

The Grog Ration



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Remembering PhM1c John H. Willis

A Story of the Medal of Honor and a Wife's Loss

For many in Navy Medicine, John Harlan Willis is just a name. For those men and women in the Navy Hospital Corps he is a fellow “doc” whose face can be seen on Medal of Honor walls at all Navy hospitals and clinics. He is the World War II hospital corpsman who saved the lives of wounded Marines before losing his own on the ash-sand Tartarus that was Iwo Jima. Certainly, a life can never be replaced. And in the military a lost life can only be honored. For his remarkable gallantry on 28 February 1945,¹ John Harlan Willis was posthumously awarded the Medal of Honor.

On 3 December 1945, at the Secretary of the Navy's office in Washington, DC, the Willis family was presented this Medal of Honor. Official Navy photographs of the ceremony show Secretary of the Navy James Forrestal presenting the Medal to John Willis's young wife (Winfrey) and her 7-month old son (John Jr.). They are flanked by a visibly grieving woman (Winfrey's aunt Mrs. H.A. Morel) and an elderly man (Willis's grandfather Austin Harlan). It is a heartfelt scene that reveals the incredible weight that the Medal of Honor carries. As a symbol, the Medal of



Photographs from the BUMED Library and Archives

Secretary of the Navy James Forrestal presents the Medal of Honor to Mrs. Winfrey Willis and her infant son, John Willis, Jr., while family members look on. Mrs. Willis was pregnant with John Jr. when his father was killed on 28 February 1945.

Honor represents heroism and valor, but, also, in this particular case, the death and lost potential of a 23-year-old man. It is meaning and memory in the form of brass alloy and a blue ribbon of cotton. One does not wear or hold the Medal as much as they carry the profound burden it can symbolize.

In 1965, Mrs. Winfrey Willis agreed to loan the Medal of Honor

and some of her husband's personal effects, including his dog tags and uniform, to the Tennessee State Library for display at the Women's Building at the state fairgrounds. In October of that year, tragedy struck when a fire ravaged the fairgrounds destroying the PhM1c John H. Willis exhibit, including his Medal of Honor. It was a second loss for the Willis family, but

¹ On 28 February 1945, PhM1c John Harlan Willis was serving with the Third Battalion, 27th Marines, Fifth Marine Division on Iwo Jima. Constantly imperiled by artillery and mortar fire from strong and mutually supporting pillboxes and caves studding Hill 362 in the enemy's cross-island defenses, PhM1c Willis resolutely administered first aid to the many Marines wounded during the furious fighting until he was struck by shrapnel and then ordered back to the battle aid station. Without waiting for official medical release, he returned to his company and daringly advanced to the front lines under mortar and sniper fire to aid a Marine lying wounded in a shell hole. Completely unmindful of his own danger while staged in a shell hole, PhM1c Willis was bombarded with a series of grenades. Unflinching, Willis hurled back eight of the grenades before the ninth one exploded in his hand and instantly killed him. By his great personal valor in saving others at the sacrifice of his own life, he inspired his companions, although terrifically outnumbered, to launch a fiercely determined attack and repulse the enemy force.



John Harlan Willis
Pharmacist's Mate First Class
(1922-1945)

one Mrs. Willis sought aimlessly to fix. She was given a replica Medal of Honor by the State of Tennessee Library.

REPLACING HONOR

CDR Christopher Reddin, a Nurse Corps officer stationed at the Navy Hospital Corps School Great Lakes, IL, knows the plight of Mrs. Willis like few people outside her family. In 2009, while trying to validate the authenticity of Corps School artifacts attributed to John Willis, he learned of an 88-year old woman with emphysema living in Tennessee whose sole mission was to preserve her deceased husband's legacy. CDR Reddin got her telephone number through the USS *John H. Willis* reunion group², called and left a message. "A month later, while driving to the DMV, Mrs. Willis called me on my cell," remembered Reddin. "She was difficult to understand

because of the emphysema, but was very sharp. Her niece (Anita Childs) was also on the phone and able to fill in the gaps. They said they had been trying to get through local politicians for years to get a replacement Medal of Honor after finding out the medal given to her by the State of Tennessee was not authentic."

CDR Reddin marveled at Mrs. Willis's spirit. "Her loss never diminished her ardent support of the sailors and Marines, past and present. She appeared at over 40 [USS *John*] *Willis* reunions and served as the ship's mother for over 30 years."

CDR Reddin and his colleagues at Corps School, HMC Stephen Cavin, HMC Augustus Delarosa, and HM2 Nathan Charboneau developed an effective strategy on how to proceed. Step 1: Authenticate Mrs. Willis and the story of the Medal. Step 2: Once her identity and story are authenticated, get the

replacement Medal of Honor.

Mrs. Willis sent the team copies of her birth and wedding certificates, and a cornucopia of photographs, letters, and newspaper clippings relating to the Willis medal. These documents were then copied and sent to the State of Tennessee archivist Mrs. Darla Brock and the Assistant State Archivist Dr. Wayne Moore, who verified the story and supplied additional documents about the fairground fire that destroyed the Willis medal. As Reddin relates, "They combed their archives for a month and found the article from *The Columbia Herald* that authenticated the loss. Then they actually put me in touch with Mrs. Barbara Wilson, Branch Head, Navy Awards and Special Projects."

