

The Grog Ration

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History from the Underground Up Naval Hospital Mare Island Cemetery

By Peggy O'Drain

Located in the North San Francisco Bay, across the Napa River from Vallejo, CA, lies Mare Island. In 1854, under the leadership of Commander David G. Farragut, this strategic location became home to the first U.S. Navy

base on the Pacific Coast. Not long after, a need arose for a permanent burial site for Navy personnel who died while serving on ships docked at the island. The first recorded burial at the little cemetery on the hill was that of quartermaster George Dowd who died aboard the USS *Massachusetts*, 11 February 1856. Burials would continue until November 1921, when the three and one-half acre site was officially closed in order to

vital. The former shipyard now belongs to the city of Vallejo.

During its active period, this tree-shaded cemetery became the last port of call for some 900 officers, enlisted men, and their families. Notable among those buried here are Anna Key Turner, daughter of Francis Scott Key, and her husband Daniel Turner. Daniel, a West Point graduate and former member of congress representing North Carolina, was superintending engineer of construction and public works at Mare Island until his death in 1860. The couple lies at the top of the hill surrounded by the graves of family members; their graceful, marble tomb-like markers are a highlight of cemetery tours.

Lower down the hill, among the enlisted men's graves, lies the USS *Boston* Monument. Topped with a shroud-covered urn, this impressive marker is easily spotted upon entering the cemetery. Erected by officers and men of the USS *Boston* in memory of 15 shipmates lost in a horrendous explosion on Mare Island, 13 June 1892, it now takes center stage for Memorial Day and Veteran's Day tributes. Not far from the monument lie the remains of thirty sailors and



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expand the base's powder magazine, which now encircles the cemetery. Mare Island Naval Shipyard was permanently shut down in 1996 when Congress closed several military installations no longer considered



The Turner plot. Final resting place of Francis Scott Key's daughter.

Photo courtesy of author

marines killed in a hurricane in Samoa in March 1889. Their ships, the USS *Nipsic* and *Vandalia*, had been sent from Mare Island to protect American interests threatened by German intervention in a local civil war. Some of the remains are marked “unknown,” or with a simple “U.S. Sailor.”

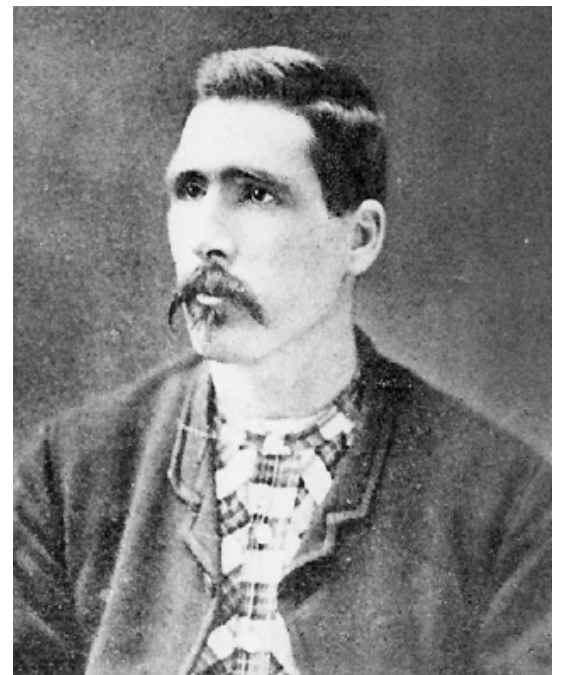
In the north section of the cemetery are the graves of three Medal of Honor recipients. The first of the three to receive the medal was coxswain William Halford, the lone survivor of the USS *Saginaw*'s gig which washed ashore at Kauai in 1870. The gig had sailed 1,600 miles over 30 days in search of relief for the shipwrecked crew of the *Saginaw* which had rammed into a reef on Ocean Island. The crew was successfully rescued through Halford's extraordinary efforts. Boatswain Alexander Parker was awarded a Medal of Honor for risking his life attempting to save a shipmate from drowning on 25 July 1876. Parker was a veteran of both the Civil War and Spanish-American War.

The third buried medalist, Private James Cooney, USMC, was honored on 19 July 1901 for meritorious conduct in the presence of the enemy during the battle of Tiensin, China, 13 July 1900, during the Boxer Rebellion. Cooney was on active duty at Mare Island when he died as the result of a fall on a slippery sidewalk as he was leaving the enlisted men's canteen. His well-attended funeral was paid for by the same commanding officer he had served under in China.

Mare Island cemetery is the final resting place of veterans who have served in every military action from the Indian Wars to World War I and from conflicts that took place in Mexico, the Philippines, Cuba, Samoa, China, and Japan as well as Europe and the United States. Some were battle casualties, but most were victims of accidents, such as “quarter-gunner Kelly,” who was killed by

“ponderous spar” and boatswain John Shaw who died from gas asphyxiation. Many fell to diseases like measles, smallpox, and tuberculosis. Alcohol and suicides took their toll as well. A surprising number of deaths resulted from drowning. Marines regularly patrolled the Island looking for drowned bodies that might have washed ashore overnight. Such were the hazards of Navy life.

