

# THE GROG

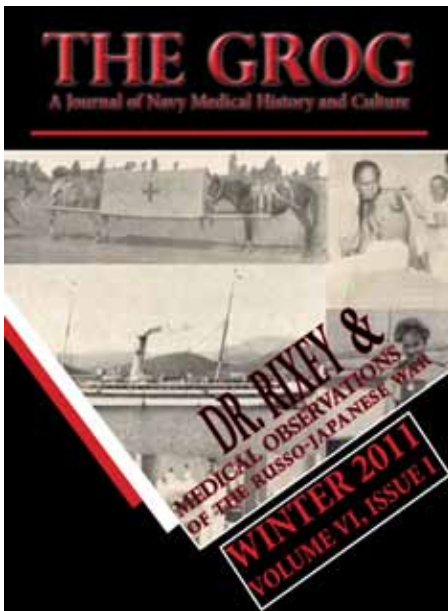
A Journal of Navy Medical History and Culture

---



**DR. RIVELY &  
MEDICAL OBSERVATIONS  
OF THE RUSSO-JAPANESE WAR**

**WINTER 2011  
VOLUME VI, ISSUE I**



## THE GROG

*A Journal of Navy Medical  
History and Culture*

Senior Historian:

Mr. Jan K. Herman

Editor:

Mr. André B. Sobocinski

Oral History Editor:

Mr. Dick Ginn

COL, MSC, USA (Ret.)

Archives:

Ms. Debbie Gerlock

THE GROG is a free quarterly publication of the Office of Medical History dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG 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.

## INTRODUCTION

The year 2011 is a bicentennial of sorts for the Navy Medical Department. On 26 February 1811, a Congressional Act was signed into law by President Madison establishing permanent Navy hospitals in the United States. We thought about celebrating this impressive heritage with a birthday cake, but with space at a premium at the Bureau, it is unlikely we could find a room big enough for a pastry burdened with 200 candles (let alone finding anyone who would want to spend their afternoon blowing these candles out!) So, as a means of keeping things “less complicated” while adhering to the fire codes, the Office of Medical History has decided to use this anniversary as an excuse to recommence a little publication called THE GROG. First started in 2006 as a bimonthly digest of Navy Medical History and originally known as *The Grog Ration*, the 2011 version remains wholly unchanged except for an abbreviated name and for the fact it is now a quarterly. THE GROG will continue to serve as a means of documenting and presenting the history of the Navy Medical Department, both of distant and recent memory.

In this issue we offer you an eclectic mix of Navy medical history and culture from medical observations of the Russo-Japanese War and the story of the first (and unexpected) test faced by a newly commissioned naval hospital in 1905 to a history of the first women in the Hospital Corps. And in this and future editions we will showcase the growing collection of artifacts and oral histories from the Bureau of Medicine and Surgery Library and Archives. In the end, as your humble tour boat on the vast ocean of Navy medical history, THE GROG will offer you a perfect blend of entertainment and education.

~ABS

# THE GROG

A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

---



page 4...Surgeon General Rixey



page 11...NH Cañacao in 1905



page 13...Catch the WAVES

## FEATURES

Dr. Rixey and Medical Observations  
of the Russo-Japanese War.....page 4

Treating the Czar's Navy:  
The Story of Naval Hospital Cañacao's First Test.....page 11

Join the Waves:  
A History of the First Women in the Hospital Corps.....page 13

## SHOWCASE

Hospital Corps Do's and Don'ts:  
The Posters of Coleman Anderson.....page 16

Preserving Portsmouth and Philadelphia:  
A Look at the Project to Preserve the Original  
Plans of the Navy's First Permanent Hospitals.....page 18

BUMED's Oral History Project.....page 20  
by Richard Ginn

From the Book Locker:  
The White House Doctor: A Memoir.....page 21  
by Ludwig Deppisch, MD

The Lucky Bag:  
Navy Medical Culture Through Factoid and Photograph.....page 22

A black and white portrait of Rear Admiral Presley Marion Rixey, a man with a prominent mustache, wearing a suit and a white shirt with a high collar. The portrait is the background of the page.

# DR. RIXEY & MEDICAL OBSERVATIONS OF THE RUSSO-JAPANESE WAR

REAR ADMIRAL PRESLEY MARION RIXEY (1852-1928)  
*All images from the Bureau of Medicine and Surgery Library and Archives*

As the Navy's Surgeon General in the first decade of the 20th century, RADM Presley Rixey was undeniably linked to the age of progress and internationalism in which he lived. It is more than conjecture to presume that Rixey fell under the influence of his friend and commander-in-chief patient Theodore Roosevelt on this front. Like Roosevelt, Rixey was a reformist interested in global affairs. And if it could be said that Roosevelt had his hand on the pulse of the global community, then as White House physician Dr. Presley Rixey could literally boast of having the pulse of the man who had the pulse.

Rixey's expanded outlook can be seen in a report to the Secretary of the Navy in which he declared that the Navy Medical Department was committed to providing medical assistance in "national emergencies" with reference to Nicaragua, Sicily, and Turkey.<sup>1</sup> In addition to what we may now term "humanitarian assistance" operations, Admiral Rixey took interest in medical observations of foreign wars and reaping lessons learned from them.

With the imperial war between Russia and Japan raging in Asia, Rixey sent two of his medical officers to these nations with the explicit instructions to "observe and report" on their findings. And as curious as it may seem, the final reports may have inspired some of the advances in the U.S. Navy Medical Department at the beginning of the 20th century including the establishment of a Nurse Corps and the

reinstitution of hospital ships.

Known as the "first modern war of the 20th century," the Russo-Japanese War (6 February 1904-15 October 1905) offered global powers standing on the sidelines a learning opportunity in tactical and medico-military matters. And for Admiral Rixey, this was a chance to answer that simple question that has loomed large in the minds of every leader who has ever been at the helm of the Navy Medical Department: "What can be can be adopted or improved upon in this organization?"

Since the Sino-Japanese War (1893), the Japanese army and navy medical departments had earned reputations for being among the best organized in the world.<sup>2</sup> Before its war with Japan, the Imperial Russian military forces were widely considered among the most powerful, but less was known about the Russian military medical departments. In December 1904, Dr. Rixey nominated his protégé, Surgeon William Braisted, as medical observer to the Japanese navy. Months later in May 1905, Rixey nominated Surgeon Raymond Spear as medical observer to the Russian forces.

Ostensibly their missions were identical. In a letter to Secretary of the Navy Paul Morton, Rixey outlined that the medical observers would focus on "facts of personal interest or medico-military importance which come under the eye of observation." Special reference was given to securing asepsis in wounds, discovering better methods and agencies of handling of wounded in and after battle, the value of hospital

ships, prevention of camp diseases, methods of determining potability of water supply, sanitation, transportation of wounded, disposal of the dead after battle, use of trained female nurses and other female assistance in naval hospitals, and the organization, equipping, and function of field, stationary, and base hospitals and supply depots.<sup>3</sup> Nine months after the war's cessation, the Bureau of Medicine and Surgery published and distributed 1,000 copies of reports throughout the military and to members of Congress. Due to their popularity, Senator Boise Penrose of Pennsylvania introduced a Senate resolution authorizing the printing of another 1,000 copies later that year.<sup>4</sup>

## OBSERVATIONS ON THE JAPANESE NAVY MEDICAL DEPARTMENT

Surgeon Braisted's Report on the Japanese Naval Medical and Sanitary Features of the Russo-Japanese War to the Surgeon-General, U.S. Navy was first published in July 1906. It is a descriptive 82-page document peppered with personal commentary and analysis that details visits to Japanese navy medical facilities, including the country's fleet of hospital ships. In his introduction, Dr. Braisted emphasized his objectivity in findings and declared that one must "avoid with care the too prevalent tendency to idealize everything Japanese."<sup>5</sup>

### *Discipline and Patriotism*

Surgeon Braisted postulated that the respectable status of the Japa-

1. *Report of Surgeon-General, United States Navy*. Washington, DC: GPO. 1910. p28

2. McCallum, Jack. *Military Medicine: From Ancient Times to the 21st Century*. Santa Barbara, CA: ABC-CLIO. 2008. p282

3. Presley Rixey Letter to Paul Morton, 19 December 1904. BUMED General Correspondence Files. (Letter # 92857)

4. Presley Rixey Letter, 23 February 1906. BUMED General Correspondence Files. (Letter # 96085)

5. Braisted, William. *Report on the Japanese Naval Medical and Sanitary Features of the Russo-Japanese War to the Surgeon-General, U.S. Navy*. Washington, DC: GPO. 1906. p6



TOP. Convelescing patients at Naval Hospital Sasebo. Dr. Braisted noted that all Japanese naval hospitals were situated in prime park-like settings that were ideal for patients.

