

Wisconsin Veterans Museum  
Research Center

Transcript of an  
Oral History Interview with  
JAMES F. McINTOSH  
Surgeon, Navy, Korean War.

1997

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**McIntosh, James F.,** (1923- ). Oral History Interview, 1997.

User Copy: 2 sound cassettes (ca. 120 min.), analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassette (ca. 120 min.), analog, 1 7/8 ips, mono.

### **Abstract**

McIntosh, an Edgerton (Wisconsin) native, details his medical schooling during World War II and subsequent Naval service during the Korean War. McIntosh discusses joining the V-12 program, the effects the program had on the University of Wisconsin, and receiving deferments. McIntosh speaks of deferments in essential industry and the year-round schooling. He talks about his duties as corpsman while assigned to Great Lakes Naval Hospital, his preceptorship in Sheboygan (Wisconsin), and his plastic surgery residence at Tulane (Louisiana) Charity Hospital (segregated at the time) before receiving orders to report to the USS Haven. McIntosh describes issues he had leaving residency at the Charity Hospital and reporting for duty. At one point he had received cancellation of orders; however, wanting to serve his two years, McIntosh ignored them and told his mother to say the orders arrived after his departure. McIntosh talks about the route to Korea and his impressions of the hospital ship and Korea. Describing the relationships between medical personnel and Navy ship command personnel, he tells several stories of how the medical staff would “rattle the ship captain’s cage.” McIntosh describes his ward, cooperation between the other wards, and how his medical decisions weren’t questioned by the “pompous ass” commanders. Because of his previous plastic surgical experience, McIntosh discusses his specialization in soft tissue and maxillo-facial wounds on the ship, why any bowel surgery was just stabilized and sent to Japan, and recalls his excitement doing z-plasty and skin grafts. McIntosh mentions “tapping” soldiers with chest wounds, patients from different countries and the nurses stopping a Turkish patient trying to kill a South Korean soldier he thought was North Korean. He details one incident with a South Korean patient who wouldn’t eat American food because it had fattened the parasites in his bowels. McIntosh discusses visiting a Korean leper colony, viewing a MASH unit, female nurses, and making it a point to visit interesting ships that came into harbor. He talks about his visits to Japan, describes returning to the States with the USS Haven, why he didn’t want to continue with plastic surgery and going back into urology. Fulfilling the second year of obligation, McIntosh talks about duty at Great Lakes Naval Hospital, elaborates on building a lip, and discusses other medical procedures. He concludes mentioning alcoholism in the Navy, not joining veterans organizations, using the veterans home loan and adjusting to civilian life before starting in urology.

### **Biographical Sketch**

Dr. James F. McIntosh (1923- ) attended Medical School through the ASTP program and served as a surgeon aboard the USS Haven during the Korean War before returning to practice in Urology.

Interviewed by Mark Van Ells, 1997.

Transcribed by WDVA Staff, 1998.

Transcription edited by John J McNally, 2006.

Mark: Start. Okay, today’s date is April the fourth, 1997. This is Mark Van Ells, archivist, Wisconsin Veterans Museum, doing an oral history interview this morning with Dr.

James F. McIntosh, veteran of state science service during WWII and a surgeon during the Korean War, veteran of the U.S. Navy. Good morning and thanks for coming in.

McIntosh: You're welcome, nice to be here.

Mark: Well, fantastic. Why don't we start by having you tell me a little about where you were born and raised and what you were doing prior to the attack on Pearl Harbor in 1941?

McIntosh: Born in Edgerton, Wisconsin, just south of Madison, but my folks were there just briefly, because they really lived in Madison, it was just that at that time the OB, doctor who took care of my mother, was from Edgerton where both my father and mother grew up. And so she felt more confident there, so they went from Madison down to Edgerton just to get her delivered of me, and then immediately, I guess two weeks later, we moved back to Madison, and I've been here all my life since then. I, um, went to Randall School, West High School and started the University of Wisconsin in the fall of '41. Tuition -- \$48 a semester (always remember that), and, of course, in December, bingo, all of a sudden the service became a real option. I was eighteen years old and although right at the beginning eighteen-year-olds were not eligible, they quickly were and I discussed this briefly with my father about whether I should go into the service and then come back and go to college, 'cause I had just gotten started on a premed career. He -- strangely enough, or interestingly enough -- was in the same situation in WWI and he was in the student training program that the Army had, similar to what turned out to be the ASTP program in WWII, and he -- of course, being that I was the only son -- had no interest in me going into the service, and without much effort he talked me out of quitting school and going into the service. He suggested that I get a deferment, because I was premed, and premeds could get deferments, and he said you could be a lot more valuable as a physician than you can be just as an ordinary bloke.

Mark: Let me interrupt for a second. Your father was a surgeon as well.

McIntosh: No. My father is a dermatologist.

Mark: Oh, a dermatologist. But he's a medical doctor.

McIntosh: At the university, yeah. And he also had a private practice here downtown in Madison. But -- So I got my 2A deferment, student premed, as I say, students were getting deferments.

Mark: Now, deferments are something you don't necessarily associate with WWII.

McIntosh: Ha.

Mark: Well, sorta in the lore you think of, as someone having grown up after Vietnam, you think of deferments in the Vietnam context. Why don't you tell me a little bit about, um, who was getting deferments and for what reason during WWII?

- McIntosh: People who were in college and who were in things like medicine or something the government was interested in, I'm sure some of the engineering students were being deferred. Something the government decided that they would want in the future to keep their supply up would get a deferment 1. If they were just in an L & S school, without any specialty...
- Mark: Like a history major, for example.
- McIntosh: Like a history major. That offered them no protection from the service when their number came up.
- Mark: And were these, were these -- If you were in one of these special fields like engineering or medicine --
- McIntosh: As long as you're in it, you were deferred.
- Mark: I was gonna ask you: were they difficult to get?
- McIntosh: No. Simple. You just wrote a note. Or not a note, but a letter... Or I guess... You know I don't remember how that worked -- you probably went down to the draft board and filled out a form.
- Mark: Yes, I suspect you had to go and register and that.
- McIntosh: Oh, yes. I had a draft card. I remember it was 2A. There were a lot of deferments. I mean, farm boys all got deferments, 'cause that was an essential industry, and I'm sure in the big cities they must have done the same thing, however I wasn't familiar with that.
- Mark: Yeah, a lot of workers got deferments too. But again, in the lore of WWII it's not something that people often think about.
- McIntosh: Right, well my father was pretty wise and -- wouldn't you know -- two years later all of the sudden the ASTP program, similar to what he had, and then the Navy had one, the V-12 program, suddenly appeared, and, um, now I see it provided a different option. So now I could continue, and they would continue to send me to school, and then the only thing was that I had to repay two years in active duty after I finished.
- Mark: I want to backtrack a little bit. You entered the V-12 in about '43, '44, something like that?
- McIntosh: '43. December seventh.
- Mark: I'm interested... No. How did you remember that date anyway?
- McIntosh: That's right. Strangely enough.
- Mark: I'm interested in how the campus changed as a result of the war. Now you were in school before Pearl Harbor, and then you continued on and were in the graduate

program, of course, after Pearl Harbor. Now why don't you just describe how the campus changed, how social life changed, how student life changed, etc., etc.

McIntosh: Sure. It did change. In the first place at the very beginning, um, well not in 1941 nothing changed, but in '42 a lot of the people who were going into the service went. Not all, though, I mean a lot of kids were still in and hadn't been called, in other words, one of Wisconsin's greatest football teams was in the fall of '42. Fully almost a year after and they still had all the good football players, hadn't gone in, but immediately after that fall, fall of '42, right after that football season, the college sort of emptied out, but they were replaced with these service programs. At Madison, you know, they had this huge engineering program. The Navy had engineers, radio operators... Truax field trained radio operators – well, that didn't bother the campus really – but the Navy had a big program in engineering and they had radio operators – I don't know, jeez they must have had a good thousand kids. So the boys that left were replaced by new boys really, so that –

Mark: Now these were military personnel?

McIntosh: Oh, yeah, they were all sailors and got uniforms. The Army had some small program, but not as big as the Navy. The Navy had a lot of kids on campus. They had a V-5 program, you know, the Navy fliers, a small one of them, but I don't know much about that. It didn't amount to much, 'cause there wasn't very many of them.

Mark: And these were mostly out of state students, I would imagine?

McIntosh: Oh yeah. These are all strangers. That was the biggest difference, I mean, these kids came from all over this country. And it really changed the complexion of campus, because rather than mostly from Wisconsin they were mostly not from Wisconsin. The biggest effect it had on me before I went into the V-12 program really was the fact that all the fraternities closed. Or most of them closed. Because they gave up their homes – three homes. Either they closed because there wasn't enough boys to keep it open, or V-12. You see, the SE house down at the end of Lake Street where I was living was suddenly given over to one of the V-12 programs and they took whole thing and had it for four years, three years, something like that. And a lot of houses were taken over by the military and used for their V programs. So that changed a lot. Everybody -- I had to move back home, 'cause there wasn't any place to live, and I did that for a while until I finally got a spot in the batch apartments. But that was a little bit later.

Mark: I was going to ask if the campus' physical facilities or the size of the campus changed as a result of the war. I mean, we often think of the post-war GI boom, but

–

McIntosh: Well, they had to start building, a few of the Quonset huts were built, etc. Most of them were built afterwards when the big influx of the GI's came home. But a few things -- but otherwise not radically changed during the war. No. And as I say, of course, there're fewer men on campus, even though -- when I started there were 11,000 going to the university in the fall of '41, and I think that probably dropped down to 9,000. You know, there's a lot of women on campus, I mean, there was

definitely fewer boys. And a lot of these service kids, they sort of stuck together and those of us who lived here before never knew them really very much.

Mark: Now, as you mentioned, the campus sort of emptied out after that particular semester was over. I'm just curious, in your recollections and impressions were there a lot of enlistments, or a lot of draftees, or why specifically, to the best of your recollection, did the campus empty out at this point?

McIntosh: 'Cause of age. They got to be the right age.

Mark: But were they drafted or did they volunteer or was it a mix of both?

McIntosh: Oh, I think it was a good mix. I don't think -- Well, most of my college friends were volunteers. You didn't see a lot of draftees in college. I guess, different intellectual level, but I think they sort of figured out... I mean, the general feeling was if you volunteered your chances of getting better duty were really possible, where if you're drafted, Jesus, you never know what might befall you. You see, and I think it sort of played out that way, that most guys experienced that if you volunteered, you did better in the service and you got better opportunities.

Mark: So you did enter the V-12 program?

McIntosh: Right.

Mark: Why don't you just walk me through those steps? Now you're actually going into the military.

McIntosh: I had no rank. Apprentice seaman, just like in boot camp, but I didn't go to boot camp. My boot camp was Great Lakes Naval Hospital. And like the ASTP boys, they had a little basic training. I think they did. Not the V-12 programs. I went down to Great Lakes as a civilian, I put on a uniform, I went to the hospital, they assigned me to the sick nurses' quarters in the main base, what they call the main base at the Great Lakes, where they have the major buildings. Well, one of those buildings held a ward for the sick nurses. And that was my first assignment, the first time I put on the blues and all that. No instruction – zero instruction. Here I was in the Navy, an apprentice seaman, with no chance for advance, 'cause you didn't get advanced, you stayed to stay an apprentice seaman. So I was down there as a corpsman and by this time I'd applied to medical school just before I went into the V-12 program. And the thing was hanging in the fire because I didn't receive any word and so I didn't know whether it was going to happen, and it was sort of in limbo. I was down there 'til April, and then I got dispatched, accepted at the University of Wisconsin Medical School. And so I turned right around and came back to Madison and started the medical school that April of '44.

