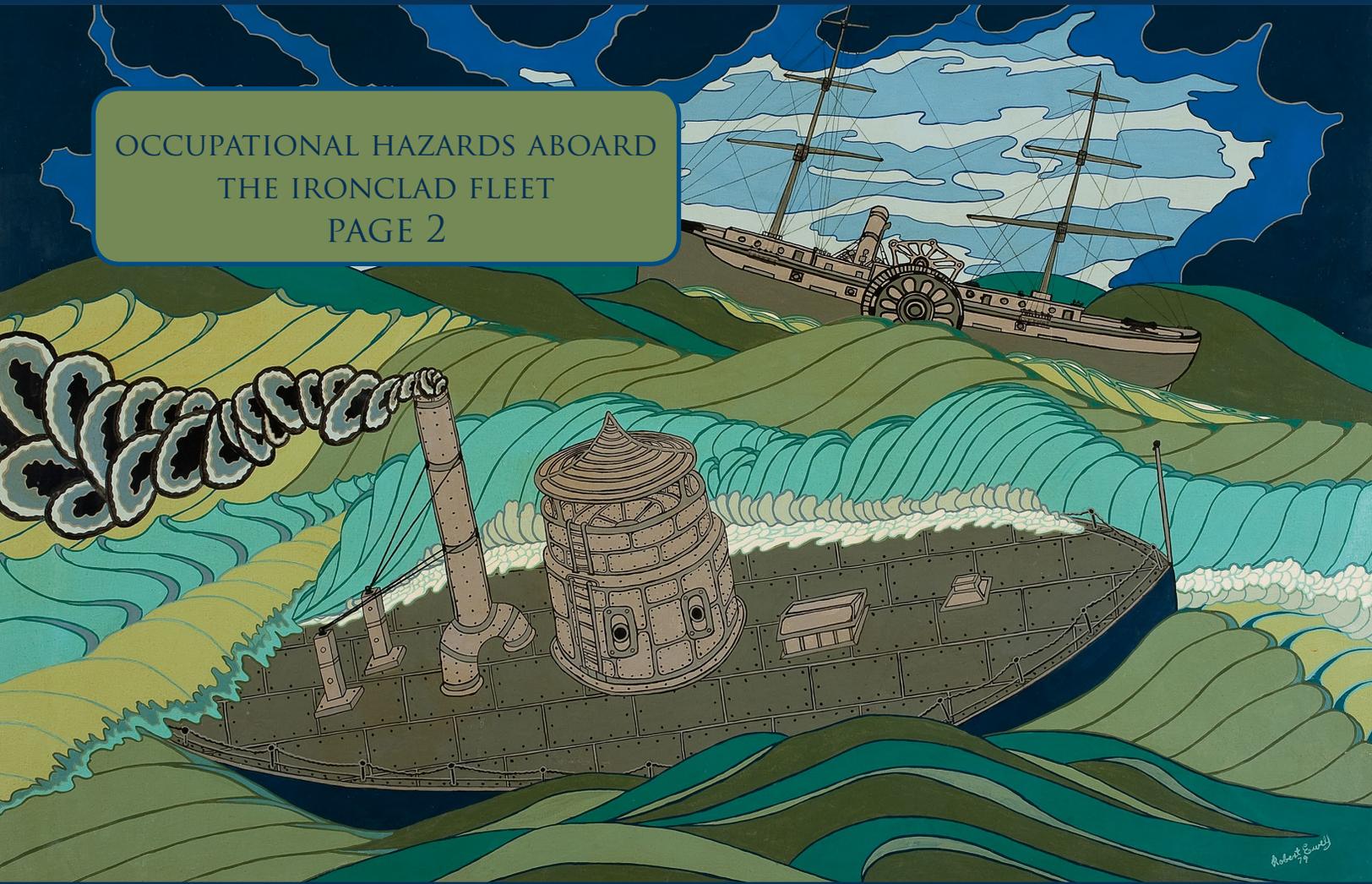


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"SINKING OF THE MONITOR" (1979) by Robert Ewell
Courtesy of Mariners' Museum

Occupational Hazards Aboard the Ironclad Fleet

By Jan K. Herman

David goes out to meet Goliath and every man who can walk to the beach sits down there, spectators of the first ironclad battle in the world... The day is calm, the smoke hangs thick on the water. The low vessels are hidden by the smoke. They are so sure of their invulnerability they fight at arm's length. They fight so near the shore, the flash of their guns is seen and the noise is heard of the heavy shot pounding the armor.¹

This is how U.S. Navy physician Charles Martin described the immortal fight between the ironclads USS *Monitor* and CSS *Virginia* on 9 March 1862.

Almost everyone has that same

image in their minds when they think of the Civil War at sea—that first duel of ironclads—the Yankee cheese box on a raft versus the slope-sided, ungainly ex-*Merrimack*, a scuttled U.S. Navy ship which the

Confederates raised and converted into an ironclad and renamed the CSS *Virginia*. After all, the former U.S. Navy sloop of war had—just hours before—set the *Congress* afire, rammed and sank the *Cumberland*,

1. Hart, Albert Bushnell, *The Romance of the Civil War*. MacMillan, NY. 1903, p 357.

and run the *Minnesota* aground. The following day, she was headed out to finish off the grounded vessel when the *Monitor*, her low-freeboard decks nearly awash, popped into view and saved the day, fighting the *Virginia* to a draw.

What was the medical aftermath of that now legendary combat? On the Union side, three men were injured on the *Monitor*. One was the acting master whose knee came into contact with the turret at the same instant one of *Virginia*'s heavy shot struck it. Knocked senseless by the impact, he regained consciousness 10 minutes later. Another seaman in the turret was knocked unconscious in a similar manner. Acting Assistant Surgeon Daniel Logue described this sailor's injury as a "concussion of the brain." His circulation remained depressed and it became necessary to administer stimulants. When the patient regained consciousness, Dr. Logue watched for a reaction and then applied "cold affusion to the head."

Toward the close of the action, the Confederate ironclad inflicted its last and most significant casualty, the *Monitor*'s skipper John Worden. LT S. Dana Green, the *Monitor*'s executive officer, described the event:

Soon, after noon, a shell from the enemy's gun, the muzzle not ten yards distant, struck the forward side of the pilot house directly in the sight hole or slit and exploded, cracking the second iron log and partly lifting the top, leaving an opening. Worden was standing immediately behind this spot and received in his face the force of the blow which partly stunned him and filling his eyes with powder, utterly blinded him... "[Sent for], I found him standing at the foot of the ladder



It is impossible to underestimate the utility of awnings in deflecting the sun from ironclads' decks...

leading to the pilot house. He was a ghastly sight with his eyes closed and the blood apparently rushing from every pore in the upper part of his face. He directed me to take command. I assisted in leading him to a sofa in his cabin." Dr. Logue examined his eyes, succeeded in removing tiny scales of iron and a small quantity of paint, and then made cold applications to his eyes.²

Following the battle, only Worden left the ship for hospitalization in Washington. The other two patients returned to duty the following day. Worden, it turned out, proved to be the only serious casualty of the battle, permanently losing the sight in one eye and incurring a disfiguring scar on his face.

On the Confederate side, the

Virginia's crew didn't get away unscathed. In her unequal fight with the *Congress*, *Cumberland*, and *Minnesota* the previous day, the *Virginia* suffered several killed or wounded. In contrast, her wooden-hulled victims suffered enormous losses. The *Cumberland* alone lost over 100 men. Before the ship went to the bottom, "all the wounded who could walk were ordered out of the cockpit; but those of the wounded who had been carried into the sickbay and on the berthdeck were so mangled that it was impossible to save them."³—so recalled her acting commander.

During her engagement with the *Virginia* the following morning, the *Monitor*'s two 11-inch Dahlgren smoothbores did moderate damage,

2. S. Dana Greene, "In the 'Monitor' Turret," *Battles and Leaders of the Civil War*, Vol. 1, Castle Books, NY, 1956, p. 727.

wounding a few aboard the *Virginia* but killing no one. As it turned out, the Confederates got a lucky break. Although each 11-inch Dahlgren aboard the *Monitor* threw a shot weighing 168 pounds, Worden was under orders from the Navy Department to fire half-weight powder charges of 15 pounds for fear the guns would explode. It seems they had not been fully tested. Memories of an exploding gun aboard the USS *Princeton* in 1844—in which the Secretary of State, a senator, and several other bystanders were killed or injured—was still fresh. Had the *Monitor* used full-weight charges, there is little doubt that the *Virginia* would not have survived the fight.

If this first great combat between the ironclads ended in a draw, war at sea had changed forever and with it the practice of naval medicine. Prior to the ironclad, the type of medicine practiced by navy surgeons during the war—both North and South—was quite similar to the medical care their Army colleagues delivered on the battlefield.

The instruments, of civilian manufacture, were the same. The surgical kit of an army physician was identical to that of a Navy physician. A surgical scalpel was a surgical scalpel, a tourniquet was a tourniquet, the treatment of choice for a shattered limb, amputation. Many Army and Navy surgeons on both sides attended the same medical schools. The drugs of choice were the same.

