



BUMED HISTORY SHOWCASE:

NAVY CONVALESCENT HOSPITALS OF WORLD WAR II



The Ahwahnee Hotel, then owned by the Yosemite Park and Curry Company, was leased to the government and commissioned as the U.S. Naval Hospital Convalescent Hospital in June 1943.

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BUMED History Showcase

Convalescent Hospitals of World War II



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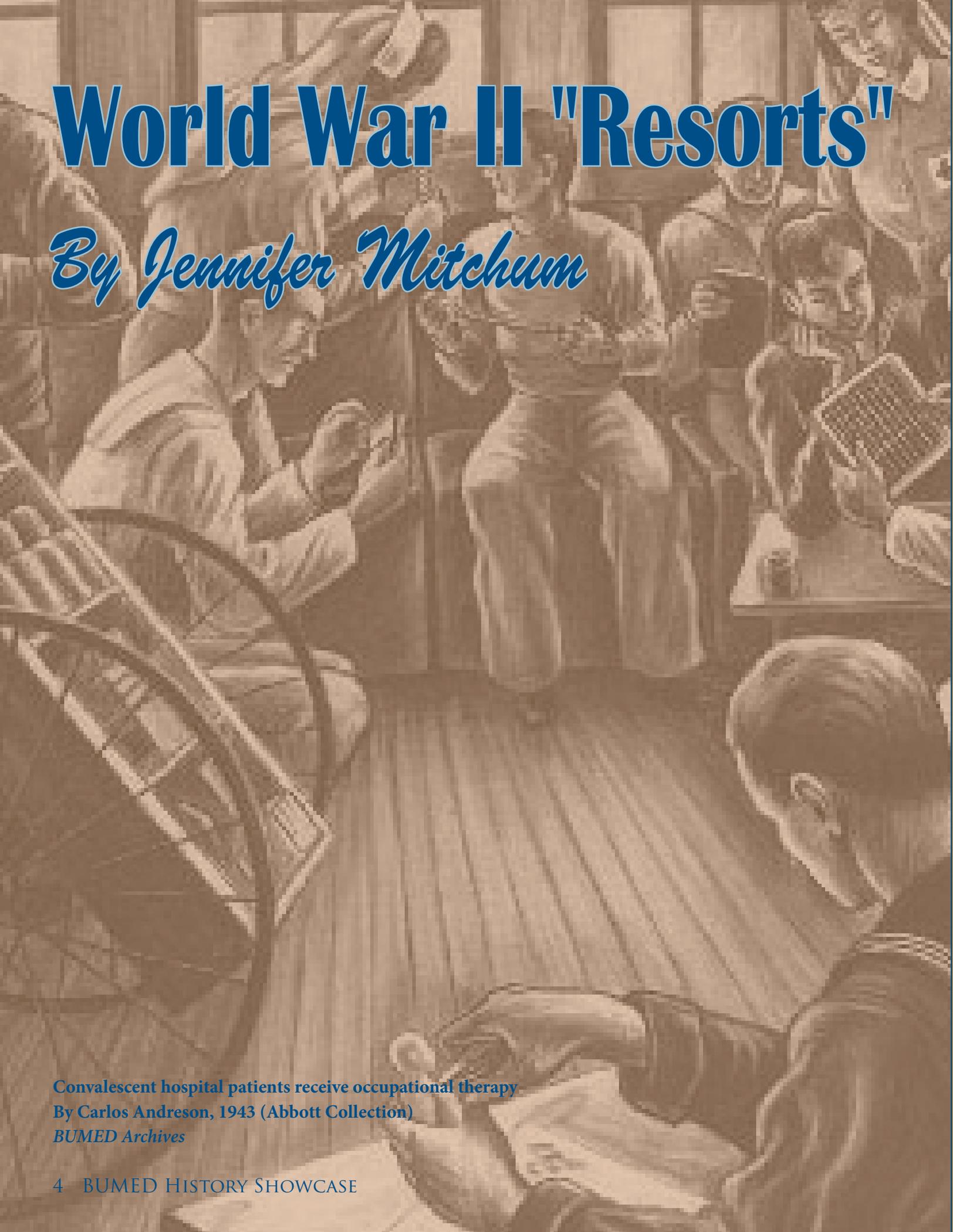
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World War II "Resorts"

By Jennifer Mitchum

Convalescent hospital patients receive occupational therapy
By Carlos Andreson, 1943 (Abbott Collection)
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After being pounded day and night from air and sea, enemy positions should have been silenced but they were not. As leathernecks from the 1st battalion, 25th Regiment hit the beach at Saipan, they knew they were in trouble. The Japanese, who were not supposed to be there, crawled from their protected hideout and hit the invaders with everything they had. From behind splintered palm logs, defenders fired machine guns and mortars at Marines who were now huddled flat against the ground. An LVT (landing vehicle, tracked), that had accompanied the 1st, hastily retreated without unloading ammunition, mortars, or machine guns, leaving the men totally defenseless. Pinned down on the enfiladed beach, the Marine awaited their fate.

Only after desperate strafing and bombing attacks did the Japanese yield ground, enabling the 1st to achieve its objective—Agingan Point. But the victory was a costly one for what seemed just a few hundred yards of sand.

Among the dead and wounded, scattered on the beach like so many dominoes, lay a 20-year old corporal, moaning as a Corpsman did his best to stem the blood gushing from his leg. That accomplished, two Marine stretcher-bearers carried the man to a nearby rubber boat full of wounded. A dozen men, waste deep in water, pushed the boat across the coral shallow bottom to a landing craft, where the Marines were first transferred to a LST (landing ship, tank) and then to a transport that sailed for Fleet Hospital No. 108 in Guadalcanal that morning.

Aboard the transport, Hospital Corpsmen administered plasma, a tetanus shot, and morphine to alleviate the corporal's pain. After undergoing orthopedic surgery for a compound fracture, he recuperated in Fleet Hospital No. 108 for a week. He was then airlifted to U.S. Naval Hospital (USNH) San Diego, Calif., where he received more clinical treatment and began his rehabilitation.

With the passing of a few weeks, the patient's condition had improved only minimally. His physical wounds were healing, but his psychological and emotional states seemed to be worsening. He sweated constantly, stared out the window for hours, and became unmanageable when therapists approached. Clearly, the patient required a new treatment plan.

A few days later, a medical officer informed him that he was being transferred to the U.S. Naval Convalescent Hospital (USNCH), Yosemite National Park, Calif. The Marine was frankly astonished to learn there was a hospital in a national park. He wasn't alone. Few Americans knew anything about those special hospitals commissioned during World War II to promote patient rehabilitation.

The concept behind the Navy's convalescent hospitals was simple. One of the major problems medical personnel faced during World War II was combat fatigue, the traumatic psychoneurotic reaction which occurred under wartime combat conditions causing intense stress. This condition is now known as post-traumatic stress syndrome. The Navy believed combat fatigue hindered full recovery; therefore removing battered Sailors and Marines from the battlefield environment enhanced the likelihood for complete, rapid recovery. The convalescent hospital, with its resort atmosphere, was the antithesis of war and its horrors.

The following morning, the corporal departed for USNCH Yosemite. The drive to the hospital revealed the beautiful mountain scenery that has made Yosemite famous. When he entered the main hospital building, the former Ahwahnee Hotel, he was classified and assigned to a ward. That same afternoon, he began his "vacation" by fishing a local trout stream and bowling before retiring for the evening.

Early the next morning, while at the archery range, the patient learned that he could even take college courses while staying at the hospital. Having been due to enter college the fall he joined the Marine Corps, the rapidly recovering patient with the educational services and signed up for both an English and a math class. After 4 weeks of rehabilitation, the corporal was discharge from Yosemite and returned to duty.

When the United States entered World War II in December 1941, the Navy Medical Department expanded to meet its new wartime role. At the time of the attack on Pearl Harbor, the Medical Department had 19 continental and three extracontinental hospitals, two hospital ships, and one mobile hospital. The total patient census in naval hospitals rose from 7,723 as recorded in June 1941 to 13,274 in 1942. With this rapid increase, it became apparent that more hospital beds would be necessary to accommodate expected casualties. Accordingly, the Medical Department expanded the bed capacity of its existing hospitals by adding an H-type frame ward buildings to its hospital facilities, decreased the normal peace time eight-foot interval between beds to six feet, and constructed new naval hospitals abroad and in the continental U.S. Among the new facilities commissioned were convalescent hospitals.

