

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH DR. JOSEPH DAVIS

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**Interview with Dr. Joseph B. Davis, physician aboard USS Solace (AH-7).**

**Are you from Indiana?**

Yes.

**When did you decide to become a physician?**

I always had it in mind. Both my father and grandfather were both doctors and I never considered anything else.

**What were the circumstances of you joining the Navy?**

I was a resident in surgery at the Philadelphia General Hospital and the Schuylkill Arsenal kept asking me to come over there for physicals and turning me down. I kind of got tired of it and finally decided to see if I could get in the Navy. I decided that if the Army turned me down and the Navy turned me down, that would be it. So, I went down to the Widener Building in Philadelphia and had a physical examination and they too rejected me.

**The Navy rejected you?**

Yes. Because I had asthma. I got a telephone call from my father asking me if I had applied to the Navy. I told him I had and asked him how he knew that. He told me that Mrs. Starr had told him. Her son, Guy Starr, was a captain in the Navy and was at BUPERS and my application had come across his desk stamped "Reject." He wanted to know if I really wanted the Navy and when he learned that I did, he said he would take care of it. So, he put in my history "seasonal allergy, easily controlled with self-medication." This was a masterpiece of understatement and I got a commission that way. Guy Starr was a captain at BUPERS under [ ] Agnew and my father had taken care of Starr's mother's broken hip. Anyway, I got a commission and a letter to report all in the same mail.

**When was this?**

It was about June or July of '44. I was one of only two residents in surgery at Philadelphia General, which was very short-handed. The chief resident asked me to go to Washington to see if we could get my admission postponed. I went down and managed to see Dr. Agnew and he told me they had a good spot for me and that I would have to go. So, that was that.

**You still had the asthma. What was the medication to keep it under control?**

There wasn't any really. Ephedrine and that was about all.

**When you finally got into the Navy, did you have any special training before reporting to your first assignment?**

I was a resident in surgery.

**Did they give you any kind of orientation in the Navy?**

My orientation was the Philadelphia Naval Hospital where I reported for duty.

**What was the orientation like?**

Nothing formal.

**How did you learn that you were supposed to report to the *Solace*?**

I think it was in writing but I don't remember exactly. It was about September of 1944.

**Where did you go to pick up the ship?**

The *Solace* was constantly moving around and I had to catch it. It was at Peleliu, which was a bloody, nasty battle. Then it went down to Noumea, New Caledonia and I was sent there. I flew out there and then went by surface to Eniwetok.

**How did you get out to the Pacific?**

I had orders to go by ship and I went on an Army transport, the USAT *Kota Intem* (sp?) It was a Dutch ship with a Javanese crew. It was a diesel engine ship. I went aboard in San Francisco and we went down the coast to Santa Barbara--Port Hueneme. There we took on a battalion of Seabees and had a few days layover and then we went to Pearl Harbor.

**Did you change ships in Pearl Harbor?**

Yes. I got aboard a liberty there. It was the slowest ship in the convoy. When we got to Eniwetok we got on a plane and flew down to Guadalcanal. There I encountered a guy named Charles Tribble who was also looking for the *Solace*. He had learned that if you wanted to find out where a ship was going you went to the fleet post office and they would know. We found that it was going to Noumea, New Caledonia. I sliced the back off of my heel on a aluminum ladder getting on the plane so I had to sit around in Noumea. Then we found that the ship was not going to come back to Noumea. It was going to Manus so we got a flight there and finally got aboard the ship.

**What was your first impression of the *Solace*?**

It was a white ship and was lovely compared to all the gray ones around. It kind of stood out. It was at anchor and then came in to a pier to unload some patients. I boarded it at the pier.

**What kind of duty did they give you?**

I was given a ward and I just had some minor surgical problems on the ward. The next day we took off for Ulithi. That was in October. We swung at anchor there all winter acting as a fleet hospital until we went to Iwo Jima.

**So, you would get patients from elsewhere to treat.**

Yes. They were having a lot of trouble with kamikazes in the Philippines and we had to treat a lot of burns. We had a couple of wards full of burns. It was a sad mess. Some of the men were very badly burned. Being a fleet hospital we also did the annual physicals on all the flag officers so we always had an admiral or two aboard. I went down to the dental office one time and there were three admirals standing out in the hallway waiting to be examined.

**Were you doing surgery at that point?**

Yes.

**What did the OR look like?**

We had two of them and they connected by a passageway. They were about 20 by 30 feet, not large at all. But they were well equipped.

**Was the equipment you have in the OR the equivalent of what you had back at Philadelphia General?**

Yes, it was state of the art.

**Did it seem sufficient for what you had to do?**

Yes.

**Could you describe the wards?**

They were double or triple-decker bunks. Our capacity was about 480 or 90 and then they added a ward of triple decker bunks at sea. With cots on the deck, we could take aboard about 680 patients. Sometimes we'd take aboard 780 patients and we would send to shore 40 or 50 of them if they weren't too badly hurt.

**What were your impressions of the other physicians?**

We got along fine.

**How about the nurses?**

They were great gals.

**And the corpsmen?**

Fine. They were surprisingly well trained considering their backgrounds. I had a former taxi driver who was an excellent help.

**What was the relationship between the medical crew and the line officers who ran the ship?**

It was a fine relationship. Mr. Quay was the executive officer and CAPT Peterson was the skipper. There was a lieutenant named Sorroca who was a fine pianist.

**What are your recollections of the *Solace's* participation in the Iwo Jima campaign?**

The number of casualties was underestimated and they had to call for another hospital ship, the *Relief*. Once we loaded up with casualties, we would go back to Saipan, Tinian, or Guam. We did as much definitive work aboard ship as we could. I started out on a ward with major soft tissue injuries and then ended up on a ward with head injuries. There were many of both.

