The AMEDD Historian

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Welcome to Issue #49 of The AMEDD Historian! While there are several interesting subjects (and images!) covered in this edition, the first article "John Van Rensselaer Hoff", is worthy of note not only for its thoroughness, but also the subject matter. COL Hoff was one of the most influential Soldiers of the Army Medical Department in the period between the Civil War and World War I. His work as a physician, educator, writer, organizer, and in our current lexicon "influencer" should not be forgotten. Some might see parallels in his appearance and drive with another leader of his time, Theodore Roosevelt. A constant proponent of the AMEDD, he worked for recognition for the department and its personnel. Hoff was always seeking improvement for health and similar to the AMEDD of today, "readiness."

"Nursing in the 8th Evacuation Hospital, 1942-1945" conveys the environment of nurses at the beginning of World War II as well as the hospital's support of Fifth Army in the Southern European Theater of Operations. As one considers LSCO and World War II, this single unit treated over 48,000 patients in the hospital and supported another 45,000 outpatients in 2 ½ years of war.

View the new archival donations and note the diaries by Martin Sievers and Dr. Howard P. Schiele. Dr. Schiele kept a diary during his time as a battalion surgeon for the 4th Infantry Division in Vietnam and wrote a book based on his experiences which is in the archives. "Acting Assistant Surgeons" and a follow-on piece for

(continued on page 20)

John Van Rensselaer Hoff
Lewis Barger, MEDCoE Historian

On the exterior of the AMEDD Museum a large bronze plaque is embedded in the wall. From it, the image of a man stares back at the viewer. On his collar are the insignia of a medical corps officer. His hands rest not on the ornamental sword of a surgeon but the hilt of a cavalry saber. To his right and left a caduceus and a Distinguished Service Cross are displayed above his shoulders. Beneath him a name that is unfamiliar to most people today, but in the late 19th and early 20th Century Colonel John Van Rensselaer Hoff was one of the most influential officers in the Army Medical Department.

Hoff's father, Alexander Henry Hoff, sought to join the Army after graduating from Jefferson Medical College in Philadelphia but was discouraged from this by his father. He moved to New York, established a successful medical practice, and in 1847 married Ann Eliza van Rensselaer from a prominent New York family. 10 months later John Van Rensselaer Hoff was born in Mount Morris, New York. From 1854-6 Alexander Hoff served as Surgeon General for the state of New York and in 1861, with the start of the Civil War, realized his ambition of becoming an Army surgeon, serving with the 3d New York Volunteers and later (breveted a colonel) directed the hospital ships in the Mississippi River supporting Grant's army. Following the war Alexander Hoff was commissioned in the Regular Army as a captain and served in various assignments until his death in 1876. As he moved his family from Alaska to San Francisco to New York Alexander raised his son to be an Army doctor and follow in his footsteps.

John Van Rensselaer Hoff idolized his father. He received a medical degree from Columbia University in 1874, was appointed Acting Assistant Surgeon in 1874, and received a commission as Assistant Surgeon later that year which he spent serving in the field with the Army campaigning against the Sioux. He spent the next several years in Nebraska and Wyoming, overseeing post hospitals, treating the wounded who were brought in, and caring for the sick. He submitted papers on the diseases and wounds he treated, beginning a career-long practice of writing for publication. Hoff's father died while serving as a recorder for the Medical Examining Board only two years after Hoff's entry into the Army.

In 1880 Hoff was reassigned to Fort Monroe, Virginia, his first assignment away from the West and his first opportunity for service where he was likely to catch the eye of senior members of the Medical Department. During President Garfield's inauguration and assassination six months later Hoff was on detached assignment to Washington, D.C. That autumn, at the request of the Governor of New York, he represented the state at the centennial celebration of the Battle of Yorktown as acting Surgeon General of the State. While there he provided medical care to the former Governor of New Jersey and former commanding general of the Army of the Potomac, George B. McClellan, who sent him a thank you note a few months later.

Hoff's next assignment was to Alcatraz Island, then a military prison holding over 100 prisoners. After two years, he was transferred to Fort Mason in San Francisco. Fort Mason was a small post and evidently Hoff's official duties gave him ample time to pursue other activities. He was appointed an Assistant Professor by the Medical Department of the University of California in diseases of the eye, ear, nose, and throat, teaching classes and overseeing clinics in the San Francisco County Hospital. After four years in California Hoff took a leave of absence to travel to Europe and learn about the medical organizations of foreign armies. Leaves of absence and study in Europe weren't uncommon at that time for officers with private money, although studying foreign armies was more often a focus for officers of the line. Medical officers more commonly studied in some of the world's finest medical schools and research facilities.

Undated photo of the young Hoff. Courtesy National Library of Medicine.

When Hoff returned to the United States in 1887, he was posted to Fort Reno, Oklahoma, west of what today is Oklahoma City. While there he organized the Army's first detachment of the newly established Hospital Corps and trained them using drill regulations that he had written. Prior to 1887 hospital stewards were detailed from line units, and those detailed to serve as stewards frequently were the soldiers a line commander was happy to rid himself of. They also could be pulled at any time to return to their units and replaced with a different soldier who had to be trained in his duties. The creation of a permanent Hospital Corps changed that. Surgeons trained their enlisted men in their duties, but training varied from unit to unit and surgeon to surgeon. The Surgeon General had tried to establish a training school for hospital stewards as early as the 1840s but the initiative failed and (given the transitory nature of detailed stewards) would have been of questionable value even if it had succeeded. Hoff's Company of Instruction was the first formal school set up to train Hospital Corpsmen since the establishment of a permanent corps, and he created it from the ground up.

