

The Grog Ration



Care Amidst Shortage

The Relationship Between the American Red Cross and the Navy Nurse Corps in World War I

By Jennifer Telford, RN, PhD

FEATURING

CARE AMIDST SHORTAGE
-1-

ELVIS HAS BOARDED
THE SHIP
-7-

SURGEON'S LOG
NAVY MEDICINE IN DC
-8-

SCUTTLEBUTT

NAVY MEDICAL
HISTORY QUIZ

Both prior to and after the formal declaration of war by the United States in 1917, thousands of American women joined their female international counterparts as part of the World War I effort. While their fathers, brothers, husbands, and sons joined the military and were shipped overseas to fight in the trenches, a majority of American women enlisted their patriotic energies and supported the war from a distance—in traditional female roles in unofficial capacities. The ability for American women to challenge, and overcome their traditional female roles was split along the societal constructs of class and race. For many American white working-class women, involvement in the war was limited to such tasks as making bandages and raising money for

philanthropic organizations, including the Red Cross. For those of privileged middle, and upper-middle-class backgrounds, however, participating in the war meant something different. The war brought about an opportunity for many

to fulfill their need for patriotic service in an official capacity as professionally trained or volunteer nurses under the banner of the American Red Cross. Often overlooked in history, female nurses who practiced during the Civil and Spanish American Wars demonstrated the utility of employing female nurses to care for soldiers. Mrs. Amos G. Draper, Treasurer of the Daughters of the American Revolution,

during the Spanish American War, concludes that these women should be recognized for their efforts, writing: “In



Portrait of Red Cross Nurse in 1918.
BUMED Library and Archives

raising your monuments to the heroes of war, one should honor not only the heroism and patriotism of the dead soldier, but that of the mother who gave him birth and of the faithful, self-sacrificing nurse, who in many cases lost her life in the effort to save his.” Despite documentation of their success, the armed forces were slow to implement the necessary changes to make the employment of female nurses in the military a formal policy.¹

Physician and vice-president of the American Red Cross, Anita Newcomb McGee, helped to establish the “Army Nurse Corps (Female).”² The official creation of the corps fell under Section 19 of the Army Reorganization Act of 1901. The key elements of this act, stipulated that all female nurses and superintendents were to be graduates of at least a two-year training school and be employed by the Army.

In 1907, the Surgeon General of the Navy, Rear Admiral Presley Marion Rixey, urged the enactment of legislation to model the Army Nurse Corps to create a corps of trained women nurses for the Navy.³ This legislation was formally adopted on 6 February 1908, creating the Nurse Corps (female) of the U.S. Navy. Rixey argued for the employment of female trained nurses in the Navy, writing:

“Women nurses are by natural endowment and special aptitude superior to male nurses for much of the duty required in the care of the sick and injured men is generally admitted; that their employment is compatible and would not conflict with the conditions arising from the military character of our institutions may be inferred from the experience of the Army, which acknowledges their work as deserving of the warmest praise; and we have only to look back upon their record of splendid service in modern wars to be convinced of their adaptability to service conditions and of their efficiency in institutions under military control.”⁴

In 1908, the Navy Nurse Corps consisted of a superintendent, as well as a chief nurse, and nineteen nurses—later known as the “Sacred Twenty”—who were assigned to duty at the Naval Hospital, Washington DC. At first, these pioneers were “no more welcome to most of the personnel of the Navy than women usually are when invading what man calls his domain.”⁵

The examination of the relationship between the American Red Cross and the Navy Nurse Corps is particularly important when looking at

recruitment into nursing as in the 1910’s the “Red Cross Nursing Service holds the reserve of the Navy.”⁶ The declaration of war in Europe in 1914, brought about a movement among the leaders of the nursing community to recruit women into the Red Cross Nursing Service.

By answering the call of nursing leaders, several thousand rank-and-file American Red Cross female nurses from privileged backgrounds publicly challenged the conventional and contemporary gender ideals as portrayed in the



RADM Presley Marion Rixey
Navy Surgeon General (1902-1910)
BUMED Library and Archives

1. Draper, Amos G. “Chapter XXII: Woman’s Work in the War,” within *The American Spanish War: A History by War Leaders* (Norwich, Connecticut: Chas. C. Haskell & Son, 1899): 437-455; 437.
2. Dr. Anita Newcomb McGee (1864-1940) was a trained physician who maintained a private practice in Washington, DC. She was the daughter of the preeminent U.S. Naval Observatory astronomer, Simon Newcomb (1835-1909).
3. Dock, Lavinia L. et al, *History of American Red Cross Nursing* (New York: The Macmillan Company, 1922), p. 686.
4. Surgeon General of the Navy 1907 Annual Report as cited in J. Beatrice Bowman’s, “History of Nursing in the Navy,” *The American Journal of Nursing* Vol. 28, No. 9 (September, 1928): 883-889: 886.
5. Bowman, J. Beatrice, “History of Nursing in the Navy,” *The American Journal of Nursing* Vol. 28, No. 9 (September, 1928): 883-889: 887.
6. “Department of Red Cross Nursing,” *The American Journal of Nursing*, Vol. 29, No. 5 (May, 1929): 595-599; 598.