But what was different was the environment in which Navy physicians practiced. Naval medicine at sea was decidedly different from medical practice in garrison or on the battlefield. And the ironclad environment was unique. Certainly there were hazards distinctive to the marine theater—handling of anchor

gear, hoisting apparatus, dangers incident to storms or heavy weather at sea, falls down hatchways and ladders, being struck by the lead line, being caught between boats and gangways on ships and docks, entanglement in parting lines or cables when mooring or unmooring. The term “loose cannon” had an original, more deadly meaning—an unsecured cannon rolling across a deck. Men fell overboard and either drowned or died of hypothermia. Fire caused by spilled kerosene lamps below decks was a constant and sometimes fatal hazard. Contagious respiratory diseases ran through closely packed living spaces, leaving entire crews incapacitated.

What made the naval environment different from the battlefield was the advent of the ironclad ship. John Ericsson’s *Monitor* employed the new technology, incorporating numerous mechanical advances for the time, including forced ventilation of living spaces, a protected anchor which could be raised and lowered without exposing the crew to enemy fire, and a protected pilothouse. Nevertheless, iron and steam introduced brand-new hazards—exploding boilers, scalding with live steam, burn injuries, and primary and secondary wounds resulting from large caliber, rifled naval guns.

Ironclad vessels also introduced several other environmental and occupational concerns for sailors aggravated by badly ventilated and hell-hot engine rooms. It is estimated that a typical low ranking coal heaver aboard a poorly ventilated ironclad routinely endured temperatures approaching 130 degrees Fahrenheit. It is impossible to underestimate the utility of awnings in deflecting the sun from ironclads’ decks, and many Civil War photo-

graphs show those awnings. Everyone has experienced what it’s like to open the door of a vehicle after it has been baking in the summer sun all afternoon. Those freshly scrubbed teak decks on World War I and World War II era battleships were not designed for aesthetics. They insulated steel decks and made living conditions somewhat bearable in pre-air-conditioning days. Try to imagine, then, the plight of the typical Civil War sailor stationed on an inland river of the deep south or in the vicinity of the besieged Charleston, South Carolina. Add the oppressive humidity of July or August and perhaps one can begin to understand the life of an ironclad sailor.

Other hazards also had to be endured. With only inches of freeboard, many ironclads of both navies were literally inches from disaster. One has only to contemplate the *Monitor*’s ill-starred voyage to Hampton Roads even before doing battle with the *Virginia*. Just one day out of New York, the *Monitor* encountered a storm which soon had heavy seas cascading over her deck, washing out turret caulking, flooding her berth deck, disabling her blowers, and nearly extinguishing her boiler fires. Her paymaster recalled what the ironclad’s fight for survival meant for her crew.

Turning to go down from the turret I met one of our engineers coming up the steps, pale, black, wet, and staggering along gasping for breath. He asked me for brandy and I turned to go down and get him some and met the sailors dragging up the fireman and other engineers apparently lifeless. I got down as soon as possible and found the hold between decks filled with steam and gas and smoke; the sailors were rushing up stifled with gas. I found when I

3. Ibid. p 701.

reached the berth deck that it came from the engine room, the door of which was open. As I went to shut it one of our sailors said he believed that one of the engineers was still in there--no time was to be lost, though by this time almost suffocated myself, I rushed in over heaps of coal and ashes and fortunately found the man lying insensible. One of the sailors who had followed me helped pull him out and close the door.⁴

This nightmare would be played out again—fatally—on the last day of 1862 when the *Monitor*'s pumps failed to stem the incoming seas and John Ericsson's ironclad pioneer plunged to the bottom off Cape Hatteras with the loss of several crewmen.

Even the fuel that fired an ironclad's boilers was a threat. Coal, while not a new fuel used by the Navy, had the potential of becoming a silent killer. Fossil fuels require proper ventilation and this concept was not yet adequately understood by Civil War engineers. Untold casualties, some fatal, occurred when crewmen either loaded wet bituminous coal in below-deck bunkers or bilge water contaminated the fuel.

Both the Mississippi Squadron and the South Atlantic Blockading Squadron reported a number of cases of sailors being discovered either dead or unconscious below deck. The more fortunate were revived when exposed to the fresh air. Besides unconsciousness, surgeons described their patients as what today we would call cyanotic—the blueness of the skin caused by oxygen starvation—with foreheads and eyelids markedly swollen. Similar cases reported aboard a coal-fired ship in 1913 recognized the problem as carbon monoxide poisoning. We now know that wet, unventilated

coal produces high levels of that dangerous gas.

Indeed, there were significant differences in warfare once ironclads came into their own. Naval guns up to the middle of the 19th century had an effective range of only about a mile and a half. These were the smoothbores throwing balls weighing 24 and 32 pounds. The strategy therefore called for close-in fighting terminated by boarding parties and hand-to-hand combat.

Wounds sustained in battle on the old wooden ships and those encountered aboard ironclads could be very different. Shots striking wooden vessels tended to throw about splinters which—as secondary projectiles—caused many of the wounds. Burns were uncommon. In yardarm engagements and during the hand-to-hand fighting resulting from boarding an enemy's vessel, small arms, cutlasses, bayonets, and pikes caused many wounds.

In ironclad fighting, splinters might be fewer, but burns and fragment wounds became commonplace. The so-called “protected environment” that an ironclad warship provided was illusory. If anything, an ironclad offered fatal hazards the crew of a wooden ship rarely experienced.

Take the example of the monitor-class *Nahant*. Engaged in Samuel Du Pont's attack on the Charleston forts in April 1863, shellfire from the forts slammed against her pilot house and turret with such velocity that broken bolts ricocheted about her pilot house like bullets, killing one man and injuring two others, including her captain. Navy surgeon Charles Stedman, aboard USS *Nahant*, was at his battle station below the vessel's waterline and later recorded his observations.

Pretty soon a shot struck up, just over Severing's head in the engineer's store room, knocking him off his stool to his great delight, and after that, the balls and shells and bolts rattled like hail upon us and down the turret, thrown up by shot striking alongside.

“Here comes a wounded man,” cried one of the boys, and who should it be but the poor pilot. “Open the door for another” and the old signal quartermaster was brought in with his head stove in. ‘Stand by boys, make room for McCallister—g-d—we're catching it now.’ I found that the pilot, on recovering from his swoon, was only severely bruised in the neck and shoulder, and McCallister was stunned only, but poor old Cobb, the quartermaster, who had been 30 years in the service, was past surgery and died in the night.⁵

What had the Confederate guns done to the *Nahant*? Two quick hits in the same place had hurled iron splinters, broken bolts, and sheared nuts flying about the pilot house. A 78-pound iron splinter killed the quartermaster. Sheared nuts and bolts hit and injured other men serving the turret guns. The *Nahant* broke off its attack and retired after its turret mechanism became disabled under the rebel onslaught.

Iron shot weighing over 150 pounds was now common, making the 24- and 32-pound size—thrown by earlier guns—seem quite puny in comparison. What's more, a newer generation of rifled guns that could pulverize masonry forts could do worse to those enclosed within an iron-sheathed hull. I refer to what results as the “garbage can” effect. Imagine yourself encased in a typical galvanized steel garbage pail or a 55-gallon steel oil drum,

4. Greene, S. Dana. “In the ‘Monitor’ Turret,” *Battles and Leaders of the Civil War*, Vol. 1, Castle Books, NY, 1956. p 721.



“SICK BAY” from *The Civil War Sketchbook of Charles Ellery Stedman, Surgeon, USN* (1976)

ears unprotected and then having your antagonists hurling 50-pound cement blocks against your cocoon, one per second. With blood dripping from nose and ears, crewmen were sometimes driven mad under the barrage of both rifled and unrifled artillery. And if not driven mad, their eardrums ruptured, or—at the very least—they suffered temporary or permanent deafness. Civil War sailors frequently described ringing in the ears or tinnitus.

I attended a reunion of Navy D-Day veterans some years ago and noted that almost all these aging men wore hearing aids, no doubt contributed to by exploding German mines, mortars, and shells encountered as they fought their way up Omaha Beach 66 years ago. With noise levels aboard Civil War ironclads routinely exceeding 130 decibels as artillery discharged or shells impacted iron armor, we can only conjecture what kind of hearing damage resulted among these warriors.

For comparison, a modern F/A-18 jet engine produces about 125 decibels of noise. The noise on the flight deck of a modern aircraft carrier during flight operations routinely exceeds that level. And our crews have available hearing protection. Hearing loss among Civil War soldiers and sailors? Now there’s a topic worthy of future scholarship.

As similar as the practice of medicine was for both Army and Navy physicians—certainly in the treatment of battle injuries—the marine environment offered unique circumstances. Sailors on blockade duty experienced little battle and much boredom. Off Cape Fear, NC, a sailor in the blockading squadron wrote home to his mother that she should get some notion of blockade duty if she would go to the roof on a hot summer day, talk to a half dozen degenerates, descend to the basement, drink tepid water full of iron rust, climb to the roof again, and repeat the process at intervals until

she was fagged out. Then she should go to bed with everything shut tight. Needless to say, under these conditions, the psychological health of sailors was often in question.