Hoff's drill regulations would later serve as the basis for departmental regulations prescribing litter drill for the Medical Department. In 1888 while serving as the Regimental Surgeon for the 5th Cavalry posted to Guthrie, Oklahoma, about 40 miles northeast of Fort Reno, Hoff had established the first Camp of Instruction for the Hospital Corps. The following year Hoff was reassigned to Fort Riley, Kansas as the Senior Surgeon at the Cavalry and light Artillery School. He continued to train hospital stewards in this new location and in 1891 Surgeon General Charles Sutherland directed the establishment of Schools of Instruction for stewards at Fort Riley, Fort Keogh, Montana, and Fort D.A. Russell, Wyoming, based on the template Hoff had developed. At Riley, Hoff's assistant was a newly appointed assistant surgeon and future Surgeon General, Merritte Ireland. Hoff took time to train Ireland as well, which Ireland would recall four decades later, "Recent appointees to the Corps were sent to large military posts to get their first lessons in military life. For the great pains Colonel Hoff took in adjusting me to my new surroundings I have always been devoutly grateful." In addition to litter and ambulance drill, stewards received instruction that prepared them to order and inventory medical supplies, perform administrative duties, prepare meals for hospitalized soldiers, and otherwise serve as assistants to the post surgeon.

Following an annual inspection of Fort Riley in 1892, Departmental Medical Director Colonel Bernard Irwin praised conditions at the post and the state of training of the hospital stewards,

> *Everything pertaining to its sanitary police, the drill and discipline of the Hospital Corps and the administration of the Medical Department were found in the most admirable and creditable state. The military bearing and discipline of the men of the Hospital Corps gave evidence of excellence in every particular, while the execution and prompt discharge of the duties of the medical officers of the station reflect the highest credit on Major John Van R. Hoff, the efficient sanitary officer in charge. The success which has crowned his efforts to drill and suitably educate sanitary soldiers has won for him the admiration and respect of all who witness the brilliant results of his zeal and abilities. His zealous devotion to his varied duties has done much toward removing the erroneous impression entertained by some army people that the sphere of the medical officer is limited to the routine of affording professional service.*

From November 1890 to January 1891 Hoff deployed with the 7th Cavalry Regiment as Regimental Surgeon during the Pine Ridge campaign against the Lakota and participated in the Battle of Wounded Knee on 29 December. The battle, which began as soldiers were attempting to disarm the Lakota, turned into a massacre, with between two and three hundred Indians killed. 25 troopers were killed and another 39 wounded. Soldiers fired wildly during the battle and some of their casualties likely resulted from friendly fire. Hoff was not directly involved in the battle, but he moved about the battlefield, disregarding the weapon fire sweeping the area to treat wounded soldiers. The Medical Director of the Department of the Platte, Lieutenant Colonel Dallas Bache, commended Hoff for the operation of the regimental hospital. He went on to say "That the work was done at all, that it was well done, was due simply to the ability of the Chief Medical Officer, Captain Hoff, and to the instinct of devotion to duty which his whole training and example had compelled his men." The 7th Cavalry Commander, Colonel James Forsyth recommended Hoff be given a brevet to major "for conspicuous bravery and coolness in caring for the killed and wounded in peculiarly dangerous positions in the battle" and the subsequent battle at Drexel Mission. Hoff was subsequently recommended for the Medal of Honor (the only gallantry decoration at the time), but he would not receive a decoration for his bravery until after his death.

By 1892 Hoff was a major and began to be assigned to positions of greater responsibility. He was transferred to Governors Island, New York to serve as a post surgeon overseeing medical support to several posts in the area as well as attending physician to the Commanding General. He also served on Medical Department examining boards and was appointed Secretary for the Section on Military Medicine and Surgery of the Pan-American Medical Congress in August 1893 and in 1894 was a guest lecturer at Harvard Medical School speaking about the role of the Army medical officer in peace and war. The lecture was published in the Boston Medical and Surgical Journal. Serving in New York, he attracted the attention of more senior officers who were impressed by the high standards he maintained and his energy and dedication in carrying out his mission. He received commendations from Surgeons General Charles Sutherland and George Sternberg as well as Bernard Irwin, now Assistant Surgeon General, who went so far as to express the hope that Hoff might someday be Surgeon General because of his efforts to ensure medical officers were treated with the same respect as officers of the line. Assistant Surgeon General Charles Page summed up Hoff's record, writing "To recount your services at the various posts would be a repetition of praise. Suffice it to say that wherever you have been you have devoted your whole talents to the best interests of the service."

In 1896 Hoff accompanied his former departmental commander, the Commanding General of the Army, Lieutenant General Nelson A. Miles, during a tour of the Army's posts after which Hoff was assigned to Vancouver Barracks. While stationed there Hoff purchased a prize for the student at the Army Medical School who achieved the highest standing in his class, named the Hoff Medal in honor of his father, Alexander Hoff. Administrative difficulties foiled Hoff's attempts to create an endowment for the medal so beginning with the first award in 1898 he donated approximately $40 to have the medal struck. Unable to obtain government approval to create an endowment he made provisions in his will to establish a trust, overseen by a civilian company, endowed with $1,500 from his estate. Until the time of his death in 1920 Hoff continued to purchase the medal each year.

In March 1898, the month after the U.S.S. *Maine* sunk in Havana Harbor and a month before the United States declared war on Spain, Hoff asked to be relieved as post surgeon at Vancouver Barracks and reassigned to a field unit. He was temporarily reassigned to the Surgeon General's Office where he helped design the medical force that would support the Army in its first global expeditionary war. In May he was promoted to lieutenant colonel of Volunteers and appointed as the Chief Surgeon of III Corps at Chickamauga Park, Georgia. Typhoid struck the mobilization camps, both because the means of transmission of typhoid had not

yet been discovered and because troops practiced poor field hygiene. In July Hoff was made Chief Surgeon of the camp. He established two hospitals to care for the sick, but was unable to reduce the incidence of disease. The war ended quickly and Hoff reverted to his Regular Army rank of major. In September he was ordered to Puerto Rico as Chief Surgeon for the occupying force. He faced an epidemic of smallpox in the civilian population and moved quickly to vaccinate the entire population. Mortality from the disease on the island dropped from 700 per year to virtually nothing. Hoff also organized a Board of Health for the island to address public health issues and a Board of Charities that aided in relief for the victims of the 1899 hurricane which struck Puerto Rico as a Category 4 storm, killed over 3,000 people, and left a quarter million without food and shelter. Hoff's organizations were responsible for feeding 100,000 people for more than a year while the island recovered.

