Medical History

The Battle of the Atlantic and American Preparations for World War II in Northern Ireland, 1940-1941 (before Pearl Harbor)

John Hedley-Whyte, Debra R. Milamed

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INTRODUCTION

In July 1940, Colonel Angus Hedley-Whyte was appointed commanding officer of the British 31st General Hospital at Musgrave Park, remaining in Belfast with his family until a month after the Hospital’s handover to the U.S. The U.K. and American Officers played an important role in my education, as Angus’ seven-year-old son.

1940-41

On August 15, 1940, the Luftwaffe bombed the North and South of England and ‘Wild’ Bill Donovan was smuggled into the garden of 10 Downing Street. The previous month he had been to the UK, to President Franklin Delano Roosevelt’s home at Hyde Park, and secretly back to London. Winston Churchill later told Cecil King, Editor-in-Chief of the Daily Mirror, that August 15, 1940 was the day he knew the Allies would eventually prevail. President Franklin Delano Roosevelt and Winston Churchill had been exchanging letters since September 2, 1939. Bill Donovan was Roosevelt’s private lawyer, a Republican and later head of the Office of Strategic Services (OSS), forerunner of the CIA. Churchill told Donovan of that day’s (August 15, 1940) great successes of the RAF. During the following week Donovan was shown Government Communications Headquarters (GCHQ), Bletchley Park, the newest centimetric radar and the state of UK atomic research. This unprecedented access arranged by President Roosevelt with Winston S. Churchill followed a strictly confidential message from the President on May 17, 1940 in response to Churchill’s plea for help. The archived message was annotated in Churchill’s handwriting before he read it to the War Cabinet.

Churchill’s government wanted American Armed Forces to deploy forthwith to Iceland and Ireland. Donovan suggested “yes” to Iceland, Catalina flying boats, B-24 Liberator bombers originally purchased by the then soon to be defeated French; but not delivered. Northern Ireland should be prepared for U.S. occupation. As a pre-1940 U.S. presidential election boost the swap of fifty U.S. destroyers for Canadian and Caribbean bases was agreed. In Northern Ireland in 1940, the RAF had only 12 fighters and 20 light bombers, despite the strategic importance of this region to the War in the Atlantic.

U.S. PLANNING FOR WARTIME PUBLIC HEALTH IN THE U.K.

At the outset of World War II, the U.S. Military began to address the problems of public health under war time conditions. In the fall of 1939 American observers had visited the UK to survey public health conditions. Among the first were representatives of the U.S. Navy’s Bureau of Medicine and Surgery. In July 1940 Lieutenant Commander Irwin L.V. Norman and Lieutenant Simon B. Eyer established headquarters at the American Embassy in London for the collection of data on military medicine, preventive medicine and civilian public health. The British Ministry of Health issued an official invitation to the National American Red Cross and Harvard University, who then established the American Red Cross-Harvard Field Hospital Unit headquartered in London, to serve throughout the UK in preventive medicine and public health. Relocated to Salisbury, Wiltshire, they established a laboratory-equipped 100-bed hospital for the study of infectious disease, directed by John Everett Gordon, M.D., Professor of Preventive Medicine and Epidemiology at Harvard and liaison officer to the UK Ministry of Health.

The Office of the Surgeon General of the U.S. Army appointed U.S. Army Col. (later Brigadier General) James S. Simmons as Chief of the Preventive Medicine Subdivision. Simmons acknowledged the importance of medical intelligence for both civil affairs and the Armed Forces, and early in 1940 sent Sanitary Corps Officers to survey conditions where U.S. troops might ultimately be deployed.

Planning began for still neutral U.S. construction workers and U.S. Navy ensign pilots to be stationed in Ulster. Max

David S. Sheridan Professorship in Anaesthesia and Respiratory Therapy
Harvard University, 1400 VFW Parkway, Boston, MA 02132-4927 USA

Correspondence to Prof. Hedley-Whyte
john_hedley-whyte@hms.harvard.edu

1 All first person references in this Medical History refer to the first author.
Leonard Rosenheim, recently recalled from the Massachusetts General Hospital to be Medical Planning Officer, was to arrange for Ulster medical services for the United States civilian workers and for U.S. Navy personnel when in Londonderry or at work anywhere in Ulster. Rosenheim and Sir Alexander Hood, head RAMC, arranged for Benjamin Rycroft under DDMS Brigadier Beddows to be responsible for military and U.S. ophthalmology in Ulster. Arnold Stott, paediatrician to the Royal Household, was to be on-call paediatrician.