Also, of particular interest to the cemetery visitor, are the graves of eight sailors of the Russian Navy, six of whom died helping fight a fire in San Francisco in 1863. Two other Russian sailors died while their ship *Lena* was interned at Mare Island during the Sino-Russian War; these last two are marked by Orthodox crosses. Each year delegates from local Russian Orthodox congregations, the Russian Navy, and the Russian consulate in San Francisco hold memorial services honoring these Russian



Medal of Honor recipient William Halford, one of the many notable and present-day occupants of Mare Island.

Naval Historical Center

sailors. Both flowers and a shot of vodka are ceremoniously placed at the graves, a salute to the sailors who died so far from home.

The flu epidemic that followed World War I accounted for many of the burials that took place just before its closure in 1921. Officers, enlisted personnel, their spouses and their children, none were exempt from the scourge. As many as 10 patients at Mare Island Hospital died in a single day during the peak of the outbreak. The chaplain's log added extra pages to record the deaths. Hospital staff suffered their own losses, the only women on active Navy duty buried in the cemetery are nurses Floy Benbow and Drusilla Castlerline of the United States Naval Reserve Force who succumbed to influenza while serving at Mare Island Hospital. Assistant Surgeon Henry Bogue, a graduate of the University of Pennsylvania Medical School, who gave up a promising private practice in Los Angeles to serve his country in the "Great War," became another victim of the deadly disease while treating patients at the hospital.

Mare Island cemetery is now dependent upon volunteers to restore its place in history. Tombstones are deteriorating, many broken with



Influenza wards at Naval Hospital Mare Island in November 1918. Among those buried in the hospital cemetery are victims of history's deadliest pandemic, including Navy caregivers.

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inscriptions fading. The grounds are overgrown with weeds. Falling trees pose a hazard during stormy weather. The City of Vallejo, which bears responsibility for the cemetery's upkeep, has limited means and is itself facing bankruptcy.

Many organizations and individuals have offered help but the real challenge lies in obtaining full recognition and reliable funding

for this historical place of remembrance. Mare Island is open to the public for special occasions and prearranged tours only. ■

About the Author

Ms. Peggy O'Drain is a docent with the Mare Island Historical Park Foundation in Vallejo, CA.

In addition to the cemetery, the Mare Island Naval Base boasts many historic structures from the nineteenth century. Many of these buildings are open for tours. To learn more about the Navy's first Pacific Coast base, or to arrange a tour of the campus, check out the Mare Island Historical Park Foundation website: <http://www.mareislandhpf.org/>

History from the Underground Up

Naval Training Center Great Lakes Cemetery

By *Therese Gonzalez*

On the shore of Lake Michigan, between Chicago, IL, and Milwaukee, WI is the U.S. Naval Station, Great Lakes IL, home of the Navy's only boot camp. Pettibone Creek meanders through the Station that opened in 1911. White-tailed deer, fox, and woodchucks call the creek-area home and are comfortable with the sailors who also ramble the station.

The station cemetery is on a quiet corner of "hospital side." The cemetery's first occupant was Ship's Cook Second Class Carl Hedman, who died on 19 July 1913. The other 275 burials span history from World War I through the Vietnam War. Some have connections to famous families like "Baby Boy" Moffett, twin brother of Charles Moffett and son of Commander, later Admiral, Wil-



Charles Moffett, surviving son of William Moffett

Photos courtesy of author

liam Adger Moffett. Admiral Moffett was the base commander from 1916 until the end of World War I. He later became the first Chief of the Bureau of Naval Aviation.

Originally located just east of the bridge from "main side," the burials were moved in the fall of 1918, after the original cemetery grounds began to erode. Thirty-three bodies, wrapped in sailcloth and reburied in the new cemetery. Many of the World War I burials were victims of the Spanish influenza epidemic, but there are also buried two Navy nurses, Emma Kotte and Alice Lea, United States Naval Reserve Force. Miss Lea was reportedly the first Illinois resident to die in World War I and the first nurse to die from involvement in combat after inhaling mustard gas. She was also the first burial after the cemetery move. Many World War I Navy nurses served at the Great Lakes Hospital under Nursing Supervisor Beatrice Bowman, one of the "Sacred Twenty" (i.e., first nurses in the Navy).

Joseph Wallace Gregg, the first recruit to train at Great Lakes is buried on the east side, next to the creek. As a skinny 17 year old, he was among the first recruits to enter through the gates on 3 July 1911. After graduation on 28 October, Joe Gregg was assigned to the USS *Birmingham*, a scout cruiser home ported in Norfolk, VA. While onboard the *Birmingham*, Gregg helped with iceberg blasting operations after the *Titanic* sank and



Joe Gregg first came to Great Lakes as a Seaman Recruit in 1911. In 1966 he returned for the last time.

helped raise the USS *Maine* from the bottom of Havana Harbor, Cuba in 1911.

Gregg's classmate, Elgin Clark, buried next to Gregg, served in the honor guard for President William Howard Taft during the first graduation at Great Lakes. Elgin Clark served in the conflict at Vera Cruz (1914), World War I (1917-1918), and World War II (1941-1945). He retired as a Chief Warrant Officer in 1953.

