

# THE GROG

A Journal of Navy Medical History and Culture

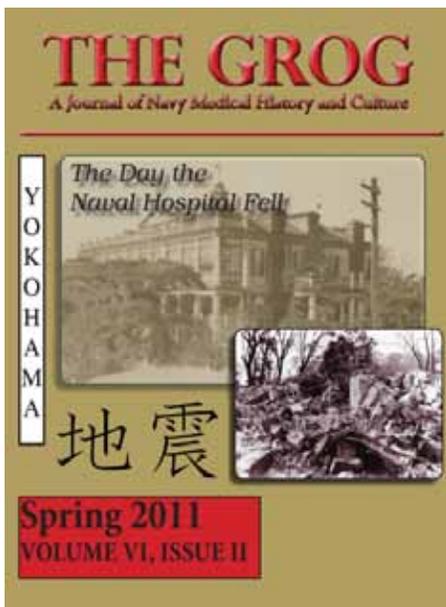
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*The Day the  
Naval Hospital Fell*



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## THE GROG

*A Journal of Navy Medical  
History and Culture*

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THE GROG is a free quarterly publication of the Office of Medical History dedicated to the promotion and preservation of the history and culture of the Navy Medical Department. Articles and information published in THE GROG 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.

## INTRODUCTION

*“At the moment when the news of the great disaster which has befallen the people of Japan is being received, I am moved to offer you in my own name and that of the American people the most heartfelt sympathy, and to express ... my sincere desire to be of any possible assistance in alleviating the terrible suffering to your people.”*

This prescient declaration of sympathy and support offered by an American president might sound familiar, but it's much older than you may think. The year was 1923, Calvin Coolidge was president, and Japan had recently suffered an epic tragedy to be known as the Great Kanto Earthquake. Over 140,000 people would perish in the 7.9 magnitude quake, and resulting tsunami and fires. The cities of Tokyo and Yokohama were completely destroyed, as was the U.S. Navy's first hospital on the Japanese mainland. As a show of support, President Coolidge ordered the 7<sup>th</sup> Fleet to sail immediately to Japan and offer relief and medical assistance. In this year, following the recent devastation in Japan we are reminded of two constants—the larger-than-life fury of Mother Nature and the immense compassion of Human Nature in crisis. With respect to the latter, the Navy Medical Department can boast a fine heritage on display in 1923 and almost countless other relief efforts since.

On a different (but well-meaning scale) is yet another constant: the eclecticism of THE GROG. In our attempt to meet this self-imposed standard of variety we offer you original articles on: Naval Hospital Yokohama's tragic but timely end, the Navy's excellent and long serving care of First Ladies, BUMED's obscure origins (and its relationship to Edgar Allan Poe), the oldest desk in the Navy Medical Department, and more. As always, we hope you enjoy.

~ABS

# THE GROG

A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

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# *The Day the Naval Hospital Fell*

# Navy Hospital Yokohama and the Great Kanto Earthquake of 1923

Nearly 20 years after an era of self-imposed seclusion was broken by an American trade treaty, the Japanese ports in Tokyo Bay had blossomed into thriving marketplaces of foreign trade. Principal among them was Yokohama. By 1872, the former fishing village offered visitors the first railroad in Japan, steamship lines to major American, Chinese and European ports, and a foreign sector that was home to the U.S. Navy's first permanent hospital in the Far East. Naval Hospital Yokohama was established on 16 May 1872 on a 100-foot bluff overlooking the city proper. Its primary mission was to provide medical support to personnel attached to the Asiatic Squadron. During its life, the hospital and its complement of personnel contended with severe cholera and influenza outbreaks, an influx of sick and injured expeditionary forces during the Boxer Rebellion, Spanish-American War casualties, and the ever-present threat of devastating earthquakes.

The toiling tides of fate wore heavily on the stately two-story red brick colonial-style hospital. By 1906, it had been eclipsed as the Navy's preeminent Asiatic hospital by the newly commissioned Naval Hospital Cañacao, in the Philippines. And although still rated as a 100-bed hospital at the turn of the century, it was widely recognized as a convalescent facility. The patient load alone echoed this fact; by 1922, rarely were more than five beds occupied at a given time and an American warship had not visited the port of Yokohama in over a year. In every aspect Naval Hospital Yokohama had long outlived its usefulness and

was waiting to be removed from the books. As fate would have it, Mother Nature would weigh in to hasten the hospital's timely end.

The first day of September 1923 had started beautifully. Chief Nurse Edith Lindquist, who had been stationed at Naval Hospital Yokohama since April 1923, noted that the sunrise had dawned with deep shades of rose on this day. She thought it was the perfect background for the white-sailed fishing boats on the bay. Two hours later an abrupt rain and windstorm swept through, washing away momentary thoughts of the placid morning. A few minutes to noon, she approached a window on the second deck to look at the storm's effects.

Down the corridor on the hospital's second deck Pharmacist Lawrence Zembsch lay on his bed motionless in his quarters with his wife Gladys sitting by his side. He had recently returned to the hospital suffering "nervous exhaustion" following a special mission to retrieve and cremate the body of a Marine officer on Palau. He was the hospital's only patient.

Downstairs, Petty Officers Chester Belt and Claude Smith stood hovering by the main entrance. Their recent adventures were fresh on their minds as they discussed the week's frivolities in the bustling port city. They were among eight hospital corpsmen currently stationed at the hospital. All but one was in the hospital. Belt and Smith's excitable, yet hushed tones colored the stillness of the moment.

As consistent as the creaking quietude of the hospital hallways was Medical Director Ulyss Webb. A 22-year veteran of the Navy, Dr. Webb

arrived in Yokohama in June 1922 to serve as the hospital's commanding officer as well as its pay officer and special disbursing agent, and inevitably its executive officer and chief of staff. As lunch time approached, there was little question where Dr. Webb would be—in his office contending with mounds of paperwork.

In the city proper, a wind blew off the bay gradually drying out the streets recently soaked by the passing storm. Vendors and shop owners were returning to the puddled avenues and preparing their wares of silk, bamboo, and tea for sale. The chorus of "wheeling and dealing" was punctuated by the guttural roar of a steam ship leaving Yokohama.

On the cement passenger pier, Navy nurse Nellie Treuthart and PhM3c Cedric Foster watched friends depart aboard the Canadian liner SS *Empress of Australia*. Neither Treuthart nor Foster would have thought this first day of September 1923 was particularly unusual.

Back at the hospital, the clocks ticked 11:58. Within seconds the earth heaved like an angry sea, accompanied by a deep rumble peppered with the sounds of things coming apart. Breaking glass and distant screams pierced the chaos. Officers' quarters, mess hall, the coal depot all crumbled into heaps. Outside, witnesses saw Dr. Webb's wife fleeing the nearby commanding officer's quarters to seek refuge in the hospital cemetery. The concrete pier Treuthart and Foster still occupied, collapsed under them, thrusting both into the bristling bay. Over on the bluff, the entire hospital building fell like a poorly constructed movie set. It was hard to believe this had just happened. In a single

span of four minutes, everything in Yokohama had been shaken into ruins by a 7.9 magnitude earthquake.

