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The Grog Ration

CONNECTIONS

The Nebraska Capitol, Senator George Norris, President Franklin Roosevelt, and the NNMC Hospital Tower

By Raymond P. Schmidt
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When Franklin Delano Roosevelt designed a retreat for his Hyde Park property he unabashedly signed the drawings "Franklin D. Roosevelt Architect." Throughout his political career he had a hand in determining the appearance and location of many public projects ranging from the World War I "temporary" buildings on the National Mall in Washington, DC, to the World War II Pentagon. However, nowhere was his role more transparent than in construction of the Navy Hospital in Bethesda, Maryland. Most contemporary politicians were aware of FDR's interest in architecture and his efforts to influence the design of monuments and government buildings in the National Capital area.

Senator George Norris and President Roosevelt at the dedication of the Nebraska state capitol building in 1936.
(Photo courtesy of Nebraska Historical Society)

Therefore, in July 1936, Nebraska governor Robert Leroy Cochran (1886-1963) had every reason to expect a favorable response when he wrote to invite the President to "make the address of dedication" for the new state capitol in Lincoln. Cochran pointedly added that he had served as state engineer and head of the highway department during construction of the "magnificent building." And then he sweetened the political attraction of a visit during

Aesculapius commisit pelago talem

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that Presidential campaign season: Everyone in Nebraska was "proud of this building," he noted. And the dedication ceremony would "mean perhaps more to all of our people than any other event which could take place." FDR's presence, he insisted, would "draw a tremendous crowd . . . from adjacent states as well." Roosevelt accepted the invitation.

Capitol building in Lincoln, NE (left) and the National Naval Medical Center in Bethesda, MD.
(Photos courtesy of author)

The Nebraska Capitol—Origins of an Architectural Inspiration

Bertram Grosvenor Goodhue (1869-1924) gained prominence in the late 19th and early 20th centuries as a neo-gothic architect noted for his Byzantine design of St. Bartholomew's Church on Park Avenue. Rising heavenward above the Grand Central Terminal railroad yards in New York City, the Episcopal church was constructed in a Romanesque style with a rounded Roman arch and massive walls. Its interior was decorated with major mosaics as funds became available over the following decade. By 1919, Goodhue had established a solid reputation and his own architectural firm. He entered and won the competition to design the new Nebraska state capitol building.* Although designed in what has been referred to as an "American Modernist" style, it shared a history similar to St. Bartholomew's. After a protracted construction of ten years (1922 to 1932) its interior took decades beyond that to be completed.

Goodhue's award-winning design resulted in a significant break in tradition for state capitols. The base recalls a cathedral with its "cross within a square" that forms four interior courtyards. But the dominant feature is an occupied office tower in the center 400 feet high, built over a rotunda and topped by a dome with its statue of a sower 19 ½- feet tall standing on a 12 ½-foot pedestal of wheat and corn motifs.

Although Goodhue died two years after construction began, his team of architects, sculptors, painters, and landscapers continued their unified vision through to completion. Amazingly, the old Nebraska capitol remained in service while the new one went up around it. Office workers moved in stages to newly-completed spaces until finally the sagging former state capitol could be demolished. Perhaps more amazing, costs of just under $10 Million to construct, furnish, and landscape the State Capitol were paid in full when it was completed in those early years of the Great Depression.

Uniting for Victory—Blurring Party Lines in an Election Year

The New Deal president was also drawn to Nebraska to support George W. Norris (1861-1944) for reelection to a fifth term in the U.S. Senate. First elected to Congress as a Republican representative in 1902 and as a senator in 1912, Norris became a leading progressive Republican on social and economic issues. He supported some of President Woodrow Wilson's "new freedom" programs, consistently advocated the rights of workers, and became a leader of the "Farm Bloc" in Congress. By 1921, he had ascended to chairmanship of the powerful Agriculture and Forestry Committee, and in 1926 he became chairman of the prestigious Judiciary Committee. In 1928, he supported Democrat Al Smith and in 1932, Franklin Roosevelt, for president—thereby earning a reputation among Republicans as one of the "sons of the wild jackass."

***This was to be the third state capitol. The first two buildings were constructed in 1867 and 1889, respectively.**

Norris left an early mark on FDR's New Deal by co-sponsoring the Norris-LaGuardia Act of 1932 which outlawed so-called "yellow-dog" contracts that had prohibited employees from joining a labor union. Most importantly, the act thereafter limited the use of court injunctions against strikes. He also moved the Rural Electrification Act toward passage in May 1936, opening the way for electricity to much of rural America, including many farms, ranches, and small towns previously lacking electrical power. Norris' staunch support for public ownership of power production and distribution also coincided perfectly with the president's advocacy.