Mark: Are you still in the V-12 program?

McIntosh: Oh, yeah.

Mark: So you're committed to –

- McIntosh: Oh, listen – them things changed. When I came back to Madison, instead of a sailor suit, and I came back to the V-12 program and they had an office out in the men's dorms out by the lake. You know where the men's' dorms are?
- Mark: The lakeshore dorms.
- McIntosh: The older buildings out there. Kronsage, I think it was.
- Mark: Yeah, okay.
- McIntosh: Now we're in midshipmen's uniforms, so they had a store out there, and we all had to buy midshipmen uniforms with the --, you know, like officers' uniforms, right? With no rank, but we were dressed like officers with no ranks. It was kind of nice – we got saluted by all the Army privates and so forth, because they didn't know we weren't officers, and of course we wouldn't tell them. But anyway, that's the way I went through medical school, or not all of it, but most of it until we got discharged, just before I was -- , so I was in medical school in uniform from that moment until January of '46. So it was '44, and of course the war was over, and we stayed another six months before we mustered out. Then we went back to civilian clothes.
- Mark: Yeah. I just want to backtrack a little bit. Going into the V-12 program, I presume that was voluntary?
- McIntosh: Oh, yeah.
- Mark: And what –
- McIntosh: Well, as a matter of fact it was hard to get into, I mean, about six other guys that I knew have tried and couldn't make it, for various reasons.
- Mark: Well, see, that's where I'm heading. I'm wondering why you chose this program in particular, and there was the ASTP and various other options you could have done for the service. Why the Navy and why the V-12? Just explain yourself.
- McIntosh: Well, I could have stayed a civilian. But being a Virgo with a heavy conscience, it really bothered me staying a civilian.
- Mark: Not being in uniform?
- McIntosh: Not being in uniform was something like death to me. I just couldn't stand that. And I didn't ever want to be that.
- Mark: You think people at home look askance at that type of thing?
- McIntosh: Yeah. You know, it's common at a bar you see a guy, “what's the matter with him?” I mean it was a standard -- ill-chosen, but true-feeling remark. So – But I'm –

Mark: But why the Navy?

McIntosh: Oh, I guess it's always been an attraction for me, I don't know. Um, I don't know really. I can't think of going through -- I think the Navy seemed to be better organized, and it seemed to have things in hand. I don't know -- it always seemed a class organization and it still does to me, versus the Army, you know, it's spread out and all -- disjointed. But the Navy was a close-knit group, took more pride in what they did and how they looked and all that: it was more attractive. And I still feel that way. Um, so—

Mark: So was it different studying in uniform? I mean did it change the dynamics of the classroom? Studies and all that?

McIntosh: No. The only thing was always a constant thing, Damocles sword hanging over your head. If you flunked out of medical school, you're in the fleet Marines now, 'cause a couple did. They went overseas faster than you can believe. [Laughs.] They were really, um, you know -- The rest of us were truly impressed how quickly they got into action. [Laughs.] Because at that time, right after Tarawa, they lost a tremendous number of corpsmen of one particular group -- they really suffered at Tarawa. I don't know why, but apparently they were in an exposed position, and they were losing their men, so right about that time, they were looking for them. But that was the only thing -- Other than medical school, we had to dress up and we had to -- The unpleasant part was we had a -- I'm trying to think of the word, 'cause I can't think of it now -- but we had a meeting every Saturday, offering in the summertime a parade. Stand in ranks. March. You know, here I am, thinking about anatomy and physiology, and we're marching around like a bunch of goddamn soldiers. It was really ludicrous. Standing there, you know, sometimes two or three hours, while other units paraded on, because all the other Navy units would parade around, and we'd stand in our group watching them, and then we'd move -- it was a bunch of goddamn nonsense. Well, that and of course we always had to show up for payday -- we got paid something: it wasn't much. It was something. We went over there as apprentice seaman and the service.

Mark: They were also covering your tuition, however, I'd imagine.

McIntosh: But that was the big thing. They paid for all the tuition, which was, you know, zip, and the books -- no allowance for food -- or quarters did that on our own.

Mark: I want to go back to your experience at Great Lakes, too. It's a military hospital during the wartime period, and I'm interested in what sort of patients you had there, what your duties were --

McIntosh: Well, my duties as a corpsman were like any corpsman. You sweep up the floor, you make the beds, you deliver the meds that the nurse tells you to do. Unassisted practical nurse type thing. We didn't know anything -- we didn't have to know anything particularly. There was no instruction, other than what you would learn from the head nurse. But we just did that sort of thing. But that didn't -- I wasn't doing that all that all the time. For about half the time there I was -- When the patient level dropped, so there were too few nurses to really explain why I was there,

I got pushed off on other assignments, and one of them was during Christmas was working in the post office. I enjoyed that – that was fun duty, working in the post office and putting the mail in and delivering mail and that sort of thing. And it was during the Christmas season, so we didn't have to do any extra duty. We didn't have to take the involuntary sports program. All the sailors down there had to participate in some event, like swimming, and you had to put in an hour of swimming a week. Well, when we worked in the post office, we kinda forgot about that, 'cause we didn't wanna do it. Ultimately that caught up with us, and somebody found out that we weren't attending our swimming class. So for about two weeks I was swimming every night. That was my payoff for that. They got their revenge. Other than that, it was various duties. I used to get liberty-free for the evening and walk into Waukegan or take that northshore train up to Milwaukee, and, you know, that northshore went like a son-of-a-bitch: you know, that electric train really moved. And you got to Milwaukee in an hour from Great Lakes, which is just outside of Waukegan, and the girl who I eventually married lived in Milwaukee, so I used to go out and see her.

Mark: So you didn't have boot camp, as you mentioned.

McIntosh: No. Zero.

Mark: So being on a military base during the war did you have some sort of adjustment to military life to make, or was the discipline not that strict?

McIntosh: No, there was no discipline at all.

Mark: Just "Yes, sir," "No, sir."

McIntosh: Yeah, that was no problem. Discipline was – we had no problems, it was easy duty. Very easy – no problem. And I enjoyed working where the hospital was situated, 'cause that was what I was really interested in in the first place, so that was kind of fun. I enjoyed that.

Mark: So when the war ended, you were, um –

McIntosh: Half-way through medical school.

Mark: On campus.

McIntosh: Right.

Mark: Why don't you just describe, um, the scene and your recollections of when the war ended and how things –

McIntosh: Well –

Mark: -- changed again.

McIntosh: Before I got married – I got married half-way through medical school – I was living in the University Club, which is ordinarily just houses for professors here at the university. Well, they were having trouble filling it. So looking for money, they found that some of us medical students would be happy to rent some of those quarters. So four of us applied for a big room with two bedrooms, which the four of us lived in, so we were in that for about a year-and-a-half and that was fun. It was close to the medical school and easy to walk. And it was a nice place to study, and it worked out. The three other guys I roomed with I had known before, and we became fast friends, and we're still close friends. One of them died – he died in a plane crash in '53. He was with the National Guard then. Cause he wasn't in V-12, he was in the Army, ASTP, going to medical school – our same class. Our medical school class had either civilians, Army, ASTP or the V-12'ers. About equal numbers in each service. But anyway, the other two guys I see every year – interesting. One lives in Dubuque – he's an internist. The other's in Minneapolis, he's a general surgeon. And, of course, we have this big deal coming up. You see, our fiftieth reunion from medical school is this spring, so the university's got this big thing: they give us all medallions and plaques and stuff, hoping we'll contribute to whatever the university wants, you know, alumni to contribute to. And the state medical society also will give us a thing for being a physician for fifty years. This is a biggie this year. But anyway -- I think that was an enjoyable time, it was the because of being an only child you see. This is my first experience of living with a bunch of guys, so it was – I was thrilled to have all this attention and someone to be with. I really enjoyed that. It was an interesting experience. Then, of course, I got married: then I moved down the street a block to the Rennebohm's at the corner of State and Lake. I think it's Walgreen's now. The Pharm it was called. On campus that was the Pharm.

Mark: Why was it called the Pharm?

McIntosh: The pharmacy.

Mark: Oh, I see.

McIntosh: They built the Pharm, that was the Pharm. Rennebohm's at State and Lake. And above that – next time you go down State Street – look above and you can see there are apartments up there. Well, I lived on the fifth floor. And through the rest of medical school I was there, 'til the senior year. Now you understand that once I – going back again – once I started school in the fall of '41, I never quit, except for this brief sojourn at Great Lakes. I went continually. I finished my freshman year in the spring of '42. The university by that time was on essentially a three semester – they switched for the war.

Mark: Right.

McIntosh: So, I just started right off the bat and started in the fall, hell by January – a-year-and-a-half – I was a junior already. [Laughs.] And so I had all my medical schooling by the fall when I went into the service, I was ready to go to medical school, incredibly. It was two years and four months, and I had all my premed. Well, um, so in medical school same thing. We went continually to medical school. Never stopped. Went

through my four years of medicine in three years and one month and never quit. And that is including the fact that the last year in medical school at that time was a year long – twelve months long. It was divided into four quarters: One quarter in surgery at the University Hospital, one quarter on medicine, University Hospital, one quarter at your preceptorship, which I'll tell you about, and one quarter mixed things, like Maternity Center in Chicago, delivering babies, black babies usually, in South Chicago, from the Maternity Center – a wild experience, to say the least. Some time in Milwaukee at the Contagious Hospital, because we had no contagious hospital, and the chance to see some contagious disease with Max Fox, who's a crazy man. And then also a couple of weeks at the TB San in Wales – I think it still operates. The state TB center in Wales, which is between here and Oconomowoc.

Mark: Yeah.

McIntosh: And then there was the public health thing that you could do in Madison for a couple of weeks. That was one whole quarter. All that grouping.

Mark: And these were just to give you some breadth of medical experience?

McIntosh: Yeah, sure. Right. But the most important of all those four quarters was the preceptorship.

Mark: Which is what?

McIntosh: Because that's where you got to do something. That was a pre-internship. I mean, you were a fourth-year medical student, but when you got to your preceptors – these are in hospitals around Wisconsin, all small hospitals – who don't have teaching programs, other than this – so you, just walking in, were the intern, the only one the hospital had. You were it. And what they tried to do was that you had one guy who was your mentor. And he sort of made sure that you got a taste of this, this and this. But, you know, in those hospitals at that time, there were very few specialists. And so, you'd hang around there, you'd go to surgery and see what's going on. If there were some interesting things, you'd ask if you could scrub in and help. Sure. There's an OB, you know, and nothing else going on, you could be on OB-call and you could be helping, because if you help, you could do some of the delivery. Hell, I did -- My preceptor then was Sheboygan. And in my three months there I did, I think, about 22 deliveries. Never get a chance like that, I mean, so that was fun. I really enjoyed that. Got a little surgery, not much, 'cause we really didn't know too much. The only surgical experience in medical school at that time – interestingly, in your second year of medicine, they had a thing called dog surgery. [Laughs.] They would anesthetize these dogs, and with one of the surgical residents of the hospital – he was running this – would show you how to take out an appendix. Sew them up, see if you can do that, keep the dog from dying, bleeding to death. Sort of stand over your shoulder and walk you through it. That was pretty exciting, particularly 'cause we didn't know a goddamn thing. We'd had anatomy, you know, but not enough to have any feel for it and fortunately they were dogs, I guess that's the best answer, because after they got through taking this out and taking that out, the dog was just thrown away, 'cause he wasn't enough left to peep. So -- But anyway, in the internship and the externship, or preceptorship, you got a chance to do a lot. A lot of

guys -- And you'd see a lot of cases that you never would see at the university. I think this is the important thing. Because you see the garden variety stuff out in the sticks, whereas at the university they had referral at that time -- They just had referral cases. I mean, the cases that came here were either two types. One's either too tough to figure out in Peoria or they were state cases. With no Medicare, you see, the doc up in Ladysmith, he didn't get money for taking care of this guy -- this guy didn't have any money. Send him down to the university and they can take care of him. See, that's how Medicare changed everything. But anyway, they'd send him down, and so you'd have a bunch of state cases, usually cases with diseases that should have been taken care of years ago.