nursing recruitment posters of that era. The war allowed these middle and upper-middle-class women to escape the binds of their domestic responsibilities and travel the world without escort. In short, the war provided both professional and personal opportunities, and the Red Cross badges they wore legitimized their position in a male-dominated military hierarchy, and enabled them to expand the scope of their practice amidst an international theater of war. In contrast to the middle and upper-middle-class white female experience, black women, and one can presume other women of non-Caucasian descent, who sought to join these and other wartime efforts were often excluded on the basis of their race. In fact, the war could be termed a vehicle for their exclusion since they were marginalized by a country they were willing and qualified to serve.

At the 1914 Convention of the American Nurses Association (ANA), Mary Gladwin, one of the members of the National Committee on Red Cross Nursing Service, inspired her peers to begin to prepare for war, despite America's formal neutral position. She remarked "...golden habit of silence

combined with work, through which we may quietly get ready and, while hoping for peace with honor, may prepare ourselves for anything that may come."⁷

The professional requirements for enrollment into the Red Cross Nursing Service were that an applicant shall be between the ages of twenty-one and forty-five years, a citizen of the United States (or she must make a declaration of her intention to become so), unmarried, a member of an organization affiliated with the ANA, a registered nurse, and a graduate of an accredited school of nursing connected with a general hospital having a daily average of not less than fifty patients.⁸ These applicants had to also meet "physical, moral, professional, and mental qualifications."⁹

At the ANA Conference, Ms Gladwin emphasized that, despite the likely upcoming war emergency, the standards of the Red Cross Nursing Service would not be compromised, stating, "no emergency, however great, no popular excitement or hurry shall be allowed to injure the standards set for the Red Cross Nursing Service by the hard work of the past."¹⁰ Gladwin would go on to state that "All the patriotism, all

the love and sympathy for suffering humanity cannot make up for the lack of training. Fortunately for us today, should the horrors of war ever again befall us, beside the patriotism and loyalty of the soldier will stand the patriotism and loyalty of our American Red Cross trained nurses. No greater opportunity for service to her country can be given any woman than the care of the sick and wounded in war."¹¹

Many female American nurses did not wait for their country to declare war before they became part of the war effort. Under a cloud of patriotic fervor, in 1914, the first contingents of nurses boarded a ship for Europe, under the auspices of the American Red Cross. The expedition, nicknamed the "Mercy Mission," sailed on "September 12 (1914) on the *Red Cross*, formerly a boat of the Hamburg American Line, carrying two units each for England, France, Russia, and Germany and one each for Belgium, and Austria."¹² It should be noted that of the 126 nurses aboard this ship Katrina Hertzner was one.¹³

During the Mercy Mission, the United States was officially neutral in the war. The activities of German submarines in the North At-

-
7. Gladwin, Mary E. "Opportunities for the Red Cross Nurse in Humanitarian Activities," within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing* Vol. 14, No. 10, 775-932: 905.
 8. Davison, Henry P. *The American Red Cross: 79*; The American National Red Cross, Nursing Service information for applicants, held in the Center for Nursing Historical Inquiry at the University of Virginia School of Nursing: 7.
 9. Stimson, Julia C. *Medical Department of the United States Army in the World War Volume XIII Part Two: The Army Nurse Corps* (Washington: U.S. Government Printing Office, 1927): 288-289.
 10. Gladwin, Mary E. "Special Session, Red Cross Nursing," within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing* Vol. 14, No. 10, 775-932: 806.
 11. Gladwin, Mary E. "Opportunities for the Red Cross Nurse in Humanitarian Activities," within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing* Vol. 14, No. 10 775-932: 902.
 12. Delano, Jane A. "The Red Cross," *The American Journal of Nursing* Vol. 15 No. 1 (Oct 1914), pp. 36-41: 37.
 13. Schryver Grace F. *A History of the Illinois Training School for Nurses, 1880-1929* (Chicago: The Board of Directors of the Illinois Training School for Nurses, 1930): 129.



Red Cross nurses in France, World War I.

Arlene Keeling Collection, Center for Nursing Historical Inquiry

lantic strained international relations. By late 1915, President Wilson came to the conclusion that the United States must prepare for a possible war.