MIDDLE. Surgical ward at Naval Hospital Sasebo.

BOTTOM. Hospital Ward at Naval Hospital Matzura.

nese military medical organizations owe to a “high level of patriotism” and a long entrenched, rigid feudal system where strict obedience had long been inculcated. As a result, the discipline of the Japanese army and navy, according to Braisted, had no parallels. He explained that “Members of these organizations are absolutely to be depended on, and their patriotism keeps them constantly at the highest point of efficient activity. If men are told not to drink, they obey; if they are told by their officers how to take care of their bodies, their clothes, their selection of food, they follow implicitly their instructions; hence we see an immense organized body moving as by magic; hence comes freedom from disease caused by careless living.”<sup>6</sup> In fact, Braisted asserted that the U.S. Navy could learn discipline and unwavering obedience from the Japanese navy.<sup>7</sup> The American recruit, by comparison, is bright, intelligent and loyal, but difficult to control. Braisted added that the American serviceman “delights in doing all sorts of dare-devil tricks that only too often end disastrously...only long training and much experience tend to change the aspect of his character.”<sup>8</sup>

#### *Leadership and Education*

Dr. Braisted looked at the Japanese medical officer as a model leader. He was “dignified but approachable, and his demeanor toward his inferiors is kind, interested, and tolerant.” Braisted also noted that many of the Japanese medical officers were educated at German universities.<sup>9</sup>

#### *Navy Hospitals*

In 1905, Japan had four distinct naval hospitals located in Sasebo, Kure, Tokosuka, and Maizuru, each planned by Baron Takaki Kanehiro (1849-1920), former medical director of the Japanese Imperial Navy, and all located in prime park-like settings often boasting majestic views of bays. Japanese naval hospitals were pavilion style with central administration buildings and brick pavilion wards. The hospitals contained separate convalescent facilities, bacteriological and pathological laboratories, and special detachments for contagious diseases and the insane. Braisted applauded the uniformity and completeness of detail of each naval hospital and the abundance of supplies and medical instruments and dressings. The Japanese access to well-equipped research laboratories was certainly to be striven for in the U.S. Navy.

However, as a whole, Dr. Braisted believed that U.S. Navy hospitals were much more efficient to the Navy’s own needs than the Japanese models. As an example, the Japanese hospitals did not compare to U.S. Naval Hospital Brooklyn, NY, then the flagship Navy hospital and even asserted that many Navy medical facilities in our U.S. cities were aesthetically more pleasing than their Japanese counterparts.<sup>10</sup>

#### *Hospital ships*

In 1905, the Japanese had two Navy hospital ships in commission—*Saikio Maru* and *Kobe Maru*. They were originally merchant ships with spacious medical and

6. Ibid., p7

7. Ibid., p8

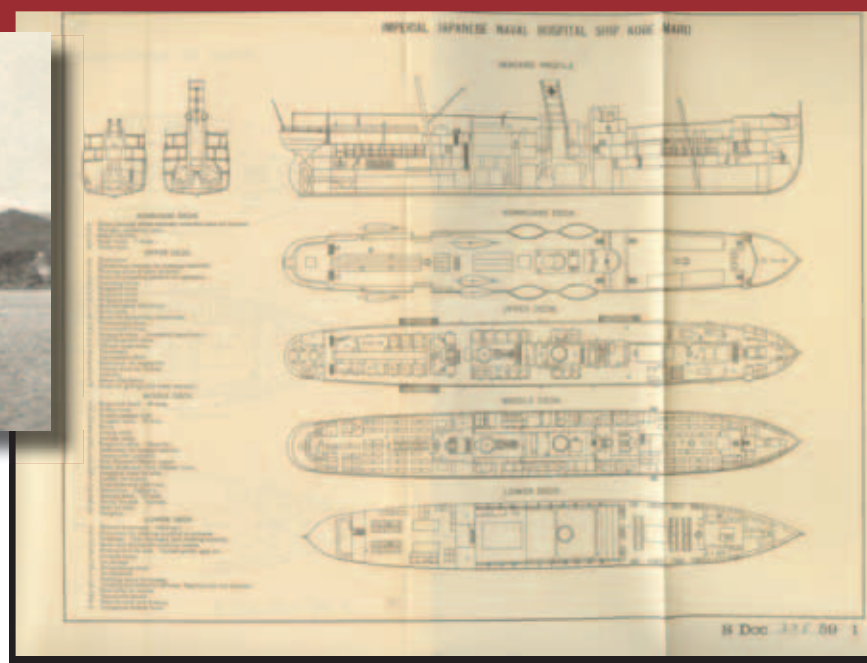
8. Ibid., p7

9. Ibid., pp7-8

10. Ibid., p28



Photograph and plans of Japanese Hospital Ship *Kobe Maru*.



operating rooms, electrical lights in abundance, plenty of light and air, and bacteriological and chemistry laboratories. As sister ships, each accommodated about 200 patients. Overall, Braisted believed there was nothing “of special importance” that could be adopted other than the fact that the Japanese relied on hospital ships. As a physician with experience on hospitals ships and even once tasked with fitting out USS *Relief*, Dr. Braisted attested that the U.S. hospital ships in the Spanish-American War were superior to their Japanese counterparts.

In reviewing the chain of command aboard hospital ships, Dr. Braisted pointed to the fact that the Japanese employed a civilian captain and senior medical officer to command the respective parts of the ship. Braisted recommended that the organization aboard U.S. hospital ships be divided into the medical and navigating departments with the senior medical officer in command of the hospital parts of the ship. If a civilian captain and crew

were to be employed then the medical officer should be in command of official orders and business. Braisted added that the “command is distinctly a noncombatant one, and so often distasteful to line officers who are desirous of following more distinctly professional routine.”<sup>11</sup> This issue would soon become a firestorm in the Rixey administration.<sup>12</sup>

#### *Female Nurses*

Dr. Braisted outlined that Japanese female nurses usually had charge of the surgical wards and special cases at all Navy hospitals. These “Navy” nurses, as well as their “Army” counterparts, actually came from the Red Cross Society. Each were well trained and always detailed to hospitals in couples—so they would have the moral and physical support of the other and live in separate quarters off the hospital campuses. If there was one aspect of the Japanese Navy that Braisted championed more than anything else it was the use of these skilled nurses. Braisted wrote that the “idea of the

importance of their duty and a high sense of their calling is impressed on them from the beginning of their career. They are usually between the ages of 18 and 30, and before undertaking their instruction as nurses are examined in reading, writing, composition, and arithmetic. Their training as nurses covers a period of three years, divided into periods of eighteen months each. During the first they devote themselves to technical and theoretical subjects; during the second period they devote themselves to practical work and the application of the principles taught in the first period...They are scrupulously neat, dignified, alert, intelligent, and absolutely to be depended upon.” According to Braisted, Japanese nurses were worthy of imitation.<sup>13</sup>

#### **OBSERVATIONS ON RUSSIAN MILITARY MEDICINE**

Surgeon Raymond Spear’s Report on the Russian Medical and Sanitary Features of the Russo-Japanese War to the Surgeon-General, U.S.

11. *Ibid.*, p17

12. In 1907, President Roosevelt sided with Dr. Rixey on the proposal that medical officers command hospital ships. When it became clear that Roosevelt was not going to budge on his decision, Admiral Willard Brownson, Chief of the Bureau of Navigation, resigned in protest.

13. Braisted, p59

Navy, differs in outlook from Braisted's in the sole fact that he focused his observations almost wholly on the army versus the navy. Surgeon Spear's arrival in Russia followed the Japanese surprise attack on Port Arthur (marking the beginning of the war), and the devastating Battle of Tsushima (May 1905); in essence, by the time of Dr. Spear's arrival, the Czar's navy had been almost completely destroyed and there were fewer activities and stations to observe.