Mark: Tuberculosis and that sort of thing?

McIntosh: Oh, we shipped those out as soon as we made the diagnosis, if we could. Although some kinds of tuberculosis we didn't, because they weren't contagious. I mean, in the neurology business, even when I was a resident and many years later, we had a lot of tuberculosis of the scrotum, the genitalia, almost entirely in Indians. [Laughs.] So anyway, that was a big problem. But that wasn't contagious, so we never worried about catching them and so we didn't ship them out.

Mark: So you chose urology during the war sometime? Or just after the war, before Korea?

McIntosh: Well, yes. Then it un-chose me. After I finished medical school, then of course I went down to New Orleans where I was enamoured of the plastic surgery department and the doctor that ran that. He and I got along famously. You read my book, so all that stuff is in there. And I originally thought I was going into urology, because I liked all the gadgets -- it's full of gadgets, and I like gadgets. And, um -- but Dr. Sysk, who was head of the department here in Wisconsin, told me I could have residency if I came back and took a year of general surgery at Madison General after I finished my internship. That would be starting in 1948. Well, I got back here in 1948 and started to work at Madison General to get my general surgery done.

Mark: [Telephone rings.] Hang on for a second.

McIntosh: Yep. When I got to Madison General and started my urology, at that time it was two years of general surgery and three years of urology, and then you're a specialist, okay? After your internship. Anyway, so I called up Dr. Sysk and said, "Well, I'm here -- I'm established and working, so this means a year from next I can start with you and urology at the university." He seemed to have forgotten our previous conversation, and he said, "Jeez, so that spot's taken." Well, I was really depressed there for a while. I took a trip around the Midwest -- I went to Iowa, I went to Michigan, looking, talking to urology departments there, seeing if I could get attached to those departments. No, and no means -- and I thought maybe I'll do something else. So I called my chief down in New Orleans, Neal Owens, and said -- there's still -- he offered me a residency, and I told him I didn't want it. I said how about if I do that, from down there? He said, "Fine." So I gave up on urology --

**[End of Side A, Tape 1]**

I told my wife we're moving back to New Orleans, so we went back down. We're down there in June, May (I think) of '50, got set up at Charity Hospital in New Orleans, big hospital, much bigger than the place I interned at Turot, full of charity patients, of course. Huge hospital, three thousand beds – Jesus! Built like an “H”. Half white, half black. And of course then at the end of the month the Korean War started. And I didn't have to give my two years back, because the war had ended. So I was in limbo, so I never -- I assumed that I would never have to do that, but –

Mark: I wanted to backtrack –

McIntosh: Sure.

Mark: It looks like this is the point to do it. Um, once the war ended, what were your obligations to the Navy and how soon after that did you put a uniform on?

McIntosh: I was in the reserve. Well, I took the uniform off right away. I was in the reserve and, um -- with no end to that. I mean, there was no -- they didn't say you had to stay in the reserve.

Mark: Now was that voluntary or did you decide to stay in the reserve?

McIntosh: Well, you had to stay for a while, and I don't think -- I don't remember for how long. And, um – the class ahead of us were still in the service, and they went right after their internship into the service for two years. But our class didn't, because they didn't ask us to, so we assumed we'd never have to go. And then the Korean War changed all that. And because the war started on the 25<sup>th</sup> of June, 1950, and I had a message from the Navy Department, within a month: “Hi!” [Laughs.] About those two years. And they said, as a matter of fact, my experience with the Navy has really been different -- what the letter said was orders to the USS Haven, wherever she is. That was my first message from the Navy. So there wasn't any question about what was going to happen. It was just where it was going to happen and I had thirty days to report to the eighth naval district for a physical examination and completion of papers, blah, blah, blah, and then on to wherever the USS Haven might be, out of San Francisco.

Mark: I still want to backtrack a little bit. So the Navy was paying for your medical school, and then the war ended.

McIntosh: It stopped. Oh, I mean after --

Mark: After World War II.

McIntosh: Right, so that was January '46.

Mark: And if you used the GI Bill, you could finish the rest.

McIntosh: That's what I did. 'Cause we were eligible for the GI Bill, and that paid for the rest of medical school. I mean it was really a neat deal.

- Mark: I bet it was.
- McIntosh: You can't beat it. And so it was painless. Oh, I guess that's about it, that finishes the medical school.
- Mark: So in medical school after World War II, and before Korea, I'm wondering if there were, like, vets who came back with some medical training and then joined your class, or did you study all the way through with pretty much the same group?
- McIntosh: Oh, yes. All 62 of us who started. Except a couple who were kicked out, and one guy committed suicide.
- Mark: Okay, so you got orders for Korea.
- McIntosh: Well, I got orders to go find a ship – it never occurred to me it might be sitting in Korea. You know, I just looked at the orders, saying I have orders to the USS Haven and something about San Francisco. I assumed the ship would be sitting in San Francisco, waiting for me. Breathlessly waiting, you know. So [Laughs.] -- But that's when I ran into a problem, you see, that's when I got into trouble with my chief. I was the only plastic surgery resident on the Tulane service at Charity Hospital. And there're three services: Tulane, LSU and Independent Service, each running three sections of the hospital. Well, I was the only one on the Tulane's – so, you see, I can't do it. He said, "You've got a deferment." I said, I really owe this time, I mean, I owe them two years – I'd like to get it over with. No, he says, you get a deferment. I mean, I'm not arguing with you about it – I'm telling you. Well, and I sort of wimped out. I sort of planned on going into plastic surgery, and this guy being the president of the national board, I knew my chances of making much progress in this field would be significantly altered, you know, if I crossed this guy, so I thought I'd do something tricky. I applied for the deferment, and then a week later I sent the Navy a telegram, saying I'd changed my mind and I was canceling my request for a deferment. I went to the chief and said, "I didn't get the deferment." He reached that telephone, Mark, in about a tenth of a second. "Son of a bitch!" he said. "I'm going to get a hold of Eleanor!" – that was the senator from Louisiana. "We'll straighten this out!" I thought, holy shit! I literally begged him not to call. And then I'd really been cooked. I begged him not to call. I said this will ruin my whole career. They'll pick on me – they'll do this, they'll do that. I cut anything I could think of, you know. Don't do that. Finally, he put the phone down. Jesus! My heart was -- I was really excited there. Well, so I went back and I said it's all set – got it figured out, no problem. I went -- cancelled the apartment, cancelled the newspaper, cancelled the milk-driving man, all that. Had a party. 'Cause I borrowed a trailer to take all our stuff back to Madison. Had it all out in the driveway. 9:30 at night. Before eleven. The phone rang. This is the Eighth Naval District. We have a dispatch for you. Yes. Your deferment has been granted. [Laughs.] I couldn't believe it. How I could put myself in such a position. Incredible. So the next morning I was up at the Eighth Naval District, pounding on the desk, you know, begging this guy for some help: tell me what to do? He said: "That's no problem, doc. I remember him saying that "Doc," he says, "don't worry about it." I said, "I shouldn't worry about it?" He said, "Naw. We'll send him a telegram and tell them you're not accepting the deferment." He says, "It's no problem. Gotta go to kiss the

guy's ass." So we came home for a whole two weeks. My orders were to be ready to leave with the airplane on Sunday, flying out to San Francisco where the ship was out there, breathlessly waiting for me. Went down to the Madison Club for a luncheon with my father at noon. I got back and my mother said, "Well, there's something in the mail from the Navy for you." "Oh?" "Yeah." I opened it up – 'cancellation of orders.' Orders have been cancelled. Well now, well now. So I'm on the phone, calling the Bureau of Naval Personnel in Washington, D.C. Not remembering, of course – or caring, really – that it was Saturday afternoon. Well, there was a duty officer there. Took me about ten minutes to explain the situation to him, so he had some understanding of my plight. And he said, "Jesus Christ, doc, how did you ever get yourself so screwed up like this?" I said, "Oh, it was very easy actually. It was effortless." Well, he said, "When are you leaving?" I said, "I'm leaving tomorrow." He said, "Well, what if that mail hadn't come 'til Monday? Then what?" I said, "Well then, I'd been gone." "Right. That give you a clue?" I said thank you very much and hung up the phone. I took the letter and gave it to my mother and said, "I didn't get this. This came Monday." I explained that to her. And off I went. So, flew off to San Francisco, the next morning I'm pounding on the Twelfth Naval District headquarters, wanting to be sure that things were moving along. He said, "Well, we'll get you out of here sometime. Enjoy San Francisco." I said, "Could I go tonight or tomorrow? I'm really anxious to, you know -- well, yes, I suppose, MATC or MATS, you know, is -- he said, Well, give me a -- He looked at that. Name sounds familiar. Didn't we get some modification of orders? Oh, I said, "it couldn't be me." You know, he was reaching back of his file. I thought, oh no, here it goes again. I said, "It couldn't be me!" Okay. He closed the file again. Jesus! He said, "If you want, you can get out of here tomorrow." Good! Eight in the morning? "No," he says, "it won't be 'til eight at night, but we'll get you out [unintelligible]." So, the next night at eight o'clock, I took off – that big flying boat, the Mars, two-deck affair. Huge fun. I remember we couldn't get it off – it was really calm out in San Francisco Bay, and that's not good for a pontoon plane. So we came all the way back to the starting point and attached two of these J-tow units on the wings [laughs], and we started off again and these things goosing on the sides – I thought the wing was on fire. Jesus! That was really exciting! I didn't know what they were doing, and all of a sudden there was burst of flames up from the wing. Well, we got off there and off we run to, into the war.

Mark: From where and to where?

McIntosh: To White. I was there for a couple of days. From that point -- after I left San Francisco, I knew that I was home-free, I knew they couldn't stop me then, you know, because when you're in transit, there isn't anybody to interfere with what you want. I knew that much. So here I'm in my new uniform that I went down to Milwaukee to purchase on the advice of some friends of mine who were in the service, 'cause I didn't know what kind of uniform I should really have, you know, summers or winters, so I got this far without any instructions again [Laughs.]. And so -- and then things started getting better.

Mark: Hawaii to -- ?

- McIntosh: Then we -- Yeah, I was there, I think, three days, and a flight on a DC-6 or 5-B or 40, whatever it said, four-engine version of that Douglas airplane. And, um -- with litters on the side, no seats, just litters on the side, and we took off, flew to Johnson Island -- eight hours. That's southwest of Hawaii. Refueled. Flew to Kwajalein -- another eight hours. Refueled. Flew to Guam. Another eight hours. Then we were there over night. We had a chance to sleep, 'cause there's not much sleeping sitting on a litter sideways, you know, and that's really uncomfortable. And it was packed, I mean there was no room to lie down. Um, so Guam, we had a nice rest and a nice sleep, and then the next day, took off and flew to Okinawa. And then from there we flew to Japan, south of Tokyo -- Zuchi.
- Mark: So what did you know of Korea before you got there?
- McIntosh: Nothing. Well, what you read in the papers. I knew there was a war and I knew we were losing. That part I knew. And, um -- I didn't, until I talked to some friends over there, I didn't realize what a thin situation that was right at first, how close the small American contingent almost got pushed off that island, that is, peninsula. And of course it's just a down-trodden country. It's very primitive. Yeah, so anyway, we just flew and got to, I was in Japan, I think it was a week before I got transportation to Korea.
- Mark: You flew there from Japan?
- McIntosh: Yes. From Tokyo.
- Mark: To Kimpo Airbase or something?
- McIntosh: Yeah, right outside of Seoul.
- Mark: So you arrived what time of year?
- McIntosh: December.
- Mark: I've kind of lost track.
- McIntosh: Early December.
- Mark: So it's cold.
- McIntosh: Chilly, yeah. Yep. And then we had an interesting ride from the airport down to the beach, and they meet you, and then from there up to ship which was swimming around the hook out there, and started my year's adventure, living on that thing.
- Mark: This is December of '50?
- McIntosh: Right.
- Mark: So the Chinese invasion is in progress.

