

Arthur deLarios Oral History Interview

FLOYD COX: My name is Floyd Cox. I'm a volunteer at the National Museum of the Pacific War. Today is September the 19th, year 2009. And I'm presently interviewing Dr. Arthur deLarios. The interview is taking place in Fredericksburg High School in Fredericksburg, Texas. This interview is in support of the Center of Pacific War Studies Archives for the National Museum for the Pacific War, Texas Historical Commission, for the preservation of historical information related to this site. Now doctor, I'd like to tell you thank you for taking the time to be interviewed, and to start off the interview, I'd like to ask you a little bit about your background, where you were born, when you were born, a little bit about your schooling, and we'll take it from there.

ARTHUR DELARIOS: All right. I'm Dr. Arthur T. deLarios. I was born on October the 24th, 1919, in Oklahoma City. I later moved to Dallas, my parents moved to Dallas where I endured a good bit of problems, a good bit during the Depression when my father was -- he was with the Ford Motor Company, and they shut down, and he was out of work for a while. So we did a lot of work to support the family. I

started grammar school in OM Roberts Grammar School, Dallas, Texas, and went to school there for seven years before going to high school, in Woodrow Wilson High School, Dallas, Texas, served all four years in Woodrow and obtained my diploma, even though I had applied to the Naval Academy for admission, I never heard from them. So I went to work doing different things, and finally wound up joining the United States Navy on September the 7th, 1940. Because I had previously been interested, slightly, in medicine, after training school, I applied to the hospital core training school in San Diego, attended the hospital core training school in San Diego. And when finishing that, I went to work in the Naval hospital in San Diego helping to take care of patients and training there. After completing training in the hospital, I was transferred to the Naval hospital in -- just a moment --

FC: That's fine.

AD: Went to work in the hospital in Waukegan, Illinois, and while there in training for a while, I was assigned to duty with the Marine Corps, US Marine Corps, which at that time in early 1941 was still a part of the US Navy. So they assigned a hospital corpsman to go and serve with the Marine Corps. And I went to the Marine Corps in --

FC: What division was that? Were you in the First Marines? Or assigned to the --

AD: The First Marine Air Wing, was assigned to VMF 111, the First Marine Air Wing. And while in training there, that was in --

FC: Was that before Pearl Harbor or afterwards?

AD: That was in -- I was trying to think of the name of the Marine Corps training school for the First Marine Air Wing was in North Carolina. And we would go on training missions down to New Bern, North Carolina. And I've worked with the aviation person there, and occasionally went on a flight with the airmen and did work as an assistant to the pilot. During that time -- that was in -- when the war started on December 7th, 1941, our unit was shortly transferred directly to the West Coast to Los Angeles, California. We went by train there, other than the pilots flew their planes. But all the crewmen went by train to Los Angeles, and from there we were ordered aboard -- the First Marine Air Wing was ordered aboard the present Garfield Liner, because they were using that as a transport. And we went to the Pacific Landing in Pago Pago, Samoa, where they had a Marine Corps station. And so the First Marine Air Wing was stationed in Samoa until

shortly before they began operations in Guadalcanal, and then they were transferred there to, they call it Henderson Field, Guadalcanal. I was -- because of, I guess, assume the surplus of the hospital corpsman, or my inefficiency of duty, one or the other, I was transferred back to the States to be put in the Naval hospitals to serve there. My first attachment was to the US Naval Hospital in St. Albans, Long Island that had a fairly large number of trauma cases from the war. And that was in 1942 and -- late '42 and 1943. I applied because I was still a patriot and had wanted to serve the country. I decided to apply to the submarine training school at New London, Connecticut.

FC: Why, doctor, did you want to go into submarines? Why not an aircraft carrier?

AD: Well, a couple of reasons. I had heard about it and knew that it wasn't on the battlefield, that the service wasn't on the battlefield, it was in the Navy. And the other thing was that when you went in the submarine service, you got a little extra money.

FC: Right.

AD: So you served there. So I went to the -- applied to the submarine school in New London, Connecticut, and I was accepted because of my previous military service. And I

went to school in New London, Connecticut, and went through the submarine school, which takes about six months to go, and training for the submarine school is pretty intensive, I taught a lot of things that you had to put up with. When I finished submarine school, during that time I met my wife, who was working, she's an artist working in Long Island. And we were married on January the 8th, 1944, and shortly after that I was attached to the Hammerhead, which was built in Manitowoc, Wisconsin. And I, along with the rest of the crewmen, were attached to the Hammerhead.

FC: Now did you pick up your sub in Wisconsin?