Chief Nurse Lindquist was among the first to free herself from the pile of fallen bricks. Remarkably she suffered only minor bruising. As she looked around every building in view was demolished. She saw two hospital corpsmen assessing the damage and heard the disembodied cries of the buried calling for assistance. Later she relived the first moments of the quake: "without any warning of any kind, the portion of the United States Naval Hospital, Yokohama, in which I was, seemed to raise and shake violently, a barely perceptible pause, and again the building shook with renewed violence. Though we were accustomed to frequent shocks, this one was quite different and seemed to tell me to get out. I was on the second floor and there was no way of reaching the stairs in the center of the building, as already the walls were beginning to collapse, so I quickly went out onto a small balcony. As I stepped out of the door, the railing shot off and the floor started downward with me. The rumble and roar of buildings breaking up is something not soon to be forgotten. I could see our roof coming down, also the British naval hospital across the way, and the theater on the corner falling. I was thrown to the ground with the balcony floor on top of me, which sheltered me from the falling debris."

Petty Officers Belt and Smith, along with HA1c Cary Groom, PhM1c Norman Grothe, PhM1c C.E. Yost, and hospital orderly Fujiyama were each able to free themselves from the fallen structures and almost immediately began search and rescue operations. They were soon joined by nurse Lindquist, and the civilian

gardener named Ito. Within moments another hard shock came and the group scrambled to the ground before continuing the search for survivors. They called out the names of their colleagues one by one. Lawrence. LAW-RENCE. No answer. Anthony. AN-THO-NEE. No response. Doctor Webb. DOC-TOR WEBB. "I'm over here." Beneath the collapsed masonry and wood a disoriented Ulyss Webb responded to their calls.

When the tremors began, Dr. Webb ran for the corridor but was only able to reach the door of his office when the hospital collapsed on top of him and carried him into the basement. He awoke, and found himself pinned by a 4 x 6 wooden beam across his pelvis and abdomen; his legs were buried in a mass of bricks and masonry. He soon heard the frayed calls of an unseen rescue party calling out his name. The gardener Ito sawed the timbered restraint from atop his left knee and the petty officers dragged Webb to safety.

The search for others proved less successful. Lawrence and Gladys Zembsch, PhM3c Paul Cannon and PhM3c Antonio Ingloglia, and civilian employees Tagaki (cook), Nakahara (servant), Shibayama (laundry man), and Uki-San (maid) could not be found and it appeared likely that they all had been crushed to death.

A massive fire had broken out in Yokohama and had quickly spread by a 60 mph gale. Webb would later relate, "The road was full of a mass of fleeing, screaming refugees. A gale was blowing, the whole city was burning, the air was full of smoke and cinders, the British Naval Hospital across the way was blazing." For three hours the remaining hospital complement worked in these

## The Mystery of Pharmacist Zembsch

On 5 July 1923, Pharmacist Lawrence Zembsch was sent on duty to Palau in the Caroline Islands to cremate the remains and to collect the effects of Lieutenant Colonel Earl Hancock Ellis, USMC. Zembsch returned to the Naval Hospital Yokohama on 14 August with the ashes and in a "very bad physical condition." According to a report from the Naval Attaché Tokyo, Zembsch's "conversation was incoherent, his walk unsteady and he was in a highly nervous condition. He would burst into tears, apparently without any reason, talked of taking his own life." Medical Director Ulyss Webb believed Zembsch's condition was caused by sun exposure, narcotic, or "mental worry under nervous strain." Webb reported to the Naval Attaché that Zembsch believed Ellis' death was not natural and that the Japanese knew Ellis was a spy and that he was closely watched while in was in the South Seas. CAPT Lyman A. Cotton reported to Naval Intelligence on 30 August 1923 that "How much of the foreboding is due to the condition of Mr. Zembsch it is, of course, impossible to say. It is hoped to get something more definite at a later interview." Zembsch was never interviewed again and never in a condition to make a complete report of his findings on Palau. On 1 September 1923, while convalescing at Naval Hospital Yokohama, Pharmacist Lawrence Zembsch met his death when the hospital collapsed in the Great Kanto earthquake.

conditions searching for the others, only stopping when the piles of debris that remained of Naval Hospital Yokohama were ablaze.

At the site of the fallen pier, Petty Officer Foster swam to nurse Nellie Treuthart and assisted her to a place of safety. As she related, “I could not swim and would have been drowned or crushed to death but for Pharmacist’s Mate F[oster] who came to my rescue.” The area of the bay had become a soup of people trying to stay afloat. Foster and Treuthart struggled their way to a stairwell used as a gangplank for ocean liners. As Treuthart crawled up the steps, she got her first look at post-earthquake Yokohama.

“Looking down over the city all was desolation. The Grand Hotel was a mass of ruins, having caught fire and burned all afternoon. . . There were explosions of tanks of oil, gas, and ammunition around us all the afternoon, and at one time I counted six sampans loaded with lumber and all on fire floating around us. The birds looked white and acted bewildered, the sun was like a ball of fire, and it seemed there was no future for any of us.”

On the bluff, it became clear that if there was any hope to escape the flames it was now. There was only a single avenue of escape—through the grounds of the burning British naval hospital and down the side of the bluff. Lindquist remembered “Everyone had been too busy to save any personal belongings so we were not hampered. Two of the hospital corpsmen assisted the commanding officer and the other two, the injured hospital corpsman [Yost]. On our way to the edge of the bluff the fire was very close, and the air was full of smoke and cinders which made our eyes very painful.”



TOP: Naval Hospital Yokohama before the Great Kanto Earthquake.

RIGHT: Medical Director Ulyss Webb (1874-1947). In addition to serving as the hospital’s last commanding officer, he also held the distinction of being its last payroll and disbursing officer.

*Images from the Bureau of Medicine and Surgery Library and Archives*



The flying cinders blew onto the fleeing Navy party burning holes into their clothes. “By ropes and by clinging to grass roots and shrubs, by digging in our fingers and sliding and rolling,” Webb later reported “we lowered ourselves over the cliff to the reclaimed grounds of the waters edge.” As they looked around they saw men and women jumping into the water to escape the raging flames. In the mass confusion ships in the harbor, including the *Empress of Australia*, sent their boats to shore to rescue the people in the water and ashore.

At 6 pm, nurse Treuthart and Petty Officer Foster had been transported by a Japanese motorboat to the very ship they had said goodbye to earlier in the day. They still did not know the whereabouts of their colleagues at the naval hospital and their outlook dimmed when a fellow refugee aboard the ship claimed that the entire staff of the hospital had died in the earthquake. At 730 pm, when the survivors from the naval hospital arrived aboard the *Empress*, the dire rumors were finally put to rest.

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On Wednesday morning, September 5th, the first American Navy ship arrived in Yokohama. USS *Huron* was soon joined by four others that day. In all, 21 Navy ships steamed to Japan providing necessary food, clothing, medical supplies, and attention to those stricken by disaster.

In the following week, Japanese Home Minister Goto Shinpei, who was to oversee reconstruction efforts, announced that the government was going to build theaters and movie houses in the devastated region “to provide free entertainment for the people this winter, as a means of diverting their minds from the earthquake and of relieving the monotony of their lives.”