- McIntosh: In progress. Right.
- Mark: So I'd imagine that you were probably thrown into a tense situation? Busy, was it?
- McIntosh: Busy, yeah. You know, war is busier for doctors when we are attacking. When you're defending, casualties are lighter. When you're attacking, casualties are heavy, and, um, so at that time, the ship was fairly busy. But life aboard ship was an up and down thing, depending on what was going on. I mean, a hospital ship that's a whole different subjects, but it has a lot of functions other than taking care of whoever shows up. Transplant patients from one hospital facility to another, from one hospital ship to another one. We took patients from Korea to Japan, you know, movement.
- Mark: Yeah. I want to get into all that, but first I think it might be helpful to have you just walk me through your introduction to the ship – who you reported to, what your first impressions were.
- McIntosh: Well. My first impression was -- when I got out of this -- I rode this ambulance from Kimpo Airport to Inchon, it was 20 some miles, I guess, bitter cold. That's when they gave me the sub-machine gun to sit in the front seat. I had five nurses to take with me and they were sitting in the back. They handed me this sub-machine gun, and I sat up with the driver. I had never seen one of those weapons before. I said, "I don't know how to use this." He said, "Don't worry about it." I said, "I do worry about it." You know. "Do I need this?" He said, "You need it – they got a lot of snipers out here." That was my introduction to the war. Jesus Christ! I mean, what am I doing here? Just suddenly deposited, picked right out of civilian life and plopped right in there, you know what I'm – from worrying about the traffic patterns in New Orleans to being shot at by somebody I don't even know, you know, is a quick transition. Anyway, I got down to that Inchon park and I looked out and I could see that goddamn hospital ship, all white, lights all over it -- Jesus Christ! You'd think I'd come to Mecca! I was so thrilled to have the place I'd been trying to get to for so long – there it was, at long last. I was absolutely thrilled – it was so exciting to finally get to where I wanted to be. So we found a small boat to take five or six of us out there. [Laughs.] So I remembered to salute the fan deck and the officer of the deck – I had been taught that by my friends back home, so I knew how to do it right, so I didn't look too stupid. And then the executive officer was summoned, that there was a new doctor aboard. He came up to me and the first thing he said was, "Doc, your orders have been cancelled. But don't worry. We'll get you home as soon as we can." I said, "Jesus, wouldn't it be alright if I just stayed?" And he said, "You must be out of your goddamn mind." [Laughs.] I'll never forget that. I was just so delighted to be there, you know. And I really enjoyed it – it was an interesting experience. There was no particular deprivation being aboard ship. We had plenty to eat. It was boring at times and god-awful busy at times. I was never worried about being bombed. One of the hospital ships watched as some guy flew over in a strange plane, and they were all standing there, watching, and he threw down this small hand grenade at them, and it didn't do much damage. That cleared the deck after that – they weren't out there watching planes any more. Otherwise, they left the hospital ships pretty much alone. You know, one had been sunk by a kamikaze in World War II – that was the story that was going around and it was in

the back of our minds. The Japanese had done that. And I can't remember the name of the ship, but I have it somewhere. They sank one of the hospital ships, at least killed a lot of people. I don't think they sank it, but anyway. And other than that, the duty was interesting.

Mark: So when you first got there, how long was it before you were put in as a surgeon? What sort of preparation did you have for wartime?

McIntosh: Well, I was ready, you see by this time -- I sort of didn't mention this, but I had two years at Madison Hospital in general surgery. And I did a lot of work. I mean, you know, I was a first assistant doing --

Mark: In a surgical situation.

McIntosh: Oh, yeah. I had lots of surgical experience, taking out gall bladders and uteruses: a lot of cutting time.

Mark: But how much of a leap was it from gall bladders to shrapnel, say?

McIntosh: Shrapnel's a cinch, see? That's small tissue. That's not a big problem.

Mark: So it wasn't --

McIntosh: Belly surgery is different, I mean.

Mark: Let me just ask you about the link between general, state-side peace-time surgery and the, sort of, combat, wartime surgery that you did. It didn't take that much --

McIntosh: No, it's generally easier.

Mark: Why's that?

McIntosh: Because you don't have any medical diseases to worry about in addition.

Mark: Do you have relatively healthy patients?

McIntosh: Yeah, you got all these guys who are healthy. What they have is, they've got a piece of shrapnel or bullet that's gone through them and disrupted things on the way. And you just follow the path of the bullet and resolve each problem as you encounter it. In general, war surgery is not -- it's tedious and can be exciting if there's a lot of blood loss, and you sort of have to hustle along, if you want to keep this guy from bleeding out on you. But other than that, it's fairly simple. And things like big bowel surgery, you know, if there were a lot of casualties, they didn't want you to do any definitive bowel work. If this -- The rule went out if all, any belly wounds -- you didn't mess with reconstruction. You'd stop the bleeding, pulled out a loop of bowel, set up a colostomy -- in other words, defunctionalize the intestinal tract. Do you understand the purpose of this? And then send them back to Japan. No matter what. All belly wounds. No primary closures, colostomy -- send them back to Japan. Then let them cool off, then they would get in there and reconstruct things.

Mark: Now this was because of the rate of casualties coming in so fast.

McIntosh: Right. Yeah, because you had to keep them. See, they didn't want us to keep patients very long. If any patients came to us and was going to require more than two weeks (sometimes that rule was changed to less, depending how busy you are), but generally it was two weeks, if it's gonna be longer than two weeks, all we did was make sure they could travel, and we facilitated their movement back to Japan, where anything definitive was done.

Mark: So you were put into surgery right away then?

McIntosh: Oh, sure.

Mark: I suppose this is generally speaking then the kinds of operations you were doing. Why don't you describe some of the different surgeries -- I mean, the -- How many were burn wounds, how many were bullets, shrapnel, etc., etc.?

McIntosh: Because of my experience in plastic surgery, I got a lot of the soft tissue wounds and a lot of the facial, maxil-facial wounds, and that sort of thing and any people that had a lot of skin problems that needed to be covered right away, it would end up in my ward. A lot of wounds -- a sort of claying of the skin -- and they had to be covered, and the way you do that is you put in temporary -- maybe not temporary but at least you cover it with what you call in the trade a split-thickness graft. That's the kind where you dig out some skin -- but you leave some -- but you take the top layer off and cover the wound with that. And that'll eventually grow and sort of provide a protective covering. It prevents fluid and blood loss. See, if you get skin covering, you never like to leave open wounds for any length of time, because of that. And, um, so I did a lot of that, and we had a lot of patients who came with, you know, either dead on arrival -- not a lot of them -- or were in bad shape by the time they got there. 'Cause we didn't have that helicopter 'til very late. So they would come by LCM's, see? They come up by litters, and we'd pull them up, but they'd lost a lot of blood between the beach, or actually out in the field, to the beach, to the boat, to our ship, you know -- it may take an hour-and-a-half. You lose a lot of blood like that.

Mark: So a casualty from the battlefield comes in to you. I presume they'd already been, like, triaged --

McIntosh: Right. Made sure they're not going to bleed to death.

Mark: I know when they get to you, I would imagine that process has to go on again, 'cause --

McIntosh: Oh yes, we have to know where to put them. What ward they go to. You know, whoever had that duty would just stand there and look at the tag the Army or Marines had put on there, and then you'd send them here and send them there. We had a big ship, relatively, 750 beds. Took care of a lot of casualties. The year I was there we had 8500 in-patients. Large number of out-patients -- 23,000 outpatients in that unit. When we were stationed places, a lot of people would come in off the

beach. They come out for some out-patient treatment. And we got a lot of that. I had a nice clinic going. I used to take a – take off tattoos, and then they would maybe stop doing that.

Mark: [Laughs.] Why would you do that?

McIntosh: Well, I wanted to do it for something to do. These people wanted them off, you know, 'cause they all had them put on when they were drunk and they didn't want them on, and found somebody who would take the time to take them off. And, of course, I enjoyed -- being in plastic surgery, that was interesting work – that was fun to do. But then the captain found out what I was doing. I had this – my friend got too much notoriety, 'cause I was pulling guys from the Army in Pusan, we had this huge hospital there. And they found out that some guy in that hospital ship would get your tattoo off for you. Well, the word got out and then I had a little conversation with the captain. You see, all those were put on when they were drinking or something like that. I said, yeah, I suppose so. He said, well, that's nothing the Navy approves of. So we've got to stop doing it. So my clinic came to an abrupt halt, 'cause it wasn't in the line-of-duty-type activity, getting a tattoo. Which I thought was -- Well, I got back on it, 'cause I had made so many friends with guys in the Army that I ran into a bunch of guys who ran another hospital in Pusan, which is a prisoner of war hospital. A couple of those guys were from Wisconsin, and I used to drink beer with those guys. We had a nice canteen down there on the pier that they used to come over to 'cause it was a good place to drink. And I ran into them. And they were looking for somebody who could do some of this plastic surgery, 'cause they wanted to get their cases out of the hospital. They were so busy doing important things – these cases were cluttering up things. And they said, why don't you come out and get rid of some of that crap? So I asked to go out there for about two months, went out there, and I had a North Korean doctor and a North Korean nurse, male nurse, who used to help me, and I'd do any procedure that could be done under local anesthesia. So I was doing skin drafts, and oh, there's a lot of times you have fusions of fingers, you know, from heat and burns – you split those and put a graft on each side. Oh, fun things. God, it was just great sport. Lot of fun to do. Learned a lot from it. Had a lot of fun. Z-plasty. Z-plasty is [laughs] – I'll try to explain it, it would be easier if I had a pencil, but that won't work on this.

Mark: No.

McIntosh: Okay, if you have a scar, it tends to contract. So think of a linear scar – its pulling. And what you want to do is get more length, so it doesn't pull as much. So across this line of scar you make a "Z". One angle towards the scar, down the scar, and then another angle off, so when you look at it sideways, it's a "Z". You undermine, it gives you two V-shaped flaps – undermine them, and then transpose them. So the scar, when it heals from that, is no longer a straight line – it's a "Z". It's in different directions, and thereby lengthening it. Do a lot of those. Easy, fun procedures. The bread and butter of reparative surgery.

Mark: Now I suppose this is the kind of thing you wouldn't have done at a university hospital somewhere? Much less in a private practice?