Reddin and his team then drafted a letter on behalf of Mrs. Willis requesting an official replacement Medal of Honor. Mrs. Willis sent in the request and, in less than a



Photograph by author

Mrs. Winfrey Willis stands with RADM Michael H. Mittelman as HM1 Charles Schaefer presents the Medal of Honor.

² The USS *John H. Willis* reunion group was found through the website <http://www.newportdealeys.com/index.htm>.

³ Authorized by Public Law 107-248, Section 8143, October 23, 2002, the Medal of Honor Flag is an appurtenance of the Medal of Honor. The Medal of Honor Flag is light blue with gold fringe bearing thirteen white stars in a configuration as on the Medal of Honor ribbon. It commemorates the sacrifice and blood shed for our freedom and gives emphasis to the Medal of Honor being the highest award for valor by an individual serving in the Armed Forces of the United States.

month—and some might say 44 years of quiet desperation—she was awarded an engraved replacement Medal of Honor and Medal of Honor Flag.³

MEDAL OF HONOR CEREMONY, REDUX

Distinguished honors are not simply given to recipients. They are awarded in the highest ceremonial fashion. On 17 October 2009, Mrs. Willis and her son John Willis Jr. were presented with the Medal and Flag at a ceremony in Ph1Mc Willis's hometown of Columbia, TN, presided over by RADM Michael H. Mittelman, MSC, USN. Other distinguished guests on hand included representatives from the Navy Medical Department including CDR Reddin, LT Christopher

Barnes, HM1 Charles Schaefer, and HM2 Scott Gallagher; also present were Columbia Mayor Bill Gentner and staff, Chaplain Bob Adair, American Legion Post 19, and Post-19 Women's Auxiliary.

In the ceremony, RADM Michael H. Mittelman presented the Medal of Honor Flag to a teary-eyed Mrs. Willis and her son John Willis Jr. HM1 Schaefer presented the Medal of Honor to Mrs. Willis. Anyone in attendance could tell you that even after all these years the pain of her husband's loss runs deep through the Willis family as it does through the peaceful town of Columbia. And it is a burden that can never truly be lifted.

In his opening remarks, RADM Mittelman captured the moment best when he quoted President Lin-

coln's letter to Mrs. Lydia Bixby, a widowed mother who lost two sons in the Civil War. "I feel how weak and fruitless must be any words of mine which should attempt to beguile you from the grief of a loss so overwhelming. But I cannot refrain from tendering to you the consolation that may be found in the thanks of the Republic he died to save. I pray that our heavenly Father may assuage the anguish of your bereavement, and leave you only the cherished memory of the loved and lost, and the solemn pride that must be yours to have laid so costly a sacrifice upon the altar of freedom." ~*ABS*

“Navy Medicine at War” Film Project has a “Final Victory”

by Jan K. Herman

BUMED has just released the final installment in its six-part documentary, *Navy Medicine at War*, the story of Navy medicine in World War II. “Final Victory” covers the war's last campaign and its aftermath—the bloody fight to take Okinawa, the dress rehearsal for the invasion of the Japanese home islands, the dropping of the two atomic bombs, Japan's surrender, and the liberation of prisoners of war. This last film is the culmination of a nearly 14-year-long effort.

The story really begins in 1986 when I interviewed Wheeler B. Lipes. The former pharmacist's

mate had become famous early in the war when he successfully performed an emergency appendectomy aboard the submarine *USS Seadragon*. This series of interviews not only initiated a close friendship with a remarkable man but marked the birth of BUMED's oral history program. The ensuing years resulted in more than a hundred interviews with World War II veterans—hospital corpsmen, physicians, nurses, and dentists, many of whom had witnessed World War II at Pearl Harbor, aboard ships of the fleet, on the beaches of Normandy, during countless landings with the Marines on Japanese-held

Pacific islands, and in prisoner of war camps from the Philippines to Japan. These interviews had been recorded on audiotape and formed the basis for additional scholarship.

