

THE GROG RATION

ALAMANCE

COVINGTON

HENRY LIPPITT

MADRUGADA

ALBERT WATTS

ANUS MANSON

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THE LAST VOYAGE OF USS COVINGTON
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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 a lead for a story, please contact us at:

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THE GROG RATION

A Bi-monthly Digest of Navy Medical History

VOL. 5, NO. 4, JULY-AUGUST 2010

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ABOUT THE COVER: The troop transport USS *Covington*, was one of 172 ships torpedoed by German U-Boats in World War I. Commanded by CAPT Raymond D. Hasbrouck, *Covington's* last voyage took place on 1 July 1918. For this cover we used photographs of CAPT Hasbrouck and USS *Covington* (Courtesy of Navy History and Heritage Command) overlaying a partial list of U.S. ships attacked by German submarines.
Cover design by André B. Sobocinski

THE FINAL VOYAGE OF USS COVINGTON, JULY 1918

By Lisa M. Budreau, MA, DPhil.

In July 1908, the new twin-screw steamer, *Cincinnati*, was launched in Danzig for the Hamburg-America Line. This 16,339-ton German vessel, with two-funnels and four-masts, set off on her maiden voyage to New York in late May the following year, but her days as a luxury passenger liner were short-lived. On 6 April 1917, when America declared war on Germany, the U.S. Shipping Board seized *Cincinnati* in Boston, and transferred her to the U.S. Navy. On 28 July, the vessel was commissioned USS *Covington* and placed under the command of CAPT Raymond D. Hasbrouck, USN.

During the following year, *Covington* made six successful voyages from Hoboken, NJ, to Brest, France, safely transporting more than 21,000 troops for service with the American Expeditionary Forces (AEF). But, the approach of her tenth anniversary in July 1918, proved ominous.

On the early evening of 1 July 1918, *Covington* was heading west-bound some 150 miles southwest from Brest, France, bound for the United States after having delivered more fresh troops for the fighting on the Western Front. The vessel sailed amidst a U.S. Navy convoy of eight transports on calm seas with good visibility as the ships

zigzagged with lookout positions and guns manned as a precaution against the always-present menace of German submarines.¹ The threat made its presence known at 2112, when a torpedo launched from *U-86* detonated against the *Covington*'s port side. The explosion, below her forward smokestack, blew open the ship's forward boiler room, and she soon came to a halt as the rest of the convoy split up and continued on.

Two of the seven escorting destroyers, USS *Little* and USS *Smith*, remained with *Covington*, which had developed a serious list to port. In the darkness, most of the crew took refuge in the lifeboats.

Six had died in the torpedoing. The following morning, the ship remained afloat, and it appeared that she might be saved as CAPT Hasbrouck assembled a small salvage crew of 25 men and re-boarded the *Covington* to make preparations for a tow. On the morning of 2 July the tugs arrived from Brest and took her in tow, but water gradually penetrated her compartments. Her list increased and, ultimately, the ship sank in mid-afternoon. Staff at the U.S. Navy Base Hospital No. 5 in Brest, France, then the principal center of naval hospital activities in Europe, ministered to the 320 survivors received after the submarine attack. LCDR James E. Tal-

ley, MC, USN of the Naval Reserve Force, had organized the hospital at Philadelphia, PA, in 1917, but it was here, on the Brittany coast of France, where operations first began abroad in December of that year.

LCDR Talley observed that patients from the torpedoed ships suffered primarily from exposure while attempting to seek land, and wrote: "when they came they were a dirty, disheveled looking lot that thought only of food as they had had little for 48 hours. They came as they were when they had to leave the ship. All wore lifebelts, dungarees, trousers or a blanket strapped around the waist as might be, many barefooted, but all jolly."²

Dr. Talley was left in command of Base Hospital No. 5 after teams of surgeons were dispatched to the front during the early weeks of June 1918, to meet heightened medical demands at Chateau-Thierry and Belleau Wood. Over 2,500 men were admitted to the hospital during this period, mostly from the Fifth and Sixth Regiments of the U.S. Marines Corps, just as the receipt of patients from the torpedoed ships continued with critical intensity. In addition to USS *Covington*, July brought the sinking of the USS *Westover*, a new 5700-ton American freighter, just recently transferred and commissioned to the Naval

1. http://freepages.military.rootsweb.ancestry.cacunithistories/USS_Covington.htm, 6/2010.

2. Dr. James E. Talley, Lieutenant Commander (MC) USNR; a Navy Doctor in France, 1917-1918, unpublished manuscript, BUMED archives, p.10.

Overseas Transportation Service in May 1918.

She had set off on her first voyage to France with a capacity cargo of general Army supplies however, the freighter developed engine problems that caused her to fall out of convoy. This soon proved fatal for the new vessel which plodded resolutely onward. At 0730, on 11 July, she was spotted at the entrance to the Bay of Biscay by the crew of German *U-92*, only 12 days out of her base at Kiel. The submarine lined up the crippled ship in her periscope sights, despite the rough seas and strong winds, and fired a submerged torpedo at the doomed *Westover* sending her to the bottom of the Atlantic.³

Eleven American sailors lost their lives that day while a more fortunate 82 survivors were brought in to Base Hospital No. 5, after spending four days adrift in an open boat. The hospital's log records that "every living thing in the boat was saved, including a bull terrier, who promptly adopted the hospital for his home."⁴ Only two of the survivors were badly injured, one of them with a fractured femur. Fifty, out of a combined manifest of 850 were lost from *Covington* and *Westover* that July, but despite the relatively low number, they nevertheless severely strained the hospital as patients arrived en masse. Passageways and offices became examination rooms and treatment areas, as new patients crowded into any space that would take a cot.