- McIntosh: It would have been done at Charity Hospital, because there's a lot of trauma at Charity Hospital. Everybody's cutting up everybody in New Orleans. Jesus, knife wounds are a dime a dozen. A lot of that [unintelligible].
- Mark: So it wasn't that strange to you then?
- McIntosh: No, oh no. Lot of burns, and that's the thing I didn't like about my brief residency in New Orleans, was taking care of all those goddamn burns. Burns are terrible things.
- Mark: Burns from what?
- McIntosh: Anything. You know, kids. Kids come in who've had a hot pan of water tipped over them. Terrible. Any kind of burns. Burns from car accidents, gasoline. As a matter of fact, I had a whole burn ward at Charity Hospital. And I had to deal with all those people. Doing skin grafts and changing dressings. And it got so I hated that. Patients were miserable patients – they hated the burn dressings. It's unpleasant. Boring for me, unpleasant for them.
- Mark: So in Korea you were on the ship for a year?
- McIntosh: Yes, sir.
- Mark: As you mentioned, there were times when you weren't in surgery and times when you were. About how often were you, um, were you in surgery?
- McIntosh: Probably about one-third of the time. But there's a lot of work to do besides that. You know, not in the operating room. I had a lot of chest wounds. These kids were shot through the chest and they picked up blood. Well, you've got to get rid of that blood, because if that stays that way, it'll coalesce and keep the lungs shut down. The lungs, you understand, are a sack that's inside a vacuum. And they have to expand, so if that blood is sitting there in between the lung in the lining, they can't expand.
- Mark: You've got to put a tube down it.
- McIntosh: And that'll be permanent. So I would tap them. So every morning I used to have about five or six guys who'd put that big goddamn needle down there, up here, pull out maybe a pint or two of blood, just to keep their lungs expanded, and eventually it stopped bleeding. And we did a lot of that and a lot of dressings to do.
- Mark: Well, let's go into the surgery part first. Why don't you just walk me through the process of getting an announcement -- I mean, here's the situation -- I hate to make these pop culture references, but you can help but -- Look at the TV show "M.A.S.H." It's something that everyone's familiar with, and having been a surgeon, it's unavoidable. So you watched the show and have enough men as casualties coming, so why don't you just walk me through, walk me through the announcement of casualties coming, what sort of preparations are going on, and how long are you --

McIntosh: We would get previous notice and be sitting in a room or wherever we were sitting – maybe up on top deck, getting some sun –

**[End of Side B, Tape 1]**

72 casualties expected here, 35 minutes. Officers, report to your ward. We'd get down there and wait to see what the triage officer sent. And they'd start bringing them in. I guess the most interesting part of some of these casualties is that they were not American.

Mark: You'd get South Korean, North Korean, Chinese, perhaps?

McIntosh: No Chinese. They'd go to the prisoner-of-war hospital. I got one Jap -- the most famous patient was a Korean civilian who'd picked up Owayma [?] – that's also the one I wrote about so much in the book. But anyway, I took care of patients from Greece, from Ireland, from England, from Turkey, from Australia, from New Zealand, from Thailand. Greek – I guess I said it.

Mark: Yeah, Greek.

McIntosh: Interesting.

Mark: How so?

McIntosh: Because they all had a different language to deal with, including the Australians. You know, they kind of speak funny. And, um, they were pleasant. The Turks, of course, they spoke zero English – there was hardly any communication: it was like veterinary medicine, taking care of them. I mean, they were really pretty base people. I mean, very ignorant. You know, very illiterate, ignorant people, those Turks. Fierce fighters, but -- As a matter of fact, one of the fellows in a nearby ward, his night nurse caught one of those Turks that had been crawling with a knife over to stick one of the other patients, who he understood – in error – was a North Korean. He was a South Korean, but some of the translation got mixed. This guy was gonna kill him, right there in the goddamn ward. [Laughs.] You know, nobody could believe it. They had all that they could do to explain it to this guy. It's not the enemy – we stop that for a while. It was one of those things – if you didn't see it, you'd hardly believe it. Well, anyway. Um, anyway, they'd announce the casualties are coming, and we'd get down there, and we'd just take whatever it was. We'd do the same thing that triage did – we'd look at that card and see what it said was the matter, and then check to be sure that was it, and also we were very careful about checking to make sure there was nothing else. I remember one kid that came in, and it said he had a shrapnel wound to the shoulder. I said, "How you feeling, son?" He said, "I don't feel very good." I said, "Well, we'll get that hunk of metal out of you." He said, "It's not there. It's my back." I said, "Well, what's the matter with your back?" He said, "I don't know – it just hurts." I rolled him over – he had another wound about that big, meaning about two inches in diameter, in the small of his back that they'd missed. Fortunately, it hadn't penetrated into his intestinal tract, but it came out a little bit -- nearby, so it was a million-dollar wound type of thing. But I looked at them more carefully after that, because you never were assured that --

Apparently they were in a hurry and didn't pay any attention or the kid could have been unconscious when they wrote this down. The man just looked at it, wrote it down and sent him on his way. So we had to be cautious about that. And we also wrote right on the spot to make sure their vital signs were normal, because if they had a wound anywhere around the chest – which was what I was interested in – we had to be sure there wasn't internal bleeding continuing. And a couple times after they arrived, they suddenly started looking pretty bad, and it was obvious that they were still bleeding. And they're going into shock. So that hurried up things. And then I'd have to call down to the OR and say, hey, I've got a guy we're not dinking around with there – we've got to do him now. I don't know what your schedule is, but I want to shove him in at the next opportunity, 'cause we have to do him now. And so you scurry around and get him down there and deal with that.

Mark: So you and the other sergeants, would you alternate the triage duty?

McIntosh: No. Usually one of the commanders, one of the regulars. Anything important the regulars made sure that they did. They never wanted to entrust this to reservists, because, you know, they sort of looked down on us as being – not really second-rate, but definitely not officers. You know, real class guys. And they made sure we never forgot that.

Mark: So they would be triaged or retriaged, I guess? And then brought to the surgical ward on the ship?

McIntosh: Right. Once, you see -- Right. Once you got to my A-2, my ward, on A deck, second ward -- Interesting, that's one thing I didn't have trouble with in the Navy, although these pompous asses who ran things were really insufferable – not all of them were, and I realized – and I'd learned – that once the patient's mine, I didn't have to put up with any shit. If I said that this guy needed surgery, I didn't have to get anybody's approval. You know, if I just stood up and said, this is what has to be done, and I'm gonna do it, I could back down anybody – commander, captain, because he knew that if, you know, there was an inquiry about this, it would be his ass, not mine. So he had to give me latitude to make my medical decisions, and that was the one thing about the Navy I appreciated – I could make my medical decisions without interference.

Mark: So during a casualty episode, these would generally last about how long?

McIntosh: Oh.

Mark: Like you get an announcement about 72 casualties, they come in – how long are you in surgery? I mean, how many patients are you doing in one –

McIntosh: Well, it depends obviously on what is the matter with them.

Mark: I mean, typically, though.

McIntosh: Well if a guy came in with pieces of shrapnel in his shoulder, as long as the bone wasn't involved, just soft tissue – we'd get that done in thirty minutes.

- Mark: And then move on to another.
- McIntosh: Oh yeah. There's always a schedule. The head nurse down there kept track of all the three operating rooms and whatever it was, and so she would keep things going, and if there were openings -- And we always had -- The comradery was good, because sometimes you'd get started on some -- You'd be looking for a small piece of shrapnel, and you'd suddenly realize that the bone was broken, and nobody'd bothered to take an X-ray, so here I am -- I'd gotten this piece of shrapnel out, but obviously the humerus been busted, so -- Get one of the orthopods in here and get a little conjoined -- combined treatment there. So it was kind of nice. The comradery was very good and everybody was very helpful. Everybody wanted to do a good job. And we did.
- Mark: So in your particular surgery ward, A-2, there are how many operating tables, how many doctors working, how many nurses?
- McIntosh: Well, the operating room isn't in the ward. The operating room is down a lower deck. See, there's only about -- I think there were two major and two minor operating rooms. The surgical ward was just a hospital ward. We had a treatment room for sticking, pulling blood out of the things and doing treatment and dressing changes, but any surgery is done down in the operating room.
- Mark: Why don't you describe the operating rooms to me -- how big are they, how many operations are going on there tonight?
- McIntosh: Well, the operating rooms are similar to all the operating rooms I've ever been to, and I guess there're a few exceptions. In a regular hospital -- the Navy always has a lot of safety lights around, because they're learning to do things. When the ship is moving and they have to be prepared the powers going to change, and I think they're probably a little smaller than operating rooms -- certainly smaller than they are today. But, other than that, it's still a table that can move up and down, in and around, sideways. Same equipment used -- same we use here and all over. Same knives, clamps, all that the same. The nurses who helped us -- there were twenty nurses aboard the hospital ship for twenty-four doctors -- the nurses were all officers of varying ranks. And, um, they were quite helpful -- they were very good. The, of course, aides are, I mean, down to the nurses, are corpsmen, and frequently, when I was doing surgery, if it was a minor case, the nurse would just be running the instruments and I would have a corpsman. In other words, the corpsmen were the original surgical techs -- that's what they were. And I always had one or two of the same guys, who were surgical techs, and they were very good. Used to get -- You know, they didn't necessarily understand what we were doing, but they knew enough, and they were facile enough with their hands, so they were very good assistants. At Great Lakes I had the same guy for a while, and hell, he could do things as well as I could. I mean, he didn't necessarily understand what he was doing, but he could do 'em, and his hands were very good, and he was a damn good assistant. Very good. Well, so that would be -- We'd be down there, we'd have the operating room, move onto the table, out into the recovery room -- we had a small recovery area, bring the next one in. Try to get all your cases done in a row, but

sometimes you couldn't. I mean, you'd be doing one case, and they'd say you've gotta hurry – we've got a guy who's bleeding. So we'd finish him up, get him out, and then this other surgeon would bring his bigger problem in. And we'd wait, back up in the ward. So, as I say, it required good comradery for all that was to be done. And in general there was. It was very good.

Mark: Was there any way of anticipating when the casualties would come?

McIntosh: No. Except we learned --

Mark: Some would come in the middle of the night, some would come in the daytime?

McIntosh: That's right. We did learn one thing. If we heard that -- We read, or Armed Forces Radio, you know, we listened to, there was a big push on – Americans are driving – that was a key phrase – “the Americans are driving” – we knew that within twenty-four hours, we'd start having a boatload. They'd start coming.

Mark: Were there any particular episodes in the operating room, any particular patients that stick out in your mind to this day?

McIntosh: Well –

Mark: Other than the ones you've mentioned already?