The Nebraska senator is best known for signature New Deal legislation: the Tennessee Valley Authority Act (TVA), which he shepherded through Congress in 1933 soon after FDR moved into the White House. It created an unprecedented new regional federal government corporation to control flooding, improve navigation, promote economic development, and produce cheap electrical power in the Tennessee River drainage basin. His TVA leadership led to naming the first river control structure "Norris Dam" and a small nearby planned community for workers as "Norris."

But in the 1936 election, this 75-year-old "father of the TVA" abandoned his party and reluctantly ran again, this time as an independent. He faced two much younger candidates: 44-year-old former Republican Congressman Robert Simmons, and 36-year-old former Democratic Party Congressman Terry Carpenter, a renegade nominee who was rejected even by the Nebraska State Democratic Party Convention.

Facing the Voters…and the Nebraska Capitol

Roosevelt's special campaign train carrying him to Lincoln chugged westward from Iowa, crossing the Missouri River border into Plattsmouth just before noon on Saturday, 10 October 1936 with Norris on board. Telling the crowd of 4,000 to 5,000 supporters at that river town that he had brought "the best part of Nebraska into Nebraska with me," the president emphasized his concern for farmers—a theme his campaign pressed during his re-election swing through the Midwest and plains states throughout October.

But in his talk two hours later in Lincoln, FDR directed his listeners to heed the motto inscribed over the main entrance to their capitol: "The Salvation of the State is Watchfulness in the Citizens." First Lady Eleanor Roosevelt had learned in advance about the motto and astutely suggested he use it during his talk. FDR did, several times, to favorable effect. FDR had been stung by his presidential opponent's charges that he intended to propose a federal property tax on farms and homes to fund his just-launched Social Security program. He angrily denounced that allegation as a scare tactic, and urged his audience of farmers to be watchful and to "separate the wheat from the chaff" in campaign rhetoric.

The President directly faced the capitol entrance and was close enough to read the inscription. Because the raised platform allowed him an unobstructed view of the entire building, he could also take in the impressive tower topped at its dome by the bronze statue, the broad three-story base, the steps and streets clogged with tens of thousands of cheering voters, and the grassy terraces which held friendly throngs of thousands more. This warm reception left an indelible impression on FDR. He praised the capitol as "a great and worthy structure, worthy of a great state." And his characterization of the building as "this wonderful structure" that "all the people of America . . . ought to come here and see" carried more weight than anyone at the time could realize.

Design Approval and Site Selection for a New Naval Hospital

The tower image obviously remained vivid in FDR's memory. Even as the president engaged in bitter public disputes throughout the late 1930s over his preferred Pantheon-design for the Jefferson Memorial on the Tidal Basin, he also prevailed over strong but much less publicized opposition to his personal design for a long-awaited new naval hospital in the Washington area. When Congress approved funding for it in 1937, FDR knew exactly what he wanted. In December, he sketched his idea for a two-story base supporting a 15-story tower.

The Navy Bureau of Yards and Docks published preliminary drawings seven months later, only to be met with opposition from the National Park and Planning Commission and the U.S. Commission of Fine Arts (CFA). Frederic Delano (1863-1953), FDR's uncle and his hand-picked president of the

NPPC, pointed out that the tower exceeded the 130-foot height ceiling for buildings in the District of Columbia which was established by law. Gilmore Clarke (1892-1982) of the CFA agreed and objected to the "modern block design" of the hospital. When revised plans later that fall showed a four-story base and a tower 250 feet, or 23 stories, high, opponents envisioned an architectural nightmare, especially if it rested on top of the hill at 23rd and E Streets where the existing naval hospital stood. Despite this resistance and attempts by opponents to deny him the funds, in the end FDR got his tower.

Not content just to design the hospital, FDR also insisted on selecting its site. He wisely rejected constructing it on the site of the current Naval Hospital, a few blocks north of the Lincoln Memorial. This would unleash another, more justifiable, storm of criticism. Some 80 sites in Maryland, DC, and Virginia were proposed as the favored location. Instead, in July of 1938 FDR motored to a bucolic setting along Rockville Pike in the then-small village of Bethesda, Maryland, several miles north of DC and directly across the road from the new National Institutes of Health.

The presidential car paused on a grassy knoll west of dense woodlands. FDR reached over the side of his open limousine and touched the ground with his cane, announcing "We will build it here." For FDR, the tower conjured a scene similar to the pastoral English countryside with "fairly high church towers . . . sticking up above the trees and other buildings." He instructed that the hospital grounds be "treated romantically, like a sheep field, . . . [and] ordered their enclosure by a sheep fence."