### *Russian Medical Personnel*

Dr. Spear pointed to the fact that in 1905 all Russian doctors were "reservists" since all are subject to orders from the government. As a result, in times of war it was easy for the army and navy to achieve a ready supply of medical practitioners from the civilian world.<sup>14</sup> These Russian doctors were all very well educated and almost all of them spoke German and French fluently, more than a few spoke English. Medical courses were modeled on German universities and they had access to large modern medical schools.

The Russian medical organization was divided into the military districts of Finland, Moscow, Odessa, Karsan, Turkestan, Valdiovostok, St. Petersburg, Kiev, Warsaw, Caucasia, Omsk, Siberia, and Harbin with each district in charge of its own distinct Army organization.<sup>15</sup>

The Russian Hospital Corps was a distinct order separate from the corps of medical officers, and

apothecaries. In addition to physicians and hospital corpsmen, the Russia Army and Navy employed "feldshers" (equivalent to physician assistants), medical students, female nurses, and male attendants (called "sanitats"—untrained enlisted servicemen serving in medical capacity).<sup>16</sup>

### *Female Nurses*

Dr. Spear, like Dr. Braisted, highlighted the excellent work of female nurses abroad. Like the Japanese nurses, Russian nurses (called "sisters") came from the Russian Red Cross Society. At the time, the Russian Red Cross was the largest and most powerful of its kind in the world and headed by the Czarina Alexandra Feodorovna Romanova. Unlike their Japanese counterparts, these sisters took care of almost all nursing in field, aboard transports, sanitary trains, and base hospitals in addition to the fixed hospital facilities. Dr. Spear offered that as nurses, "Russian women are generally blessed with strong physiques, and the amount of work and untiring manner in which they performed their duties elicited the highest praise from all who observed their work."<sup>17</sup> Their work in the field was exemplary. Although Spear noted that the question of whether it was advisable to have women nurses in the field was still an open one, the sisters "adapted themselves to life in the field as well as men. Many of them, in fact, were in better health at the end of the war than they were at the beginning. This was undoubt-



Russian "sister" in the field. Unlike Japanese nurses, or the first American Navy Nurses, Russian Red Cross nurses served in the field and even shipboard.

edly due to the outdoor life they led."<sup>18</sup>

### *Transportation of Wounded*

One of the inefficiencies Spear highlighted was the transportation of the wounded in the field. "When a wounded man is placed on a stretcher at the front, the stretcher becomes his permanent bed, so then it is important to not look upon a stretcher as a contrivance for temporary resting place of a disabled soldier during transportation, but also bear in mind it becomes his permanent bed for probably several days."<sup>19</sup> Spear did not witness any stretcher drills and noted that the Russians carried the stretch-

14. Spear, Raymond. *Report on the Russian Medical and Sanitary Features of the Russo-Japanese War to the Surgeon-General, U.S. Navy*. Washington, DC: GPO. 1906. pp5-10

15. *Ibid.*

16. *Ibid.*

17. *Ibid.*, p11

18. *Ibid.*

19. *Ibid.*, p29.





ers as they pleased. In Port Arthur, a volunteer bicycle stretcher corps with two bicycles were used for each stretcher, one on each side. Also due to the number of casualties and owing to the shortage of supplies, Spear saw many improvised stretchers made from limbs of trees and through the use of “four guns and an overcoat.” Dr. Spear commended the Russian Army’s use of hospital trains and barges for transportation and use of movable field hospitals along railroad lines.<sup>20</sup>

#### *Russian Navy Medical Department*

The Russian navy medical organization was similar to the army with the exception that the navy medical officers were given command at their hospitals and were better paid than their army counterparts. In 1906, the Russian navy had a total of 340 medical officers, all were appointed after completing a special medical course at the government medical school in St. Petersburg. Russia operated six “modern” navy hospitals

at St. Peterburg, Kronstadt, Sevastopol, Vladivostok, Libau, and Nicholas. Like the army, the Russian navy employed feldschers who took special courses at Kronstadt before they were detailed to duty; sisters, who also served aboard hospital ships; and sanitats who were usually detailed from ship’s crew in proportion of one to one-hundred men.<sup>21</sup>

#### *Hospital Ships*

Dr. Spear noted that at beginning of the war the Russians had no way to transport the sick and wounded by sea. This defect was remedied by buying six large passenger ships and (5,000 to 12,000 tons) and converting them to hospital ships. By war’s end the Red Cross Society had operated three hospital ships—*Mongolia*, *Nostrome*, and *Orel*. *Orel* was fitted out and supplied through donations of women in France and Russia. As with Japan, civilian merchant officers ran the navigation aboard these ships while medical officers were in charge of ship command.<sup>22</sup>

**RUSSIAN HORSE LITTER.** Dr. Spear saw great inefficiencies in the way the Imperial Russian Army transported their casualties. Due to shortage of supplies many Russians used improvised means of transporting the wounded.

#### **CHANGES TAKE PLACE IN U.S. NAVY MEDICAL DEPARTMENT**

When Dr. Rixey became the Navy’s Surgeon General in February 1902, the Medical Department was arguably a static organization that had changed little from the preceding decades. There were still no active duty dentists or nurses. In 1902, no hospital ships were in active commission. As a whole, the Navy Medical Department had 163 physicians, about 800 hospital corpsmen, 11 CONUS hospitals (nine clinging to the eastern seaboard),<sup>23</sup> 4 OCONUS facilities (3 in U.S. territories and 1 in Japan), and a host of medical facilities shipboard.)

20. Ibid. pp36-57

21. Ibid. pp72-77

22. Ibid. pp82-87

23. One of these had not yet admitted a patient since it was opened in 1887! In 1903, U.S. Naval Hospital Widow’s Island was ceded to the State of Maine where it was used briefly as a convalescent facility for psychiatric patients.



Prior to his travels in Japan, Surgeon William Braisted (1864-1941) served as an operating surgeon at Naval Hospital Brooklyn, NY, and instructor at the Naval Medical School in Washington, DC. In 1914, Dr. Braisted was appointed as the Surgeon General in the U.S. Navy.

Medical personnel shortage proved to be a serious problem for the Navy even in 1902. With a patient population of 30,356 sailors and Marines, this equated to one physician for every 186 patients or one hospital corpsman for every 37 patients. In the previous four years the collective strength of doctors and hospital corpsmen grew by 15 percent while personnel strength of the Navy and Marine Corps increased by 70 percent!<sup>24</sup> Owing to this shortfall alone it could be said that this “peacetime” Medical Depart-

ment was not prepared for the modern war it would face in the following decade.

Dr. Rixey’s did much to improve these conditions and his mark on the Medical Department can be seen at the end of his second term in office. In 1910, the Navy Medical Department had a hospital ship, which like its Japanese and Russian counterparts had medical officers in command. And this newly commissioned USS *Relief* went far to bolster the image of the Navy Medical Department during its circumnavigation of the globe with the “Great White Fleet” (1907-1908).

By the end of 1908, Dr. Rixey had established the Navy’s own corps of trained female nurses. Like their Japanese counterparts, these “Sacred Twenty” lived in special hospital quarters. However, unlike the Russian “sisters,” U.S. Navy nurses were not immediately able to serve in the field or shipboard.

In 1906, the Navy had a teaching hospital (in Washington, DC), which like Japanese naval hospitals, boasted excellent, well-fitted bacteriological, chemistry, and pathological laboratories. In addition to what was called the “Naval Medical School Hospital,” Rixey established the first Navy convalescent facility for tuberculosis patients at Fort Lyon, CO. Other new medical facilities included a hospital in the Philippines, a hospital at the Naval Academy (1908), and the first permanent Navy hospital in Washington State (Puget Sound).

Thanks to Rixey, U.S. Navy medical officers now had greater educational opportunities, and like the

Japanese and Russians, had the opportunity to study abroad (especially topics like tropical medicine) and take specialized medical courses at civilian institutions. By the end of his administration, Rixey’s Medical Department also saw a significant growth. In 1910, the number of medical officers and hospital corpsmen had expanded to 303 and 1,111, respectively.<sup>25</sup>

It may be true that even without medical observers in Japan and Russia, the U.S. Navy Medical Department under Dr. Rixey may have looked the same in 1910. With the support of a powerful president like Roosevelt, many of the calls for reform may very well have been adopted. It should be noted, however, that showing a global-conscious president with a strong Navy bias that hospital ships and nurses were used indispensably in wartime by two rival naval powers through official first-hand accounts undoubtedly sent a powerful message. There is no denying Mr. Roosevelt was a boon to the Navy Medical Department. As Dr. Rixey remarked in an address to the Sixth International Dermatological Conference, “All this has been accomplished, gentlemen, because we have had in the White House one who only needs to know of defects and injustice to overcome them . . . He takes a deep interest in all that concerns the medical profession, and, realizing our need for help and assistance, never loses an opportunity to strengthen and support us in the many progressive steps we have taken.”<sup>26</sup> *byABS*

24. Crawley, Martha. *The Navy Medical Department, 1890-1916*. The George Washington University, 1989. pp69-70

25 *Report of Surgeon-General, United States Navy*. Washington, DC: GPO. 1910.

