

Wisconsin Veterans Museum
Research Center

Transcript of an
Oral History Interview with
HUGH HICKEY
Surgeon, Army, Korean War
2000

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Hickey, Hugh, (b.1925-). Oral History Interview, 2000.

User Copy: 2 sound cassettes (ca. 55 min.); analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassette (ca. 55 min.); analog, 1 7/8 ips, mono.

Videorecording: 1 video cassette (ca. 55 min.); \$b sd., col. ; 1/2 in.

Transcript: 0.1 linear ft. (1 folder)

Abstract:

Hugh Hickey, a Milwaukee, Wisconsin native, discusses his service as an orthopedic surgeon in the Army during the Korean War. Hickey was born in Milwaukee and enlisted in the Navy V12 program during World War II, when he was seventeen. He attended Marquette University and went on to medical school at the University of Wisconsin--Madison, graduating in 1948. Hickey recalls doing his residency in Portland (Oregon) and beginning his training in orthopedic surgery at Henry Ford Hospital (Michigan). In 1950, Hickey joined the Army because he wanted to see more acute casualties and gain more surgery experience. He was assigned to Tokyo General Hospital where he treated United Nations Forces from Ethiopia, Belgium, Greece and Turkey. He remarks that doctors slept in the hospital's old laboratories and mentions his roommate, a dentist from New Orleans. Hickey tells how a charming "Japanese house girl" took him and his roommate into Tokyo to meet her friends, some of whom were Kabuki theater actresses. Hickey also met a Japanese calligraphy artist and went to the Imperial Hotel. In 1951, Hickey was reassigned to the 8063 MASH (Mobile Army Surgical Hospital) in Korea. He states this MASH was run by Colonel Murawski, a neurosurgeon who "was a Patton type of character." Hickey describes in graphic detail the types of casualties and wounds he treated. The MASH was on the front lines, so they often had to leave severe wounds open to be treated later at the hospital in Japan. Hickey describes the unsterile conditions of the operating room and how it was so cold that steam would rise from patients' bellies when they were opened for surgery. Operating challenges included a chronic lack of fresh blood for transfusions and light bulbs that frequently exploded above open wounds. Hickey discusses how maggots helped keep wounds clean. After a few months, Hickey was transferred to the 8055 MASH which "was a wonderful experience" by comparison. He felt this MASH was more effectively run and he had a clear job description as an orthopedic surgeon. He describes his operating team, praising Dale Drake for being an excellent anesthesiologist. Hickey also characterizes the nurses on his team as very competent because they had served in World War II. He remarks the nurses were older than many of the young surgeons. American corpsmen and Korean assistants also helped in the operating room, but Hickey feels the Korean staff were unreliable. Hickey remembers that quarters and toilet facilities were spartan. He tells how soldiers would light newspaper on fire and throw it into the outhouse toilets to warm the toilet seats in the winter. Hickey does not recall much "fraternization" or dating between doctors and nurses besides Dale Drake who married Kathy, a nurse at 8055. Hickey tells stories about socializing with a Norwegian MASH and some British soldiers. He describes a British party where heavy drinking occurred. Hickey mentions meeting Sister Mercy, a nun in Pusan (South Korea) who was the sister

of John Hirshbeck, the Dean of Marquette Medical School. Sister Mercy was an M.D. herself and ran a popular clinic for Koreans and an orphanage. After Korea, Hickey was stationed at Camp Atterbury (Indiana) where he cleaned up casualties who had been evacuated from Korea. He comments upon the hardship of being away from his wife, Sue, and their two babies. No long distance communication was possible from Korea. He admits that he was “clinically depressed” but “functional” for most of his duty in Korea because of the combination of missing his family and being surrounded by young casualties with severe wounds. After leaving the Army, Hickey returned to his wife in Detroit (Michigan) to finish his orthopedic training. Hickey describes starting his private practice in Milwaukee and later opening a “foot clinic” at Door County Memorial Hospital in Sturgeon Bay (Wisconsin). Hickey reveals that he was consulted by the creators of the TV show *M*A*S*H*. He also mentions that his friend Stu King was tent-mates with Dick Hornberger (a.k.a Richard Hooker) who wrote the book that *M*A*S*H* the movie was based on. Hickey feels the book was “fairly close to the experiences we had except it’s juiced up with some nice funny things in a situation that wasn’t very funny.”

Biographical Sketch:

Hickey (b. 1925) was born in Milwaukee, Wisconsin. He attended Marquette University and University of Wisconsin Medical School before serving in the Korean War in the 8063 and later 8055 MASH units. After the war, Hickey completed his training as an orthopedic surgeon in Detroit (Michigan) and began his own successful practice in Milwaukee (Wisconsin). When he and his wife decided to retire to Door County in the 1990s, Hickey worked with the hospital and clinic in Sturgeon Bay (Wisconsin). He retired on the first day of the New Millennium at the age of 75.

Interviewed by James McIntosh, 2000

Transcribed by Katy Marty, 2008

Transcript edited by Channing Welch, 2008

Abstract and format edited by Darcy I. Gervasio, 2009

Interview Transcript:

Jim McIntosh: They tend to disappear.

Hugh Hickey: Is that true?

Jim: This is something you just want to hang on to.

Hugh: Alright.

Jim: Turned on?

Hugh: Were your brothers down in Sturgeon Bay?

Jim: Brother-in-law.

Hugh: Brother-in-law, okay.

Jim: [unintelligible] try and look pretty.

Hugh: No, I never looked pretty Jim. [laughs]

Jim: Oh. Okay, can I put this chair over there?

Hugh: Sure, anywhere you like.

Jim: And is this on? I think so. Okay, talking to Hugh Hickey. The date is 20th of September the year 2000. Where were you born Hugh?

Hugh: Milwaukee, Wisconsin.

Jim: And when was that?

Hugh: May 16, 1925.

Jim: 1925, okay, and when did you enter military service?

Hugh: Well, I was first in the Navy when I was seventeen. In, let's see that would have been, seventeen plus twenty-five, that's '32, '42.

Jim: 1942.

Hugh: Yeah.

Jim: Where were you? What was your experience?

- Hugh: I was in V12 in the Navy at Marquette University, pre medicine. And then after two years of that in January of '44 I went to Great Lakes for six months or so waiting to get into the University of Wisconsin Medical school where I entered and completed my medical school training in 1948. Graduated in 1948, from the University of Wisconsin.
- Jim: Right, and then after that where did you go?
- Hugh: After that I went to the University of Oregon, Portland, Oregon. Multnomah County Hospital and Doran Becker Hospital which is a pediatric hospital where I did my internship.
- Jim: I see.
- Hugh: After that I went to Henry Ford Hospital. And had a year of general surgery and then a year of orthopedic surgery. And that brought us up to 1950 and I enlisted in the United States Army in 1950 because I felt I would see more casualties and I'd see more acute stuff that I wanted to steep myself in, of course.
- Jim: Sure.
- Hugh: And that's the way I wanted to serve.
- Jim: That's right. The Army didn't pick you guys up from medical school the way they did to us in the Navy.
- Hugh: No.
- Jim: They had us, you know, when the Korean War started I had my orders within a month.
- Hugh: Did you really?
- Jim: Right. Nobody really knew but the Navy did keep track and they were asking for a payback.
- Hugh: Well, we enlisted I think just before I must have been due to get that because I would have had to do it with the Navy, of course. Yeah.
- Jim: They wanted two years. The same with you?
- Hugh: They got 18 months, yes. Mm hmm.
- Jim: Okay. Now, so and then here we are back in the service and interrupting our orthopedic career. And blah, blah, blah. Where'd you go?