Once the site received approval, Mr. Paul Philippe Cret (1876-1945), nationally-known Emeritus Professor of Architecture at the University of Pennsylvania, came into the public picture. Early on, Cret had approved and commended FDR's sketch of 13 December 1937. In fact, he had quietly assisted the Bureau of Yards and Docks prepare preliminary drawings in the first half of 1938. His support, fame, and standing among architects understandably led to his appointment as consulting architect for the Navy hospital project

The Judgments of Historians

Architectural historian William B. Rhoads judged that, in the Bethesda hospital, "FDR came closest to actually assuming the role of architect of a building in the Washington area." His 1937 sketches were based upon his recollection of the 1936 campaign stop in Lincoln where he viewed the recently completed Nebraska Capitol. During his 30 minutes on the platform, FDR looked directly at the capitol tower. That late-campaign visit during his swing across the farm belt may not have determined his victory: he won 46 of 48 states in a landslide. But it undeniably led to a dramatic change in the design of the NNMC hospital.

FDR historian Arthur M. Schlesinger, Jr. refers to FDR as the architect of the New Deal, and other historians consider the election of 1936 as a watershed in the role of the federal government in the economy of the United States. The president needed Senator Norris to support his programs and was drawn to Nebraska in part to bolster the incumbent's chances of reelection after he defected from the Republican Party. At three o'clock in the morning after the polls had closed, FDR received word that Norris would return to the Senate and called to confirm his victory. "Of all the results on November third," he later wrote Norris, "your re-election gave me the greatest happiness."

Archibald McLeish, Librarian of Congress from 1939 to 1944, noted at the time that "[W]ith the possible exception of Thomas Jefferson, no other American President has touched so deeply and directly the intellectual and artistic life of the nation." Historian Rhoads focused on the Navy hospital: "[P]erhaps all that is required [to honor FDR] is a wider appreciation of his impact on Washington architecture….[L]ook toward Bethesda for the square tower thrusting up over the trees."

The National Naval Medical Center tower traces its architectural genesis to the Nebraska State Capitol. Its political lineage derives from its "designer" who appreciated a reliable policy ally with strong New Deal credentials who helped establish the Tennessee Valley Authority. Like the geometrical double helix of DNA, the political connections and the architectural structure of the Hospital Tower story entwined to determine the physical characteristics of this flagship of Navy medicine.

CAPT Schmidt is a retired naval officer and Naval Security Group historian. He presently lives in Bethesda, MD.

VADM Ross T. McIntire and the Unanswered Mysteries in the Health of Franklin Delano Roosevelt

By Eric Fettman

Of all the doctors who have served as personal physician to the president of the United States, none has enjoyed as close, long-standing – or as controversial – a personal relationship with his patient as did Ross Thomas McIntire (1889-1959). For 11 years, he was not only Franklin Delano Roosevelt's doctor, he was also his personal confidante, traveling companion, fishing and poker buddy, and an integral member of FDR's small, innermost circle of trusted advisors.

During most of that same period, he served as Surgeon General of the United States Navy, a position whose prestige McIntire clearly enjoyed and at which, by all accounts, he excelled; one that ultimately left him accountable to the commander-in-chief, who also happened to be his personal patient. This relationship raised questions that linger to this day as to whether McIntire placed his loyalty and sense of responsibility to his patient over that of the country – by concealing the true state of FDR's precarious and declining health from the American people.

A native of Oregon, McIntire received his medical degree from Willamette University and had a local practice for five years before joining the Navy Medical Corps upon America's entry into World War I. He was assigned to sea duty aboard USS *New Orleans*; after the armistice, he was stationed abroad, first in the Soviet Union and then in the Philippines before being reassigned to the Naval Hospital in San Diego.

He was selected for the job of presidential physician by Admiral Cary T. Grayson (1878-1938) – who, as Woodrow Wilson's physician, had conspired with the first lady to cover up the seriously debilitating effects of the president's stroke. (Roosevelt had met and befriended Grayson during his tenure as Assistant Secretary of the Navy in the Wilson administration.) The stated reason for the appointment of McIntire, a specialist in head, eye, ear, nose and throat medicine, was that Roosevelt had a continuing problem with his sinuses; equally important though, by McIntire's own admission, was that he could be "counted on to keep a close[d] mouth."

During the period in which McIntire treated Roosevelt, any detailed public discussion of the president's health was considered unthinkable. Friends and supporters, like senior White House correspondent Merriman Smith of United Press, insisted that McIntire "never lied about Mr. Roosevelt's condition. He told the truth, but in language that could easily be misleading." Certainly, McIntire's public assessment of FDR just three months before his death as being in "excellent condition for a man of his age" is decidedly ambiguous. In 1944, he had played both sides of the issue when asked whether the president could survive another

VADM Ross McIntire, MC, USN

term: He refused to answer the question directly when asked by *Life* magazine, but later held a press conference in which he declared that Roosevelt's health "is perfectly OK."