26 Fordyce, John (ed.). *Sixth International Dermatological Congress, New York, September, 1907*. New York: Knickerbocker Press. 1908. p21



# Treating the Czar's Navy: The Story of Naval Hospital Cañacao's First Test

If the Japanese surprise attack on Port Arthur in 1904 marked the beginning of the end of the Czar's navy, the Battle of Tsushima was undeniably its curtain call. Russian losses in the battle of May 27-28, 1905, amounted to 11 battleships, 6 destroyers, 4 cruisers sunk and some 4,380 sailors killed. Arguably, the Russian losses would have been greater if weather conditions not offered the battle-torn cruisers *Aurora*, *Jemchug*, and *Oleg* a convenient retreat from the misty fray. Eight days later, these three ships hobbled into the Cavite Naval Shipyard in Philippines seeking medical assistance for its beleaguered crews.

Medical personnel at the newly commissioned U.S. Naval Hospital Cañacao were stunned to see the deplorable conditions of the crews of these phantom ships. Medical Director Clement Biddle wrote in a letter to Navy Surgeon General Presley Rixey that the Russian sailors arrived with "their wounds untouched from the day the first dressings were applied. All were suppurating and

those I saw freely so." He added that their condition reminded him of an age before the "advent of Listerism."

Combined, 66 Russian officers and sailors were killed aboard the three ships in battle and 131 were wounded. Of these, 58 officers and sailors were admitted to the hospital on 5 June with extensive lacerations, fractures, splintering of bones, and wounds caused by shell explosions and wooden splinters. Every one of these patients suffered from sepsis and with the exception of an application of a rough dressing, they had gone without any medical attention until being admitted to the hospital. Collectively, the three ships shared a single junior medical officer. The language barrier between the Russians and Americans proved to be an additional problem. Biddle remarked that neither the Americans nor the Russians spoke each other's language, the medium "of communication being French, and not good French at that."

Medical Inspector Charles Hibbett and Assistant Surgeon William Rennie oversaw their medical care.

The majority of the patients were only moderately wounded. Nineteen were discharged to duty within days of admission and 34 were transferred to the Russian Hospital ship *Kastroma* on 10 July 1905 for transportation home. Owing to the lack of early surgical attention and advanced infection, two sailors died at Cañacao and were interred at a cemetery adjacent to the hospital that contained remains of Spanish soldiers and sailors.

A 24-year-old gunner's mate from *Aurora* was admitted with a shell wound to his left thigh and a compound, comminuted fracture at the junction of his upper and middle thirds of left femur. Hibbett reported that the sailor's leg was filled with pus mixed with bone sand and sloughing tissue that was escaping through the open wound and that he was suffering from septicemia. After 17 days of trying to control the infection an amputation was performed at the seat of fracture. The patient would soon after die of shock in July 1905. A 25-year-old seaman from *Jemchug* was admitted



Damage to the *Jemchung* (AKA, *Zemtchug*) after the Battle of Tsushima.

with a fracture of the neck of femur, an infected sinus, and severe hemorrhage and septicemia. He died of shock on 13 June 1905.

Another difficult case was that of a 28-year-old Marine corporal from *Aurora*. The Marine was admitted with compound, comminuted fracture of the postero-superior part of the left parietal bone with some brain tissue protruding from the infected wound. Hibbett reported that the wound was enlarged and bone splinters, pus, and degenerated brain tissue were moved. Four

days after admission the patient developed mania. After seeking cause of mental disturbance the patient was transferred to the San Juan de Dios Hospital, in Manila on 13 July 1905 with his condition reported to be improving.

Among the Russian officers admitted for treatment included two members of the Royal Family—Prince Poutatin and Count Ivakovleff, both of the *Aurora*. Poutatin was admitted with an infected sinus in the right auxiliary region and discharged on 28 June. Ivakovleff

was admitted with a minor wound to his ear but remained at the naval base until 10 August. Dr. Biddle remained a skeptic of the Prince's royal ancestry. As he assessed, if one were to judge his blue blooded lineage by appearance alone there may be some doubt.

In his medical report of the “Russian Wounded Admitted to Cañacao Hospital, June 1905,” Dr. Hibbett noted that the conditions of the wounded were similar to those found in any naval engagement, but this did not excuse the lack of medical attention. He asserted better medical care should have been available on board these “modern war ships.” To Hibbett, the experience added to the argument that a hospital ship should have been accessible within the eight days it took to transport the wounded to Cañacao. This was a wartime observation that Surgeon General Presley Rixey would duly note from his seat at the Bureau of Medicine and Surgery in Washington, DC, and it would arguably affect the role of U.S. Navy hospital ships throughout the 20<sup>th</sup> century. *byABS*

#### BIBLIOGRAPHY

1. “3 Russian Vessels Safe in Manila Bay: Enquist Escapes with the *Oleg*, *Aurora*, and *Jemchug*.” *New York Times*. June 4, 1905. page 1
2. Clement Biddle Letter to Presley Rixey, 7 June 1905. BUMED General Correspondence Files. (Letter # 97778)
3. Charles Hibbett’s “Report on Russian Wounded Admitted to Cañacao Hospital, June 1905.” BUMED General Correspondence Files. (Letter # 97778)
4. Patton, W. Kenneth. *A History of Navy Hospitals*. Naval Hospital Cañacao. Page 100 (Unpublished)
5. *Report of the Surgeon-General of the United States Navy*. Washington: Government Printing Office. 1906. pp11-12

# Join the Waves!

## A History of the First Women in the Hospital Corps

All images from the Bureau of Medicine Library and Archives



*From the day of Pearl Harbor, I said to myself that I need to go there one day. I had the urge to do something and help. I felt this was my duty. My brother had already joined the Navy, and nearly died during boot camp and got out on medical discharge. I felt like I had to pick up the ball for him.*

~Frona Liston, HA1c (W), USNR

**T**he Second World War saw the largest expansion of U.S. Navy and its Medical Department in history. Fueled by the Fleet and Marine Corps' unwavering call for trained enlisted medical personnel for wartime operations, the Bureau of Medicine and Surgery (BUMED) dramatically stepped up recruiting efforts for hospital corpsmen and organized new Hospital Corps Schools in Bainbridge and Bethesda, MD, Farragut, ID, and Great Lakes, IL. Between 1941 and 1945 alone, the Hospital Corps grew by an astounding 157 percent (from 10,547 to 132,500) and, for the first time in its history, presented opportunities for women on its rolls. At their peak wartime strength, women pharmacist's mates accounted for a quarter of all medical enlisted sailors on the home front. And as the war raged overseas and Navy hospital patient loads grew exponentially, these ded-

\*Article originally published in the Fall 2010 *Hospital Corps Quarterly*

icated pioneers went far to keep the beleaguered Medical Department afloat.

From 1919—when the Yeomen (F) program was disestablished—to 1942, women were forbidden from serving as enlisted sailors. Only in August 1942 when the Navy organized the Women's Reserve program or WAVES (Women Accepted for Voluntary Emergency Service), under the direction of a former president of Wellesley College named Mildred McAfee were women finally able to contribute to the sea service while serving within it. By the end of the war, WAVES were serving as enlisted sailors and officers in the same ratings and specialties as their male counterparts at every naval station in the continental United States and, after 1943, the Territory of Hawaii (TH).

Upon enlisting, all WAVES were sent to specially assigned training schools located at colleges throughout the United States for Navy indoctrination and boot camp. Among these schools was State Teacher's College in Cedar Falls, IA (now known as the University of Northern Iowa), which holds the

distinction of admitting the first WAVES hospital corpsmen (AKA, Corps- WAVES). Over a five-week period starting on 16 December 1942, 1,200 WAVES at the State College were given a crash course in Navy history, organization, administration and personnel, physical education, and drilling. They then took aptitude tests to determine their service ratings. A little over one-percent (or 100) tested for the Hospital Corps.