- Hugh: Well, my first assignment was to San Antonio, Texas. But when I got there I found that my orders had been changed and that I was to be sent to Tokyo. So we drove back home, my father and I drove back home from San Antonio and I had Christmas with the family in 1950 and a day or two after Christmas, I went to Seattle, I went to Sea-Tac, they put me aboard an airplane and I was in Tokyo the next day.
- Jim: You were stationed at Tokyo General?
- Hugh: I was stationed at Tokyo General Hospital, but I was really at the Annex which had been the Naval Hospital, Bethesda Hospital.
- Jim: I didn't know about that.
- Hugh: Yeah, Tokyo General was a big Baptist Hospital taken over by the Japanese of course, then taken over by the Army after the war but there was another hospital in Tokyo, two or three miles away from Tokyo General that had been the Navy--the Japanese Navy's-- Hospital so I served there because all the orthopedics was there.
- Jim: What kind of -- This is the first chance I've had the chance to talk to somebody that did that.
- Hugh: Yeah.
- Jim: What kind of a hospital was it, I mean the physical plant?
- Hugh: Well, the physical plant was spartan but adequate. It was all terrazzo, very clean. The operating rooms were adequate and the wards, there were no private rooms, they were all wards. And I had, I had at least fifty people on my ward. They were a group. They were French Foreign Legionnaires, there were Ethiopians, there were Belgians, there were Greeks.
- Jim: From where?
- Hugh: These are from the UN Army, so they had been casualties, suffered wounds in the Korean War had been shipped to Tokyo for their care and ended up on my ward.
- Jim: I see.
- Hugh: There were Turks. I could say "How are you?" in about six languages but that's all I knew.

- Jim: I had the same experience. I had one from every country that was in the United Nations in my ward.
- Hugh: Right. Yeah. It was –
- Jim: One time or another –
- Hugh: It was fun.
- Jim: The year that I was on there.
- Hugh: Yeah.
- Jim: Interesting.
- Hugh: That was great.
- Jim: So, and then orthopedics, so it was – how, did you have some good supervision from people who had a lot of experience?
- Hugh: Yes, yes we did.
- Jim: To learn from?
- Hugh: We had a colonel there who was a board certified orthopedic surgeon, we had –
- Jim: From what unit? (??)
- Hugh: He was regular Army. Yeah, and he was a good surgeon. He was a good superior officer. He was not a good teacher but he did try. We used to have regular meetings, regular meetings of the staff, and we had about five orthopedic surgeons there in various stages of training. None of them were completely trained, except perhaps one of them, and for the most part we were, had been pulled out of residencies.
- Jim: Sure. Well, that's the situation we all found ourselves in.
- Hugh: Sure.
- Jim: The situation in Korea, I mean in Japan, at that time was pretty stable. You have good decent quarters?
- Hugh: Yes, we slept in what must have been the laboratories of the hospital.
- Jim: Oh.

- Hugh: They were generous sized rooms and we were two to a room. My roommate was from New Orleans. He was a dentist, did dental surgery, oral surgery. And yeah, they were good quarters.
- Jim: How much did you utilize the Japanese people?
- Hugh: Well, we had a house girl who was a very charming young lady who saw to it that we got out into Tokyo. She had befriended some actresses in the Tokyo Theater –
- Jim: Oh, boy.
- Hugh: So she took us around to their studio, you know, to where they acted and to some of there plays that they presented. We went to the Kabuki Theater. We met Japanese - I met a Japanese artist, a calligrapher or something and went to his home for hors d'oeuvres one time. So we got around a little bit.
- Jim: I guess so.
- Hugh: Yeah.
- Jim: That's really nice. Did you eat in any standard armed forces hotel restaurants?
- Hugh: Yeah, I did. I -
- Jim: Seemed to be full of those.
- Hugh: Yeah, I went to the Imperial ball - visited the Imperial Hotel which is not an armed forces restaurant. But there were other – we had an officers' club that had good food and entertainment every evening. You couldn't do it every evening. You wouldn't want to.
- Jim: People from the outside came in or Japanese entertainment?
- Hugh: Japanese entertainment, yeah, and it was a diversion. You needed it because you'd go crazy if you didn't do anything.
- Jim: Were you busy?
- Hugh: We were busy. We were quite busy, as I said I had rounds on fifty people every day plus the surgery. Most of the surgery was wound closures.
- Jim: That's what I was getting at. What stage were these patients?

- Hugh: Well, they had come back with clean wounds or not so clean and they were debrided, redebrided and then they were skin grafted for the most part, split thickness grafts to cover them.
- Jim: Right. So you're on stage two of their repair.
- Hugh: Right. We did some intramedullary nailing. We did some open reductions, but for the most part we were closing wounds.
- Jim: What was? Well, that gets back to - maybe I'll save that question for later on the field. I'm interested in what the rule was 'cause in general the rule was certain types of wounds. Okay, so you did that work, whatever they brought in, and how long were you there?
- Hugh: A year.
- Jim: At that time, they decided to move you closer to the action.
- Jim: To Korea, right.
- Hugh: They sent me to Korea in 1951. And I spent the winter at the 8063 M.A.S.H. and then the reason I was assigned to the 8063 M.A.S.H. was that MacArthur intended to invade at the River Yalu.
- Jim: Right.
- Hugh: And he was putting together a military force big enough and integrated enough with medical support and everything to do that and I was assigned to 8063 as a super. I wasn't needed there but they were acclimatizing me to the functions of a M.A.S.H. and [sighs] it was an interesting M.A.S.H. because I never met the commanding officer. He was an alcoholic. He spent the entire time that I was there which was just a couple of months, in his tent, except for one occasion when his tent burned down. He fled the fire, [laughs] came out for that, but that's the only time he was ever seen. There was a Colonel Murawski there who was a neurosurgical consultant to the Far East and Murawski was a Patton type of character. He was very effective as a neurosurgeon. He had two or three neurosurgical residents who worked with him. He carried twin, pearl handled pistols [laughs] and he even wore them to Tokyo when he went to Tokyo to make rounds and on his follow-ups he wore them there.
- Jim: This is a neurosurgeon?
- Hugh: He was a neurosurgeon. [coughs]

Jim: Did he have a problem?

Hugh: But he was -- he had a wonderful ward. They had no bedsores in that ward. They had marvelous nursing. Can you imagine these people unconscious, nursed on army cots with no bedsores.

Jim: Oh they were turned a lot.

Hugh: They were turned plenty. So he took good care of his patients. Yeah.

Jim: George Patton's picture was probably all over his room.

Hugh: Probably.

Jim: Probably is right.

Hugh: But he was a real character.

Jim: Was he a pleasant chap?

Hugh: Yeah, he was nice enough.

Jim: Other than this one little quirk.

Hugh: Yeah, yeah. We didn't --

Jim: He seemed to do good work, Hugh?

Hugh: Yes he did. There wasn't much socializing in the M.A.S.H. You, everybody was pretty busy and pretty distracted by where they were and what they were doing.