McIntire also continued to angrily insist, long after FDR's death, that the president had suffered no organic-related distress, despite the fact that Commander Howard G. Bruenn (1905-1995), a Bethesda-based cardiologist brought in at the family's insistence, had diagnosed the president in March 1944 with severe hypertension and congestive heart failure – which led him to demand an urgent course of treatment, including digitalis, and a major reduction in the president's workload. Likewise, McIntire offered no reasonable explanation or acknowledgement of a still mysterious severe anemia diagnosed in May 1941, a near-fatal condition of prolonged disability, requiring numerous blood transfusions. Likewise, the nature of Roosevelt's 29 different treatments at Bethesda between 1941 and 1944 – all under various aliases – remains shrouded in mystery.

In February 1944, a benign sebaceous cyst was removed at Bethesda from the back of FDR's scalp by George W. Webster, chief of the plastic surgery service from 1943 to 1945. He was assisted by a team of naval physicians, including neurosurgeon Winchell M. Craig and anesthesiologist John W. Pender, all under the direction of Admiral McIntire. FDR himself addressed this surgery at a press conference the following day, but only in response to a number of calls to the White House press office after the president was seen leaving the hospital with a dressing on his head.

In a ghostwritten book published the year after Roosevelt's death, McIntire continued to insist that the president was in excellent health until his dying day – indeed, that FDR's death was completely unforeseeable. "I stand by that judgment today without amendment or apology," he wrote. Certainly, McIntire always denied any suggestion that Roosevelt was suffering from, or had been treated for, any form of cancer. For that matter, so did Howard Bruenn, who treated FDR on a daily basis for the final 13 months of his life. After McIntire's death in 1959, until his own death in 1995, Bruenn assumed the primary role of publicly refuting any and all rumors and allegations concerning Roosevelt's health.

A full examination of McIntire's treatment of the president is presently not possible. FDR's complete medical file disappeared from Bethesda shortly after his death and, despite repeated attempts, has yet to be located. Just three weeks after FDR died, McIntire wrote an urgent letter to Eleanor Roosevelt strongly warning her not to agree to requests from the press that she make the records available, writing the still-grieving widow: "I can see no good coming from such a thing."

McIntire retired from the Navy in 1947 with the rank of vice admiral, the only presidential physician to achieve that high honor, and was appointed by the Red Cross to organize and administer its national blood program. At the same time, President Truman named him chairman of his Commission for the Employment of the Physically Handicapped. McIntire made an unsuccessful run for Congress from California in 1954 and died five years later. He is buried in Arlington National Cemetery.

Eric Fettman is a columnist for *The New York Post*. He has been intensively researching President Roosevelt's health in preparation for a new book, *FDR's Deepest Secret,* in collaboration with Dr. Steven Lomazow.

In the Artist's Words: *Sick, Lame, and Lazy*

Sick, Lame, & Lazy *could easily have been painted by Howard Pyle, the beloved American illustrator with a keen eye for the human condition. In perhaps an homage to Pyle, military artist COL Charles Waterhouse, USMCR (Ret.) offers a glance into life rarely seen—sailors waiting in a sick bay line aboard an aircraft carrier (in this case the USS* Oriskany *during action in the Gulf of Tonkin.) The sailors' personalities run full gamut from the nervous seaman to the garrulous jokesters re-enacting some humorous incident, from the meditative staff officer to the curious petty officer taking an apprehensive peak into the room before him. In a 2005 interview with the Office of the Historian, COL Waterhouse offered a context for his painting.*

***Sick, Lame, and Lazy* (August 1971) by Charles Waterhouse**
Acrylic on canvas mounted on masonite, 25.5 x 84
Naval Historical Center, on loan to the Bureau of Medicine and Surgery, Washington, DC.

Painted in 1971, *Sick, Lame, and Lazy* marks the last trip I took to Vietnam. It was sponsored by the Navy Medical Department. I had been to Vietnam twice before, in 1967 and 1969. The only reason my wife let me go again was because she figured I couldn't get in trouble. On my last trip to Vietnam I spent my last two days on the *Oriskany*, a left over from World War II.

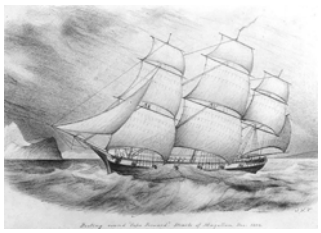
The *Oriskany* was my kind of people. It was falling apart, rusty, and wasn't one of these cities floating around. It was just a carrier. While aboard I figured I'd paint a sick bay line. When I named it, two things happened. About six inches were cut from the picture. When they mounted it on masonite they folded it around to fit the masonite. It's too bad. Two of the nicest characterizations in the picture. I had a skinny teenager sailor and an old Navy chief just stepping through a hatchway on the extreme right. But they cut all that off and left the doctor's office. Actually, in the doctor's office you can see a sea bag, a leg, and a map case hanging from this leg. Supposedly, that's me in the doctor's office.