Allied countermeasures became increasing more effective after July 1918 as the U.S. Navy's mammoth



Survivors of USS *Covington*.

Courtesy of Navy History and Heritage Command

scheme to create a barrage across the routes exiting the North Sea called for the laying of over 70,000 mines during that summer. From September to November, six German submarines were sunk as a result of this measure. Aircraft also played an increasingly effective role in patrolling large areas as their presence forced the U-boats to dive, rendering them blind and immobile. Air patrols could call for incoming warships to assist at the scene. The tide of the war had turned.

After losing command of *Covington*, CAPT Hasbrouck was later given command of another ship, the battleship USS *Minnesota*. He died 19 March 1926 at the Naval Hospital San Diego, California, and was buried at sea with full military honors from the battleship USS *California*.

Base Hospital No. 5 remained in commission until March 1919. Its

founder, Dr. James Talley, died on 3 July 1941, of an arterial cerebral thrombosis at the age of 76.■

ABOUT THE AUTHOR

Dr. Budreau is a medical historian at BUMED and author of *Bodies of War: World War I and the Politics of Commemoration in America, 1919-1933*.

3. *Der Handelskrieg mit U-Booten*, (January to November, 1918), Spindler, Konteradmiral A.D. Arno. Verlag von Ernst Siegfried Mittler & Sohn, Frankfurt-en-Mein, 1966; translation by Navy reference librarian, Allen Knechtman.

4. "History of Navy Base Hospital No. 5," compiled by J. Leon Herman, M.D. BUMED Library and Archives, p 43.

U-Boote Heraus!

U-Boat Launch!

German U-boats recorded 172 hits on American ships in World War I. Courtesy of the definitive online database of German U-boats (http://uboat.net/wwi/ships_hit), we present a list of U.S. Navy ships, and their underwater foes.

NAME OF SHIP	DATE OF ATTACK	U-BOAT	COMMANDER
<i>Alcedo</i> (yacht)	5 November 1917	<i>UC-71</i>	Ernst Steindorff
<i>Buenaventura</i>	16 September 1918	<i>UB-129</i>	Karl Neumann
<i>Cassin</i>	16 October 1917	<i>U-61</i>	Victor Dieckmann
<i>Covington</i>	1 July 1918	<i>U-86</i>	Helmut Patzig
<i>Housatonic</i>	3 February 1917	<i>U-53</i>	Hans Rose
<i>Jacob Jones</i>	6 December 1917	<i>U-53</i>	Hans Rose
<i>Lakemoor</i>	11 April 1918	<i>UB-64</i>	Otto von Schrader
<i>Minnesota</i>	29 September 1918	<i>U-117</i>	Otto Dröscher
<i>Mount Vernon</i>	5 September 1918	<i>U-82</i>	Heinrich Middendorf
<i>New York</i>	4 August 1917	<i>UC-65</i>	Otto Steinbrinck
<i>President Lincoln</i>	31 May 1918	<i>U-90</i>	Walter Remy
<i>San Diego</i>	19 July 1918	<i>U-156</i>	Richard Feldt
<i>Tampa</i>	26 September 1918	<i>UB-91</i>	Wolf-Hans Hertwig
<i>Ticonderoga</i>	30 September 1918	<i>U-152</i>	Adolf Franz
<i>Westover</i>	11 July 1918	<i>U-92</i>	Günther Ehrlich



KEEPING MR. HOOVER FIT

DR. BOONE AND THE STORY OF THE MEDICINE BALL CABINET

The president's cabinet is convening this morning, but you will not find them in any boardroom or oval office. This is 1929 and the president is on the south lawn of the White House immersed in a new morning ritual that the press has dubbed "Hoover Ball." Starched shirts and polished shoes have been replaced with athletic sweaters and well-worn sneakers in this "Medicine Ball Cabinet" as Herbert Hoover and his close confidants fling an eight-pound leather ball over a nine-foot net under the watchful eye of CDR Joel Boone, MC, USN.

Dr. Joel Boone is a legendary figure in Navy medical lore. He is a Medal of Honor recipient noted for heroics in France and Haiti; he is also credited for adapting helo-decks to U.S. Navy hospital ships, reforming health and sanitary conditions in coal-mines, and serving as the namesake of a Navy clinic in Little River, VA. In the 1920s and 30s, Boone was seen by many as the consummate, and perceivably perennial, practitioner of White House medicine. He first earned his keep as the assistant White House physician to Presidents Warren G. Harding and Calvin Coolidge, and the primary care physician to Herbert Hoover.

In 1928, when the President-elect Herbert Hoover and wife Louise traveled to South America on a goodwill tour to outline U.S. economic and trade policies, Coolidge sent Boone to accompany

the Hoovers on their return voyage from Montevideo aboard USS *Utah*. It was aboard this battleship that Boone first noted the president-elect's sedentary lifestyle. He thought it vital that Hoover do more than take the occasional walk on deck for exercise. Boone convinced Hoover to start throwing a medicine ball around for a few minutes each day. Other members of Hoover's party would join in this daily plyometric play. In his unpublished memoir, Boone recalled that "it was just passing the ball in a circle, one to the other. Then, having been acquainted with deck tennis in my earlier days cruising long distances aboard ship... I conceived, in a limited space, using the medicine ball to play a modified game of tennis, as it were, . . . throwing it with our hands across the net, which was kept high, with players on the deck."¹ *Utah* and crew arrived stateside in January 1929 with the Hoovers readying for their term in the White House. Dr. Boone and the simple weighted leather ball would soon follow them there.

