

# Calendar No. 1521

69TH CONGRESS }  
2d Session }

SENATE

{ REPORT  
{ No. 1511

## HAMPTON MITCHELL

FEBRUARY 17 (calendar day FEBRUARY 18), 1927.—Ordered to be printed

Mr. SWANSON, from the Committee on Naval Affairs, submitted the following

### REPORT

[To accompany H. R. 9030]

The Committee on Naval Affairs, to which was referred the bill (H. R. 9030) for the retirement as ensign of Hampton Mitchell, having had the same under consideration, report favorably thereon and recommend that the bill do pass.

The following, taken from the report of the Committee on Naval Affairs of the House of Representatives on this bill, gives the details and facts of Mr. Mitchell's case:

Hampton Mitchell was appointed to the United States Naval Academy in October, 1920. He passed all of the physical and mental examinations for admission and entered the service in June, 1921, in the class of 1925. His record at Annapolis (to which attention is invited) is an enviable one, he having been successful in academics, in athletics, and in midshipman activities in general.

His last year at Annapolis he served at different times as a midshipman lieutenant (company commander), and as a midshipman lieutenant commander (battalion commander), which are both positions of signal honor. While serving in the latter-named capacity he was so marked as to stand first in his class in the branch of aptitude for the service. He passed with excellence all of the prescribed physical examinations to which midshipmen are subjected in the entire course, and had he not been sent to the hospital he would not have had to face another examining board prior to being commissioned. Until the latter part of his last year there he had been in generally good health and had not lost one day in the hospital.

On or about February 4, 1925, he injured his right side while rowing. That was on February 4 before he was to be commissioned.

It was thought by the gymnasium physician that a few ligaments in his side had been strained, or torn loose, and although it was somewhat painful, it was not considered serious enough to warrant his excuse from duty.

As time passed the condition, which was aggravated no doubt by the strenuous and active life, grew no better, and again he was sent to sick quarters. This time his side and right chest were strapped, but he was continued on duty. The pain continued, so that just before a subsequent gymnasium drill he applied at sick quarters for permission to miss that drill, since they are always very strenuous. Because of the fact that there were no external indications of injury, and that he still had a robust appearance generally, the medical officers to whom he applied insinuated that this intention was to shirk and retained him on duty.

The gymnasium drill took place on Saturday morning and was of about two hours' duration.

The gymnasium was too cold to be comfortable, with a series of Swedish exercises, as he was clad only in short trunks, cotton jerseys, and gymnasium shoes. From there they were marched "double time" to the swimming pool, and a swimming instructor took charge. Since the pain in his side was already aggravated, he requested permission to miss the exercise. He was informed that only a medical officer was authorized to grant that request, and ordered him into the pool. Having been already refused by a medical officer, and being under military rule, his only recourse was to obey orders. When this swimming drill was over, he was exhausted, as were most of the rest, and the pain in his side was terrific. Despite this fact, they were marched "double time" to the boxing room, where he was again refused excuse, and he proceeded with a boxing drill until dismissed for noon formation and lunch.

Having no desire again to face the medical officer who had inferred he was a shirker, and whom he was not permitted to dispute, he went to the gymnasium sick quarters, where an attendant strapped his side and chest with adhesive tape. This gave little or no relief.

The strain and exhaustion of that drill must have aggravated his condition considerably, for after that the pain was terrific and did not subside night or day. Being unable to sleep at night and remaining on active duty in the day, his health broke rapidly. On another visit to sick quarters an X ray was made of his chest. It was again strapped and he was kept on duty.

Finally, on or about March 29, 1925, about eight weeks after he was first injured, he went on watch as midshipman regimental officer of the day. Because of the unusual manner in which he performed his duties, the commissioned officer of the watch inquired as to his condition, and seeing that he was sick instructed him to call his relief and report to sick quarters. This he did, and reporting there at that unusual time, and having been instructed to do so by the officer of the watch, he received careful attention. His temperature was taken, for the first time since he was injured, and found to be about 103 with pulse and respiration far above normal.

Great concern was shown him then, although he had been in that condition for some time, and he was transferred to the hospital, with a diagnosis of pleurisy. At the hospital, where he received the finest of care, about a quart of fluid was taken from his chest. A guinea pig was inoculated with this fluid as a test.