In 1939, the submarine USS *Squalus* sank off the coast of New Hampshire; 33 members of the crew were rescued with the use of an experimental diving bell. Twenty-six perished including Machinists Mate First Class Jack John Strong. Raised in the Chicago

area, MM1 Strong enlisted in 1928 and trained at Great Lakes. He served in the Asiatic fleet aboard cruisers and submarines and was a member of the USS *Squalus* commissioning crew. Jack Strong was 25 years old when he died.

On 11 July 1937, the *Chicago Herald-Examiner* ran the headline:

**NAVY FLIER KILLED AS
'CHUTE TANGLES-OFFI-
CER'S PARACHUTE CAUGHT
IN PLANE'S WING; MATE
ORDERED TO JUMP FIRST**

"Snagged helplessly by his parachute to the wing of his crippled plane, Lieutenant Elmer Johansen, 42, brilliant navy pilot, crashed to [his] death late Saturday. True to the navy's code to the last, Lieutenant Johansen had insisted that

a subordinate, Machinist's Mate Roy Hieden, 30, jump to safety first from the doomed plane, and that probably was responsible for his death, witnesses said."

Lieutenant Johansen and his wife, Eleanor Scofield Johansen, are buried together in the cemetery.

The cemetery closed in 1954 after Arlington National Cemetery expanded. All the later Great Lakes burials were authorized by reservations made by 1954. ■

About the Author

Therese Gonzalez is the curator of the Naval Museum in Great Lakes, IL. She is the author of the book Great Lakes Naval Training Center published by Arcadia Press in 2008.



Navy flyer LT Elmer "Joe" Johansen was laid to rest at the Naval Training Station in 1937.

The Naval Museum at Great Lakes, IL

The Naval Museum at the Naval Training Station (NTS) in Great Lakes, IL, is a government-owned and operated museum dedicated to telling the story of the United States Navy and how Great Lakes served as the "Gateway to the Fleet."

During World War I, the NTS was a major recruit training center and an early center for Naval Aviation training. In World War II, Great Lakes was one of the Navy's most important institutions for both basic and advanced training. Today the NTS is the Navy's sole recruit training base as well as an impor-

tant advanced training center.

The Naval Museum is opened Fridays (1300-1600) and Saturdays & Sundays (0700-1500). For more information about this museum and its ever-changing exhibits check out: <http://www.nsgreatlakes.navy.mil/museum/>



President William Taft and Rear Admiral Albert Ross dedicate the Naval Training Station Great Lakes, IL, on 28 October 1911.

Courtesy of Therese Gonzalez



From the Surgeon's Log

Transportation of Casualties in the Navy

By Medical Inspector Albert L. Gihon, USN

The Navy's Charles F. Stokes may have revolutionized the means of transporting the sick and injured shipboard, but he was not the first. Long before the invention of the splint-stretcher (aka, Stokes or wire basket stretcher), Navy medical personnel stood vanguard to the future developments in logistical concerns and design of patient transportation. Their "ambulance cots" and "hammock stretchers" were recognized as the prime examples of Navy science and invariably were displayed at world's fairs and medical museums around the globe. In 1879, Medical Inspector Albert Gihon, MC, USN (1833-1901) reported on the "Transportation of the Sick and Wounded of Vessels of War" in the Annual Reports of the Surgeon General. His article, which featured original illustrations of Navy-designed stretchers, provides a peek into the important science. The following is an excerpt of this article containing originally commissioned sketches.

The want of a suitable and always serviceable means for the transportation of officers and men injured aloft or on deck, or wounded in action, to the sick-bay on the berth-deck or other invalids to another vessel or to a hospital on shore, induced the writer to devise the "Ambulance Cot" bearing his name, which was included in the



"...crossed after the fashion of the 'lady's chair' of children play, on which the patient could be seated with legs dangling..."

display of the Bureau of Medicine and Surgery at the International Exhibition of 1876, and which, having since been adopted by the Navy Department as part of the outfit of vessels of war, he takes this method of making better known to his colleagues in the naval service.¹

This ordinary "hospital cot" was for many years the only means available for these purposes, and often, when most quickly needed, this could not be got ready. Even when there was one required to be kept constantly rigged, it was not unusually occupied by some bed-ridden invalid who could not be displaced, and the necessity arising for another, the carpenter's mate or his assistant had to be sought to break out the several pieces of the clumsy frame from their place of stowage in some corner of the hold, or perhaps under the hammocks in



the nettings. When found these would not always fit together, and when fitted more time was consumed in the slow process of lacing a canvas sacking, six feet long, around the wounded frame, and adjusting the latter thus covered in the cot proper, of which the sides had then also to be laced together, the whole forming, when all was done, a clumsy canvas box, usually too short for the occupant, and not easily taken hold of and carried. It was never suitable for lowering a wounded man through a narrow hatchway, the utmost care being necessary on the part of four or five assistants to prevent the patient sliding down to the end of the cot, perhaps upon a fractured leg or thigh, or, especially when himself helpless or unconscious, from pitching out headlong.