At this point in his career Hoff's talents were fully recognized by the Medical Department and when the next emergency arose, Hoff was called on again. In August 1900 he was reassigned as the Chief Surgeon for the China Relief Expedition. Marines and soldiers deployed from the Philippines (and later the United States) to China. Travel from Puerto Rico took longer, and by the time Hoff arrived the Battle of Peking (Beijing) was already over. Hoff arrived just in time for the majority of the U.S. forces to be withdrawn and so was redeployed to the United States and the Surgeon General's Office where he was placed in charge of the Hospital Corps Division. He also took charge of the Supply Depot in the basement of the Army Medical Museum. Prior to Hoff's assignment the Medical Department maintained no significant stockage of medical supplies, ordering them as needed. Hoff began to stockpile supplies which would be needed first in time of emergency. He envisioned a stockpile sufficient to equip the medical organizations of five Army corps which was later continued by Major Carl Darnall. Surgeon General Merritte Ireland credited the Field Medical Supply Depot for seeing the Medical Department through the First World War. As part of the effort to stockpile supplies, Hoff considered how the Medical Department was equipped for field duty and developed a new table of equipment and supplies for field units.

The Army redesigned its uniforms in 1902, creating a board to recommend changes. Hoff, newly promoted to lieutenant colonel and designated a Deputy Surgeon General, represented the Medical Department on the board. Before 1896 Medical Department officers, all of whom were physicians, wore at various times M.D. (Medical Department) or M.S. (Medical Service) on their shoulder boards to identify their branch. In 1896 the Medical Department adopted a green Maltese cross as their branch insignia. In 1901, Congress established the Nurse Corps (Female) as a separate corps within the Medical Department and they adopted as their insignia a red Maltese Cross. Hoff may have sensed the potential for confusion between the two insignia, particularly if in the future additional corps were added. From 1851 to 1887 the Hospital Corps had worn a caduceus as their insignia. One of the symbolic meanings of the caduceus was that of the herald's staff, a sign of peaceful diplomacy. The Hospital Corps had traded the caduceus for a Greek cross, a representation of the symbol of the International Red Cross, in 1887, five years after the United States became a signatory to the Geneva Convention. Hoff, given his long association with the Hospital Corps, doesn't appear to have mentioned their use of the caduceus while sitting the board but he recommended adopting the caduceus as a branch symbol for medical officers, citing its use as a symbol of neutrality displayed by merchants during times of war to indicate their noncombatant status. The Army adopted the caduceus for the Medical Department, and as the Department was authorized new corps those corps insignia were a caduceus with one or two letters that identified their branch.

Left: the caduceus adopted as collar insignia in 1902.

Right: the caduceus used 1851-1887 as sleeve insignia for Hospital Stewards.

Photos from AMEDD Museum

Hoff was also President of the Association of Military Surgeons and, with the addition of a new branch in the Medical Department, the Nurse Corps (Female), he developed the doctrinal vision for how nurses would be employed. Hoff suggested that the Army establish a school of nursing as a parallel to the Army Medical School where, in addition to his other duties, he had

been serving as faculty for over a year.

In the second half of 1902 Hoff was detailed to serve as the Chief Surgeon for the Army's maneuvers of 1902 at Fort Riley, Kansas, during which he set up and tested the organization and equipment he had planned while working on the Medical Supply Depot. After the maneuvers he was reassigned to Fort Leavenworth to serve as the post surgeon and instructor in military hygiene at Fort Leavenworth's General Service and Staff College. The 1902-1903 class was the first held since the abbreviated class of 1898 and subsequent reorganization of the Infantry and Cavalry School to form the General Service and Staff College. Hoff's first year was a frustrating one. He wasn't assigned until two months after the school year began. It was clear to him from the start that of the four study areas at the school – Tactics, Engineering, Law, and Military Hygiene – Military Hygiene was considered the least important. It was the area that student officers had the least familiarity with, it was allocated the least amount of time for instruction on the schedule, and it received the least weight compared to the other courses for determining an officer's standing in his class. Further, Hoff's duties as post surgeon at what was then the largest post in the Army left him little time for class preparation. At the end of his first class he argued that while disease historically was a greater danger to armies than combat, a lesson re-learned during the Spanish-American War, the school was ignoring that lesson and recommended that military hygiene "be placed on the same plane with the most favored branch." Hoff also emphasized that seeing to the health and welfare of the troops was a responsibility of the line officer, and that while the officers of the Medical Department were there to offer advice, the purpose of the school should include impressing that responsibility onto line officers and equipping them to meet that responsibility.

The Hoff plaque at the AMEDD Museum.

Hoff's argument met with some success. Four new assistant surgeons, three captains and a lieutenant, were assigned as assistant instructors, giving him sufficient staff to see to the medical needs of the post without having to stint on time allotted to the course renamed "Military Sanitation." His recommendation after the second year, though, was that line officers should receive their initial training in military sanitation at garrison schools for junior officers. Officers were arriving at the school with no prior experience in the subject which both indicated that military hygiene was not receiving the attention it should on the Army's posts and required that instruction provided at the General Service and Staff College be in the most basic form: lecture and rote learning from a textbook. Hoff envisioned a tiered system of sanitary education begun at an officer's first assignment that equipped them with enough information to meet their responsibility as junior leaders and prepared them sufficiently so that when they arrived at Fort Leavenworth their education could take the form of field demonstrations and practical exercises. Implementation of this change took time and wouldn't be fully implemented until 1909, four years after Hoff's departure from Leavenworth, but Hoff laid the foundation.

