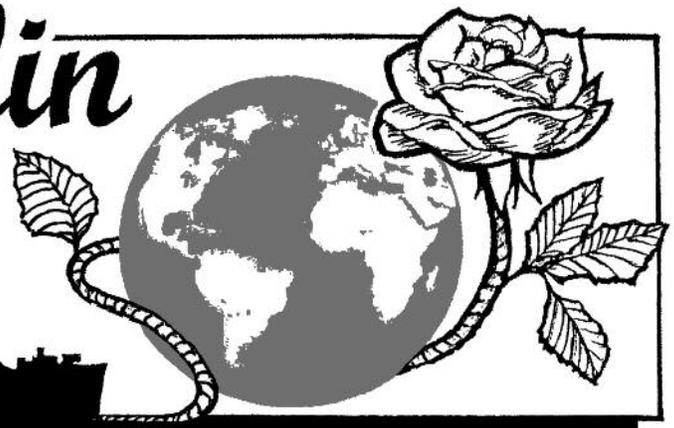




Ramblin Rose



A Publication of the USS Montrose Association

Issue 71

A Medical Discovery Still Unrecognized

By John R. Judge, MD

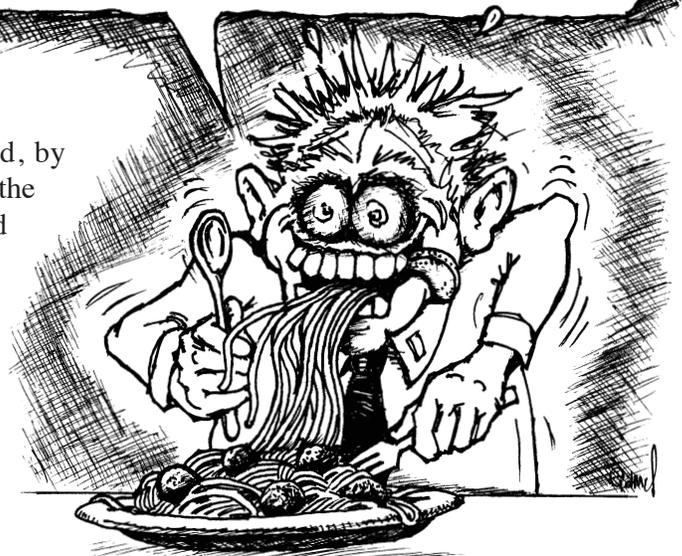
While I was still in medical school, I stumbled across an amazing medical finding, just by closely observing some of my fellow classmates of Italian origin. With the hectic scheduling of senior students on the medical wards, most of these poor guys were not always able to partake of their long customary pasta dinner on Sundays. Subsequently the very noticeable drop-off in their usual capable performances, mentally and physically, was unmistakable.

Ever alert to obscure clues of diagnostic nature, I managed, by subterfuge, to obtain blood samples from each of them, under the pretext that I needed these as controls for an experiment. Aided immensely by a cooperative lady lab technician, the rationale for their aberrant behavior became very clear. While most human species have sulfhydryl bonds connecting their DNA, Italians, over the centuries have replaced these with semolina bonds. Unfortunately, these are quite fragile and must be replaced, constantly, usually on a weekly basis. If these are not replaced, all sorts of degenerative processes begin, much to the misery and physical discomfort and abilities of the affected individual.

I naturally submitted this amazing find (under a pseudonym, since I was still a student) to the top medical journals of the day. Unfortunately, the only journal which agreed to publish this break-through was the Journal of Irreproducible Results in Boston. I didn't care, because at least it got published. My advisor, a kind soul, gently suggested that maybe a more mundane field such as Cancer Research would be more likely to attract funding for further research work, which is where I subsequently landed.

At this juncture in my life, I was made an offer I couldn't refuse by Uncle Sam. Either report to join the Navy in San Diego or get a free trip to Leavenworth Kansas. Under ethical duress, I opted for the Navy, which is how I ultimately became a Medical Officer aboard the USS Montrose.