This routine was accompanied by an unbroken diet of moldy beans, stale biscuits, and sour pork. To ease the monotony or perhaps to anesthetize themselves from reality, mess crews specialized in the manufacture of outlaw whiskey distilled from almost any substance that fermented in the southern heat. Commanding officers and medical officers assigned to the James River Flotilla complained a great deal of the lack of fresh provisions and vegetables. Following a July 1862 inspection, Fleet Surgeon of the North Atlantic Blockading Squadron, Dr. William Wood, recommended that vessels be furnished with fresh provisions twice a week. His report on his inspection also contained a recommendation for improving the water supply used in the vessels. He said that the “turbid and objectionable” river water, which they drank, tended to produce diarrhea. He saw no reason for continuing to use impure river water, since steam vessels could condense more pure water than their crews needed.

Even though sanitary conditions aboard ship were often superior to those ashore, and both navies probably fared better than the armies when it came to the frequency of disease, rheumatism and scurvy kept the doctors busy along with typhoid, dysentery, break bone fever, hemorrhoids, and seasickness.

In the southern climes, insect-borne malaria and yellow fever laid low many a crew. And, regardless of what they had to work with, surgeons aboard the ironclads—and indeed every vessel—had no medi-

5. Hill, Jim Dan. *The Civil War Sketchbook of Charles Ellery Stedman*. Presidio, CA, 1976. p141.

cine for the ills of the spirit brought on by the strain of monotony, poor food, and unhealthy living conditions which produced much longer casualty lists than did rebel shells or mines.

The ironclad navy of the Civil War was neither all wood nor all iron. Nevertheless, the ironclad navy represented the first, halting steps into the modern age. Even though many of the hulls were still wood with but a veneer of iron, such vessels as the *Monitor* and the vessels they spawned would soon become commonplace. The age of sail was over and had been since the *Monitor* and *Virginia* fought their legendary duel in 1862. It was a new Navy in 1865, even though hard-bitten conservatives in Washington had been loathe to trade traditional wooden hulls and canvas for an all-steel fleet.

By the late 1870s and certainly by the turn of the 20th century, that fact was a reality. Medical planners and health care providers would now have to face squarely the medical realities Civil War surgeons had already encountered during.

The new steel ships now carried rifled, breach-loading artillery. What their muzzle-loading predecessors had inflicted upon human flesh and bone had already been demonstrated. Traumatic amputations, penetrating fragment wounds, and horrific burns had become commonplace during that war. In the age of the all-steel, all steam Navy, these injuries would increase exponentially as would new kinds of injuries merely hinted at during the Civil War—primary and secondary blast injuries, scalded skin and flesh caused by ruptured steam pipes and boilers, toxic smoke inhalation—all the products of fire below decks.

The problems first encountered

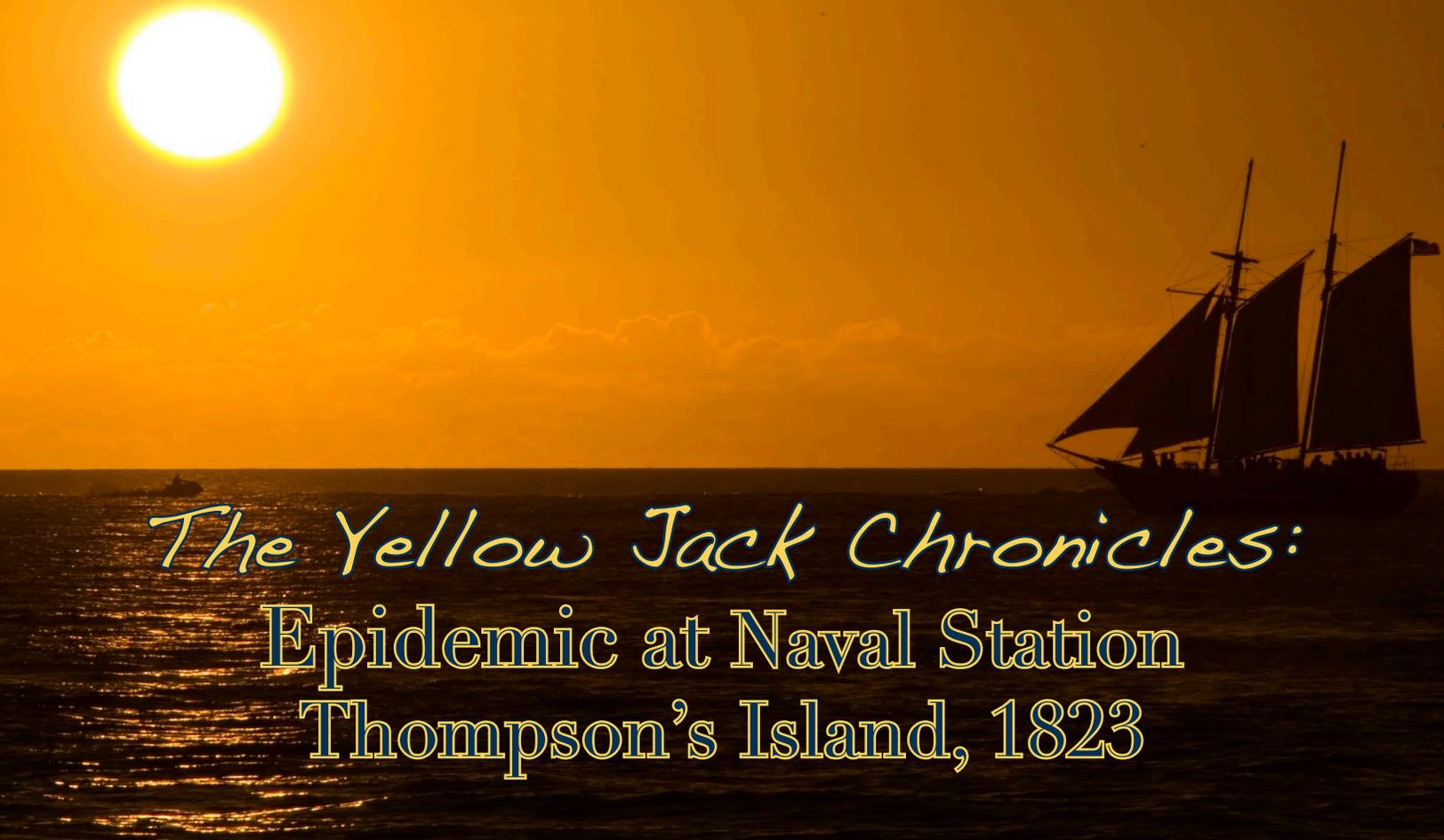
during the war of the ironclads would now have to be dealt with aboard larger more powerful vessels with watertight compartments, problems such as how to move non-ambulatory casualties between decks, up ladders, and through scuttles to sick bays and battle dressing stations. Perhaps, more importantly, ventilating those spaces would become a major concern as more and more sailors lived and worked in compartments sandwiched between un-air conditioned multiple decks.

When the Great White Fleet put to sea in 1908, just 43 years after Appomattox, the transition to the all-steel Navy had already been accomplished. The Naval Medical School in Washington, which co-located with the Naval Museum of Hygiene in the Old Naval Observatory building, had as its new mission “the instruction and training of newly appointed medical officers in professional branches peculiar to naval requirements.” Here was a place where newly commissioned physicians could learn the kind of medicine they would now practice—naval hygiene, military surgery, military medicine, duties of the naval medical officer ashore and afloat—in short, the grist of naval medicine. What began when the *Monitor* and the *Virginia* faced off that fateful day back in March 1862 had now become routine. ■

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6. *U.S. Naval Medical Bulletin* 4(4) October 1910, p 585.



The Yellow Jack Chronicles: Epidemic at Naval Station Thompson's Island, 1823

First sighted off Craney Island on Wednesday, 25 June 1823, the *Decoy* looked like a phantom schooner as she slowly drifted up the Elizabeth River through a continuous veil of fog. Her wooden masts and booms creaked and cracked like the bones of an aged salt who had spent several borrowed lifetimes out at sea. On the Gosport shore, her audible aches were countered by a deep, mournful chime of a distant church bell and a distraught hound barking at some mysterious, unseen specter. After a six-month cruise in the West Indies, USS *Decoy* had returned bearing an oppressive stench of fetid bilge water, rotting sea grass, and fevered death. Her journey north from the Florida Keys had been rough. Six of her crew-

members, including her captain, J.M. Maury, died on the voyage from yellow fever. And this would not be the end of it. The *Decoy* was a herald of the pestilence soon to befall her station in the Keys, Thompson's Island. So severe was this outbreak of yellow fever that the Secretary of the Navy ordered what can be considered a first of its kind: a medical investigation into the causes of the disease. The very ramifications of this case were grave for the future of the station and would forever affect naval affairs in the region.