The characters in the painting were not posed. They were actually walking by, sitting there, and doing things. They were moving but I found sooner or later they would walk back and their head would be in the same place. Some times they'd just give me a dirty look and walk off. But nobody was standing there holding a pose for me. You could say that the painting is a collection of mental images, but a lot of them are characterizations of people that I did meet, tastefully drawn.

After I titled the picture "Sick, Lame, and Lazy" the Navy was very offended and thought it derogatory. They said, "Hey, are you making fun of these people?" I said, "No." Every morning when we used to fall out in the Marines the sergeant would say, "Sick, lame, and lazy fall out!" And the people going to the sick bay for headaches and sprained wrists would fall out and head to the sick bay.

Scuttlebutt: Old Navy Exhibition in Seattle

The U.S. Sloop-of-War *Decatur* was a member of the Pacific Squadron, 1854-1859. Washington State Historical Society (WSHS) is interested in doing a small (500 square feet) exhibit in 2009 of the drawings of Assistant Surgeon John Y Taylor, that cover the *Decatur*'s journey from Rio de Janeiro through the Strait of Magellan, to Hawaii and Puget Sound, and ending at Panama, 1854-1856. These drawings are held at the National Archives and at Yale's Beinecke Library, and represent the surgeon's interest in amateur anthropology, geology, and biology, the ship's ports of call, and show something, too, of shipboard life. The drawings are documented by reminiscences by both Taylor and Lieutenant Thomas Stowell Phelps, as well as the journal of Francis Gregory Dallas and the ship's logbooks and medical logs.



The exhibition, though, would be made much stronger if we could include just a few artifacts relating to a warship under sail in the Old Navy, especially (but not necessarily limited to) the ports of call which figure in the drawings, the daily life on board ship, and a naval surgeon's experience in this antebellum period. I don't want to suggest a laundry list of potential artifacts because I might narrow the field too much. Please contact me by phone or in email if you have thoughts or suggestions.

I will curate this exhibition, under the direction of Redmond Barnett, head of exhibits at WSHS. I'm hopeful that my manuscript, *Warship Under Sail: The Decatur in the Pacific Squadron, 1854-1859*, will be published in early 2009 by University of Washington Press, where it is under review.

Thank you very much.

Lorraine McConaghy

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Dr. Barton's "Adventious Remedies"

The following is an excerpted list of alternative remedies compiled by Surgeon William P.C. Barton (1786-1856) and published in his *Outlines of Lectures on Materia Medica and Botany Delivered in Jefferson Medical College* (volume I, 1827)

Exercise:
Rocking in a rocking-chair, walking in a room, under or with exposure to fresh air; walking abroad; swinging; sailing in rivers or small waters; sailing at sea; gestation for a few miles in an easy close carriage, open carriage, in a stage or rough vehicle, by journeys in the same; equitation, journeys by this conveyance; gyration; dancing the rope, dancing under the exhilaration of music; battle-dore

Manly Sports:
Hunting; shooting; playing at cricket, tennis, nine-pins, quoits, ball and the like.

Athletic Exercises:
Fencing; personal defence by stuffed gloves; dum-bell; labour [sic], as exercise.

Gymnastics:
Gymnastic Dress; prophylactic agents in their exercises, as the truss; running; leaping; leaping by the pole; climbing the ladder; the rope-ladder; the pole; the rope; vaulting; darting the javelin; exercise on the bars; horizontal bar; parallel bar; hauling the rope.

Exiting agents, operating therapeutically on the mind and body through moral agency:

Public Amusements:
Social intercourse with friends; the theatre; equestrianism; miscellaneous sights, or as the French term them 'spectacles'—The peculiar moral effect of tragedies, comedies, operas, farces and pantomimic exhibitions enquired into.

Exercise of the lungs:
Reading aloud; declaiming; singing; practice on musical instruments—all uniting a moral influence with a physical exercise.

Prophylactic agents:
Natural agents; bodily evacuations; natural rest; celibacy; Marriage.

Moral agents unaccompanied by bodily exercise:
The exhilarating emotions and enlivening passions; Rarely, but sometimes, the depressing passions.

FROM THE ANNUAL REPORTS OF THE SURGEON GENERAL OF THE U.S. NAVY:

RECRUITING IN THE NAVY

Throughout the nineteenth century new recruits in the Navy and Marine Corps reported to rendezvous (aka, recruiting stations) where physicians examined their physical and mental qualifications for service. By regulation, the careers of these examiners were tied to the constitution of the recruit. A physician who "Okayed" an unfit recruit for duty would be, at least theoretically, penalized by the Bureau of Medicine and Surgery. But as numerous unhealthy men were giving clean bills of health, and few medical examiners were ever held accountable, it was clear to many within Navy medicine that the recruiting process was defective.