HUBBLE'S LAW OF COSMIC EXPANSION...
($VELOCITY = H_0 \times DISTANCE$)
NEWTON'S LAW OF MOTION...
($F = m \times a$)
EINSTEIN'S THEORY OF RELATIVITY...
($E = mc^2$)
ITSA ALLA COMINA BACKA TO ME !!



A Medical Discovery Still Unrecognized (cont.)

Now, somehow, the Navy must have been aware of my previous work because I soon discovered that the first assistant Supply Officer, who shall remain nameless, was of Italian background. His efficiency and work ethic variations showed a classic pattern of semolina breakdown. It was obvious, that the Navy had subtly arranged for me to continue my research observations as well as to look after him, from a medical standpoint.

Whenever we were not at sea, or were in port where any Italian restaurant might be found--which was practically everywhere, ranging from The Philippines, Taiwan, Japan or Hong Kong, this officer was a model of decorum and efficiency. However, when circumstances prevented him from getting his weekly "pasta fix" his subsequent erratic behavior toward practically everyone and everything, became very apparent. Some fellow junior officers even questioned his sanity at such times, while the enlisted men couldn't discern much difference, either way.

Things came to a head in the Philippines where the Navy still had major resources in Subic Bay. Unfortunately, the Rambling Rose was in and out of this facility for weekson end, and the closest Italian restaurant was in Manila, which was very difficult to visit and return during liberty. Under these conditions, his behavior continued to become increasingly erratic and hostile, even to the Navy, in general.

A cadre of junior officers and chiefs finally came to me in desperation (as I represented the closest thing to a psychiatrist, available) and it was decided to "bring the mountain to Mohammed" so to speak. We would fan out, to obtain all the necessary ingredients, and make our own spaghetti dinner on the Montrose, in the wardroom!

It soon became apparent that fresh tomatoes and real semolina pasta were never going to be found in the Subic area, so it was decided that several large cans of tomatoes had to be liberated from the ship's stores, in addition to fresh eggs and flour. With no questions asked, a certain chief was also able to procure two additional pounds of semolina wheat flour, for the "meager" exchange of two bottles of Johnny Walker Scotch. Several make-shift rolling pins were fashioned from steel pipes by the engineering department, at what cost I could never determine.

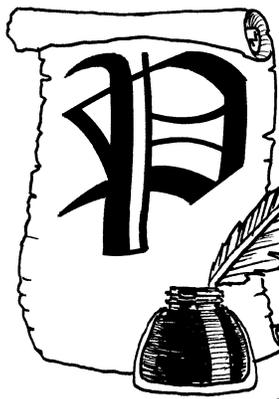
The real problem was to finagle a time when the Exec, who was head of the wardroom mess, would be away, so that this operation could take place. Finally, on a rainy Friday with both the captain and exec away, at a meeting, the great project took place. The wardroom mess table was scrubbed and the fresh pasta dough, made from the purloined eggs, salt, semolina and regular flour was dutifully rolled out in great sheets and then cut into strips, with sharp knives provided by the mess crew, so that some passable linguine pasta resulted, along with a dusting of flour of the entire wardroom deck.

Meanwhile, the sauce was being cooked, under the personal supervision of the aforementioned Supply officer, himself, who was ably assisted by several junior deck officers.

The resultant dinner, to my great surprise, really tasted very nice and, unexpectedly, was acceptable to all of the wardroom denizens, who usually were very critical of most other wardroom meals. (As Aesop would have it, stolen fruits are the tastiest). Best of all, it really had a curative effect on the Supply officer in question, once he was able to replenish his semolina deficiency and become his old self, again. This also demonstrated that my original medical discovery was well founded.

Unfortunately, to this day, because of "political correctness" I still cannot get any recognition of this medical break-through, and I have had to settle for other avenues of research in Medicine. In my heart, I know that someday, this finding will be vindicated !