In the weeks to follow, Japanese officials began tallying the number of killed and missing in the earthquake, and resulting tsunami and fires, and counted more than 140,000 people killed or presumably dead. Among the deceased were eight personnel attached to Naval Hospital Yokohama: Pharmacist Lawrence and Gladys Zembsch, PhM3c Paul Cannon and PhM3c Antonio Ingloglia, and civilian employees Tagaki, Nakahara, Shibayama, and Uki-San. The hospital they served and occu-

ped was gone but remained on the books until its decommissioning on 10 March 1924.

Twenty-six years later, the U.S. Navy opened a new hospital in the Kanto region of Japan. Naval Hospital Yokosuka was initially established to provide medical support to personnel attached to the 7<sup>th</sup> Fleet

and casualties from the Korean War. Today the facility occupies land that once housed an Imperial Japanese hospital that was first opened in 1875 and demolished by the same earthquake that destroyed Naval Hospital Yokohama on that fateful day of 1 September 1923. *by ABS*

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## Navy Officer Receives Medal of Honor for Heroism in the Earthquake

**E**NS Thomas Ryan was one of 18 men to receive the Medal of Honor in the interwar year period (1920-1940) but the only one to receive it for the Great Kanto Earthquake. His citation reads: “For heroism in effecting the rescue of a woman

from the burning Grand Hotel, Yokohama, Japan, on 1 September 1923. Following the earthquake and fire which occurred in Yokohama on 1 September, Ensign Ryan, with complete disregard for his own life, extricated a woman from the Grand Hotel, thus saving her life.”

RIGHT. President Coolidge congratulates Thomas Ryan, in a ceremony on White House lawn in 1924.

*Courtesy of Naval History and Heritage Command*





# Navy Physicians in the White House

## The Medical Care of America’s First Ladies

by Lud Deppisch, MD

*A United States president felt compelled to chastise the White House press corps: “Every day I pick up the paper and see some flat lie, some entire invention... When they are told that the person who is nearest to me in all the world is not seriously ill and is steadily recovering from a fall, they go about to create rumors that something is being concealed.”<sup>1</sup>*

For nearly 200 years medical officers of the U.S. Navy have frequented the White House to diagnose and to treat the illnesses of American presidents. This legacy began in 1823 with Surgeon Bailey Washington who cared for James Monroe’s peculiar neurologic condition and has continued through the Clinton Administration with Admiral Connie Mariano who served as the president’s personal physician for eight years.

Not so well known is the role played by Navy doctors in the care of the wives of the presidents. In this article I attempt to introduce this subject by examining the relationship of three Navy doctors with three first ladies: Presley Rixey with Ida McKinley; Cary Grayson with Ellen Wilson, the first wife of Woodrow Wilson; and Dr. Joel Boone with Mrs. Grace Coolidge. These doctor/patient arrangements from a century ago were consequential in the

establishment of a permanent medical presence in the White House, in defining the responsibilities of the White House physician, and in the expectation of rewards, both professional and social, on the part of the treating physician. In addition, this relationship posed issues of confidentiality and conflict of interest that would recur during subsequent presidencies.

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## PRESLEY RIXEY & IDA MCKINLEY (1898-1901)



*It is written of First Lady Ida McKinley that: "Her world was dimmed by bromides, a medicine prescribed to prevent the dreaded grand mal seizures, whose side effects left her with dulled wits, skin rashes, headaches and the ever-ready petit mal seizures..."*<sup>22</sup>

Presley Rixey, a veteran Navy captain and surgeon-in-chief at the Washington, DC naval dispensary, was forced to supplement his meager Navy pay by moonlighting amongst the Washington civilian elite. Counted amongst his patients were the Secretary of the Navy John D. Long and family. In the fall of 1898, the Navy secretary and his chronically ill daughter were scheduled to accompany President and Mrs. McKinley on a trip to Atlanta. Long, self interestedly, asked McKinley whether a physician could accompany the official party. McKinley agreed, but having no one in mind, asked Long to suggest a doctor. Guess who was chosen? In a chance meeting shortly thereafter, the president asked Rixey why he had not accompanied the president on a subsequent official trip, this to New York City. After Rixey responded that he had not received the necessary travel orders, McKinley told the Navy doctor that he wanted him to be his attending physician and to also take care of Mrs. Ida McKinley, who had suffered from epilepsy for many years.

Rixey's substandard salary serendipitously lead to his being se-

lected as the first authentic White House Physician, a caregiver of the first lady, and ultimately offered him the opportunity to advance in both prestige and in his profession.

### IDA MCKINLEY'S EPILEPSY

In 1873, Ida McKinley second pregnancy was catastrophic. Although her baby daughter survived for five months, the mother suffered

a significant neurologic event. Retrospective analysis suggests a CVA of her left frontal lobe. As a consequence, she became a life-long epileptic with frequent petit mal attacks, episodic loss of consciousness, severe headaches, and occasional unpredictable grand mal seizures. Weakness of her right hand and difficulty in walking persisted throughout her life.



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Dr. Rixey at work, ca. 1900.

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William McKinley was extremely devoted to Ida. He was usually by her side to support her debility, she clinging to his left arm because of her right sided paresis. When his official duties prevented, he made certain to spend his lunches and work breaks with her. At official dinners, Ida was always seated to McKinley's left for his support rather at the opposite end of the table as political protocol and etiquette demanded. Whenever she suffered a *petit mal* episode on these occasions, McKinley would deftly place his handkerchief over her face, continue his conversation, and casually remove it after the seizure had run its course.

### TREATMENT

Bromide salts in large amounts were administered to control Ida's epilepsy. In addition she was dosed with barbiturates, lithium salts, and powerful narcotics as a restraint since she insisted on her role as first lady to appear in public beside her husband.

Previously Mrs. McKinley had sought medical care in New York City, where she came under the charge of Dr. T. N. Bishop whose specialties were nervous disorders and diseases of women. Bishop plied her with liberal doses of a potion, compounded personally by him. This sedated Ida, produced a rather remote calm, but did not cure her epilepsy.

When Rixey assumed responsibility for the first lady's medical care, he insisted on the formula for this compound. Bishop initially refused, claiming exclusivity. Thereupon Rixey complained to the president that: "...he cannot take responsibility of a case which was being treated by administrations unknown to him." Consequently the formula was

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### Ida McKinley, between 1890 and 1900.

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obtained.<sup>3</sup>

Rixey first reduced and then ceased the administration of Bishop's potion, gradually lessened the first lady's dosage of bromides and applied gentle massage for her headaches. Ida McKinley's symptoms improved. Rixey was tireless in his attendance, and was gratified by the first lady's appreciative smile and by the president's utmost confidence.

### RIXEY'S REWARDS

Presley Rixey became the first bona fide White House Physician and referred to himself as such. He was the first doctor to make regular professional visits to the White House, in the absence of an acute emergency.

"By direction of the President I made at least two visits every day, the first at 10:00 a.m., and the second at 10 p.m., and as many more as required."<sup>4</sup>

Rixey acknowledged that the care of the president and first lady was his primary responsibility and became a customary member of the presidential party on travels and vacations. He also established the first medical treatment space in the White House.

