they'd come back and up the ante as to how many casualties we might have. I would say to my corpsmen, "We have so many hundreds of intravenous sets but maybe we should make up some more." We didn't have disposable equipment at that time. We were processing pure gum amber tubing and using it for our intravenous sets. We were planning for an unknown number of severe casualties and, the closer the invasion, anticipating more and more casualties. We were going to be the main hospital resource for these casualties.

One day, the chief nurse called about five of us together. She said, "We've been advised that if we invade Japan, the Marines will go in and secure the beach and for the first time in the history of the Navy they will let Navy nurses go ashore to do triage--to sort people out to get them sent back to the ship. They want us to prepare five of you to go in with some doctors. And you five have been selected!"

I realized it was a great honor but I sat there and wondered if I really wanted to be selected for this. At this stage of the game, I had never seen a Japanese but I heard some pretty awful things about them. Fortunately, this "honor" was never realized.

We went into Eniwetok on July 24th and there the 3rd Fleet was rendezvousing, getting ready for the actual invasion. All you could see were ships; it was just a fascinating sight!

We left there on August 12th along with the 3rd Fleet. Because we had to be lighted, we would move away from the fleet at night. Even though we heard the atomic bombs had been dropped nobody thought the war was over.

Finally we got word the Japanese had decided to capitulate. On the 28th of August we went into Sagami Wan, on the outskirts of Tokyo Bay and anchored. There was an awful lot of uneasiness. We didn't know what the Japanese were going to do. Had they lured us into this place to let us all have it?

The next morning, August 29th, they told us we were going into Tokyo Bay. About mid-morning a Japanese pilot came aboard to take us in because the bay was so heavily mined. We all watched this little Japanese come aboard. He must have been petrified. He took the ship into Tokyo Bay early in the afternoon and we anchored about

3 p.m.

By that time the POWs had already received word the war was over and planes had begun dropping food, medicine, and dungarees to the guys in the camps they knew about. Personnel had begun to go ashore to locate the prison camps which were close to the Tokyo area. A lot of POWs just walked out of their camps and began making their way to where the fleet was. And we were anchored out in the bay.

We finally got word we were going to embark POWs and we were as surprised as anyone. We certainly had had no briefings on how to take care of POWs. That night about 500 POWs somehow got out to our ship. I don't know the details. Suddenly, a lot of little boats came up alongside.

Now these men were right from the camps and it was a psychological shock to suddenly be safe on this beautiful, immaculate hospital ship. They just couldn't believe what had happened to them. Here were these poor, emaciated, filthy dirty, horribly smelling men crawling with lice in a state of disbelief and ecstatic euphoria. They had had no showers, no delousing, and were starving. Some were carrying small tattered cloths, perhaps containing a picture of a wife and a few precious things they had been able to hold onto all those years. Many were wearing stiff, unwashed dungarees that had recently been dropped by our planes. I will always remember those unwashed dungarees on those poor dirty bodies. They had to put their little possessions into an autoclave on the fantail because everything was so contaminated.

I remember one officer, either a marine or a pilot. He had been beaten and tortured. We got him aboard and he died some hours afterward. It was so sad we couldn't save him.

CAPT Laws said, "Give these men anything they want to eat," which, of course, was the worst thing he could have done. We had an automatic ice cream-making machine and most of the men wanted ice cream. They were all so ravenous.

Then we began sorting them--some had TB, some had rotten teeth, some had fractures that hadn't been corrected; some were psychological cases.

**What happened when they ate all this food?**

They were sick! It was just a foolish thing for CAPT Laws to have done but he was overwhelmed and trying so hard to respond to them. Finally, the doctors got to him and told him that he just couldn't do this kind of thing. The POWs couldn't handle it. What they needed was a limited diet in small amounts.

**You mentioned that some of them had injuries that needed**

**treatment. Were your ORs busy taking care of some of these?**

We didn't try to do corrective surgery on the ship. Most of the cases would be assigned to hospitals in the states. We just did things that had to be done but our main concern was trying to give them proper nutrition, get some weight gain and get rid of the dysentery and things like that--to get them well enough for transportation home.