Hoff's final year at Fort Leavenworth was cut short, but he made one more contribution. Before he departed he recommended that the title of the course be changed from "Military Sanitation and Hygiene" to "Care of Troops" so that officers of the line would more easily grasp that the purpose of the course was not to bore them with details about selecting a water source, or eliminating waste from a camp but rather was about readiness, about ensuring troops were kept in the best health possible by limiting their exposure to disease. Hoff's final recommendation was also adopted the following year but by that time he was gone, having received orders in May 1905 to report to Russia as a newly promoted colonel and military observer of the Russo-Japanese War.

Hoff was sent because his predecessor, Colonel Valery Havard, had been captured by the Japanese on the 10th of March at the Battle of Mukden. Hoff arrived in St. Petersburg in June and travelled for nearly a month to reach Manchuria in late July where he acted as an observer until the end of September. In a little

over two months he was able to gather information on morbidity and mortality in the Russian Army, the organization of their medical service, evacuation system, endemic diseases and their effect on the military force, and veterinary support. Hoff provided insights into the level of training and morale of Russian medical personnel, the doctrine they employed, and how they were equipped. By the time Hoff arrived, though, the biggest battles of the war had already taken place. Havard's observations included the high cost of frontal assaults against forces armed with machine guns, the employment of trench warfare, and the need to be able to rapidly enlarge the Army's medical force during time of war to support armies of hundreds of thousands of men. Hoff focused more on the technical aspects of providing medical care and the wounds and illnesses that confronted the military surgeon.

By this time Hoff was 58 years old and his remaining years in the service were spent filling senior positions in the Medical Department. He returned from Russia to spend a year as Chief Surgeon of the Department of the Missouri and as a Professor of Military Sanitation at the University of Nebraska. In 1907 he was reassigned as the Chief Surgeon of the Department of Luzon in the Philippines and at the beginning of 1908 as Chief Surgeon of the entire Philippine Division. While there he implemented a program to train a portion of the Philippine Scouts as Hospital Corpsmen and gained authorization to establish a field hospital for each of the Departments of the Philippine Division. He returned to the United States in 1909 as Chief Surgeon of the Department of the Lakes and then from 1910 to 1912 as Chief Surgeon of the East and the Eastern Division where he was tasked by the Surgeon General to work to reduce the rate of venereal disease in the Army. On 11 April 1912, his 64th birthday, he was retired for age.

Following his retirement, Hoff was appointed by the President of the United Stats as a member of the War Committee of the American Red Cross. In 1916, when the United States was mobilizing forces along the Mexican Border, Hoff volunteered to return to active duty. His offer was accepted and he was assigned to work in the Surgeon General's Office. He also continued to be active in the Association of Military Surgeons, and in 1918, in his capacity as Assistant Editor of the *The Military Surgeon,* the journal of the Association, that Hoff published an editorial in the June 1918 issue that was critical of the Army General Staff. The General Staff had assigned two members of the Medical Reserve Corps to serve on the General Staff during World War I to provide medical advice. On many occasions during his career Hoff had vigorously argued for the respect of the Medical Corps within the Army and just as vigorously demanded that medical officers meet the highest standards both as soldiers and doctors. Hoff saw the assignment of two reservists, prestigious in the practice of medicine, but "without experience in those functions which the law prescribes pertaining to the General Staff" as a professional slap in the face. Army leadership responded to this public questioning of their judgment just as U.S. forces were entering combat in France quickly and decisively. On the 2d of August, Hoff was again retired, this time permanently. Secretary of War Newton Baker sent a letter December 20th, 1919, exonerating Hoff. Twenty-five days later Hoff was dead from complications following gall bladder surgery.

Hoff remained an important figure in the collective memory of the Medical Department in the decades following his death. In 1925 he was posthumously awarded a Distinguished Service Cross for his bravery treating the wounded during the Battle of Wounded Knee. In 1933, construction began on the Hoff Memorial Fountain, paid for in part by Hoff's widow. The fountain was erected directly in front of Building 1, Walter Reed General Hospital, the Army Medical Center and dedicated on October 25th, 1935. In 1943 an Army General Hospital in Santa Barbara, California, constructed for World War II, was dedicated as Hoff General Hospi-

The 1,140-bed Hoff General Hospital, Santa Barbara CA, tucked between an orange grove and civilian housing. It provided specialty treatment for general and orthopedic surgery patients, and the deafened. Image courtesy National Library of Medicine.

tal. In 1941 the Medical Field Service School at Carlisle Barracks, Pennsylvania, constructed a new building to house the main classrooms and named it in honor of John Van Rensselaer Hoff. On the cornerstone they inscribed a line from Jeremy Taylor's sermon, "Holy Dying," "To preserve a man alive in midst of chances and hostilities is as great a miracle as to create him." At the dedication ceremony Surgeon General James Magee praised Hoff as a soldier, a physician, and a trainer. Time has taken its toll on Hoff's legacy, though. Hoff General Hospital closed in 1946 and the land it occupied is now mostly taken up by the Santa Barbara Golf Club. Hoff Memorial Fountain remains, but Walter Reed General Hospital and the Army Medical Center Closed in 2011 as a result of a Base Realignment and Closure decision. The Medical Field Service School relocated from Carlisle Barracks to Fort Sam Houston, Texas in 1946. Hoff Hall was occupied by a succession of schools until in 1951 Carlisle Barracks became home to the Army War College which renamed Hoff Hall as Root Hall, and then in 1967 as Upton Hall. All that remains today of Hoff's legacy is a brass plaque originally used to memorialize Hoff Hall and now affixed to a wall of the AMEDD Museum.

Hoff deserves a place of honor in AMEDD history. During the 1933 ceremony presenting Hoff's official portrait to the Army Medical Center future Major General Paul Hawley described Hoff as "our first military surgeon in the strictest sense of the term." Hoff created the first training program for Medical Department enlisted soldiers, he chose the insignia all members of the AMEDD wear, and he served in positions of great responsibility at home and abroad. Hoff served bravely on the battlefield, and he always fought to ensure that the Medical Corps was seen as an integral part of the Army and not some peripheral auxiliary to be called upon only in time of emergency. Hoff maintained high standards and expected the same from those in his profession, but he also was a mentor, a teacher, and a compassionate leader. His legacy deserves more than an unnoticed plaque on a wall.

