

FREDERICK D. W. BALDWIN

DECEMBER 19, 1925.—Committed to the Committee of the Whole House and ordered to be printed

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

REPORT

[To accompany H. R. 4600]

The Committee on Naval Affairs, to whom was referred the bill (H. R. 4600) for the relief of Frederick D. W. Baldwin, having had the same under consideration, report favorably thereon, and recommend that the bill do pass.

Frederick D. W. Baldwin was enrolled in the United States Naval Reserve Force May 5, 1917, for a period of four years. On December 15, 1917, he received his commission as an ensign. Later he was advanced to the grade of lieutenant (junior grade). On February 1, 1920, he accepted a commission as ensign in the Navy. This demotion was accepted so that he could remain on active duty and be eligible to take the examinations for the permanent commission in the regular Navy.

On September 17, 1919, while serving on board the United States ship *Hancock*, Ensign Baldwin appeared before a board of medical examiners for a physical examination. The findings of that board were as follows:

Examined this date; found physically qualified for confirmation in grade in United States Naval Reserve Force.

On May 10, 1921, while he was serving on board the United States ship *R. L. Barnes*, at Olongapo, P. I., he appeared before a board of medical examiners, who found as follows:

Examined and found not physically qualified for appointment on account of valvular disease, chronic cardiac.

It is therefore evident that this disease originated in line of duty between these two dates.

On or about July 7, 1921, the United States ship *R. L. Barnes* was ordered to the Island of Guam. On July 25, 1921, Ensign Baldwin was detached from this vessel and ordered to the United States ship

Bittern, then en route to the Philippine Islands. He reported on board the *Newport News* for transportation and duty on July 25, 1921. He reported on board the United States ship *Bittern* on August 5, 1921, at the naval station, Olongapo, P. I. In a very few days the United States ship *Bittern* was ordered on an extended cruise through the South Sea Islands, touching such places as the island of Yap, Pelew Island, St. Andrews Island, Current Island, Lord North Island, and later through the Dutch East Indies, arriving back in Cavite, P. I., on or about November 13, 1921. During this trip Ensign Baldwin was out of communication with all naval authorities except on one occasion, when a relayed radio message was received from the American consul at Batavia, Java, which message ordered the United States ship *Bittern* back to the Philippine Islands.

On November 14, 1921, he was sent to the naval hospital for treatment. He was ordered before a medical board of survey, the findings of which were approved by dispatch 0215-1130 (November) from the commander in chief, United States Atlantic Fleet, and was ordered to the naval hospital, Mare Island, Calif., for treatment, it being impossible for the medical board at Cavite, P. I., to make any other disposition, as it had no power to recommend him to appear before a naval retiring board.

On December 24, 1921, while en route to the United States on board the United States Army transport *Thomas*, he received a radiogram from the Bureau of Navigation stating that upon arrival at San Francisco, Calif., he was to report to the commandant of the twelfth naval district for physical examination; upon completion of this examination he was to proceed home; further, that his appointment as an officer in the Navy was revoked, becoming effective December 31, 1921. At this time Ensign Baldwin was 21 days out of San Francisco, and it was 14 days before he could possibly reach the United States. Owing to his physical condition, as reported by the commanding officer of the transport *Thomas* and the transport surgeon, the orders of the Navy Department were countermanded, and he was ordered to carry out his original orders to report to the naval hospital, Mare Island, Calif., for treatment.

Upon his arrival at the hospital he was advised to make out the following request:

1. Request to appear before a naval retiring board.
2. Retention in the naval service.
3. Request continuation of treatment at naval hospital.

The latter was the only request approved, and this treatment only to continue while the action of the Navy Department on the first two requests were disapproved.

His request for retirement was made out and forwarded to the commanding officer, naval hospital, Mare Island, Calif., January 18, 1922. Up until that time and until quite a few days after Mr. Baldwin did not know and had no way of knowing anything about the act of Congress approved July 12, 1921. Nor had he any information that he was required to file a request for retirement prior to October 1, 1921. In answer to the above request, the Navy Department replied as follows:

You are advised that the act of Congress, approved July 12, 1921, contains a provision to the effect that the officers of the United States Navy are eligible for retirement for physical disability incurred in time of war, providing their

applications are filed on or before October 1, 1921. It is noted that your application is dated January 18, 1922, and accordingly you are not eligible for retirement.

Owing to the nature of the duty that Ensign Baldwin was performing between July 12, 1921, and the date of his arrival in the United States, the distance that this duty was away from naval headquarters, it is readily understood that it was impossible for him to receive any word relative to this act. The doctors at the naval hospital, Cavite, P. I., informed him that upon his arrival in the United States he would be ordered before a naval retiring board. It seems, therefore, that very few if any officers attached to that part of the Asiatic station were cognizant of the act of July 12, 1921.

Furthermore, his medical record shows that his disability was incurred in line of duty and not due to his own misconduct. The Secretary of the Navy, in answer to a communication, stated "that after a very careful consideration of his service record and medical record it appears that the case is meritorious."