Convalescent Hospitals

In 1942, the Navy entered a new phase of its special hospital program. For the first time in the history of naval hospitalization, hospitals were being established to care solely for patients who required no further "treatment other than a change in climate, rest, good diet, psychotherapy, or physiotherapy." The hospitals were located near important debarkation areas to relieve general hospitals that were overcrowded due to the influx of patients from the European and Pacific theater



Naval Convalescent Hospital Harriman, N.Y.

Perched majestically on the summit of East Mountain, N.Y., USNCH Harriman was the first "convalescent" facility to go into commission in World War II. Located in the ancestral home of U.S. ambassador to Russia (and later governor of New York) Averell Harriman, the facility offered many amenities not available to patients at other naval hospitals.

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field hospitals. Ambulatory patients were transferred from the general hospital to the convalescent facility for the remainder of their recuperation period.

Rehabilitation

In addition to relieving general hospitals, convalescent facilities provided the atmosphere and physical surroundings conducive to rehabilitation. This comprehensive rehabilitation program included occupational and physical therapy, physical training, educational services, and civil readjustment. Social and servicemen's organizations along with civic clubs supplemented the rehabilitation program with

recreational activities that helped to boost patient morale and, in some instances, provided forms of control exercise for coordination of unused muscles and limbs. The Red Cross even provided trained personnel to give instruction in arts and crafts. Similarly, the United Service Organization (USO) sponsored live entertainment, and the chaplains assisted patients in alleviating spiritual unrest that often impeded recovery.

The Bureau of Medicine and Surgery (BUMED) instructed commanding officers to set up programs most suitable for their hospitals. For example, USNCH Glenwood Springs, Colo. was an excellent

hydrotherapeutic facility because of its three hot water springs, bath houses, caverns and year-round swimming pool. Similarly, the nearly 2,400 feet altitude, equitable climate and low pollen and mold count at USNCH Banning, Calif., made it an exceptional facility for treating patients with nasal, bronchial and pulmonary diseases.

Some hospitals operated definitive divisions of the rehabilitation program. For instance, USNCH Arrowhead Springs, San Bernardino, Calif., ran an outstanding educational services program, graduating patients from high school and junior college while they were under the hospital's jurisdiction. The occupational therapy program at USNCH Yosemite was also exceptional as it offered patients more than 13 vocational shops, like lapidary, bookbinding and fly-tying.

Procuring the Property

The notion of convalescent hospitals first surfaced in prewar planning. Should the United States become involved in the war, the Navy would take over civilian institutions such as hotels, schools, resorts, sanitariums and similar government facilities for emergency hospitalization usage.

In the summer of 1941, BUMED representatives began surveying sites that would be suitable for conversion to convalescent hospitals. One of the properties surveyed was the Lake Norconian Club in Norco, Calif. In November 1941, BUMED sent a representative to survey the club which was situated

on approximately 700 acres of land overlooking a lake. On its grounds were a golf course, two outdoor Olympic-sized pools, and several other recreational facilities. The Navy purchased the property but instead of establishing it as a convalescent hospital it was commissioned USNH Norco, Calif. which later became USNH Corona, Calif.

However, the hospital operated an extensive rehabilitation program comparable to those at the convalescent hospitals. In fact, early correspondence referred to the hospital as USNCH No. 1.

In 1944, the Army's Spadra General Hospital, located 22 miles northwest of Corona was acquired and used as a convalescent annex



Newsletter from USNCH Yosemite, Calif.
BUMED Archives



Patients immersed at therapeutic tanks

By Julian Levi, July 1943 (Abbott Collection) Their ailing members immersed in the flowing water of the therapeutic tanks, these U.S. Navy convalescents relax as the normal processes of blood circulation are gradually restored.

Naval Art Gallery, 88-159-GL

for USNH Corona.

When a list of the most suitable sites had been compiled, BUMED sent members of the Planning Division to appraise the properties and to prepare conversion plans, which included data related to the facility's existing and potential bed capacity and physical plant. The plans were then submitted to the Federal Board of Hospitalization for approval and subsequently to the Bureau of Yards and Docks, which contracted companies to renovate the properties. The Division of Public Works, within the hospital's district, ensured that alterations were completed to the satisfaction

of BUMED.

The amount or extent of renovations varied for each facility. Some sites like the USNCH Banning, a former emergency hospital for the 297th Army field hospital, required much work. Its grounds had to be landscaped, floors had to be covered, and its buildings insulated. Other facilities, like USNCH Asheville, N.C., a former mental institution, required few renovations.

The Surgeon General appointed prospective commanding officers to the hospitals shortly after the beginning of construction. They kept BUMED informed of the progress being made at the sites and made

suggestions on ways to improve the compound. When renovations had progressed to where additional personnel could be assigned to the facilities, the Secretary of the Navy officially established the hospitals. Then when the compounds were suitable to receive patients, the Surgeon General commissioned the facilities. Theoretically, a hospital didn't receive patients until it was commissioned but, occasionally, hospitals were placed into active service before the commissioning date to accommodate large numbers of casualties. The Navy acquired the facilities by lease from private citizens and businesses by transfer with other government agencies, and by inter-transfer within the Department of the Navy. In support of the war effort, some civilians offered facilities to the Navy to be used as hospitals. One such patriot was Mrs. Amy Guest, a resident of Palm Beach, Fla. Mrs. Guest offered her palatial home to the Navy as a convalescing hospital facility on November 2, 1942. Upon her offer, BUMED recommended that her home be designated and established as USNCH No. 1 Palm Beach, Fla. There is, however, no record supporting the official establishment of the "Guest Home" as a Navy hospital. Nonetheless, a number of Navy officers received treatment there until July 24, 1943, when the home stopped functioning in this capacity.

Later, the Navy established the first official convalescent hospital in the home of a very prominent citizen, W. Averell Harriman, then

a government official and ambassador to Russia from 1943 to 1946. Mr. Harriman offered his estate to the Navy on August 6, 1942. The Navy commissioned the property as USNCH Harriman, NY, on November 16, 1942 and the first patients were transferred there on February 10, 1943. With a bed capacity of 80, USNCH Harriman was the smallest convalescent hospital.

By 1945, the total patient census in Navy hospitals had risen to 90,635. This sharp increase in war casualties prompted the Navy to redesignate "U.S. Navy Convalescent Hospitals" as "U.S. Navy Special Hospitals" (USSH) in June 1945 so that the facilities could operate at full capacity. No longer restricted in admitting patients solely labeled "convalescent," these hospitals opened their doors and embraced an abundant number of patients with acute diseases.

As the number of patients with acute diseases increased in the special hospitals, so did the number of potential discharges. Thus, educational services and civil readjustment became the two most essential parts of rehabilitation as the Navy attempted to lessen the social and economic effects permanent injuries would have on the future veterans. Educational services divisions began to furnish patients with more pre-vocational and post-vocational material instead of official publications that had been previously furnished to hone Navy skills. Likewise, civil readjustment division staffs were enlarged to

accommodate the many in need of counseling concerning veteran rights and benefits. Civil readjustment personnel also collaborated with personnel at non naval facilities to assimilate rehabilitation programs for those patients transferring from the special hospitals to the non-naval facilities for further treatment.

Some of the large general hospitals had special hospital annexes. Among these were naval hospitals in San Diego, Calif.; Norfolk NOB (Naval Operating Base). Va.; Sampson, N.Y.; Farragut, Idaho; Great Lakes, Ill.; Mare Island, Calif.; and Philadelphia, Penn. Some of the annexes such as Swarthmore, the Philadelphia annex served as a convalescing facility; others like Balboa, one of the USNH San Diego annexes, functioned more like a general hospital.

Not the Perfect Haven

Occasionally, hospital officials reported to BUMED that their facilities could not fulfill their missions. The officials at USNSH Beaumont, Calif. cited the regional climate and inadequacies in housing and recreational facilities as factors in USNSH Beaumont's ineffectiveness. Its living quarters lacked bathing and toilet facilities and its roofs leaked due to heavy rain fall. Similarly, officials at USNSH Sun Valley, Idaho reported that isolation and poor transportation limited the recreational activities available to its patients during periods of liberty.

With the end of hostilities in

September 1945, some special hospitals' doors had, in some cases, only been opened a few months. Now came the rapid closing of special hospitals and with them another chapter of Navy medicine. The former hotels, colleges, resorts, and sanitariums had served their purpose.