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— 27 July 1775 —

From the *History of VA in 100 Objects* series
https://department.va.gov/history/va-100-objects/

On 30 June 1944, this shoulder sleeve insignia was approved for Army personnel serving with the Veterans Administration. At the time, 1,677 Medical Corps and 165 Dental Corps officers were augmenting VA's civilian employees, and this gave them an insignia that symbolized their mission: like the phoenix rising from the ashes, the "restoration of the veteran as a new and vigorous citizen free to engage in his useful pursuits."

There is only one known example of this being worn: GEN Omar Bradley, who in 1945 was detailed to oversee the VA, which was adjusting to the discharge of WWII veterans. Have you seen another photo of anyone wearing this insignia?

U.S. Army images.

PVT George A. Whitfield receiving the DSC from MG Maxwell D. Taylor. U.S. Army photo.

Private George A. Whitfield received the Distinguished Service Cross for his actions at the close of Operation Market Garden. He served as a Medical Aidman (combat medic) with the 326th Airborne Medical Company of the 101st Infantry Division. The citation for his award provides good detail for the event.

Date of Action: 26 September 1944

Citation:

The President of the United States takes pleasure in presenting the Distinguished Service Cross to George A. Whitfield, Private, U.S. Army, for extraordinary heroism in connection with military operations against an armed enemy while serving as a Medical Aidman with the 326th Airborne Medical Company, 101st Airborne Division, in action against enemy forces on 26 September 1944, between Saint Oedenrode and Vechel, Holland. Two friendly tanks were knocked out by enemy 88-millimeter gun fire while attempting to open the road between Saint Oedenrode and Vechel. Hearing that personnel from tanks lay wounded in an exposed position without medical aid, Private Whitfield voluntarily drove his quarter-ton truck to the rear of the burning armor, concealed his vehicle, and crawled to the aid of two seriously wounded comrades. He administered aid under enemy fire, made his way back to his vehicle, and despite the enemy fire and exploding tank ammunition, drove his vehicle past the tanks. He loaded the wounded men on the vehicle in full view of the enemy, and drove the casualties to the aid station. Private Whitfield again drove to where the tanks were burning, again concealed his vehicle behind a small building, and in the face of enemy fire and the still exploding ammunition, searched the area for more wounded personnel. A direct hit was made on the building, and the vehicle covered with debris. Clearing his vehicle of the debris, he located several wounded, and, under enemy observation and fire, loaded the wounded and carried them to the aid station. His heroic actions saved the lives of his comrades and were an inspiration to all troops in the area. Private Whitfield's intrepid actions, personal bravery and zealous devotion to duty exemplify the highest traditions of the military forces of the United States and reflect great credit upon himself, the 101st Airborne Division, and the United States Army.

General Orders: Headquarters, XVIII Airborne Corps, General Orders No. 14 (December 17, 1944)

Nursing in the 8th Evacuation Hospital, 1942-1945

COL William J. Brown, AN, USA

In WWII around 8,000,000 men would serve in the Army, and their medical care would require over 50,000 nurses. This article describes the experiences of Army nurses in the University of Virginia sponsored 8th Evacuation Hospital during WWII. In addition, it examines, from a historical perspective, gender and role differences within the AMEDD, and how nurses' contributions helped shape the profession. From 1942 to 1945, the 8th Evacuation Hospital (8th Evac) endured significant logistical challenges and extremes in terrain and weather, from North Africa to the mountainous Italian peninsula, with sun, rain, and snow.

Background

When the U.S. entered WWII there were less than 1000 active duty Army Nurse Corps (ANC) officers. The Superintendent since 1937 was MAJ Julia Flikke who had previously been Assistant Superintendent for 10 years prior. Flikke demanded much of her nurses in the Corps and certainly set the bar high. In a letter to a newly accessioned Army nurse, she wrote:

> No one appreciates a nurse who shirks her duties, and leaves unfinished the tasks, which rightfully belong to her, for someone else to do; who is always surly and disagreeable on duty, in the home or at play; who delights in gossip and criticism of others who complains of the food, the hospital management and her sister nurse. To us such a nurse is a great disappointment and her continuation as a member of the ANC is not desired. In accordance with Army regulation 40-20 she may be dropped.

The sudden demand for nurses stretched recruiting. Alumnae of the Army School of Nursing (closed in 1931 due to budget constraints) urged its reopening. With many civilian-trained nurses, Flikke considered that neither viable nor cost effective. In only six months the ANC grew to 12,000, and peaked at 57,000 nurses. However, throughout the war there were supply vs demand issues as the ANC attempted to grow its force.

Race and Gender

Law limited the Army and Navy nurse corps to females, and military policy was to not challenge laws on racial segregation. Thus the roughly 2% of nurses who were male could not serve as nurses. During the war there was minimal use of African-American nurses although they were assigned to segregated units, following policy. The Army also saw females as useful adjuncts, not real soldiers. Nurses initially had "relative rank" which gave them pay and allowances but not commissions, nor the opportunity to command. From 1942, nurses had real rank but only in the wartime Army of the United States. There was much debate in Congress, but military nurses would not be granted permanent commissioned officer status until April 1947.

The Changing Character of War

WWII was far more mechanized than previous wars, creating mobility on the battlefield. That would require more mobile support units as well. Medical units had been designed back in the 1920s, and while smaller medical units were reorganized for more mobile operations, evacuation hospitals were not. The 750-bed units were structured to support low-mobility high-casualty operations like WWI, and needed 417 personnel: 47 physicians, 52 nurses, and 328 enlisted men. Medical training and age determined initial rank for the physicians, with ranks up to lieutenant colonel. However, the Chief Nurse was only a first lieutenant. As in civilian life, male physicians held power and authority within the military hospital.