Without question the first women hospital corpsmen were atypical WAVES and, for that matter, hospital corpsmen. Unlike their cohorts at the state college, or many of their male counterparts, each of these women entered the Navy already trained as medical technologists in the fields of laboratory science, dentistry, radiology, and occupational and physical therapy. Even before they completed their course of instruction, there was little doubt that these women would end up in the Navy medical system. Each was sent to naval hospitals in Bethesda, MD, and San Diego, CA, for four weeks of advanced Navy medical training and orientation. Upon

---

## DID YOU KNOW?

In September 1945, HA2c Ruth Isaacs, HA2c Katherine Horton, and HA2c Inez Patterson earned the distinction of being the first African-American women to enlist in the Hospital Corps.

---

completion, they received their permanent station (PCS) orders. For CorpsWAVES, PCS orders included 35 continental United States Navy hospitals, as well as a host of dispensaries, stations, and rehabilitation centers stateside.

Medical training for WAVES changed in January 1944 when a special Hospital Corps school for women was established at the National Naval Medical Center, Bethesda, MD (in Building 141). The course of instruction lasted four weeks and covered the topics of anatomy, physiology, first aid and minor surgery, hygiene and sanitation, nursing, metrology, and pharmacology. Graduates of the school were then sent to naval hospitals in St. Albans, NY, and San Diego, CA, for three weeks of on-the-job training in hospital wards, laboratories, and administrative offices.

By 1943, in order to meet with the ever-increasing demands for hospital corpsmen, BUMED increased its monthly recruitment quota to 600 CorpsWAVES in order to replace 25 percent of their male counterparts being shipped to sea and/or serving with the Marines. By 1945, some 240 WAVES were entering the CorpsWAVES School, every two

---

A former CorpsWAVES, HM1 Ruth Flora (third from right) became the first female Hospital Corpsman in the Regular Navy on 12 June 1948.



weeks. This still was not enough for some leaders. Before the war's end, Secretary of the Navy James Forrestal was calling for up to 2,000 more each month "to help relieve the suffering and speed the recovery of wounded men."

War's cessation meant "emergency" service personnel were no longer needed, and officially the

WAVES program ceased to exist after 1945. WAVES officers and enlisted personnel continued to serve in the Navy Reserve and the term WAVES was still used to describe these women (Note: the term was used interchangeably with Women's Reservists through the 1960s).

On 12 June 1948, restrictions to female Sailors were finally broken,

when President Harry Truman signed the Women's Armed Services Integration Act into law. The passage of this equal opportunity law meant that all Navy women (not serving as nurses) finally had the choice to serve in either the Regular or Reserve Navy. *byABS*

## BIBLIOGRAPHY

1. BUMED Library and Archives
2. Decker, Annabelle R, (PhM1c (W), USNR). Hospital Corps WAVES. *The Hospital Corps Quarterly*. Washington, DC: Government Printing Office. June 1945. p23-25.
3. Godson, Susan. *Serving Proudly: A History of Women in the U.S. Navy*. Annapolis, MD: Naval Institute Press. 2001.
4. "Enlist in the WAVES: Serve in the Hospital Corps." Washington, DC: Government Printing Office, 1943.
5. "Join the WAVES: Now more than ever before you're needed in the Hospital Corps..." NAVPERS-NRB 48955-29 June 1945.
6. "The Women's Reserve of the Navy." *The Hospital Corps Quarterly*. Washington, DC: GPO. 1944. p140-143.

*What happens when you  
join the Waves*  
... and are accepted for the Hospital Corps



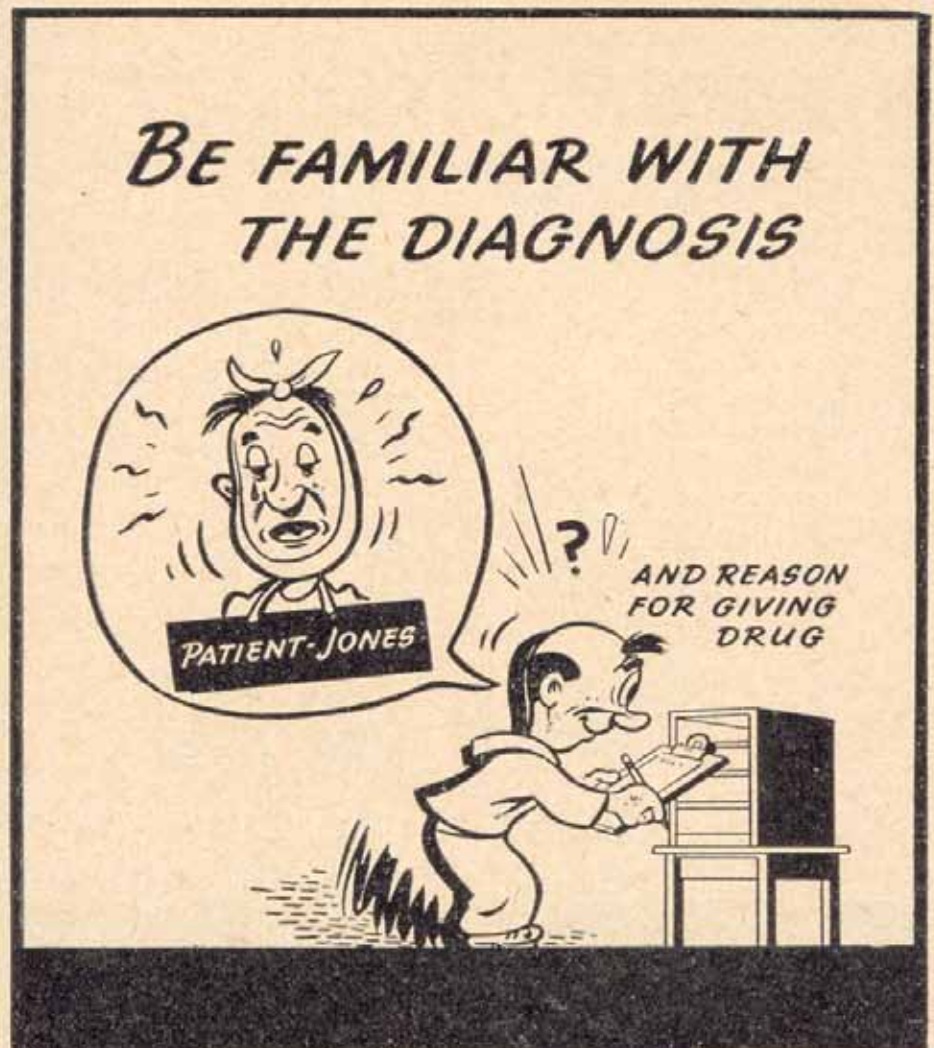
### FROM RECRUITING BOOKLET: *ENLIST IN THE WAVES, 1943*

1. First go or write to the nearest Navy Recruiting Station...
2. If your application papers are satisfactory, you'll receive free transportation to the nearest Office of Naval Officer Procurement. There you'll be interviewed and take the simple aptitude tests.
3. You've passed the physical! It's a thrilling moment when you raise your right hand and are "sworn in." From then on you're in the service of Uncle Sam, ready to do a man-size job.
4. Off to training school! The Navy takes care of all expenses.
5. Yes, it's really you! You'll feel proud—and rightly so—when you first see yourself in trim Navy blues. Complete outfit—\$200 worth of clothing—is furnished [to] you free as an enlisted WAVE.
6. After a few days at training school you may make application for the Hospital Corps. If accepted, you will go to a Naval hospital for further training after you have finished your eight weeks at Recruit School.
7. You receive a special course of instruction, which includes anatomy, hygiene, chemistry, minor surgery, and first aid. You are then assigned to a Naval Hospital where you are familiarized with the various departments and duties.
8. CorpsWAVES learn bedside care, receiving instruction from Navy nurses who are registered nurses.
9. Yes, your salute will be recognized even by an Admiral. And you deserve recognition! For your is a big job—a service to your country you will be proud of the rest of your life.