In practice, therefore, most medical officers have depended upon the hands of two strong men, crossed after the fashion of the "lady's chair" of children's play, on which the patient could be seated

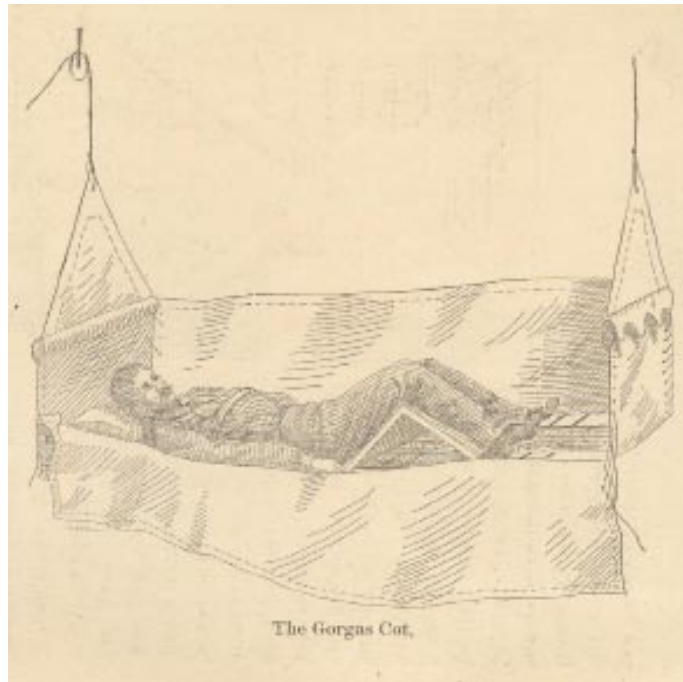
1. The International Exhibition of 1876, aka, the "Centennial Exhibition," was held in Philadelphia's Fairmount Park area from May to September 1876. In addition to the Navy transportation devices, the exhibition featured the first public demonstration of the telephone and the debut of *Hires' Root Beer* and *Heinz Ketchup*.

with legs dangling, supporting himself with his arms around his bearers' necks, or when unable to do this, being held in place by other assistants; but in cases where the inferior extremities are severely injured and require tender handling and support, this method will not answer, nor is it feasible, when the ladder is not wide enough for two men to descend abreast.

Medical Inspector Albert C. Gorgas, U.S. Navy, in 1864, devised an apparatus which was intended to obviate the objections to the hospital cot as means of transport, and in recent years this has been in use on board many vessels of the Navy.² Its chief peculiarity is a leather-covered double inclined plane, raised and lowered by a hinged centre and made to work upon a

wooden ratchet attached to each side of the lower half of the cot-frame. The thighs and legs being flexed over the plane, its upper surface sustains the weight of the body, when the head of the cot is elevated, while a narrow leather band, passed through two long leather or canvas loops nailed to the upper cross-piece of the frame, is tied around the chest, under the arms, and prevents its tilting forward. The body is also partly supported by the breast-strap, but its lower two-thirds are not confined in any way, and as the edge of the inclined plane is apt to slip

out of the notches in the ratchet-pieces, its entire weight would have to be sustained by this strap to keep



“[Gorgas] devised an apparatus which was intended to obviate the objections to the hospital cot as means of transport, and in recent years this has been in use on board many vessels of the Navy.”

the patient from falling out; while, notwithstanding the rope handles on the canvas head and pieces, the apparatus is essentially the same unwieldy hospital cot, which is not easily handled, and is not at all fitted to be carried any distance.

Surgeon Henry M. Wells, U.S. Navy, has proposed an ingenious modification of the ordinary hammock, by which it may be used, in certain cases, for the carriage of the sick and injured.³ Two long strips of canvas are sewed diagonally across the under surface of the hammock and terminate on each side in rope handles, by which it

may be carried, the patient resting on mattress, blankets, and pillow; but even when wooden stretchers are attached to each clew, the apparatus, though it may be advantageously used instead of the crossed hands, lacks the rigidity which can only be secured by a solid frame, and without which it cannot with safety or comfort to the patient be used to swing him over a ship's side into a boat, or to support him during his passage on shore.

Lieut. T.B.M. Mason, U.S. Navy has also suggested a method of utilizing the common ship's hammock for ambulance service with landing parties.⁴ Eyelet-holes are worked along both leeches of the hammock, as well as across its ends, permit-

ting it to be laced and stretched upon a wooden frame made of poles and stretchers of the proper length.

While this, and the other apparatus referred to, will serve as useful expedients under circumstances, when other means are lacking, it is important that provision should be made in the outfit of every vessel belonging to the government to meet an exigency that may occur at any period of its commission. By direction of the Navy Department, therefore, the “Ambulance Cot,” which I had proposed with this object, was submitted to a board of

2. Medical Director Albert Carpenter Gorgas (1834-1895)

3. Medical Director Henry Martin Wells (1835-1905)

4. LCDR Theodorus Bailey Myers Mason (1848-1899) was the founder and first head of the Office of Naval Intelligence (1882).

officers, who made the following report:

“UNITED STATES NAVY-YARD,
Washington, D.C., July 5, 1877.