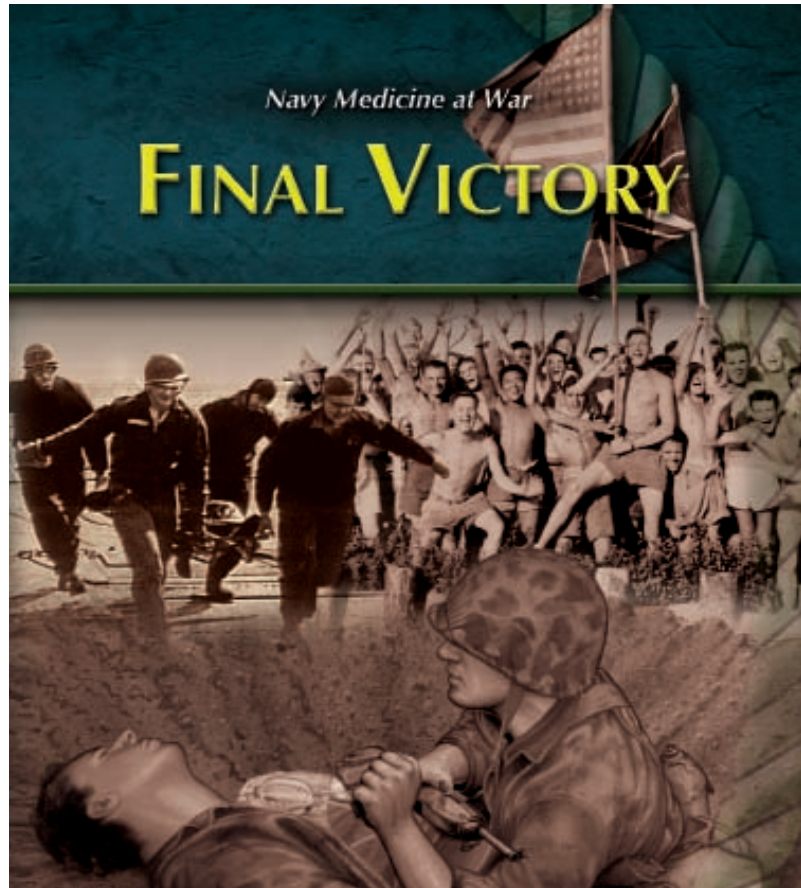
In 1995 I approached what was then the Naval School of Health Sciences (now the Navy Medicine Support Command, Visual Information Directorate) with an idea. Why not select the best of the previous interviews and re-interview the subjects on videotape? This medium would add an entirely new dimension by capturing expression and emotion not possible with audiotape.

After a dozen or more video-

taped interviews were “in the can,” we saw a unique opportunity to tell Navy medicine’s wartime story in a series of six documentaries based on my 1997 book, *Battle Station Sick Bay*. We would blend the interviews with documentary wartime footage housed in the National Archives and other repositories, voice-over narration, and on-screen narration shot on location.

In 1999, director Jack Lewin, a videographer, and I traveled to Pearl Harbor to shoot on-screen narration for “Navy Medicine’s Trial by Fire: December 7, 1941.” Who could have anticipated the serendipitous discovery made in a parking lot at Pearl Harbor Naval Station? A license plate bearing “Pearl Harbor Survivor” led to a chance meeting with the car’s owner, retired Air Force Master Sergeant Richard Fiske, a former bugler aboard the battleship *West Virginia* and an eyewitness to the Japanese attack. Would he be willing to play taps for us? From a bluff overlooking the Arizona Memorial, the old veteran sounded the haunting call for his long departed comrades, the event captured on videotape for our production.

Two years later, while working on “Navy Medicine at Normandy,” we found ourselves on Omaha Beach with a Navy medical veteran of D-Day, Dr. Lee Parker, as he recalled that historic day 56 years before. “I came ashore here,” he said, scanning the bluff behind us. On 6 June 1944, that bluff bristled with German guns that rained death upon American soldiers and sailors as they departed their landing craft. The Normandy American Cemetery, the final resting place for more than 9,000 servicemen, now occupies the same bluff. As we slowly walked among the white marble



“Final Victory” cover designed by Mr. Shane Stiefel

crosses and Stars of David, Dr. Parker spoke softly about sacrifice and his own miraculous survival. His brother died on another European battlefield.

On 6 May 1942, 11,000 Americans and their Filipino allies became prisoners of the Japanese. To tell the story of those Navy medical personnel among them in “Guests of the Emperor,” we traveled to the Philippines accompanied by RADM Ferdinand Berley, a physician who had survived nearly 3 ½ years as a prisoner of the Japanese. During our stay in Manila, we visited the infamous Bilibid Prison built by the Spanish in 1865, condemned by the Philippine authorities in 1939 as unfit for habitation, and then used as a prison camp by the Japanese. Much to our surprise, the decrepit hovel, part of Manila’s penal system, now housed convicts who freely wandered about within its crumbling and graffiti-covered

walls. From our vantage point on a balcony overlooking the prison yard, I asked Dr. Berley if he recognized the layout from his stay there some 63 years before.

At first he seemed confused by the noisy chaos below but then pointed to a nearby barracks. “I remember that building and the wall beyond but nothing else. It’s changed so much.” And then we saw confusion replaced by anger. “This prison is a disgrace,” he shouted above the din. “They’ve ruined a perfectly good prison!”

The absurdity of his remark was not lost on any of us. “Dr. Berley, I don’t understand what you mean. This was a horrible prison during the war. Hundreds of prisoners died here of disease and malnutrition.”

“We cleaned this place up and built a Navy hospital in here. There was running water, toilets that functioned, and I even recall planting trees over there.” He gestured

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toward a distant wall upon which a convict was then urinating. His original outburst suddenly made sense.