After about 14 days of complete rest his temperature was again normal, and he started regaining the 20 or more pounds that he had lost during the illness. His recovery was so rapid that he was able to study and make up the academic work he had missed, and he passed all of his final examinations.

On May 7, 1925, less than a month before his graduation, the test was completed, and he was diagnosed as tubercular. Shortly thereafter he was examined by a board of medical survey which found him unfit for duty, because of tuberculosis of the pleura (right), and recommended his transfer to Fitzsimons General Hospital at Denver, Colo., for treatment.

Mr. Mitchell doubted the diagnosis, and knowing that if true it meant a ruined career, he arranged to be transferred to Washington, D. C., for a reexamination. The surgeon there concurred in the original diagnosis and found his right lung to be adhered at the base to the diaphragm, and on the side to the pleura. According to expert medical authority, these adhesions made the most effective treatment for tuberculosis, namely, pneumo-thorax, impossible, in his case.

Eventually he was transferred to the Fitzsimons General Hospital at Denver, Colo., for treatment. While there he was instructed to take exercise of all sorts, including 5-mile walks, and horseback riding, but it has been stated by eminent physicians, that absolute rest is an essential in the treatment of the disease.

He was at that institution for about three and one-half months. Regularly, during that time, it was suggested to him by his ward surgeon that he go home on leave, because, he said his condition was relatively good and he thought he would be better away from the patients who were in a worse condition than he. Finally he requested a month's leave, beginning October 20, 1925. The naval unit then suggested that they recommend six months sick leave for him, which they did.

He had not been home a week before he was running a temperature of from 99 to 100 daily with evidences of tubercular activity.

Realizing that his condition was much worse, he wrote to his superior officer at Denver, notified him of his condition, and requested that even though he be granted the sick leave he had recommended, that Mr. Mitchell be allowed to return to the hospital for further treatment.

The following is the medical record of Hampton Mitchell:

MEDICAL RECORD OF MIDSHIPMAN (FIRST CLASS) HAMPTON MITCHELL, UNITED STATES NAVY

NAVY DEPARTMENT,  
BUREAU OF MEDICINE AND SURGERY,  
Washington, D. C., February 13, 1926.

The following medical history is found in the files of this bureau for the period of entire service:

UNITED STATES NAVAL ACADEMY

March 30, 1925: Admitted with "Diagnosis undetermined (pleurisy)." Origin in line of duty. Probably infectious in origin. Patient complains of pain in right chest of several days' duration. General weakness, cough, and night sweats. There are signs of fluid in the right lower chest. Temperature, 102.2. To hospital.

UNITED STATES NAVAL HOSPITAL, ANNAPOLIS, MD.

March 30, 1925: Readmitted with "Diagnosis undetermined (pleurisy)." Origin in line of duty. About a month ago pulled muscles in right gland; headache, stiff neck, and dry cough. Fluid right base on examination. Temperature. 101.5 on admission.

April 1, 1925: A little fluid made out right base—350 c. c.; amber color; aspirated. Fluid predominates in lymphocytes. X ray shows cloud right base. Apices clear. Irregular temperature reaching as high as 103.

April 4, 1925: Diagnosis changed to "Pleurisy, serofibrinous." Origin in line of duty. Pain in chest continues. Fluid increased; 800 c. c. removed on 6th. Findings as above. Slight nonproductive cough. Put on sedative cough mixture.

April 14, 1925: Condition improved. Temperature normal since 10th. Up one hour to-day.

May 2, 1925: Patient feels well and has gained more than 10 pounds since April 14, 1925. Sputum negative continually.

May 7, 1925: Patient continues in excellent condition. The guinea pig which was injected with the patient's pleural fluid April 1, 1925, was examined, and the inguinal lymph glands were much enlarged. The pig, which had been perfectly healthy and had not been used for laboratory work before, had lost weight. The pig showed at autopsy tubercles in liver, spleen, and lungs. The lymph glands were very large. The bacillus of tuberculosis was demonstrated in the lymph glands, liver, and spleen of the guinea pig, proving conclusively that the serofibrinous pleurisy was of tuberculous origin.

May 8, 1925: Change of diagnosis to "Tuberculosis of the pleura, right." Origin, duty. Survey recommended in accordance with usual policy.