*** Be Sure To See Reunion 2013 Registration Sign-up and Information on Reverse Side Of Memorabilia Page**



President's Letter

Greetings. I had the privilege of visiting Montrose, CO this summer. Vickie, my daughter and my son-in-law and granddaughter stopped in Montrose for the purpose of visiting the NJROTC Unit and to see the ship's bell. We also saw the displayed items at City Hall. I also had the honor of presenting the Unit with a \$500.00 check from the association. I am hoping to be able to start a project with the Unit that would maintain a USS Montrose display at the Montrose Library. I am just waiting the NJROTC Unit's CDR's response to my proposal. I will keep you all advised.

Now let's talk "REUNION". Mac's got the next reunion in motion, and I can tell you it's going to be fun. He has spent many hours already and I can testify he is very excited. Please read all the information, and get your reservations in as soon as you can. I can't stress that enough, it makes planning so much easier.

Now there is one other small part of the reunion that I must talk about. It is the "Biennial Montrose Golf Tournament". I have been in contact with three courses in Las Vegas. It looks like the cost will be in the mid-\$40 range, but I am trying to get a veteran group price and reduced golf club rental fees. I will firm up the course by the next newsletter. I was also hoping to have ESPN televise the event, but they declined. As with the last tournament we will pick teams and play best ball. I would like to say that my game has improved, however if it did I haven't noticed. There will also be prizes and a good time for all players. Also please keep in mind; you do not have to be a regular golfer to play. I want anybody who would like to play join us. There will also be a trophy that we can pass reunion to reunion. Those interested in playing please call me or email me so I can get a head count. Thank you.

As many of you know I have an email list of many of our members and periodically send out information as necessary. If you're not on that list and would like to be, please email me and I will add you to the list. My email: bobhahn@embarqmail.com

I know I have mentioned this in the past, but wanted to bring it up again. Our ranks are getting older each day. With age, sickness, and sadly, death is a reality. Please to do not hesitate to inform the Association if someone you know is sick or has passed. It allows us to inform the crew and reflect on the shipmate.

I hope everyone is having a wonderful summer. Please stay safe and healthy.

Bob

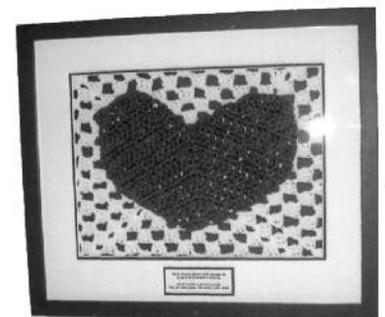
Your Feedback

Lucy Ryals sent photo of the 'Purple Heart' which was embroidered by her sister, Anna Thompson, and the accompanying plaque which Lucy composed. A tribute to those who died December 7, 1941, it is now displayed in 'sick bay' aboard the USS Lexington in Corpus Christi Bay. Lucy told us this was made possible through the efforts of our shipmate and Association member, Bill Miller.

Well, I survived the surgery and am happy to report that I'm back in the comforts of my home. Now begins the work to get the knee ready for dancing.

I want to thank everyone for their kind words and thoughts. The many e-mails, phone calls and visits while I was in the hospital truly meant so much. Loving family and good friends truly are a blessing.

Kay Marlatt



Magic Knee! Signyman Tom Has A Magic Knee!

(line partially stolen from Forrest Gump) By Tom Gamel

Well, here I am, in a hospital bed, in an antiseptic smelling room, somewhere in Whittier, California, childhood home of Richard Milhouse Nixon. I guess that helps a little; noooo, not really!..." Corpsman, I need morphine!" What? Are these people deaf? Somewhere in my post-op delirium I must have forgotten something?....Oh yeah, now I remember; I'm a civilian!..." Nurse, I need pain killers!"