AD: Yes. They launched the Hammerhead, in fact, they've got a picture of it being launched. They launched them side-wise, it's commission and the crew was attached to it, and the officers were attached. And we did some training in Lake Michigan. Did some dives and worked on the surface. Then in early 1944, the Hammerhead was ordered to join the Pacific Fleet. So how do you think we got to the Pacific? We traveled right through the Chicago, middle of Chicago on the Chicago River. And in those days, they had bridges across the river, and they had to raise the bridges for us to go on the surface. Went -- got to the Mississippi River --

FC: Right, that's what --

AD: -- and because of the problem with the sailing down the Mississippi with the boat, they put it aboard a craft and towed it down the Mississippi to New Orleans.

FC: Put it on a barge?

AD: Yeah, it was a barge. Then the crew went down to New Orleans to board the ship again. We boarded the ship there, and it was early in 1944, and did some training in the gulf. And apparently they attached us to the Fourth Marine Submarine Division. We went through the Panama Canal to Pearl Harbor, and assumed our position in the submarine fleet. And after that, we -- the commander was Captain Martin, Commander Martin, and he had 72 crewmen and six or seven officers on board, and we went to Midway for more training, and from there we were put into the Submarine Division that was operating in the Pacific at that time, I think it was the fourth -- I have to look in my book, but it was the fourth Naval.

FC: Okay. Let me ask you this, what was your rank and what was your job on the Marine --

AD: At that time I was a pharmacist mate, First Class. You had to be First Class to get in the submarine, be in the submarine service. And we went -- were attached to the

Naval Division that was operating out of Australia, and then they attached it along with a wolf pack, we'd come -- go North through the Lombok Strait to the South China Sea and meet the wolf pack there, and go on the war patrols.

FC: Yeah. Now what was your job? I know you were a pharmacist mate, but --

AD: I was the only medical personnel on the submarine.

FC: But could they keep you busy all day doing medical stuff?

AD: Well, I did a lot of things on the submarine, because I wasn't constantly attending to sick people, these people were all healthy and cooperative, and easy to get along with. And I did other jobs on the submarine in order to stay busy. I did lookout duty in the -- and on the conning tower, I sometimes operated the radar. I was the ship's photographer, so that did several duties, all those duties during the war patrol. War patrols were pretty lengthy. They were probably about anywhere from 60 to 70 days, depending on what it was. And then the time it took after you -- by that time, you had used most of your fuel, and whether or not you had attacked convoys, you used all your torpedoes of ammunition that you used that time, depending on what you -- how many contacts you got, and what you were ordered to do was how much attack you did, each time you --

sometimes you'd, in the nighttime you were upright and submerged -- I mean in the daytime. And the operator submerged standing watch and waiting for contacts. Then at nighttime, you ran on the surface and went to -- if there was a contact that you were supposed to attack with the other members, there were three boats in the wolf pack. And you didn't make contact with them regularly, but when you were going to a certain area to try and attack, you'd contact with your other members of your wolf pack and do whatever you had. And then when you had a target that was supposed to be attacked, that's what you did. I tried to assume a position and wait for the contact to come by, and then you get in the proper range and fire your torpedoes, and then if they have -- they usually had two or three escorts, either DEs, or destroyers, and they made contact with you, you would take a beating.

FC: Well, can you tell me any specific contact on one of your patrols, any specific battle that you can recall in detail?

AD: I could do that -- I don't -- I got the ship's log that describes everything that we did. During the war patrol on the contact, depending on the information that you got regarding it, and what the commander of the particular submarine unit ordered, you'd go in and lay in wait, and

make a contact. And usually this was off in different areas, but it was maybe off the coast of Indochina, or lying pretty close to the coast, and because that's where the convoys went up and down the coast. They were taking supplies to Tokyo. And we'd lie and wait for them and make a contact, and then try to get in the right position, daytime or nighttime, whenever they came by. If at nighttime we could use more speed and go around and tell where they were going and wait for them and get a proper diameter to fire the torpedoes, usually 90 degrees is your best chance for you to take of hitting. But you'd have to -- the commander of the boat has to set the depth of the torpedoes, whatever he thinks, it's whether the ships are loaded, you make it a deeper depth. Or if they're not loaded, you run closer to the surface. And then you determine -- make a contact and fire your torpedoes, wait and see. You could always tell if there's been a hit on the sonar, you get the explosion and sometimes you can see the ship sinking. If you hit a tanker loaded with fuel, particularly at nighttime, you can see a great big flame, and a couple of times I'd -- because I was a photographer, I had a camera that attached to the ship's range finder, or attached to the periscope if we were submerged, and get a

few of it, and take a picture of it. And that's the evidence that you used to determine whether you'd sunk the ship or not.

