

ing to ANG units. MTFs are sensitive to the charge of exploiting Reserve Forces to "clean up" their backlog of physicals. In this case, AFSC Hospital, Patrick took the lead by helping an ANG unit receive pertinent training. ER duty is possible for any ANG medical unit, provided that the unit obtains the necessary basic skills and certifications prior to the annual training deployment. This requires that the unit depart from focusing as much on purely administrative and non-medical matters during UTAs and concentrate on obtaining, honing, and retaining 2E-related medical skills.

### Acknowledgments

We wish to commend COL Robert F. Thomas, Commander, AFSC Hospital, Patrick, and TSGT Carey P. Martin, NCOIC of the ER at Patrick AFB, who coordinated and evaluated this unique ANG training experience. Their skill and understanding helped to ensure the success of this noteworthy endeavor. We also thank Robert D. Cardwell, Deputy Chief of Staff for Air, MDANG, and COL Vernon A. Sevier, Commander of the 135th Tactical Airlift Group, MDANG. Without their support, this unique training opportunity would not have been possible.

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## The History of the Navy Medical Corps Insignia: A Case for Diagnosis

*LT Kenneth M. Lankin, MC USN*

**H**ow did the oak leaf and the acorn (Fig. 1) become the often unrecognized symbol of the Navy Medical Corps? As LT T.W. Ziegler, MC, USNR, wrote to the Chief of the Navy Bureau of Medicine and Surgery (BUMED) in 1968:

"Throughout my tour of duty in Vietnam with the joint Army-Navy Mobile Riverine Force . . . I have found the Navy Medical Corps Insignia is not recognized. I and my colleagues in the Navy Medical Corps feel it is most fitting that we have a distinctive insignia and are proud of it. However, the Army caduceus is much better known . . . [as a] symbol of the medical profession . . ."<sup>1</sup>

The letter continues with a plea for information regarding the historical origin of the oak leaf to save "further exposure . . . of ignorance." Even Navy physicians who wear this oak leaf device often do not know its significance. Why does an oak leaf with an acorn connote medicine? When did the Navy adopt this emblem, and why?

Even the year of its adoption is not clearly established. Different accounts of when the Navy adopted the current device can be found: ranging from sometime "in the 1870s"<sup>2</sup> to 1897.<sup>3</sup>

Are there also flaws in the explanations of the significance of the emblem?

This essay presents the history and chronology of the Navy

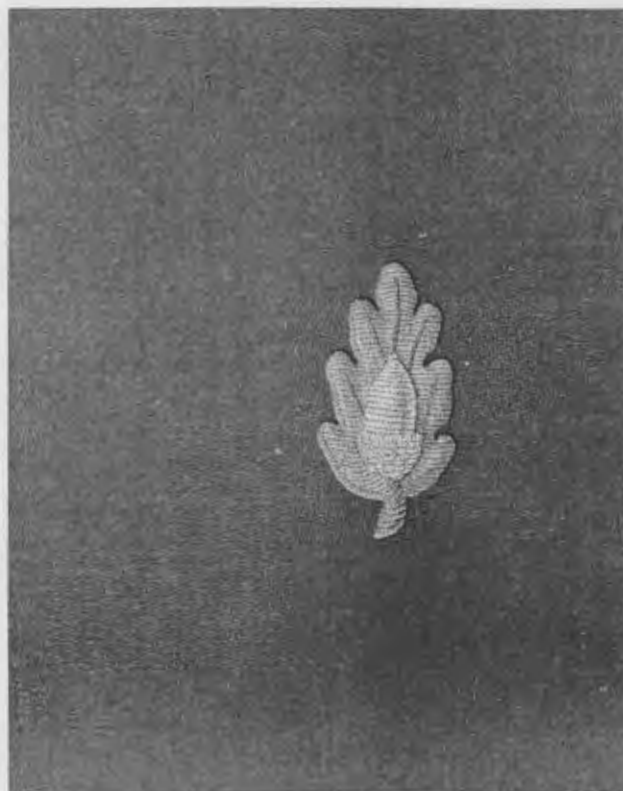


Fig. 1. U.S. Navy Medical Corps Insignia since 1883. (from regulations governing the uniform of commissioned officers, warrant officers, and enlisted men of the Navy of the United States, 1886.) [U.S. Naval Academy Library, Special Collections.]

medical corps insignia from the original uniform regulations and other primary sources, and proposes a new theory of the significance of the oak leaf and acorn.