More than 40,000 war-battered Sailors and Marines received treatment at the special hospitals. Some returned to full or limited active duty some transferred to non-naval facilities for further treatment and others returned to civilian life. Few, however, left in the same condition in which they had come. ❀

ABOUT THE AUTHOR

This article was originally written to commemorate the 50th Anniversary of the beginning of World War II and published in *Navy Medicine Magazine*, November-December 1991. At the time of its publication Ms. Jennifer Mitchum was serving as a special assistant to the BUMED History Office.

Arrowhead Springs, California



This facility was one of many resort hotels leased by the Navy Medical Department for use as a convalescent hospital during World War II. The Arrowhead Springs Hotel was located on the state highway No. 18, six miles north of San Bernardino, Calif., at an elevation of about 2,000 ft. It was leased from the owners in May 1944, and immediately converted into a convalescent hospital. There were 139 rooms and 10 bungalows in the hotel complex. It was equipped with a beautiful outdoor swimming pool, a built-in little theater seating 130 and other recreational facilities on a 1,700-acre mountainous terrain.

The hospital was commissioned May 23, 1944 with CAPT Joseph A. Biello, MC, USN, as Commanding Officer. The first patients were received the next day. There were 500 ambulatory patients transferred from the Naval Hospital, Corona, who formed the first contingent of patients in this facility.

On August 26, 1944, a timber and brush fire in the scrub growth about two miles off the hospital reservation spread rapidly and for a time threatened to involve the entire reservation. Between about 1000 and 1800 that day, the hospital was seriously threatened. In the early evening, however, immediate danger seemed to have passed, although fires continued to break out sporadically nearby until the next morning. The hospital fire department, hospital corpsmen and some ambulatory patients cooperated with the surrounding community fire departments and were able to keep the fire away from the hospital reservation.

On June 17, 1945, the designation

of this facility was changed from U.S. Naval Convalescent Hospital to U.S. Naval Special Hospital. No change occurred in the type of patients received or the duties performed.

During the summer of 1945 the construction of five temporary buildings was begun to provide additional space for the library, offices of the educational services department, occupational therapy, welfare and recreation, ships service, brig, civil readjustment, insurance and legal assistance, Red Cross, post office and officers club. All offices in this new construction were occupied by December 1st.

Following the first group of 500 patients received from Corona, most of the patients subsequently received were from Naval Hospital, Long Beach or from Naval Hospital, San Diego. The patients included those recuperating from all but mental and dental conditions and tuberculosis infections. All were male and ambulatory, most of whom were orthopedic patients.

Up to November 1, 1945, a total of 5,789 patients had been admitted. The hospital served to help alleviate overcrowding in the nearby naval hospitals and at the same time provided a beautiful, comfortable place to convalesce. Approximately 600 patients remained on board on November 1, 1945. Of the more than 5,000 discharged, more than 2,800 were returned to full duty and an additional 700 were returned to limited duty. More than 700 were surveyed to civilian life and about 800 were transferred for further treatment in other naval hospitals.

Since most patients were ambulatory, a great deal of emphasis was

placed upon a well-rounded rehabilitation program, with work, study and pleasure combined. The hospital was equipped with a curatorium, built especially for administration of physical therapy, steam baths, Nauheim baths, and massages, and was especially adaptable for convalescent patients. The climate was excellent and well suited for the treatment of upper respiratory infections.

The rehabilitation department was staffed with a physical training and educational services officer, occupational therapist, welfare and recreation officer and a representation of the Red Cross, who with the rehabilitation officer and the chaplain initiated a comprehensive rehabilitation program.

All the patients were required to take part in basketball, softball, archery, horseshow pitching, shuffleboard, or one of many other activities all concentrated in that area. It was possible for each man to find something in which he was interested to participate in as a part of his physical training. Those patients requiring special exercises were treated individually, as indicated.

The educational services department was organized in conjunction with the San Bernardino Valley Junior College and the San Bernardino High School. A program was initiated whereby men interested could attend regular classes or special review courses under the instructors at those schools. In addition, the junior college furnished a teacher five mornings a week at the hospital to conduct remedial reading classes. ❀

Asbury Park, New Jersey



The Naval Convalescent Hospital, Asbury Park, N.J., was commissioned on April 10, 1945. CAPT William H. H. Turville, MC, USN was medical officer in command.

The hospital consisted of the former Berkeley-Carteret and Monterey Hotels. These hotels, together with convention hall solarium open-air pool and garage formed a large beach area on the ocean front. Prior to the establishment of a hospital, this group of buildings had been used by the Navy pre-midshipmen school, and before that, as a receiving ship for the British Royal Navy, at which time it was known "HMS *Asbury*." The former Berkeley-Carteret Hotel was used as the main hospital building.

The hospital consisted of the main floor, mezzanine and five ward floors with a total capacity of 1,500 beds. On the ground floor were located the administrative offices, the officer-of-the-day's office, examining room, civil readjustment office, medical storerooms, linen room, laundry, pharmacy, snack bar and patients' recreation rooms. The upper floors were served by three passenger elevators and one service elevator.

On the mezzanine floor was located the palm room, used as a reception center by patients and their guests. The oval and mandarin rooms were used as an officers lounge and dining room for both staff and officer patients. The large crystal ballroom was partitioned, half being used as a chapel and the other half as a dining room for handicapped patients.

Other activities on the mezzanine floor included a library, arts and skills

units, sick officers quarters and the Commanding Officers quarters. The five upper floors were used for the clinical services offices and wards.

The nearby, former Monterey Hotel was used as living quarters for staff enlisted personnel. The general mess for ambulatory patients and staff and enlisted mens' lounge and recreation area, ships service, post office, small stores, banking facilities, dental offices, prosthetic laboratories and bag room were also located in the Monterey Hotel. Convention hall, located about 300 feet south of the main building on the ocean front, was used as a center of entertainment for all hands, including the showing of movies, the holding of dances and presentation of shows and concerts. Physical training and gymnasium activities were located in convention hall as well as class rooms and shops of the educational services department. In the education services department were included a wood shop, radio and photographic laboratories and drafting room. The open-air pool and beach were directly east of the Monterey Hotel where well equipped lockers and shower facilities were available.

Swimming and sunbathing were the main recreational interests for patients and staff during the summer months. The solarium was located due east of the Berkeley Hotel and connected to it by an overpass. A separate sun deck area and recreation rooms were reserved for officer and enlisted staff personnel.

As with other Navy convalescent hospitals the principal emphasis in this hospital was to provide rehabili-

tation facilities. It was established to help relieve congestion in the nearby general naval hospitals. Admissions of patients were limited to those who required no treatment other than rest, diet, physical therapy or hydrotherapy. On July 7, 1945 the name was changed to U.S. Naval Special Hospital, although its general function was not altered thereby.

Almost all patients were ambulatory, on admission. A small number of patients were admitted to this hospital as emergencies from the Ammunition Depot at Earle, N.J. and from among those living in the area who became ill while home on leave. In the main, these patients were cared for until ready to return to duty. Fracture and postoperative patients made up a large percentage of the patients received. Physical therapy and remedial gymnasium activities were available for those for whom such treatment was indicated. More strenuous physical activities was available as the patients convalesced.

This hospital received neuropsychiatric patients; individual and group psychotherapy was offered to provide an adequate readjustment to civil life. The rehabilitation program was a coordinated activity generally initiated by the ward medical officer. Physical therapy, physical training or work detail were assigned to each patient.

A full program of rehabilitation and civil readjustment procedures were provided for each patient. ❀

Asheville, North Carolina



This U.S. Naval Convalescent hospital was commissioned on May 24, 1943.

The hospital occupied the facilities previously known variously as the Kenilworth Inn or Appalachian Hall. It was established to relieve the congestion in the naval hospitals in the Norfolk area. The first group of patients, numbering 52, arrived February 23, 1943. Since the hospital was not yet ready for the reception of patients the Navy Rest Center (Grove Park Inn) nearby, was designated as an annex until such time as the hospital could be made ready. These 52 were joined by other groups of patients until by March 6, 125 patients were in the Grove Park Inn. By the time the main hospital was ready for commissioning in May, however, only four remained to be transferred to the Kenilworth unit.