On 10 March 1929, six days after the inauguration, Boone conducted a physical examination of President Hoover in his dressing room.² Boone noted that the 54-year-old man's health was good except that he suffered from dyspnea, carried too much *avoirdufois* around the abdomen, and his pulse was not as strong as expected. After taking his blood pressure, Boone was taken aback when Hoover confided that

he had never had his blood pressure taken before in his life.³ Despite this overdue test, the President's blood pressure was a normal 120/70. CDR Boone reviewed the results with Hoover in considerable detail. He outlined a special diet that would keep Hoover's weight down, and advised him on developing a regular exercise routine.⁴

With curiosity about the president's health abounding, reporters pestered Dr. Boone on how he was planning to keep the weighty leader in shape. Boone may have erred when he responded that he was "open to suggestions." Hosts of concerned citizens soon flooded Boone with their own recipes for good health—swimming, bowling, lawn bowling, handball, boxing, archery, volleyball, woodwork, horse-shoes, ladder climbing, and rowing. Health and fitness entrepreneurs championed the newest (and suspect) advances in fitness technology. The Sanitary Equipment Company of Cleveland, OH, offered to install their "Health Horse" in the White House. C.U. Widner of Upland, CA, submitted information on a device called the "Simplex Apine Adjuster," which "if used daily mornings and evenings will absolutely prevent any and all diseases." Dr. L.S. Szunkowski of Chicago, IL, bested his "Vibrall Chair" which vibrated 300-times a minute and promised to give the sitter a sensation of riding horseback!⁵ Boone retreated from the armies of opinions and dubious technologies to his own

1. *Joel Boone Papers—Memoirs*, Library of Congress, Washington, DC (XXI-1181)

2. In his book *The White House Physician*, Dr. Deppisch credits Dr. Boone with institutionalizing the White House Medical Unit. Before Boone's tenure as Hoover's primary physician, the White House Medical Unit was but one individual who had access to a storage closet for medical supplies. Boone doubled the staff and established an examining room and physician's office, for the "medical team." (Deppisch, Ludwig. *The White House Physician: A History from Washington to George W. Bush*. Jefferson, NC: McFarland & Company. 2007. pp 76)

3. *Memoirs*. (XXII-51-54)

4. *Ibid.* (XXII-53-54)

5. *Ibid.* (XXII-57a)



“I conceived, in a limited space, using the medicine ball to play a modified game of tennis, as it were, ... throwing it with our hands across the net.”—Dr. Joel Boone

All photos courtesy of the Herbert Hoover Presidential Library and Museum

method of fitness—the medicine ball.

Although the medicine ball had been around for centuries and may have originated in Persia, physical educational instructor Robert J. Roberts of Boston, MA, is credited for its name and introduction in the United States in 1876.⁶ In an article entitled the “Development of the Medicine Ball,” Roberts wrote “I had read about...a certain king who was half sick from eating too much and [from] neglect of exercise. His physician told him he could be cured of he would eat only certain kinds of food, and throw around a ball that the physician would give him to use daily, which was filled with [the] same marvelous drugs whose medicinal properties would, when the king had exercised vigor-

ously enough to bring a free visible perspiration, enter his body through his pores, and cure him.”⁷ By the time Boone became Hoover’s physician, the medicine ball had been in the United States for over fifty years and commonly used by athletes and non-athletes alike to stay in shape and restore health.

Convincing Hoover to exercise was a challenge to be sure. Boone’s entreaties were met with such excuses as “I’m too busy” and “The game’s too boring.” Hoover even expressed doubt he could find anyone to play with him. After calmly listening to the president’s plea his case, Boone suggested that Hoover allocate 30 minutes each morning before breakfast for exercise. And if he drew up a list of candidates, Boone would personally arrange for

their participation.⁸

CDR Boone proceeded to plan the morning routine. The game started at 7:15 wind, rain, snow or shine, by the fountain on the south lawn. Boone marked out a rectangular court where he installed a tennis net. The players included a host of the president’s advisers and associates including Postmaster General Wallis Brown, Secretary of Agriculture Arthur Hyde, Lawrence Richey, William D. Mitchell, William (Bill) Hard, Justice Harlan Stone, and journalist Mark Sullivan. Throughout Hoover’s entire term in office, the morning medicine ball toss was interrupted only once: after the death of the Secretary of Secretary of War James W. Good.⁹

Newspapers started taking notice of this game and coined it the

6. Robert Roberts is also noted as the first full-time director of the YMCA (1876).

7. Roberts, Robert J. *Development of the Medicine Ball*. *American Gymnasia*. Am. Gymnasia Company: Boston, MA. Vol I. 1905. pp 248.