May 11, 1925: Weight, 172½. Feels well.

May 13, 1925: Board of medical survey met this date. Findings: Unfit for service. Recommendation: That he be transferred to Fitzsimons General Hospital, Denver, Colo., for treatment.

May 18, 1925: Temperature, pulse, and respiration continue normal. The slight pain the patient used to complain of in the right gland, especially in damp weather, has gone. Weight, 174 pounds. No cough for past month.

May 24, 1925: Lungs show a slight prolongation of breath sounds, right apex, on expiration, and a very slight limitation of movement of right side. No activity made out. Patient has been up and about since April 18, 1925. Goes regularly on liberty and has taken his examinations.

May 25, 1925: Weight, 176 pounds.

May 26, 1925: To Washington Hospital. Transferred by order by radio from Bureau of Navigation received May 23, 1925.

Résumé: Patient with history, cough, weakness and night sweats for a month came in March 30, 1925, complaining of pain in right gland. Amber-colored fluid with high percentage of lymphocytes aspirated which fluid produced tuberculosis in a healthy guinea pig. Aspirated again April 4, 1925. Irregular temperature reaching 103 until April 6, 1925, after which patient improved and fluid decreased. Temperature normal April 11, 1925. Patient up and about April 18, 1925, with rapid improvement and a gain of 19 pounds in weight since April 13, 1925. Physical examination shows prolonged expiration right upper lobe at present. May 25, 1925, X ray report as follows: There are some pleuro-

diaphragmatic adhesions on the right side. The linear markings are increased through the entire right lung. At the right base the markings are especially increased, and also at the right apex. There is a tendency for the markings at the apex and base to show beading. The excursion of the diaphragm is limited.

UNITED STATES NAVY UNIT, FITZSIMONS GENERAL HOSPITAL, DENVER, COLO.

September 28, 1925: Report of a board of medical survey held this date states as follows:

Diagnosis: Tuberculosis, pleura, right. Origin is in the line of duty.

Facts are as follows: Admitted to sick list at Naval Academy March 30, 1925, with diagnosis undetermined (pleurisy). Transferred to naval hospital, Annapolis, Md., and diagnosis changed pleurisy, serofibrinous, on April 4, 1925. Fluid aspirated from right side April 1, 1925, was injected into healthy guinea pig on May 7, 1925; the pig was killed, and tubercle bacilli demonstrated in the liver, spleen, lungs, and lymph glands. Diagnosis was changed to tuberculosis pleura (right). Was transferred to the naval hospital, Washington, D. C., on May 26, 1925, where the diagnosis of tuberculosis, pleura, was concurred in. Transferred back to the naval hospital, Annapolis, Md., on June 9, 1925, and transferred to this hospital June 14, 1925. Since admission to this hospital temperature, pulse, and respiration have been normal; is now on hikes 5 to 10 miles per day. There has not been found anything to indicate any tuberculosis in any form since admission. However, the patient has had no fluid in chest with which to test on guinea pig. A board of Army medical officers will examine this man in a few days and the report of this board will be forwarded to the Bureau of Medicine and Surgery.

Present condition: Unfit for duty.

Probable future duration: Indefinite.

Recommendation: That he be retained in this hospital for further treatment.

November 9, 1925: Report of a board of medical survey held this date states:

Diagnosis: Tuberculosis, pleura (right). Origin is in the line of duty.

Facts are as follows: Since admission to this hospital, temperature, pulse, and respiration have been normal; has been on graduated walks from 5 to 10 miles per day without any rise in temperature. This midshipman has requested six months' sick leave. His home is in Texarkana, Tex. This patient's father is a physician and he wishes to go to his home and be with his father. He is no longer in need of hospitalization.

Present condition: Unfit for duty.

Probable future duration: Indefinite.

Recommendation: That he be granted six months' sick leave.

Indorsement dated November 18, 1925, from the Bureau of Medicine and Surgery to the Bureau of Navigation, on the foregoing survey report: Forwarded; recommendation of board disapproved. It is recommended that this midshipman be discharged from the naval service.

A. W. DUNBAR, *Acting*.

---

[First indorsement]

MAY 14, 1925.

From: Commanding officer United States naval hospital, Annapolis, Md.