The first corps device for the medical officer was authorized



Fig. 2. Collar insignia of medical officers, 1830–1832. [National Library of Medicine, negative No. 59-120.]

by a General Order of the Secretary of the Navy on May 1, 1830. The embroidery was to consist of a "live oak leaf, on the upper and front edges of the collar, and around the cuffs. The club of Esculapius [sic] is also to be embroidered on the collar" (Fig. 2).

According to several authors,<sup>4-7</sup> the insignia was adopted in 1826. This is rather puzzling, especially since there were no specific uniform regulations issued in 1826. The Uniform Regulations of 1830 not only introduced the first medical emblem, but began a Navy-wide practice of indicating a staff officer's specialty by means of a distinctive corps device.

The descriptions of the serpent emblem vary; the most entertaining is by Captain Louis H. Roddis, MC, USN:

"From 1826–1832 the surgeons in the United States Navy wore both the oak leaf and the club of Aesculapius embroidered on the collar of their uniforms. This caduceus was of disproportionate size and was probably the ugliest device ever worn, and a patient, especially if his gastritis had been induced by alcohol, would have been sorely distressed by the huge snake on the medical attendant's collar. Indeed the doctor many times must have been afraid of his own coat."<sup>8</sup>

Aside from Roddis' colorful language, it is important to note his mention of "the oak leaf" as opposed to oak leaves, the latter being a more accurate description (Fig. 2). This is significant. Oak leaves were used as general embroidery; the medical insignia was the staff of Aesculapius. A single oak leaf implies the current device (Fig. 1).

Despite the confusion of dates and descriptions, the actual



Fig. 3. Collar insignia of medical officers, 1832–1847. (Regulations for the Uniform and Dress of the Navy, 1841.) [U.S. Naval Academy Library, Special Collections.]



Fig. 4. Collar insignia of pursers, 1832–1847. (Regulations for the Uniform and Dress of the Navy, 1841.) [U.S. Naval Academy Library, Special Collections.]

orders were clear. Colored plates were included in most of the uniform regulation manuals. The plates are especially important in regard to the later General Order of January 20, 1832 that decreed, "the serpent and staff be removed from the collar of the full dress uniform of the Surgeons and Assistant Surgeons, and a branch of live oak is to be substituted."

The result is shown in Figure 3. The literal interpretation of substituting a branch of live oak yields an image that more accurately describes the design for pursers (Fig. 4). Notice the striking similarity between these two emblems. The development of the medical device closely parallels those of the other staff corps, particularly the pursers.

Why the serpent and the staff design was discarded only 2 years after its inception is a matter of conjecture. One explanation is that it was simply revolting. Taylor<sup>7</sup> suggests: "... the club was misunderstood implying the punishment meted out in all ages to the unsuccessful practitioner or the rude methods of the barber surgeons... the snake may have been objected to on the grounds that it harked back to the incantations and mystifications of theurgic medicine."<sup>9</sup>

There was no longer a distinctive emblem for the Naval physician. The branch of live oak was retained for 15 years.

In 1847, orders once again gave medical officers their own corps device: the letters "MD" in Old English characters in solid silver. The cap badge "MD" was surrounded by leaves and acorns (Fig. 5). Acorns on the shoulder straps indicated seniority (Fig. 6). The paymaster's insignia were identical except that "PD" replaced "MD."

The uniform regulations of March 8, 1852 simply repeated the 1847 orders. Another set of uniform regulations of September 24, 1852 amended the earlier decree, removed the silver "MD," replaced it with one sprig of olive, and opened the circle of oak leaves and acorns seen in Figure 5.