8. *Memoirs*. (XXII-55/56)

9. *Ibid*. (XXII-57)

“Medicine Ball Cabinet.” Richard Oulahan of the *New York Times*, observed that “Surgeon Boone of the navy whose specialty is the health of Presidents, is a member of the medicine ball cabinet—in fact their liveliest of all its members, who sets the pace for this strenuous pastime in the backyard of the White House—and he keeps watch to curb any tendency of Mr. Hoover to over-exert himself. From all accounts this daily brief period devoted to tossing the ball back and forth has been very beneficial to the President.”¹⁰

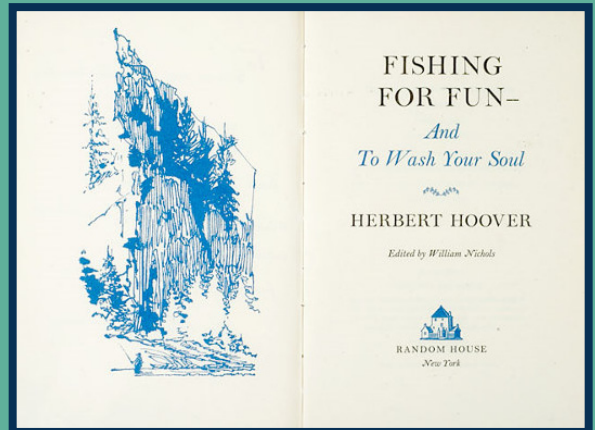
As his term ended in 1933, Hoover distributed autographed medicine balls to his trusted advisors as keepsakes of their time in office.¹¹ It may be imprudent to think Mr. Hoover would have liked these simple exercise balls to overshadow a presidential legacy that included the “Crash of ‘29” and Hoovervilles. However, as a symbol of exercise and wellness, the medicine ball should not be tossed aside. Hoover went on to enjoy the longest retirement of any U.S. president, dying on 20 October 1964 at the age of 90. His long life may have been the result of successively coping with stress, a longtime passion for fishing, or maybe, thanks in part to an innovative medical advisor and Navy physician named Boone. ■ ~ABS



The “usual suspects”: A group shot of President Hoover’s Medicine Ball Cabinet. Dr. Boone can be seen seated on the bottom right.

FISHING FOR FUN

Hoover’s true pastime was unquestionably fishing. A year before his death, his own angling days behind him, Hoover published *Fishing for Fun and To Wash Your Soul* (1963). In a wistful postscript, he reminded readers that the joys of outdoor life did not end with the last catch. “Two months after you return from a fishing expedition you will begin again to think of the snowcap or the distant mountain peak, the glint of sunshine on the water, the excitement of the dark blue seas, and the glories of the forest. And then you buy more tackle and more clothes for the next year. There is no cure for these infections. And that big fish never shrinks.”



Text and image from the Herbert Hoover Presidential Library website gallery (<http://hoover.archives.gov/exhibits/Hooverstory/gallery09/index.html>)

10. Oulahan, Richard V. “Observations from the Times Watch-Towers.” *The New York Times*. June 23, 1929. pE1.

11. “16 Medicine Balls Bought By Hoover for Souvenirs.” *The Hartford Courant*. Feb 8, 1933. pp 2.



DR. BOONE IN HAITI

When he died in 1974 at the age of 84, VADM Joel T. Boone's career in the Navy Medical Department was already legendary. Commissioned a lieutenant junior grade in 1914, he eventually progressed through the ranks to vice admiral. Dr. Boone saw it all and did it all during his 36 years active duty, retiring as the most decorated Navy medical officer in history. As Battalion and Regimental Surgeon, 6th Marine Regiment, and later as Assistant Division Surgeon of the 2d Army Division, American Expeditionary Forces, Dr. Boone earned the Medal of Honor and numerous other awards.

After the war he served as White House physician to Presidents Harding, Coolidge, and Hoover. During World War II, he was 3d Fleet Medical Officer on ADM William F. Halsey's staff, and was one of three officers selected to liberate Allied POW camps in Japan even before military occupation of that nation began. On 14 September 1945 he stood on USS Missouri's deck representing the Navy Medical Department for the surrender ceremonies.

It all began with LTJG Boone's deployment to Haiti in 1915 with a Marine artillery battalion. The following excerpt from his unpublished memoirs, edited by his son-in-law, Milton F. Heller, Jr., chronicles this unusual campaign.

— Jan K. Herman

In August 1915, only 14 months after having been commissioned a lieutenant junior grade in the Navy Medical Corps, I was on my way to Haiti with a Marine Corps artillery battalion.

The Marines were expected to put an end to the anarchy in that Caribbean country and prevent Germany from gaining a foothold there in defiance of the Monroe Doctrine. My first view of Haiti, from the deck of USS *Tennessee*, was startlingly magnificent. I was struck by the clarity of sapphire blue sea and towering mountains that extended from a high layer of fleecy clouds down through deep blue, clear skies, and ending almost at the water's edge. However, my enchantment with Haiti's beauty was short lived. The sights in Port-au-Prince, where we landed, were indescribably horrible: filth, congestion, and poverty everywhere. Adults and children alike relieved themselves on the sidewalks, gutters, streets, and even amidst raw produce for sale in the marketplaces, which looked like junkyards. Swarms of flies and other insects infested the excrement and food.

My first duties in Port-au-Prince and environs were to hold sick call for the Marines and the native police and prisoners. I was also to try introducing rudimentary sanitation to the city. Medical and surgical facilities in the local hospitals were crude. When I was called upon to amputate the leg of a boy whose foot had been crushed under a train wheel, I had to operate on a wooden table, with a kerosene lamp for illumination and chloroform as an anesthetic.