FC: Now let me ask you this, doctor. Say it was at night and you knew at some point, would the Captain let the crew members that normally didn't get to see the action, would he let them get up on deck?

AD: No, no, huh-uh, no, you had to -- because generally you'd have an escort -- you had to try to -- if you'd done -- hit -- I can read the war report and go over the number of hits that we had. But if you had two or three contacts and made hits on them, then you'd wait and maybe do another one, get another position and fire some more torpedoes. But you were trying to be cautious. Sometimes the escorts wouldn't determine where we were, and they wouldn't come after you. But other times, we'd have to, maybe have to get on the surface and go to deeper waters and submerge. But in the daytime, you'd have to submerge to a deeper depth to try to avoid being damaged by the depth charges.

FC: Well then, from what you're saying, I'd understand it, you underwent some depth charge attacks --

AD: Oh, yes, almost --

FC: Can you describe it, how it felt? Or can you remember?

AD: Well, generally you've got a sonar contact, like at nighttime, you've got a sonar contact on the escort, and you know they're coming your way. And if you're in a sea depth that's pretty good, you'd try to get down as deep as you can and you go to what we call "silent running." Silent running, you'd turn off most of the equipment and then you can use your sonar equipment to tell how close the contact is coming. And then they contact you, and during the depth charge attack, if they make contact, your silent running, you can hear the depth charge when it's dropped over, you can hear a click, "click-click," and then the big explosion. That's the depth charge. And they give it to you as many as they can. And if you're in deep enough water, you can go deeper and stay at silent running, and your motors, your electric motors are barely going so they don't make much noise. So you do -- that's what silent running is. You make as little sound as you can.

FC: It's quite a -- I can just imagine you wouldn't know how it felt unless you underwent one. It --

AD: In severe depth charge attacks where they contact you good and drop a lot of depth charges, you can -- we would sometimes be struck -- you can feel the charge, and the hull of the boat can vibrate. You can see that we'd have

little water leaks through the hull sometimes, and if they got a big one, you could get a leak, and that's -- the crew would take care of that.

FC: Well, when you were in some of these attacks when you attacked Japanese shipping, did you ever have an occasion your submarine would fire a torpedo that didn't explode as they --

AD: Oh, sure. Sometimes you'd miss. That's the reason you'd change the depth of the tour, how they'd run. And of course, during the war, we had some faulty torpedoes.

FC: Yeah, that's what I --

AD: And if you didn't make a hit, and they wouldn't just go. And you could always pretty well determine, if you were on the surface, the crew a lot of times would see the explosion. At nighttime they could see that, and determine that we had a hit. And you could even determine if the ship that you hit had sunk. You'd see that. That's all in the ship's log, that's all -- everything is noted. Every instant that occurs is noted during the war patrol, it's noted in the ship's log.

FC: It sure is. Well, how many war patrols did you go on in your --

AD: Went on -- well, the Hammerhead made seven war patrols. And as I said, there'd be about every two and a half months. I made all seven war patrols on them. I put it in commission, the war was into the cease firing in late 1945. We were ordered to go back to Pearl Harbor. No more firing, and though they decided the war was over and we went to Pearl, and I stayed on the boat all during this cruise. I put it in commission and put it out of commission. Went back to Mare Island and put it out of commission. And we had a big ceremony when it was decommissioned.

FC: I'm sure you did. Well now, during any of these patrols, did you ever pick up down flyers, or any --

AD: We stood -- there's a lifeguard duty off of Iwo Jima when they were attacking Iwo Jima. We stood lifeguard duty, and picked up a couple of downed airmen. We have to look and see exactly, but I think in one of the latter patrols of the war, we picked up a pilot who had been down and had been adrift for a while, and so we did -- and I cared for those people that were picked up, made sure they were all right. But none of them died. A couple of them stayed on until the end of the patrol. But we did perform lifeguard

duty. That was one of the types of patrol that you would go on at the --

FC: So I was going to ask you -- oh, how many tonnage -- what was the tonnage of the Hammerhead sunk?

AD: We sunk over 100,000 tons of Japanese shipping in that career.

FC: And this included ships of all kinds of --

AD: Everything, yeah, well, we didn't take a little piece --

FC: (inaudible) for it?

AD: No we didn't, we didn't fire on them.

FC: Well, once you decommissioned your submarine, did you stay in the Navy, or --

AD: I had a six-year term in the Navy. During that time, with a lot of my contacts on the submarine -- the doctors on the submarine tenure, I discussed going to medical school with them, and they said, "Oh, you don't have to go to pre-med, you just go right into medical school." So I decided to do that. But when I got out of the Navy, you couldn't get into medical school unless you attended pre-med, and you had to be -- so I went to Baylor and got -- for two years.