When you're in really bad pain, it takes a nurse pretty much the same amount of time to get to you as it does a cop, when you're being mugged and pistol whipped...and that's if the cop's not in the middle of a donut! Maybe if I write about it, it'll take my mind off the pain, following my first, and quite likely last, knee surgery. So much for bionics! I mean, Robocop jumped right up off the table and started fighting criminals. Right now, I don't think I could whip my wimpy little 5 foot 1 inch nurse's aide at a game of tiddly winks.

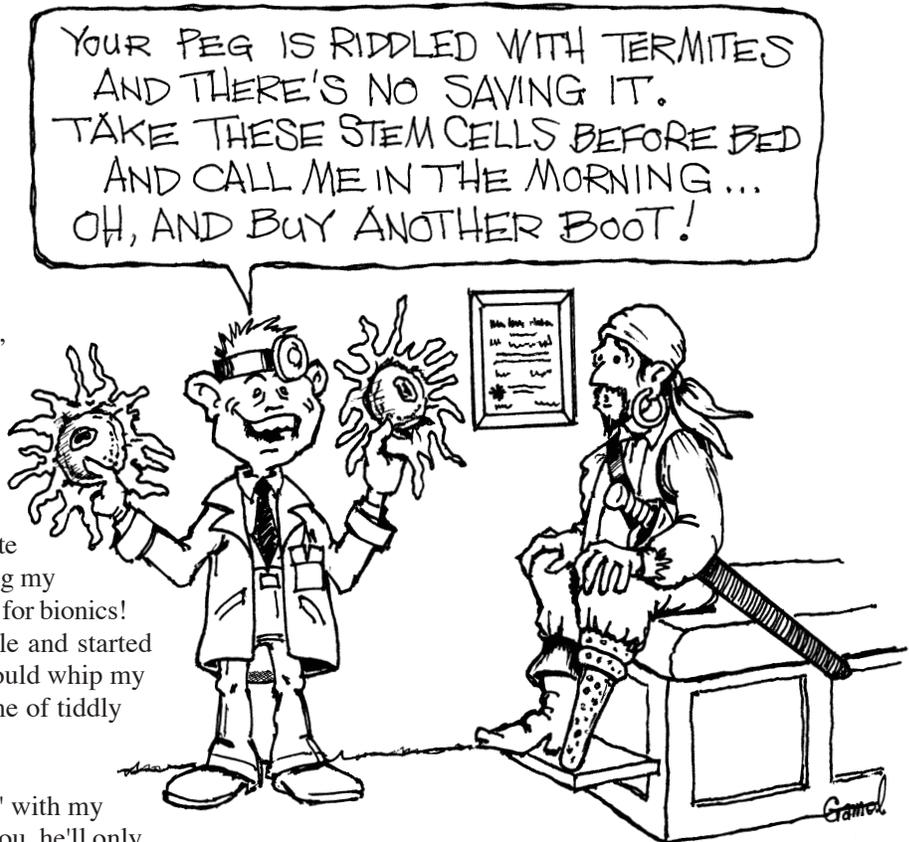
At the risk of further widening the 'cinema gap' with my good friend Bill Forbes, who has already told you, he'll only watch a movie if the Captain turns on the "Fasten Your Seat Belt" sign, I would like to share some of my observations regarding medical care today versus that of yesteryear...in the Navy...and here, in beautiful Whittier...once home to our 37th President, Richard...well, you know!

In "Captain and Commander", starring Russell Crowe, we get a truly accurate picture of life aboard a warship in the 1700s. Sanitary conditions, being largely non-existent, were almost non-existent. Beriberi, scurvy, and battle wounds were treated by the one and only (semi-unwashed) doctor aboard. " 'Eers some nice rice an' beans for yer beriberi, an' a 3 month old weavel infested apple for yer scurvy, an' a lovely wooden peg for that leg I just sawed off." Splinters were rampant, ships (and some limbs) being wooden and all.