# Hospital Corps Do's and Don't's: The Posters of Coleman Anderson

During World War II, artists stationed at the Naval Medical School at Bethesda, MD, produced thousands of posters, and illustrations used to train and educate Navy sailors and Marines. It may seem odd, but several of these artists served in the rating of pharmacist's mate. The following series of posters was drawn in 1945 by such a corpsman. Before and after his brief tenure as a corpsman-illustrator in World War II, PhM2c Coleman Anderson made a name for himself as a cartoonist with the "Chester Gould Gang" in Chicago, IL. He drew more than his fair share of Prunefaces, Flattops, Gravel Gerties, and helped develop many fangled quandaries for detective Dick Tracy to fight out of long before developing the "Hospital Corps Do's and Don't's" series for the WAVES Hospital Corps School in Bethesda in 1945.

All images from the Bureau of Medicine and Surgery Archives





# KEEP CABINET LOCKED!



# GIVE MEDICINE ON TIME



# TAG CHECK

GIVE MEDICINE TO THE RIGHT PATIENT



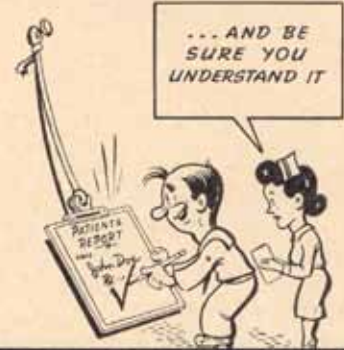
# STAY WITH PATIENT when giving medicine



# A 'STRIKE' WITH THE 5 RIGHTS!



# CHECK THE WRITTEN ORDER CAREFULLY



# THE 4 LOOKS

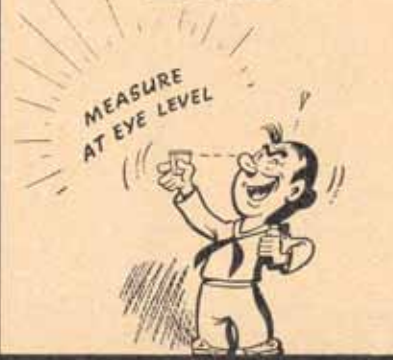


- 1- BEFORE MEDICINE IS TAKEN FROM SHELF
- 2- BEFORE POURING
- 3- AFTER POURING
- 4- AFTER REPLACING ON SHELF

# POUR FROM THE BACK OF THE BOTTLE



# KNOW THE CORRECT DOSAGE



# Preserving Portsmouth and Philadelphia

## A Look at the Project to Conserve the Original Plans of the Navy's First Two Permanent Hospitals

BUMED, Washington, DC. In Spring 2010, while on an earnest quest to locate “extra space” to store recently accessioned library shelving, the Medical History Office came across a door leading to a murky basement crawl space. This room was a veritable kingdom of dust, dirt, and dead insect and almost entirely vacant except for two steel World War II-era file cabinets and a wooden box built into the rickety floor boards. To my surprise the contents of this mysterious vault was more than I could have hoped for—hundreds of hand-drawings and plans of hospitals and ships extending back into the 1820s. Though damaged by untold years of neglect, their preciousness was undeniable. Highlights of this collection were 18 original plans of the Navy's first two permanent hospitals—Portsmouth (VA) and Philadelphia—each hand-drawn, colored, and signed by the respective architects, John Haviland (1792-1852) and William Strickland (1788-1854). Before archiving these drawings, it was essential that they first be conserved by a professional. In January 2011, the first of the conserved drawings was returned to us. The following is a short interview conducted with the conservator, Ms. Rachel-Ray Cleveland, of Cleveland Conservation of Art on Paper, Inc, after completion of the first two drawings.

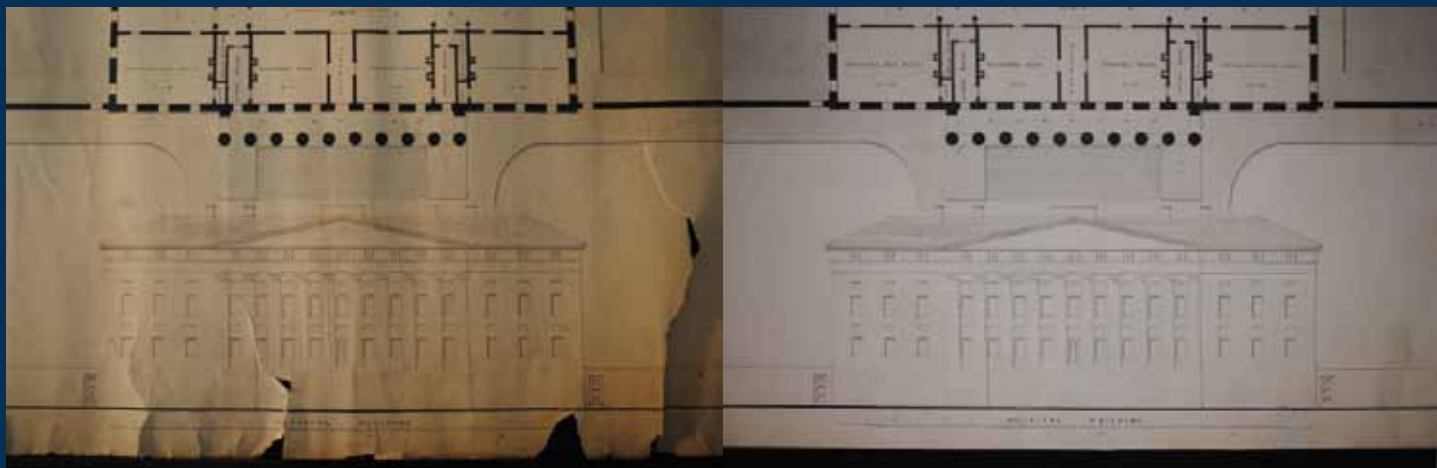
### WHAT WAS UNIQUE ABOUT THESE DRAWINGS?

Well, these are pretty much standard treatments for this type of architectural drawing. The first thing we do is stabilize the drawings because they are very acidic. I used a solution in order to remove as much acid as possible from the paper. Then we have a condition in which the paper is more or less PH 7.5 and that is a very good PH for the paper. We strive to achieve that. That is the chemically stabilizing part. Then we physically stabilize the drawings. If you have rough edges or tears or losses, as we see with a few of these drawings, we mend those tears so they don't propagate any further and we fill the losses so that they will be dimensionally stable. Thirdly, we consider the appearance and aesthetic aspect of it.

### DID YOU LEARN ANYTHING ABOUT THE ARCHITECTS WHILE WORKING ON THESE DRAWINGS?

These are standard architectural drawings created with India ink and dark grey and light grey washes and with red ink, which is stable ink I am happy to say. The architects looked upon these drawings as ephemera intended to last only as long as it took to build the structure at hand. The drawings were not intended to last 100 or 200 years and that is why they were not made using higher quality paper.

The interesting thing about the inks is that they are indelible (not water-soluble). For the architect, this meant that if the inks were exposed to moisture, they would not smudge. But to the conservator, the indelible inks meant that we could carry out the treatment we needed to perform to remove acids and discoloration—without affecting the inks. Had the inks been water-soluble, the present conservation treatment would not have been possible.



## BEFORE AND AFTER.

John Haviland's Plan and Elevation of the United States Hospital at Norfolk (Drawing # 9)  
Woven paper, pen & ink, watercolors. Approximately 22 inches x 30 inches

### YOU REFER TO THE LOW QUALITY OF PAPER. WHAT TYPE OF PAPER DID THE ARCHITECTS USE FOR THE DRAWINGS?

They used a very smooth paper. In those days the papermakers had figured out that they could get a very smooth paper if they put a lot of acid into the vat of fiber and mesh. They would dump a lot of acid in there and that would shorten the fiber so they could get a beautifully smooth piece of paper. The interesting thing about the paper is that it is typical 19th century paper—a short-fibered sheet with an alum rosin sizing. The sizing is acidic and this acid tends to make the fibers even shorter than they originally were. As the fibers become shorter and shorter, the sheet becomes fragile and then very brittle, as one can see with the present group of architectural plans. Inherently, with the type of paper that was made, they used a lot of acid in the paper making and the natural aging of the paper causes it to become more acidic. The acidic paper actually works against the long-term conservation.

### HAVILAND AND STRICKLAND WERE NOT THINKING ABOUT PRESERVATION OF DRAWINGS?

No, they were thinking about building buildings. They weren't at all thinking that these would still be around 200 years later. One interesting thing about the conservation of architectural drawings is you never want to introduce something that introduces the issue of authentication. It's very obvious that this part is not original and we made a subtle difference in the color so that your eye does not go directly to the area of missing paper. If you look at it, you obviously know that this line right up through here is the area that is new. You can see that I have compensated for the small area of missing image. Not to confuse what's original and not original because you can see it and that's a very important rule conservators follow when working on historical documents. You never want to introduce something that's not original.