The following is a copy of the medical record of Mr. Baldwin:

UNITED STATES NAVAL HOSPITAL,
Guam, M. I., January 27, 1921.

This officer reported for his annual physical examination and was found physically fit to perform the duties of his rank.

J. G. ZIEGLER,
Lieutenant Commander (Medical Corps), United States Navy.

Physical defects:

Short cardiac systolic murmur heard at apex, transmitted to axilla, compensation good.

J. G. ZIEGLER,
Lieutenant Commander (Medical Corps), United States Navy.

U. S. S. "BITTERN,"
Cavite, P. I., November 14, 1921.

Diagnosis 867: Valvular disease, chronic cardiac. Origin in the line of duty. Not due to his own misconduct. See previous medical history. Has periodical attacks, complains of much pain in the cardiac region. Had a severe attack yesterday while in a rough sea. It is recommended that this man be given duty aboard a ship with a medical officer. Transferred to United States naval hospital, Canacao, for treatment.

H. E. GILLETTE,
Chief Pharmacist Mate, United States Navy.

UNITED STATES NAVAL HOSPITAL,
Canacao, P. I., November 14, 1921.

Diagnosis: Valvular disease, chronic cardiac, No. 867. Origin in the line of duty. Upon admission had an extremely rapid pulse. Upon examination found to have a systolic murmur (organic). Heart enlarged. Bed. Light diet.

November 22: This case has improved but the physical findings remain. Has attacks of faintness and complains of headache. Pulse becomes rugged after exertion. Recommended a medical survey.

December 1: Medical survey recommended transfer to United States naval hospital, Mare Island, Calif.

December 14: Case improved, heart condition remaining about the same; has had two or three fainting attacks.

December 15: Transferred this date to naval hospital, Mare Island, Calif.

W. C. ESPACH,
Lieutenant Commander (Medical Corps), United States Navy.

The following appeared on the record sent to the naval hospital, Mare Island, Calif., by the transport doctor on board the United States Army transport *Thomas*, the ship I was transferred to for transportation to the United States.

Date of admission on United States Army transport *Thomas*. December 17, 1921.

Final diagnosis: (1) Bronchitis, acute catarrhal; (2) neurasthenia; (3) slight cardiac murmur, apex transmitted.

J. P. KELLEY,

Major, Medical Corps, Transport Surgeon.

Admitted to hospital (cabin 35) December 17, 1921.

Was called to see this man who collapsed (fainted) in starboard alleyway on board United States Army transport *Thomas*. Upon admission: Temperature 98.8; pulse 94 and rather thready; complains of headache, pains in region of heart, and weakness. Upon examination the following was noted: Slight murmur, apex, transmitted to left axilla; patient rather incoherent in speech, anemic, and considerably depressed. Also suffered an attack of bronchitis, acute, about December 18, 1921, from which he recovered slowly.

Claimed to have had fainting spell late on the night of December 31, 1921; exhibited a small abrasion on bridge of nose which he received when he fell. Temperature 8 a. m. January 1, 1922, 98½; pulse 86.

January 3: Considerably improved, up and around.

January 8: Still complains of insomnia, weakness, and poor appetite.

January 11: Patient again collapsed (fainted) at about 8.45 p. m., while talking to Captain Russ, quartermaster transport *Thomas*. Surgeon was called and found patient reviving. Complained of pains in cardiac region.

January 14, 1922: Transferred to naval hospital, Mare Island, Calif., this date for observation and treatment.

UNITED STATES NAVAL HOSPITAL,
Mare Island, Calif., January 14, 1922.

Diagnosis: Valvular disease, chronic cardiac. No. 867. Key letter.

Origin: In line of duty; is not due to own misconduct. Developed in the service following about 12 years' service.

Patient complains of weakness, fainting spells, precordial pain, and palpitation. There is also a slight cough.

Examination shows heart slightly enlarged to the left with systolic murmur at apex, transmitted to axilla. Diminished resources (?) and fine role both opice. (?)

Patient is undernourished and unable to perform duty.

His appointment as a temporary commissioned officer of the Navy has terminated and patient has requested that he be ordered before a retiring board. His request has been forwarded to Bureau of Navigation and while waiting a reply patient is carried as a supernumerary under observation and treatment.

Admitted and discharged for record, and health record closed to readmit as a supernumerary.

No further entries were made on this record and there should have been the findings of the doctors on their next examination. The X ray showed very clearly a developed case of tuberculosis. Doctor Baker told me that the next day. The record was not even closed upon my discharge from the hospital, which is evidence that it is not complete.

Diagnosis appearing on the records at the United States Veterans' Bureau: Bronchitis, chronic; valvular disease, chronic cardiac, mitral regurgitation; hysteria, tuberculosis, chronic, pulmonary, moderately advanced, apparently arrested.

This entry appears after spending nine months in the hospital. I am unable to get the findings made at first.

H. W. BALDWIN.