Bleeding a patient was also a common medical practice for almost every malady of that time. Surviving a bleeding and being lucky enough to avoid infection spoke volumes of the practicality and wisdom of 1700's medical practice.

Jump forward about 250 or so years from that time to the mid-60s, in the Navy...where I have a little firsthand knowledge about a lot of stuff. As best I recall, we still had only one doctor aboard (most of the time) but he had a whole slew of helpers. These guys were called 'Corpsmen'. I feel safe in saying, the average corpsman knew a lot more about medicine than a full-fledged 1700's doctor. And, were a damn sight cleaner! I assure you, they had a greater understanding of 'social diseases' and their cures. 1700's: "Bite down on this 'eer stick whilst I smack it with a 'ammer and bleed it a bit...Ooops!" 1963: "Just lie back and relax. The Penicillin may sting just a bit for a few seconds. We're all done here. By the way, here's some protection; keep it handy. Oh, and have a nice day!" I do believe part of Corpsman training included 'Bedside Manner'. Corpsman Burks was my favorite! He had movie star 'good looks, great teeth...and smiled a lot!

OK, perhaps the corpsmen weren't as adept at removing bullets and 'Butterfly Knives' (esp. in the Philippines), but that's why we had a doctor aboard; for the really big stuff. At sea, some things never change. I seem to remember an incident when Montrose was in some very rough seas and a sailor's appendix ruptured, requiring the doctor to operate immediately. Until the Captain changed to a less abusive course (which was some time), the corpsmen were required to stand around the operating table, holding the patient immobile, while the doctor hacked away ...Oh alright, cut...OK,OK, did a surgical appendectomy (with a sterilized scalpel)!



Magic Knee! (cont.)

Once more, jump forward about 45 years to today, August 2012. Do you have any idea that part of the acknowledgement you sign says you are still at risk for infection...and that some of these infections, Penicillin or even some of the stronger antibiotics won't cure? We have super bugs running rampant in our modern hospitals. A full week before surgery you have to double bathe, using a special disinfectant soap. You also have to swab your nose with 'Mupirocin' ointment, which is supposed to kill 'MRSA' virus, which can become a deadly staph infection. Obviously, people died in droves before all of this was discovered. I think I'm very brave for going in voluntarily...Of course, I wanted Kaye Marlatt to do it first (see feedback)!

Truth be known, I think I was expecting a little something more, considering most scientific discoveries from the beginning of time have been made over the last fifty years or so, and most of those within the last 20 years (or so!). What I mean is, I may have put a little too much faith in Hollywood's movies. Flick on the TV and you've got super bionic men and women. I felt certain a new knee would have a bunch of near indestructible gears, axels, hydraulics, springs, a tiny-ass computer and it's own little camera to see where it was going...so it wouldn't bump into stuff. And, all but the camera would be covered by real skin, like the "Terminator".

'What I got'...was two stainless steel caps with a chunk of plastic. 🎵 *"The upper cap connected to the thigh bone, the lower cap connected to the shin bone, the plastic is sandwiched 'tween the two caps, now hear the word of the lord...Dem bones, dem bones, dem dry bones..."* 🎵 Further proof the world is just one big musical! To make me feel better, the doctor said my new knee, being the more expensive kind, would both swivel and bend. He made a big show of swiveling and bending the demonstrator. Let me tell you, it cheered me right up.

Indestructible? I think not! When I asked the good doctor how long the knees last, he replied that's pretty much up to you. "Yes, I could do pretty much anything I did as a young man, but that would wear them out earlier... depending on how youthful I choose to be...Well Hell, I wanted to be 'Batman'! Unhappily, I am forced to reconsider whether or not I want to outlive my new knees (plural if I do the other one also). Like Kay, I may just work on the dancing (and walking). Then again, do I want to live one day as a lion or 20 years as a (dancing) mouse??"

