



With Pride & Distinction

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Junior Officer Advisory Group

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The Physician Category

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The Marine Hospital Service (MHS) and later the PHS, consisted solely of physicians from 1798 until sanitation engineers were incorporated into the Reserve Corps in 1918. Physicians were not formally commissioned as officers in the MHS until 1889 when President Grover Cleveland signed *An Act to Regulate Appointments in the Marine Hospital Service of the United States* into law. The threshold for entry into the commissioned corps was very high. In addition to the mandatory physical exam and an oral exam on world knowledge, physicians were required to undergo a rigorous week of written exams, which were

capped off with a final clinical exam that included microscopic identification of bacteria and parasites.

As indicated by the original name, the primary function of physicians in the MHS was the care of sick and injured merchant seamen. According to a recent [Forbes magazine article](#) about early mandated health insurance "[T]he troublesome reductions in manpower caused by back strains, twisted ankles and strange diseases often left a ships captain without enough sailors to get underway – a problem both bad for business and a strain on the nation's economy".

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TAILORING- DID YOU KNOW ?

Did you know that trousers, skirts, and jackets must be specifically tailored to fit each officer? These items do not come ready-to-wear as they would in a department store. They must be adjusted based on the dimensions of the upper body as well as the officer's height and, for women, the types of shoes that will be worn with the uniform.

For men and women, the trousers should be loose enough to prevent gapping of the pockets but not so loose that they appear droopy. All trousers should be hemmed to hang approximately two inches from the floor at the back of the shoe. When standing at attention, socks should not be visible but the pant leg should not be so long as to bunch up on the shoe. For females, the trouser hem should be specifically ad-

justed to the shoes. Take your oxfords or pumps with you to the tailor to ensure the hem is adjusted correctly. Remember, only nylons may be worn with pumps. You should *never* wear socks with pumps!

Skirts must also be tailored despite being pre-cut in a variety of lengths and hip sizes. They should fit comfortably around the waist and be loose enough to prevent horizontal wrinkles. The hem of the skirt should fall 1½ inches above to 1½ inches below the crease behind the knee. In practice, if the skirt is hemmed correctly, the knee cap should be *partly* visible when standing at attention. To be safe, follow the tailors' advice and have the skirt hemmed right at the crease of the knee.

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Physician Category continued...

Following a yellow fever epidemic in 1878 that spread up the Mississippi river valley, the mission of physicians expanded from the care of seamen to control of infectious disease.

MHS physicians led or participated in efforts to eradicate a number of diseases including plague, tularemia, and hookworm, among others. At around the same time, physicians in the MHS (and later the PHS) assumed the responsibility of the medical inspections that were part of the process for immigrants arriving in the country. A physician at busy Ellis Island might inspect literally *thousands* of immigrants each day.

PHS physicians played a major role in controlling trachoma, an infection causing blindness, which was widespread in Appalachia, as well as leprosy (Hansen's disease), which caused profound disfigurement.

Pellagra, a scourge of the poor and institutionalized population, was widely believed to be infectious in origin until a PHS physician identified the cause as a dietary deficiency of meat, eggs, and milk in 1914.

With the entry of the United States into the First World War, military training camps for hundreds of thousands of men were hastily constructed and became sudden public health hazards. PHS physicians were assigned to some of these installations and were responsible for preventing and controlling outbreaks of typhoid fever, malaria and, the toughest problem, venereal disease.

In summary, the priorities and responsibilities of physicians have evolved and expanded from the early days of the Corps to the outset of World War I from hands-on care of sailors to control of infectious disease to bench top research and beyond. A review of PHS physicians since the First World War will be presented in a future article.

Images from the History of Medicine (NLM)



Trivia:

Continued outbreaks of which disease prompted Congress to pass federal quarantine legislation in 1878?

Did You Know continued...



Uniform faux pas are no laughing matter! Make sure you are wearing your uniform with pride and distinction!

All SDB and dinner jackets purchased from Navy uniform retailers must be altered to fit and to conform to USPHS standards. This includes replacing all buttons with PHS buttons. These jackets should fit comfortably across the chest without binding around the armholes. In practice, men and women should be able to pinch 2-4 inches of material at the chest and waist. The sleeves of the SDB should fall approximately one inch below the wrist bone when arms hang naturally at the side.

In addition, the seam at the shoulder should extend $\frac{1}{2}$ inch beyond the outer edge of the shoulder joint. The jacket should always be worn buttoned and should only be removed in the immediate office area.

Officers who gain or lose a noticeable amount of weight should have their uniforms adjusted accordingly to maintain a smartness of image.