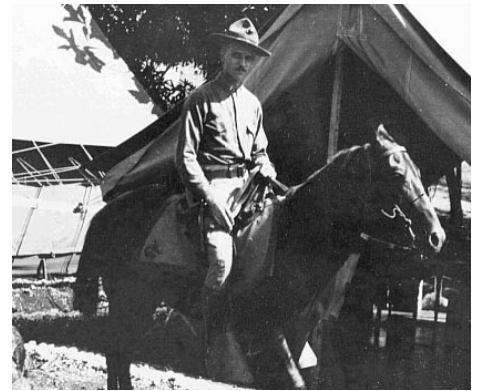
After only a few weeks in Port-au-Prince, I was transferred to the

1st Regiment of Marines at Cap Haitien, which lies across the northern peninsula from Port-au-Prince. The native Caco outlaws had been attacking the Marines in this area. Soon after arriving, I began my first field trip, a 5-day expedition with 50 enlisted Marines and several officers. This was my first introduction to sleeping on the ground with only a rock for a pillow and the heavens for protection. We arose in the morning wringing wet from the night's dew and found ourselves covered with ants and mosquitoes that seemed as large as horseflies.

Just a week later I rejoined the artillery battalion (13th company) at Grande Rivière, a hamlet 15 miles inland from Cap Haitien. From there I participated in a number of forays into the countryside. My company's instructions were to disarm the Cacos and destroy their fortifications, many of which could be approached only over frightfully twisting and precipitous trails. Cacos were like mosquitoes hidden away in thick vegetation or trees. In bare feet they would approach us without making a sound. As they made skilled use of the machete in decapitating their victims.

Maintaining adequate sanitary conditions at Grande Rivière proved to be quite a challenge. Latrines were built and burned out daily with crude oil. We constructed an incinerator in which garbage and manure were burned with oil, producing a very hot fire. Buildings were scrubbed with chlorine of mercury and then whitewashed. We dispensed prophylactic quinine to the officers and men each evening as protection against malaria.

As the medical officer attached



Boone in Haiti, 1915

BUMED Library and Archives

to CAPT Campbell's 13th Company of Marines, I was in on the battles for three of the Cacos' major strongholds, Fort Rivière, Fort Capois, and Fort Berthol.

The taking of Fort Rivière, high in the mountains, was a principal military objective, and it proved most difficult, requiring two separate attacks. Built by Napoleon's army before 1800, this fort, with its thick rock walls, had stood overgrown and unused for over a century until it was occupied by the Cacos.

The first major attack on Fort Rivière took place on 29 October 1915. The force consisted of 133 Marines and a pack train of 20 mules and 12 horses. We marched and fought continuously for 21 1/2 hours, from 4 a.m. to 1:30 a.m. the next day. The forest was perched atop a 4,000-foot ridge and could be approached only by a 2-foot wide trail that rose almost perpendicularly through a deep canyon. Under fire from the Cacos, who held five mountain peaks, the Marines suffered many casualties. The heat, altitude, and severity of the climb also took its toll. I prodded the men along with a combination of encouragement and cursing. Finally, by

*This excerpted memoir was published in *Navy Medicine Magazine*, May-June 1987.

pushing on and bringing machine guns into action, the Marines succeeded in scaling the highest peak and driving the Cacos from the fortifications. After going on to capture Fort Capois on 5 November and Fort Berthol on 8 November, with the help of a detachment of Marines and a company of bluejackets from USS *Connecticut*, our attention turned once again to Fort Rivière. Unfortunately, the troops had failed to destroy the fort after the prior attack, and the Cacos occupied it once more.

The second attack took place on 17 November and proved to be the most difficult and spectacular action in which the Marine Corps had participated since the Civil War. The attack was to be made from four directions, beginning simultaneously at 8 a.m. MAJ Smedley Butler's 5th Company began firing from west of the mountain range 15 minutes before the appointed time. Soon thereafter, the other columns opened up and, with all approaches and apparent means of escape for the Cacos covered, our forces charged the fort.

MAJ Butler and his troops approached over an open plain, while the 13th Company had to go down from one mountain into a deep ravine and then up a 45-degree hill directly beneath the fort, thereby exposing ourselves to heavy fire.

As our machine guns swept the fort from the mountain we had descended, we spread out in a skirmish line and yelled as we climbed as fast as we could up the hill.

When CAPT Campbell saw the Cacos coming through a broken place in the fort's wall and jumping into a dried-up moat, and that his lieutenants were already busy, he ordered me to take some men and go after them.



I took six Marines, made a right flank movement with them, and headed toward the hole in the wall. The climb was so steep and the men so exhausted that they wanted to stop and rest. My cursing and yelling so surprised them that they kept moving with vigor. As we scrambled along, the Cacos continued to jump from the ramparts. I was anxious that our little group should be the first to enter the fort. I pushed two men into the moat and up against the wall. From an embankment they shot several Cacos as they fell over the wall.

We were able to get one of our boys onto the wall by having him stand on a rifle held by three of us. Once up, he reached down, and with the help of a rifle, pulled each of us atop the rampart. From there, we jumped into the fort itself as we shouted out, "13th Company," so our own troops would not mistake us for the enemy.