Recruiting the 8th Evac

In late 1941, Staige D. Blackford was Chief Medical Officer in the UVa Medical Department. He convinced the University to provide a medical unit, as it had done in WWI. On February 27, 1942, the Secretary of War approved the 8th Evacuation Hospital. Blackford had the responsibility of recruiting all the personnel. Blackford immediately recognized the need for a skilled nurse to recruit and take charge. Blackford already knew Ms Ruth Beery, RN, then a science instructor in the university's School of Nursing. She was over the peacetime age limit, but standards were widening and she was appointed Chief Nurse.

Chief Nurse

In early 1942, Ruth Beery returned to UVa to become Chief Nurse in the 8th Evacuation Hospital. Calm and

composed, she was a perfect choice. She focused on the welfare of her staff and her hospitals' reputation. Beery's task of recruiting nurses was much more difficult than recruiting medical officers. She spent a great deal of time writing and travelling in central Virginia, vetting potential recruits. Beery spoke to nursing groups in Roanoke, Harrisonburg, and Richmond, sounding a patriotic call: "If American boys are going into danger, it is up to America's nurses to care for them. That is our duty and we cannot escape it."

Preparation for Duty

The people needed to be molded into a unit; neither physicians nor nurses were prepared for the military. The unit's first formal training occurred from July 1 to August 22, 1942, in Pageland, SC, where it participated in maneuvers with the 3rd Evac. Then from August 24 to September 16, the 8th Evac had additional training at Fort Benning, GA. Physical training (including road marches) and lectures (from basics such as military courtesy and administration to bivouacs and camouflage) kept them busy.

In mid-September, the 8th Evac moved to a staging area at Camp Kilmer, NJ, and waited for new orders. On October 8, 1942, the 8th Evac was notified that the nurses would not deploy overseas. Despite Blackford and Beery's several trips to Washington, DC, orders for the nurses to accompany the troops were not forthcoming until the corps surgeon considered it safe and expedient for them to rejoin the unit overseas. Meanwhile, a group of enlisted men would serve as nurses. This was another facet of period views on gender: the Army did not want to put more women at risk. Nurses had been captured by the Japanese in the Philippines, shocking the American public.

While especially concerned about female casualties, trained and experienced nurses were better than enlisted men. Moreover, "The patient's morale goes up 100 percent when they know a woman is looking after them." Thus the Army soon relented and the nurses shipped out with the rest of the unit.

North Africa

They arrived on 8 November, 1942. Operation Torch was the first large-scale Anglo-American offensive and was the best alternative to an invasion of France. The intent was clearing the Axis powers from Africa, enabling future operations. Combat forces had been prioritized, with few hospitals. Casualties would be seen by an aid man (the period term for medic), then evacuated to the battalion aid stations where the battalion surgeon would provide additional care as necessary. Patients went to a collecting station, then to a division clearing station, for transport rearward. 400-bed surgical hospitals would treat unstable casualties, while stable ones would travel further back to evacuation hospitals, which had a robust capacity to perform significant lifesaving procedures, and allowed additional recovery time. Soldiers recovering from chest or postoperative abdominal wounds would stay from 5 to 10 days respectively, before being sent to hospitals in the theater rear areas.

8th Evac Hospital ward set up in a former school, Casablanca French Morocco. Image courtesy National Library of Medicine.

Nursing Care of the Wounded

Depending on the tactical situation, a soldier may have travelled from 3 to 30 miles before reaching the 8th Evac. Patients were triaged on arrival and those with serious injuries and wounds went to the shock tent, the equivalent of an emergency room. There were no gurneys, but simple sturdy sawhorses for the litter. For many patients, this was their first exposure to nursing care.

Nurses in the shock tent typically worked 12-hour shifts or longer when heavy fighting caused increased casualties. Boundaries between medicine and nursing blurred in the 8th Evac as nurses executed tasks that were customarily performed by physicians. Nurses performed plasma infusions (and later blood transfusions), as well as administering injections. There were 3 wards; one for the serious and 2 for those with less serious injuries. Overall, the entire section could hold 100 patients during any given time.

MAJ Samuel Windham demonstrating new equipment for the shock ward, 1944. Image courtesy National Library of Medicine.

While the 8th Evac's primary role was surgical care, disease put the greatest strain on the unit. The 8th Evac's medical team often treated soldiers' medical conditions including upper respiratory, gastrointestinal, and nonsurgical musculoskeletal disorders like trench foot. In the winter of 1943-44 trenchfoot affected 5,700 Fifth Army soldiers in Italy. Medical cases went to the 36-bed ward where enlisted personnel assisted them. As in the shock tent, nurses worked 12-hour shifts with 22 nurses working days and 12 nurses working nights.

Following the Front

While deployed, the 8th Evac moved 16 times as it traveled from North Africa to Sicily, and all the way up the Italian peninsula to its final destination of Desenzano (Lake Garda) in the northeast part of the country. During one arduous move, Fifth Army's surgeon, COL Joseph Martin, commended the unit for its speed. It was the longest move and the most rapidly effected setup so far in Fifth Army's medical record. Moreover, the 750-bed evacuation hospitals had no organic transport.

In December 1943, the hospital served near Teano, Italy, the site of some of the most intense fighting of the war. It was a mountainous region with rain, sleet, and snow. The hospital saw its worst casualties after the 36th Infantry Division assaulted German positions across the Rapido River. In several days of intense fighting, over 900 casualties were transported to the 8th Evac.