FC: Oh, Baylor.

AD: I was married, and I had a son. And I was married, and we went to Waco and lived in the Lackland Air Force Base. And

I tended school, classes at Baylor and worked at night, and was accepted in the Southwestern Medical School in 1948. So that's when I started medical school, and graduated medical school in 1952. I went to Baylor for my internship, and then applied -- I wanted to be a surgeon, but I couldn't. I had to work. I had two kids. And I had to go to work and earn money, so I did, and joined a family practice, it was Doctors Ferguson and James, were family practitioners, and I joined their practice.

FC: In Waco?

AD: In Dallas.

FC: Oh, in Dallas. Okay. Well, it sounds like you had a full life, all the way from a corpsman to ending up a doctor.

AD: Yes. Starting as a kid, I had a full life, starting as a kid. Picked cotton, caddied. I've known the ups and the downs, and the beauty of being in a large family and having caring parents, and brothers and sisters. Seven sisters and two brothers.

FC: Well, let me ask this gentleman with us, Mark is there any questions that you'd like to ask the doctor about his service?

MARK: Dr. deLarios, I'm just something of an observer, because I wanted to learn how the interview technique went.

AD: Oh, okay. Well you can listen in on that.

M: Well, here's the question I have, because I listened to you present in the presentations --

AD: Come over here. I can't -- I've got a hearing aid. That's something else I didn't tell you about.

FC: I (inaudible) --

AD: I lost some of my hearing in the submarine service.

M: You spoke about an occasion aboard the ship, because you were the only medical person, and there was this sailor who appeared to have appendicitis. And that was a very interesting story that you told. I just thought that would be something that --

AD: Yes, that was --

M: -- people might want to know somewhere down the road.

AD: I've got a note, I discussed that with Captain Martin, this was, I think, on the third war patrols in the ship's log, the exact date -- I examined the gunner's mate, [Tobec?], and determined that he had an acute appendix because of the physical signs and the temperature elevation and the history that went with it. And I discussed it with the Captain, because he was the one that wanted me to make sure and check on this, and he said, "Well, why don't you operate?" And of course, on the submarine is the crew's

mess, we had two tables, and he said, "Well, you can just put him in there and operate on him."

FC: You'd never done an operation before?

AD: I had been an assistant in the operating room on many occasions, and knew what was supposed to be done. But they always had -- I didn't have an assistant. And he said, "Well, Mr. Blount can assist you." And I said, "Well, I'll have to give him anes--" I could do ether anesthesia, I had ether, and I said, "Well, Captain, I can anesthetize him, but I don't think I could perform this appendectomy because, number one, I don't have the equipment." He said, "Well, Mr. Blount can assist you." And I said, "Well, if I operate on this man, Captain, I don't think he's going to have a chance to survive. If I treat him conservatively like I know how to do, keep everything out of his mouth, give him IV fluids," which I had, "treat his pain with morphine and sedate him with that," and the only antibiotic I had was Sulfonamide. And so I can treat him that way, and maybe he'll survive. The guy went -- he was in bed for 16 days, in his bunk for 16 days, nothing to eat. I have glucose, maybe a few little liquids, and morphine and a saline enema to clean out anything in his bowel, and he did survive.

FC: Wow! Do you know if he ultimately had his appendix removed?

AD: Definitely. When we got to Fremantle, Australia, we transferred him to the tender, and they took him in the operating room and operated on him. And his appendix had ruptured and formed an abscess, and they operated on him and cured him. And I've later heard from him, after he was at the --

FC: My gosh, what a story, because --

AD: That was one of the stories.

FC: I know what appendicitis is like, because I had it.

AD: You did, huh?

FC: Mm-hmm.

AD: All right.

FC: Is there anything else you'd like to add before we close this out?

AD: I'd like to add that in my lifetime, I've been privileged with having the wonderful experiences that I've discussed here. I've had some very trying experiences in my lifetime in my younger life and in my later life. My oldest son, Michael, was born when I got out of the Navy in 1946. And he later attended Southwestern Medical School and joined me in my practice 20 years after I'd started, practiced over

20 years with me, had the misfortune of developing cancer of the pancreas, and wasn't able to recover from it, died.

FC: Sorry to hear that.

AD: And that's one of the miserable experiences I've had, losing him. I've had the pleasure of having the rest of my family being close and being around all the time.

FC: That's a blessing, isn't it?

AD: It is a blessing. And I've got nice grandchildren. So those are the beautiful things that have happened. And you don't want to spend a lot of time on the unpleasant things.

FC: That's right. Well, let me shake your hand, and once again, thank you for the time.

AD: All right.

FC: And thank you for your service to our country.

M: Thank you, sir.

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