As part of his preparedness campaign, the Surgeon General of the Navy assigned Katrine E. Hertzner to its Nursing Bureau. Miss Hertzner was a graduate of the Illinois Training School for Nurses and had served for several years a member of the Navy Nurse Corps. She also represented the Navy Nurse Corps at the National Red Cross Headquarters.¹⁴

Despite recruitment efforts by nursing leaders in the years di-

rectly preceding American involvement in the war, when the United States entered into the fighting on 6 April 1917, it had only a nucleus of an Army and a Navy. The Army Nurse Corps had 400 nurses on active duty, while the Navy had 160. The rapid expansion of the armed forces created a tremendous demand. Nurses were needed overseas as well as on the home front. Quick action, judgment, patience, and tact were just a few of the avenues for the development of professional abilities and personal character. Graduates of nursing schools generally possessed poise and dignity which

were decided assets in a naval environment.

In addition to caring for the sick, nurses also had to train male Navy enlisted men as hospital corpsmen for duty in battleships, cruisers, destroyers, and submarines, as well as for duty on the Western Front with Marine Corps contingents attached to the Army. Care of patients at sea left to corpsmen as "Nurses are not on duty on the battleships, destroyers, and submarines."¹⁵

The hospital corpsmen were instructed in medical and surgical nursing, dietetics, and in massage, before being sent forth to the fleet, the trenches, or to hospital wards. J. Beatrice Bowman, who would become the third superintendent of the Navy Nurse Corps in 1922, wrote about the challenges nurses faced in the training of corpsmen, writing:

"She is called upon to help in the training and teaching of the boys who enlist in the Navy as Hospital Corpsmen. She must accept this condition, since these lads are the only ones to assist the doctors in the care of the sick on battleships, and the efficiency of these boys is a responsibility she cannot avoid. The natural disinclination of the male for nursing work must be overcome; as must also his lack of accuracy and his disregard of the

14. "The Red Cross: In Charge of: Jane A. Delano, R.N., Chairman of the National Committee on Red Cross Nursing Service," *The American Journal of Nursing* Vol. 17, No. 4 (Jan., 1917), 330-336: 330. After graduation Delano remained an instructor in the training school and later became superintendent of nurses at the City and County Hospital in St. Paul MN. She was appointed a member of the Navy Nurse Corps in 1911 and was made chief nurse in 1912, serving in this capacity at the United States Naval Hospital in Chelsea, MA until 1914. She accepted appointment in August 1914 as an American Red Cross nurse for service in Europe, being assigned to duty with the Unit in Budapest, and later transferred to Siberia, Russia, with the unit sent to that country to care for prisoners of war.
15. Bowman, J. Beatrice. "The History and Development of the Navy Nurse Corps," *The American Journal of Nursing* Vol. 25, No. 5 (May, 1925): 356-360; 358.
16. Bowman, J. Beatrice. "Comments on Navy Nursing," within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing* Vol. 14, No. 10 775-932: 838.

importance of details. It is readily conceivable that nurses who have not these qualifications not only fail in example and teaching; they work a great wrong to the nursing profession by failure in standards as trained nurses and render it difficult, indeed, to draw the sharp line between the trained and the untrained.”¹⁶ It is important to note that nurses were expected to supervise, mentor, and teach without the benefits of formal rank.

For middle and upper class American women, participation in the war provided a means to fulfill their need for patriotic service in an official capacity as professionally trained or volunteer nurses under the banner of the Red Cross. “She works in hospitals where equipment is keeping pace with all up-to-date methods; and with doctors who appreciate her profession and who depend upon her ability, efficiency and obedience.”¹⁷

Expansion of the armed services also created the need for nurses who could function in an administrative capacity in large organizations. Trained nurses had absolutely no knowledge of such duties. “On the whole, the education of a nurse fits her admirably for home-making and mothercraft.”¹⁸

In reacting to a lack of education of nurses as administrators, Bowman stated that “...the nurse comes from the training schools

for the most part equipped only for the practical work. If her desire and ability lead her to institutional work, she must finish her course in the broad school of experience, and frequently by this bitter experience only, she learns to become an executive and a wise and judicial administrator in the positions of which she had no knowledge other than hearsay. It is due only to the aptitude if the woman herself, that she makes good...So it is in the Navy Nurse Corps. We admit nurses from the best schools in the country who have absolutely no knowledge of the duties of an executive. They come to us and must be taught. ...We teach them to submerge the personal; to become the professional woman.”¹⁹

Bowman acknowledges that Navy nursing is not all fun and games, when asking a rhetorical question “Is there anything unpleasant in the work of Navy nurses? Most certainly.”²⁰ As the “military nurse has as patients, officers, whose keen intellect and knowledge of the world and its wonders, give her inspiration to read and learn; men of the Marine Corps and

the Navy who, though sometimes crude, are manly and great-hearted, and whose grit in suffering makes the nurse wonder, for she sees very little of such forbearance in civil hospital life.”²¹