A ferry ride out into Manila Bay took us to Corregidor, the island fortress that in May 1942 finally surrendered after its defenders endured hunger, disease, ceaseless Japanese bombardment, and a final amphibious assault. Dr. Berley told us how he hid his .45 automatic pistol in a cave that served as an aid station and then walked to Malinta Tunnel to surrender. We visited the bombed out barracks where he had reported upon his arrival during the siege. The Philippine government has preserved the ruins as a memorial to Corregidor's heroic but futile defense. As the old veteran described the events, a tour bus pulled into view, its driver-guide explaining the scene to a group of American and Filipino tourists. I walked up to the driver's window and casually mentioned that the elderly gentleman nearby had been here during the siege. The driver asked if he would be willing to come over and talk to the tourists.

Indeed, as Dr. Berley approached the bus, it had already emptied. Each tourist then shook his hand and posed for pictures. Just before the vehicle departed, the driver leaned out his window and said, "You still have the bearing of a soldier."

"No," Dr. Berley proudly retorted. "I was a Navy medical officer."

To tell the story of Navy medical personnel who manned battleships, cruisers, destroyers, and submarines, Jack Lewin, our crew and I shot scenes aboard USS *Midway*, a carrier that entered the fleet in the final months of World War II and saw service up through the Gulf

War of 1991-92.

Contrasting with Midway's very spacious medical spaces, USS *Cod*, a 310-foot-long World War II Gato class submarine now moored in Cleveland, OH, illustrated a sick bay more akin to a closet. Shooting scenes below decks gave us a unique perspective of how stressful this confining environment was for its crew and the huge challenge it presented for the medical personnel who cared for them.

"Stepping Stones to Tokyo," the fifth production, presented a rare opportunity to shoot location footage in Saipan and Iwo Jima, scenes of some of the most brutal fighting in the Pacific. CAPT David Lane, then III MEF Surgeon, arranged for a Marine Corps aircraft to fly director, Tom Webster, me, and our videographer from Okinawa to Iwo Jima for a few hours of location shooting. After landing at the small airfield, a U.S. Navy van took us and our equipment down to Green Beach, right beneath Mt. Suribachi.

A brilliant blue sky and blue-green sea shimmered in the sun. Well above the surf line, clumps of colorful wildflowers erupted from black volcanic sand belying the horrors of what had happened there. The wreckage of war had long since been removed but for a few rusting artillery pieces poking here and there from derelict pillboxes. The 8-square-mile island looked more like a little speck of paradise awaiting a cruise ship than an unlikely battlefield that had claimed the lives of 7,000 Marines and sailors and nearly 21,000 Japanese during February and March 1945.

A glance down brought me back to reality. There, lying side by side in the sand, were two small objects—a .30 caliber Japanese

armor-piercing slug and an oxidized .30 caliber M1 carbine bullet-projectiles fired by enemies sworn to kill one another.

The shooting for "Final Victory" found us where the project had begun 10 years before, at Pearl Harbor. This time we were aboard the battleship *Missouri*, now moored a few hundred yards from the *Arizona* Memorial on Battleship Row. World War II had come to an end upon its deck with the signing of the surrender documents on 2 September 1945. Forty-five months had elapsed since that date of infamy on December 7th 1941 when Japanese planes had dealt death from the skies and Navy medical personnel had treated the victims. There they were—bookends—the remains of USS *Arizona* and USS *Missouri*, opening and closing chapters to the most destructive war in history, and an appropriate conclusion to one of Navy medicine's greatest epics.

You may order "Final Victory" and copies of the other releases from Visual Information Directorate, NMSC, Bethesda, MD, Tel: 301-295-5595. ■

ABOUT THE AUTHOR

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FORGING IDENTITIES: A HISTORY OF NAVY MEDICAL EDUCATION

Part II: Department of Instruction, Brooklyn, NY, 1878-79

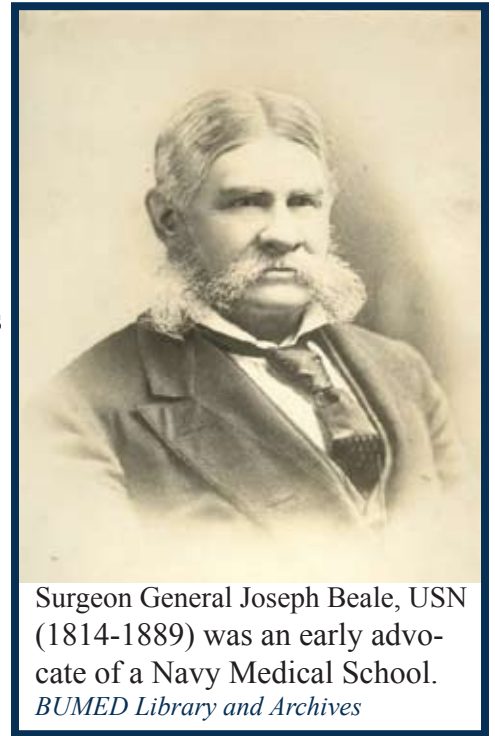
Post-graduate medical education in the Navy has a significant but discontinuous pedigree. As we have seen in the previous installment, the Navy's first experiment in medical education ironically ended with the establishment of the Bureau of Medicine and Surgery (BUMED) in 1842. Decades afterwards, the Navy Medical School existed only as an idea proposed by many leading physicians serving in the Navy. But in 1878, during a period of great decline¹ in the U.S. Navy Department, the seeds of post-graduate medical education were once again planted. And for a very short time, a school was founded in Brooklyn for instructing new Navy physicians.