Fig. 5. Cap badge for medical officers, 1847-1852. (Regulations for the Uniform and Dress of the Navy and Marine Corps, Philadelphia 1852.) [U.S. Naval Academy Library, Special Collections.]



Fig. 6. Shoulder straps for medical officers, 1847-1852. (Regulations for the Uniform and Dress of the Navy and Marine Corps, Philadelphia 1852.) [U.S. Naval Academy Library, Special Collections.]

There is no explanation for this. At the same time, the pursers lost their silver "PD," and received a three-leaved oak sprig, the present insignia of the supply corps.<sup>10</sup> With the olive sprig, oak branches, and acorns, the Navy Medical Officer of this time has been dubbed "a veritable walking arboretum."<sup>11</sup>

The olive branch persisted as the mark of the physician until the midst of the Civil War. It was replaced by a silver oak leaf by General Orders of January 28, 1864. Oak leaves were used, coupled with specific insignia for other staff corps (Fig. 7). The corps devices were only to be placed on the "chapeau" and not on the shoulder straps and epaulets, as had been the custom. Thus, when the medical officer (or any other staff officer) was uncovered, there was no emblem to indicate the profession.

In 1866, all Naval officers (except constructors, chaplains, and professors of mathematics) were instructed to wear the officer's crest as their cap device.<sup>12</sup> This left the physician with no insignia except that of rank. Line officers, however, wore a

fouled anchor in the middle of their shoulder straps and were thus distinguishable from staff corps officers.

In July 1869, another set of uniform regulations implemented a system of identifying staff corps by bands of colored cloth between the gold stripes around the sleeve of the dress coat. Each corps was designated by a specific color; "cobalt blue" was that of the medical corps.

Then in 1883, uniform regulations mandated the current insignia: "a spread oak leaf embroidered in dead gold, with an acorn embroidered in silver upon it" (Fig. 1).

The literature offers confusing and contradictory dates for this event: Roddis offered the 1870s in one publication<sup>13</sup> but preferred 1886 in a later paper.<sup>14</sup> Tily<sup>15</sup> and Edwards<sup>16</sup> correctly reported the date as 1883; Taylor,<sup>17</sup> Miller,<sup>18</sup> and Polskin<sup>19</sup> chose 1886 and Rankin settled on 1893.<sup>20</sup> The 1883 regulations changed the colored velvet on the sleeve from cobalt blue to dark maroon. Happily, there is agreement on the date of this occurrence.

Not only is there past confusion about the date of the introduction of the present oak leaf and acorn, there is also no past agreement on what the 1883 order actually said. Tily<sup>15</sup> and Edwards<sup>16</sup> were not only correct as to the date but also about the insignia. However, Roddis, Taylor, Miller, Polskin, and Rankin introduce a mythology about a small Geneva cross of maroon velvet set within a silver Maltese cross. It was a "most complicated affair grossly violating the principles of simplicity and economy if not the laws of heraldry."<sup>22</sup> Yet it was believed "here at last was a very distinctly appropriate emblem."<sup>23</sup>

In *The Uniforms of the United States Navy* by Captain James C. Tily, CEC, USN (Ret.), the only published source whose chronology is accurate, no mention is made of the Maltese-Geneva device. A letter from Captain Tily to BUMED reveals that he was aware of the problem but chose to ignore it in his book:

"I noted in the article you made available to me [the article is Taylor<sup>7</sup>] . . . a long dissertation on the Corps device, a Geneva cross superimposed on a silver Maltese cross. The same information is in . . . "A Short History of Nautical Medicine" [Roddis<sup>6</sup>]. Both works state that this device was authorized in 1883. However, I . . . have . . . the 1883 Uniform Regulations, and page 10 describes the Medical Corps device as 'a spread oak leaf . . .' Again both works indicate that the above device was not introduced until 1886. I spent hours in all possible sources while in Washington on my last tour of duty trying to find some official reference to the Geneva-Maltese device, without a clue."<sup>24</sup>

So much has been written about the cross that it seems unlikely to have been a mere figment of imagination. Two theories may account for its possible existence. The first is that "special corps devices" were worn at times in addition to those specifically prescribed by regulations.<sup>25</sup>

The more plausible explanation is that the device was proposed but never actually authorized. In fact, there were two sets of uniform regulations in 1883. According to the *Army and Navy Journal*, regulations were received from the Navy dated January 22, 1883 that called for a medical corps device "of a Maltese cross containing a Geneva cross."<sup>26</sup> The medical corps device was only a small part of the sweeping changes which aroused widespread opposition in the entire Navy and

FOR MEDICAL OFFICERS.