Jim: Yeah. Now, did you do orthopedics there?

Hugh: Yes, yes.

Jim: What procedures did you do?

Hugh: All, all of them. Now this was different now. Now this was debridement .

Jim: Right, this is the acute stuff.

Hugh: The acute casualties and --

Jim: Was there a rule about all your wounded, all stayed open? Is that [unintelligible]?

- Hugh: Well, they were all, we were instructed to leave them all open. I did later about three or four months later see some hand wounds that I closed and apparently that was not acceptable. The reason for doing that was you were dealing with wounds with the tendons were exposed and you knew they would only last a few days before they'd be dead and have to be excised.
- Jim: Tendons can't tolerate open air?
- Hugh: No, they don't. They don't do well. They dry out.
- Jim: And there's no way to reconstitute them?
- Hugh: Well, they can be grafted later.
- Jim: I see.
- Hugh: But once the wound is open and tendinous tissue is exposed it dies. It loses its' vascularity and it essentially has to be debrided by the next see, it can be viable when you see them and debride the wound but the next surgeon has to take them out.
- Jim: So did you have to cover those with skin grafts?
- Hugh: Well, I was covering them either with a --, if it was a small wound I'd close it and that - they apparently didn't like that. I never heard but --
- Jim: Right.
- Hugh: They would prefer that everything be left open.
- Jim: Yeah. Inside the bowel, you know, they didn't want any bowel surgery. Complete a [unintelligible] colostomy and send them back.
- Hugh: Yeah.
- Jim: No questions, no discussion about primary care.
- Hugh: Right.
- Jim: They wanted all, all laid open. The people back in Japan to deal with.
- Hugh: Yes.

- Jim: Supposedly, right. I suppose you have to do that if you're doing a lot of people.
- Hugh: Well, you do what you think is right at the time.
- Jim: Yeah.
- Hugh: And who's going to criticize you? You're on the front lines.
- Jim: Exactly. So when they sent you over to Korea did you know exactly where you were going or did that come as a surprise?
- Hugh: No, I knew I was going to a M.A.S.H. and I had been a triage officer in Japan. In other words when they --
- Jim: So you had some practice at it?
- Hugh: Oh, yeah. When they flew casualties in we would go over them and triage them to various wards. So I knew what I was getting into, yeah.
- Jim: And tell me about your first experience in the field like that.
- Hugh: Well, I got there and the --
- Jim: Surprises and, you know --
- Hugh: Okay, I got to the 8063 in the winter time and it was cold. It was as cold as Wisconsin. It would get down to twenty below and the, first of all there's no bathing. They had no bathing facility. That came later. So you couldn't shower, you couldn't bathe. You had to heat water on a stove in your tent and then give yourself a quick swish down with that which was one of the hardships. The other thing is that the tents were heated by little pot fifty gallon drum stoves that burned diesel oil and gasoline so they were dangerous and they got froze, they still froze. The stuff still froze. So you'd be lying in a tent, one night put on everything I owned, every blanket, every coat, my overcoat, my hat, gloves. I still froze. I still shook all night. And actually when they'd open the abdomen in the tents and I heard this happened in World War II also, and they exposed the gut, steam would roll out of the bellies of these kids, the operating rooms were so cold. We scrubbed in water that was outside of the tent, fifty gallon drums with hoses into the tent, and there were ice chunks floating in the top of the water that you were scrubbing in. So it was a decidedly unpleasant kind of experience. I think sterility suffered in that situation.
- Jim: Your only sterility was your gloves and the mask, really.

Hugh: Right.

Jim: And distance.

Hugh: They had drapes, and some of the cases were draped. Some of them were just towel draped, you know as you would --

Jim: How did they sterilize those? Just --

Hugh: They were paper.

Jim: They were paper?

Hugh: Paper.

Jim: Yeah, and throwaways.

Hugh: Yeah, throwaway drapes, yeah.

Jim: Yeah. T

Hugh: They had that and of course they had lights. The lights were - I can show you some pictures of them. They were great big 100 watt bulbs from Japan that would regularly explode over the operating tables and everything would drop into the wounds --

Jim: Wonderful.

Hugh: And drop onto the patients.

Jim: These are batteries (??) and run by a generator outside --

Hugh: Run by generators, yeah, we had generators and then later they got torpedo heaters from the Air Force into the operating rooms. They had these big blowers you know, torpedo heaters.

Jim: Yeah.

Hugh: Then the operating rooms were warmer and more --

Jim: 'Cause it warmed the whole room.

Hugh: Warmed the whole tent. And they had x-ray. They had a kind of a, oh, Polaroid x-rays. Had Polaroid x-rays to find bullet fragments and things.

Jim: That was pretty new.

- Hugh: Yeah, they did. Picker. Pickers had good stuff over there, the Picker Company, and I understood they provided that all free of charge. They didn't charge for it. Picker deserves a lot of credit.
- Jim: You were comfortable with the quality of their x-rays?
- Hugh: No, but they were better than nothing which was your other alternative.
- Jim: What was the common injury that *you* dealt with?
- Hugh: Well, fractures, shell fragment wounds, penetrating wounds in the extremities.
- Jim: Primarily extremity work.
- Hugh: Yes.
- Jim: And spiral, type of multi-fractured femur or something like that, how would you deal with it?
- Hugh: Well, you, we actually had the plaster. We had traction tables. We could put 'em up.
- Jim: Put them on retraction --
- Hugh: We put pins through the tibia, put a hip spike on up to the chest and down to the toes and incorporated the pins.
- Jim: Put traction on the --
- Hugh: Well, incorporated the pin and we shipped 'em out in Spicas.
- Jim: Boy, how did they get off, off the ground? They put 'em in those -- have to be helicopters. There must have been some --
- Hugh: Well, yeah, they had Hueys, big Hueys.
- Jim: Yeah, I understand, but it's hard to get those --
- Hugh: Well, they had big doors on the Hueys and they'd get them into the Hueys through the doors with the Spicas on and they helicoptered them back to Japan and then --
- Jim: Back to your old ward.

- Hugh: Yeah, exactly and I remember cleaning them up. If you got casualties from the summertime the wounds would be full of maggots and the amazing thing is that they were the cleanest wounds we saw. The maggots cleaned all the wounds up. It didn't look pretty but you wash the maggots out and the wounds were clean. So, and then in Japan we might rod the femur or --
- Jim: I was going to say, now that turning it the other way around, when you got a patient like that you would immediately take the cast down to see what you got --
- Hugh: Take it off, see what you had, clean the wound out again, close the wound, graft the wound maybe put him back in a spica and then put him on a MATS plane to the U.S. The interesting thing is those planes, the MATS planes, evacuation planes, that took those casualties back, flew 'em to the U.S. not a single one ever went down.
- Jim: I came over to Korea on one of those.
- Hugh: Yeah. Not a single one went down, they all made it.
- Jim: Yeah.
- Hugh: It was kind of a miracle when you think of it.
- Jim: Well, those are DC-6's. Those are pretty good airplanes.
- Hugh: Yeah. Yeah.
- Jim: I hopped a [unintelligible] across the Pacific to [unintelligible].
- Hugh: Yeah.
- Jim: Eight hours and then you stopped and refuel, and eight hours --
- Hugh: Yeah.
- Jim: Finally got - spent one night in Guam.
- Hugh: Yeah.
- Jim: That was the only overnight. Otherwise it was constant until you got to Japan and --
- Hugh: I know it. It was quite a flight over. I flew over through Alaska and Shemya which is back in the news now they want to put a radar detector on Shemya for the missile thing.