Rixey's prestige soared as a result of his close personal contact with the McKinleys. The president was so impressed by this physician's talents that he gratuitously promised to promote Rixey to Surgeon General of the Navy at the earliest opportunity. McKinley was assassinated before this promise could be fulfilled. However, Rixey saw to it that two cabinet secretaries privy to this promise reminded new president



Teddy Roosevelt of it. On 10 February 1902, Rixey became the US Navy's 17th Surgeon General, passing over 27 senior officers. The office automatically promoted Rixey to Rear Admiral. Rixey was Roosevelt's White House Physician during his entire presidential tenure. Roosevelt reappointed Rixey as Surgeon General for a second four year term until 1910, when the Admiral retired.

Roosevelt additionally tasked the doctor with attending to the widowed Mrs. McKinley in Canton Ohio until her death in 1907, six years after her husband's assassination.

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## CARY GRAYSON & ELLEN WILSON (1913-1914)



In 1913, Navy Lieutenant Cary Grayson was both a protégé and a relative by marriage of fellow Virginian Admiral Presley Rixey. Rixey had long advised Grayson on his junior's medical education and navy career.

In January 1909, as his presidential tenure was concluding, Teddy Roosevelt struck upon an exercise to prove the physical fitness of naval officers—a 100-mile horseback ride to be accomplished in a single day. Rixey, then Navy Surgeon General, selected Grayson as his mounted aide. Roosevelt, his Army aide and the two Navy physicians successfully completed the 104-mile round trip.

In 1913, Navy doctor Grayson's plush assignment was physician to the presidential yacht the *Mayflower*.

In 1916, Rixey was President of the Board of Naval Examiners that promoted then Passed Assistant Surgeon, Lieutenant Cary Grayson over the heads of innumerable senior officers to the rank of medical director and rear admiral. This was President Wilson's way of rewarding his personal physician for his loyal service.

On his Inauguration Day, March 1913, Wilson's widowed sister, Anne Howe, fell on the marble staircase and cut her brow. Navy doctor Grayson just happened to be in attendance with his medical bag. He sewed up the wound, and provided careful attention to the new presi-

dent's sister for several days. What happened next is cloudy, but the most reliable report is biographer Gene Smith's:

"Thinking of her husband's health, Mrs. Ellen Wilson sent for Lieutenant Grayson, who had patched up Aunt Annie with such efficiency, and asked him if he would look after the president. Grayson took the job. (no surprise) Ellen's main priority in life was the well being of her neurotic husband Woodrow."<sup>5</sup>

### ELLEN WILSON'S MEDICAL HISTORY

At her husband's inauguration, Mrs. Wilson was 52 years old and in her 30th year of marriage to the eccentric professor-politician. Three pregnancies during her late twenties were of increasing difficulty, certainly the last, and perhaps one or more of the earlier deliveries, were toxemic. Six years later (in 1895) Ellen began to experience episodic severe nausea, vomiting, and abdominal pain. Moreover she developed pallor and occasional easy

fatigability. Until Grayson, her only medical consultations were with Dr. Van Valzah, a GI specialist, in New York City, the obscure Dr. Wikoff in Princeton, NJ, and a Philadelphia masseuse. Van Valzah concluded that:

"The symptoms and situation suggest they were of psychosomatic origin, rather than a manifestation of another episode of kidney disease."<sup>6</sup>

Unfortunately, the clinical effects of chronic renal failure, especially anemia, became very apparent in the spring of 1912; daughters Jesse and Eleanor noticed their mother's flagging vitality. Family and friends became alarmed that "Something (was) very wrong." Ellen Wilson uncharacteristically limited her participation in Woodrow's 1912 presidential campaign. Wilson cancelled his 1913 inaugural ball because of Ellen's waning health.

Wilson took an instant liking to Grayson. Grayson would be both physician and friend to Ellen and Woodrow for as long as they lived. The doctor, having a medical prac-

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It has been said that Woodrow Wilson looked upon Dr. Cary Grayson as a surrogate son.

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## Ellen and Woodrow Wilson, ca. 1910.

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tice limited to just two patients, had ample time to insinuate himself into the personal and social life of the Wilson family. He golfed with the president, often resided in the White House, and was best man at daughter Eleanor's 1914 White House wedding.

Early on, the doctor became cognizant of his patient's (also his Commander in Chief's) psychological vulnerability, but may have also recognized that some of Wilson's many complaints may be organic, and not just manifestations of an emotionally unstable psyche. Consequently, Grayson focused on maintaining his president's well being with rest, recreation, and tamping down his anxieties. At the same time his second patient was dying from chronic renal failure.

### GRAYSON'S PROFESSIONAL CARE OF HIS SECOND PATIENT

Ellen Wilson was sick most of her 17 months under Grayson's care. Her symptoms included weakness, lethargy, pallor, weight loss, anorexia and acute indigestion, so severe at times that she barely was able to consume any food. On 10 April 1913, one month after the Wilsons occupied the White House, an announcement appeared in the newspapers:

"Upon the advice of her physician, Mrs. Wilson has decided to abandon active participation in the philanthropic movements which have commanded much of her attention since she came to Washington. Mrs. Wilson is not seriously ill, but will remain quietly in the White House until she goes (on vacation.)"<sup>77</sup>



Rest, peaceful vacations, automobile rides with her doctor, and reassurance, appear to be the sum of Grayson's therapy. No one seemed to have a clue about her diagnosis until almost the day she died.

What of Grayson's private thoughts and conclusions: they are absent in his whitewashed memoir; Ellen Wilson's medical progress notes are not recorded, and when I searched the Library of Congress files for Grayson's correspondence with his consulting physicians, these were missing.

Grayson concluded, at least publicly, that Ellen suffered from the strain of overwork, and he continued to reassure President Wilson that his wife would be okay.

Finally, in July, a month before Mrs. Wilson's death, Grayson called in consultants from Philadelphia and Baltimore. It was only then that Dr. Edward Park Davis made the diagnosis of Bright's Disease, chronic kidney failure. The president was only informed three days before his wife's demise that it was time to call

the family to the bedside. Upon her death, Grayson was emotionally unable to inform Wilson; the unpleasant task was left to Wilson's friend and fellow Princeton alumnus, Dr. Davis.

Ellen Wilson's biographer Sina Dubovoy summed up: "Whether malpractice or divided loyalties, nothing could be done, other than bed rest and analgesics. The Wilson family never blamed Grayson for his inability to diagnose or disclose Ellen's illness. On the day of death, Woodrow Wilson credited him for his 'noble work' in trying to save Ellen. By then Grayson had become Woodrow Wilson's surrogate son and could find no fault in him."<sup>78</sup>

Cary Grayson remained Wilson's personal physician until the end of his second term in 1921 and beyond. He was instrumental in introducing the president to Edith, his second wife, and protected Wilson during his functional disability from a major stroke in 1919.

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## JOEL BOONE & GRACE COOLIDGE (1924-1929)



Navy Commander Joel Boone was more than a physician to First Lady Grace Coolidge; he was her friend and confidante. Her husband, President Calvin Coolidge, was a taciturn, dominating, rigid individual who shared little, if any, of his political thoughts with his wife. She only learned of his decision not to seek renomination as president in 1928 from a casual slip of the tongue by a political associate. Further damaging their relationship, Coolidge became clinically depressed and increasingly withdrawn after his favorite son, Calvin Jr., died from staphylococcal septicemia early in his presidency.