THE ISLAND OF GRAVE ROCK

The name "Cayo Huesa" has been translated to mean "Bone" or "Grave Rock."¹ In its corrupted

form the name comes to us as "Key West" Island. Long before Florida was admitted into the Union as a state (1845), or even became a U.S. territory (1819), this island was just part of the greater Spanish colony. Its status changed in 1815 when the Governor of Spanish Cuba deeded Key West to Spanish Royal Naval Officer Juan Pablo Salas as a reward for "distinguished service"² Perhaps with Salas's ownership this southernmost island in the Keys could be turned into a thriving settlement. The dream would fade soon enough when the United States purchased Florida from Spain. Seeing an economic opportunity, Salas sold the little dominion to John W. Simonton, of Mobile, AL, for \$2,000.³

Development on the island

1. Martin, Sidney. *Florida during the Territorial Days*. Athens: University of Georgia Press, 1944. p 191.

2. Ibid.

3. Ibid.

moved at a crawl. Mangrove trees, stagnant pools of decayed vegetation, and burial mounds⁴—hiding the secrets of a long deceased indigenous population—dominated the landscape. At the same time, Key West could boast of a safe harbor and Simonton believed he could develop the island into a profitable seaport. The Alabamian proprietor recruited other investors and suggested to U.S. Navy leadership that Key West be used as a base of operations for the West Indian Squadron.⁵ Though Simonton’s invitation was not without profit-motive, he may soon have regretted his decision.

On 7 February 1822, by order of Secretary of the Navy Smith Thompson, LT Matthew C. Perry sailed to Key West aboard USS *Shark*. When he assessed the value of the island as a naval rendezvous and took soundings of the harbor, what he saw was to the Navy’s liking. Perry wrote to Thompson that “wood...is abundant. Fish and game are to be had in great profusion, and in course of a year or two proprietors of the Island will be able to supply ships with fruits and vegetables.”⁶

Perry soon showed Simonton

that the U.S. Navy was not to waste time dillydallying. On 25 March 1822, Perry took formal possession of the island on behalf of the Navy. The *Shark*’s crew hoisted the 24-star flag on the island and saluted it with 13 guns followed by 13 toasts.⁷ Perry renamed Key West “Thompson’s Island” (in honor of the Secretary of the Navy) and its harbor “Port Rodgers” (after Commodore John Rodgers).⁸

PIRATES, PORTER AND PESTILENCE

Established during the Quasi War with France (1797-1800), the U.S. Navy’s sole purpose for existing was simple: to defend and protect American commerce vessels then being seized by the French in the Caribbean (aka, the “West Indian Islands” since the time of Columbus). The West Indies was the new Navy’s proving ground—a mixture of epic battles and anticlimax set to the backdrop of flourishing commerce. Some 20 years after the peace treaty ended the undeclared war, the Caribbean was a kingdom of commercial enterprise and trade fueled by local cash crops of sugar, coffee, and cocoa. Trading and transporting

these goods was not without their own risks; it was not uncommon for merchant ships to disappear in hurricanes or be seized upon in this oceanic gangland of pirates. Although the original Caribbean pirates may have long ago entered Davy Jones’ Locker, there were those like Diaboleto (“Little Devil”) who proudly upheld the traditions of his forebearers.

Seeing the trouble these pesky marauders were causing, and perhaps influenced by a little lobbying on part of the business community, on 20 December 1822, Congress authorized additional naval forces to patrol the West Indies and the Gulf of Mexico in search of pirates.⁹ And on 1 February 1823, Smith Thompson assigned Commodore David Porter (1780-1843), then serving as an administrator on the Naval Board of Commissioners¹⁰ in Washington, DC, with command of the West Indian Squadron.¹¹

Naval historian Leonard Guttridge once described Commodore Porter as a “man of delicate physique and impetuous nature, ... [he] was among those fond of long, unaccompanied cruising, but one

3. Ibid.

4. Ibid & Morgan, Mordecai. “An account of Fever which prevailed in the American Squadron, and at Thompson’s Island, 1823. *The Philadelphia Journal of the Medical and Physical Sciences*; Jan 1, 1824; 8, 15. pp 53-62.

5. Viele, John. *The Florida Keys: True Stories of the Perilous Straits*. Volume II. Sarasota, FL: Pineapple Press, 1999. p 101.

6. Carter, Clarence (Ed.) *Territorial Papers of the United States, Volume XXII: Territory of Florida, 1821-1824*. Washington: GPO, 1956. p386

7. *The Pittsburgh Recorder*, Containing Religious Literary and Political Information, May 23, 1822; 1, 18; p 287.

8. “Key West” file. Navy Department Library. ZE Files.

9. Ibid.

10. The Board of Commissioners (1815-1842) was a short-lived administrative body that reported to the Secretary of the Navy and preceded the development of the Navy Bureau System (in 1842). Although comprised of a who’s who of the sailing Navy’s finest, service on the Board carried a burden akin to jury duty for many of the selected members. Any chance to return to sea was relished. But in defense of these veterans of the Quasi-War, Barbary Wars, and the War of 1812, administrative duties must have seemed highly anticlimactic. Porter was no exception to this belief.

11. “Key West” file.

feels that in his case the partiality sprung less from an aversion to shared glory than an explorer's curiosity and a strange attraction to the special challenge of lonely and protracted command."¹² The West Indies was the perfect challenge for the determined Commodore.

Porter's mission was twofold. First, the Commodore was to suppress piratical threats, making the Caribbean safe for the merchant fleet. Second, he was to develop the naval base on Thompson's Island and establish a supply and ordnance depot there.¹³

Porter's West Indian Squadron, consisting of the flagship sloop-of-war, USS *Peacock*, the steam galliot *Sea Gull*, and the schooners *Greyhound*, *Shark*, *Ferret*, *Fox*, *Jackall*, *Wild Cat*, *Terrier*, *Weazel*, *Beagle*, and the supply ship *Decoy*, sailed from Hampton Roads, VA, on 15 February 1823.¹⁴ Porter soon bolstered his fighting squadron with the construction of five double-banked oar barges. Named *Mosquito*, *Gallinipper*, *Gnat*, *Sandfly*, and *Midge*,¹⁵ these ships in the fittingly named "Mosquito Fleet," proved more maneuverable around the reefs and shoals than the large

vessels in pursuit of the fleeing enemies.

Upon arriving in the West Indies, Porter was quick to task. By 3 April 1823, Porter's carpenters and crew constructed a base of operations in the form of storehouses, barracks, and a hospital¹⁶ on Thompson's Island.¹⁷

Later in the month, the *Gallinipper* accomplished Porter's other task when it captured the pirate schooner *Pilot* off of Cuba. The crew then sent her into Havana harbor as a message to the pirates that the Navy was looking for them.¹⁸ In May, Commodore Porter reported to the Secretary of the Navy that "our last cruise has been most arduous and fatiguing, and although we have not many trophies to show, it has not been without effect. The result has been the capture of one piratical schooner, and a very fine felucca,¹⁹ and the destruction of one building, the burning of three schooners in the Rio Palmas, and about a dozen piratical houses in the different establishments to leeward of Bahia Honda... Some prisoners had been taken, and it was said that these bands were composed of the freebooters which

lately infested the coast, who having been compelled to abandon the ocean had taken up this new line of business."²⁰

In June, the *Ferret* captured two pirate ships off Trinidad.²¹ Shortly after, LT William Watson, commanding the *Gallinipper* and *Mosquito*, captured the Diaboleto's flagship *Catalina* in Siguapa Bay. The celebrated pirate himself was killed as he jumped overboard and tried to swim away to evade capture. With Diaboleto's death, another chapter of piracy ended.²² Porter's Squadron returned to Thompson's Island where they had to contend with a peskier and deadlier threat. Little did the Commodore know that the West Indies was "capital of mosquito territory"; and Porter and his Squadron were soon to become a convenient banquet for the feasting hosts.

THE YELLOW SCOURGE

Medical history tells many tragic tales, but few of these hold up to stories of mosquito-borne illnesses before the advent of germ theory. Today, we know yellow fever as an acute febrile viral disease transmitted in humans by the female *Aedes*

12. Guttridge, Leonard and Jay Smith. *The Commodores*. New York: Harper & Row, 1968. p 200.

13. "Key West" file.

14. Porter's Court of Inquiry. *Niles' Weekly Register*; Oct 8, 1825; 29, 734. p 90.

15. "Galinipper." *Dictionary of American Fighting Ships*, Volume 3. U.S. Navy. Washington:GPO. 1968. p 10.

16. "Key West" file.

17. According to one tale, Simonton and other proprietors seeing a growing customer base among Porter's crew, imported hogs, sheep and over 300 cords of stove wood to sell. When the Squadron arrived, the sailors and Marines took all the provisions without thinking of recompense. And Porter, seeing the island as government property, had his carpenters construct the storehouses and workshops on the choicest waterfront properties. The Commodore had a mission to uphold and held little interest in Simonton's vision (Viele p101.)

18. Porter, David. *Memoir of Commodore Porter; of the United States Navy with Portrait and Heliotypes*. Albany: J. Munsell Publisher. 1875. p 286).

19. Felucca is a fast narrow wooden sailing ship.

20. Porter, pp 287-288.

21. Porter's Court of Inquiry.

22. Porter. p 291.

aegyptiis mosquito. It is a disease that can be controlled through such preventive measures as spraying non-toxic insecticides and depriving amorous mosquitoes of their breeding grounds (i.e., stagnant pools of water). In Porter's lifetime, yellow fever, also known as "Yellow Jack" (on account of the color of the quarantine flag hoisted from "infected" vessels), was seen as a contagious disease aggravated by miasmatic influences that were common in the so-called "sickly season" (May-September). The exact cause was something of a mystery; and the mosquito was just a pest.