This period marked a critical change in the treatment of wounded soldiers with the widespread use of penicillin, and the establishment of a blood blank in Naples, Italy, in February 1944. Gas gangrene from infected wounds practically ceased with the use of penicillin. The blood bank's supply of blood products resulted in reduced mortality rates following injuries, enabled performance of longer and more complex surgeries, and decreased the incidence of transfusion reactions. The earlier campaigns in Tunisia as part of Operation Torch had shown blood transfusions to be more effective in reducing mortality rates than plasma. As is the nature of warfare, having adequate supplies, equipment, and trained personnel to fill all the assigned roles presented numerous challenges in the 8th Evac. The ANC anticipated the need for additional nurse anesthetists, and from 1939 to 1941, it increased the number of nurses attending educational

8th Evac nurses checking supplies, 18 December 1943. Even when there were no patients on a ward, work continued. Image courtesy National Library of Medicine.

courses. However, more were required than could be trained in the initial phases of the war. Shortages of trained anesthesiologists also persisted through 1943. CPT Linus Miller, a trained anesthesiologist and 2 previously trained nurse anesthetists, 1LT Nova Dowd and 1LT Alice Eagle, determined that more staff was needed to administer anesthesia, particularly in mass casualty situations. To meet the demand, 3 additional ANC lieutenants were trained while in theater to administer anesthesia, including intravenous sodium pentathol and nitrous oxide.

The 8th Evac's operating room, showing at least five OR tables to handle the volume of casualties. Image courtesy National Library of Medicine.

Surgery

As the Chief Nurse, Ruth Beery had been promoted to captain. She had numerous administrative and personnel tasks to attend to, as did her Assistant Chief, 1LT Mary J. McCone. They still filled in wherever needed, most often in the auxiliary shock wards. The nurses served in almost all the professional services. Surgery was the most essential aspect of the evacuation hospital. Nine sections of tent were utilized, which included a "dirty" surgery annex and covered entrances which ensured protection against the elements, as well as providing sufficient blackout to conceal the hospitals location from the enemy. The completed operating room was 90 ft long, 17.5 ft wide, and 6 ft high at the sides.

The surgical teams operated on one of the 8 available operating tables. Two medical officers, a circulating nurse, an anesthetist, and a surgical technician made up the teams. The nurse kept the sterile supplies stocked, circulated, and scrubbed in when needed. The nursing supervisor along with 5 circulating nurses and 5 corpsmen worked 12-hour shifts, but in times where there were increased casualties it was common to work 20 or more hours. Despite experience, skill, and coordinated effort, it was difficult to treat more than 100 casualties in a 24-hour period.

Nurses played a key role in the preparation and maintenance of the operating room as well as preoperative and postoperative care of wounded soldiers. This was critical, as thoracic surgery was a key intervention performed in the surgical unit of evacuation hospitals like the 8th. The nature of modern warfare resulted in severe wounds from high velocity rifle bullets and shrapnel from artillery fire. Thoracotomies were performed on Soldiers with severe open chest, thoraco-abdominal, and cardiac wounds. Wounds that prevented adequate ventilation such as sucking chest wounds or hemothorax required urgent surgical intervention. Often these required chest wall debridement, placement of chest tubes, thoracentesis, nerve blocks, and bronchoscopies. Nurses played a key role in the efficient and coordinated effort required to ensure success in these types of procedures. Preparation was important and nurses were instrumental in that role, efficiently and confidently reacting to potential uncertainties.

Victory in Europe

On May 8, 1945, Nazi Germany unconditionally surrendered to Allied forces and the war in Europe was over. The 8th Evac had performed superbly for over 2½ years, and its personnel had cared for over 48,047 patients in the hospital; 31,057 with disease, 10,487 with wounds, and 7,563 with injuries. Another 45,000 were seen in outpatient departments. These accomplishments garnered considerable recognition, as both the unit and its members would receive numerous awards and citations, including the Legion of Merit (6), Silver Star (1), Soldiers' Medal (2), Bronze Star (28), Air Medal (1),

Evac hospitals were 10-15 miles behind the front, and patients had to be stable enough to survive the ambulance trip. Image courtesy National Library of Medicine.

and Purple Heart (7) awards.

Conclusion

More than 57,000 American nurses served in the ANC during World War II, over 201 of whom died while serving their nation. Aided by nurses, over 60% of the 500,000 soldiers wounded in battle returned to active service. Many elements combined: advances in the chain-of-evacuation; antibiotics; use of blood products; and the expanded roles of nurses all helped save lives and win the war.

Nurses received enduring respect from patients as well as colleagues. Collaboration, mutual respect, and coordinated teamwork were critical. The history of the 8th Evac illustrates the evolutionary aspect in which necessity, innovation, and technology combined to bring about important practice changes. The performance of nurses garnered recognition among many facets of society for their unique and valuable contributions during the war, and pushed the boundaries of what women could achieve. Army nurses would again answer the call to duty during the many ensuing conflicts. The geopolitical reasons for war would change, but the critical need for nursing care of soldiers will not, and this proud legacy of service continues today.

This is based on COL (then LTC) Brown's article "Nursing in the 8th Evacuation Hospital, 1942-1945," in the October-December 2015 issue of the *U.S. Army Medical Department Journal*.
Uva has an online exhibit about the 8th Evac at https://exhibits.hsl.virginia.edu/8thevacuation/supplement/index.html

— 27 July 1775 —

New ACHH Archival Donations

Scrapbook belonging to Army nurse 2LT Ruth C. Stizmann, which documents her service in the European Theater of Operations during World War II.

Handmade World War I diary belonging to Martin Sievers. Sievers served with Base Hospital 69 in Savenay, France.

Photographs of the 279th General Hospital taken by John A. Ringlein who was treated at the hospital in Osaka, Japan from March 1951 to August 1951. Ringlein served with Company D, 1st Battalion, 9th Infantry Regiment, 2nd Infantry Division during the Korean War.

Letters and V-Mail belonging to 1LT Victoria Ronning Lemon written during her service as an Army nurse in World War II with the 15th Evacuation Hospital.

Two political cartoon sketches referencing LTG Leonard Heaton that were hand-drawn by Jim Berryman for the Washington Star.

Hand-written diary covering January to August 1967 donated by Dr. Howard P. Schiele, who served as the battalion surgeon for the 1st Battalion, 22nd Infantry, 4th Infantry Division in the Central Highlands, Vietnam.

Sievers used scraps from an aviator's leather jacket and metal from a mess kit in crafting his diary.