- Jim: Yeah.
- Hugh: Shemya was, oh what a place that was. When we were flying over they had just shot their commanding officer.
- Jim: Wonderful.
- Hugh: And they were all demoralized. They were all sitting on the hot tables rather than the food. They served us some food and we flew out of there. But I can't imagine how they ever found the place. It was fogged in when we landed and fogged in when we left. Those pilots deserve a lot of credit.
- Jim: They sure do, they certainly do. Now, and you were in the M.A.S.H. unit for how long?
- Hugh: Six months.
- Jim: Six months.
- Hugh: Yeah.
- Jim: Was that a planned rotation or did the orders come as a surprise to you?
- Hugh: No, it was planned. The first month and a half or two months was at the 8063 and once it was decided that MacArthur was not going to invade Korea again at the Yalu of course then I became available for a replacement in another M.A.S.H. which then resulted in my being sent over to the 8055 M.A.S.H. which was a wonderful experience compared to what I had been in.
- Jim: Because?
- Hugh: I had duties there. I had a description. I had a job. I was not a supernumerary. It's not good to be just a hanger around, just hanging around, you know. And now I was the orthopedic surgeon for the M.A.S.H. and that was good. That was great, and I was serving –
- Jim: Who helped you?
- Hugh: Assisted? Oh, I - general surgeons. We had a bunch of good –
- Jim: And you helped them on occasion ?
- Hugh: I would help, I didn't help the general surgeons so much as they helped me. They had enough of them so they didn't need assistance very often.

- Jim: Okay now, now we're going to get into M.A.S.H. Now how many doctors did you carry? What's an average for a M.A.S.H. unit?
- Hugh: Well, I just had the privilege of having as my guest, right here in this room, our anesthesiologist from the M.A.S.H. last week, Dale Drake. And Dale Drake said that there were twenty or twenty-five doctors in the M.A.S.H. I think the assigned number ordinarily would be as few as twelve or thirteen, but we had more because we were more settled. This M.A.S.H. that I was in had moved from Pyongyang up in North Korea to this site on the 38th parallel, right on the parallel, the sign was outside the door.
- Jim: And how many operating rooms?
- Hugh: Very stable there. Well, the operating room was a single room.
- Jim: Oh.
- Hugh: It was a large hall and the tables were set up on planks --
- Jim: With wooden walls?
- Hugh: with wooden walls by this time.
- Jim: Oh.
- Hugh: You know, it was prefab.
- Jim: Oh, of course.
- Hugh: And the floors were plank set in sand. So the floors were just big planks set in sand which would absorb the blood and the water and the fluids and all the junk that we created. And the lights were these overhanging exploding lights and the, of course there were flies and the whole thing was no air conditioning. It was a pretty primitive situation.
- Jim: Right. You had several tables in this one operating room?
- Hugh: Yeah, they'd have four or five tables lined up.
- Jim: You could do four cases at one time?
- Hugh: Yes, yes. We had --
- Jim: You had enough anesthesiologists?

Hugh: One anesthesiologist and we must have had --

Jim: Nurses?

Hugh: Nurses, we must have had.

Jim: So one anesthesiologist and four nurses.

Hugh: Right.

Jim: Something like that.

Hugh: And some of it was done under spinal and local, too.

Jim: Yeah, and the corpsmen. How about them? You had a bunch of them?

Hugh: We had corpsman both American corpsmen and Korean assistance. The Koreans of course had been trained by the Americans to serve in the operating room. One time I was, we had a Chinese casualty. The only Chinese that I operated on had been caught out in this barbed wire and he had come in with a gangrenous leg and I had to amputate his leg. And I was amputating it and some of the material from the amputation got in my eye.

Jim: Oops.

Hugh: And I asked the Korean corpsman there to get me some sterile saline to pour in my eye and he brought an Erlenmeyer flask over and I said, "Wait." And I put my elbow against the flask and it was hotter then heck.

Jim: Oh boy.

Hugh: And so I said, "No, no, no, not that one. Get another one." So that was, they were not completely - they couldn't assist you very much.

Jim: [unintelligible]

Hugh: But we did have good American corpsmen.

Jim: You did?

Hugh: Yes.

Jim: The ones we had aboard ship were outstanding.

- Hugh: Yeah.
- Jim: They were very good. They - what else do I need to do about them? Oh, the nurses.
- Hugh: Well, the nurses were, for the most part World War II nurses who were --
- Jim: Regular.
- Hugh: Had remained in the Army and who were regular nurses. The only one whom I know for certain met their future husband there at the M.A.S.H. was Dale Drake and Kathy Drake who were just here. And she had been at Pyongyang. She had been at their M.A.S.H. had been evacuated by air from Pyongyang when they were surrounded by Chinese. She ended up in the 8055. Dale Drake was the anesthesiologist there. They met there and a couple of years later they were married --
- Jim: A Hollywood story.
- Hugh: Yeah, and have been happily married, and of course their whole life revolves around M.A.S.H. I mean their whole life.
- Jim: Well, how nice.
- Hugh: But the other girls were, for the most part, a little older than we were. They were very competent. They, as I said they did this marvelous nursing job in the neurosurgical unit and continued to do and did a wonderful job in our unit too. So they were outstanding ladies and they put up with a lot of hardship.
- Jim: [unintelligible]
- Hugh: Yeah, there was --
- Jim: Their quarters were spartan also.
- Hugh: Oh, spartan. And they had no -- we finally got showers so they could shower and things like that. But the toilets were outhouses, and basically, and it was so cold there that what we did was we'd wad up newspaper and light it on fire, and throw it down in the toilet hole, to warm the seat a little bit because otherwise you were sitting on frost and so you ended up with black behinds because you had all that fire down in the hole trying to warm up the toilet seat. [laughs] There was no other way. [laughs]
- Jim: [laughs] Oh, that's a wonderful story. Wonderful.

Hugh: Yeah.

Jim: Was there fraternization? What was this about?

Hugh: Well, I tell ya, there --

Jim: Some, a little, a lot?

Hugh: There was a little. There was very little I would say between the nurses and the doctors, you mean? Very little, very little. We had --

Jim: Primary you were just too busy for any of that?

Hugh: Well, we were busy and most of us were ladies and gentlemen and we knew why we were there. There was some. There was some, and it was not -- I'd say the behavior --

Jim: Not a problem.

Hugh: It was not a problem. The behavior of most everyone was very exemplary. We had visits from other units, other M.A.S.H. units. The Norwegian M.A.S.H. came up and visited us one time.

Jim: Oh.

Hugh: So there were some ladies in that group that were, you know, just socially friendly people and we needed that. We needed to see people to talk to.

Jim: Yeah, you go kind of stir crazy

Hugh: Yes, yes.

Jim: Even though you're out in the open.

Hugh: Another diversion that was really much appreciated were the British. The British, as everyone knows, love a war. They know how to fight a war and they fight it in great, in great --

Jim: Style.