The *Decoy* left the Keys before the first case of yellow fever occurred on Thompson's Island on 19 August 1823. This illness was later graphically described in a published report by Navy Surgeon Mordecai Morgan. Morgan described the first documented case as follows:

"An officer of sanguineous temperament and good constitution had just come to the station and lived several days on shore. He dined on shore the 19th of August, and came on board in the evening sick. He was freely evacuated,²³ and all the usual measures employed with unremitting assiduity. The disease was not to be arrested, and on the fifth day he had black vomit.²⁴ While this continued I gave him only a spoonful at a time of gruel, and occasionally a little soda water.

In the evening his skin became cool and clammy, respiration short, yellowness was diffused over his face, neck and breast, his eye was a brassy yellow,²⁵ and he had all the usual precursory signs of death. I put him in a warm bath of salt water for about ten minutes, and he complained a good deal of a large blister over his epigastrium (the upper central region of the abdomen) while in the bath. He was then put to bed and given two-spoonfuls of paregoric in a little panada [i.e. bread soup comprised of leftover bread, egg, and broth]. He rested tolerably well, and discharged two or three quarts of urine during the night. In the morning he had several natural efforts to evacuate the bowels, and the discharges resembled tar in colour and consistence. Blood oozed out from every little pimple and abrasion of the surface. His stomach retained small quantities of gruel, panada and coffee. He asked for tamarinds, oranges, and several other things, and rapidly recovered."²⁶

The fever soon spread throughout the island. Within a week there were over 40 cases among sailors and Marines. Even Commodore Porter was reported to be in a "state of great debility."²⁷ USS *Beagle* evacuated the station in mid-September arriving in Norfolk on the 20th with the first news of the sickness. The next day, the new Secretary of the Navy, Samuel Southard,²⁸ added complexion to

the problem in a letter to President James Monroe. He announced that two lieutenants, two midshipmen, a captain's clerk, a carpenter, two seamen, a gunner, a copper, and a steward had died of the disease. At least 21 others, including the Navy surgeons, were sick. Southard lamented over the dire state of Naval Station Thompson's Island, but also expressed anxiety over the brewing public relations nightmare. "Accounts from that place, some of them very exaggerated, find their way to the public prints, and create painful anxiety with the friends of those who are there, and will, it is to be feared, unless promptly corrected, produce feelings in the nation which will be essentially injurious to our own interests in that question."²⁹

With guidance from the Board of Commissioners, Southard outlined a mission to render assistance to the ailing and investigate the causes of the fever. Not only would the ill be cured with the best medical attention available, but the "public mind" would be quieted with accurate information and the naval station could be made safe again.³⁰

The veteran Commodore John Rodgers, then serving as the President of the Board of Commissioners, was tasked to command the special mission to Thompson's Island. Southard then wrote to three of the most accomplished physicians in the Navy, Drs. Samuel Marshall (in Brooklyn, NY),

23. Patients were "freely evacuated" with emetics and paregorics, medicines designed to incur vomiting, etc.

24. Black vomit — Digested blood and gastric substances.

25. "brassy yellow" or jaundice as a result of high levels of bilirubin in blood.

26. Morgan.

27. Record Group 71. M1099. *Annual Report of the Secretary of the Navy*, 1823. pp 178-179.

28. Southard Confirmed on 16 September 1823.

29. *Annual Report of the Secretary of the Navy*, 1823. pp 178-179.

30. *Annual Report of the Secretary of the Navy*, 1823, p 180.

Thomas Harris (in Philadelphia, PA), and Bailey Washington (in Washington, DC), asking them to ready themselves for receiving orders of a “confidential nature” in three or four days time.³¹ Each would be assigned to report to Rodgers aboard USS *Shark*.³² With Marshall unable to make the journey, Surgeon Richard K. Hoffman, also of Brooklyn, reported in his stead.

Southard ordered Commodore Rodgers to prepare the ship and sail “as speedily as circumstances permit.”³³

“When you shall arrive at Thompson’s Island, you will investigate, with utmost care, the origins, progress and present state of the sickness which prevails on the Island and in the Squadron; the condition of all the vessels which are there; the localities of the station, in reference to health; and every matter; which may be necessary. . . . After having made the necessary enquiries, you will either take such measures as shall seem proper in reference to the health and comfort of the Squadron leaving it where it is; or you will order its removal for the present Pensacola, Norfolk or some other port. In either event, an early and minute report on the subject to this Department is desirable.”³⁴

Rodgers and his medical task force arrived at Thompson’s Island on 23 October 1823 only to discover that Commodore Porter, and

the ships *Sea Gull* and *Peacock* had left. Of the 140 sailors and Marines remaining, 59 were sick with fever, several of whom were being treated at the hospital under the care of Surgeon Thomas Williamson, USN. Rodgers noted that the fever had become quite mild but also the sailors had become quite unruly in Porter’s absence.³⁵

Surgeons Harris, Hoffman, and Washington walked the island studying every topographical feature and collected clues with the thoroughness of forensic scientists. Noting that over half of the Island was covered in salt water and fresh water ponds, the latter being covered with decomposing vegetable and animal matter, they suspected the resulting “miasma” (literally “bad air”) would have had a powerful effect on the populace and their health. After further discussions with each other, on 29 October they drafted a report to Secretary Southard outlining six causes of Yellow Fever:

1. *From sudden exposure of Northern constitutions to a tropical climate a period when the ordinary relaxing effects of a change from a cold to a warm season were aggravated by a difference of fourteen or fifteen degrees southern latitude. From this cause, they were, in the space of two or three weeks, operated upon by an increase of temperature of at least fifty degrees.*
2. *From the great fatigue and exposure, by day and night, of officers*

and crews engaged in the boat service, and from want of comfortable quarters for those who encamped on the island.

3. *From irregular, and frequently, intemperate habits.*
4. *From being often deprived of fresh and wholesome provisions.*
5. *From continued annoyance of Moschetoes [sic] and sand-flies, which deprived the men of their accustomed rest. So insupportable, indeed, became these troublesome insects, that the men were frequently obliged to retire to the beach, where they walked the greater part of the night. Others, we have been informed by the officers of the station, would row off in boats some distance from the shore, and thus expose themselves either to the heavy dews or dreading [sic] rains to this climate.*
6. *From being operated upon the depressing passions, arising from apprehension awakened by the prevailing epidemic and by the obvious want of comfort of those who here affected with disease.*³⁶

The surgeons then suggested to Secretary Southard that the fever would, more than likely, return on Thompson’s Island. Harris, Hoffman, and Washington had gone as far as medical science could (or went) without pinpointing the mosquito as the transmitter of the yellow fever epidemic. It should be noted that the surgeons suggested that the disease only existed when the temperature was over

31. M149. “Southard to Harris, Marshall, and Washington.” Secretary of Navy Letters to Navy Officers. Roll #15. p 75.

32. “Bailey Washington Timeline.” Biography Files. Navy Department Library.

33. M149. “Southard to Rodgers.” 29 September 1823. SECNAV Letters to Officers.

34. Ibid.

35. M125. “Rodgers to Southard.” Letters received by SECNAV from Captains, “Captains Letters; Sep 2-Nov 8 1823)

36. *Annual Report of the Secretary of the Navy*, 1823. p 187-189.

fifty degrees. They were just twelve degrees away from a breakthrough. In reality, mosquitoes will not bite when the temperature drops below 62 degrees Fahrenheit.³⁷

Although the fever on Thompson's Island had subsided as the weather became cooler, at least 21 Navy and Marine Corps Officers, and an untold number of enlisted, died, from the disease. With no definitive solution to the problem on Thompson's Island, Rodgers decided to evacuate the sick to northern climates aboard the schooners *Hero* and *Shark*, and the brig *Harmony*.³⁸

THE FUTURE OF THOMPSON'S ISLAND

President Monroe praised Commodore Rodgers and the "skilful" [sic] surgeons in his address to Congress in December 1823. Still, the future of the naval station remained in doubt until another yellow fever epidemic hit the island in 1824. Seeing the strategic value of the island, Secretary Southard wanted the Navy to stay. But the surgeons were right, the sickly season returned bringing many more agonizing deaths. With increasingly less desire to expend anymore of his forces to yellow jack, on 24 May 1825, Secretary Southard ordered Commodore Lewis Warrington,³⁹ the new Commander of the West Indian Squadron, to transfer the Navy's base of operations

from Thompson's Island to a West Florida town called Pensacola.⁴⁰ A year later, in December 1826, the Navy officially disestablished its base on Thompson's Island;⁴¹ the name would soon fade from the public's memory and "Key West" was once again used.

The year 1826 also saw the official establishment of the Navy Yard and Hospital in Pensacola.⁴² Throughout the 19th century, the Navy base at Pensacola would be plagued by its own yellow fever epidemics. In fact, many more sailors would die of the fever in Pensacola than on Thompson's Island in 1823.⁴³ Nevertheless, the Navy proved more determined to weather the storms in the western panhandle of Florida. It would take another 30 years before the Navy returned to its first base of operations in Florida, Key West.⁴⁴ ~ABS

37. "Yellow Fever Fact Sheet." BUMED Library and Archives.

38. M125. "Rodgers to Southard." "Captains Letter"; Sep 2-Nov 8, 1823, p 127.

39. Viele, p 102.

40. "Key West" file.

41. "Key West" file.