In the end, the demand for nurses exceeded the supply. The result was the formation of an Army School of Nursing and the enrollment of volunteer nurse's aides into the Red Cross. Whether this action compromised the status of nursing is still a matter of professional interest. Katrina Hertzner argues that professionalism in the Navy is more important than the private sector: “When the nurse in the navy fails to prove that she possesses these qualifications the failure is more wide-reaching and disastrous in service work than in




Inside Naval Base Hospital #5 (Brest, France), in 1918. *BUMED Library and Archives*

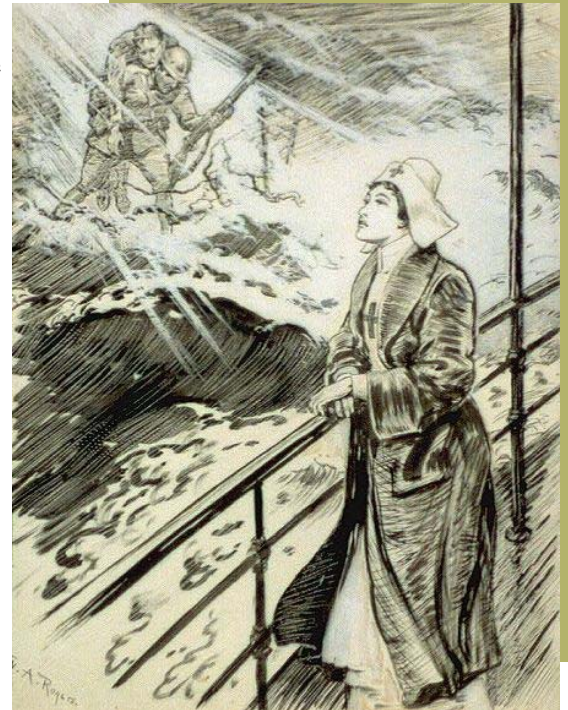
17. Bowman, J. Beatrice. “Comments on Navy Nursing,” within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association, *The American Journal of Nursing* Vol. 14, No. 10 775-932: 839.
18. “Marriage rate of Nurses: Less than half of the graduates of the best training schools marry—age probably one important factor in this” *The Journal of Heredity*, Vol. VIII Washington, DC, 1917, pp 510-511; 511.
19. Bowman, J. Beatrice. “Comments on Navy Nursing,” within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association, *The American Journal of Nursing*, Vol. 14, No. 10 775-932: 838.
20. Bowman, J. Beatrice. “The History and Development of the Navy Nurse Corps,” *The American Journal of Nursing* Vol 25 No. 5 (May, 1925): 356-360; 359.
21. Bowman, J. Beatrice. “Comments on Navy Nursing,” within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing*, Vol. 14, No. 10 775-932: 839.

civilian hospitals, where the inefficient is more easily replaced by the efficient nurse. In the Navy the trained nurse stands forth with disconcerting prominence and her lack of professionalism and her inefficiency cannot be hidden or excused.”²²

At the time of the Armistice in November 1918, the Navy Nurse Corps numbered 1,500 American nurses. Sixty-six percent of them were mobilized through the American Red Cross Nursing Service. Stateside nurses were attached to approximately 56 stations. Navy nurses served on transports and overseas, and 19 of them died on active service.²³

As Mary Gladwin had predicted: "No greater opportunity for service to her country can

be given any woman than the care of the sick and wounded in war." As for the Navy nurses, their services gained them a firm foothold in the Navy and opened the door to future service and contributions. J. Beatrice Bowman stated it best when she said: "The nurses have continued to prove their reason for existence in the Navy, not only in the care of the patients but in many other ways."²⁴ 



“Red Cross nurse seeing vision of wounded soldiers across stormy sea.”
By William Rogers (Between 1914 and 1918).
Prints and Photographs, Library of Congress

Professor Telford is an Acute Care Nurse Practitioner with the Neurosurgical Practice at Washington Hospital Center. She also serves as an Assistant Professor at George Mason University, where she teaches nursing and conducts research in the field of the history of nursing. This article is adapted from lectures given at the Society for the History of Navy Medicine (SHNM) session in Rochester, NY, and as part of the Surgeon General’s Speaker Series (SGSS) in Bethesda, MD, in April 2008. A PowerPoint of her SHNM lecture can be found at <http://www.history-navy-med.org/home.html>. A video of her SGSS lecture can be accessed at <http://www.health.mil>.