Grace Coolidge was an intelligent, charming and attractive woman. As a graduate of the University of Vermont, she was the first first lady with a college degree. Moreover she had a profession; she was a teacher of the deaf at the Clark School in Northampton, MA.

Unhappy to serve merely as a social decoration and stricken by the tragic loss of her younger son, she found Dr. Boone to be an intelligent, attentive, and available listener.

Navy physician Dr. Joel Boone lived a fascinating professional career, one, in stark contrast to Gray-

son, he candidly documented in numerous opinions, a voluminous diary and exhaustive correspondence. His career encompassed a homeopathic medical degree, White House service under three presidents (Harding, Coolidge, and Hoover) and military duty with the Marines in Haiti and again in France in World War I, and finally as medical attaché to Admiral "Bull" Halsey in World War II. He received the Congressional Medal of Honor for heroic service with the Marines in France, and witnessed the formal Japanese surrender aboard the battleship USS *Missouri*.

Boone, like Grayson, was assigned to the Presidential yacht *Mayflower* becoming Assistant White House Physician—first to Harding, then to Coolidge. In the Coolidge White

House, Commander Boone served under White House Physician Army Colonel James Coupal.

Boone privately disparaged Dr. Coupal's professional ability as that of a family physician of the sort that one might have discovered at that time in towns and small cities of the United States.

Grace Coolidge was seriously ill in the White House only once. On 1 February 1928, she collapsed following a White House reception, becoming very weak and tachycardic. Boone assumed control of her case. He quickly requested consultations by eminent Washington civilian internists Doctors Walter Bloedorn and Paul Dickens. A cystoscopy was advised, which was performed at the Washington Naval Hospital by Dr. Hugh Young, the illustrious urolo-

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Joel Boone sitting with First Lady Grace Coolidge at the Fort Benning game, 1925.

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gist from Johns Hopkins School of Medicine. Young's examination and accompanying X-rays disclosed obstruction of the right ureter with an enlarged, misplaced and infected right kidney.

Mrs. Coolidge continued to have painful kidney attacks for several weeks. The president, her husband, was so distraught, saying "Hillsy, I'm afraid that Mammy will die."<sup>9</sup>

The kidney attacks subsided during the summer, and there was no recurrence. In this pre-antibiotic era, rest and supportive care were sufficient to overcome the infection. Although the previous illness of Cal Jr. was closely followed in the press, news of Grace Coolidge's condition was suppressed. Boone personally and clandestinely drove Grace to the hospital in his own car for Dr. Young's examination. Young privately discussed the case with the president in Coolidge's private study, not in his office.

Boone's relations with the first couple was one of stark contrasts – prickly and distant with Calvin, but warm and close with Grace. Boone's only other duty besides taking care of the Coolidges' medical needs was chief medical officer of the presidential yacht, *Mayflower*.

Since the Coolidges were frequent users of the yacht, Boone was often in close contact with Mrs. Coolidge. She requested his advice on the selection of a boarding school for her sons. He recommended his alma mater, Mercersburg Academy in Pennsylvania, which the boys subsequently attended. Grace befriended not only Boone, but also Boone's wife and daughter Suzanne. Suzanne was often asked to spend overnights at the White House and the Coolidges took her to the circus. Grace, somewhat estranged from her husband, enjoyed her discreet

talks with Boone as a way to unwind.

Her son John's perspective of his parents' marriage: "I do not know how you can continue to be married to him."

During an Adirondacks summer vacation, Grace and Boone had a long conversation about John, admitting to Boone that she and Coolidge were not "at all in accord on John."<sup>10</sup> The Coolidge's proximity during their long 1925-7 summer vacations led to increased marital unhappiness. No word of these problems got out, only in Grace's conversations with Boone. Boone took interest in her sons almost like an older brother, playing sports with them since their father did not. Grace turned to Boone to extend his medical care to her mother, who had moved to Northampton, MA.

Joel Boone and his wife remained friends with Grace after her husband's retirement and death. Boone was present at Grace's funeral. She died at 78 in 1957.

Boone's gratification was delayed. He did not receive the expected military promotion from Coolidge, who was angered when Boone lobbied for one. However, Coolidge's successor, Herbert Hoover, rewarded Boone's White House service. Hoover selected Boone as his and his wife's personal physician and promoted Boone

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Known for her love of animals, Grace Coolidge had a pet raccoon named "Rebecca" while in the White House.

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to Navy captain. Eventually Boone retired as vice admiral and had a warship, a guided missile frigate named after him.

#### SUMMING UP

Three Navy physicians, three admirals and three first ladies. Three stories with some similarities and some differences.

All three became frequent, if not constant, presences in the White House, and went far to establish the

office of the White House Physician. They all cared for not only the president, but also the first lady, and in Boone's case, the First Children. Grayson and Boone encountered the issue of patient confidentiality versus transparency of information, and Grayson was beset with a significant patient conflict of interest. All three became confidantes or their respective first ladies and were welcomed as almost members of the first family. All were given to believe

that their care would result in significant professional rewards.

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Dr. Deppisch is a board certified pathologist, White House medical historian, and author of *The White House Physician: A History from Washington to George W. Bush*.

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- (9) Bittinger, Cynthia. *Grace Coolidge. Sudden Star*. New York: Nova History Publication, Inc., 2005) pp 87-88
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# The Oral Historian's Collar

By Richard Ginn  
COL, MSC, USA (Ret)

As an oral historian with the Office of Medical History, I sometimes think I should wear a collar, because recording the experiences of Navy medical personnel is somehow sacred. At least it seems that way to me, a veteran carrier of recorder, camera and note book. The truth of it is that everyone has a story to tell, especially our men and women in the military, and BUMED's Oral History Project is a chance for Navy medical people to tell their story. It is an important effort to permanently record the accounts of wonderful people who are making history.

Usually, the people I talk to have never had the chance to tell their story, even to those who are closest to them. Perhaps they don't think their story has any particular value, or they don't think anyone would understand what they've been through, unless they'd had the same experience. Perhaps there are situations they've been in that they just don't want to talk about. That's where oral historians come in, people with education, training, and experience who can listen and record those stories in a permanent way. That's also where the idea of the collar comes in, because in my experience these sessions move into a far deeper realm than just dates, places, and events. These stories come alive, real, and gripping. In the hands of talented oral historians these accounts become the face of history.

One of my favorite Pentagon anecdotes is about the orientation of a freshly minted Army general who was being prepared by Pentagon staffers for testifying before a Congressional committee. You might say

the officer was being girded for combat. The legislative affairs staffer covered protocol, tricks of the trade, and ground rules, then leaned over and said, "And for God's sake, don't blurt out the truth." We are surrounded in our culture—in government, business, and yes, the military—with the natural human and organizational desire (especially if we are in leadership roles) to make ourselves and our organizations present as good a face as possible to the public. Indeed, that is fundamental for any public affairs office. The effort is to soften the lines of inquiry.

But here comes the historian, recorder in hand, whose task is quite different. At the root of things the historian seeks the truth through research and validation (think science), and then proceeds to blurt out the truth in carefully reasoned ways. The historian's research base is primary and secondary sources. Secondary sources are principally published accounts of events and times, such as books and articles. But those things, if they are to have any historical value, must be derived from primary sources such as official records, correspondence, reports, diaries, and oral history interviews prepared as contemporaneously as possible with the event (think scientific evidence). The oral historian's products are permanently preserved in archives; the grandest example of that in our country is the National Archives.