Hugh: Style. Great style. We went up to, the Commonwealth Division had been there one year so they had there anniversary celebration. And I have pictures of all this, you can see. We were invited up to the celebration, and here, in the middle of Korea they had tents set up, their were Centurion tanks all around, like fifty yards away from us. You know, they were right on the mainline of resistance. And they had a battleship, a cake

shaped like a battleship. Can you believe? Inappropriate, of course, in the middle of Korea and they had a tattoo. They had a pipe band which played for us, and they had plenty of booze. There was more booze than anything in that place.

Jim: [unintelligible]

Hugh: A lot of good booze and waiters and waitresses in little weskits, batmen they called them,

Jim: Right in the middle of nowhere.

Hugh: Right in the middle of the whole thing.

Jim: I'll be darned.??

Hugh: And one day we were invited up to a, they were going to have a barrage. Again artillery is all in place so they invited us to see the barrage. So we came up from the hospital and they had a dinner for us and the dinner was set in a dugout about the size of this room only it was dug in the ground with logs on the top and dirt on the top. And they had the table down the center and a jeroboam of Cointreau. It was as big as a file cabinet, almost, a small file cabinet of Cointreau [laughs] and they insisted - they kept pouring it --

Jim: Pouring it around.

Hugh: Pouring it around. Everybody was in bad shape and then they took us out to shoot the guns and I remember they put [laughs] us on this gun I remember hoping I hope it doesn't hurt anybody. Bang, you know, that was it.

Jim: Oh, my, my,

Hugh: But those diversions were precious, precious, precious.

Jim: Well, you'll enjoy reading what I wrote (??) because I had similar experiences as [unintelligible] I on a British Hospital ship.

Hugh: There you go.

Jim: And they threw a party because they wanted the nurses to see their ship. [It] wouldn't have been gentlemanly to invite --

Hugh: Just the nurses.

Jim: So they had the doctors come, too, but they weren't interested in us.

Hugh: That's right.

Jim: They hardly talked to us. They wanted to get their mitts on all the women.

Hugh: That's right. Well, God knows we were all starved for affection.

Jim: Right. And that wasn't enough. Then afterwards I thought we were gonna get in a boat and go back to our ship. Nope, "One more stop," they said. This is about - I would say there's twelve nurses and about twelve doctors.

Hugh: Yeah.

Jim: "No, we'll take you back, but one more stop." They took us over to an aircraft carrier. Here we are nurses and doctors aboard this stupid aircraft carrier, you know, which is a fighting ship.

Hugh: Yeah.

Jim: And here they are in - we're in the ward room and these sailors come by, these British sailors, looking, seeing these woman -

Hugh: Yeah.

Jim: In this ward, you know, totally inappropriate on an air-craft carrier.

Hugh: Yeah. This is --

Jim: They had, you know, they had Pink Ladies in the hospital ship with gin

Hugh: Sure, sure.

Jim: And grenadine. We got over to the hospital carrier, to the Scotch.

Hugh: More.

Jim: Neat.

Hugh: Neat?

Jim: Neat.

Hugh: Wow. I mean because anything goes.

Hugh: Well, they were trying to get everybody drunk.

Jim: Yeah, right. [Approx. 5 sec. pause in tape. Resumes with dialogue from count 472.] Yeah, that's right. They had designs on those nurses.

Hugh: Sure, sure they did.

Jim: Right. I tell ya [laughs]—

Hugh: You got away safely? They got away safely?

Jim: Yes, yes, I said we counted them all when they came back to the ship. That was crazy (??).

Hugh: [laughs] Well, our girls weren't subject to any of that that sort of thing.

Jim: [unintelligible]

Hugh: They didn't invite the girls up to the M.A.S.H., to the --

Jim: So after your time was there, then?

Hugh: Well, then we, let's see. **[End of Tape 1, Side A]** They got, I was replaced in the springtime or the summertime I guess and sent back to Camp Atterbury to care for casualties who had been evact'd to the United States.

Jim: Where's that?

Hugh: That's in Indiana. Camp Atterbury is a huge camp and I was at the hospital there and I had a ward and I did a lot of reconstructive surgery there. Tibias, nonunions, things like that.

Jim: I was going to say you're sort of moving on to the next stage of repair.

Hugh: Yeah, yeah, it was the next stage of repair.

Jim: Right.

Hugh: It was really reconstruction of the same casualties I had just been seeing [both laugh] in Japan, but the hardest part of it was not my part of it. The hardest part was Sue. She was home. We had one child. She was pregnant with another when I left. She delivered that baby. I was unable to, you know, be the communicator and the loving husband because you couldn't. They had radio telephone communication, but that's all. You couldn't-- it wasn't long distance. You couldn't dial it up and call your wife or anything like that.

- Jim: You could in Japan.
- Hugh: Yeah, but not in Korea. So there we were, and that was a hardship.
- Jim: Sure was. I left two young children.
- Hugh: That was a hardship. Hard on her, hard on me. I had, I had, I was clinically depressed much of the time that I was there, I must say. I was functional.
- Jim: From being away from home--
- Hugh: Yes, and from being in that situation with these young casualties around me and young men my age dying and being terribly wounded, their legs blown off. We had a guy brought in with his entire calvarium missing. It was gone and his brain was exposed but he was alive. His brain stem was keeping him alive. He was breathing and you know, you couldn't just keep seeing that stuff without --
- Jim: What did they do with him?
- Hugh: They let him die.
- Jim: I was going to say that sounds like an impossible situation.
- Hugh: There was nothing to do. But there he came, you know, he was lying in front of us. And they did autopsies on these young men. I didn't attend those for obvious reasons. But apparently they discovered that a fair number of them had early atherosclerotic coronary artery disease. And it's a comment about the American diet and it's still the American diet and it's no wonder that we have a high incidence of coronary heart disease because of what young people eat,
- Jim: Right.
- Hugh: You know.
- Jim: There's no question about that.
- Hugh: And they had it already in that war. That's fifty years ago. It's published, but never publicized.
- Jim: Not enough, I think.
- Hugh: No, not enough at all.

- Jim: So you spent how much time in Indiana?
- Hugh: I spent another two months there during the summer of 1952 and in the fall I was discharged.
- Jim: Back to Detroit to finish your training?
- Hugh: Then went back to Detroit and finished my training. I did get a years credit for my experience in the war. I'm not sure I deserved it. What I did mainly was skin grafts and reconstruction but it was appreciated [laughs] because I'd spent a lot of time there.
- Jim: I had a chance (??) to do some skin grafts on small pieces. The biggest ones required I send them back to the people aboard ship.
- Hugh: Yeah.
- Jim: I could always use that [unintelligible] knife, you know, to take out the [unintelligible] pin thing and I'd cover those.
- Hugh: Sure, right.
- Jim: most interesting, I spent some time at the Korean prison.
- Hugh: Oh, did you?
- Jim: In Pusan.
- Hugh: Did you?
- Jim: They needed some help out there. Had so many patients. There was 4500 prisoners there, Chinese and North Koreans. The guy who did surgeries there who I met a guy at the bar near the pier where our ship was at Pusan wanted somebody to take care of his little things, little skin grafts and minor surgeries so I'd just go out there in the afternoon. When we weren't busy aboard ship I'd do these patients --
- Hugh: What kind of facilities did they have for those prisoners?
- Jim: A real nice hospital. The chief of surgery of Hung Nam was my assistant. Fifty-sixty year old gent, charming guy.
- Hugh: Korean?
- Jim: Yeah, North Korean.