Apart from the spring 1941 blitzes on Belfast, most of Beddows’, Rosenheim’s and Rycroft’s assignments concerned RAF Coastal Command and U.S. Navy fliers, as well as the American construction workers. Max Rosenheim was impressed by Matron Mabel Huddleston (1891-1964) at Roe Valley Hospital, Limavady, “ruling strictly but with great humour and ensuring a high standard of nursing care”.

Wing Commander Cooper was Limavady station commander. When Limavady air-crew broke down and did not complete missions, Cooper was sympathetic and was wont to assign members of crews mentally impaired (LMF) or physically injured to Matron at Limavady Hospital, later named Roe Valley Hospital. Cooper also led Whitley VII patrols himself. He collaborated with Flying Officer Bliss and Squadron Leader Humphrey de Verde Leigh, a personnel officer, in the first trials of ASV 2 Radar-Controlled Leigh Lights W/L for illuminating U-boats. In March 1941 a Wellington was fitted with a light driven by an inboard engine which vibrated so much that the plane almost shook apart. With the help of RN submarine H31 the perfected systems were destined to both increase morale and submerge U-boats. My father-in-law was chosen for the H31 experience because Higher Authorities would respect a Baa-Baa (Barbarian Rugby Club) as deployed, a Leigh Light was a 22 x 10⁶ candela carbon arc searchlight two feet in diameter.

**ULSTER AIR BASES**

Number 502 (Ulster) Squadron RAF (AUX) ‘A’ flight moved to Limavady to be even nearer to the crucial Battle of the Atlantic from Aldergrove on December 15, 1940 followed by a full squadron move on January 27, 1941. The 502’s Whitley VII’s were equipped with the new ASV Mark 2 radar. 502 used the old school house at Limavady, and later the community center at Aghanloo as headquarters. The officers’ mess was Drenagh house, while Gorteen was for Sergeants. Early in 1941, 502 Squadron morale was poor. The Whitleys VII’s with a crew of six flew sorties of eight to ten hours north from Lough Foyle, then west to about 20 west. The last sight of land was generally Tory Island. Land was not seen again for at least five to six hours. If one engine, failed the Whitley VII crashed. The Whitleys, camouflaged with black paint, were called “flying coffins”. During my future father-in-law’s 500 hour flying operational tour of duty in 502 squadron, 1941 air crew mortality at Limavady and Aldergrove was 50 percent. 502 flew by astro-navigation and sun sighting at mid-day with strict radio-silence.

**FURTHER U.S. PLANS FOR ULSTER 1940-41**

In April 1941 the U.S. War Department issued the RAINBOW-5 plan which envisioned the deployment of 30,000 U.S. troops to Northern Ireland. On May 19, 1941, the Special Observer Group (SPOBS) was established (Fig.1). Brigadier General Joseph T. McNarney was General Chaney’s chief of staff. McNarney concurrently headed the United States Joint Planning Committee of the U.S. War Plans Division. He later became a four-star general and succeeded Eisenhower as U.S. Army Commander, Europe. McNarney participated with President Roosevelt and Winston S. Churchill in the ABC-1 conversations. U.S. medical interests were represented by Major Arthur B. Welsh, a Regular Army medical officer since 1926. He was appointed in October 1939 as assistant chief of the Planning, Plans and Training Division, Office of the Surgeon General, assisting in the Army Medical Department’s emergency and war planning. He was in regular contact with officers of the British Ministry of Health, the Royal Air Force and other agencies and acquired considerable expertise in medical and sanitary conditions in the U.K. Welsh’s original medical plans for U.S. Army forces to be stationed in Iceland, Northern Ireland, Scotland and England were superceded after the U.S. entry into war, but the more comprehensive strategies that followed were based on his principles. His U.S. appointment mirrored that of Major John Hugh Philip Gilbey, 10th Baron Vaux of Harrowden. Kay Summersby later gained fame on General Dwight D. Eisenhower’s staff for her savoir faire which helped Ike gain his two-term U.S. Presidency.
Fleet Admiral Ernest J. King, responsible for oversight\textsuperscript{1,2,22}. Because of security considerations, only the Prime Minister of Northern Ireland was initially informed, but on June 9, 1941, Sir Basil Brooke, Minister of Commerce, chaired a meeting at Stormont to discuss the “highly secret formula of additional constructions work for war purposes in Northern Ireland”. This meeting was attended by U.K. naval and air commanders, the senior U.S. Naval engineer, and representatives of the U.K. Admiralty, Ministry of War Transport, Ministry of Food and the Works Branch of the Air Ministry, along with representatives of Northern Ireland executive departments including DDMS Beddows\textsuperscript{22,24}. On June 30, 1941, more than 350 American civilians employed by Fuller and Merritt-Chapman arrived in Londonderry, another 400 arrived in July, followed by additional personnel in September and October\textsuperscript{10,25}.

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REFERENCES