I've been privileged to have the opportunity to conduct oral history interviews for over a quarter of a century. Until recently I've done this with soldiers, and more recently with sailors, Marines, and SEALs. These

are people who often see themselves as ordinary, but whom I see as special Americans doing extraordinary things. Every so often we touch on powerful emotions. There was the young Army medical officer I interviewed who described a tough year supporting soldiers and Marines in Afghanistan's Anbar Province. For the first time he had a chance to talk about compelling memories that were a great burden for him, and while I got a valuable historical document, he got some relief. More recently, I interviewed a sailor who was describing to me an otherwise uneventful trip as he deployed to Iraq. It included a 2 a.m. layover at a deserted airport where he and his fellow GIs were astonished to find they were being applauded by local citizens who regularly greeted service men and women passing through. As he related this event he suddenly and unexpectedly choked up. It was a while before we could continue.

I ask you to think about contributing your story to a project that will help present day and future scholars write the history you are making. BUMED oral history interviews are a great opportunity to help preserve Navy medical history during one of the most extraordinary periods of our country. I've got my collar packed.

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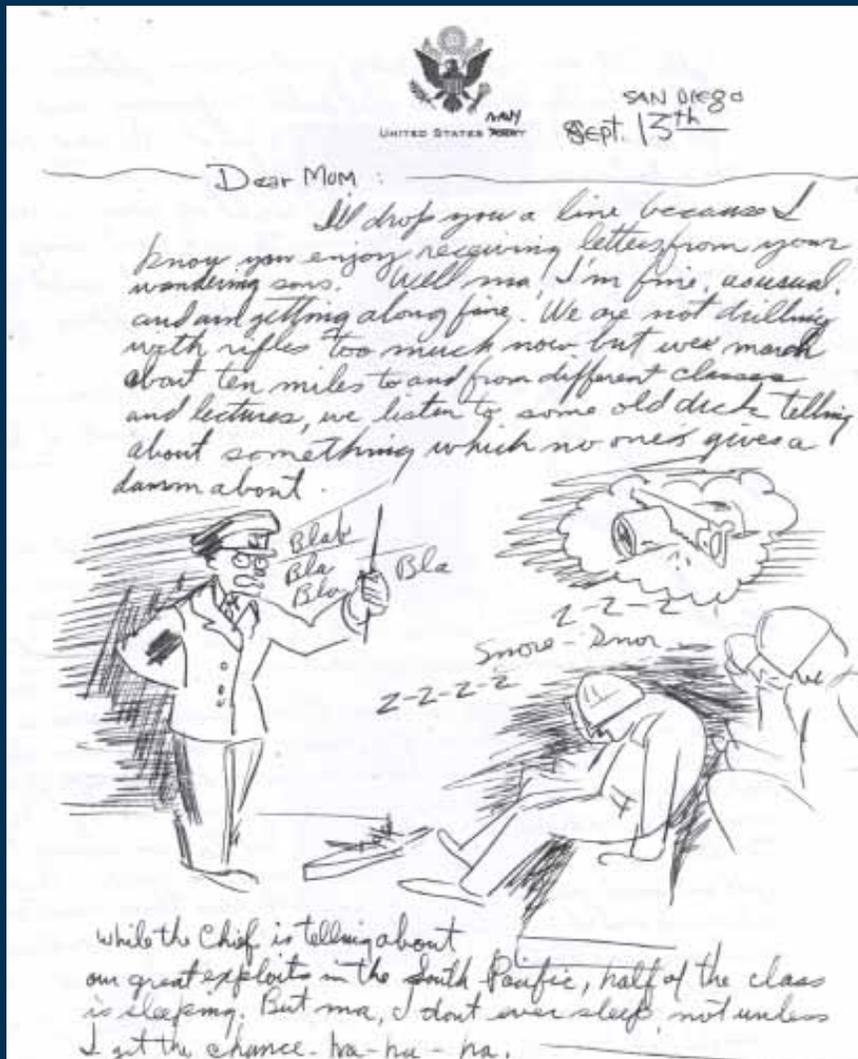
Colonel Richard V.N. Ginn, an historian under contract with the Medical History Office, is a retired Army Medical Service Corps officer. He is the author of *In Their Own Words: The 498th Medical Company (Air Ambulance) in Iraq*.

# A Dental Tech's Scribbles

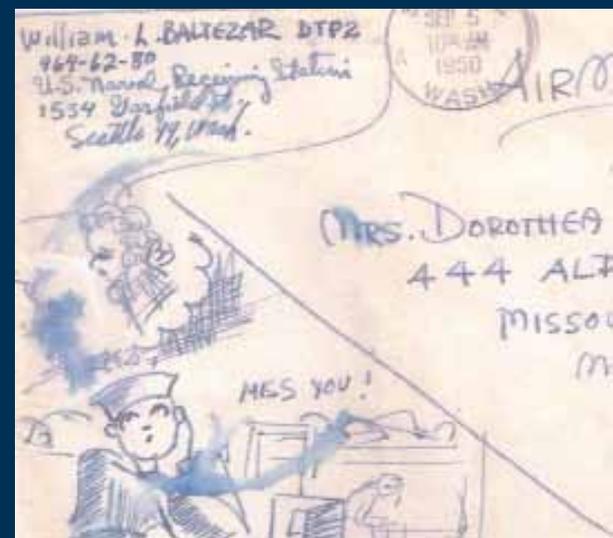
## The Collection of Bill Baltezar

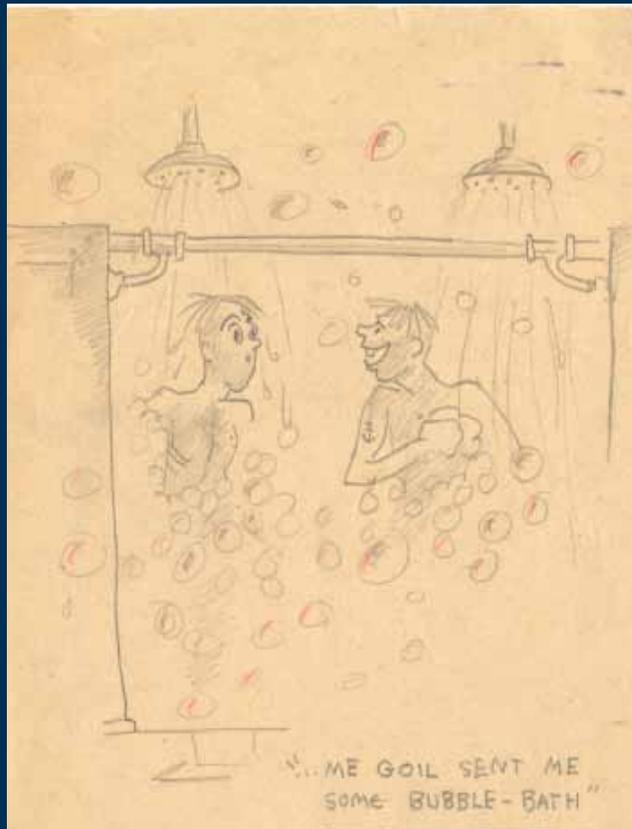
Recently, the Bureau of Medicine and Surgery Library and Archives accessioned a collection of artwork by a Navy dental technician named William “Bill” Baltezar (1924-2009). Before enlisting in the Navy, Baltezar was a trained artist; and through service on active duty (1943-1946) and in the reserves (1946-1953), he never stopped exercising his talent or need to present the daily life of an enlisted sailor through sketch and scribble. This collection consists of letters to his mother while at boot camp and later Hospital Corps School in San Diego, CA (1944), 26 pages of sketches drawn aboard Patrol Cruiser Escort-851 (1945-46), and illustrated envelopes that once enclosed love letters to his future wife, Dorothea. Dorothea Baltezar recalled of her husband, “he illustrated every envelope of every letter he ever sent—I kept all that he sent me over a two-year courtship.” After leaving the Navy, Baltezar worked as an artist in Salinas, CA, where, in addition to earning a reputation for his art work, Baltezar was a popular character in the community known for his fanciful stories, and performances in local community theater productions. In 2010, the National Steinbeck Center in Salinas, CA, posthumously honored Baltezar with an exhibit of his watercolors entitled “When Ya C onna Give Me a Damn Show?”