To: Superintendent United States Naval Academy, Annapolis, Md.

1. Forwarded.

R. M. KENNEDY.

[Second indorsement]

MAY 15, 1925.

From: Superintendent United States Naval Academy, Annapolis, Md.

To: Bureau of Medicine and Surgery.

1. Forwarded, approved.

L. M. NULTON.

---

NOVEMBER 9, 1925.

From: Board of medical survey.

To: Commanding officer, Navy unit, Fitzsimons General Hospital, Denver Colo.

Subject: Report of medical survey.

Place: United States Navy unit, Fitzsimons General Hospital, Denver, Colo.

Name: Mitchell, Hampton; midshipman, first class.



Attached to Navy unit, Fitzsimons General Hospital, four months.  
Admitted from naval hospital, Annapolis, Md., June 17, 1925.  
Born: Texas, April 7, 1901.  
Abstract of health record: Tuberculosis, pleura (right); 145 days on sick list,  
United States Navy unit, Fitzsimons General Hospital.

## PRESENT HISTORY OF CASE

Diagnosis: Tuberculosis, pleura (right). Origin is in the line of duty. Disability is not the result of his own misconduct.

Facts are as follows: Admitted to sick list at Naval Academy, March 30, 1925, with diagnosis undetermined (pleurisy). Transferred to naval hospital, Annapolis, Md., and diagnosis changed, pleurisy, serofibrinous, on April 4, 1925. Fluid aspirated from right side April 1, 1925, was injected into healthy guinea pig on May 7, 1925. The pig was killed and tubercle bacilli demonstrated in the liver, spleen, lungs, and lymph glands. Diagnosis was changed to tuberculosis, pleura (right). Since admission to this hospital temperature, pulse, and respiration have been normal; has been on graduated walks from 5 to 10 miles per day without any rise in temperature. This midshipman has requested six months' sick leave. His home is in Texarkana, Tex.

This patient's father is a physician and he wishes to go to his home and be with his father. He is no longer in need of hospitalization.

Present condition: Unfit for duty.

Probable future duration: Indefinite.

Recommendation: That he be granted six months' sick leave.

G. W. TAYLOR,  
*Lieutenant Commander, Marine Corps, United States Navy.*

[Second indorsement]

NOVEMBER 9, 1925.

From: Commanding officer, Navy unit, Fitzsimons General Hospital, Denver, Colo.

To: Bureau of Medicine and Surgery.

1. Forwarded.

G. W. TAYLOR.

[Third indorsement]

NOVEMBER 18, 1925.

From: Bureau of Medicine and Surgery.

To: Bureau of Navigation.

1. Forwarded: Recommendation of board disapproved.

It is recommended that this midshipman be discharged from the naval service.

E. R. STITT, J. D. M.

[This is taken from report of board of medical survey dated May 13, 1925, United States Naval Hospital, Annapolis, Md.]

*Abstract of health record of Midshipman Hampton Mitchell, class of 1925, admitted to Naval Academy as midshipman June 24, 1921*

Name of ship or station at time of illness	Date of transfer	Disease or injury	Days on sick list
U. S. Naval Academy	June 3, 1922	Influenza	3
U. S. S. Olympia	Aug. 31, 1922	No sick days	0
U. S. Naval Academy	June 8, 1923	Celluitis	3
U. S. S. Florida	Aug. 29, 1923	No sick days	0
U. S. Naval Academy	June 5, 1924	do	0
U. S. S. Arkansas	Aug. 28, 1924	do	0
U. S. Naval Academy	Mar. 30, 1925	Diagnosis undetermined (pleurisy)	0
Naval hospital, Annapolis, Md.		Diagnosis undetermined (pleurisy); serofibrinous pleurisy (20); tuberculosis, right pleura.	5

## PRESENT HISTORY OF CASE

Diagnosis: Tuberculosis of the pleura (right), No. 1105. Origin in the line of duty. Disability is not the result of his own misconduct.