The men with me started a hand-to-hand encounter with the Cacos,

shooting, bayoneting, and smashing their skulls with rifle butts. Suddenly, we heard someone scream, "Who the hell are you?" It was MAJ Butler and his men of the 5th Company; we quickly identified ourselves. Our linkup with Butler raised a question as to who had entered the fort first, Butler and his 5th Company, or I and my contingent from the 13th Company? Butler and I did not agree on this point.

Soon after, the Marines and bluejackets entered the fort from all directions, and the battle was over in less than 20 minutes. Not one of our men suffered even the slightest wound, while we killed 50 Cacos. As ordered, I carried a .45 revolver in my hand for self-protection, but I am pleased to report I did not use it.

We were jubilant over the victory that marked the virtual end of Cacos resistance in this part of the country. For my part in the action at Fort Rivière, I received from Secretary of the Navy Josephus Daniels the first award of my naval

career—a Special Letter of Commendation—for being “cool under fire.”

Only a few weeks after the battle for Fort Rivière, I was ordered to duty in Port-au-Prince and from there on to Jèrèmie, due west of Port-au-Prince near the tip of the southern peninsula. The people of Haiti intrigued me. The mountain folks, who made no pretense of being married, practiced voodooism, and they would become hysterical, even maniacal, in their orgies.

They even sacrificed and ate babies.

I found graft to be rampant in Jèrèmie. In making my daily inspection of the prison, I learned that the jailer was extracting 50 cents from each prisoner due to be released. If the prisoner refused to pay up, he would be kept locked up, indefinitely. Judges, district attorneys, and political leaders were known to have been living on graft for years.

One of the advantages of being transferred to Jèrèmie was that my wife, Helen, could join me there. She was the first American white woman to come there to live and created a sensation among the natives.

During the 4 months we were in Jèrèmie, I was required, from time to time, to accompany the paymaster on trips into the countryside, by boat or horseback. These trips were not altogether pleasant as revealed by some random comments extracted from my diary: “The French serve too much wine for comfortable traveling....Paid the people and turned in after a rotten supper.... Had lunch with the Mayor—garlic and grease....Roads very rough and mountainous....Disgusted with that way of traveling....Mosquitoes very bad, interfering with my sleep.”

It was about 14 June 1916, a few

days after the most recent trip with the paymaster, that I came down with estivo-autumnal malaria, a very malignant form of the disease. I became desperately ill very quickly with a high fever, horrible headaches, body aches, and nausea. When the native doctor’s prescription that I drink a lot of rum failed to work, I was taken by a special tug to the field hospital in Port-au-Prince, where I arrived about 20 June. I have no recollection whatsoever of this journey.

In Port-au-Prince I was given a very large dose—I think they said 500 cc—of quinine solution, which resulted in a severe circulatory collapse. I remember lying semiconscious in the hospital as the cot seemed to slip out from under me and I floated off into space. I sensed that I was losing consciousness and probably dying when I heard the doctor, as he felt my pulse, say to the hospital corpsman, “My God! Get me camphorated oil immediately!”

Next I heard the corpsman say that they had no camphorated oil and the doctor respond excitedly:

“For God’s sake, get me some ether, bring me several hypodermics of ether! I want ...Boone’s dying! I can’t get his pulse at all now; I could a little bit ago.” I remember opening my eyes with great effort and saying, “Please do all you can for me,” before losing consciousness again. He gave me several hypodermic injections of ether which served to restore my circulation.

From Port-au-Prince I went to the hospital ship, USS *Solace*, while Helen, my bride of barely 2 years, was left to her own devices to make her way back to the United States. After extended treatment on board the *Solace*, I gradually regained an

appetite to sleep through the night. When the time came for Dr. Kennedy, the medical officer in command of the *Solace*, to report on my condition to the Bureau of Medicine and Surgery, he wrote, “Return to duty in Haiti very doubtful.” Dr. Kennedy felt very strongly that I should have a complete rest and change of climate. I had been looking forward eagerly to an appointment as one of two medical officers to be assigned to the constabulary or peacekeeping force in Haiti, especially since Helen and I had an opportunity to sample a very pleasant life together in Jèrèmie.

Upon arriving home, I found that because of my malignant malarial illness the Bureau of Medicine and Surgery would not approve of my return to Haiti. To my regret, this proved to have been both the first and last time I was to visit that country.■

WARSHIP UNDER SAIL

THE USS *DECATUR* in the PACIFIC WEST

Lorraine McConaghy



Review

Warship Under Sail: The USS Decatur in the Pacific West

by Lorraine McConaghy

Publisher: University of Washington Press

Publication Date: October 2009

Hardcover: 344 pages

ISBN: 978-0295989556

Stephen Decatur had been dead for nearly twenty years when his namesake ship was launched in 1839. The experimental, cutting-edge, sloop-of-war boasted sixteen 32lb carronades and represented the navy's best efforts to build fast, economical, and lethal cruising warships intended for duty on distant stations. Twenty years after its launch the *Decatur*—a small wooden sloop was already obsolete, as the navy was transitioning to iron and steam. Yet, the story of those gloriously short decades, make for some compelling reading in this superbly narrated, meticulously well-researched, social maritime chronicle by Lorraine McConaghy, a historian with the Museum of History and Industry in Seattle.

Presented here is a fascinating narrative loaded with rich, lively detail in a highly readable, easy flowing style. McConaghy positions her story within an introductory political and social framework, and then focuses on four episodes that set the *Decatur* in the context of place and people, foreign policy, domestic politics, and institutional change. From here we are treated to an exploration of the larger world through the lens of this American ship; it is, according to the author, "a magnificent stage for the storied brotherhood that faced the sea's mysteries, its thousand perils and adventures."