All images from the Bureau of Medicine and Surgery Archives



William “Bill” Baltezar





"...ME GOIL SENT ME SOME BUBBLE-BATH"

Bella told me I had very good recom-detaur and I'll probably be sent to hospital corpsmen school. He said 99 chances out of 100 I'll get it. He said that the induction center at Butte should of gave me the hospital corpsmen rating and I could of worn a red cross on my arm all the way through boot camp. He said they sure hooked me. I sure wish I could of got it. I tried but they said they couldn't do anything up there.



← That little red cross means a hotdown here. So I'll get to go to school, I think. But nothing is for sure.

We are doing hell of a lot of walking and am learning a lot. We march to the rifle range - then row those big whale boats, listen to lectures and stuff. We have calisthenics every day, that is exercise in our trunks. There is about 4,000 guys at once all in trunks, it sure is a strange sight. All moving the same. We have to run about a mile and it doesn't even bother me. When I'm through I'm not even breathing hard, but some guys fall out on the way side, exhausted. Once we had to run almost three miles. Boy, you should of seen the side. Three fell out and couldn't go on. I could of seen three more times around and it wouldn't of bothered me. I'm really getting a strong constitution. Our food is OK, but not as good as yours.

My friend Jack Thomas, the kid that worked at the dental lab at Butte and here at Diego. He come over to see me. We sure did talk old times. He said he will show me around in the laboratory down here.

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AIR MAIL  
DAIL  
BALTEZAR  
ER ST,  
LA,  
MONTANA



"THEY HAVE THEM IN BOSTON TOO"



# A Good Old Desk

By Jan K. Herman

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*My old desk never needs a rest,  
and I've never once heard it cry.  
I've never seen it tease,  
it's always there to please me from nine to five.  
Such a comfort to know, its dependable and slow,  
but its always there.  
It's the friend I've got, a giant of all times,  
my Good Old Desk.*

**“Good Old Desk” (1968) by Harry Nilsson**

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**T**he antique roll-top desk I have sat behind for much of my BUMED career has an illustrious history. In 1902, it came to the Naval Medical School at 23rd and E Streets, N.W. (now the BUMED campus) from the U.S. Naval Laboratory and Department of Instruction located at that time in the “old” Naval Medical Supply Depot on the grounds of Naval Hospital Brooklyn. Successive commanding officers of the Naval Medical School used the desk, including RADM Edward R. Stitt, who held the office of Surgeon General from 1920-1928. Its last occupant before the Medical School relocated to the Bethesda campus of the National Naval Medical Center in 1942 was RADM Harold W. Smith, MC, USN.

I discovered the white oak desk in a storeroom in the South Wing basement of Building 2 in 1982 shortly after beginning work at BUMED. It was in a serious state of disrepair with the canvas roll-top backing deteriorated and the rest of the desk damaged by water and general neglect.

Its historical value was evident. We hired William McCathran, brother of a BUMED employee,

who had experience in furniture restoration, to refurbish it. This included restoration of the roll-top to working order, fabrication of a missing drawer, and total refinishing of the oak. He completed the task using as his workroom the very same basement room where the desk had languished for 40 years.

Upon completion, the desk found a new but temporary home in the office of the Commander, Naval Medical Command, RADM William McDermott, MC. Upon his retirement in 1985, RADM Joseph

Cassells, MC, assumed command of NAVMEDCOM. He thought the desk should be in the office of the BUMED historian. For the past 26 years I have had the honor of spending my days behind this treasured piece of Navy Medical Department History. I only wish the desk could talk.

---

Jan Herman is Senior Medical Historian of the Navy Medical Department and Director of the Rush Education and Conference Center.



# LT Maury's "Lucky Bag" and the Founding of BUMED

Originally established as an "arts and culture" journal in August 1834, *The Southern Literary Messenger* is best remembered for its association with Edgar Allan Poe (1809-1849), who served as its co-editor from 1835 to 1836. In 1835, the *Messenger* provided a vehicle for several of Poe's early fantastical tales, including *Berenice*, *Morella*, and the *Unparalleled Adventures of One Hans Pfall*. In December 1836, the *Messenger's* founder, Thomas Willis White (1788-1843) relieved Poe of his duties because of the literary lion's increasingly "erratic behavior." Poe's departure left a sizable void that would partly be filled by a naval officer named Matthew Fontaine Maury (1806-1873).

Maury was most famous as the Superintendent of the Naval Depot of Charts and Instruments/U.S. Naval Observatory (1844-1861) and a pioneering oceanographer. However, Maury was also a literary man with outspoken views on naval affairs. In 1839, Maury began serving as an associate editor of the *Messenger*, although his name was never published as such. His contributions can be found in a series of articles on naval affairs entitled "Scraps from the Lucky Bag" written under the *nom de plume* "Harry Bluff." In nautical terms, a "lucky bag" was a locker on old ships where "lost"

and loose items (clothing, etc.) were stored away.

In his first article, "Harry Bluff" pointed to the deterioration of the Navy and proposed drastic reforms. He called for the establishment of a "Navy institute of learning" equivalent to West Point, a complete reorganization of the Navy command structure, and the replacement of the Board of Navy Commissioners by a bureau system that offered checks and balances. Because of these articles, Maury is sometimes credited as a father of the U.S. Naval Academy and the Navy bureau system. These "scraps" were also of great interest to military and political figures of the day. Many of these articles were republished in their entirety, further stirring questions about their authorship. Who was the real Harry Bluff? Only Maury, his wife, and Thomas White knew his true identity. It would take years of speculation before Maury's secret identity was discovered, but when it was, he became an instant celebrity.

One Washington, DC, newspaper, *The National Intelligencer*, went so far as to urge that President John Tyler appoint Maury as the Secretary of the Navy. However, such prospect of promotion was of little interest to Maury. In a letter dated 10 January 1841, Maury wrote that the prospect of resigning his commission, becoming a civilian, and then being

elevated to the role of Secretary just did not interest him. "I was much annoyed at finding myself put in nomination for secretaryship, for I thought it was a sure way of defeating the object of the 'Scraps.' Though I think now the effect will be to call public attention to them and consequently lead to reform on the one hand, while, on the other, it will whet up the animosity of the old officers, a portion of them at least, so as to gain for me the honor of a sly cuff from them now and then."