McIntosh: No. Primarily it was that Korean patient, who picked up a landmine and broke his arm in the fire that resulted in burning his upper torso. I don't know how he ever got aboard the hospital ship, because they didn't take civilians. I think they mistook him for an Army -- most of his clothes had been burned off, and I think they assumed he had had a uniform on, but, Jesus, he was so old I don't know how they could have figured that out. But they dragged this poor old guy on aboard, and [laughs] it was humorous, but it's really a shame, because he didn't speak any English. And, of course, we had to first get the orthopod to fix the fracture and then I put on some skin grafts to cover the burned areas and then that got settled, and we thought if this is done in a couple days, let's get him back into Korea somewhere and deal with him. And then the problem of the diet came up. All Koreans have worms. And they live on their diet and get along fine. They have a symbiotic relationship that's just dandy. But you put that rich American food in their intestinal tract, and the worms go crazy. They get fat, they swell from all this great food that you're shoving at them. Big problem -- At this prisoner-of-war hospital it was an enormous problem. They get bowel obstructions. Acute bowel obstructions. Small bowel is filled – absolutely filled – with worms. Big swollen ones, see, rather than just a few skinny ones: now they're really eating good. And so you have to operate. So this guy we had to get to surgery – we had to get one of the general surgeons – and we opened him up and pulled out yards and yards of these long nematodes. Got all that squared away. Got the bowel closed up. Then he wouldn't eat. [Laughs.] He's smart enough -- He may not know about it, but he knew goddamn well how he got in trouble. [Mark laughs.] And he wouldn't eat the American food. So we had to put him on IV's. But there was -- That was the problem, because his arms were encased, and it was hard to find a place to stick him. So that was always a problem. I mean, he didn't

like that. It wasn't his -- And I was just about ready to say, take this guy and shove him overboard. I've run out of gas. I can't think of what else to do. He won't -- He's gonna starve to death, starve himself to death. We have to do something. One of my corpsmen said, "Why don't we give him something, [unintelligible] me and make him happy?" So we got one of those long, blue combat infantry badges, you know, with Kentucky rifle on them? We put that around his neck. The transformation was overnight. He was so thrilled to have this thing, he suddenly had a smile on his face: we could start feeding him. So, the problem was over, and we congratulated ourselves. We went to get this guy up for the first time, after he had been in bed for two weeks, going through all of this. We walked around, and the nurse looked up, looking at the back of his pajamas, of course, opened in the back, protruding from his rectum was a three-inch segment of bowel. He had a prolapsed rectum. She screamed -- I came running down there. I looked at that and said, "Jesus Christ! We've got to get this guy in the operating room. Call down there, tell them I'm coming! I'm bringing him!" I threw the guy on a table, on a gurney, took the elevator down to the operating room, put him in there. Gasman gave him little whiffs of whatever they did, and I gently shoved this back. And, I said, "Well, we saved this guy's life. You know, if he developed -- The danger of the prolapse if it goes out too far is that it'll impinge on the blood supply. You know, it inverts so much you get gangrene, and lose that, and then you have an enormous problem. So I was thrilled -- got it back together. You keep him in bed now two days -- don't let him up." Two days there, then he got up and promptly did the very same thing. Took him down there, pushed it back, two days more in bed -- this guy was really taxing me. Third day he got up, and we watched, and he walked around a little and we were all standing there, [laughs] standing there watching this poor guy. Sure enough [beep]: he leaned over some and down it came. And I said, "I don't know what we're gonna do about it -- it doesn't seem to bother him." No, it doesn't. He reached over, and he picked up a spoon off the thing, he reached there and took that spoon and pushed [laughs] that intestine right back up! Just like it was nothing. After we got a Korean interpreter aboard -- After Sigman Rhee came to visit us, I asked Mrs. Rhee, who by the way went to Northwestern, if there was some interpreter who could come aboard and we could talk to this guy. Come to find out that this guy has had a prolapsed rectum for something like twenty years, and at home and in China he had a forked stick, and that's what he used to do this when this bothered him. It was never a problem. [Laughs]

Mark: That's something you don't come across --

McIntosh: Oh, I couldn't believe it, I couldn't believe it: fascinating!

Mark: So. Operating session, and as you mentioned, you're only operating on the average one out of three days.

McIntosh: Oh, yeah.

Mark: So the other two you're doing the wards, keeping track of these guys.

McIntosh: Keeping track. So, a lot of reading time, a lot of time to read. That's how I became interested in history. That's where I became a history nut. I went up to the ship's

library, looking for something to read, and I picked up one of those small pocket books of a condensation of the Civil War. I'd had one history course – I guess that's not really true – I'd one history course under Hesseltine, Military history of the United States, and I enjoyed that course a lot. And it was very good. So Hesseltine used to be a neighbor, and his son and I were classmates at West High, and they lived two blocks away, so I'd known him all my life. And that's the reason I took the course – I didn't really think much about military history, but I knew Professor Hesseltine. So, anyway, I picked up this thing on the Civil War, and that's where that began. But -- so I had a lot of time to read, and a lot of time. And, of course, when we get to Japan, or even free time we would travel as much as we could.

Mark: Well, I was going to ask now, did you get –

McIntosh: I made it a point to visit every interesting ship that came into the harbor, wherever we were. 'Cause I wanted to see them. And I never knew – they'd be an opportunity not to be missed. And the British ships came in and I used to go over there. And that was really interesting. And all the American ships – the carrier, I went aboard the Missouri. You could always find some officer that would take us around and give us a tour. And that was fun. I enjoyed that. We went to visit -- The British hospital ship came into the harbor on that Inchon and so naturally we had to go see what they did, and we got over there, and they didn't have any nurses. So they were thrilled that we had nurses, so after they gave us a tour, they said, "We'll have a party." So, okay. And, you know, they served liquor aboard the British ships. So they invited us over – what they really wanted was the nurses, but several of us officers had to go along so it looked less obvious. So a dozen nurses and about a dozen of us guys, not all doctors, we went over one afternoon and they served us Pink Ladies, Pink Lighties, which is grenadine and gin. Knock you right on your can, you know. And of course we were thrilled to be able to drink some booze, you know, been swinging on the hook in Inchon now for about two months, and we were getting pretty, you know, stir-crazy. So, we did that, and then they say, no, we're gonna have another party over at the Theseus. Theseus was an aircraft-carrier. British aircraft-carrier – can't believe that. So, that's fine – we got off this hospital ship and took a small boat over to this aircraft-carrier, and they had another party that was serving scotch. You know, the Brits don't drink bourbon. So by this time, we're getting pretty drunk. I remember all these guys were lined up, dancing with all of our nurses. And, of course, all of us guys were just talking around and drinking. They were really delighted to have these girls to dance with. And that was a hellava party.

Mark: Did you get into -- You got to Korea, actually on land?

McIntosh: Yes. I'd hoped to visit the, um – the, um, Hansen's Disease.

Mark: I don't know what that is.

McIntosh: You don't know names. When you want to think of something, it's hard to think of it sometimes. They lose their hands and fingers. Leprosy. Yeah, leper colony. At Masan. Outside of Masan. Which is not far from Pusan. Right down along the

southern shore of Korea. So we got a couple of jeeps, and about a dozen of us went out there and visited that, and that was fascinating.

Mark: How so?

McIntosh: The way they kept them. They had a large number of them there. They were, of course, isolated, you know. Everybody's fearful of leprosy. For not very good reasons – it's not very contagious. But they were taken good care of. It was sort of like a nursing home facility for lepers. Large number of them. That part of Korea was the only part of Korea that wasn't shot up. It was still relatively pretty. The rest of it, though, was just war-torn, messy, noisy, dirty – you know, they've killed all the dogs, ate all those, and most of the trees they've chopped down. It was just a war-torn area – very unattractive.

Mark: I was just going to say: South Korea, at least, today is a modern industrial nation, but that transformation has occurred since the war.

McIntosh: Oh, yeah. [Unintelligible] it was a backward country when we were there, very backward. I mean, you'd go out in the country and it's just dirt roads. There's no sanitation at all. Smelled bad. It's like going back in time two-hundred years.

Mark: You got to Japan too, I'd imagine.

McIntosh: Oh, yeah, as often as possible. That was neat. Japan was nice – I enjoyed that. I mean, so many things to see there. And my roommate and I, he and I went up to Nikko, Japan, where the spiritual capital of Japan is. And there some gorgeous museums up there and gorgeous buildings to see. Enjoyed that. Went down to Kyoto, which is the other important place in Japan. Had some fabulous temples – really some interesting things there. Really enjoyed that. Enjoyed the train travel – the train travel was dynamite.

Mark: Now you mentioned the war-torn nature of Korean landscape. Had Japan recovered from the war by that time?

McIntosh: Oh, yes. I saw very little of that. In Tokyo there's a lot of empty lots. Obviously just water sitting in them, because they had obviously burned down. Because they burned down a good share of the central Tokyo. But, you know, the United Nations had been in there five years, they had built up this huge PX, you know, which everybody gravitated to downtown. The standard rule was everybody's broke, saving money. You know, cause everything was so cheap. You bought things you really didn't need but, God, the prices! You know, so we were, as I said, busy buying all this stuff. And I'd send home tons of things back to my kids. You know, I had two children then. And sending all kinds of dolls and statues. Very much into cameras, you know. I had always been a camera buff all my life. Since Argus C-3, the first miniature camera – I always had cameras and always taken a lot of pictures. And this was a cameraman's bonanza in Japan, 'cause once the cameras were cheap, German cameras were cheap, Japanese cameras are just starting to come out: the Nikon was new and it was hot and excellent. And so -- And there's a lot of things to take pictures of -- Japan is a pretty country.

- Mark: In terms of communication back home with your family -- I mean, you're halfway around the world quite literally.
- McIntosh: On the Tokyo exchange, you could get on a list to make phone calls, only you had to rearrange -- 'Cause at that time there was no direct line, so someone monitored your calls, 'cause they'd listen to you and try to judge it, so that you both weren't talking at the same time. And you had to understand that or otherwise you ended up wasting your money. It was \$55, I think, for five minutes to talk.
- Mark: Which is what now -- I'm sure it was a fortune then.
- McIntosh: Well, it's about \$500 now. But, of course, the thrill, you know -- I left the telephone booth in total tears, you know. It was a difficult moment, you know, 'cause I hadn't heard my kids voices. And my one child was three and the other was a-year-and-a-half.
- Mark: But you were the ripe old age of about 28.
- McIntosh: 27. 27. Yeah, that was a very emotional time.
- Mark: I bet it was. And so you were able to do that about how often? Phone call just that one time? In terms of letters and that kind of thing?
- McIntosh: I wrote -- I wrote my mother, being a dutiful only child, I wrote her once a week. I wrote my wife twice a week. Every single week.
- Mark: Did the mail come through fairly regularly?
- McIntosh: Yeah. That wasn't bad. Sometimes I would get mail -- it was seven, eight days. That's good. And I had my mother send me cookies. And generally they arrived in decent order. But it didn't make any difference. As long as they arrived, you just have more pieces and enjoy that, and she'd also send me the sports section from the Madison paper -- I wanted that. So she would save those and send a whole big packet of sports, so I kept track of the Badgers that way.
- Mark: Very welcome packets, I suspect.
- McIntosh: Oh, yeah. Mail call -- I guess you know: you were in the service -- but when you're that far away from home, it becomes serious. I mean, you know -- It's a very emotional time, just to get mail.
- Mark: I want to talk a little bit about your colleagues in Navy life, such as a surgeon experiences it. In terms of the other doctors, how many doctors were on the ship, you said?
- McIntosh: 24. Half of them -- No, three-quarters of them were like me: reservists.
- Mark: Of various specialties?

McIntosh: Right. But that didn't make any difference. [Laughs.] My roommate was an OB-GYN, pulled out of a Res (Reserves) when the war started, he did internal medicine. Another one was an OB too, and he did rectal surgery. Another one who was a pediatrician, they gave him -- I think he was doing general surgery. The Navy was in a panic when that war started. They wanted people over there now, and they dragged these kids -- these guys were in residencies in the service, you know, not like me who was a civilian. They were in the service and they were getting their service residency in trade for their years on active duty. A different arrangement. They had total control of them -- they didn't waste any time with them. They pulled them right out of their residency within a week -- they were gone, 'cause they wanted them over in Korea, when everybody gets choked up. Anyway, those guys were frequently in different specialties, they were mostly -- all my age. Not all. More were younger than older, at least, because I got a promotion out there from a lieutenant JG, which I started out as, to a lieutenant, within six months. By all MAD, in other words all Navy. Anyone -- went just on date of rank. And my medical school had graduated me two years before most of these fellows, and my class -- meaning all of the guys in the Navy who graduated in '47 -- got upped a grade. And then of course the other big experience I didn't mention was aboard ship when things were really quiet, when there was talk in March, early into the war, it sort of slowed down, and someone decided it would be interesting if some of the boys -- medical officers on the ship -- could see how they did it ashore, and some of the boys in MASH unit would see how they did it aboard ship. So we spent four days with the seventh regiment of the third division in the middle of Korea, [unintelligible] and those guys they put aboard ship. Now that was a fascinating experience.

Mark: How was it different and how was it the same?