FOR PAYMASTERS.



FOR ENGINEERS.

FOR NAVAL CONSTRUCTORS.



Fig. 7. Cap badge for medical officers, paymasters, engineers, and naval constructors, 1864. (Regulations for the Uniform and Dress of the Navy and Marine Corps, 1864) [Navy Department Library.]

the uniform regulations were suspended. The *Army and Navy Journal* of July 21, 1883 reported: "The order we publish this week suspending the order regulating naval uniforms will be received with a welcome by a majority of the officers of the Navy, probably four-fifths."<sup>27</sup> The Secretary of the Navy would not permit the new orders to become official if he found its adoption "would prove distasteful to the majority of those concerned."<sup>28</sup>

The new regulations, including the Geneva-Maltese cross, were scrapped, a new uniform board met, and the new General Order of November 1, 1883, effective July 1, 1884, included the oak leaf emblem as the insignia of the medical corps.

This tangled history of the development of the insignia is in part due to repetition of past errors, to undocumented assumptions, to misinterpretation of data, and to lack of information. Apparently, the Navy had been lax with its uniform history for some time. Captain Arnold at BUMED answered Captain Tily's 1964 request for a uniform history of the Medical Department: "The records on which a definitive history could be built are probably no longer in existence, as experience in trying to answer many historical queries has shown."<sup>29</sup>

This problem was not new or restricted to BUMED. The Superintendent of Naval War Records wrote to the Chief of the Bureau of Navigation on October 6, 1900: "It is respectfully recommended to the Department that an especial search should be made for material bearing upon the Uniform of the U.S. Navy and Marine Corps. . . . The records of the Department are very incomplete. Requests for information occur not infrequently. In many cases they can be quickly answered, but, if not, there is no available data at hand. Every year renders

increasingly difficult the obtaining and identification of material."<sup>30</sup>

The following year, the Chief, Bureau of Navigation, petitioned the Secretary of the Navy that a Mr. R.G. Skerrett be given the task of compiling a comprehensive history of Navy uniforms.<sup>31</sup> Unfortunately, it seems that this request was denied, for if Mr. Skerrett's work exists, it cannot be found.

But the question remains—why the acorn and oak leaf? Prior to World War II, no attempt was made or can be found to explain why the oak leaf was adopted. Even Taylor, who waxes eloquent with commentary on discarded devices, offers no insight about the current one.<sup>32</sup>

With this in mind, one wonders how Captain Roddis concluded that: "The traditional connection between the oak leaf and medicine dates back to the time of the physician priests of the ancient Britons, the Druids. They were both physicians and priests, uniting the two professions into one and oak groves were their temples. The oak was a sacred tree to them, and on their white robes were embroidered wreaths of oak leaves and acorns in gold, silver, or colored threads. Ever since that time, the oak leaf has shared with the caduceus, the position as a principal symbol of the profession of medicine. . . ."<sup>33</sup>

The "Druid theory" persisted and is often cited today. This is evidenced by BUMED's responses to inquiries about the medical corps emblem, such as the one cited earlier from LT Ziegler in Vietnam, that invariably espouses the druid origin.<sup>34,35</sup> Even recruiting material touts the oak leaf-Druid connection (Fig. 8).

The claims about the oak leaf and its Druid origin are spurious, if not preposterous. For example, the notion that ever

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# You Know What This Is.