**But you were mainly acting as an ambulance ship, trying to get the casualties back.**

I think we were more than an ambulance ship. We were quite busy with definitive care. I recall one case John Steward operated on. A patient with a 20mm anti-aircraft shell in his lower abdomen. We waited until we tied up at Guam for him to remove it. Which Dr. Steward did with rubber gloves and clamps with setting it off.

**Did your asthma ever give you trouble?**

I got along fine as far as my asthma was concerned unless I got tangled up with an HC mixture smoke screen. Diesel smoke screens I had no trouble with but HC mixture would make me wheeze. After we were attacked coming out of Okinawa one time we quit steaming out at night and remained at anchor. When a Jap plane showed up they would smoke up the anchorage. And that's when I would get in trouble.

**You must have been even busier at Okinawa than you were at Iwo Jima.**

We had gone into Kerama Retto, a little group of islands off the south end of Okinawa and stuck around a few days until D-day on Okinawa which was on Easter Sunday, April 1st. I remember watching the ships offload their troops to go ashore. On that first day there

was very limited activity. We got two casualties. One was the result of a field stove that had blown up and burned the guy. The other was something minor; he had been injured by a horse or donkey trying to saddle it.

**When did you begin to see major numbers of casualties?**

About the second or third day after the invasion began.

**Were you very far off the beach at this time?**

No. We were off Blue Beach and they brought casualties out to us on DUKWs and landing craft.

**Were they the same kinds of injuries you had seen at Iwo Jima?**

No. They were different because the terrain was different. At Iwo Jima there was a lot of sand and gravel--lava rock. An explosive shell would burrow into the sand and explode and pepper the guys with small pebbles which would not penetrate too deeply. We could go over them with a surgical blade and scrape them out. At Okinawa we encountered a lot of bullets and fragments but not as many secondary projectiles.

**How long would you stay off the beach there before you had to leave with your patients?**

We'd usually load up in a day, be there one day and a night. Then we'd take them back to Saipan, Tinian, or Guam. That trip would take several days. From Iwo Jima was a 58-hour run. Okinawa was farther than that. We would go straight south out of Okinawa and then turn east straight into the islands.

**Did you witness any of the kamikaze attacks at Okinawa?**

Yes. The *Birmingham* was anchored near us and a kamikaze came flying in fairly high and we were all warned of it. I stayed out on deck and saw it come in high and dive into the *Birmingham*. It went into the sick bay and killed all the patients and one of the doctors.

**Was that the only time you saw kamikazes or was it fairly frequent?**

We'd hear the warnings frequently but that was the only one I saw myself.

**What was the warning?**

They'd announce condition red. That meant there were planes in the area and an attack was imminent. When we first went in there,

we'd steam out at night in a neutral direction till midnight and then turn around and come back in all lighted up. After we were attacked we didn't go out at night; we stayed in the anchorage without lights.

**How were the patients brought aboard?**

Mostly by stretcher. They bring them out in landing craft or DUKWs and they'd be on stretchers. We had a wide gangway that came aboard the ship and four men could carry the stretchers up.

**Was there any indication that these casualties had received some degree of care prior to their evacuation from the beach?**

At Iwo, there wasn't much care given on the island. At Okinawa there was quite a bit of care given. There was a neurosurgical team at Okinawa which made my job substantially easier.

**Were there a lot of head injuries?**

Oh yes. I had a ward full of them.

**What was the triage and initial care like? What would happen when you first got a patient?**

They would come aboard to the quarter deck and "Boom Boom" Beck, a psychiatrist from Long Island, New York, was the triage officer. He would distribute them according to injury. It was a pretty smooth operation. Then the patients would go right to the wards. The soft tissue injuries went to one ward, fractures to another; head injuries went another way. The ship had been operating for years and it was more of a hospital than it was a ship. We were not very nautical.

**What kinds of injuries seemed most prevalent from these folks you were getting from Okinawa?**

Multiple injuries--fragments.

**Was there much you could do for the head injuries?**

We would do debridement. We didn't close the wounds in any way with the head injuries. Some of the patients who were operated on by the neurosurgical team on the island would come back with the dura closed and would end up with abscesses.

**The neurosurgical teams were actually doing that kind of surgery on Okinawa?**

Yes. In the cases we treated we left the wounds open with the brain bulging and kept a moist dressing on them.

**Did you have any penicillin at Okinawa?**

Yes, almost unlimited quantities.

**Had you seen penicillin when you first got on the ship?**

No. When I was in Philadelphia, the University of Pennsylvania--Philadelphia General, I had been on a research team which was assigned the job of determining the best treatment with penicillin. A doctor named Keefer in Boston was in charge of the research. There were three civilians and three military teams working on it.

**When you got back to Guam and Saipan, I imagine some of the definitive cases you worked on didn't need much more except convalescent care.**

That's right.

**Besides working on the neuro ward, did you have any other primary duties?**

Not really. I sometimes did sick call. I remember doing an appendix or two.

**How long did you stay aboard the *Solace* altogether?**

I went aboard in October of '44 and left in December of '45.

**Did you take part in "Operation Magic Carpet" in bringing people back home?**

Yes. The ship was used as a transport. We also brought patients from Hawaii back to Oak Knoll near San Francisco.

**How long did you remain in the Navy after that?**

From the hospital ship I went to the naval hospital in Norman, OK, and from there transferred to Philadelphia. I got out about September of '46 and went back to Philadelphia General for my residency.