In the years immediately following the Civil War, the Navy Medical Department could not fill vacancies with enough qualified personnel.² And even though naval service in the 1860s and 70s could not be called an "easy trade," there's no denying that the Navy recruiter had the toughest job of all: attracting medical school graduates

into naval service. Candidates for admission could join a shrinking Medical Department that offered reduced opportunity. New Navy physicians were offered less pay, rank, and had a choice of fewer positions than their line counterparts.³ And just forget about "Continuing Medical Education" credit; this was still a century away.

In 1867, Chief of BUMED,⁴ Phineas J. Horwitz, complained to the Secretary of the Navy that there were 48 vacancies in the Medical Corps that had existed since the end of the war that could not be filled. Horwitz forewarned that unless steps were made to attract qualified medical practitioners, this manpower void threatened the very integrity of the Navy Medical Department.⁵

Surgeon General Joseph Beale, a successor of Horwitz, looked at the issue of qualified medical personnel. In 1873, Surgeon General Joseph Beale wrote that the ideal candidate for the Navy Medical Corps was a person of "high qualifications, even higher



Surgeon General Joseph Beale, USN (1814-1889) was an early advocate of a Navy Medical School. *BUMED Library and Archives*

than medical men practicing on shore." In "difficult cases," Beale pointed out that Navy surgeons—especially, ship surgeons—were often left to their own wits and experiences to treat their patients. Much like Surgeon Thomas Harris did fifty years earlier, Beale proposed establishing a "course of instruction" that could prepare

¹ The U.S. Navy suffered a period of great decline in post-Civil War America. The cessation of wartime operations and a vanishing American merchant fleet partly resulted in a dramatic reduction in naval appropriations. And the smaller Navy equalled a smaller Navy Medical Department. "Navy Decline, 1866-1880." *A History of the Navy Medical Department* (BUMED. unpublished)

² "Navy Decline, 1866-1880." *A History of the Navy Medical Department* (BUMED. unpublished).

³ Dr. Phineas Horwitz put it this way: "Young gentlemen fitted by their ability and information to enter the medical corps are unwilling to join a body offering in return no adequate remuneration of pay, rank or promotion. Talent, skill and professional knowledge will seek their reward through the most speedy and desirable channels." *Report of the Secretary of the Navy*. GPO: Washington. 1867. p215.

⁴ The title of "Surgeon General of the Navy" was created by the Naval Appropriations Act, 3 March 1871. Prior to this, the highest ranking Navy physician held the title "Chief of the Bureau of Medicine and Surgery."

⁵ *Report of the Secretary of the Navy*. GPO: Washington. 1867. pp214-215.

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candidates for naval service as well as give them the knowledge needed to pass their promotion boards. He then suggested that the school be established in a city like Brooklyn or Philadelphia where there were naval hospitals, large museums, and medical facilities for the study of practical anatomy.⁶

Brooklyn was undoubtedly a leading choice. Commissioned in 1838, the Naval Hospital Brooklyn (aka, Naval Hospital New York) would grow into the largest Navy medical facility in the Civil War. In 1864 alone, the hospital staff treated over 2,100 patients. The hospital complex also contained the Naval Laboratory, which manufactured and supplied the Navy with all of its medicines and surgical equipment, and served as home to the Medical Examining Board.⁷ Other leaders in the Navy medical community saw the hospital as a fertile ground of opportunity for post-graduate medical education.⁸

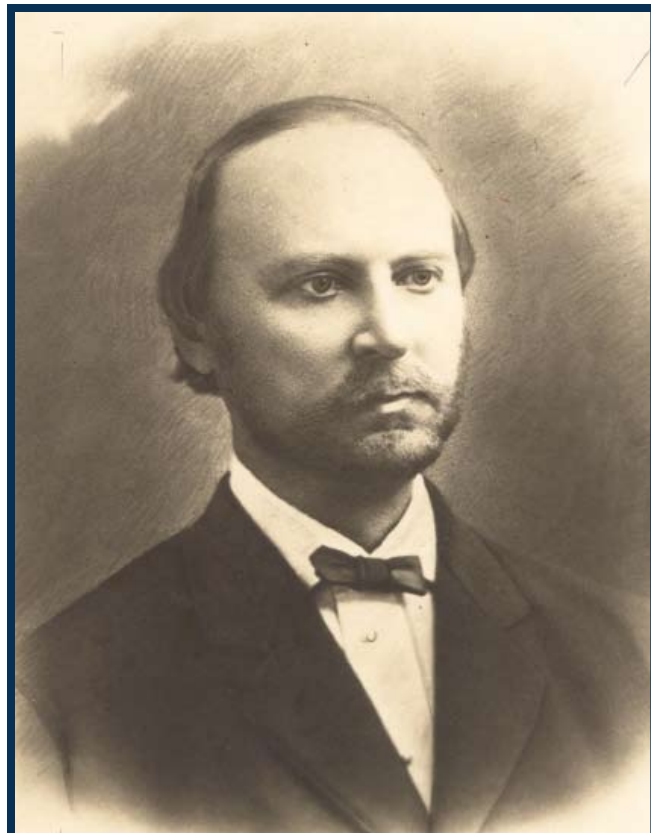
On 1 February 1878, Surgeon General William Grier wrote to Secretary of the Navy Richard W. Thompson calling his attention to a proposed instructional course that would give “instructions in certain branches to Asst. Surgeons at the New York Naval Hospital for a few months previous to their examination for promotion.”⁹