Facts are as follows: Patient reported at sick call, Naval Academy, on March 30, 1925, with pain right chest, said to have been of several days' duration; weakness, cough, night sweat, and temperature 102.2. Transferred to this hospital with diagnosis undetermined (pleurisy). April 1, 1925, aspiration yielded 350 mls of fluid; X ray showed both apices to be clear with cloudy right base. Guinea pig inoculated with aspirated fluid. April 4, 1925, aspiration removed 800 mls; general condition unchanged; diagnosis changed to pleurisy, serofibrinous. May 7, 1925, the guinea pig, which was well previous to inoculation April 1, 1925, and had been used for no other laboratory work, was noted to have lost weight and at autopsy this date presented an adenopathy; microscopic examination revealed the presence of tubercle bacilli in lymph glands, liver, and spleen; diagnosis changed to above. Patient's general condition improved.

Present condition: Unfit for service.

Probable future duration: Indefinite.

Recommendation: That he be transferred to Fitzsimons General Hospital, Denver, Colo., for treatment.

WM. H. BELL,

*Captain, Marine Corps.*

CHARLES J. HOLEMAN,

*Lieutenant Commander, Marine Corps.*

JOHN T. O'CONNELL,

*Lieutenant, Marine Corps, United States Navy.*

The Navy Department in reporting on this bill adheres to its practice to advise against private and individual legislation, and the following letter of the Secretary of the Navy gives the views of the Navy Department on this case:

NAVY DEPARTMENT,  
Washington, June 21, 1926.

The CHAIRMAN COMMITTEE ON NAVAL AFFAIRS,  
*United States Senate, Washington, D. C.*

MY DEAR MR. CHAIRMAN: Replying to the committee's communication of June 14, 1926, forwarding the bill H. R. 9030, for the retirement as ensign of Hampton Mitchell, and requesting to be furnished with the views of the Navy Department relative to this measure, I have the honor to inform you as follows:

The records of the Navy Department show that Hampton Mitchell was appointed a midshipman on June 24, 1921, pursuant to the recommendation of Senator W. F. Kirby, of Arkansas. On May 13, 1925, he was found unfit for service by a board of medical survey convened at the Naval Academy, Annapolis, Md., on account of "tuberculosis of the pleura (right) No. 1105"; origin in line of duty; disability not the result of his own misconduct. The board recommended that he be transferred to Fitzsimons General Hospital, Denver, Colo., for treatment, and on June 17, 1925, he accordingly was admitted to such hospital.

On November 9, 1925, Hampton Mitchell was found unfit for duty by a board of medical survey convened at Fitzsimons General Hospital, Denver, Colo., on account of "tuberculosis pleura (right)"; origin in line of duty; disability not result of own misconduct. The board recommended that he be granted six months' sick leave. On November 18, 1925, the Bureau of Medicine and Surgery of the Navy Department disapproved the recommendation of the board of medical survey and recommended that Mitchell be discharged from the naval service. On November 19, 1925, the Bureau of Navigation of the Navy Department concurred in the action of the Bureau of Medicine and Surgery and notified the superintendent of the Naval Academy to have him tender his resignation; otherwise he would be dropped. He was allowed one month's sick leave before acceptance of his resignation. On December 7, 1925, he requested that demand for resignation be withheld temporarily. On December 23, 1925, leave was extended 30 days from November 22, 1925. Leave was further extended 30 days from December 22, 1925. On January 8, 1926, the Bureau of Navigation notified Mitchell that he should submit resignation to take effect on expiration of leave on January 22, 1926. On January 18, 1926, leave was extended four months until May 22, 1926. The Bureau of

Navigation notified Mitchell that his resignation should be forwarded for acceptance on that date.

From correspondence which has passed through the Navy Department, it appears that Mr. Mitchell is of the opinion that the medical officers at the Naval Academy were perhaps somewhat slow in diagnosis of his case, which he considers to be contributory to his existing unfortunate illness. However, the Navy Department does not consider this to be the case.

The bill H. R. 9030, which if enacted will cost the Government \$1,125 a year, was referred to the Bureau of the Budget with information that the Navy Department contemplated making an unfavorable recommendation on the bill, and under date of February 27, 1926, the Navy Department was informed that this report would not be in conflict with the financial program of the President.

This proposed legislation also is individual in character and is not for the general good of the naval service. Accordingly the Navy Department does not recommend the enactment of the bill H. R. 9030.

Sincerely yours,

CURTIS D. WILBUR,  
*Secretary of the Navy.*