Some Navy physicians complained that the blame should not rest entirely upon their brethren stationed at rendezvous. Navy physicians were often forced to conduct their medical exams in cramped, dimly lit, and dingy rooms located in noisy wharf districts. And due to the number of recruits, examiners had limited time to conduct a thorough survey of each individual. Finally, it was the perception by some that many of these recruits purposely lied about their medical histories to the examiner. It is these "deceptive recruits" that Surgeon Christopher James Cleborne (1838-1909) targets in his essay, "Recruiting in the Navy."

The following is an excerpt of this essay that was published in the 1874 Annual Report of the Surgeon General of the U.S. Navy.

Our system of recruiting, lying, as it does, at the foundation of the efficiency of the Navy, naturally invests every subject, directly or indirectly connected with it, with more or less interest.

There is a very general outcry among naval officers about the worthlessness of their men, their physical incapacity and sickliness, necessitating frequent medical surveys and constant changes in the crews of almost every ship afloat. Nevertheless, few are aware of the numerous difficulties which surround those duty it is to prevent or eradicate the evil.

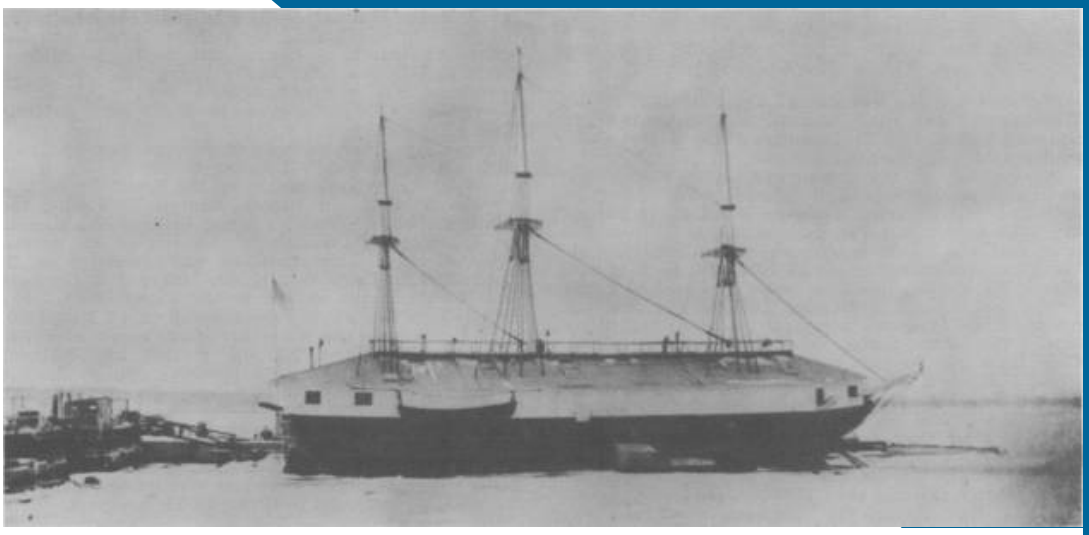
So far as inducements for sound, able-bodied men to enter and remain in the Navy are concerned, there is good reason for congratulation, when we compare. The present condition of the sailor with what it was five and twenty years ago; but the trouble is not that we cannot get good, sound men, or a sufficient number of them, but in the faulty examination of recruits at naval rendezvous and elsewhere.

Christopher James Cleborne.
Image originally published in *The Twentieth Century Biographical Dictionary of Notable Americans* (1904)

The responsibility of examination is supposed to rest principally upon the medical officer, upon whom the importance of recruiting has been specially enjoined, but in many cases the recruiting officers and the Bureaus are to blame.

In the first place, proper accommodations are not provided for the examination of recruits. Recruiting rendezvous are usually established in the "slums" of a city, adjoining sailors' boarding-houses, in the midst of a noisy neighborhood, and are rarely provided with sufficient room, light, or necessary apparatus. Now, as quiet a place as possible should be chosen for the purpose, and ample provision should be made for the requirements of the officers connected to the rendezvous. At least two rooms are necessary for the examining surgeon, one of which ought to be quite large and well lighted, and provided with water-closet, uri-

nal, standard measure, respirometer, scales, dynamometer, &c. The necessity for a good light is apparent, when we reflect upon the very critical examination required to be made of the eyes and body of the recruit. Quiet is absolutely necessary for the diagnosis of pulmonary and cardiac affections, while ample room will be found a sine qua non for the determination of anchylosis, locomotor ataxia in its incipient stage, stiffness of joints, &c., and for walking and running, or other evolutions necessary to determine the presence of hernia or other injuries.



USS *St. Louis* was a receiving ship where new recruits were sent after being examined at rendezvous. Navy physicians stationed aboard ships like this often complained of the poor physical health of the recruits being sent there.