The first large group of patients arrived May 27, 1943 from the Naval Hospital, Norfolk, Va. During the three years of its existence, there were 6,338 patients treated in the hospital. Before the Navy took over the property, it was under lease by the Asheville Holding Company to Appalachian Hall, Incorporated, operated by Drs. William Ray and Mark Griffin as a sanatorium for patients with mental and nervous diseases. The property consisted of 13 acres in the Kenilworth Park section of Asheville, N.C. The site was splendidly suited for the purpose of convalescence. The buildings were on a flat area of an elevated ridge between two hollows overlooking the village of Biltmore with a superb view of the surrounding country and mountains. It was in a sparsely-settled re-

gion, quiet and secluded, yet only two miles from the center of Asheville. Bus service to and from the city included a station inside the hospital grounds.

The main hospital building was constructed of hollow tiles and stucco in the style of English country-house architecture. Originally erected as a hotel, the building was in the form of a "T," with its greatest length in the lateral of the T with a short central stem. There were five stories above the concrete and stone basement. A wide tiled veranda extended along the entire front and around both ends of the main part of the building. Part of the veranda was covered and enclosed. The main building faced south. The five stories of the main building contained 225 bedrooms capable of housing 401 patients and 60 staff members; relatively little alterations were necessary to equip it as a convalescent hospital.

Originally denominated as a convalescent hospital, the name was changed officially to U.S. Naval Special Hospital, July 6, 1945. The planned emphasis on rehabilitation made this facility ideally suited for its purpose. The patients entering the hospital received the benefit of a complete change in his Navy routine in much the same way that a person in civil life benefited by a vacation. That change in physical environment was augmented by a policy of no regimentation of patients, providing a program without undue emphasis on guidance that encouraged the patients to engage in useful or occupational work of their respective interest.

Occupational selection was permitted to include sports, games, serious study, literary pursuits, reading or whatever. In this way, work and play

were combined into a form of occupational therapy tending toward complete rehabilitation without the patient being aware of it. Although education was not made compulsory, the program was emphasized so that most patients took advantage of the facilities offered.

Characteristic of most of the convalescent special hospitals maintained by the Navy during World War II, this hospital had a preponderance of orthopedic patients. Most of these required individual corrective treatment; therefore, the physical therapy department was kept quite busy. Physical training also was emphasized.

An active welfare and recreation department was in operation throughout the period this hospital was in commission. In the hotel ballroom, a stage was built and a movie projector and screen installed. In the basement, a large room provided space for ships service, billiards, ping-pong tables, and two bowling alleys. Game equipment proved to be a splendid addition to therapy in giving patients a cheerful and carefree outlook and at the same time providing controlled exercises for coordination of unused muscles and limbs. This indoor recreation was supplemented, in season, by golf, tennis, badminton, archery, horseshoe pitching, shuffleboard, baseball, and other activities. As well as work in the gardens going on picnics and making trips to nearby points of historic and scenic interest. Since many of the patients in this hospital were expected to be returned to civil life, an active civil readjustment program was established.

In this department, each departing

patient was informed of his rights and benefits as a veteran, and each man was made to believe that the Navy was interested in his future. The location of the hospital was found to be inappropriate for patients with respiratory or joint diseases. Although the altitude was fairly high—about 2,100 feet—rainfall was rather excessive and there was considerable dampness. In the winter it was found there was much coal dust in the air. Chronic respiratory patients invariably fared poorly. The care of rheumatic fever patients was somewhat unsatisfactory in that these patients frequently required prolonged bed rest, a fact which did not contribute to their mental well being when most of the other patients were ambulatory and enjoying practically a "free gate." An interesting sidelight in connection with the type of patient received in this hospital was that concerning the great increase in the number of patients operated upon for ruptured intervertebral discs. During the first 12 months of its existence, this hospital received nine patients of whom six were sent to duty and three

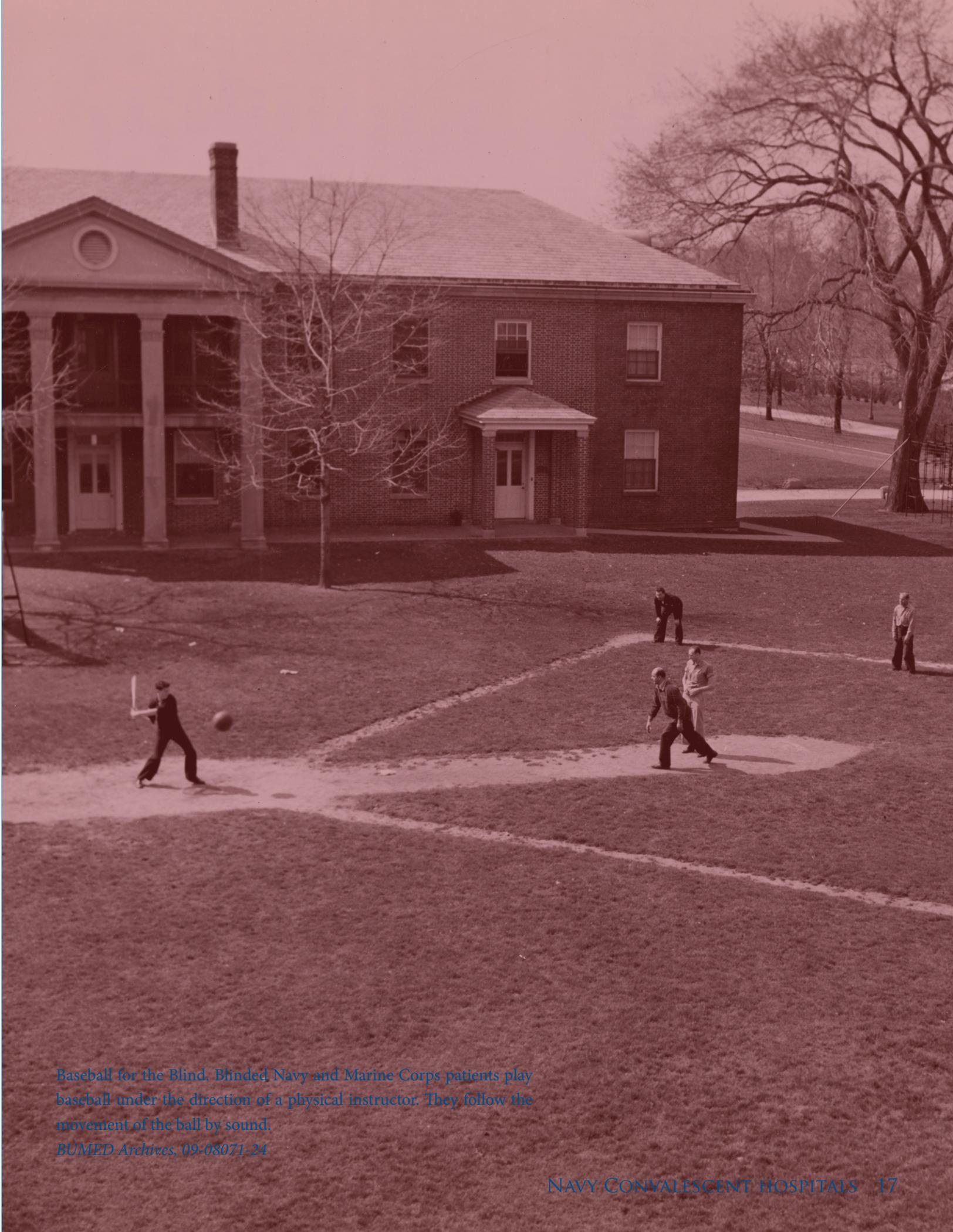
returned to the referring hospital for further treatment and disposition. During the next 16 months, 47 were received of whom 25 were sent to duty and seven were transferred to another hospital for further treatment, nine were surveyed out of the Service and six were still under treatment in October 1945.

The commanding officer noted a frequency in the history of trauma sustained in physical training among orthopedic patients, especially in fractures of the carpal and scaphoid bones and dislocated knee cartilages. The commanding officer wondered if the advantages of intensive physical training might not prove to outweigh this obvious disadvantage.

The commanding officer included in his final report, an observation that the single most effective portion of the rehabilitation program had been diversified and complete physical therapy and mechanical therapy regimes. Since many of the patients received were admitted very soon after definitive treatment had been administered, the hospital was able

to initiate physical therapy and muscle building exercises at the optimum time. He noted that the welfare and recreation program, coordinated with educational services and physical training departments, was very effective in the rehabilitation.