This seafaring story is divided into four episodes that offer naval perspectives on antebellum nationhood and manhood, viewed from the deck of a warship under sail (hence, the book's title). The first of these takes the reader through the Strait of Magellan in 1854, on a hair-raising ride as the *Decatur* sails from old Atlantic to the new Pacific, which McConaghy likens to young American exuberance passing into the West. Here, we become acquainted with many of the raucous, shiftless characters aboard ship and quickly understand the recurrent high rate

of desertion and offense, the elevated incidence of venereal infection, and their decision to remain in the west rather than remain aboard ship.

The second episodic adventure opens with the ship's arrival into Seattle's Elliott Bay, on 4 October 1855, where "the Pacific had grown increasingly central to American strategies for the future as the balance of interest tipped westward," toward national expansion. For eight months, the *Decatur* was a principal player in a Seattle war story of treaties and settlement in an American colony on a Pacific beach. However, McConaghy asserts that self-interested opportunism defied the ship's mission, undermined settler narratives of heroism, sacrifice and manifest destiny, and compromised projection of American naval power in the West, particularly in Seattle.

After a brief stop in San Francisco, the sloop joined other squadron ships to provide support for further American maritime expansionism in Nicaragua. The final episode finds the *Decatur* anchored off Panama for nearly a year as a stationary battery and hospital ship. This was the vessel's last assignment and the least desirable duty in the squadron. After being sent to Mare Island for decommissioning, the *Decatur* returned briefly to official life during the Civil War when it was stationed in San Francisco Bay to guard against confederate naval attack.

Warship Under Sail is a major contribution to national maritime historiography and the culture of seafaring. The richness of detail regarding the every day life of a mid-nineteenth century sailor is undoubtedly the book's greatest strength but, McConaghy's skillful ability to bring this sailing adventure to life is equally fascinating, fun, and well, just highly entertaining.

ABOUT THE AUTHOR

Lisa M. Budreau, MA, DPhil, is a Historian with the Navy Medical Department.

Scuttlebutt:

medical and nautical history miscellany



PICTURE: Navy Medical Senior Historian Jan Herman stands in front of USNS *Comfort* following its return to Baltimore, May 2010.

HUMANITARIAN ASSISTANCE ORAL HISTORY PROJECT--NAVY MEDICAL HISTORY OFFICE WANTS YOUR STORIES!

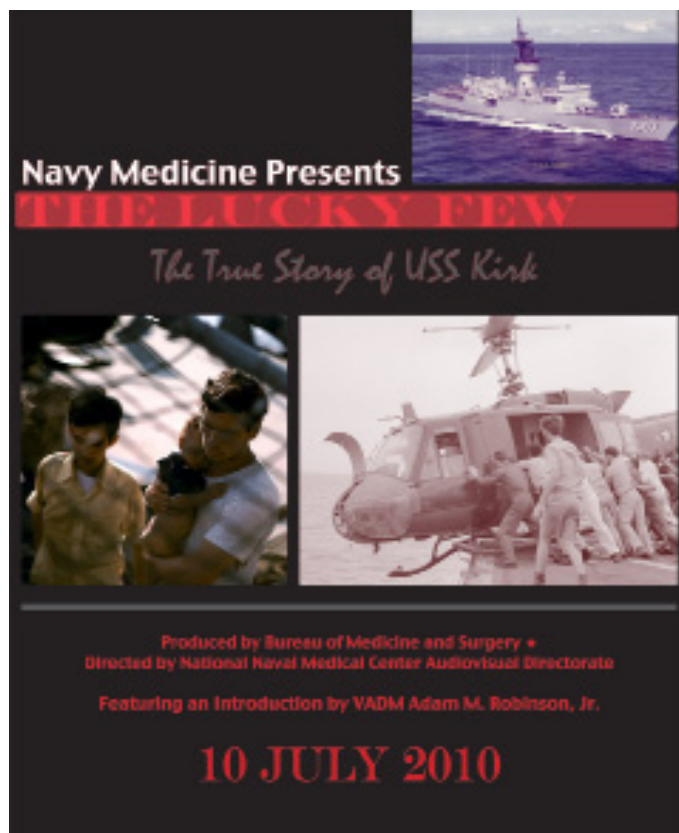
The Office of Medical History is actively capturing interviews and stories with medical personnel who have taken part in humanitarian campaigns, both recent and past. If you have any served in any campaigns and you are willing to share your stories please contact us at: (202) 762-3817.

NATIONAL WORLD WAR I MUSEUM WELCOMES MEDICAL HISTORIAN

On Memorial Day Weekend 2010, Dr. Lisa Budreau, historian and author, was a special guest of the National World War I Museum in Kansas City, MO. Dr. Budreau gave a presentation on her new book *Bodies of War: World War I and the Politics of Commemoration in America, 1919-1933*.



PICTURE: Dr. Budreau



THE LUCKY FEW: THE TRUE STORY OF USS KIRK HAS BEEN COMPLETED

The Navy Medicine documentary film "The Lucky Few: The True Story of the USS *Kirk*" screened at the USS *Kirk* Reunion Association on 10 July. In August, film promotional premiere packets containing a DVD, historical picture stills, and posters will be available to all interested Navy and Marine Corps commands. If interested please contact us at: (202) 762-3248.