-
22. Hertzler, Katrina. “Comments on Navy Nursing,” within the Proceedings of the Seventeenth Annual Convention of the American Nurses Association *The American Journal of Nursing* Vol. 14, No. 10 775-932: 840.
 23. Dock, Lavinia L. et al, *History of American Red Cross Nursing* (New York: The Macmillan Company, 1922), p. 694; exact numbers of Navy Nurse Corps nurses were 1,476 at date of Armistice, and 1,835 during the war period. J. Beatrice Bowman, “History of Nursing in the Navy,” *The American Journal of Nursing*, Vol. 28, No. 9 (September, 1928): 883-889: 887.
 24. Bowman, J. Beatrice. “History of Nursing in the Navy,” *The American Journal of Nursing*, Vol. 28, No. 9 (September, 1928): 883-889: 888.

Elvis Has Boarded the Ship

A Navy Nurse Remembers the “King of Rock and Roll”

In 1958, LTJG Julia Pickering was one of two Navy nurses serving aboard the troop transport USS General Randall (AP-115) in port at Brooklyn, NY. Also on board this ship was a newly enlisted Army sergeant who had already established his name as an American pop icon. In a 2004 interview with the Office of the Historian, Pickering remembered this special passenger.


In 1958, a young man with an Army uniform on was coming aboard. The media followed him up to the ship. Everybody on board was “ooing” and “aahing.” I didn’t understand what in the world was so special about him until he got aboard and somebody said we have a very special guest – Elvis Presley.

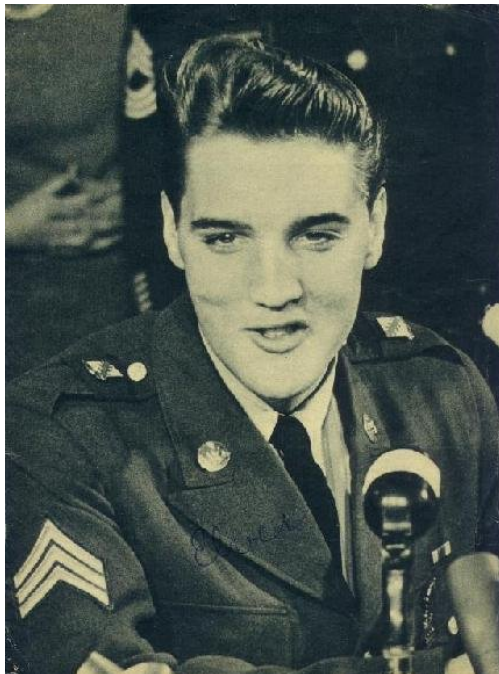
Once aboard he went down with the rest of the troops but the decision was made that he should not stay down [below] there during the day. His manager did not want him to do a lot of singing while we were traveling. What were we to do with him? Somebody on board decided the safest thing to do was send him up to the sick bay where I worked to see if he could work on odd jobs. He came up and said, “Good Morning, Ma’am” and “How are you today?” I told him that I was going to have him file chits during morning sick call. And he did. He worked all day long.

At noon he asked permission to go to lunch. At the end of the day he said “Goodbye,” and “I’ll see you in the morning.”

One morning he came in and said, “Ma’am, do you think it will be alright to

polish my shoes today?” He did everything that I asked him to do and this was a nine-day trip.

Strangely, he said to me before he left the ship, “My family is coming over to Bremerhaven. I’m going to bring my parents and grandparents. I’m getting a house. I sure would like to have you come over and visit with us.” And I thanked him. Unfortunately, I was busy with my duties aboard the ship and we had to go back to Brooklyn so I did not have the time to spend with him. He was one of the most polite people I ever met. Little did I know he would become the star he became. 



Elvis Aron Presley entered the United States Army at Memphis, TN on 24 March 1958, and then spent three days at the Fort Chaffee, AR, Reception Station. He left active duty at Fort Dix, NJ, on 5 March 1960, and received his discharge from the Army Reserve on 23 March 1964.

During his active duty military career, Presley served as a member of two different armor battalions. Between 28 March and 17 September 1958, he belonged to Company A, 2d Medium Tank Battalion, 37th Armor, stationed at Fort Hood, TX. During this assignment he completed basic and advanced military training.

Source: www.history.army.mil

The Surgeon's Log

—Navy Medicine's Historical Timeline

1908

Navy Medicine in Washington, DC

In 1908, a young hospital apprentice named Albert B. Montgomery reported for duty at the Naval Hospital, Washington, DC, then located on old "Observatory Hill" in Foggy Bottom. Forty years later he reflected upon his experiences in what would be his first year in the Navy for an article entitled "Looking Back." His recollections range from racing horse-driven ambulances on cobblestone streets to obtaining study specimens at the city morgue for Naval Medical School students. The following is an excerpt of this article which first appeared in *The Hospital Corps Quarterly*, a BUMED journal published between 1917-1930 and 1942-1948.

As is the case with many men of the years, the earlier experiences seem easier to recall than more recent ones. My first year in service in the Navy created a lasting impression and I have a vivid recollection of events and happenings of that period.