McIntosh: Different? Well, in the first place it was cold. In the second place it was outdoors in mud with barbed wire around, 'cause outside that were the mine fields -- something I wasn't used to. The latrines -- you know, outdoor privies: when it's cold, not one of your great thrills. You know, generally a dirty place. Their operating rooms were just like you see in that "MASH". You know, the only sterile place is right on that table. When you're on the field operating, you didn't worry about your feet, clothes. All you worried about were your hands and that table. The sterile field is just shrunk down by necessity, by necessity. And there were guys -- we had trouble getting them off the ship: they didn't want to go back. They thought the arrangement should be permanent. They had nurses to look at, they had warm food and warm beds. Three things they deeply desired we had. But it was interesting. I tried to spew as I can. I bought a burp gun from one of the guys. He allowed me to drive his tank, which I'd always wanted to do in my life. Mile down the road and a mile back -- that was a thrill, and I really enjoyed that. So I learned something from them. And I learned a lot from the medical officers who were in charge there. How their rules and how difficult -- their problem is supplies. Get supplies, and how to keep supplies, and if they suddenly had to move, you know, the Chinese were suddenly coming at them, the way they did at Wonsan. These guys had to pick up and leave, and he said, "We left a lot of shit there that we could have used, but we just didn't have time to pick it up." And so we decided to go, and it's been slow -- when I saw them -- and only slowly come back, in other words, their supplies that they were assured would be

replaced had really come back very much. And they were hurting. If I'd known that, we could have brought them some instruments, but, you know, you don't know. I guess the only thing we brought them that they were really thrilled about is that we brought them a 55-gallon drum of ice cream. And the whole battalion ate that, in one night of course, and that was a big treat for them.

**[End of Side A, Tape 2]**

Mark: I bet it was. Even in the middle of winter.

McIntosh: Oh yeah. They had no trouble. They motored right through that, you know. And they were really – enjoyed that.

Mark: And so, how many nurses were on the ship again?

McIntosh: Twenty.

Mark: I thought you said twenty. You had more surgeons than nurses.

McIntosh: Yeah, but a lot of them didn't require nursing. Some of the things -- Like the X-ray guy didn't require nurses. And the pathologist – he didn't need nurses.

Mark: Were they women?

McIntosh: Yes. No male nurses.

Mark: And so there're twenty women -- The ship has how many people on it?

McIntosh: Oh, probably 700.

Mark: 700 guys, 20 women –

McIntosh: 24 doctors, 20 nurses, and the rest -- See the hospital was two organizations. One – the hospital. The rest – as we referred to it – were our drivers.

Mark: Which is the regular Navy crew.

McIntosh: Yeah, well, they run the ship. They had a captain, and we had a captain. Our captain was the guy whom you read about who was an ensign at Pearl Harbor, Navy ensign who was the only one in the hospital there at the time, when the casualties started coming in. This is him – Riggs. He was kind of an asshole. We all found ways to pick on him, and we spent a lot of time thinking about that.

Mark: We've started to get into the area I was going to cover anyway and that involves the Navy surgeons' relationship with the rest of the Navy.

McIntosh: [Laughs.] Yeah, that was funny. This is typical. One evening meal the commander Melhop – real asshole – he was the No. 2, and he came -- of course, he ate in our ward – and after supper he stood up and said, "I just want to tell you, gentlemen, that

coming up on Saturday we're having a regular full-time inspection." I mean, not just the hospital – this was not the hospital, this was the ship. And so we looked around and said, so, so? And he said, "And the uniform of the day will be dress white." "Commander, I have a blue uniform and I have a khaki uniform, for summer, but I don't have formal dress whites." And, of course, nobody else did either. What would you want [unintelligible] -- His response, I thought, typified everything. He said, "You were supposed to have them when you came on board." I said, "Perhaps you're right. But the fact does remain that I'm in Inchon, Korea, and I do not have whites. My question is, sir, do I not have an inspection? Should I hide in my room? Or do you want to send me to Japan, where I can purchase some?" I thought that was funny – he didn't think it was funny at all. So nothing was said – he just marched off, muttering. So we laughed like hell about that. Come Saturday, there's a daily order comes out. We notice the inspection will be held: khaki uniforms permissible. So we sort of slid in. Nobody said anything, you know, but he just couldn't handle anything that deviated and, of course, once we understood this we would think for hours of things we could do to rattle our cage, because they're so easy, and when we were bored, this would be good fun, thinking of these things.

Mark: Well, did you think of any, for example?

McIntosh: Oh, yes. When the opportunity presents itself –

Mark: Please do.

McIntosh: The Jutlandia arrived in Pusan Harbor one day – we looked out and here was this Danish hospital ship, full of Norwegian, Swedish, Dane nurses – that's what we were looking for: nurses – they had some doctors, I'm sure, but I never paid any attention to them. So we spotted them – I said, "Get the glass on him, Fred." So we started scouting as it came in and parked right behind us. "Yup, I see him." So naturally we had to get over there, make an official visit. So we got to know them. And they were charming company – marvelous girls: most of them were from Holland. Danish hospital ship – most of them were from Holland. Yeah. As a matter of fact, I've got a picture of one of them in there. Charming girl. They spoke excellent English, as all the Norwegian -- Scandinavians do. So, I said, well, now you have to come visit us! Fine! Well, I said, we'll get our chief nurse, and so forth. I said, "well good." Why don't you drop over, oh, tomorrow about lunch? Lunch is set at this time. I'll let them know you're coming. So I got eight of them are going to come over. So I went back to the ship and I went to see Captain Riggs. "I visited the hospital." "Oh, yeah? How'd you like it?" "Yeah!" "Are they any good?" "Gee, I can't tell – they've got a lot of nice people over there." "Yeah, I suppose." "They invited us over for lunch – would you have any objection for us to have them?" "No." "Fine, if its okay with you, maybe they could come over tomorrow?" "Sure, that's fine! Do it!" Good. So in the afternoon I got in contact with these girls, and they had one of these persons who is not the ambassador from Denmark, but an attaché – maybe a No. 2 or something – who was there, and I said, "Bring her along!" So I came back, and when they came up around noon – and I saw them coming, marching from their ship over to our ship, you know. I went down to see Riggs and I said, "The group is coming over for lunch. Would you care to see them and give them a good [unintelligible]?" I said, "One of them, I think, is an

ambassador.” “Ambassador!” This is his words – I swear to God, Mark. “Who’s gonna pipe her aboard?” Of course, piping we’ve put in the ship, because none of us could understand it, you know. The Navy likes to pipe everything – pipe for mail call, pipe for this, pipe for that, you know: beep, beep. Later, you figure it out. So finally the nurses prevail upon the ship to stop doing that, because we didn’t understand it. [Laughs.] So here’s this guy we’re gonna pipe on board. I said, “Sir, I don’t know what the hell you’re talking about. Whom am I gonna pipe aboard?” Goddamn, he was scurrying around – had to get his uniform on. He was really excited. I thought it was hilarious. He was really upset, you know. He was gonna bring this person aboard. I had to see this. To me it didn’t seem like much, but it was really exciting. And he squired her around the ship – you’d think she was the queen of England. Well, it was very laughable – he was very laughable. Fortunately, he didn’t interfere with our medicine.

Mark: So your quarters? Did you get to bunk with someone?

McIntosh: Well, two of us in a room. Two of us in a state room. Tall, because hospital ships are old freighters. C-4 hull, which is a Liberty Ship hull. You know, we’re down there – regularly, it’d be oil up there though -- You know, I calculated it. The ocean was about – well, a little higher than that in our state room. So we figured if we hit anything – maybe I’ll get to the door, but I’ll never get to the ladder, going up – that was down the hallways. But if I got to the door, that might be something. That’d be about as far as we’d get, if we’d run into something. ‘Cause, Jesus Christ, the water is really dirty. So it was pretty far down under the deck of the ship. And it was two ladders up. The ward was “A” deck – and it went down, there was a “B” ward: we were down about six decks. “C” deck was on the level of the main deck of the ship. “B” and “A” were two above, and, as I say, we were three below.

Mark: And so where is the surgery on the ship?

McIntosh: Oh, I would say about two decks below the main deck. There was a big area, right in the center of the ship – you had four operating rooms and the preparatory rooms and all that stuff strung out around it. And the X-ray was down at one end, and the lab – big stuff, you know.

Mark: So you had twenty-four surgeons, twenty nurses –

McIntosh: Look, “surgeons” – that’s a broad term. Twenty-four doctors, ‘cause some of them were internal –

Mark: About twenty nurses and about, jeez, a hundred or so corpsmen or medical technicians.

McIntosh: Oh, corpsmen I think there was three hundred. You know – well, you see in the picture, I have five guys, my boys. And that was just for one ward. In my one ward, I had I think 42 beds.

Mark: Then I suspect you had various X-ray technicians and other physical technicians?

- McIntosh: All of that. We had everything but physical therapy, occupational therapy – we didn't have any of that. Or radiation therapy – we didn't have any therapy machines. But other than that, it was just like a regular hospital.
- Mark: Very well equipped.
- McIntosh: Yeah, very well equipped. We had a lot of blood. You know, we drew a lot of blood, and used a lot of blood, and we had a big blood bank – needed that.
- Mark: You mentioned the helicopters – they came in late.
- McIntosh: Yeah, they put a helicopter deck in at the end of the cruise.
- Mark: Well, why don't you describe the difference that made?
- McIntosh: We got fresher casualties. That's about it. I didn't have that large an experience, 'cause we turned around and started home at about that time. That was a long sixteen days coming home – the Pacific Ocean.
- Mark: Well, first I was gonna ask: while you were in Korea, or off Korea, I guess, how often did you move around? Well I mean, I'd imagine that during the invasion of late 1950 you had to move South.
- McIntosh: We were in Inchon for three months, and then we went to Japan for our first R&R, then went back to Pusan. We were there, and then back to Japan, and from Japan we back to Inchon for the second go-around up there, then back to Pusan. And, I think, we stayed there till we left, so there was always something.
- Mark: You said you were on the ship a year?
- McIntosh: On the ship a year.
- Mark: Um, now there was no rota -- Well, there was a rotation policy at the time. How come the whole ship went back to the U.S. together?
- McIntosh: Because at that time, they had sent out another hospital ship, and they were rotating hospital ships on a yearly basis. See, there were three hospital ships at the same time: Consolation, Repose and the Haven.
- Mark: So your assignment was that ship, and not to be in the Korean theater of operations?
- McIntosh: Correct. So when the ship came back, everybody -- We had some change of personnel. Some guys got transferred off and new ones came. The urologist left – first one we had – and then another one came. But not very much changed. Essentially both the same people.
- Mark: You mentioned it took sixteen days to get back to the states?