All in all, medicine doesn't seem to have changed much since those youthful Navy days. Doctors are still "licensed to practice" on my trusting, if slightly heavier body; RNs are pretty much like Ensigns, LVNs are equivalent to Chief Hospitalmen, and 'Candy Strippers' are like E4s and below, doing all the 'grunt work' and cleanup. Most of my caregivers today are prettier than their Naval counterparts of yesteryear...that is, of course, with the possible exception of Corpsman Burks.

'Doc Gamel's' "Top Ten" Advice For Those On The Mend

1. Given a choice, always choose "Rehab" (only), not "Rehab/Long Term Care". They will invariably stick you with an emaciated 'roomie', who hacks, wheezes and moans in a foreign language, all night long. The 'roomie' will, in the dark of night, by osmosis, transfer his pain and suffering to you.
2. Your "Nurse Call" button is your best friend. The young, medical staff are mostly deaf and only respond to electronic visual signals. They do not respond to cries for water, food or medication. If you pray out loud, they figure you only want God's help.
3. Keep your 'auto controlled' bed high up, making it easier to roll off onto your walker rather than having claw your way up to it.
4. Eat your powdered scrambled eggs. They still taste bad but it will give ex-Navy men a trip down 'memory lane'.
5. Don't complain about the food. The ex-marine cook could give a hoot.
6. Cheerfully accept the 'Ice Bag'. It will help reduce swelling and provide a nice pick me up for the luke- warm drinking water.
7. Never refuse 'Pain Meds'. They're the 'good drugs' we've all heard about.
8. 1960's ex-Navy, men patients should try to avoid flirting with pretty, young, female staff. There is a reason they call you "Sir". It's not rank.
9. Take a good book along. Medical paperwork is not considered among the 'Classics'.
10. Above all, BEWARE of "Nurse Urinea Deficata Interruptus". She takes much glee flicking on the light and bursting in on you when you first try using the 'urinal bottle' lying down, or painfully attempting to lower yourself onto a toilet seat. She will always ask, belatedly, if she can help

FORBES' *Freewheelin'* FOC'SLE

Doc Judge's pasta story might be a bit "tongue-in-cheek" and of course tongue-in-cheek is the way Tom Gamel likes to write his stories (although his operation was real and not funny). Tom told us of the time a Sailor was operated on for appendicitis onboard Montrose and in heavy seas. Don Johnston remembers the time when a Marine onboard Montrose had an attack of appendicitis and probably would have welcomed the corpsmen holding him in place on the operating table, as in Tom's story. Instead, the Marine was high lined to a carrier. He was probably in so much pain, he didn't care about the inherent dangers of a highline; he just wanted relief. Don, on the other hand, had a more rational approach as he witnessed this evolution at sea AT NIGHT.

I saw this "avoid surgery at sea at all costs" attitude from a different perspective. At the time, I think I was an Ensign so my opinion assessing the risks didn't have much weight. We performed a relatively dangerous Night High Line of a Marine to an aircraft carrier rather than have the Ship's Doctor, assisted by the Ship's Dentist as anesthesiologist, risk cutting into him. My prior experience with Manila High Line was limited to one VERY exciting trip to the "Peter Rabbit" in broad daylight to grade a gun fire exercise. Because of that experience, I could only begin to empathize with this Marine's "Journey into the Unknown. In my case, if I got dumped into the ocean there was a good chance of a successful man overboard recovery. At night? Well...

In the Marine's case, he was STRAPPED in a litter. The "package" was surrounded with life jackets and flashlights and maybe a prayer or two. The transfer was a success. He was found to have a really bad back and a lot of faith in the Montrose Deck Department.

One of our Montrose shipmates has a story to tell about his medical experience onboard. It also included an appendix problem and a highline experience. As Clyde Harte tells his story, he would probably add that...

IT'S GREAT TO BE ALIVE

On the WestPac cruise in early 1964.