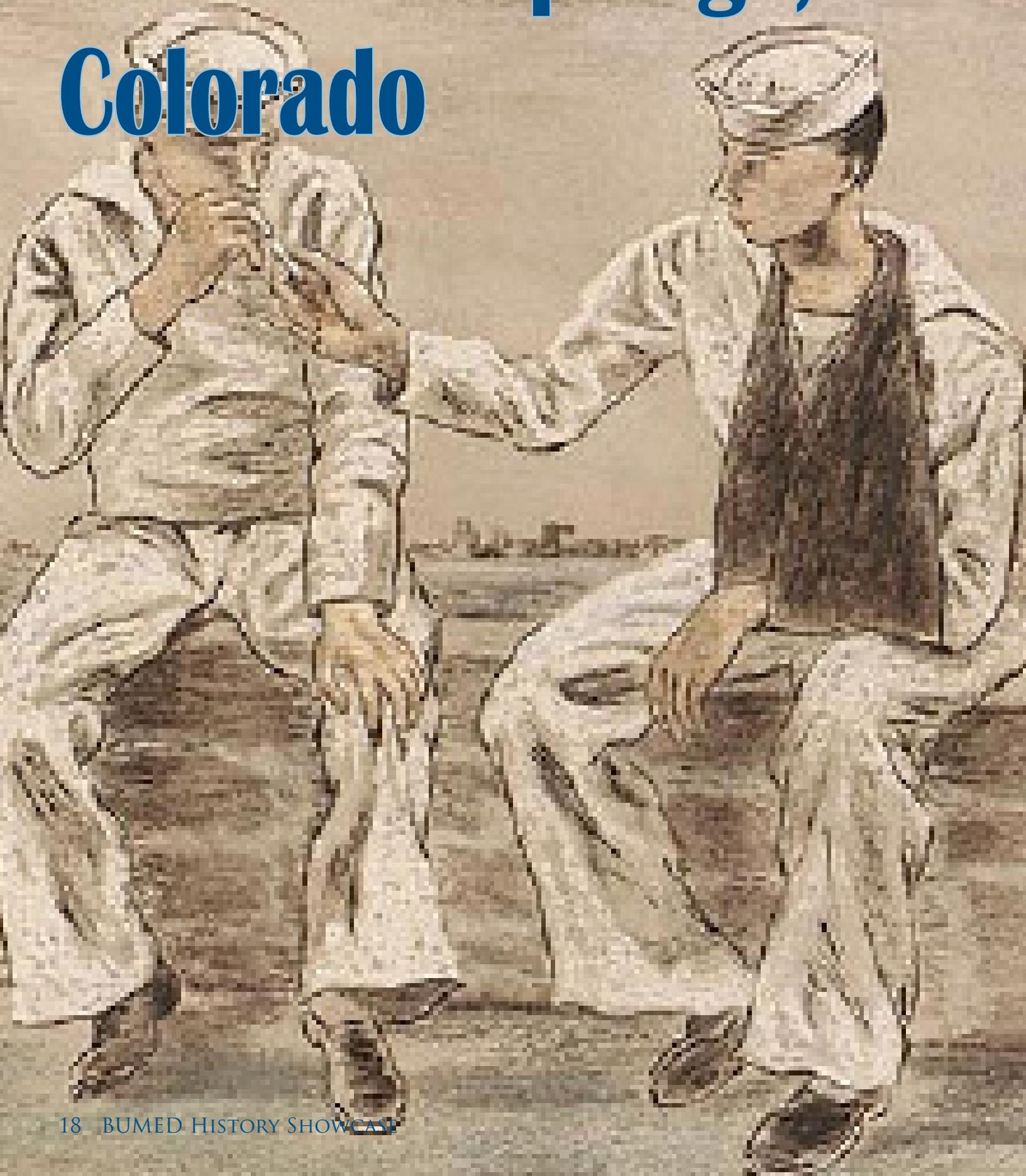
Among the noted personalities who visited the hospital was Miss Helen Keller, widely-known blind and deaf author, who addressed all hands. ❀



Baseball for the Blind, Blinded Navy and Marine Corps patients play baseball under the direction of a physical instructor. They follow the movement of the ball by sound.

BUMED Archives, 09-08071-24

Glenwood Springs, Colorado



This convalescent hospital, was located on the main line of the Denver and Rio Grand Railroad, in Garfield County, Colo. Glenwood Springs, approximately 185 miles west of Denver and 385 miles east of Salt Lake City. The hospital was located in the valley of the Colorado River at the junction of the Roaring Fork River. Access to Glenwood Springs by road was by means of U.S. Highways 6 and 24. Isolated and protected by the high, rugged, Rocky Mountains on the western slope, Glenwood Springs was an ideal location for Veterans of combat to find relaxation and recuperation.

The hospital was formerly the Hotel Colorado, built by a syndicate of British investors, in 1893. The hotel was a six-story building, constructed of native, matched red sandstone and pressed brick with a slate roof containing 250 guest rooms. The main floor of the hotel contained a large lounge, three large dining rooms and a ballroom. A large kitchen, pantries, separate bakery and refrigerated storerooms, in addition to an ice making plant, provided an adequate food preparation area for the hospital. Upper floors of the hotel were served by two elevators. A small corral and stable were nearby.

The basement of the hotel was converted to examining rooms and clinics. The terrain upon which the hospital was located was such that the basement was substantially on ground level. A separate annex of more than 60 rooms, of the same general construction as the hospital proper, contained 40 bedrooms, used for quarters for the hotel help.

The hotel was heated from a central heating plant located in the basement of the main building. The hospital premises were attractively landscaped and a large court in front of the hotel contained an attractive trout pool and fountain. Prior to World War II, the hotel was one of Colorado's foremost tourist resorts, catering to an exclusive clientele from the United States and abroad.

The hotel and all its furnishings were taken over by the Navy when the hospital was commissioned. The lounge, corridors, main dining rooms, and public rooms were carpeted with attractive Brussels carpet furnished with deep-cushioned lounging chairs. The guest chambers contained principally double brass beds with some twin beds. Each room was sufficiently large to accommodate at least two single beds and from three to four double-deck beds. All rooms had individual wash basins and many had private baths.

The hotel was designed as a summer playground originally, but the hot springs resort was conceived as an all-year therapeutic facility. The original company was partly responsible for the building of the city of Glenwood Springs and at one time, owned much of the real estate upon which the city was built. The company established its own water supply system, its hydro-electric power plant and all other facilities required in the operation of the resort. Among other recreational facilities was a nine-hole golf course located to the west of Glenwood Springs.

The English investors sold the entire property to local Colorado and Wyo-

oming interests about the turn of the 20th century. Near the hotel is located the Yampah Hot Springs. Prior to the Navy takeover, the Hot Springs facilities were operated in conjunction with the hospital.

The hot springs were described as providing an abundant supply of hot mineral water with a number of surface openings. The largest of these openings yielded a flow of 3,000 gallons of mineral water per minute at a constant temperature of 127°F. It was said, this spring supplied the largest outdoor mineral swimming pool in the world. On the edge of the huge swimming pool was a three-story, red stone bathhouse. Within the bath house was a complex of dressing room for the bathers, also containing cabinet and tub baths for individual treatments. The swimming pool was open the year round. Bathing in comfort was possible even though the surrounding air might have been below the freezing point. The pool provided a layer of vapor above the water taking the chill out of the atmosphere. The enclosed portals of the bathhouse extended over the water so that a bather could emerge from the dressing room directly into the pool. The pool was constructed of brick and was 750 feet long by 110 feet wide. It had a maximum depth of about six feet. Some four million gallons of natural mineral water flow in and out of the pool every 24 hours.

The location of the hospital was such that it was a hunting and fishing paradise. It was said that it was one of the favorite spots for big-game hunting of President Theodore Roosevelt. ❀

Santa Cruz, California

The U.S. Naval Special Hospital, Santa Cruz, Calif., was commissioned on March 8, 1943. CAPT Frederick E. Porter, MC, USN, Retired, was the first commanding officer. The hospital was established in the spacious Hotel Casa Del Rey and first designated as a U.S. Navy Convalescent Hospital.

The first patients were received on March 10, 1943. On May 1, 1943 the Casa Del Rey Apartments were leased from the Seaside Company providing 226 additional beds, for a total of 936. These additional rooms were designated as U.S. Naval Special Hospital, Annex No. 1. Various other buildings, including garages and workshops in the vicinity of the hotel were leased during the course of the war to provide additional spaces for the hospital. On June 28, 1945, the hospital was redesignated as a special hospital.