- McIntosh: [Laughs.] It was boring. Taking a tanker from Tokyo, Japan, to Oakland, California – sixteen days, going eighteen knots: two 31<sup>st</sup>s of October – two.
- Mark: ‘Cause you crossed the International Date Line.
- McIntosh: Long day. Very boring. But we brought a lot of patients home, you know. We emptied out the hospital in Japan. We took our patients that needed further work there, and picked up the ones who were ready to come back to the United States and just transported a whole bunch of them. And then we picked up some patients – we stopped in the middle of the ocean, I remember, in the middle of the Pacific. An AK transport, bringing soldiers out to Korea, had an accident aboard, and there’re about twenty guys who got hurt – you know, something exploded – so we stopped and we had a mid-Pacific transfer, about 16 patients, so they took them back to the United States with us, after we treated them on the way. We had some interesting cases, you know, we had this guy who was one of the saddest cases – we had a patient who came in with smallpox, the forgotten disease. Some corpsman who thought he had been inoculated or the inoculation ran off, but anyway he got -- The corpsman who took care of him caught it from him and died. The guy, the patient lived, but the corpsman who took care of him died – really sad, you know.
- Mark: So you went to Oakland?
- McIntosh: Went to Oakland, right.
- Mark: Went through the Golden Gates?
- McIntosh: Oh, yes. All that. And met my wife there. She had flown out, despite the fact she hated to fly. As a matter of fact, she had never flown, because she was so terrified. But she managed. And, um, then we were there in Oakland, I think, six weeks. During that time I got my quarters squared away, so I got sent to Great Lakes.
- Mark: I was going to say you had a two-year obligation. You had just finished –
- McIntosh: Yeah, I had another year to go, and I think was scheduled to go somewhere – maybe it was another ship – but whatever it was, I got the executive officer, the new executive officer, who was a nice guy – he and I got together, and he made some phone calls and got the orders switched to Great Lakes, which was nice.
- Mark: Yeah, I bet it was.
- McIntosh: Yeah, so then I came home and we went down to Great Lakes and got set up there and found a place to live outside of there in Mundelein, Illinois, which is twenty miles west of Great Lakes. Lived there for a year.
- Mark: And your duties there consisted of what?
- McIntosh: Plastic surgery. By this time, I was really a plastic surgeon. They maybe had me pegged then and I had a plastic surgery ward down at Great Lakes.

- Mark: Guys coming back from Korea, I would presume.
- McIntosh: Mostly. Then I did some really interesting plastic surgery.
- Mark: Well, I was gonna ask, what particular operations –
- McIntosh: Oh I –
- Mark: Special ones?
- McIntosh: Some. I built a lip, and I was in the process of rebuilding an ear – did two or three of those – I didn't finish them, because I got out of the service. It takes a while. When they do ears, there are several stages, but I got to do a lot of that. An upper lip was gone – replaced one of those.
- Mark: So how did you -- I'm sure it's all in the medical books, I'm just curious –
- McIntosh: No. It's very simple. You create a goof.
- Mark: You've got to take the skin from somewhere else.
- McIntosh: You've got it. Yeah. You make an incision across the chest – parallel incision. Step one: parallel incision. You make two separate incisions, underline a little bit. Both directions, towards each other, so that you try to undermine that – what eventually is going to be a flap. Still attached, both ends, okay? You always think of where the blood supply is. Set that for a week. A week later, bring him back to the operating room. You open it up and dissect that flap out, and make sure its free. Take a look at that blood supply at the end, and make sure it's still viable. Then you make a circular thing around the end of that – close it. A week later, come back and open that up, and see if you can dig underneath that and it's still viable, meaning the blood supply's still coming from the other end. And if that goes, then you can swing that flap up and put it where you want it – just a big glob of tissue. Let that sit two weeks. See how that takes, attaches the upper lip. And then you decide if you'll put a little rubber band around that tube that you've created. See whether the blood supply in the reestablished spot will keep that piece you put up there. If it seems to work, then you can trim off where it came from, then you've got a piece of tissue up there you can start to work on, form that into an upper lip. Takes a while.
- Mark: Yeah, I bet it does.
- McIntosh: Build a thumb – that was the best thing I did. This guy – John David, I'll remember him – had lost his thumb, right at the base. No bone – that's gone. So I used a tube across his stomach, got [incomprehensible] the tube, attached the end of his thumb to the tube – got that established. Then I got it separated, had a free thumb. Then we got the orthopod, we got a bone graft, put a bone graft in there and made a bone: neat. I mean it's not a handsome looking thumb, but the thumb being the most important digit you have, it was a surgical triumph: one of my best. And, of course, while I was at Great Lakes, there was another factor: outpatients. Well, I mean, civilians. Neither of those: it's dependents – that's the word I'm looking for. They

had a lot of children we took care of. Lot of cleft palettes, hair-lips. Because they got free medical care, see, being family of servicemen. Did a lot of that year-round. And, of course, when we took duty – when it was our turn to be the duty officer – then you had to do general surgery, so that was sort of mixed in. Did a lot of appendices. You know, the Navy doesn't want boys aboard ships with appendices. If they come in with a hint – even a hint – of a belly ache, they want that appendix out. They don't want to dick around with that out on the rolling seas. So I do my own anesthesia – give them a spinal, flip them over, take their appendix out. [Laughs.] Me and the corpsman, we'd do it – do the whole thing, the two of us.

Mark: And so you stayed busy in the professionally stimulating Great Lakes?

McIntosh: Oh, yeah. Very busy. Yeah. A lot of work. There's a lot of patients down there – big hospital, huge hospital.

Mark: So there was no feeling of -- well, a let-down, after having been in an exciting combat situation, you come back – There's no –

McIntosh: There's just a difference. We were busy at Great Lakes, because it was consistent, you know, regular. The ship experience was an on and off thing. Too busy or boring.

Mark: And so then you finished your two year obligation?

McIntosh: Right. This time I decided I didn't want to go back to plastic surgery. Didn't want to do that.

Mark: Why not?

McIntosh: Well, two reasons. For one thing, I got so sick of taking care of burns – they were so depressing to take care of, and I thought, "I'm not gonna – " What I'd really like to do was maxil-facial stuff – that's what I'd -- But the ear, nose and throat people had taken care of most of that stuff when I was down in New Orleans, I had never had a chance to do any of that down there. 'Cause the competition was so fierce, that the ENT group was bigger, and so they always used to station some guy down at the emergency room. They always had a guy down there, so if some guy walks in, you know -- The rule was the first guy who gets his hands on him, owns him. And I could never get down there soon enough -- I couldn't be everywhere: I could be on the ward and down there too. Well, the ENT group, they were smart – they kept enough residents so there's always somebody in the emergency room. So all the good stuff came by – they swiped it. And I never had a chance for any of that. And by this time I thought -- And the other thing was, by this time I wanted to go home. All I could think about was overseas -- I want to go home. That's all I want to do.

Mark: And you had an opportunity then to do urology?

McIntosh: And by this time the chief of urology had changed – Dr. Sysk had retired, his associate Dr. Ware, Bruce Ware – mean son of a bitch! – he took over, and he's somebody I knew since childhood. I called him and said, "How about --?" You

know, they were never short of residents at that time. And he says, "Sure. Come, come, come." So I had a job. So when I got out of the service – I got out of the Navy in December and I started my urology residency in January in '53, so it was bing, bing, bing – just like that.

Mark: So one thing you didn't mention was the option of staying in the Navy.

McIntosh: Yeah, I thought of that. I enjoyed Japan so much – at one time, if the Navy would have guaranteed that I would have stayed in Japan, I probably would have shipped over. Because I could have brought my family. But when I spoke to the board about that, they laughed. And so, I just dropped the subject. But it would have been a nice life. I mean, the people who are stationed in Japan, you know, not on the ship – it's a great life. You've got all these Japanese running around your house, cooking, washing, ironing – Jesus! For gardening, you know. They get them for two cents a day or something. They lived like kings and queens. You know, these young girls our age having kids then – two years old, three years old – taking care of them, some mama san took care of them. Jeez, I say they look like queens – great way to live. All you had to do is learn how to become an alcoholic. I think everybody in the service sooner or later becomes -- I just don't see how they can avoid it.

Mark: Well, I was going to ask: did you see much of – I forgot about this –

McIntosh: Alcohol?

Mark: Well, on the ship. Now you might -- You suggested that –

McIntosh: Oh, they drink.

Mark: Yeah. And you weren't able to get that sort of thing on the ship.

McIntosh: No. That doesn't mean we didn't have it, but we weren't supposed to. I picked up a bottle of I. W. Harper, I remember. I got one of my -- One of these guys I took the tattoo off of, he was on a ship there. And I said -- I bought a radio when I was in Japan, and I got it down to my state room and I realized: well, this is metal, or I can't hear anything! He says, "Of course, not. You've got to have an aerial." I says, "Right!" "Couldn't we arrange something?" "Well," he says, "it's gotta go through the water deck." You know, the water-type deck. I said, "That's not impossible." "No, no – it's not impossible." I said, "How about an I. W. Harper for a little area – I'll trade you even?" He says, "You've got it." So we snuck the aerial on the king-pole, which is the main transporting pole on the ship, the one that holds all the derricks that move things – that called the king-pole, the one that sits up. So we ran that down the king-pole, down through two water-type decks, across the way – I mean, down to where I was. The only thing is when they had inspection, you had to make sure that it wasn't on, because sooner or later one of those dummies would fish her out. [Laughs.] There's something very strange here, you know. But I had a record player so, when they asked about it, I said it was for the record player. But the only thing about the alcohol was Christmas Eve -- New Year's Eve, um, the first year in '50, when everybody was still pretty new, somebody commandeered five

gallons of grain alcohol from the pharmacy. Brought it up in the ward room – nurses' ward room was right next to ours. Side by side. So we took the stuff over there, and they got the grape juice from the kitchen, and we all proceeded to have a wonderful party. From that moment on, everyone got along better. There's nothing like that sort of thing to bring people together. And that was the making of the hospital crew – everyone was palsy-walsy from that moment on. The problem with the alcohol we had was -- We had two pastors: one was a catholic priest, and he was an alcoholic really, bonified. He's a regular Navy, typical. And that was a problem.

Mark: Now, I think – going back to the TV show “MASH” – Hawkeye has this still. Now you've got medical personnel with supplies and knowledge of how to distill things and that sort of thing –

McIntosh: Didn't have facilities for it. Takes some trying -- distilling's not easy: you've got to do a lot of cooking, but still -- Just to have it would be too easily spotted. The brass would never put up with that – they were pretty straight-laced people. We weren't. We went out of our way not to be, because we know it annoys them so much, you know, that we took perverse pleasure in annoying the regulars. It sort of warmed us in moments of despair and loneliness we could think about.

Mark: So you got out, real briefly. 'Cause, you know, we've covered a lot of this stuff anyway. You got out, had your residency, practice here in Madison.

McIntosh: Yup.

Mark: Now, veterans' organizations you didn't join?

McIntosh: Nope.

Mark: Didn't want to, didn't feel like it?

McIntosh: I stayed in the Navy reserve – being inactive, of course – for another ten years, I think, after -- Finally, I got tired of it – just wrote them a note and said I'd like to be out.

Mark: Now in terms of educational benefits and that sort of thing: You were already established in the profession, so you didn't need the Korean GI Bill or anything like that?

McIntosh: Needed an FHA loan.

Mark: Well, I was gonna say, home loan.

McIntosh: First house, yeah. We got a five-percent loan.

Mark: As a physician, I assume you would have been able to afford the house anyway?

McIntosh: No, when you first start out in practice, you don't have any money. But I could have probably gotten a loan from a bank, 'cause I was a physician and they knew that in

the future you'd have the cash to do it. But still, they weren't giving five percent loans: at the bank it would have been seven or eight.

Mark: So it was helpful?

McIntosh: Sure.

Mark: Then getting your household set up and getting back to civilian life.

McIntosh: The adjustment to civilian life -- I always thought that would be like -- You always, the guys in combat wrote about you and how terrible it was to get back to civilian life. But you can even feel it in my instance, which was very benign. It takes a while to get back to making your own decisions. It's a funny concept -- I never thought it would be noticeable, but I did notice it.

Mark: How long did it take you?

McIntosh: Oh, I suppose six months. When I'd think about it, you know.

Mark: Well, you've pretty much exhausted all my questions. Do you have anything to add?

McIntosh: I can't think of anything.

Mark: I think we timed this extremely well. I think we've got about --

McIntosh: Ten seconds. [Laughs.]

Mark: Well, thanks for coming in!

McIntosh: My pleasure.