In February I started to have pain in the lower right side of my stomach. I went to sickbay and was pumped with drugs and in a few days I was sent back to duty. Again in May I had the same pain, and again, drugs and sent back to duty after a few days. On July 21, I was found in the passageway in sickbay in the fetal position. This time I was taken real seriously. It was as I had thought all along; I had appendicitis. Of course we were at sea and heading back to the states by this time.

On July 23 I was high lined to the USS Paul Revere where they had a better medical facility and more doctors onboard. During surgery my appendix burst and they couldn't take care of it properly, so they inserted a tube half way in and half way out of the open wound and had me in a "V" position so the infection would drain down and out. I spent that night in their sickbay.

The Captain of the USS Paul Revere had to get in contact with 7th Fleet Command in San Francisco because they needed to break formation with the rest of the ships to drop me off at Midway Island which was 400 miles out of their way.



Bill "Oops, My Bad" Forbes

FORBES' FOC'SLE (cont.)

The next morning I was taken off the USS Paul Revere by helicopter to the hospital on Midway. I stayed till the next day and was put on a plane bound for Hawaii. Late that day I arrived in Hawaii and was delivered to Tripler Army hospital.

I saw my ship come into port and leave; heading back to the states. While in port my shipmates packed all my belongings and they were sent to the hospital.

On August 12 I was released to light duty for the next 6 weeks. Those six weeks were spent on Ford Island, helping to keep the USS Arizona Memorial clean. I returned to the hospital to get released and sent back to duty.

When the doctor released me, he said to check myself back into any military hospital in 6 months and have my appendix taken out.

Surprise! Surprise! When my new orders came through, they said to report back to USS Montrose in San Diego.

While walking down the pier to report in, I noticed that I was getting some weird looks. I didn't understand why until someone told me that they had got word back that I had died.

On January 21, 1965 I checked into Balboa Hospital in San Diego and had my appendix out. I've got 2 scars to show for all that.

Tom Gamel and I had to coerce Don Johnston into taking the time to write his account. As always, he did a good job. On the other hand, Clyde was more cooperative and didn't need Tom and me to "strong arm him." If you give Clyde Harte enough adult beverages at the next reunion in Las Vegas, maybe he'll show you his scars. (or not?) Thanks Don and Clyde for sharing your stories with us. Clyde, we believe you when you tell us you have two scars; you don't have to show us at the next reunion. No, really, you don't have to.

From The Editor

For the umpteenth time, a 'Super Hand Salute' to Doctor John Judge for "A Medical Discovery Still Unrecognized", a dandy tale about a brilliant finding as regards Italians and their absolute need for certain comfort foods. This isn't the first time the good doctor has come to our rescue when our 'sea story' coffers were almost empty. He is a regular and splendid contributor.

The editor understands only too well Doc Judge's pain in having his work gone unrecognized. Lacking an M.D. (or any degree at the time), the editor's own theory that "Switching to powdered milk from whole milk after sustained time at sea can cause a violent gag reflex within an entire ship's company, which can only be treated by reaching port and taking on fresh stores", largely fell on the Admiralty's deaf ears.

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Another hand salute for our shipmate Clyde Harte for "It's Great To Be Alive", which proves yet another scientific discovery; that lightning really can strike twice. What are the odds of having new orders (after 6 months) to report to the same ship on which you nearly died? The Navy had enough ships in those days to give Clyde a sleek new tin can for his troubles...But did the Admiralty care??

.....

And, one of those snappy salutes for our friend Don Johnston also, for his memories of a harrowing and dangerous 'Night High Line' transfer of a Marine (of all things). It is believed Don tried to make his findings of this faulty system known to the Admiralty, which, of course, fell on deaf...blah, blah, blah!

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A heartfelt 'Well Done' to Lucy Ryals, Anna Thompson, and Bill Miller for the Purple Heart now aboard the USS Lexington and, moreover, for honoring the memory of our war deceased.

U.S.S. Montrose Association

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Forwarding & Return Address Requested



Doctor Banicki begins to suspect the NV have managed to infiltrate the ship's company.

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