GORDIAN KNOTS

Over the course of the last twenty years, construction crews and employees at the Bureau of Medicine and Surgery (BUMED) in Washington, DC, have uncovered several ash-pits on the campus belonging to an earlier time period. Discovered within these earthen time-capsules were hundreds of late nineteenth/early twentieth century medical bottles embossed with “Medical Department, U.S.N” as well as the curious names of the patent medicines that they once contained. In this edition of GORDIAN KNOTS, we offer you questions about these patent medicine bottles found on our campus, and their purported uses.

- 1.) TRUE OR FALSE. Patent medicines were actually patented.
- 2.) _____ was a prevalent and deadly ingredient in most patent medicines.
- 3.) A bottle of “Liquozone” found on the BUMED campus was probably used by medical personnel at Naval Hospital Washington, DC, to treat:
 - a.) digestive issues
 - b.) goiters
 - c.) neuralgia
 - d.) All of the above as well as “34 other ailments”
- 4.) “Elliman’s Embrocation,” was a popular medicine (and still manufactured today) used to relieve muscle aches and pains. This medicine originally contained what two ingredients _____ and _____.
- 5.) It may be surprising that several patent medicines are still in use today. Identify the five well-known products commonly found in a supermarket that began as patent medicines.

Quiz developed by Katherine Bentz



SOLUTIONS

MAY/JUNE 2010

QUIZ

Since 1949, the Navy Entomology Center for Excellence (NECE) has been a leading and preeminent figure in disease vector control operations for the Department of Defense. In addition to keeping the U.S. military personnel free from vector-borne diseases, NECE oversees public health pest control, conducts reviews of shores installations to ensure pesticides are used safely, and provides education on the proper and safe use of pesticides. In recent years, NECE has been a vital component in disaster preparedness and humanitarian assistance missions. In this challenging NECE-themed edition of "Gordian Knots" we invite you to fill in the blank statements and then locate the appropriate word.

1. First developed by NECE personnel in 1962, Emergency Medical Treatment for _____ is considered a landmark work and for years was an absolute requirement in hospital emergency rooms.

—*Acute Pesticide Poisoning*

2. Pioneering disease control initiative (Hint. *Anopheles Mosquito*).

—*Malaria*

3. When established in 1949, NECE was known as the _____ Unit No. 1.

—*Mosquito Control Unit*

4. This term is used to describe all insects, rodents, and related organisms that play a role in the transmission of disease to man.

—*Vector*

5. NECE was instrumental in developing the first American _____ pesticide sprayer suitable for military use.

—*Back-Pack*

6. This creature has been known to transmit such diseases as dengue, equine encephalitis, and yellow fever.

—*Mosquito*

7. This insect has been known to transmit leishmaniasis.

—*Sand Fly*

8. This creature has been known to transmit typhus.

—*Lice*

9. This insect has been known to transmit Lyme disease.

—*Tick*



LETTER TO THE EDITOR

May 11, 2010

Editor, *The Grog Ration*:

I would like to make some comments regarding the piece titled “Two Flags on Iwo.” COL Severance is regarded as an expert on the flag raising on Suribachi. However, he continues to use the official Marine Corps version of the first flag raising which lists Louis Charlo as the radioman with the Schrier patrol. Louis Charlo was with the Watson Patrol but not the Schrier patrol. He was a BAR man not a radioman. Additionally, he was a Flathead Indian and has distinctive features. This issue has been heatedly debated for years. In my opinion, based on careful studies of the Lowery photos (kindly supplied by COL Ward at *Leatherneck*, is that the radioman was Raymond Jacobs. This opinion has been corroborated by a forensic photographic expert who examined the Lowery photos and period photos of Jacobs. *Leatherneck* magazine in its October 2006 issue recognizes Jacobs as the radioman.

The issue was clouded by several factors. Louis Charlo was killed on Iwo Jima so could not correct the record. The terrain on Iwo was such that the radios performed poorly and land lines were laid as soon as possible leading to an excess of radiomen in certain units. These were pooled and used to support other units. Thus, Jacobs did not know any of the patrol as he was from Fox Company, not Easy. COL Severance disputes this fact despite the testimony of others.

I have given the Marine Corps museum at MCRD San Diego my extensive files on this matter should anyone care to explore this matter.

Thomas C. Farrell, Jr. MD
Captain MC, USN (Ret)

We appreciate your perspective and encourage all of our readers to read your article in *Leatherneck* Magazine. PDF versions of the article will be shared with anyone who would like to read more about this.

Sincerely,
The Grog Ration



SUBMITTING ARTICLE TO THE GROG RATION

To All Prospective Authors,

Your original articles about the history of the U.S. Navy and nautical medicine are kindly welcome. Currently, we are looking for original FEATURE ARTICLES (up to 2,500 words), interesting tidbits for HISTORICAL SIDEBARS (up to 300 words), original reviews for the THE BOOK LOCKER (up to 600 words), News and Miscellany for the SCUTTLEBUTT (up to 300 words), and themed-trivia questions/puzzles for GORDIAN KNOTS.

For all FEATURE ARTICLE submissions please include footnotes/bibliography and photographs (300 dpi) or photograph/illustration suggestions. Finally, ALL submissions should be accompanied by a 1-3 line biography of the author. We believe in providing 100 percent credit where it is due.

Please send your submissions via e-mail to us at: andre.sobocinski@med.navy.mil