“SIR: In compliance with your order of the 29th ultimo, we have carefully examined the ‘Ambulance Cot’ submitted to us, and have to report that it seems to accomplish all that was proposed by Medical Inspector Gihon in planning it. It enables a man to be lowered endlong through a hatchway or from a top without falling forward, the band around the breast preventing him from falling forward, the bands under the thighs supporting his weight. If the legs be injured there are additional bands to confine them. The cot also permits a man to be swung over a ship’s side in a heavy sea-way, and landed in a boat without danger of falling out. He is to remain in the cot in the boat, the elastic side-pieces making a comfortable spring-bed. On shore he can be placed in any kind of wagon, the ends of the side-pieces being placed on any sort of support, and the springing of these side-pieces will prevent jarring. If there is no wagon about, two or four men can take hold of the extremities of the side-pieces and walk away with him to his bedside in a hospital. When not in use the staves and stretchers can be unshipped, placed inside the canvas, and the whole rolled up compactly and placed between the beams overhead.

“The model is very well made, and is by far the best and most complete ambulance cot that we have seen in the naval service. This model is 7 feet in length by 3 in width. Should these dimensions be considered too great they can be

reduced to 6 feet in length by 2 ½ feet in breadth without affecting the efficiency of the cot.

“Respectfully, yours,
“O.C. Badger,
“Captain, U.S.N
“F.M. Gunnell,
“Medical Director, U.S.N
“T.D. Myers,
“P’d Ass’t Surgeon, U.S.N
“Commodore J.C. Febiger, U.S.N.
“Commandant.”

Upon the endorsement of this report by the Surgeon-General of the Navy, and by his recommendation the Chief of the Bureau of Equipment and Recruiting has authorized he issue of two ambulance cots of this description to every vessel in the Navy having a complement exceeding two hundred and fifty officers and men, and one to every vessel of which the complement is less than this number.

The apparatus consists essentially of an oblong piece of stout canvas, 7 feet long and 3 feet wide, with the sides (leeches) and ends doubled and sewed to form casings to receive two staves of tough elastic wood (preferably of bamboo) 8 feet long, and two stretchers of the same material 3 feet long. The extremities of these longitudinal staves are rounded to form handles, and are passed through metal castings on the ends of the transverse stretchers, the whole forming a springy portable bed or litter. Two metal pins attached by lanyards to the lower corners of the cot can be passed through holes in the adjoining castings, binding the stretchers and staves together, so that they cannot slip one upon the other, although there is little danger of this happening. A canvas band, 12 inches wide, securely sewed to the cot, is intended to envelop the

thorax and is attached to the sides of the cot by cords passed through eyelets in the canvas. Two narrow straps attached to the upper edge of the chest-band pass one in front of each shoulder, and being also fastened by cords to the cot-frame assist in keeping the chest-band in place, should this be found necessary. Two canvas bands, 7 inches wide, sewed to the cot, as shown in the diagram, receive and envelop each thigh, and are likewise made fast to the cot frame by terminal cords. These femoral bands sustain the principal portion of the weight of the body, when the head of the cot is elevated toward the perpendicular, without injury or discomfort to the person suspended, however long this may be necessary, as may very readily be proved by trial.



“If the legs be injured there are additional bands to confine them. The cot also permits a man to be swung over a ship’s side in a heavy sea-way, and landed in a boat without danger of falling out.”

Two smaller bands, 5 inches wide, sewed to the cot on each side near the bottom, are intended to be passed around the legs and fastened to the cot frame should the thighs be injured or should it be necessary to confine either or both legs for any other reason. A canvas-covered soft hair pillow, loosely attached to the cot by cords passed through eyelet-holes completes the apparatus, and being removable does not interfere with the proper cleaning of the cot when soiled.

A sling with cringles properly placed in the middle and on each side near the upper stretcher en-

ables the cot to be lowered and wise through a hatchway or from aloft, or to be swung horizontally over a ship's side into a boat. The rounded extremities of the side staves may rest on the thwarts of the boat, or on blocks in a wagon or other vehicle, thus protecting the patient from pressure from any hard, unyielding surface, and forming a comfortable bed during his transfer to his destination or they may be conveniently taken hold of by two or more men and carried to the very bedside in which he is to be placed, the weight of the entire apparatus being only 32 pounds.

When not in use the stretch-

ers may be unshipped and the cot rolled upon the staves into a bundle 8 inches in diameter, which may readily be stowed between the beams overhead, in some place where it will be out of the way but always easy of access, but where it ought not to remain at any time long undisturbed. It should be used experimentally at every exercise at general quarters and battalion drill, that both officers and men may become familiar with its mechanism, and able to adjust it for use with the least possible delay and awkwardness. ■

Illustrations by Cadet Engineer John U. Crygier and Cadet Midshipman John B. Bernadon.



“...through as hatchway or from aloft...”

Meeting Dr. Stokes, Inventor of the Wire Basket Stretcher

The successor of the ambulance cot was the wire basket stretcher. Still in use today, this contraption was invented by Charles Francis Stokes (1863-1931), the fourteenth Surgeon General of the Navy, and eighteenth Chief of BUMED. In 1926, while demonstrating the uses of the medical apparatus, one hospital corpsman had an unlikely encounter with its inventor. The following story is excerpted from the biography “Charles Francis Stokes” by CAPT Louis Roddis, published in The Naval Medical Bulletin (July 1938).