Having the blessing of Secretary Thompson, Surgeon General William Grier established the “Department of Instruction” at the hospital. Grier’s means of getting the school off the ground was

simple, but effective. He ordered Medical Director Samuel F. Coues, a physician of “well-known ability, acquirements, and zeal”¹⁰ as well as the hospital’s commanding officer, to develop a program instructing assistant surgeons on the topics of naval hygiene, recruit medicine, optics, chemistry, microscopy, and Navy medical routine and regulations (see chart). Students were to be furnished with quarters and

allowed to use the hospital’s mess. They would be encouraged to attend anatomy clinics at the civilian hospitals to improve their knowledge of anatomy and dissection. Finally, Dr. Coues was to assign physicians at the Naval Hospital and the Laboratory to teach parts of the course. All other details of the course were left to Coues “best judgment.”¹¹

Specific details of this Depart-



During his brief tenure as Surgeon General (1877-78), Dr. William Grier (1818-1911) ordered the establishment of a post-graduate medical course for assistant surgeons in the Navy. With Grier’s retirement in 1878, the medical course lost its biggest proponent and soon faded into a historical oblivion.

BUMED Library and Archives

⁶ *Report of the Surgeon General of the U.S. Navy*. Washington: GPO. 1874. p108.

⁷ The Naval Hospital also also maintained a cemetery contained over 2,000 burials. Patton, Kenneth. “Brooklyn.” *History of Navy Hospitals*. BUMED Library and Archives. (unpublished).

⁸ Patton, Kenneth. “Brooklyn.” *History of Navy Hospitals*. BUMED Library and Archives. (unpublished)

⁹ Grier to Thompson. BUMED Letter Book. 1 February 1878. National Archives RG 52. pp72-73.

¹⁰ Grier to Coues. 18 March 1878. National Archives RG 52. pp82-83.

¹¹ *Ibid.*

ment of Instruction are suspiciously absent from Surgeon General Reports and Bureau of Medicine letter books of the time. Much of what we know of the course comes from a black copy book circa 1879 marked "Records of the Department of Instruction" located in the BUMED Library and Archives. This source reveals that on 18 March 1878, Medical Director Samuel F. Coues remarked before the opening class of six students that the Medical Examining Board had found many Navy physicians to be "notably deficient" in the laboratory sciences and other skills essential for successful careers. He added that life in the Navy is not always conducive for "habits of study and it offers few advantages for the prosecution of research by exact methods."¹²

The resulting course of study developed by Coues under Grier's direction offered an intensive regimen of laboratory work and lectures on how to use a microscope, chemical analysis and "manipulations," and examination of water. Students were also given instruction in naval hygiene and offered the opportunity to inspect vessels at the nearby shipyard for cleanliness and ventilation.

Each lesson began at 10:00 am from Monday through Saturday and lasted three months. Sessions were offered in September 1878, November 1878, February 1879, June 1879, and September 1879. However, with Surgeon General Grier's retirement at the end of 1878 and Medical Director Coues transfer to Boston for "special duty" at the end of 1879, the De-

partment of Instruction lost its two founders and ultimately faded into obscurity.¹³

It is difficult to offer a complete picture of this short-lived experiment in medical education due to the lack of records and testimony. However, does its short life equate to failure? The few statistics we

have show us the course gets a passing grade. Of the 28 assistant surgeons who attended the course, 20 would pass their promotion boards.¹⁴ Although not quite a failing grade, it is far from stellar. ~ABS

SAMPLE COURSE LOAD

The second class of the Department of Instruction convened on 2 September 1878 and consisted of nine assistant surgeons. Over the course of instruction which lasted until 2 November 1878, the following lectures and labs were given:

1. Microscopical Manipulation (4-14 Sep)
2. History and Construction of the Microscope (16 Sep and 3 Oct)
3. Micrometry (17 and 23-34 Sep)
4. Chemistry (18-20 Sep)
5. Physical Examinations and Recruiting (21 and 28 Sep)
6. Chemical Analysis (25-26 Sep and 30 Sep-1 Oct)
7. Sphygmography (27 Sep)
8. Food Science (2 Oct)
9. Myopia and Color Blindness (5 Oct)
10. Analysis of Air (7-9 Oct)
11. Section Cutting (10 Oct)
12. Examination of Sputum (11 Oct)
13. Temperature, Thermometer, & Humidity (12 Oct)
14. Ventilation of Hospital (16 Oct)
15. Microscopic Examination of Water (16-17 Oct)
16. Antiseptic Dressing (18 Oct)
17. Disinfection, Bilges, and Timber (19 Oct)
18. Optics (21-22 and 29-30 Oct)
19. Laryngoscopy (23 Oct)
20. Physical Diagnosis of Diseases of the Chest (24 Oct)
21. Navy Medical Forms and Regulations (25 Oct)
22. Disinfectants, Cleanliness, Ventilation of Ships (26 Oct)
23. Punishment, Prison, and Prisoners (26 Oct)
24. Medical Surveys and Pensions (28 Oct)
25. Temperature (31 Oct)
26. Oscope (1 Nov)
27. Quarantine and Sanitary Regulations (2 Nov)

SOURCE

Department of Instruction Records. BUMED Library and Archives.

¹² Department of Instruction Records. BUMED Library and Archives. pp112-113.

¹³ Register of the Commissioned, Warrant, and Volunteer Officers of the Navy of the United States (To January 1, 1880). Washington: GPO. 1888. p48.

¹⁴ Of the 28 attendees, five left service and three died before being promoted.

Scuttlebutt:

medical and nautical history news,
notes, and miscellany

A New *Lantern* to be Lit

The first edition of *The Lantern*, a journal of Navy nursing stories and oral histories, is scheduled to be released at the end of 2009. Each issue of this journal will offer readers a collection and compilation of nurses' stories from the nineteenth century to OIF and OEF.

If you are interested in submitting material to *The Lantern*, or would like to be added to this publication's electronic mailing list, please e-mail editor-in-chief CDR Michele Kane at: michele.kane@med.navy.mil.

Navy History Diversity Project

Over the course of this past year, the Navy History and Heritage Command (NHHC) has sought out photographs and first-hand accounts of African-Americans, Asian-Americans, Native Americans, Hispanic Americans, and others serving in Navy from 1775 to the present. Material collected will be used for a book (richly enhanced with illustrations, photographs, and artwork), a video focusing on a still and motion picture history, and a website with an interactive time-line of events and images that service members and the general public can use as a resource. Additional information on this project and how you can assist will be forthcoming in the next edition of *The Grog Ration*.

Navy Medical Publications Contacts

In the Navy Medical Department, we do not lack the variety of publication vehicles for the written voice. Here are a few handy contacts for the Navy medical authors among us. Feel free to contact these editors to submit your original articles or to be added to their respective electronic mailing lists.

The Grog Ration

Type: History of Nautical Medicine

Editor: André B. Sobocinski

Contact: andre.sobocinski@med.navy.mil

The Hospital Corps Quarterly

Type: Hospital Corps News and Notes

Editor: HMCS Charles Hickey

Contact: charles.hickey@med.navy.mil

Navy and Marine Corps Medical News

Type: Navy Medical News/Public Affairs

Editor: Ms. Valerie Kremer

Contact: valerie.kremer@med.navy.mil

Navy Medicine Magazine

Type: Medical Department Editorials, Happenings, History, News, and Research

Editor: Ms. Janice M. Hores

Contact: goodday4me@me.com

Recent Scholarship in the Field of Medical History

Health and Medicine on Display

By Julie Brown

International expositions, with their massive assembling of exhibits and audiences, were the media events of their time. In transmitting a new culture of visibility that merged information, entertainment, and commerce, they provided a unique opportunity for the public to become aware of various social and technological advances. In the new book *Health and Medicine on Display*, Julie Brown offers the first book-length examination of how international expositions, through their exhibits and infrastructures, sought to demonstrate innovations in applied health and medical practice. Brown investigates not only how exhibits translated health and medical information into visual form but also how exposition sites in urban settings (an exposition was “a city within a city” sometimes in conflict with municipal authorities) provided emergency medical treatment, access to safe water, and protection against infectious diseases.



<http://mitpress.mit.edu/>

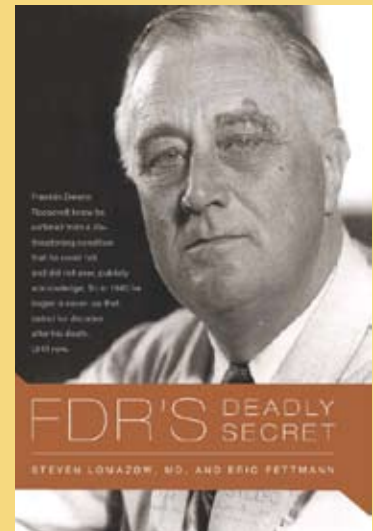
Brown looks at four expositions held in Philadelphia, Chicago, Buffalo, and St. Louis between 1876 and 1904, spanning the Gilded Age and the early reform years of the Progressive Era. She describes the 1904 St. Louis exposition in particular detail, looking closely at the sites and services as well as selected exhibits (including working model playground, live X-ray demonstrations, and a rescue film by the U.S. Navy).