Hugh: Yeah.

Jim: He was a prisoner too.

Hugh: Oh, he was.

Jim: Yeah. But, you know he had a lot of experience and the language barrier wasn't much and he knew a little English and so we got a along famously.

Hugh: Yeah.

Jim: It was kind of fun.

Hugh: Yeah.

Jim: He was really good help.

Hugh: Well, I went down to Pusan on a visit one time and I ran into Sister Mercy who was the sister of John Hirschbeck who was the Dean of Marquette Medical school.

Jim: I know him.

Hugh: And she was a charming lady. She was an M.D. She ran a clinic in Pusan for the Koreans.

Jim: Oh (??)

Hugh: And there would be 200 people lined up in front of the clinic all night long waiting to get in in the morning. To be seen by the Maryknolls, and she also had an orphanage there. So I have pictures of that, too.

Jim: She was a saint.

Hugh: Yeah, she was. She was a saint. She was in that terrible place doing as much good as she could possibly do.

Jim: Now tell me about getting involved with the movie M.A.S.H. How'd that go?

Hugh: Well, of course, Dick Hornberger, "Horny" we called him over there. You know, he's a good friend of mine and Stu King were tent mates and they --

Jim: The guy that wrote the book, you're talking about.

- Hugh: Mm hmm. Yeah.
- Jim: I picked that up.
- Hugh: Yeah, right. He was a tent mate of Stu's. They were not my tent mates but they were Stu's.
- Jim: What did he do by the way?
- Hugh: He was a general surgeon but he was trained in chest surgery. So he was a valuable, valuable thing. You know, I keep learning about the experience. Dale Drake was telling me I took a picture of an operation underway and I have it here. And it was a vena caval gunshot wound.
- Jim: Jeepers.
- Hugh: And the guy died on the table. One of the few people that died on the table. We didn't lose many people. We had 98% survival. If you got there, you lived, you know 98%. And the two people that died were this one and the other guy had both legs blown off. I remember that he didn't survive either. Both of these were older men. The guy with the legs was a captain. The guy on the table with the burp gun shot through his vena cava [ringing phone] was a thirty-six year old soldier with five kids because Dale said when he died he had a locket around his neck, and I opened it up and I looked inside and here's his wife's picture and his children's pictures and he said, "It's just so sad." And I just learned about that and I've been showing this picture for fifty years to people. I said the man died I didn't know anything about him but now I know about him. You know, actually who he was and how he was killed. So you just keep learning about these things. We've had three M.A.S.H. reunions spaced out over fifty years.
- Jim: You mean the 8055?
- Hugh: Yeah. Colonel Holleman, who was the commanding officer, has had one and then Dale Drake had another one. Then there was another one, Drake had two and then Holleman had one down in Mississippi. Holleman is still alive and he wrote a book about his experiences in World War II and the M.A.S.H.
- Jim: Okay. Tell me about the M.A.S.H. book.
- Hugh: Well, this thing here was written by Dick Hornberger and it was given to me by my aunt. His nom de plume was Richard Hooker. That's what he called, and he wrote two or three other books after that and of course the book is fairly close to the experiences we had except it's juiced up with some nice funny things in a situation that wasn't very funny. And of

course the M.A.S.H. *program* has become so confused with the Vietnam War and all of that stuff that they --

Jim: It's intermixed now.

Hugh: It's intermixed. We didn't have any gay people that we knew about, and we didn't have any -- We didn't have any of that stuff.

Jim: Did you have any association with the people in the movie?

Hugh: Well what they used to do, when the movie -- when the TV show first started they would phone us.

Jim: Oh, you were involved in the TV show not the original movie.

Hugh: No.

Jim: Is that correct?

Hugh: That's correct.

Jim: But the book he wrote was the basis of the movie.

Hugh: Of the movie, correct.

Jim: Okay. I'm trying to get this all straight.

Hugh: That's correct and so when the TV show started they would call us for vignettes. They wanted to know some little things that happened.

Jim: But by this time you were in Milwaukee.

Hugh: Oh, I was working, yeah.

Jim: Yeah.

Hugh: I was in Milwaukee.

Jim: Sure.

Hugh: This was years later.

Jim: Sure. I understand that.

Hugh: And they did that for a few years and then they stopped. They stopped doing that.

- Jim: Probably the experience I think everybody's had is very interesting and quite different. Everybody has a little slant on it.
- Hugh: I'll bet. Who else have you interviewed that was involved in this thing?
- Jim: Involved with Korea? Well, a Medal of Honor winner from Burma, Einer Ingman. How about that for a Norwegian name?
- Hugh: Wow.
- Jim: He is, had his left hemi- face shot off by a machine gun bullet, two of 'em, a charging machine gun nest. Won the Medal of Honor, wiping out six guys, and himself. He lives up in Irma. A charming guy, charming guy.
- Hugh: Yeah.
- Jim: And I've interviewed him and then there's a guy named Ken Stumpf (??) in Tomah. He got a Medal of Honor in Vietnam and then I went down to Peoria. There's a guy named Harold Fritz. In Vietnam he was an officer and his platoon he literally saved from an ambush directed and survived by __ the story is just mind boggling.
- Hugh: Yes.
- Jim: How he did that. Incidentally, that medal up there. Do you know what that medal is?
- Hugh: That's a Civil War --
- Jim: I know that.
- Hugh: Medal.
- Jim: Do you know what the Medal is?
- Hugh: No.
- Jim: I think that's some form of Medal of Honor.
- Hugh: Really?
- Jim: The Medal of Honor has that same star shape. I looked for some notation. There's no notation on it.
- Hugh: No.

Jim: But I've seen the Medal of Honor because all these guys have them in their house so I've examined them and it looks a great deal like that.

Hugh: It could be he was --

Jim: That was the first war they awarded that medal from the Civil War.

Hugh: He was at Shiloh.

Jim: Nice place to get one.

Hugh: Yeah. Is there any way we can you have that authenticated or anybody would know?

Jim: I know people who can find that out for you.

Hugh: Could you? [phone rings] It would be worth sending --

Jim: That's a helluva ring you have.

Hugh: It is, yeah. It gets us - [phone ringing] it wakes us up.

Jim: I believe it.

Hugh: Yeah, the, yeah he was at Shiloh.

Jim: What I'll do is I'll take a picture of it and show it to the smart people down at the museum and --

Hugh: Yeah. Here's his rifle. I'll have to show this to you.

Jim: The musket. Yeah, I've seen those. We've got plenty of those down at the museum.

Hugh: Yeah. He's from -- that was a Harpers Ferry, retreat. They took the pan off. They put the cap trigger on and they rifled it at Harpers Ferry.

Jim: Oh, it is?

Hugh: Yeah, it's marked on it, Harpers Ferry.

Jim: That's where a lot of 'em were made.

Hugh: Yeah.