It's the caduceus. Legend defines this symbol of healing as the wand and wings of Mercury, messenger of the Roman gods. It is said he threw the wand between two fighting snakes who immediately wound themselves around it in friendly union . . . thus establishing the "peacemaker" or "healer" connotation. Today, as in the past, the caduceus represents the professional dedication of the physician to his patient.



# Do You Know What This Is?

Probably not. It is the oak leaf and acorn representing the healing of the Navy Medical Corps . . . and its symbolism goes back as far as the caduceus. Today, it is worn with pride by Navy physicians as an affirmation that the insignia owes its origin to the Druids of ancient Europe. The Druids were considered to be tutored physicians engaging in early medical practice. These pre-Hippocratic healers displayed the gold oak leaf and acorn device on their white robes symbolizing their station. Caduceus or oak leaf, it means the same thing . . . dedication to humane service. But the dedication of those wearing the oak leaf and acorn offers additional dimensions. Try these for starters: nuclear, submarine, or aerospace medicine. Antarctica expeditions, not to mention graduate medical education, preventive medicine and a direct link with major civilian medical institutions.



There isn't enough room here to tell you about all the one-of-a-kind advantages the oak leaf has.

If you would like to learn more, fill in the coupon—or better yet, call your Navy Medical Representative toll free at (800) 811-8000. In Georgia, the number is (800) 342-5855.

**Do it today.  
You'll be glad you did.**

(P032)

Captain H. C. Atwood, Jr.  
Navy Opportunity Information Center  
P. O. Box 2000  
Pelham Manor, New York 10803

Dear Captain Atwood:

I would like to know more about the unique advantages of the Navy oak leaf. In medicine, I am particularly interested in the field of ( )

I understand there is no obligation on my part. (MS)

(Title) (First) (Last)

(Address)

(City) (State) (Zip)

(Phone) (Date of Birth)

(1) (Medical School) (2) (Work Date)

**The Navy**

Fig. 8. Recruiting advertisement of mid-1970s. [Naval Medical Command Archives.]

since the time of the Druids the oak leaf has been equivalent to the caduceus. I know of no other organization, civilian, military, American, or foreign, except the U.S. Navy, that uses an oak leaf as a medical emblem.

The druids did not keep written records. Most of what we know about them comes by way of myth and legend. If the Druid priest-physicians did indeed use the oak leaf as a medical emblem, how was it perpetuated through the ages? Captain

Roddis may have obtained his material from the Roman naturalist and writer, Pliny the Elder. According to Pliny, the Druids were not only fond of oak leaves:

"The Druids hold nothing in greater reverence than the mistletoe, and the tree on which it grows so that it be an oak. They chose forests of oak for the sake of the tree itself and performed no sacred rites without oak leaves . . . Mistletoe is . . . gathered with great ceremony . . . A priest arrayed in white vestments

ascends the tree and culls the mistletoe with a golden knife . . . They believe that mistletoe given in drink will impart fertility to any animal that is barren, and that it is an antidote for all poisons."<sup>36</sup>

If indeed the Uniform Board of 1883 was influenced by druid mythology, Navy physicians would be wearing mistletoe; the consequences of this will not be explored. The Druid theory is an attempt to assign medical significance to a symbol that historically had nothing to do with medicine.

I propose that the oak leaf insignia, although inextricably associated with the Navy, was purposely adopted for the medical corps because it had a long naval heritage. The suggestion for this view comes from the discovery of unpublished works by the late Commander William Edwards:

"The medical corps was then requested to select a suitable corps device. The device they selected consisted of a Geneva Cross superimposed on a Maltese cross, which was approved in January 1883. Then some unknown individual pointed out that the character of the device was completely dissimilar to those worn by other corps; accordingly the first device was rejected and the Corps selected a gold spread oak leaf."<sup>37</sup>

The insignia is always oscillating from medical to naval: from serpent to non-specific; from "MD" to olive sprig; and finally from Geneva-Maltese cross to oak leaf. Could this be a reflection of the mixed sentiments felt by Naval physicians throughout the years? On one hand, physicians are very proud of their profession and desire a distinctive insignia. On the other hand, they are also naval officers. Could there have been periods when physicians might have wanted to be considered primarily as naval officers?