42. Patton, W.K. "Pensacola." *History of Navy Hospitals* (Unpublished). BUMED.

43. Ibid.

44. Patton. "Key West." *History of Navy Hospitals* (Unpublished). BUMED.



NECROLOGY

DAVID ADAMS
- CHAPLAIN

ARTHUR BAINBRIDGE
- MIDSHIPMAN

R.M. BENBRIDGE
- MIDSHIPMAN

NATHANIEL CARTER, JR.
- LIEUTENANT

HENRY DYSON
- MIDSHIPMAN

DR. RICHARD EDGAR
- SURGEON

BENJAMIN FOLLETT
- MIDSHIPMAN

ANTHONY GRICE
- CARPENTER

GEORGE HAMMERSLEY
- LIEUTENANT

MILES KING
- MIDSHIPMAN

SAMUEL MARSHALL
- MIDSHIPMAN

SAMUEL MORRISON
- GUNNER

DAVID NAVARRO
- SAILMAKER

RICHARD M. POTTER
- LIEUTENANT

JOHN REED, JR.
- MIDSHIPMAN

W.M. RITTENHOUSE
- MIDSHIPMAN

GEORGE W. SIMS
- MIDSHIPMAN

GEORGE W. SOMERVILLE
- LIEUTENANT

ROBERT STEED
- MIDSHIPMAN

ROBERT TAYLOR
- MIDSHIPMAN

WILLIAM H. WATSON
- LIEUTENANT

The Yellow Jack Chronicles:



The Navy's Plight in Pensacola, Florida



For many thousands living in American port cities in the 18th and 19th centuries, yellow fever was a nightmare come true. Although the fever is endemic in tropical and sub-tropical areas of the globe, increased shipping and naval presence in southern waters helped to the spread the purveyor of this disease into northern latitudes. In the summer months (aka, the “sickly season”), the mosquitoes’ expansive territory of fevered death could make even Alexander the Great’s many conquests look like a paltry parcel of land belonging to an uninspired conqueror. But in the 19th century, few American cities suffered the onslaught of yellow fever as terribly as Pensacola, Florida. Owing to its location and its role as the West Indian Squadron’s base of operations (after 1825), Pensacola’s plight against the disease was akin to standing on the front lines against a 13th century Mongol invasion—many Pensacolans fled the city, and many died. The Navy was particularly hit hard. In 1825, Secretary of the Navy Samuel Southard had the naval station at Key West moved to Pensacola for reasons of “health and efficiency.” For the next eighty years Pensacola was anything but a healthy oasis. Below we present a chronological overview of the Navy and yellow fever in this gulf port city.

24 MAY 1825. Secretary Southard orders Commodore Lewis Warrington to transfer all stores and forces from Thompson’s Island to Pensacola.

JULY 1826. Naval constructor Samuel Keep writes to his brother of the arrival of USS *John Adams* at Pensacola with yellow fever cases on board: “I shall not remain here unless I am obliged to do so.”

14 NOVEMBER 1826. Surgeon Isaac Hulse, USN, takes command of the new Naval Hospital Pensacola—a two-story house situated in the shade of live oaks at the Barrancas.

SEPTEMBER 1827. Constructor Samuel Keep writes “More than two thirds of the inhabitants of this small city[,] Creoles as well as the American population[,] are sick with yellow fever with some of the people are too obstinate to call Yellow because it will be a damage to the city—they cry peace and safety in the morning and are buried perhaps before they see another sun. There was a funeral this morning before I arose from my bed—the victim was the Marshall of West Florida. The Navy Agent was buried the day before yesterday. Whole

families lie sick without even a servant to administer to their wants for the disease is not confined to the Gentry, and servants cannot be obtained for love or money. So many people have left the place that... [burglaries] are committed almost every night.”

10 JULY 1832. Congress appropriates \$30,000 for the construction of a permanent naval hospital in Pensacola. Completed in 1835, this hospital is a two-story brick building on a low bluff facing Pensacola Bay near Fort Barrancas and about three-fourths of a mile west of the Navy Yard.

AUGUST 1833. In his reviewing yellow fever cases aboard USS *Hornet* (1828), USS *Grampus* (1829), and Naval Hospital Pensacola (1830), Surgeon Samuel Barrington sees the salubrious effect of hydration (through water and lemonade) in the treatment for yellow fever. Barrington, also, argued in favor of what we may now call music therapy for the fever. “Music, though not often regarded as preventive, in my opinion, an important mean of placing the system, through the influence of common sensorium, in a favourable condition to resist the action of morbid causes.”

14 SEPTEMBER 1834. Commandant of the Navy Yard Wolcott Chauncey writes to the Navy Board of Commissioners that the Navy Hospital Pensacola is too small to accommodate the fever patients. He places huts on the beach for the overflow of patients.

1835/36. A 12 foot brick wall is constructed around the hospital at the cost of \$11,921.25. Although the wall was probably constructed as quarantine measure, an apocryphal story of mosquito prevention is generated in the 20th century.

12 APRIL 1836. Surgeon Isaac Hulse wrote that over the last 39 months, he encounters about 80 yellow fever cases.

1839. In addition to treating Navy and Marine Corps patients, Hulse treats 146 civilians with the yellow fever. As was common practice then, Hulse relies on blood-letting, purgatives, and blistering.

1841. Yellow fever outbreak.

1846. Epidemic at Naval Hospital Pensacola. Hulse writes: “Scarcely an indi-

vidual residing at the Hospital escaped an attack.” Listed on the necrology of the epidemic is Hulse’s 7-year-old daughter.

1847. Yellow fever outbreak.

1853. USS *Vixen* arrives in Pensacola with yellow fever patients. Soon after, a yellow fever epidemic rages in the city leaving 260 dead. Many others flee the plague.

29 AUGUST 1856. Surgeon Isaac Hulse dies of tuberculosis at the naval hospital. He had spent most of his shore duty at the station and had long before developed immunity to yellow fever.

12 JANUARY 1861. Union forces surrender the Navy Yard to the Confederates. Pensacola is reoccupied by Admiral David Farragut on 10 May 1862. The Naval hospital is found to be in ruins and a new hospital is soon established inside the Navy Yard.

1863. Yellow fever outbreak

AUGUST 1863. Yellow fever breaks out on the supply ship *Relief*. Surgeon Benjamin Gibbs blames decomposing matter emanating from a “noxious poisonous effluvia” in the ship’s holds and also “sexual excesses.”

21 JULY 1867. Epidemic hits Pensacola. British ship *Fair Wind* is blamed for bringing the fever from Jamaica. But knowing that yellow fever could impact commercial interests, the business community chooses to call it “bilious fever,” “break bone fever,” “red fever.” On 9 August 1867, the Mayor of Pensacola finally admits to the existence of a yellow fever epidemic in Pensacola.

1873. Medical authorities believed that the ship *Golden Dream* brings the fever into port.

AUGUST—NOVEMBER 1874. Yellow fever hits Pensacola. Of the 3,347 residents in the city, 1,947 flee and 354 die. It is reported that many of poor are buried on the beaches and the ebb and flow of the tide expose the naked feet of the



Old Naval Hospital Pensacola’s “Quarantine Wall” as it appears today.
Photograph by HMC Tony Richter

dead. The fatality rate among naval officers is extremely high. Paymaster William Thompson telegraphs the Navy headquarters in Washington, DC, that he is the only commissioned naval officer left on duty. The necrology includes the Commandant of the Navy Yard (W.B. Woolsey) and five officers (including two surgeons). At the Navy Yard alone there are 44 cases and 17 deaths.

OCTOBER 1875. A new naval hospital is constructed on the site of the original permanent hospital. This hospital is used until October 1911.

10 APRIL 1882. Quarantine regulations are strengthened. The quarantine station is moved further down the bay from Deer Point to Little Sabine Inlet. A Navy surgeon at the station soon reports that the quarantine measures are not being observed.

AUGUST 1882. The fever returns to Pensacola. From August 28th to November 21st there are 2,400 cases and 200 deaths.

22 AUGUST 1883. Two deaths at the Navy Yard. Navy Surgeon David M. Guiteras travels to Pensacola to find a frenzied scene in the city caused by the board of health’s announcement of fever. Guiteras later recalls, “from the drift of their conversation, that they had made up their minds to stamp out yellow fever. . . by the very simple method of changing its name.” The terms “bilious” and even “malaria” was believed to cause less of a fervor than yellow fever.

9 AUGUST 1893. The Pensacola Board of Health announces two deaths on accounts of yellow fever. The local paper announced: This [news] flew like wild fire over the city and gathered wings as it went. The cheeks of timid people which but a few hours before had been radiant with smiles, suddenly paled with fear and in an incredibly short time in every part of the city preparations for departure were being made.”

1905. Yellow fever outbreak

1908. Yellow fever outbreak

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TWO FLAGS ON IWO

BY COL DAVE SEVERANCE, USMC (RET)

Sometime near the latter part of November 1944, members of the staff and company commanders of the Second Battalion, 28th Marines met in the battalion war room to be briefed on their upcoming combat mission. In the center of the room was a sand table model of the island of Iwo Jima scaled on the basis of about one foot equal to one mile. There was outwardly displayed apprehension (now known as “shock and awe”) when it was revealed that the 28th Marines were tasked with capturing the southern portion of the island, including a 545-foot-high inactive volcano—Mount Suribachi.