- Jim: They had big armies. Interesting place, Harpers Ferry, if you ever go down that way.
- Hugh: Yeah, I've only been there once and I don't remember it.
- Jim: Okay. So after, then you went back in practice right after your training and stayed right there.
- Hugh: Yeah. Stayed --
- Jim: You went into practice by yourself or with a group?
- Hugh: By myself, by myself.
- Jim: That's a courageous move in a big city.
- Hugh: Well, it was interesting. I came back as the first young orthopedic surgeon in Milwaukee since the bunch came back from World War II, So there was a gap of four or five years, you see.
- Jim: The new young G.P.'s would be looking for it, too.
- Hugh: Well, I didn't know for sure but I went around every established office in the city and talked to them. I usually got the answer, "Well, you know, we don't need anybody."
- Jim: I mean "So and so does our orthopedic stuff."
- Hugh: That's right. "We don't need anybody." Well, no I went to the orthopedic offices, and --
- Jim: Oh, did you bring something to the table that they didn't have?
- Hugh: No.
- Jim: Not really?
- Hugh: No, not really. And so I just, my dad had a dental office and he gave me a room and I just opened up shop.
- Jim: What the hell, let her go.
- Hugh: That's right, and in a year I was so busy I had to take --
- Jim: No kiddin.

Hugh: a partner on.

Jim: Other than your sterling personality and expertise –

Hugh: Who knows?

Jim: What do you contribute that to?

Hugh: I just think --

Jim: You must have pulled cases away from established groups.

Hugh: I don't know what the reason was. There were - the malpractice thing was just starting to be a issue and the general practitioners were scared silly [ringing phone] about being sued so they would get, even an ordinary fracture they would have it referred and --

Jim: Whereas ten years earlier --

Hugh: They would have taken care of everything. –

Jim: Do it all themselves.

Hugh: You see, so I spent a lot of time in the emergency room and that was really what kicked me off. And then if you take good care of somebody --

Jim: Availability is what gets you

Hugh: That's right. If you take good care of somebody they'll come back to you. They'll send their family

Jim: Exactly.

Hugh: And pretty -I must have started five guys in practice, at least five guys in practice.

Jim: No kidding!

Hugh: With the stuff I couldn't care for.

Jim: Did you bring 'em in as --

Hugh: Some I brought in some I didn't. Some were guys, just new guys in town. I'd say, "Well, --"

Jim: [unintelligible]

- Hugh: Yeah. "Do you want to see some patients? Fine." I'd send them new patients, and to this day they're very grateful.
- Jim: Oh, I expect. Where did you practice mostly?
- Hugh: I started out practicing at St. Jose's and St. Mary's. I then - and Children's. I volunteered at Children's as a clinical instructor and I ran a clinic there and I spent forty years at Children's running a clinic.
- Jim: What was your association with Marquette?
- Hugh: I was a clinical instructor and I was eventually a full clinical professor.
- Jim: Paid?
- Hugh: No.
- Jim: No, never paid.
- Hugh: Never paid.
- Jim: Like the rest of us.
- Hugh: Clinical.
- Jim: They give you a title to keep you happy.
- Hugh: That's, that kept me very happy.
- Jim: Sure. That's good. Well, that's nice, and then you retired and then you unretired.
- Hugh: No, I never retired actually. I came up here to Door County seven years ago before I retired.
- Jim: Did that go click? That may have - still moving?
- Hugh: It's still moving, and I walked into Door Country Memorial Hospital and I said to the administrator, "I'm Hugh Hickey and I'm thinking of moving up here in a couple of years and I'd like to do something I think I'd like to do something" [**Approx. 15 second pause in tape**] He said, "When can you start?" And I said, "Well, I can't start for a couple of years," I said, "But it's got to be clear I've been practicing in Milwaukee for forty-five years and I want to do no night work, no emergency call, no weekends and I'll set up the best foot clinic in the world for you. It'll be on a par with

Chicago, Cincinnati, Milwaukee anyplace in this world.” Because I was already, had fourteen fellows that I was training in foot and ankle surgery

Jim: I see.

Hugh: For the American Academy of Orthopedic Surgery.

Jim: Oh, well that gave you a wedge right there.

Hugh: Oh sure, and John Gould was the professor and he was a master foot surgeon and I worked with him so I had a lot of experience with it. I'd set up a clinic actually at St. Michael's hospital that became a prototype for the nation.

Jim: Oh, how nice.

Hugh: It's been copied all over.

Jim: How wonderful.

Hugh: Yeah. They were trying to find some answer to the podiatrist. How can we answer them with quality care that will be competitive because the podiatrist is the dog, we're the tail. There are about 5,000 orthopedists who do foot and ankle and there are 14,000 or 20,000 podiatrists. So we're --

Jim: They're not in the operating room.

Hugh: Well, -they are now.

Jim: Oh, really.

Hugh: They are now. Most hospitals admit them for, to do.

Jim: Where is the background?

Hugh: Well, they have training program that's four years long and they have their own surgeons that teach them surgery. The problem is not the quality --

Jim: It sounds like they do this on an end run around you. They don't go through bacteriology and pathology like you --

Hugh: Well, they must have some exposure to it --

Jim: Yeah, but it must be very limited.

- Hugh: In their quality podiatric schools. Well, it has to be, yeah. And their residencies aren't all adequate either. But they are, in fact, politically astute, politically powerful –
- Jim: Like the chiropractors.
- Hugh: Like chiropractors and they have gradually put themselves in a position so that they are able to work in most hospital operating rooms.
- Jim: In other words it would be hard to keep one out. If he wants to work in your hospital you'd have a devil of a time.
- Hugh: The law would not allow you to keep them out. I don't think you could keep them out. So anyway but there was none here. There was no competent one here so I set this thing up and I figured that if Sue and I were going to move here that we were going to be dependent on the people of Door County for our, you know, our electrical care, and our plumbing, and our, you know, yard work and housework. You know, people care for each other up here so I figured I can't just plop down and say, "Okay, I'm here take care of me." I should serve them first. Ingratiate myself to them first. So I set about to do this.
- Jim: This was in Sturgeon Bay?
- Hugh: Yes. So I went to this little hospital. Little forty bed hospital and I gave them a quality of care. Well, just an example, the first year I cut off four legs that were neglected diabetics with gangrenous feet and toes. After that first year I amputated no more legs for diabetes because the care level had come up to the point where they were avoiding amputation and so they got their --
- Jim: How many doctors were you getting referrals from?
- Hugh: Well, I first, when I first came to Sturgeon Bay I came with the hospital.
- Jim: What do you mean?
- Hugh: The hospital paid me.
- Jim: Oh, I see. What's the name of the hospital?
- Hugh: Door County Memorial Hospital.
- Jim: Is it the only one they have? It's still there?

- Hugh: Right, and then they formed a clinic, North Shore Medical Clinic, and that comprised about ten or twelve doctors and I think it's fifteen or more now. And I was a member of that clinic so I was always employed by either the hospital or the clinic. And of course, I wasn't a high volume, big time orthopedic surgeon doing total joints so my income couldn't be compared to those people.
- Jim: But you didn't want that particular type of work anyway.
- Hugh: I didn't, no.
- Jim: And the acute orthopedics?
- Hugh: That was cared for by two other orthopedic surgeons in town. So I was able -- one other at first and then a second came.
- Jim: You got on well with these guys?
- Hugh: I got on reasonably well with these guys. They were supportive of what I was doing and of course, I was supportive of them.
- Jim: Sure.
- Hugh: I was sending them cases.
- Jim: I was going to say you were sending them work.
- Hugh: Right. Yeah. No, there was no antagonism or antipathy at all.
- Jim: Good, well that worked out very well then for you.
- Hugh: It certainly did and then I'm such a cornball when the millennium came along and I was seventy-five years of age I said to myself, "Hey, I don't want a seventy-five year old surgeon operating on me. I'm not going to inflict that on anybody else. I'm going to quit on the first day of the year 2000." So I did.
- Jim: [laughs] That's good. I think that's good.
- Hugh: Yeah.
- Jim: I think you just never know from day to day when you're suddenly going to lose --
- Hugh: No, I'm not going to risk anybody or myself. I don't need that. I don't need that.