He was widely known as a skillful surgeon and is remembered today by the Stokes stretcher which was devised by him. This stretcher has proved of remarkable value in the transportation of sick and injured up



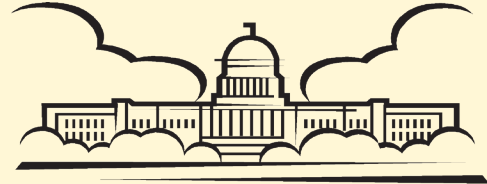
Hospital Corpsmen convert the Stokes stretcher into a field dressing station (1935)

BUMED Library and Archives

and down narrow ladders and through small manholes and hatches on board ship, and such inaccessible places as firerooms, fighting tops, and turrets. In it a patient can be lowered into a boat in comfort and safety. By simple and ingenious fittings the stretcher was made to combine splinting for fractures with the function of a litter for transportation. This stretcher gave the Navy many advantages in the transport of patients, and has been copied in foreign navies. There is an interesting story in regard to this stretcher and its inventor. Doctor Stokes, who had retired in June 1917, was in 1926, visiting the display of naval medicine in

the exhibits of the American Medical Association held in Washington, D.C. He manifested much interest in the Stokes stretcher, and the polite and efficient hospital corpsman on duty with the exhibit explained the stretcher and its uses at great length. Admiral [Edward Rhodes] Stitt, then Surgeon General, came up at that time and greeted the former Surgeon general, and the hospital corpsman found that he had been explaining the stretcher and its uses, telling Admiral Stitt that he hoped all members of the Medical Department were as well acquainted with its use. ■

Navy Medicine Enters the Political Arena



In 1828, Navy Surgeon Edward Cutbush publicly and fervently threw his support behind John Quincy Adams for re-election. Mere months after Adams lost his bout with Andrew Jackson, Dr. Cutbush would feel the ramifications of his overt political persuasion. In June 1829, the 30-year Navy medical veteran unexpectedly received orders to return to sea as the medical officer aboard USS Constellation. Shocked and saddened, Dr. Cutbush tried to get his orders revoked owing to ill-health and length of service, but to no avail. Instead of reporting to duty, Surgeon Cutbush resigned his commission in the Navy.

In some respects, Dr. Cutbush's story reflects the undeniable fact that politics is the "invisible hand" that has helped shape and mold the U.S. Navy and its Medical Department. Dr. Cutbush is also an example of a Navy physician entering the political arena much to the detriment of his career. But, whereas Dr. Cutbush entered the arena through support of a particular candidate, other medical personnel have entered as actual candidates. The following is a list of medical sailors and surgeons whose service extended into elected office.

Samuel Anderson (1773-1850)

- ▶ Surgeon's Mate (1799); Surgeon (1800); Discharged (1801)
- ▶ U.S. House of Representative (Pennsylvania, 1827-29)

Ezra Baker (1765-1820s)

- ▶ Surgeon (1809); Resigned (1810)
- ▶ U.S. House of Representatives (New Jersey, 1815-17)

Henry Latimer (1752-1819)

- ▶ Surgeon, Continental Navy (1770s)
- ▶ Continental Congress (Delaware, 1784; 1787/88; 1790/91)
- ▶ U.S. House of Representatives (Delaware, 1794-95)
- ▶ U.S. Senate (Delaware, 1796-1801)

Jim McDermott (b.1936)

- ▶ LCDR, Medical Corps (1968-1970)
- ▶ U.S. House of Representative (Washington, 1988-Present)

Andrew Lawrence Somers (1895-1949)

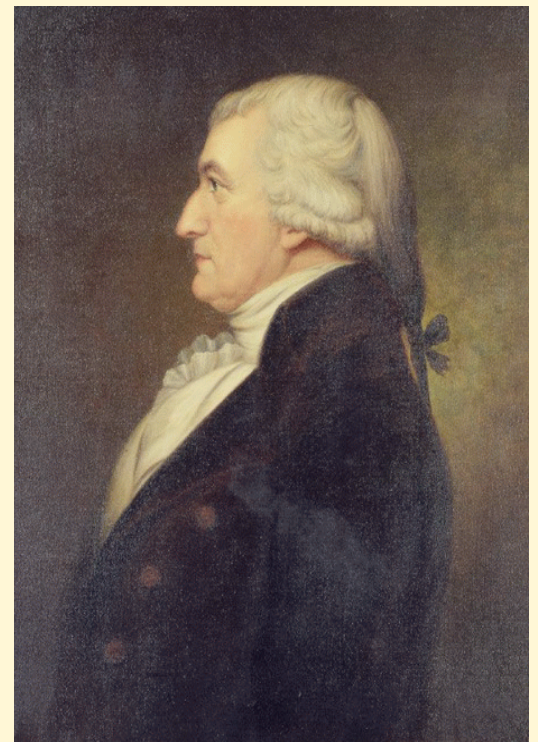
- ▶ Hospital Apprentice Second Class (1917-18)
- ▶ U.S. House of Representatives (New York, 1925-49)

Bob Stump (1927-2003)

- ▶ Pharmacist's Mate (1943-46)
- ▶ U.S. House of Representatives (Arizona, 1976-2003)

William Weightman Valk (1806-1879)

- ▶ Assistant Surgeon (1835); Resigned (1838)
- ▶ U.S. House of Representatives (New York, 1855-57)



Henry Latimer, Surgeon, Continental Navy, and later U.S. Senator from Delaware.