On March 15, 1946, transfer of patients to this hospital were discontinued. In accordance with SECNAV letter of December 14, 1945 disestablishment of the special hospital began on April 1, 1946 and was completed on July 1, the same year. CAPT Frederick E. Porter, MC, USN, Retired, was the only commanding officer during the hospital existence. The main building, located on Leach and Cliff Streets and formerly known as the Casa Del Rey hotel, was the first hospital building occupied. The hotel was built in 1912 as the first modern hotel in Santa Cruz.

For the 10 years prior to the leasing of the hotel by the Navy from the Seaside Company, the hotel had been operated as a beach hotel and nightclub by the Troyer Brothers.

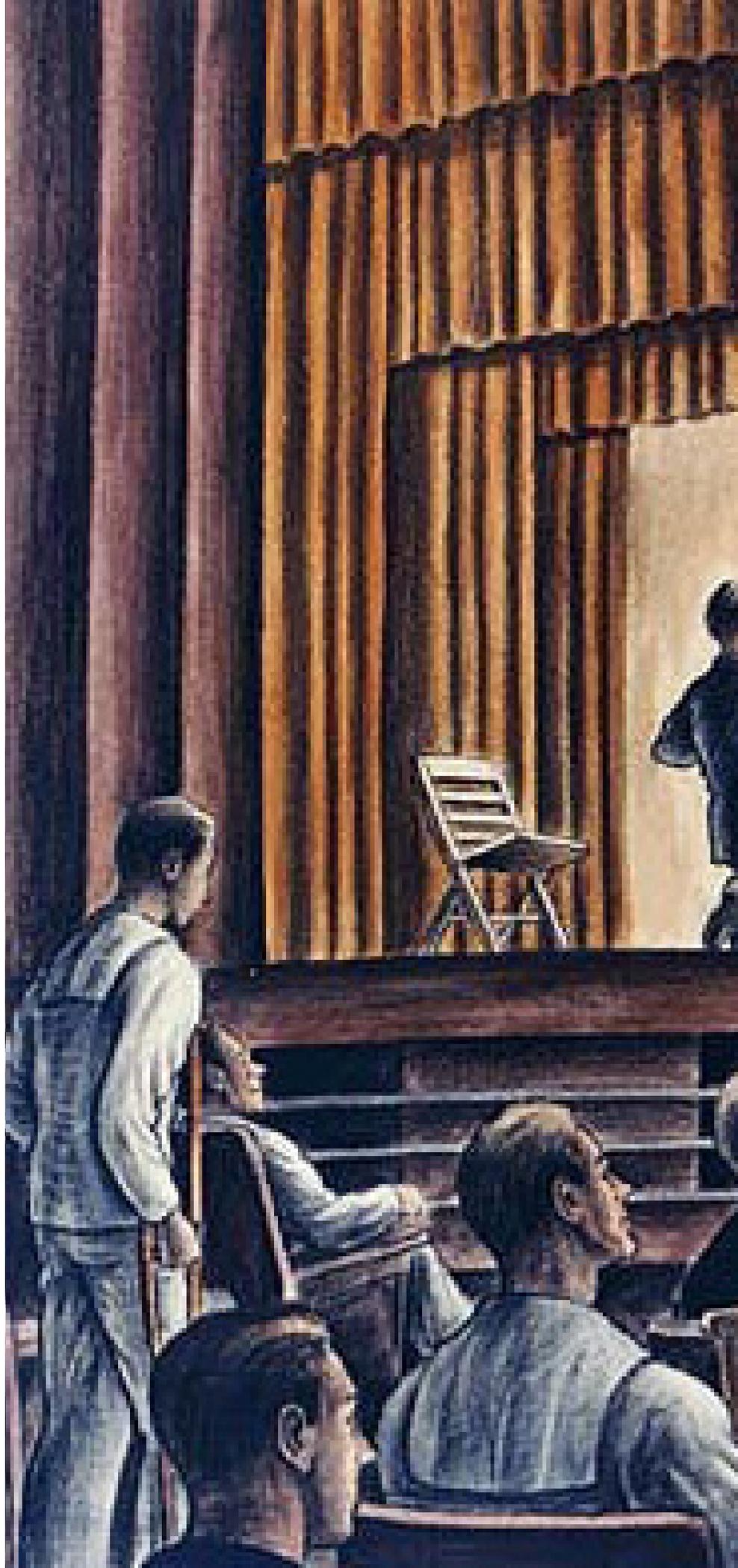
After commissioning, the first group of patients, received March 10, 1943, consisted of 26 officers and 38 enlisted men from the Naval Hospital, Oakland, Calif. During the next two days, 161 additional patients were received from naval hospitals in the San Francisco bay area. From then on, and as alterations and additional spaces were acquired, the number of patients gradually increased, more being received than discharged until a maximum of 660 patients were on board at one time. This number of patients and the 15 Hospital Corpsmen on the staff filled almost all of the available beds. One of the distinctive features of a hospital was the arrangement providing for maintenance operation and upkeep by civilian contract managers. The contract for this service has been negotiated with the Troyer Brothers hotel managers who successfully operated the Casa Del Rey hotel prior to the Navy occupation of the property. The contract was let on an annual basis and provided for the furnishing of all food and its preparation in accordance with standards Navy hospital menus, with service in cafeteria style of all meals at hours fixed by the medical officer in command. The contract provided that all expenses, including salaries of all personnel required in connection with the operating of the hotel premises, except office expenses and Government staff, including the cost of food, laundry services, cleaning and renovation, bedding, carpets, draperies, linen replacements, repairs to furniture and fixtures, and miscellaneous housekeeping expenses and cost of all utilities were included in the contract. The contract also included

the maintenance of the premises and grounds at all times, to maintain and replace all perishable equipment, to test and inspect all utilities, to operate the property premises solely for the benefit of the Government and to maintain all mechanical, electrical, sanitary and fire-fighting equipment in a reasonable and unusable condition at all times. The commanding officer, at the time of disestablishment, reported that after 36 months experience with this contract arrangement it had proved to be a most satisfactory and economical method of operation. Among the recreational facilities at the hospital were golf, horseback riding, bowling alleys, a warm salt water plunge, deep-sea fishing, trips to the countryside, two basketball courts, an 18-hole miniature golf course, horseshoe pitching, handball courts, a softball diamond, croquet courts, a complete gymnasium and a motion picture theater. The executive officer was CDR James I. Vail, MC, USNR. Between the date of commissioning and December 1, 1945, 18,263 patients were admitted to the hospital; of these 9,941 were returned to duty or transferred to other hospitals and 8,322 were discharged from the Service. This volume of work was carried on by a staff of medical officers averaging five, assisted by an average of 50 Hospital Corpsmen.

The commanding officer reported that the convalescence of patients at this hospital seemed to be remarkably prompt, probably owing to the administration of concentrated vitamin therapy, the prompt correction of anemias and not the least to the palatability and variety of food served in the mesa.

The largest group of patients dealt with was these with psychoneuroses, of whom a total of 3,421 were treated. More than half of these were admitted during 1944. Allied and similar groups, including combat fatigue, operational fatigue and other NP conditions totaled 2,120 patients and also were received in a great numbers during 1944. This large group of NP patients totaling more than 6,000 was materially benefited by various forms of special therapy including individual psychotherapy, relaxation therapy and occupational therapy. The patients within this group were returned to duty or released to civilian life in a considerably improved condition.

The rehabilitation program was considered to have been quite effective for several reasons the most important of which was the fact that every patient had been required to participate in suitable phases of a well-organized program. The ideal climatic conditions together with an abundance and variety of natural recreational facilities available in the immediate area made possible the consummation of an ideal program that was practical, satisfying, efficient and conducive to rapid recovery. The greatest disappointment expressed by the commanding officer in his final report was that a high percentage of patients and personnel showed a lack of interest in the educational services division. ❀



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Sea Gate, New York



Art therapy session at Naval Hospital Sea Gate, N.Y.

Brooklyn Eagle Collection

Courtesy of Brooklyn Public Library

Built in 1927 as a luxury resort, the Half-Moon Hotel¹ was located just 10 blocks away from Coney Island's famous amusements in an area called "Sea Gate." The hotel offered visitors a bit of class along a boardwalk dominated by kitsch and cotton candy. Designed in the Spanish Colonial style in the shape of a half-moon, it featured relief busts of Henry Hudson, a luxurious "Isabella" lounge, murals depicting life in a seventeenth century Spanish port and a tower crowned with half-moon weather vane. Early visitors included Governor Al Smith who used the building as his unofficial headquarters, when not in Albany.