In July 1841, *The Messenger* formally acknowledged that Harry Bluff was Matthew Maury. The periodical published a biographical sketch of him written by "Brother Officer." And despite calls for his promotion, Maury stayed in the Navy as lieutenant, only getting promoted after his recommended reforms in evaluating officers when into effect in 1855. Remarkably, Congress took heed of this "junior" officer's calls for naval reform. On 31 August 1842, a bureau system was created to replace the inefficient Board of Navy Commissioners, and in 1845 the Naval Academy was formally established in Annapolis, MD. Today part of the Bureau of Medicine and Surgery (the last of these original Bureaus) occupies the very same building where Maury worked as Observatory Superintendent. *by ABS*

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# The Lucky Bag

~Navy Medical Culture Through Factoid and Photograph~

Image courtesy of National Baseball Hall of Fame, Cooperstown, NY



## BASEBALL & NAVY MEDICINE

*Joe DiMaggio and Pee Wee Reese autograph baseballs for their commanding officers, Vice Admiral Robert L. Ghormley (second from left) and Brigadier General William J. Flood (far right). Reese's Navy team beat DiMaggio's Army team for the Central Pacific Area Service Championship in 1944.*

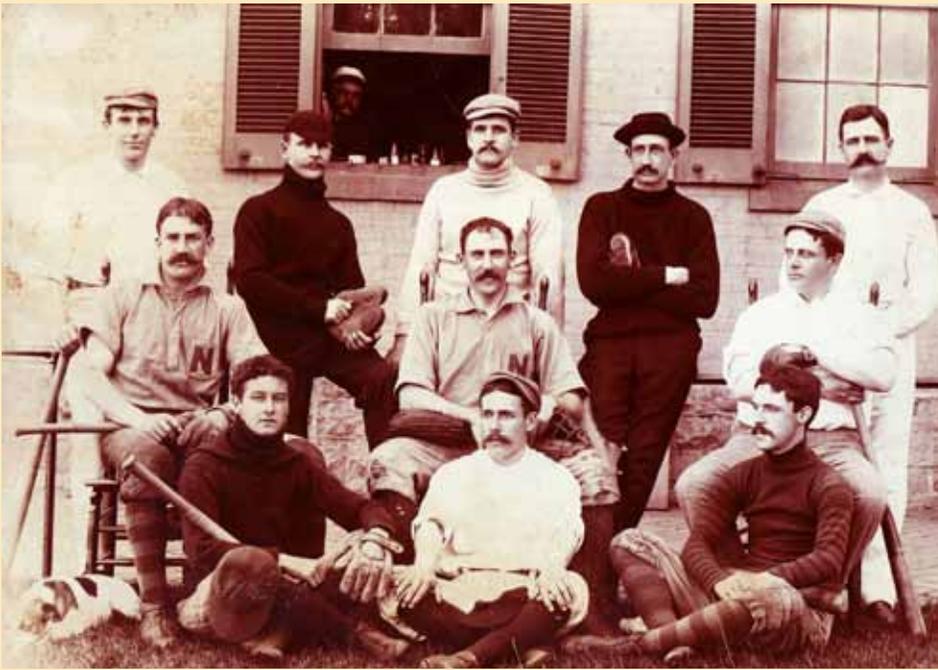
As historian Steven Bullcock reminds us in his excellent study *Playing for Their Nation: Baseball and the American Military during World War II*, baseball did not die in World War II; in many respects it flourished, and like everything else in America it was molded by the irrepressible wartime culture.

As the pool of younger major

league talent was gradually siphoned into wartime service the quality of many military baseball teams and leagues improved greatly.

For a time the baseball team at Naval Training Command Great Lakes included such luminary players as Johnny Mize, Bob Feller, and was managed by hall of fame catcher Mickey Cochrane. Navy Mobile Hospital 8 in Brisbane, Australia, in-

cluded Phil Rizzuto on its team, and at Naval Hospital Aiea Heights, T.H., future hall of famer Pee Wee Reese played second base for its "Hilltoppers" baseball team. Reese would go on to represent the hospital in the Serviceman's All Star Game in 1943 and the Central Pacific Area Service Championship playing against Joe DiMaggio, of the Army Air Forces.



*Naval Academy Officers Baseball Team, 1895-96. Seated in the Middle Row on the right with bat in hand is Dr. Charles F. Stokes, inventor of the “Stokes Basket Stretcher” and the fourteenth Navy Surgeon General (1910-1914).*

## NAVY MEDICAL BASEBALL TRIVIA

With the 2011 baseball season in “full swing,” perhaps it is worth asking who was the first Navy medical officer or sailor to play on a baseball team? The documentation has not yet been found, and photographic evidence is all but non-existent with exception of an image from the U.S. Navy’s Photographic Archives showing Dr. Charles Francis Stokes, one of the most prominent turn of the century Navy physicians posing with a bat in his hands. Modest efforts to calculate Dr. Stokes’ slugging percentage for the 1895-96 season have been unsuccessful.

## THE NAVY DOCTOR & THE DAIQUIRI

The following is excerpted from *A New Century Beckons: A History of The Army and Navy Club* compiled by LCDR Arnold S. Lott, USN, Ret, and Raymond J. McHugh, 1988, *The Army and Navy Club, Washington D.C., p. 35.*

Almost a century after the Spanish-American War ended, it is still possible to step back into the tumultuous days of 1898, if only for a moment. The cruiser *Olympia* has been preserved in Philadelphia, and visitors can climb to the bridge where Dewey began the Battle of Manila Bay with “You may fire when ready, Gridley.”

But the American landings at Daiquiri in Cuba are celebrated every day throughout the country by people to whom the Spanish-American War is, at best, only a date in a history book.

In 1909, the USS *Minnesota* called at Guantanamo, Cuba. Her skipper, CAPT Charles H. Harlow, took the ship’s junior medical officer, Lucius W. Johnson, with him on a tour of the 10-year-old battlegrounds. At Daiquiri they met Jennings Cox, who treated them to a drink he had developed to temper the fi-

ery taste of Bacardi rum. Cox called the drink “daiquiri” because it had originated there.

On his return to the United States—with recipe and rum—Johnson introduced the drink to the [Army and Navy] Club. He also took it to the University Club in Baltimore but could not dissuade the bartender from adding bitters to it. He next tried the daiquiri on San Francisco, but people out there wanted their liquor raw and strong. Johnson’s travels took him westward across the Pacific and he introduced his drink in Honolulu, Guam, and finally at The Army and Navy Club in Manila.

After Lucius Johnson retired as a rear admiral he wrote an account of his discovery of the daiquiri. It was published in the *Baltimore Sun* in 1950. He told exactly how Jennings Cox made the drink: “He mixed in each glass a jigger of rum, the juice of half a lime, and a teaspoonful of sugar. He then filled the glass with finely shaved ice and stirred it well. In that hot, humid weather the ice melted rapidly and the glass quickly became frosted. We were delighted with the drink....”

So, a toast to the American landings at Daiquiri in 1898 - and don’t forget the ice! And no bitters!

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