Courtesy of www.senate.gov

This list is undoubtedly incomplete. If you do have any additional names please let us know.

Not Charity--But a Chance

An Editorial on the "Return Home" (1918)

Carry On was a short-lived periodical produced at the close of World War I. As stated on its masthead, the publication was targeted to "those who are interested in the reconstruction of our disabled soldiers and sailors." Produced by the Office of the Surgeon General of the Red Cross, and edited by the Office of the Army Surgeon General, Carry On was distributed free of charge to "any one who specifically requested it."

Carry On's content included many noteworthy and prescient articles. For instance, in the first edition, there is an article about "how other nations have made preparations for their wounded" and essays pleading for the implementation of government job education and training programs for disabled servicemen.

Surely one of the most interesting contributions to the first issue is the article entitled "Not Charity--But a Chance." Written by editor and syndicated columnist Herbert Kaufman (1878-1947), this essay skillfully and poignantly parallels the process of evolution with the "rebuilding" of the war-torn human being. Historically, it is a lesson that has not been easy to learn.

Close examination of your family tree will disclose a monkey sitting on the bottom branch. Examine it again and you will find a prognathous, long-toed, upstanding brute, covered from head to foot with coarse, springy hair.

Without tails our dim ancestors could not have swung through the upper reaches of the primeval jungle and thus have escaped from sundry voracious horrors that infested the Dawn. When beasts grew weaker and great-great-great-great-grandfather developed brain talons, his progeny descended to terra firma and, for lack of employment, caudal appendages and long, strong, flexible toes disappeared from the species.

In brief, we educated ourselves out of their use, and Nature, always thrifty, ceased to waste material where it wasn't essential.

As soon as man learned to build houses and wear pelts, she removed him from the class of fur-bearing animals; we became smooth-skinned—evolution shaved

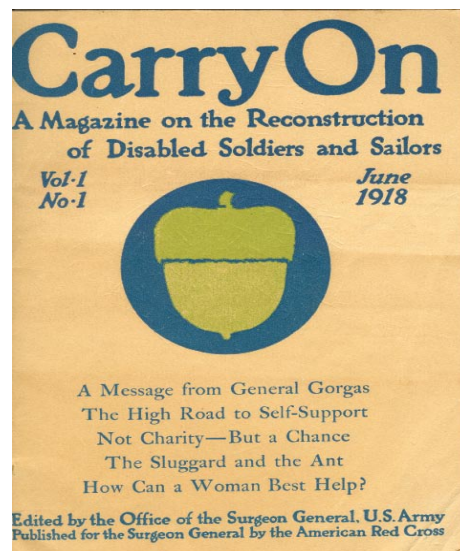
us and simplified our physiques. Evolution constantly says: "Exercise faculties and functions or lose them. What limbs and instincts you don't require, progeny shan't acquire. It's my particular job to reshape you for the environment you select. At this particular moment, for instance, I'm at work

eliminating your toes altogether. As you avoid exertion and institute conveniences—elevators, trains, automobiles, telephones, automatic machinery and the like—I shall correspondingly divert attention from legs and arms and devote myself to the improvement and extension of your nervous system.

"Behold how your once stodgy fingers have thinned and tapered—but consider how adept they are. Your neck is longer; the jugular vein and throat are not in peril nowadays. Formerly I had to guard it for you by exposing the least possible area and by hiding vulnerable cords under tough layers of muscle and cartilage.

"I've pulled in your chin and removed ounces of bone from the jaw, but your forehead is rising century by century and your whole head is roomier; so that there may be ample space to add gray matter."

The foregoing may seem a far-fetched introduction to the subject of crippled soldiers and their reconstruction, but when one pauses to reflect that a tailless forebear



The cover of the first edition of Carry On. The term "reconstruction" was used for the vocational retraining of soldiers and sailors handicapped by war injuries.

Courtesy of Steven Lomazow, MD

was even more badly off and sadly handicapped in the prehistoric ages than a legless being is in this period of wheel-chairs, elevators, typewriters, adding machines and switchboards, the preface is quite germane to the subject.

Few questions demand more insistent attention than this matter of maimed folk. Europe is permanently injuring a million men annually, but not disabling them—with negligible exceptions, these victims of battle can be restored to self-support.

The staggering cost of maintaining such a multitude at State expense has forced society to consider ways and means of applying their remaining efficiency to suitable tasks.

We're going to put these people where they belong; where their sound energies and sturdy intelligence can be turned to mutually profitable account.

A missing foot is not a drawback for a desk responsibility. One hand or two play no part in the exercise of superintendence. Imagination needs no eyes; it has a thousand. There are few heights prohibited to those who can find ideas in the dark.

The vital reconstruction is not for the surgeons—they'll do their bit, never fear.