Nowadays, it's common knowledge how to deal with people who have suffered such trauma. But then we had no idea how to deal with them. We were the first women they had seen in years. And so after they got through those first couple of days of getting oriented, what they wanted to do most was to talk to you. They wanted to tell you what they had been through. I guess it was a catharsis for them. And they wanted to talk to us because they thought we, as women, would be more sympathetic. We represented their wives, their girlfriends, their mothers, or whatever.

And when your stint of duty was over for the day, you'd come off exhausted. The torture they described was so awful! We were just doing the best we could with the training we had as nurses. We really weren't equipped psychologically to deal with this.

The men would go through stages you could identify. At first everything was wonderful--like a miracle. And then after a while, nothing was right. At first, they couldn't believe having sheets on the bunks and things like that. Then they would hoard food because they weren't sure they would get any more. When you made up their bunks you'd find bread stuffed under the pillows as though they figured there might not be any food tomorrow.

The big thing for the men, of course, was to get home. They became impatient because they had to wait for transportation, even though we processed them as fast as we could. As they were judged medically able to be flown home, every morning a certain number would be discharged from the ship to go to the air base.

And then a very interesting thing occurred. These men were very shaky in terms of their own feelings and psychological welfare. As the time neared for them to leave, many said they were scared to go home. How would the wives or girlfriends left behind accept them? The day before they were to be discharged, they would ask, "How do I look? How do you think she's going to feel when she sees me?" And we'd talk to them and reassure them. "Oh, she's going to be so happy to see you. She'll understand what you've been through." But you'd think to yourself, "Oh, God, I hope these guys go home to somebody who does understand what they've been through." We were so concerned because we cared so much about them. We were not really prepared to deal with any of this, so we just did the best we could in terms

of our nursing experience.

Because POWs continued to pour out of the camps, eventually stations ashore were set up where the men could get showered and deloused. *Marigold* was an Army hospital ship that came in shortly after we did and helped share the load with us. Eventually we moved to a dock in Yokosuka once the naval base had been secured.

**Were you in Tokyo Bay when the surrender was signed?**

Yes, but we were so busy taking care of POWs we didn't even know what was going on. The *Missouri* was over there somewhere and we were out here.

**Could you see the *Missouri*?**

Yes. But we couldn't see what was going on. Actually, some time later, Admiral Nimitz came aboard the ship to give CAPT Laws a commendation for taking care of the POWs. So we got a chance to see him.

**How long did you stay in Japan?**

Until November. We had some POWs--TBs, NPs, and others too ill to be flown home that we took back on the ship. When we left Japan, I think we took back about 300 or so patients. We arrived in San Francisco on the 12th of December.

**What was your homecoming like?**

Well, the trip back was pretty rough. We had to dodge loose mines and encountered storms; it was really rough! I was seasick all the way home. But when we came into San Francisco, there was the beautiful Golden Gate with all those signs--"Welcome Home."

As soon as we anchored, some of us were relieved from the ship. The ship was eventually to go back to do transport duty. Many of us had never been in San Francisco before and we had a great time sightseeing and saying goodbye to our friends from the ship, many of whom we knew we'd never see again.

**I bet you couldn't even buy your own dinner even if you wanted to.**

We didn't have to.

**Your hospital ship experience was quite eventful.**

That whole experience only lasted about 6 months from May until December. We had an extraordinary time and it was a wonderful opportunity for somebody who didn't know anything about the Navy and who had never been on a ship.

**I understand you stayed in the Reserve after the war.**

Yes. I was relieved from active duty but I remained in the reserves until I was retired in '79. I received my Bachelors in '49 and my Masters in 1961. I was promoted to commander, and when we had a vacancy in the medical unit here at the National Naval Medical Center, a few of us thought nurses were every bit as qualified as the Medical Service Corps officers to be the new commanding officer. Why couldn't a nurse be the CO? So I put in my CV and was approved to be the CO of my unit. I was interviewed by the *Washington Star* because it was such a big deal. And I made captain by the time I retired.

I can never express how proud I was to have had a part in this Navy experience. It was a powerful opportunity for a young nurse just beginning her long career.