In April 1908, I arrived at the then Naval Hospital, Washington, DC, located at Twenty-fourth and E Streets, NW, for duty. My skimpy outfit of clothing and small stores had been issued to me on the USS *Franklin* at Norfolk, VA. To have included a comb in my outfit would have been a waste of money as I was not to need a comb for time after the regulation haircut I received on the *Franklin*.

There was no detail from the hospital to meet me at the Norfolk & Washington Steamboat dock but I had been given streetcar fare and directions to get to the hospital.

Upon reporting, I was given a few hours to stow my gear, get into [my] working uniform and help clean up the Hospital Corps quarters. The quarters were located in a passageway of the basement next to the

paint and carpenter shops.

The furnishings consisted of a low-type hospital cot, an old hair mattress and pillow and an empty packing case for a chiffonier.¹ The toilet and bathing facilities were in the brig head, some distance down the passageway. The brig was seldom used except for mental



Operating room at Naval Hospital Washington, DC.
Photos from BUMED Library and Archives

1. Chiffonier is a piece of furniture popular in the late nineteenth century used to hold "odds and ends." Its name derives from the French word meaning "rag-gatherer."



Naval Medical School students dissecting cadavers. Specimens were often unidentified bodies from the city morgue in Washington, DC.

cases and we had almost exclusive use of the head except for regular basement traffic of working parties going to and from the adjacent shops.

The working uniform was supposedly white, being made of unbleached material that did not become white until after much laundering. After having finished the task of cleaning the quarters, I was taken to the medical ward to which I had been assigned for duty.

There I was introduced to the hospital apprentice, first class, in charge of the ward. I recognized in him a man I had met in Louisville, KY, a couple of years before he had then been a medical student in the university there. He gave me a brief description of what I was not to do for my own protection which constituted my indoctrination. Most of the patients in the ward

were typhoid fever cases. Incidentally, this was about the time "Typhoid Mary," the carrier, had been discovered in Washington. There was no Navy Nurse Corps at this time.²

The duty hours were from 0630 to 1800, except on Saturdays and Sundays when liberty began at 1300. Liberty was granted every other day and if not

on liberty you were subject to call for special watches after regular duty hours. There were many patients critically ill and special watches were almost regular watches.

The limited number of staff personnel, medical officers and hospital corpsmen, imposed what would now be considered a rigid routine. The medical officers included the commanding officer, executive officer and at times, only one watch officer. As I remember, these officers had additional duty at the Naval Medical School.

It was necessary that the medical officers and senior hospital corpsmen train the hospital apprentices in all the procedures of nursing as quickly as possible in order to have them qualified in all branches of nursing that could be required. Any lack of diligence or carelessness was not tolerated I remember

the case of one recruit hospital apprentice who administered an ounce of turpentine to a patient by mistake instead of an ounce of magnesium sulphate solution.³ In the matter of a few hours his rating was changed to coal passer and he was on his way to the Navy Yard for assignment.

After about 4 months of duty in the medical ward I was transferred to the surgical ward for duty which included ward nursing, dressing room and standby duty in the operating room.

In addition to this duty, I had a very special duty in the surgical laboratory of the Naval Medical School where I had the gruesome task of preparing cadavers (unclaimed bodies obtained from the District of Columbia morgue), and bodies of dogs exterminated in the nearby city pound, as subject matter for a class of medical officers under instruction.

The cadavers were kept in a frozen state, thawed for class work each Friday afternoon and then re-frozen. The bodies of the dogs were obtained immediately before class directly after they had been killed by gas at the pound. The cleaning up was not pleasant, but I was continued in this assignment, along with other and various duties for about a year.

One duty we all liked and were frequently called for, was driving the ambulance. A thrilling sight to many in Washington those days was to see the speedy white horse drawing the ambulance of the

2. "The Most Dangerous Woman in America," Mary Mallon (1869-1938), or "Typhoid Mary," was a carrier of the deadly typhoid bacteria. While working as a cook in New York City at the turn of the 20th century, she purportedly spread the disease to 53 people.
3. Magnesium sulfate is commonly referred to as "Epsom Salts."
4. In 1908 the Emergency Hospital (i.e., Central Dispensary and Emergency Hospital) was located on 10th Street, NW.

Emergency Hospital racing on the downtown streets with clanging gong.⁴

It was great fun to think we were also giving the people a thrill by racing our ambulance through the streets but our steed was no match for the one of Emergency Hospital. What we lacked in speed we made up for in noise with the gong.

I can remember driving the ambulance one afternoon on a routine trip to the Navy Yard Dispensary. While proceeding along the street leading to the Navy Yard gate, I could hear the clatter of hooves on the cobble stone street behind them as of a team trying to pass. There was no rear view mirror as you did not have to worry about what was behind you as you do these days with the automobile. As I went through the Navy Yard gate I saw the formation of Marines at attention and realized it was some important person following me. It

was President Theodore Roosevelt.