We, the stay-at-homes, the sons and brothers of scarred and marred men sacrificing their persons, writhing in agony for our sakes—mangled in defense of our wealths [sic] and liberties—holding the

gate against barbarism—we must be reconstructed, too—must reconstruct our impulses—must lose the Tarpeian Rock attitude toward the crippled—must learn to measure the worth of a fellow by his enterprise and capacity and give him the preference at every post and in every engagement—if he can deliver the goods.

A civilization that won't do its duty by its defenders isn't worth fighting for—prepare to prove that this one is. They don't want your charity—they demand their chance. ■

SCUTTLEBUTT

The Sigerist Society for the History of Medicine at The George Washington University School of Medicine has started a student-run journal dedicated to the history of medicine. Entitled *Historia Medicinae*, this journal is open to all medical and dental students, residents/interns, health professions students (RN, PA, MPH, etc.) as well as history students across the globe. Presently, the Sigerist Society is seeking submissions and reviewers for *Historia Medicinae*.



Any interested student should contact: editor@medicinae.org or visit the website: <http://www.medicinae.org/> for more information.

Henry Sigerist, MD (1891-1957) was a French-born medical historian and professor at Johns Hopkins University. In 1933, Dr. Sigerist founded the *Bulletin of the Institute of the History of Medicine*, which later became the *Bulletin of the History of Medicine*.

Photo courtesy of www.medicalarchives.jhmi.edu

GORDIAN KNOTS

Navy Medical History Quiz

The year 2008 marks the 200th anniversary of the seminal military medical text, Observations on the Means of Preserving the Health of Soldiers and Sailors. Written by Navy Surgeon Edward Cutbush, this book can be considered the first ever published by a U.S. Navy medical officer. In this installment of the quiz we will re-view several of Dr. Cutbush's "observations." As with previous "Grog" quizzes, the first individual to submit correct answers to andre.sobocinski@med.navy.mil will receive a special prize. Answers to this quiz will be published in the January-February edition of The Grog Ration.

- 1.) In referring to the diets of soldiers and sailors, Surgeon Cutbush wrote that this item is "an indispensable article in provisioning...not only to season food, but also in times of great heat, to preserve the body from disease, especially in garrisons where salt provisions are used without vegetable. It is, in my opinion, an article of so much consequence that troops should never be without it." Name this indispensable condiment.
- 2.) In addressing the influence of climates on the careers of soldiers and sailors, Cutbush would write that "I am of opinion that a proper selection of troops ought to be made for...men, who have passed the fortieth year of their age, and whose habits of life are fixed are preferable for [duty in]:"
 - a.) colder climates
 - b.) warmer climates
 - c.) ship duty
 - d.) shore duty
- 3.) What was Dr. Cutbush referring to when he wrote: "that continual pabulum of life, justly commands our primary attention"?
 - a.) diet
 - b.) cleanliness
 - c.) air
 - d.) climate
- 4.) In Surgeon Cutbush's day, animals were often a common component of ship's company. When a ship was returning to shore, Cutbush wrote that these creatures would "bellow on smelling the land air long before the mariners have any idea of setting soundings." What type of animals was he referring to?
- 5.) Surgeon Edward Cutbush wrote that "exercise on the forecastle, either in dancing, fencing, or in the use of the broad sword" was effective as a preventative measure against:
 - a.) scurvy
 - b.) weight gain
 - c.) discontented temper
 - d.) all of the above
 - e.) "a" and "c"

Navy Medical Quiz

Answer key to September-October Installment

-Military Periodicals Edition-

- 1.) *Analectic's* contributor James Kirke Paulding was almost certainly the only Secretary of the Navy to have coined a world famous tongue-twister. What was the name of his alliterative phrase and when was it first published?

Answer: "Peter Piper Picked a Peck of Pickled Peppers" (published in *Koningmarke*, 1823)

- 2.) In World War II several of our Navy hospitals (NH) produced newsletters with a wide array of creative names. Please review the list of some of these names below and match them with the facility that published them.

Newsletter

- A. *Aorta*
- B. *Bedside Examiner*
- C. *Hi-Lites*
- D. *Loblolly*
- E. *Oakleaf*
- F. *Santa Cruise*
- G. *Stethoscope*
- H. *Syrette*
- I. *Yampah*

Hospital

- 1. NH Oakland, CA
- 2. Naval Convalescent Hospital, Santa Cruz, CA
- 3. NH Long Beach, CA
- 4. NH Farragut, ID
- 5. Naval Convalescent Hospital, Glenwood Springs, CO
- 6. NH Norfolk, VA
- 7. NH Seattle, WA
- 8. NH Aiea Heights, TH (later HI)
- 9. NH Pearl Harbor TH

Answers: A3, B4, C8, D6, E1, F2, G7, H9, I5

Congratulations to LT Aron Boney, MSC, for being the first to correctly answer all questions!

About *The Grog Ration*

The Grog Ration is a bi-monthly publication dedicated to the promotion and preservation of the history of the Navy Medical Department and the greater field of maritime medicine. Articles and information published in *The Grog Ration* are historical and are not meant to reflect the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

If you would like to submit an article for publication in *The Grog Ration* please contact us at:

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