These two views may have been polarized in 1883 as embodied in the symbols: the Geneva-Maltese device, doubly rich in medical tradition and so distinct it was viewed as out of character with other devices, contrasted to the oak leaf, devoid of medical character, but a common element in naval emblems.

Far from being a medical symbol, the oak leaf has traditionally been a popular motif for all naval officers. The parallel development of the medical and pursers' corps devices suggests that oak leaves may be only decorative. But, if one oak leaf means medicine, then why do three oak leaves mean supply corps?

The Navy physician during the olive sprig era was described as a "walking arboretum." Yet the uniforms of other officers during the same period are also covered in shrubbery. A case in point is the uniform of Admiral Farragut: it abounded in acorns and oak leaves (Fig. 9). It might be argued that while any sort of oak leaf is mere embellishment, a single oak leaf surcharged with an acorn is an entirely different affair. Indeed, the current device is an unusual arrangement; certainly not to be found in nature. However, this exact emblem appears on the metal cap badge worn by the Light Companies of the two Royal Marine Battalions that served in America in 1775-1776.<sup>38</sup> If the oak leaf and acorn was truly a medical symbol, why was it being worn by British Marines?

It is remarkable that the oak leaf has survived as the Navy medical corps emblem. This is probably due to the turmoil of 1883. It was believed that "the uniform of naval officers is tinkered with entirely too much."<sup>39</sup> Therefore, the Navy was resolved to preserve whatever emblem was adopted.



Fig. 9. Dress coat sleeve of Admiral Farragut, 1869. (Uniform for the United States Navy, Washington, 1869.) [U.S. Naval Academy Library, Special Collections.]

Several physicians who found the oak leaf an unsatisfying emblem sought change. Dr. R. Roller Richardson wrote to Rear Admiral Rixey, Surgeon General of the Navy, in 1907:

"Dear Sir:

"Ever since I have been in the service, I have been struck with the lack of significance and reference to anything medical of the *device* of the medical corps of the Navy. I have asked others also and have found no one who could tell me how or in what way an oak leaf with an acorn thereon referred to any-

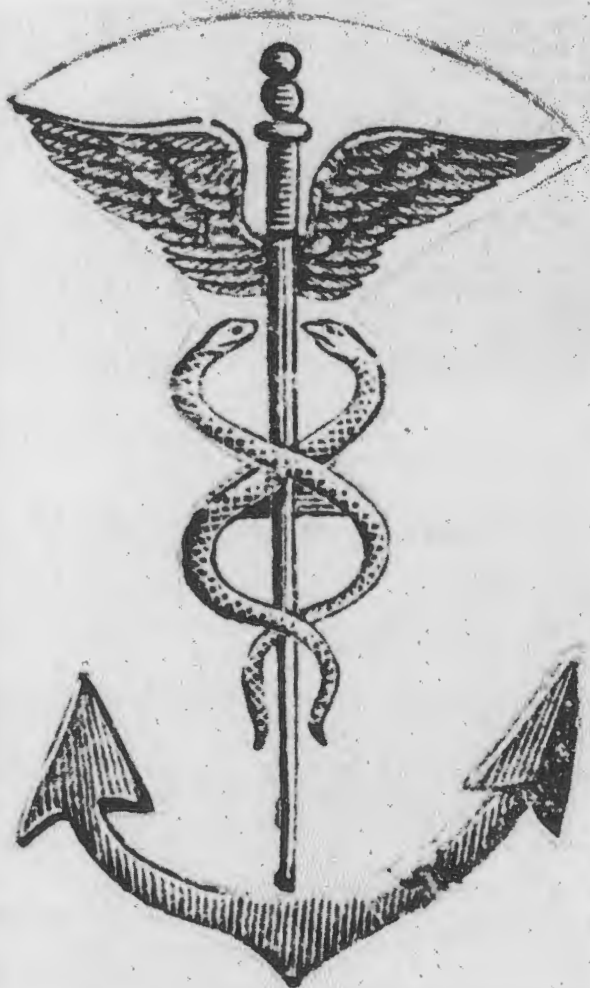


Fig. 10. Medical Corps device proposed in 1907. (RG 52 Bureau of Medicine and Surgery General Correspondence, Feb 1885-April 1912, Box No. 244, Entry No. 11, File 112567, page 4.) [National Archives.]

thing medical, except that it had been arbitrarily adopted and assigned to the Medical Corps as their device, by some one in the Navy Department.