Receiving-ships are totally unfitted for the examination of recruits, by reason of the noise and bustle on board; of course the same objection will apply to sea-going vessels, but in their case it cannot be helped.

For the proper examination of a candidate some considerable time is required; indeed, it is almost impossible to determine the physical fitness of an applicant in the ten or fifteen minutes usually allotted to this duty. Not only has the examiner to satisfy himself by the manipulation of the presence or absence of hernia, varicocele, enlarged testes, stricture, fistula, enlarged prostate glands, &c., but he has also to inquire into the antecedents of the applicant, in order to discover, by judicious questioning, whether he has any hereditary tendency to disease. His professional duties are therefore fully sufficient to engross all his time and attention, without being obliged to abstract his mind by writing down the various items of information upon the "certificates of physical examination." The frequent ablutions of the examiner, during examinations, rendered necessary by the performance of his clerical duties, unquestionably cause considerable delay in recruiting, while the time thus occupied might be more profitably employed, and the examination be made much more thorough, if a clerk or writer was allowed for this purpose.

When every facility is afforded for the examination of recruits, then, and not till then, should entire responsibility devolve upon the medical officer. It is unfortunate, however, that the officers best qualified for this duty are not always ordered to rendezvous—a result of a faulty system which deprives the Bureaus and the Department of a knowledge of the special qualifications of officers of every branch of the service for certain duties.

Unquestionably, something more than mere routine medical examination is required. A certain amount of zeal and interest in this most responsible duty is necessary; but even where this is found, how often do the zeal and interest of the examiner leave him, when he finds that men are passed by order of a higher authority, who have been already rejected by him for physical incapacity!

It must not be forgotten that this is a conscientious duty involving the highest interests of the Government and of the individual, (perhaps for life,) and it should rarely, if ever, be interfered with.

I am fully aware that medical officers are frequently to blame for the superficial and careless manner in which their examinations are made; in fact the books and lists of every vessel and naval station are filled with inaccuracies in names and descriptive marks, which cause much confusion in the settlement of pension and other claims. Surely there can be no excuse, save that of indolence or carelessness, for writing a man's name as "Louis Elvorde," when it should be "Louis Halrorden"; but in a case where a man is unable to write his own name, I do not see that it matters much whether Thompson be spelled with or without a "p," the nick-names of Brown, Green, &c., with or without an "e," so long as the "idem sonans," as Blackstone terms it, is preserved. The orthography of names is altogether arbitrary, and any one familiar with the origin or use of surnames must be aware that members of the same family not infrequently spell and write their names differently, always, however, preserving the original sound.

In the case of foreigners, however, it is always best that the applicant should spell his own name, though I know of more than one instance in which the same foreigner has spelled, and even written, his own name differently on the same occasion.

Far more important than names are descriptive marks on the body of the recruit, the color of the hair, eyes, complexion &c., and the permanent marks or scars, congenital and otherwise, though it will be found that on almost every shipment, the color of the eyes, hair, &c., will differ, a fact which may be due to the great prevalence of color-blindness among professional men.

Even the regulation which requires a general muster of the crew, at which the surgeon, paymaster, and executive officer are required to be present to verify the "descriptive lists," has failed to rectify these difficulties, so that, after all, we must depend upon the primary examination.

I need not enter into detail about the duties of medical examiners. They have been fully laid down by Dr. Gihon, in his recent able work on "Naval Hygiene," and whoever follows his system of physical examination may be sure of escaping imposition.

I beg, however, to offer a few suggestions for the better protection of the Government, though even in this I find I have been somewhat forestalled by the writer above mentioned.

It must be admitted that, no matter how skillful, careful, and conscientious a medical examiner may be, he is still liable to be imposed upon by men who have made it their business to practice imposition upon inspecting officers. Men may be found on board every sea-going ship who have managed by a variety of expedients or deceptions to "pass a doctor," and who, soon after their arrival on a foreign station, present themselves with chronic or incurable diseases, for which they have to be admitted on the sick-list. But the evil does not stop here. These men are invalided home or discharged the service, and in the course of a few months they again find their way into the Navy, to be again invalided and again re-enlisted, and thus men may pass years in the service without ever completing a cruise. I know of instances in which men boast of their success in this line of deception, and claim that they have a perfect right to do so, upon the ground that the "Government owes them a living." Some months ago a private of marines, named Williams, informed me that he has been discharged and re-enlisted seven times, though he was perfectly well aware that, in consequence of a nervous affection, the result of a bullet-wound received at the Battle of Bull Run, he was really unfit for duty. I have met with men with fistula in ano, and in perineo, with asthma, haemoptysis, heart-disease, hernia, varices, dislocations, &c., who have successfully imposed themselves over and over again upon the inspecting officers of receiving-ships and rendezvous; and I suppose this is the experience of almost every medical officer in the service. I have at present seen aboard this ship a case of haemoptysis, one of varix, one of epilepsy, and one of fistula in ano, all of whom were affected before they enlisted; and yet these men unhesitatingly sign the certificate (Form Q) that they had "no disease" that they "knew of or likely to be inherited," and that they knew of "no reason" why they "should not be passed."