Jim: Well, I'm interested in time, short time really.

Hugh: Yeah, short time. I'm doing some IME's.

Jim: Do you miss it much?

Hugh: I miss it. I miss it a lot. Yeah. I miss it.

Jim: Yeah. That's the only part I miss is the operating room and all the people.

Hugh: Yeah. I went down yesterday to visit them. Just to pay a call.

Jim: Sure. Hanging around.

Hugh: Yeah, hanging around. I don't do that. It's the first time I've been down in well, what, nine months.

Jim: Well, all the girls in the operating room are thrilled to see you --

Hugh: They all gave me a hug, yeah. They all gave me a hug.

Jim: Yeah, they, the girls at the Meriter Hospital in Madison have a Christmas party and they invite the old farts to that party too.

Hugh: Yeah, yeah. That's good.

Jim: So we enjoy that.

Hugh: Well, I'm-- I haven't passed a Christmas yet, I suppose I'll get down there.

Jim: Sure. Okay now, back to the Army. Did you use any of the GI Bill when you got through?

Hugh: Yes, we were, let's see, we were still in residency, weren't we? And so I must of, I must of. We were all starving. [Dog barks]

Jim: Well, in residency [Dog barks] they didn't pay for like - they put you on wage.

Hugh: Well, Henry Ford Hospital had a pretty fair wage, right.

Jim: They did.

Hugh: It was, it had to be supplemented --

Jim: Sure.

Hugh: But it was better than others.

Jim: And did you join any veteran's groups when you got out of service?

Hugh: No, I didn't. I didn't.

Jim: And reunions of your M.A.S.H. Unit of the 8055, or the 8063?

Hugh: No, I never saw them again.

Jim: You never saw them again?

Hugh: No.

Jim: Okay. Incidentally, I used to get patients from the 8055.

Hugh: Did you?

Jim: On our ship. 8077 was another [Dog barks] big supplier of patients.

Hugh: Yeah.

Jim: We would get 'em when it was over [Dog barks], whenever our side was attacking casualties would come back so heavy that the units like yours were swamped and [Dog barks] they kept pushing them back further.

Hugh: Right.

Jim: And it even got to the point sometimes we couldn't handle 'em all and we'd be pushing them off to Japan, you know. You could always tell how the war was by how acute --

Hugh: Yeah, yeah.

Jim: Your patients were on the ward.

Hugh: That's right.

Jim: Because other times we'd have very few patients. It waxed and waned.

Hugh: Yeah, I know it. It was a crazy experience really. I, you know, we talk about it and you and I enjoy talking about it and we say we don't regret the experience but we didn't need that. That was not something we needed.

Jim: I learned a lot. I learned a lot of surgery. I was cases I'd never possibly could have seen at any other time. You spoke about the maggots. I also ran the burn part – it's the reason I quit plastic surgery because of burns. I hated 'em. This kid came in covered with white bandages. He'd been taken prisoner. He was a prisoner of war for [unintelligible] air base, and he and a bunch of guys got out and snuck away, crawled back through the lines came to the Americans who picked him up and they sent him to us. So he came aboard and his [unintelligible], he says, "Itch, itch, everything itches." You know, so I started unwrapping. He had maggots all over his [unintelligible]. He had a 1st degree and some 2nd degree burns on his head, in his chest and upper arm. Those wounds were pristine. Absolutely I turned to my chief corpsmen, Jack Fitz (??) and as I was taking these on, and they were coming out his ears, you know. I said to Jack, "Look at that." I turned around and "Boom!" He had fainted dead away, [laughs] that just scared him too much seeing those maggots. It looked awful. It looked like the movie like these kids go to now. [laughs]

Hugh: I know it. I know it, yeah. We had a guy come in I remember taking the inside of his spica off around his groin.

Jim: Sure.

Hugh: He was wounded in this area. and the same thing. The maggots are crawling down over his penis and scrotum and this nurse grabbed a bottle of ether and she poured it in there. I couldn't, you know, she did it so quickly I couldn't stop her. And he almost went off the bed. He went crazy. [laughs]

Jim: Oh, that's – oh, my [laughs]

Hugh: [laughs] Oh, but the wounds were clean.

Jim: That's right, and that killed the maggots.

Hugh: Yeah, it did. It did all right.

Jim: So I guess, anything we forgot to talk about that you can think of?

Hugh: Not, not really.

Jim: In general the training of the people you ran into in Japan and Korea was as good as one could expect?

Hugh: I would say so. As you said we had Dale Drake was a-- he had completed his residency in anesthesia. Anesthesia is so important and he was a key

person. The surgeons were all competent surgeons. Our chief of surgery and the commanding officer was a surgeon, and he did surgery. He didn't just muck around.

Jim: Right.

Hugh: He did surgery. And he was very competent and the other surgeons were as well. The nurses were extremely competent.

Jim: They'd all been quite experienced.

Hugh: Yes, they did.

Jim: I was surprised at that.

Hugh: Yes, they had a lot of experience so I would say on the whole the young soldiers got competent care.

Jim: Sure.

Hugh: It wasn't University Hospital care.

Jim: Right, but the conditions weren't University Hospital either so --

Hugh: That's right.

Jim: Under the circumstances that was pretty good.

Hugh: That was.

Jim: And now the last question. Blood. Did you have any trouble getting enough or were you always short?

Hugh: Lots of trouble and the blood we did get --

Jim: Was outdated?

Hugh: It was outdated. It ran like maple syrup. It didn't drip from the containers. It ran in a string.

Jim: Not good.

Hugh: It was not good blood.

Jim: That would lead to clots --

Hugh: And we must have had some kidney shutdowns afterwards.

Jim: I expect.

Hugh: I assume, I assume.

Jim: Yeah, that's too bad.

Hugh: It was not good blood.

Jim: We had a source of people 'cause we had such a many people aboard our hospital ship and we'd start running short we just, you know --

Hugh: Bleed 'em.

Jim: Bleed them, get everybody because we had the whole crew that ran the ship, you know, nothing' to do with the hospital.

Hugh: Sure, right.

Jim: And so we told 'em that, they – I always heard them say “Well, what good are we?” I said “A lot of good. We need your blood.”

Hugh: Yeah.

Jim: You know, shut up and [unintelligible] [laughs]

Hugh: That's right. That was the one bad thing and they used to bring it in all the time from Japan but apparently they couldn't bring it in a timely way.

Jim: All right. I've run out of [unintelligible] here.

Hugh: Good

Jim: Thank you a lot. I do appreciate it.

Hugh: All right. This is wonderful, **[End of Tape 1, side B]**

[End of Interview]