"I respectfully submit the following device . . . for the Medical Corps of the Navy. It consists of the caduceus and the flukes of an anchor . . ."40 (Fig. 10).

As further testimony that the oak leaf was not adopted in honor of the Druids, consider the response to Dr. Richardson from John C. Wise, Medical Director, USN, writing on behalf of Admiral Rixey:

" . . . All that I know on this subject, is the general report and impression, at the time of its adoption. The idea intended to be conveyed, by the oak leaf and the acorn, were *strength and development*; the insignia was originated by Medical Officers on duty in Washington, and thus adopted by the Department; there was no reference to the corps at large, with whom the device [sic] was never popular, as it not only had no significance, but that at the time the oak-leaf, was in use by the Pay-Corps. . . . I have taken the views of Officers here, as to the

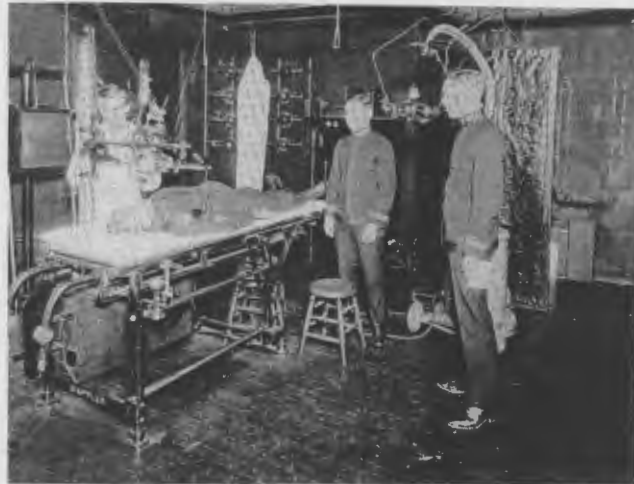


Fig. 11. X-ray room, Chelsea, Massachusetts, circa 1918. (Official U.S. Navy Photograph; No. 3544) [Official U.S. Navy Photograph.]

desirability of changing the Corps device and . . . the change is favored by all . . .

"From a personal standpoint I have always looked on the present device as meaningless, and in as much as the caduceus is so generally used to designate the Medical Officer, this in connection with some distinctive Naval emblem is much to be desired . . ."41

Despite its "desirability," Dr. Richardson's device was never adopted. Some physicians, indifferent to the oak leaf, were bothered by the maroon velvet on the sleeve. It was believed "scarlet" or "cherry" would be more appropriate because when the maroon faded, it so closely resembled the purple of the Construction Corps that "instances can be proved in which it has been substituted without having been detected."42

Even the placement of the oak leaf device has been a source of contention. When medical officers in 1918 lost their maroon velvet, and were ordered to wear their corps device instead,43 subsequent orders directed that the device should be worn with the long axis perpendicular to the edge of the sleeve. Dr. Richardson protested this order in 1920. He claimed the device looked much better in the horizontal position and said, "over 90% of the Corps are now wearing the device horizontal instead of perpendicular."44 A photograph of the X-ray room at Naval Hospital, Chelsea, Massachusetts, provides evidence for Dr. Richardson (Fig. 11). The physicians clearly have their oak leaf in the horizontal position, strongly indicating it was not a local custom since Dr. Richardson was stationed in San Diego at the time.

So, in tracing the history of the medical oak leaf and acorn, it appears that it represents an old tradition of uniforms of sea officers. It does not have a particular medical history; rather it is of the history of navies, of which one can be proud.

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