So little use is this certificate in its present form that it might as well be done away with, as in no wise does it assist the medical examiner, nor protect the interests of the Government.

To remedy this evil, I would suggest that the said certificate be made in the form of an oath. . .the signer agreeing that in the event of his making a fraudulent statement, he shall waive all claim for pension or other remuneration, agree to be discharged the service in any port, foreign or domestic, and to forfeit all pay that may be due him from the time of his enlistment to the time of his discharge. This would speedily put a stop to impositions of this nature; in fact, it is only effectual way in which the Government can protect itself from these unscrupulous leeches who swell our sick-lists, fill up our already too diminutive sick-bays, destroy the efficiency of our ships, and occupy the place of better men.

In this connection, I would also suggest that every honourable [sic] or other discharge given to an enlisted man of the Navy or Marine Corps be signed and indorsed by the medical officer of the ship or station, with a brief statement of the man's general health and his physical condition at the time of his discharge. This is done, I believe, in our Army, and certainly it would prove a valuable aid to recruiting and examining officers. There certainly ought to be some way of ridding the service permanently of old imposters, and it might be a good plan in the case of well-known offenders to tattoo a very small mark on the right or left scapula, that they may be at once recognized as men unfitted for future enlistment in the Navy. ☙

Navy Medical History Quiz

1.) Who was the architect of the National Naval Medical Center, Bethesda, MD?

2.) Name the original architects of the naval hospitals in Portsmouth and Philadelphia.

3.) The Naval Medical Center, Washington, DC, was established in what year?

4.) Taken in May 1919, the picture on the left shows a young Franklin Roosevelt pinning the Medal of Honor on a Navy medical officer. This officer would go to become the most highly decorated physician in the history of the Navy Medical Department. What is his name?

5.) What was FDR's title when this picture was taken?

6.) Name all the Surgeons General of the Navy and Chiefs of the Bureau of Medicine and Surgery who served as White House physician during their tenures in office.

7.) VADM Ross T. McIntire served at Vladivostok aboard what ship from 1917-1918?

8.) What was VADM McIntire's medical specialty?

9.) In 1879, Surgeon Christopher J. Cleborne, author of "Recruiting in the Navy," invented a fluke-buoy life saving apparatus. Dr. Cleborne is not the only inventor who has served in the Navy Medical Department. Name one other Navy medical inventor and their invention.

Think you know the answers to the quiz?

Please submit your responses to andre.sobocinski@med.navy.mil no later than 12 December 2007. The first person to submit correct answers to all the above questions will receive a special prize. Answers to the quiz will be published in our next issue.

The Grog Ration is a bi-monthly publication dedicated to the promotion and preservation of the history of the Navy Medical Department and the field of maritime medicine. Presently, the staff of *The Grog Ration* is looking for contributions for themed issues on Aviation Medicine, the Civil War, Dental Corps, Hospital Corps, and the Nurse Corps. Original articles (of less than 2,000 words), historical artwork and photographs, and themed trivia questions are needed. If you would like to contribute, please contact us at:

E-Mail: **Andre.Sobocinski@med.navy.mil**
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Address:
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Query: Navy on Tinian

I have been tracking the history of the medical effort on Tinian island in World War II. Documents in the Tinian Atomic Bomb Files, which I am about to publish, record that when Tinian was chosen to be the base for the 509th Bomb Group, construction of its facilities received top priority over all other projects—except "hospitals."

I am trying to determine the connection that must have been established between the Navy and the Army Air Force (AAF). Indeed, according to records from the Seabee Archives at Port Hueneme, the Seabees built facilities for 7,000 hospital beds on Tinian. I suspect a large number of them were Army Air Force. However, those beds were not built just to care for the sick and wounded on Tinian, they also were built to receive casualties from the invasions of Iwo Jima, Okinawa, and the Japanese home islands. For the purpose of receiving evacuees, there must have been a central medical plan, a distribution center for wounded. Because the Navy owned the Marianas, it must have been a Navy command that coordinated distribution of casualties. Those will be the key files. They will contain correspondence relative to the other Navy and AAF units on the island and in the mainland. Ultimately, it should lead us to the Tinian Island Command, a set of files I have yet to be able to discover.

If there is someone in the Society for the History of Navy Medicine who has information or leads about the central medical command on Tinian, or can help me find the repository where the Tinian Island medical files or where the Tinian Island Command files have been deposited, that would be a great contribution to the history of our islands.

Don A. Farrell
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If you have any information that might help Mr. Farrell please feel free to contact him at the e-mail address listed.