One day the commanding officer summoned me to his office and asked if I knew one end of a horse from the other and if I had civilian clothes.⁵ When I told him I did and had, he told me to put on civilian clothes and have the stableman hitch up the team to his carriage and for me to drive it to the front of the hospital. The horses were a spirited team and I felt very important driving the commanding officer about the city as I did on several occasions.

In those days when the automobile was not a common sight, a fine team of horses was probably the cause for more comment and admiration than the sight of the latest model automobile these days. It was no unusual sight to see the Surgeon General drive his horse and buggy to the hospital entrance most any time of the day.⁶

When I think of the ambulance service of our hospitals today, I recall the first motor ambulance of the Navy that was received at the hospital about the last of the year, 1908. It was a large, cumbersome vehicle of the electric type. Because of the batteries required for its operation it was

very heavy. A hospital steward had been trained to drive it and there was much skepticism as to whether it would replace the horse ambulance, especially so, after the too frequent trips to the Navy Yard when it was necessary to have the batteries recharged to get it back to the hospital. It was not to be depended upon for emergency trips, for which the horse ambulance was retained.

I am reminded if another detail I had which was the carrying of official mail between the hospital and the Bureau of Medicine and Surgery which was then located in about four rooms on the first floor of the State, War and Navy Building, in the southeast corner. Before leaving the hospital with the mail I had to report to the commanding officer for any errand he might have for me.

This gave me an opportunity to let the commanding officer know how anxious I was to have duty at sea as that was my purpose when I enlisted. He in answer to the many requests I had made to him, finally gave me a letter addressed to the Surgeon General, personally. In this letter he had stated my desire for sea duty and recommended I be transferred to a ship.✍

Montgomery, Albert B.
"Looking Backward." *Hospital Corps Quarterly*. April-May-June 1948. pp 15-18.



Naval Hospital, Washington, DC — Main Building.

5. Medical Director Thomas Hale Streets, USN (1848-1925), Commanding Officer of Naval Hospital, Washington, DC, in 1908.

6. Presley M. Rixey, USN (1852-1928), Surgeon General of the Navy in 1908.

Scuttlebutt

VIXERAT: RADM ROBERT LANING (1922-2008)

Ancient Romans preferred to avoid the allusion to death. In referring to someone who had recently died, they would use the Latin term “vixerat,” meaning “He has lived.” On 28 April 2008, RADM Robert Comegys Laning, MC, USN (Ret), a member of the Society for the History of Navy Medicine, passed on. With his death we are reminded that he certainly had lived a meaningful existence.

RADM Laning was born in Cap-Haitien, Haiti on 20 September 1922. His father was a physician in the Navy who would reach the rank of rear admiral.

Dr. Laning attended the University of Pennsylvania (1941-1943) and received his MD from Thomas Jefferson Medical College in 1948. Following a two-year internship he joined the Navy in 1950.

Dr. Laning duty stations included Naval Hospital Portsmouth, VA (1950-1951; 1953-1957; XO and Chief of Surgery, 1963-1967); USS *Hamul* (1951-1953); USS *Intrepid* (1957-1958); Naval Hospital Annapolis, MD (staff surgeon, 1958-1960); Naval Hospital Philadelphia, PA (1960-1963), Naval Hospital Chelsea, MA (Chief of Surgery, 1966-1967); Naval Hospital San Diego, CA (Chief of Surgery, 1967-1971); Naval Hospital Great Lakes, IL (XO, 1971-1972); Naval Hospital Yokosuka, Japan (CO, 1972-1973); Bureau of Medicine and Surgery (Assistant

Chief for Operational Medical Support, 1975-1976).

In 1961, RADM Laning was assigned to Project Mercury as the senior member of the prime recovery team for the flights of Alan Shepard, Virgil “Gus” Grissom, and John Glenn. Laning served in this capacity until 1964.

RADM Laning’s honors include American Campaign Medal, World War II Victory Medal, National Defense Service Medal (with one bronze star), Korean Service Medal, Korean Presidential Unit Citation, and the United Nations Service Medal.



RADM Laning is survived by his wife, Alice Laning, his daughter, Maria Laning LeBerre, and three grandchildren (Alicia, Joseph, and John LeBerre).

Dr. Laning’s interment will take place at Arlington National Cemetery on 17 July 2008 at 9 a.m. ☞

For more on RADM Laning please see the article, “Recollections of Project Mercury.” *Navy Medicine Magazine*, May-June 1996, pp 12-15.