As the fortunes of the Half-Moon began to wane² the Navy was bolstering its wartime rehabilitation program and looking for resorts to turn into convalescent facilities. The Half-Moon was seen as a prime site due to the local amenities it could offer patients and the Navy contracted to lease the property for \$70,000 per year. On August 30, 1944, the hotel was commissioned U.S. Naval Convalescent Hospital Sea Gate (designated "U.S. Naval Special Hospital, Sea Gate, N.Y." on July 1945).

As part of the Navy's massive rehabilitation program, Sea Gate was one of several hospitals commissioned for the strict purpose of taking care of Sailors and Marines no longer in need of general hospitalization, but not yet able to return to duty or be discharged from service. The Navy's convalescent facilities were rehabilitation havens

where occupation and physical therapists applied their trades and explored new paths to recovery through physical education, hydrotherapy, light and heat therapy, massages, corrective exercises, and recreational services. Most of Sea Gate's patients fell into one of two categories—those suffering from short-term illnesses like pneumonia or appendicitis and those deemed "chronic." Many of the latter came from other hospitals with stays from months to several years. Surgical services were limited to minor conditions and non-operative orthopedic services. Most patients needing surgery had received it before entering Sea Gate.

As a former resort, the hotel offered patients an open-air sun-deck with reclining lounge chairs, a ballroom, banquet halls, a large auditorium with stage and orchestra booth for visiting entertainers, lounge rooms brightly lighted dining hall with ample window spaces facing the boardwalk and beach. The facility also offered a gymnasium, pool-tables, a library, shuffle boards and recreational facilities stocked by benevolent societies like B'Nai B'rith.

Like many of the Navy rehabilitative facilities in World War II, Sea Gate offered patients various occupational and vocational training courses. Patients could learn photography, leather-working, wood-working, printing and typesetting, and automotive repair. Red Cross personnel frequented the hospital providing classes in painting and sculpture. The New York City Teachers'

Voluntary Service Organization offered various academic classes.

At its peak the facilities was staffed by seven Navy medical officers, one dental officer, eleven nurses, two chaplains, one supply officer, four line officers (serving as ship's service, education, physical rehabilitation, and welfare and recreation), two WAVE officers for physical and occupational therapy, 106 enlisted personnel, eight Hospital Corps Officers, 17 civilians and 65 contractors for commissary services. From October 4, 1944 to June 1946, Sea Gate treated some 4,832 officers and enlisted.

Naval Hospital Sea Gate was decommissioned on June 15, 1946. It later served as a hospital (1949) and beginning in 1954, home to the Metropolitan Jewish Geriatric Center Nursing Home until 1989 when it was demolished. ❀

1. Named after the ship "Halve Mean" (*Half Moon*) used by Henry Hudson to explore North America. The hotel was purportedly located on a spot the famed navigator landed in the seventeenth century.

2. In the 1930s it became infamous as the site where mobster stool-pigeon Abe "Kid Twist" Reles came to roost before "falling" out of a sixth floor window. Lucky Luciano would later state that the police guarding Reles were paid \$50,000 to push the witness out of the window.

Sun Valley, Idaho



The Navy Convalescent Hospital, Sun Valley, was commissioned on July 1, 1943 with CAPT J. T. O'Connell, MC, USN, in command, the name was changed on July 1, 1945 to "Naval Special Hospital, Sun Valley." The Sun Valley facility was originally a hotel owned by the Union Pacific Railroad, being ideal as a convalescent center. The bed capacity, when taken over by the Navy, was about 1,400.

The Sun Valley hospital was second in stated bed capacity among special hospitals at the close of the war, but was first in actual load. Its accepted general medical and surgical convalescent patients had received essential definitive treatment but whose necessary hospitalization was not completed. It was especially equipped to administer physiotherapy to orthopedic convalescents. Neuropsychiatric cases, except psychosis, epilepsy, and "constitutional psychopaths" were accepted. This hospital, with Asheville, was the only institution of its kind which accepted all members of the naval service, officers, enlisted men, and WAVES.

Negotiations for leasing of the property were initiated in the spring of 1943. The area included 3,529 acres of which about 80 were in the immediate hospital area. The resort was in the south central part of Idaho in the heart of the Sawtooth Mountains.

The Sun Valley Lodge was used as the main hospital building. The bed capacity when the building was taken over by the Navy was about 1,400 of which 1,035 were considered available for patients. The other beds were used by staff. The maximum complement of staff and patients was reached shortly before V-J Day when 1,603 naval personnel were aboard.

It was noted that the greatest problem was its isolation. Transportation was poor for liberty parties and special trips of 85 miles to Twin Falls and 785 miles to Boise were made by arrangement with local transportation. However, Sun Valley was fortunate in having a wealth of recreational facilities already on hand, and this greatly mitigated the loneliness of the situation.

The hospital offered plenty of recreation for patients. The facility maintained two glass-enclosed, heated, yearlong swimming pools. Three of the six ski lifts were kept in operation for Navy personnel and in season advantage was taken of the excellent skiing in the very fine powder snow of the area. Ice skating in the winter was amply provided for, although the artificial rink was discontinued. Fishing, hunting, soft ball diamond, a golf course, tennis, badminton, and archery courts were available. Indoor recreation was also ample. A 500-seat theater with excellent equipment and first-run pictures obtained from Salt Lake City provided entertainment. Bowling alleys, air-conditioned and soundproof with six regulation alleys, were on hand as were pool tables, ping pong tables, and ample equipment.

The hospital was organized for care of convalescents and the medical and surgical departments are organized for such service. The major work of the hospital was rehabilitation.

During operation of the facility, more and more patients who required definitive treatment, especially orthopedic surgery, were received from West Coast hospitals. Facilities for their care were expanded and the surgical department increased in relative importance.

The inauguration of the integrated rehabilitation program in 1944 brought together and strengthened and the various phases of this work. Quonset huts for storage of athletic gear and for gymnasium and game room purposes were erected. A building for expanded educational services was so provided. With the recreational advantages already on hand, the rehabilitation program started under favorable auspices and maintained a high state of efficiency. ❀

Yosemite, California



This Navy convalescent hospital was commissioned on June 23, 1943 and the first patients were received on July 6, 1943. The hospital was decommissioned on December 15, 1945. Originally commissioned and designated as a United States Naval Convalescent Hospital, it was redesignated on July 1, 1945 as a "naval special hospital."

The hospital formerly had been the luxurious Ahwahnee Hotel, owned by the Yosemite Park and Curry Company, it was leased by the Government for use as a hospital. Its primary purpose was for the rehabilitation and convalescence of the sick and injured in order to restore them to duty or to return them to civil life in the best possible physical condition. The first medical officer in command was CAPT Lloyd Edminston, MC, USN.

The hospital complex consisted of 37 acres located in the upper part of the Yosemite Valley in the Yosemite National Park. The setting was magnificent. The hospital was situated on the north bank of the Merced River opposite Glacier Point among tall pines and oak trees. Steep granite cliffs toward some 4,000 feet above the valley floor on all sides. In front of Glacier Point was the famous Fire Fall.

Above was the world's famed Half Dome. Below, at the Yosemite Falls, was the massive El Capitan. At the entrance of the valley was a beautiful reflecting pool. The main hospital building was of a beautiful reinforced concrete construction and native granite; it was a six-story building of exceptionally good fireproof construction. In addition, there were eight hotel cottages in the adjacent pine and

oak groves. The grounds included a sporty but hazardous nine-hole, 800-yard, golf course and two concrete tennis courts. The remainder of the reservation was chiefly meadowland covered with wild flowers.

In the summer of 1943, a recreation hall with a seating capacity of 400 was installed in the former hotel lounge. A single large building, housing a medical storeroom, galley, quarters, and two brig cells were constructed on the former hotel parking lot. Various minor items necessary for conversion to hospital use were also included which included installation of additional lighting in the personnel, and disbursing offices, construction of a fence around the hospital reservation, a small guardhouse at the entrance, and an enclosure for the porte-cochere by the entrance lobby for use as a baggage room. This work was done by the Younger Construction Co. of San Francisco.

In general, the hotel was readily adaptable for use as a hospital, especially one of the convalescent type. With the addition of plumbing and few other alterations there was an abundance of ward space provided. The hotel bedrooms were equipped with private baths and readily could be adapted to ward or ether hospital uses. The hotel dining room made an adequate mess hall.