Some rather bravado remarks were made, one of which suggested the first unit to the top should receive some type of reward. One such prize mentioned was champagne. I recall thinking there would not be a requirement for a large quantity of the beverage for the few who might make it to the top. 2nd Lt. G. Greeley Wells, the Adjutant, then remarked that the Marine Corps’ Staff Manual required a unit adjutant to carry a flag on any combat operation. Greeley suggested that the first ones to reach the summit of the volcano could raise his flag. All seemed to agree and there was no

more talk of “rewards.” The next time I heard the flag mentioned was on 23 February 1945 after the 28th Marines had captured the base of the volcano.

At about 9 a.m. on February 23rd, 1945, a four-man patrol from company F, 28th Marines, led by Sgt. Sherman Watson, and including Cpl. George Mercer, Pfc. Ted White, and Pfc. Louis Charlo, climbed the northeastern slopes of Mount Suribachi. They observed no enemy activity during their climb, at the summit, nor on their descent. As the four-man patrol descended, Lt. Col. Johnson ordered me to provide him with a platoon to be led by my executive officer, 1st Lt. H. George Schrier. The patrol was comprised of about 25 men from my third platoon, approximately 12 men from the machine gun platoon, and several from the 60mm mortar section. When the patrol arrived at the battalion CP, Lt. Col. Johnson gave Lt. Schrier a small flag brought ashore from the USS *Missoula* [APA-211] by Lt. Greeley Wells, and told him that if the patrol was able to reach the summit, he was to raise the flag.

The patrol encountered no resistance, and at 10:20 a.m. tied the small flag to a piece of pipe, located by Cpl. Robert Leader and

Pfc. Leo Rozek, and raised the first of two American flags. The six Marines who raised the first flag were: 1st Lt. H. George Schrier, Platoon Sergeant Ernest Thomas, Sgt. Henry Hansen, Cpl. Charles Lindberg, Pfc. Louis Charlo (Co. F), and Pvt. James Michels. *Leatherneck* magazine photographer, Sgt. Lou Lowery, was on hand to photograph the action. Unfortunately he was out of film and had to photograph the scene after the flag had been raised. In doing so, he rearranged the position of several members, thus taking a photo that was, in effect, posed. Almost immediately after the flag was raised, three or four enemy soldiers rushed out of their caves firing rifles and throwing grenades. One was a Japanese officer waving a broken sword. They were quickly cut down by the patrol members. Photographer Lowery, while dodging a grenade explosion, jumped down the slope of the volcano, sliding 15 to 20 feet. His camera was broken but the exposed film was not harmed.

Word had been passed throughout the commands that a patrol was climbing Mount Suribachi and would raise a flag. As the flag was raised, the troops on the island cheered and the ships offshore blew

(Author’s note) The details in this story have, for the most part, originated with 2nd Lt. G. Greeley Wells, USMCR, who was Adjutant of the Second Battalion, 28th Marines during the preparation for the assault on Iwo Jima and during the battle. Additional information is based on Associated Press photographer Joe Rosenthal’s interviews and conversations. As battalion adjutant, once ashore, Lt. Wells became the quasi aide to the battalion commander and was with him or near him whenever Lt. Col. Chandler Johnson was in the command post (CP).



Today Iwo Jima is a pilgrimage site for Marines. Some go as far as to reenact the flag raising.
Courtesy of CAPT David Lane, MC, USN

their horns and sirens. The event gave a real boost to the morale of the troops in the midst of a grim battle.

Soon after the first flag was raised, Lt. Col. Johnson heard that Secretary of the Navy James Forrestal (who, together with Lt. Gen. H.M. Smith, had just landed on the beach) had expressed a desire to have the small flag as a memento of his visit to Iwo. Lt. Col. Johnson responded by exclaiming, “Hell no! He can’t have our flag. We put it up there and we’re going to keep it.” He then sent 2nd Lt. Albert T. Tuttle to the beach area to find another flag. He planned to use it to replace the original flag; thus he would be able to save the first flag as a battalion souvenir. Lt. Tuttle told me in later years that as he was leaving the command post, the colonel called out to him, “See if you can get a larger flag.”

Lt. Tuttle obtained a large ceremonial flag from LST-779.

I received an order to provide a detail to string telephone wire to the Suribachi patrol and sent Sgt. Michael Strank, Cpl. Harlon Block, Pfc. Ira Hayes, and Pfc. Franklin Sousley to the battalion CP. Company E runner, Pfc. Rene Gagnon had been sent by Lt. Wells to secure fresh radio batteries for Schrier’s patrol, and Gagnon joined Sgt. Strank’s detail for the ascent. As they were about to depart, Lt.

Col. Johnson handed Gagnon the ceremonial flag and then told Sgt. Strank to have Lt. Schrier replace the small flag and send it down to him.

Climbing the volcano at about the same time as Strank’s detail, but at some distance behind, were Associated Press Photographer Joe Rosenthal and two Marine photographers, Sgt. William Genaust and Pfc. Robert Campbell. About half way up the volcano, the photographers met Lou Lowery who was coming down to look for another camera. Lowery told the group that he had already photographed the flag being raised but there was a terrific view to be seen if they continued to the top.

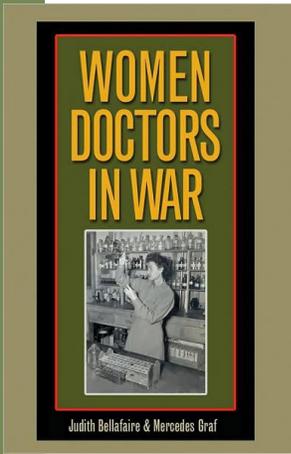
As they reached the summit they saw a group of Marines attaching a large flag to a second pipe (located by Pfc. Ira Hayes and Pfc. Franklin Sousley) and were told that the

small flag was to be replaced and kept as a souvenir. Rosenthal and Genaust backed away to a position about 30 feet from the flag pole site and prepared to film the large flag being raised. Campbell moved into another position where he could capture the movement of both flags. Genaust started filming with his movie camera, using color film, as the Marines prepared to raise the second flag. Rosenthal was caught by surprise when the large flag started up and was lucky to snap one exposure, which was to become famous and win a Pulitzer Prize. The time was shortly after 12 o’clock noon. No official record of the time has been found but Joe Rosenthal recalls that he had descended the volcano and was sitting down at the 28th Marines’ CP when he glanced at his watch. It was 1:05 p.m. Rosenthal’s photograph would later be the inspiration for the construction of the Marine Corps War Memorial in Arlington, VA.

It would take over a year and a congressional investigation to accurately identify the six men who raised the second flag. They were: Sgt. Michael Strank, Cpl. Harlon Block, Pfc. Ira Hayes, Pfc. Franklin Sousley, Pfc. Rene Gagnon, and PhM2c John Bradley. Hayes, Gagnon, and Bradley survived the battle. All three have since died, John Bradley, from Antigo, WI, being the last survivor of the group. He died on 11 January 1994. Both flags are now on display at the National Museum of the Marine Corps in Triangle, VA.

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Col. Severance is the former commanding officer of Co. E, 28th Marines. He resides in La Jolla, CA.



Review

Women Doctors in War

by Judith Bellafaire and Mercedes Herrera Graf

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With their recent book *Women Doctors in War*, Judith Bellafaire and Mercedes Herrera Graf, have gone far in filling the gap that exists in the history of women in military medicine. As they tell the stories of American female physicians from the Civil War to those serving presently, they have gone beyond the documentation of names and dates and have created new knowledge about the practice of medicine by women in wartime. Because of its unique scope, this book promises to reach across a wide audience of medical and military historians, those who study women's history, the lay public who have an interest in the military, and beyond.

Bellafaire and Graf begin their work with a dedication to American women patriots, and remind those reading their work not to forget the service rendered by women in war. It is because the service of women in war, particularly female physicians, has largely been overlooked, that this dedication takes on a sense of irony. Unlike Sharon Harris' in-depth, comprehensive and focused biography that features the work of one physician, a Civil War surgeon named Dr. Mary Walker, (*Dr. Mary Walker, An American Radical, 1832-1919*), Bellafaire and Graf's work spans decades and offers their reader a history that is necessarily broader.

The authors place the female physicians they feature within the larger context of the harsh conditions of war while

they weave in stories of individuals to bring the phenomenon to life. Their history is a refreshing contrast to books that romanticize and glorify the experiences of their subjects.

The authors of *Women Doctors in War* do not give in to the temptation to glorify and do not shy away from the many of the challenges these women faced as they went up against the well established medical and military hierarchies. Many championed their challenges, but some fell victim to them. Both perspectives lend insight into the opportunities presented to female physicians by their inferior positions as caretakers in the male dominated environments of medicine and war and the female dominated role captured by their nursing colleagues.

Womens Doctors in War features powerful photographs of women practicing medicine that will help bring the reader an even more intimate gaze into the experiences of these physicians. Numerous illustrations and tables are also included and offer the researcher a plethora of information at a quick glance. End notes document the authors' impressive breadth and depth of references used to conduct their research. This work opens the door for scholars and welcomes more work on this topic, of which only the surface has been scratched.