HISTORICAL LECTURE SCHEDULED FOR 6 JUNE 2008

The Surgeon General’s Speaker series is scheduled to continue on 6 June 2008 with the lecture “Black Sailors, White Navy: Racial Unrest in the United States Navy during the Vietnam War Era” by John Sherwood, PhD. This lecture will take place in the CAPT Laurel Clark Auditorium, NNMC Bethesda, MD, at 1100. All interested parties are invited to attend. ☞

SHNM WEBSITE NOW ONLINE

The official Society for the History of Navy Medicine (SHNM) website is now online. All papers delivered at the second annual SHNM meeting can now be found at: <http://www.history-navy-med.org/home.html>

Navy Medical History Quiz

- 1.) In 1942, the editors of the reestablished *Hospital Corps Quarterly* adopted a symbol of an anchor, caduceus, and Geneva cross for the masthead of the journal. Designed by the artist Charles W. Chickering, this insignia would later be used as the official emblem of the National Association Veterans of the Hospital Corps as well as incorporated in the Naval Hospital Corps School Great Lakes flag in 1945. What is the name of this Navy Hospital Corps symbol?

- 2.) Going back to the nineteenth century Navy medical personnel have proven themselves to be prolific writers of medical treatises, textbooks, travel logs, and even histories and genealogies. The following list contains the names of actual books. All but one were written by Navy medical personnel. Identify the one title that does not belong.
 - A.) *The Hygiene of Emigrant Ships*
 - B.) *Elements of Natural History Embracing Zoology, Botany and Geology*
 - C.) *Medical Inquiries and Observations*
 - D.) *Narrative of a Voyage Round the World During the Years 1835, 1836, 1837*
 - E.) *The Endemic Influence of Evil Government*
 - F.) *Electrocardiography in Practice*

- 3.) Navy medical personnel have long acted as leaders in the fields of aviation and space medicine. One Navy physician, in particular, paved the way for the Navy's participation in the space program partly through the study of the physiological and psychological effects of weightlessness in the 1950's. What is the name of this pioneer scientist? (*Hint. In 1940, he began his famous study on the relationship between certain psychological and physical tests and the success of individuals in flight training programs.*)

Think you know the answers to the quiz?

Please submit your answers to andre.sobocinski@med.navy.mil no later than 12 June 2008. 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.

Navy Medical History Quiz

Answers (Mar-Apr 2008)

- 1.) Lon Chaney's connection to the U.S. military was not limited to his portrayal of SGT O'Hara in *Tell it to the Marines* (one of the first films to have a Navy nurse character). Towards the end of his life, Chaney, a lifelong chain smoker, was treated for lung cancer at Naval Hospital Camp Pendleton. And, partly, because of his dynamic portrayal of a Marine, Chaney was the first film star to be made an honorary member of the U.S. Marine Corps. Name two other film stars that were honorary Marines.

Answers include: Bugs Bunny, Chuck Norris, Ronald Reagan, John Wayne

- 2.) Like Navy nurses, Navy dentists, hospital corpsmen, and physicians have appeared as characters in movies and television programs. Name three films and/or television shows containing a portrayal of a 1.) Navy dentist 2.) Navy hospital corpsman 3.) Navy physician.

Answers include: "Hennessy" (Navy dentist); "Calling All Marines," "Sailor Beware," "Sands of Iwo Jima," "Saving Private Ryan" (hospital corpsman); "The Chase," "In Harm's Way," "Mr. Roberts" (Navy physician)

- 3.) In his 1898 report to the Navy Surgeon General, Surgeon F.W.F. Wieber, of USS *Miantonomoh*, wrote that "The Bishop system was installed for both officers and men. It proved very unsatisfactory." What newly installed shipboard device (i.e., the "Bishop system") was Dr. Wieber describing?

Answer: Toilet/Sanitation System

- 4.) In the Spanish-American War, USS *Solace*'s hospital unit consisted of four physicians, two pharmacists (hospital corpsmen), and eight male contract nurses. Although not officially part of the Navy, these nurses were given what rating during their service?

Answer: Cook-Nurse

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. Articles and information published in *The Grog Ration* are historical and are not meant to reflect upon the present-day policy of the Navy Medical Department, U.S. Navy, and/or the Department of Defense.

The staff of *The Grog Ration* is always looking for original articles (of less than 2,000 words), historical artwork and photographs, and trivia to publish. For more information on the types of material we are looking for please contact us at:

E-Mail: Andre.Sobocinski@med.navy.mil	Address:
Tele: (202) 762-3244	Bureau of Medicine and Surgery
Fax: (202) 762-3380	2300 E Street, NW
	Washington, DC 20372-5300
	ATTN: Office of the Historian

If you have articles and information about the acts and accomplishments of Navy medical personnel of the present-day please send them to the ***Navy Medicine*** magazine at:

E-Mail 1: Janice.Hores@med.navy.mil	Address:
E-Mail 2: 19native47@verizon.net	Bureau of Medicine and Surgery
	2300 E Street, NW
	Washington, DC 20372-5300
	ATTN: Office of the Historian