Use was made of the existing spaces for other than the original intention all of which proved to be highly satisfactory for administration and clinical spaces.

The hotel bedrooms and dining room furniture was retained for use in the convalescent hospital. The hotel

linen, china, and dining room silverware was bought for hospital use. The remaining hotel furniture, draperies, pictures, and so forth were placed in storage. The hospital, at first, was intended for use only by neuropsychiatric patients. Experience during the summer of 1943, however, demonstrated that Yosemite was an unsuitable place for such patients. Many suffered from claustrophobia because of the high surrounding cliffs. These patients were unhappy owing to the few diversions available. In September, therefore, the policy of the Bureau concerning patients for Yosemite was changed. It was directed that no more NP patients be sent there and the hospital was to be used for general medical and surgical patients.

There was practically nothing in the way of recreation for hospital staff or patients other than that normally available for visitors to Yosemite. Motion picture equipment was requisitioned but delivery was delayed. There was but a limited amount of essential supplies and hospital beds available. A small number of double-deck hospital beds and mattresses had been requisitioned but not received; there was no special services and no welfare fund. Transportation and maintenance facilities were woefully lacking. Although these were adequate for hotel use, the carpenter, electric and paint shops in the basement were altogether inadequate for a naval hospital. The three-car framed garage provided no suitable place for the automobile mechanic to work. Arrangements had been made to use the Lewis Memorial Hospital in the Yosemite valley—a small 12-bed hospital belonging to the

National Park Service—for emergency surgery and other similar purposes. The penthouse apartment on the sixth floor was designated as quarters for the commanding officer when he reported. The fifth floor was the nurses' quarters and the sick officers' quarters but these were soon moved to the fourth floor. It was determined that the hospital could house about 900 patients normally and 1,000 crowded, if they were all convalescents. It was desired to provide houses for families of hospital staff and patients and for the civilian employees but these facilities were in very short supply. Single male and female employees were housed in dormitories by the Yosemite and Curry Company. At first, the attitude of the patients was very bad since they resented being sent to this isolated place where recreational and other facilities were in short supply. The patients resented having to wait months for a medical discharge; they believed they had done their part in the war, had become casualties and were entitled to be sent home instead of being isolated in the high Sierras. The surrounding community came to the aid of the hospital and cooperated in providing recreational facilities of many kinds including the furnishing of hostesses and orchestras to the hospital for dances. Particularly active in these community affairs were the people of the San Joaquin Valley, including the Elks, Navy Club and War Dads of Fresno, the Navy Mothers Club and Veterans of Foreign Wars. The people in the communities from the San Joaquin Valley from Modesto to Visalia cooperated in every way that they could. The San Joaquin Valley Elks aided in establish-

ing and equipping a hospital hobby shop during 1944, which became the forerunner of the rehabilitation center later established.

The National Park Service and the Yosemite Park and Curry Company also contributed much help in providing recreation and other facilities. The nearest large city to Yosemite was San Francisco, 211 miles away, and the nearest town of any size was Merced which was 81 miles distant.

Both were inaccessible for liberty except over weekends. For this reason, the hospital was required to become self-sustaining in every way possible. During the time the hospital was in commission 6,752 patients were admitted. Of these about 657 were returned to duty and the remainder discharged from the Service. The greatest number of patients at any one time was 853. A large medical storeroom had been completed but contained few supplies. A general-purpose dressing room and a small pharmacy room was established on the first floor but there were no adequate facilities for either general medicine or surgery.

A dental office and X-ray room were installed on the third floor. Only the most elemental laboratory facilities were available. The medical staff consisted of commanding and executive officers assisted by two ward medical officers. There were two nurses. Late in 1943, the majority of single hotel beds were removed from rooms and replaced by five double-deck beds in each room. The former in lounge and Tudor lounge were equipped as large wards. The complement of the hospital was increased to provide an adequate staff but during the fall and winter of

1943-44 there were only three or four medical officers. The hospital was reported ready to receive its full capacity of patients in November 1943 and by the first of December there were more than 700 patients on board.

Although the Lewis Memorial Hospital Yosemite had been used in the first few months for patients requiring surgery this arrangement was unsatisfactory. Although patients were not sent to Yosemite for surgery, acute surgical conditions frequently arose among staff and patients. A surgeon and operating room equipment was not received until June 1944. A year after being commissioned the hospital was equipped to care for practically any type of general medical or surgical patients. No attempt was made to provide special department such as eye ear nose or throat or neurology but because a number of orthopedic patients had been sent to the hospital early in 1945 a special cast room for application and removal of plastic casts was constructed outside of Ward A on the first floor.

Housing for families were always inadequate although some residences belonging to the National Park Service, temporarily vacant because of wartime reductions in park personnel, were loaned for use of families of officers and men of the hospital staff. The Ranger Club was utilized as a bachelor officers quarters and rooms there assigned to unmarried officers or to those whose families were not in the park. Six houses and apartments belong to the Yosemite Park and Curry Company and normally occupied by their employees were rented to Navy personnel. Two apartments belonging

to Best's Studio also were temporarily rented to Navy personnel.

Transportation posed a serious problem throughout most of the time the hospital was in commission. There was no regularly-assigned ambulance until March 1945. The motor pool consisted of a Plymouth sedan, a pick-up truck and a larger truck; the pick-up truck was converted to and used as an ambulance although it was quite unsatisfactory, particularly for the transportation of seriously-ill patients. The larger truck was fitted with a homemade canvas cover, which though unsatisfactory, provided shelter from the elements in transporting personnel and supplies. As a part of the recreation facilities some staff and patients were permitted to engage in skiing on mountains some distance from the hospital. In the event of injury, the available motor vehicles were highly unsatisfactory in transferring them back to the hospital. Near the end of the war, two 25-passenger busses were procured which alleviated the transportation problem to some extent. In the first several months of the hospital operation it was ironic that this facility, intended for rehabilitation and convalescence, still had relatively little recreational facilities. Pitching horseshoes, playing softball, golf, or tennis covered the range of activities at first available. There were some supervised hikes about the valley and on the mountain trails. Bicycles and horses could be rented in the community and movies could be seen by traveling to the old village theater about a mile and a half away, twice a week. There were a few dances held in the community but even those were reduced to two

a week during the winters and music was provided in the cafeteria with a phonograph.

Since the hospital was in such an isolated location it was normally off the beaten track of entertainment groups that normally visited various military activities. Transportation was so difficult that few entertainment groups visited the hospital until after the early part of 1944.

In the beginning there was no ships service and consequently no welfare and recreation fund. Two pool tables were donated and a third one was purchased in early 1944 which provided some diversion. After the middle of 1944, transportation facilities had been improved so that some entertainment units including the USO Blue Circuit began to appear regularly at the hospital. A hospital newspaper *The Ahwahnee News* contributed to the development of morale and after its established in December 1943 was published monthly until the end of the war.

No library existed at the hospital until early 1944. Beginning with some books donated by students of the Fresno State College, a library was started and by mid-1944 some 3,500 volumes had been acquired. Bowling alleys were installed in January 1945; the six alleys were made possible by a donation from the Bay Meadows Race Track of the California Jockey Club who donated \$5,000 to the Hospital Welfare Fund for this purpose. Additional pool tables were acquired, a small physical training building with gymnastic equipment was procured in March 1945 by which time the recreation program had improved materi-

ally. The sale of beer in ships service was authorized by SECNAV in the spring of 1945--the only naval hospital in the United States where this permission had been obtained. Sales of beer was permitted every night, following this authorization. It was reported that this authorization brought the general morale of the hospital to a very high status. There was plenty of recreation now as well as work indoors and out all year long and all the patients were busily occupied. Dances were conducted almost every week; the USO and other shows provided at least semi-monthly entertainment; movies were shown five nights a week and a home-talent happy-hour program plus the sports activities available, provided the great majority of patients the pleasant and beneficial atmosphere in the hospital. The reputation the hospital had acquired during its first year was a difficult one to live down, but in 1945 the commanding officer was able to report, "no patient at this hospital has a real cause to complain for lack of recreation; sufficient variety and amount is available for all."

Occupational and physical therapy was concentrated upon following the first year of improvisation and by the end of the war there were activities of one sort or another to interest practically every patient on board. The educational services program, handicapped by lack of books and equipment in the beginning, by the end of the war had developed into such a popular activity that at one time the average enrollment was more than 500 men.

The hospital was decommissioned 15 December 1945. ❀

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