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Scuttlebutt:

medical and nautical history miscellany

MONOGRAPH “NAVY MEDICINE IN VIETNAM” IS RELEASED

By Naval History and Heritage Command Public Affairs

The Naval History and Heritage Command has released the third in a series of historical treatments about the war in Vietnam. The latest addition is *Navy Medicine in Vietnam: Passage to Freedom to the Fall of Saigon*, by Jan K. Herman, Senior Historian, Navy Medical Department.

This fast reading monograph begins and ends with Vietnam humanitarian operations. The first operation was in 1954, after the French were defeated at Dien Bien Phu and the nation was divided between the colonial south and the communist north. Refugees, fearing the communist regime, fled to the south. U.S. Navy medical personnel were there to avert the spread of disease and tend to the basic medical needs of the escaping people.

The second and final humanitarian effort was in 1975, after the fall of Saigon, the last stage of America’s exit from the country, which entailed the famous helicopter evacuation of American staff and selected Vietnamese and their families from Saigon.

Between those dates, 1954 and 1975, Navy medical personnel responded to the build up and intensifying combat operations, and, according to the author, employed a multipronged approach that proved effective for treating casualties of the war.

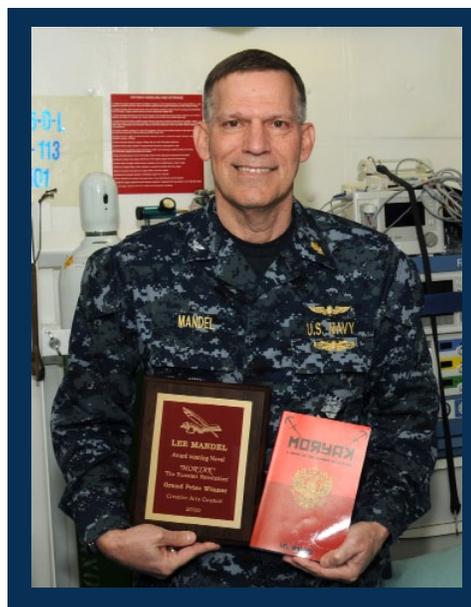
The first prong was the use of helicopters for medical evacuations. The principal vehicle was the UH-1 Huey and was the mainstay for ambulance transportation. The second prong of treatment was triaging, or sorting patients into categories based on need and the most likely to benefit from immediate attention including resuscitation of the nearly dead. The third prong was the system of moving casualties from short-term to long-term care resulting in higher rates of survival and targeted care.

The book describes the medical battalions, which set up combat hospitals in the field; a new advanced emergency hospital with specialized medicine established in Danang; the floating hospital ships offshore; and, the one individual the Marines counted on most to save them—the corpsman. The stories are presented in text, photographs, and oral histories.

Herman has captured the poignant recollections of the medical personnel serving in this extended conflict in a product that is graphic and real, as fresh as if it happened yesterday. The book is a fitting reminder of the great sacrifices the Navy medical personnel made for their country and their patients over more than 20 years.

The book may be ordered from the secure GPO website at: <http://bookstore.gpo.gov/actions/GeneralSearch.do>.

NAVY PHYSICIAN WINS BOOK PRIZE FOR HISTORICAL FICTION



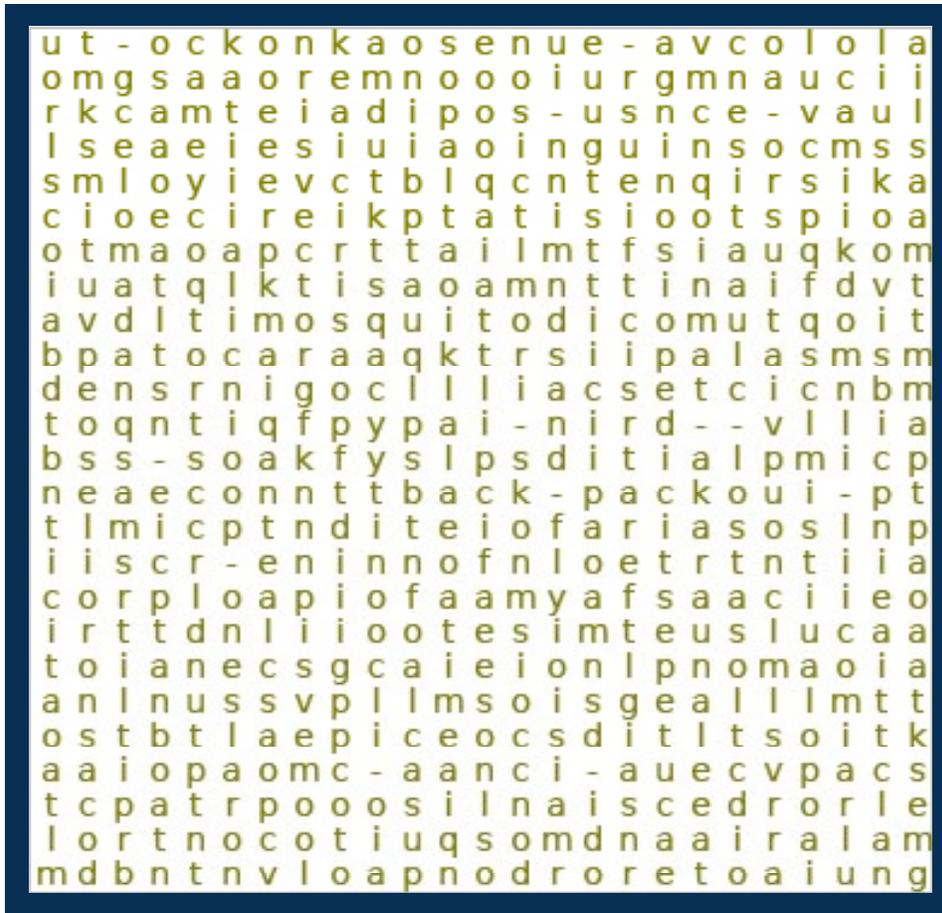
On 31 March 2010, CAPT Lee Mandel, MC, USN was awarded the grand prize at the 17th annual Sante Fe Book Award for his first historical novel, *Moryak*. A review of CAPT Mandel’s novel appears in the March-April edition of *The Grog Ration*.

Here at “The Grog,” we are looking for Scuttlebutt to share with our readership. If you have leads or miscellany to share please e-mail us at: andre.sobocinski@med.navy.mil.

GORDIAN KNOTS

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.
2. Pioneering disease control initiative (Hint. *Anopheles Mosquito*).
3. When established in 1949, NECE was known as the _____ Unit No. 1.
4. This term is used to describe all insects, rodents, and related organisms that play a role in the transmission of disease to man.
5. NECE was instrumental in developing the first American _____ pesticide sprayer suitable for military use.
6. This creature has been known to transmit such diseases as dengue, equine encephalitis, and yellow fever.
7. This insect has been known to transmit leishmaniasis.
8. This creature has been known to transmit typhus.
9. This insect has been known to transmit lyme disease.



SOLUTIONS

MARCH/APRIL 2010 QUIZ

The Navy Medical Department has long been on the forefront of what President Roosevelt called “acts of sincere disinterested friendliness.” For well over a hundred years, Navy medical personnel have exhibited diplomacy in the form of medical assistance to nations and peoples afflicted by natural disaster and poverty. In this edition of Gordian Knots we aim to test your knowledge about some of these operations and their corresponding descriptions. Note. not all Operations have a corresponding action listed.

OPERATION

1. **Operation Handclasp (1973)**
2. **Passage to Freedom (1954)**
3. Operation Sea Signal (1994-1996)
4. Operation Unified Response (2010)
5. **Dilly Typhoon (1869)**
6. **Messina Earthquake (1908)**
7. **San Francisco Earthquake (1906)**
8. Chimbote Earthquake (1970)
9. **Ethiopian Yellow Fever Epidemic (1961)**
10. **Operation Frequent Wind (1975)**
11. Operation Magic Carpet (1945)
12. Operation Eagle Pull (1975)
13. **Operation Repatriation (1954)**
14. **Continuing Promise (2009)**

ACTION

- D. **USS *Sanctuary* (AH-17) conducts a 75-day cruise to Colombia and Haiti. Navy medical personnel treat several thousand of Colombians and Haitians in need of medical care.**
- C. **Evacuation of more than 860,000 refugees from communist North Vietnam.**
- F. **Medical team from hospital ship USS *Idaho* renders aid to Dutch colony following a devastating typhoon.**
- I. **Three ships from “Great White Fleet” are diverted to Italian city to render aid.**
- H. **Teams from Naval Hospital Mare Island set up aid station in this West Coast metropolis.**
- G. **Navy preventive-medicine unit travels throughout African nation to fight deadly infectious disease.**
- A. **Helicopter evacuation of refugees from South Vietnam.**
- B. ***Haven’s* mission to Saigon to pick up 721 sick and injured French soldiers and legionnaires (survivors of the Battle of Dien Bien Phu) and returning them to Oran Algeria, and Marseilles, France.**
- E. **USNS *Comfort* conducts a 120-day humanitarian mission to South America, Central America, and the Caribbean. During this mission the hospital ship visited 12 nations and its medical personnel saw over 98,000 patients.**



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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