Many carefully researched illustrations, most never before published (with supplementary images available on the MIT Press website), vividly demonstrate the role that these exhibitions played in framing and shaping health issues for their audiences. ■

FDR's Deadly Secret

By Steven Lomazow, MD, and Eric Fettman

The death of Franklin Roosevelt in 1945 sent shock waves around the world. Roosevelt's personal physician, RADM Ross McIntire, repeatedly asserted that the president was a picture of health and that his death was completely unexpected. A quarter century later his cardiologist admitted he had been suffering from hypertension and that his death—from a cerebral hemorrhage—was “a cataclysmic event waiting to happen.” But even this was carefully constructed deceit, adding to the trait of deception begun by Roosevelt himself when, at thirty-nine, he contracted polio and realized it might put a premature end to his political career. Thereafter, he could never look sick again and FDR took extraordinary measures to ensure he would not. His doctors routinely admitted no more serious ailment than a head cold or an intestinal flu. But the true diagnoses were very different.



<http://www.publicaffairsbooks.com/>

Like a great medical detective story, physician-journalist team of Dr. Lomazow and Mr. Fettman conduct an exhaustive study of medical reports and photographs. In *FDR's Deadly Secret*, they reveal that, at his death, Roosevelt was suffering from cancer that likely metastasized to his brain. He suffered not only from severe cardiovascular disease but also melanoma, the deadliest cancer known in the 1940s. And he had known about his ailments for years, going to enormous lengths to hide their full extent from even his close associates and family, and especially the American public. ■

GORDIAN KNOTS

A Navy Medical History Quiz

In this age of the medical specialty the literary physician almost seems like a being from a time gone by when enlightenment values still prevailed. In this edition of the quiz, we have listed the names of physicians whose notoriety came not only from their medical practice but also from their works of prose and poetry. Match their names to their respective oeuvre.

PHYSICIAN-WRITERS

TITLES

- | | |
|--|---|
| A. Doris Bell Ball (1897-1987) | 1. <i>The Adventures of Peregrine Pickle</i> |
| B. Biernat of Lublin (1465-1529) | 2. <i>The Andromeda Strain</i> |
| C. Mikhail Bulgakov (1891-1940) | 3. <i>Death at the Medical Board</i> |
| D. William Carlos Williams (1883-1963) | 4. <i>Of Human Bondage</i> |
| E. Anton Chekhov (1860-1904) | 5. <i>Hugh Wynne</i> |
| F. Michael Crichton (1942-2008) | 6. <i>La Ronde</i> |
| G. Sir Arthur Conan Doyle (1859-1930) | 7. <i>The Life of Aesop the Phrygian</i> |
| H. John Keats (1795-1821) | 8. <i>The Life of Gargantua and of Pantagruel</i> |
| I. David Keller (1880-1966) | 9. <i>The Looking Glass</i> |
| J. W. Somerset Maugham (1874-1965) | 10. <i>The Master and Margarita</i> |
| K. Silas Weir Mitchell (1829-1914) | 11. <i>Ode to a Grecian Urn</i> |
| L. John W. Polidori (1795-1821) | 12. <i>A Study in Scarlet</i> |
| M. François Rabelais (1483-1553) | 13. <i>The Thing in the Cellar</i> |
| N. Friedrich von Schiller (1759-1805) | 14. <i>Turandot</i> |
| O. Arthur Schnitzler (1862-1931) | 15. <i>The Vampyre</i> |
| P. Tobias Smollett (1721-1771) | 16. <i>White Mule</i> |

Solutions to Previous Quiz

Medicine of the Ancient World

Match Word. Read the following statements and match it to the corresponding culture or name.

QUESTIONS

ANSWERS

- | | |
|---|-------------|
| A. Evidence suggests that this culture was the first to employ what we may call “medical specialists.” | 1. Egyptian |
| B. First to use artificial respiration. | 2. Hebrew |
| C. Their ancient text declares that mankind is plagued with 99,999 ailments. | 3. Persian |
| D. Hospitals were erected by this culture as early as 427 B.C. | 4. Indian |
| E. Adherents to this culture’s concept of “way of life” believed that controlled breathing practices and frugality and regulation of food were additional methods of prolonging life. | 5. Chinese |
| F. This culture’s oldest medical text dates to 982 A.D. and covers such topics as skin disorders, eye, ear, and tooth diseases, midwifery, dietetics and drugs. | 6. Japanese |
| G. First system of licensure made medical practitioners responsible for their actions. | 7. Roman |
| H. Physicians from this culture were the first to record medical histories of patients. | 8. Greek |

Source:

Gordon, Benjamin Lee. *Medicine throughout Antiquity*. Philadelphia: F.A. Davis Company. 1949



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.

Here at “The Grog,” we are ALWAYS looking for engaging articles and news pertaining to the history of nautical medicine. If you would like to submit an article or news feature for publication, or if you have an idea to suggest, please contact us at:

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