More details and information about these drawings and the history of the hospitals in future editions of THE GROG.

# The Bureau of Medicine and Surgery

## Oral History Program

By Richard Ginn  
COL, MSC, USA (Ret)

*There is properly no History; only Biography.*

-Ralph Waldo Emerson, 1841

**W**e all have a story to tell, and we all have moments when we wish we had recorded a particularly memorable event. Organizations have a similar desire fueled by our personal and institutional needs to preserve the history of events we have witnessed. Fortunately, under the direction of Mr. Jan Herman, Navy Medical Department Historian, an oral history program exists to meet both those individual and organizational goals by recording the experiences of active, retired and former Navy medical personnel of all categories, ranks, and specialties. It is an opportunity for members of the Navy medical team to tell their story. It is a way of putting a face on history and of bringing to life past events. In time, these interviews are woven into the fabric of articles, books and films on the history of Navy Medicine.

The Office of the Medical History identifies potential interview subjects based on recommendations by the Navy Medical Department leadership as well as the results of ongoing historical research. Participation in the program is voluntary, and interviews will normally be restricted to unclassified information. An historian is assigned to conduct the interview and will coordinate directly with the interviewee to set the time and place for the interview. Currently, interviews are conducted by

Mr. Herman, Mr. Andre Sobocinski, Deputy Historian, and the author. Participants sign an access agreement that spells out the conditions, if any, that the interviewee wishes to place on the transcript and/or recorded version of the interview.

Interviews are recorded with electronic means, and a transcript is produced from the recorded media. The draft transcript is edited by the interviewer for readability while preserving the character, meaning, and flavor of the spoken expression. This process removes redundant phrases and misspoken words, defines acronyms, corrects errors in transcription, and in general shapes the transcript into a clearer document that will be understandable and useful for future historians. The original draft, along with all editing changes, is provided to the interviewee for review and correction. The final version of the interview, along with a synopsis and key word index, is placed in the permanent archives of the Bureau of Medicine and Surgery where it is available for researchers and historians, in accordance with the individual's access agreement.

Your participation in this program is important for our ability to record the observations and experiences of the people who are making Navy Medicine history today. The interviews are a valuable component in preserving Navy medical history

for future generations. They are important adjuncts to the classic primary source material for historical research such as correspondence, reports, and other documents. In addition, the interviews become treasured documents for the people interviewed and their families. Individuals wishing to participate should contact Mr. Sobocinski at [andre.sobocinski@med.navy.mil](mailto:andre.sobocinski@med.navy.mil) or phone (202) 762-3244.



**Colonel Richard V.N. Ginn, an historian under contract with the Medical History Office, is a retired Army Medical Service Corps officer, health care company CEO, and Vietnam veteran of the 173d Airborne Brigade. He is the author of *The History of the U.S. Army Medical Service Corps*, and *In Their Own Words: The 498th Medical Company (Air Ambulance) in Iraq*.**

## From The Book Locker:

# THE WHITE HOUSE DOCTOR: A MEMOIR

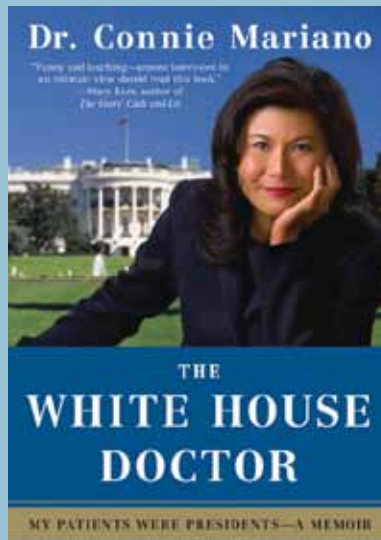
By DR. CONNIE MARIANO. NEW YORK: THOMAS DUNNE BOOKS. ST. MARTIN'S PRESS, 2010

Reviewed by Ludwig Deppisch, MD

Through her service as a White House physician to President George H. Bush and subsequently as the personal physician to President and First Lady Bill and Hillary Clinton, Dr. Connie Mariano has upheld that proud Navy tradition of providing expert medical care to presidents of the United States.

This heritage commenced in 1823 when Navy Surgeon Bailey Washington attended President James Monroe in the White House for a neurological condition. Since then Navy medical officers have served as the personal physicians to Presidents Buchanan, McKinley, Theodore Roosevelt, Woodrow Wilson, Franklin Roosevelt, and Jimmy Carter. Today, Navy medical officers are a constant part of the White House Medical Unit (WHMU) that administers medical care to the presidential and vice presidential families, staff, attached military personnel and even tourists who take ill while visiting the White House.

Moreover, the United States Navy was the agent for a classic American success story. Eleanor Concepcion (Connie) Mariano was born in the Philippines, the daughter of a U.S. Navy steward. Intelligent and feisty, Mariano, conscious of her height, Filipina heritage and gender, succeeded in her profession, graduated from the Uniformed Services University School of Medicine, completed an internal medicine Navy residency, and served tours of duty both on board and on land. In 1991, she was selected to be the Navy physician representative on the WHMU. After nine years in the White House and seven as the Clintons' doctor, she became the first Filipina admiral. The White House promotion was witnessed by her father, who had long served as an attendant in the house-



holds of admirals.

Mariano's memoir of her career is written with verve and humor and is replete with colorful and incisive vignettes. However, it is not a tell-all on the medical problems of ex-president Clinton. Only two such instances are narrated at length, one orthopedic, the second forensic. The first incident occurred in 1997 when the president ruptured a quadriceps tendon while descending the stairs of golfer Greg Norman's West Palm Beach residence. The second took place in Dr. Mariano's White House office; under court order she withdrew blood from the first patient for DNA analysis during the Monica Lewinsky investigation.

I highly recommend this book for two reasons. The White House Doctor interestingly represents the complex responsibilities, varied activities and highly trained personnel of the WHMU. More than 20 professionals: up to six doctors, nurse practitioners, physician assistants, and others oversee the health of the president and first lady and the vice president. One or more accompany them on all travel. Mariano flew with Bill Clinton on 132 overseas trips. Each of these travels and

all domestic journeys required both pre-advance and advance planning to assess the adequacy of medical emergency facilities in travel destinations. In addition, the WHMU staffs an urgent care clinic in the Old Executive Office Building to attend to the acute needs of the thousands of military personnel that staff the White House Office complex. However, the principal duty of the WHMU is the protection of the president from physical harm or death. Mariano thoroughly details the intense training and coordination with the Secret Service required to insure this security.

Secondly, Mariano's memoir is a poignant narrative of the breakup of a marriage. Richard, her husband, was a very successful attorney in San Diego. In 1991 he acquiesced to Mariano's move to the White House for a two-year commitment. Her stay stretched to four, then seven, and finally nine years. Richard took leave from his California career to become a stay-at-home dad who took care of the couple's two young sons, organized the household, and remained at home while his peripatetic spouse roamed the world with the Clintons. His profession and social position suffered, and even Dr. Mariano's retirement to Scottsdale AZ, the couple realized that they had drifted apart with little to glue the marriage after their sons departed for college. Mariano sadly concludes: "As my medical practice thrived, my marriage unfortunately died...I didn't know how to be a wife." This is a sentiment with which many professional couples can empathize.

**Dr. Deppisch is a board certified pathologist, White House medical historian, and author of the *The White House Physician: A History from Washington to George W. Bush*.**

# The Lucky Bag

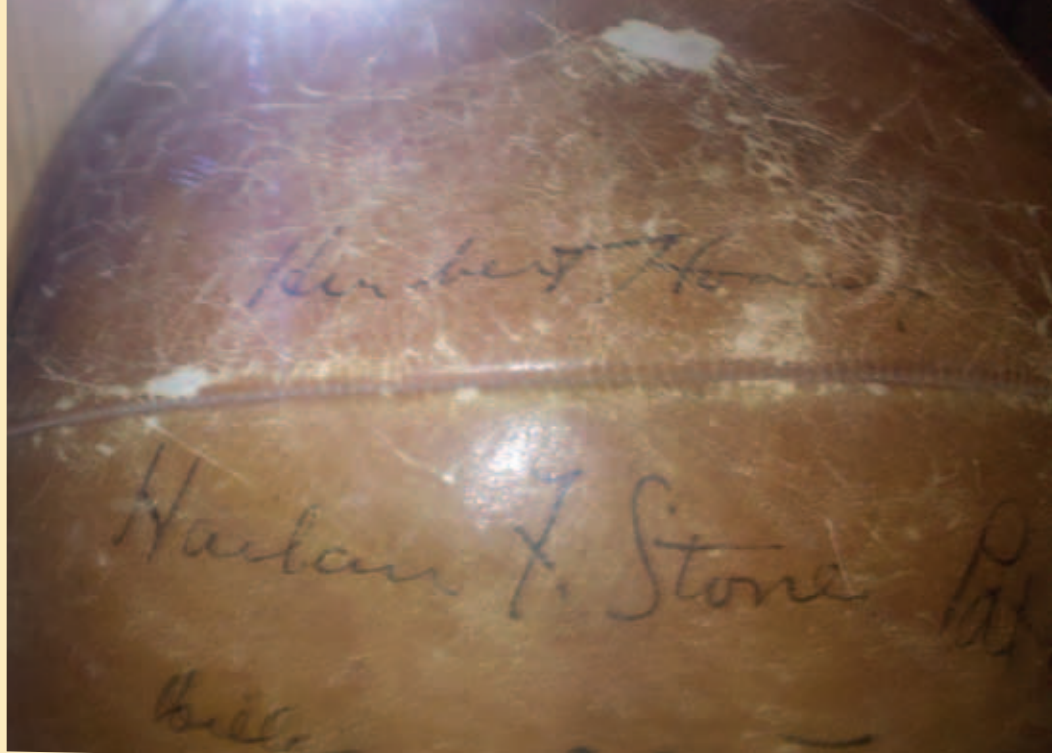
~Navy Medical Culture Through Factoid and Photograph~

---

## HOOVER BALL

---

In the July-August edition of THE GROG, we ran a story entitled “Keeping Mr. Hoover Fit: Dr. Boone and the Story of the Medicine Ball Cabinet.” As a follow-up, one of our readers sent us the photograph on the right of a leather medicine ball now housed at Tulane University and autographed by the original “Hoover Ball” players including Justice of the Supreme Court, Harlan Stone, and Herbert Hoover.



*Photograph courtesy of Jeff Mandel.*

---

## BILL COSBY, CHIEF HOSPITAL CORPSMAN

---

At a ceremony on 17 February 2011 at the U.S. Navy Memorial in Washington, DC, comedian and television pioneer Bill Cosby was made an Honorary Chief Hospital Corpsman. Cosby served as a hospital corpsman from 1956 to 1960 and is arguably the most famous former hospital corpsman, with the artist Robert Rauschenberg arguably coming in a close second.

*Photographs by MC2 Kevin S. O' Brien and MC2 Jason M. Graham.*



---

# HOSPITAL CORPSMAN REENACTOR

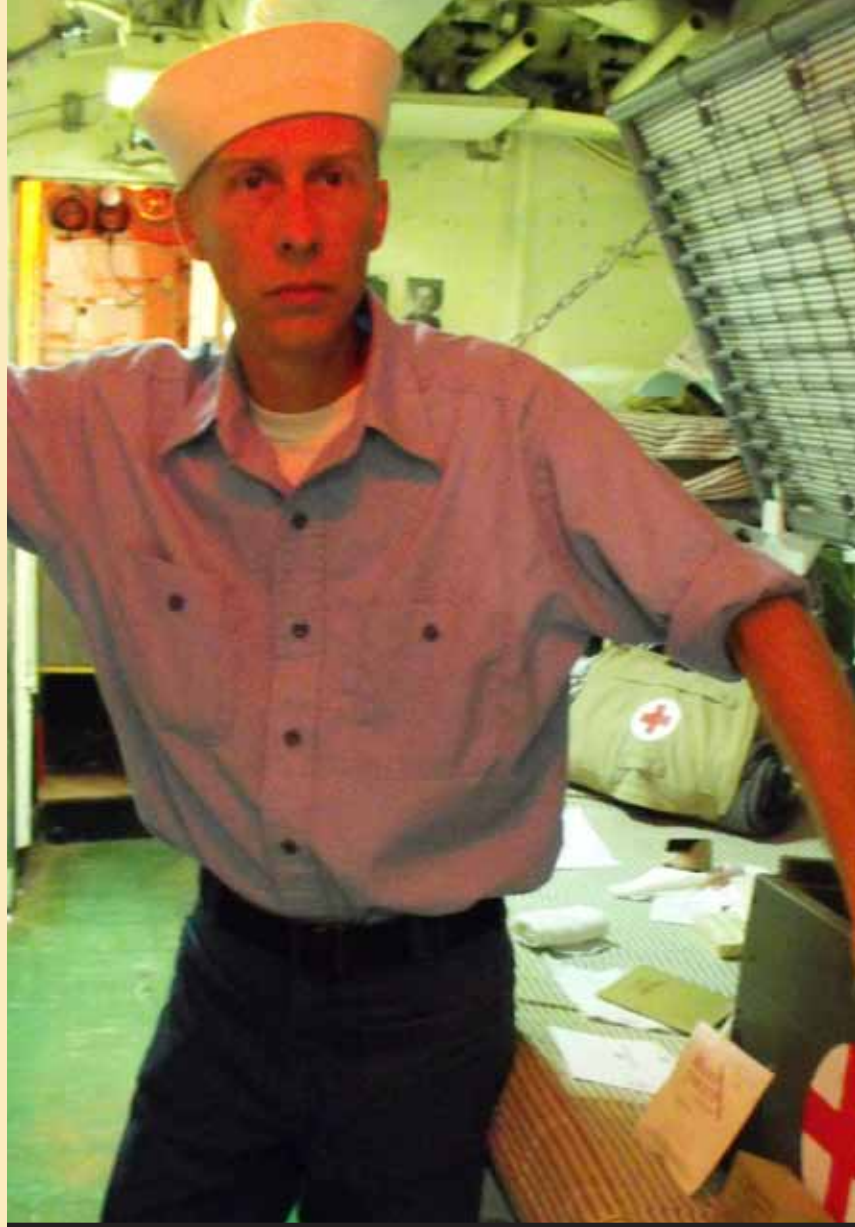
---

Over the years the Office of Medical History has had the good fortune of meeting people who are dedicated to preserving and promoting the service of our men and women in uniform. Many are professional historians, but sometime they are filmmakers and artists who use different media to document medical history. Even rarer, but no less dedicated, are Navy medical reenactors. In recent years we have met remarkable individuals who moonlight as World War II Navy nurses, Vietnam Navy surgeons, and World War I and World War II hospital corpsmen. Of the latter, few are as passionate as Jason Denno of Newton, MO. Denno works as a deputy sheriff and volunteers in Newton County's Rescue and Recovery; on the weekends he is a corpsman in a living history association.

Denno became interested in medicine in 1987 when he was diagnosed with Hodgkin's disease at the age of 14. As Denno relates, "I went through treatment for two years, went into remission, and was later deemed cured with no sign of any cancer anywhere. I went to Emergency Medical Tech School in the 90's and went to work for an ambulance service, then became a certified nurse aid and later a certified med tech. Thirteen years later I still love the medical aspect of life."

While on honeymoon, Denno and his wife visited USS *Alabama* and USS *Drum* in Mobile, AL. Seeing these ships took Denno back to his childhood when he would spend hours listening to his grandfather and great uncles relate their experiences in World War II. When he returned home, Denno learned about the USS *Batfish* Living History Association in nearby Muskogee, OK, and joined it. After his first event on 10 July 2010, Denno was offered a role as torpedoman's or pharmacist's mate aboard the ship. For Denno, there was no denying his rating of choice.

As a Living History corpsman, Denno spends his time teaching school groups and interested citizens the important role hospital corpsmen have played in



Hospital Corps reenactor Jason Denno in August 2010

history, especially aboard World War II submarines. Denno asserts, "I truly believe that their training, courage, and strength is what got a lot of servicemen men back home and I truly respect our World War II Navy medical personnel." Denno is humbled in his role of corpsman and just hopes to "represent them as best as I can and carry their stories on to our future generations such as my five-year-old daughter and others."