New to the Research Library

U.S. Army Drug Treatment Center : Long Binh, Vietnam, yearbook, 1972, inscribed to COL Norman Ream, MD.

"Acting Assistant Surgeons": Augmenting the Medical Corps

Charles Franson and Paula Ussery

The US Army in the 19th Century had a strength fixed by Congress. The Medical Department was allowed only so many personnel, based on the number of regiments, not the number of garrisons or detachments of troops. Civilian physicians could be hired under contract to fill gaps, from a single day to months. As the mission of the Army expanded with the onset of the Civil War, and continued afterward to campaigns against Native Americans and securing the southern border there was an increased need for medical personnel beyond the congressionally mandated limit. During the Civil War, the Army employed over 5,000 Acting Assistant Surgeons, mostly in general hospitals in the North, but also behind the front lines.

The Army continued to fill various crucial positions by contracting with civilians for various services, such as teamsters, scouts, etc. This also included surgeons. These "Contract Surgeons" were procured on an as needed basis on a fixed-term contract (although subject to premature annulment when no longer needed) and were carried on the books as "Acting Assistant Surgeons" (A.A.S.) with the pay and allowances of a First Lieutenant of Cavalry. The Contract Surgeon was not, however, granted permanent quarters (he could be "ranked out" by the newest Second Lieutenant from West Point), nor much else in the way of amenities. On campaign they had to provide their own horse and equipments but were provided with rations and forage. They were required to provide their own instruments, generally, but a case of instruments could be provided by the government, if needed, with the cost deducted from his pay. These became property of the Contract Surgeon. Regular Army surgeons after the Civil War were subjected to a comprehensive examination covering classical studies as well as science and medical knowledge. If a candidate passed the exam, he was eligible for a Regular Army commission, but there were few openings. Often a physician who had survived the exam would be offered a contract until an opening occurred. In this way, it was often a stepping stone towards a Regular Army commission.

George E. Lord, a native of Augusta ME, graduated from Bowdoin College in 1866, then attended Chicago Medical College and graduated in 1871. He had applied to take the Army medical exam in 1870, but due to a moratorium on testing for new commissions, he was offered a contract, which he accepted 29 April 1871. Lord served as "Acting Assistant Surgeon" at various western posts, including service with the Northern Boundary Survey in 1874. Eventually, Dr. Lord was allowed to take the exam in January of 1875. He passed, but with no immediate openings he was offered yet another contract in the Department of the Dakotas, which he accepted. His appointment as Assistant Surgeon in the Regular Army came through and was accepted on 25 June 1875. In 1876, he was detailed to the 7th Cavalry and accompanied George Armstrong Custer to the Little Bighorn.

Dr. Lord's surgical set, from Little Big Horn.

In addition, two other Contract Surgeons, Henry R. Porter and James M. DeWolf also accompanied Custer on this campaign. AAS Henry R. Porter was a 28-year-old resident of Bismarck, Dakota Territory. Porter was an 1872 graduate of the Georgetown University Medical School who had taken his first contract in June of that year, and served with General Crook in Arizona in 1873, and later in the Dakota Territory. AAS James M. DeWolf had served as a Hospital Steward from May of 1866. While assigned to Boston in the early 1870s, he balanced his duties as Steward with studies at Harvard University School of Medicine, Graduating in February of 1875. He took (and failed) the Army exam later that year but was offered a contract to serve in the West.

While Porter and De Wolf accompanied Reno's Battalion, George Lord, as Regimental Surgeon (and the only Regular Army Surgeon) went with Custer's battalion, where he was killed in action with the rest of Custer's men. AAS DeWolf was killed in Reno's retreat to the hilltop, leaving Contract Surgeon Henry Porter to (very competently) care for the casualties on Reno Hill and supervise the evacuation of the wounded when relief came.

Major Walter Reed's Yellow Fever Board in 1900 (including Contract Surgeons Aristides Agramonte, James Carroll, and Jesse W. Lazear) traveled to Cuba and studied the deadly disease to determine how it was transmitted. Everyone involved in the research was exposed to disease risks, and Lazear died after allowing himself to be bitten by an infected mosquito. Their work proved that yellow fever was transmitted by mosquitoes and led to sanitation and preventive medicine policies that saved countless lives around the world.

Another Army surgeon who made the journey from Contract Surgeon to Commissioned Officer was David D. Hogan. The son of Irish immigrants to the United States, he was born in 1874 in Wisconsin and graduated from Rush Medical College in Chicago IL in 1896. Hogan initially was enlisted in the U.S. Army as a private of the Hospital Corps in June 1898 and he was selected as a Contract Surgeon that year as well, serving in that capacity until July 1908. While a Contract Surgeon he served both in the United States and overseas in the Philippine Islands during the Philippine Insurrection between 1899-1902.

Dr. Hogan received Spanish and Philippine Campaign Medals for his service as a Contract Surgeon, and wore them once commissioned in the Regular Army.

In July 1908 he was appointed a First Lieutenant in the newly authorized Medical Reserve Corps and reported to Active Duty. From 1908 until 1913 he served in the United States. In 1914-1915 he attended the Army Medical School in Washington, D.C. Upon graduation, he was commissioned as a First Lieutenant in the Regular Army. By 1916 he is serving in Texas, at Ft. Sam Houston, Harlingen, and Brownsville. He was assigned to Ambulance Company 7 during the Punitive Expedition, March 1916-January/Early February 1917. Ambulance Company 7 crossed the border with BG John Pershing into Mexico. He was promoted to the position of (temporary) Captain and Major in June 1916 and sailed from Hoboken New Jersey for Europe on 27 February 1918. He was initially assigned to the 3d Division, that fought in four campaigns: Champagne-Marne, Aisne-Marne, Saint-Mihiel, and Meuse-Argonne. Hogan returned from Europe in June 1919 with Camp Hospital No. 53, which was organized in September 1918. Hogan was promoted in lieutenant colonel in 1935 but served only two years before passing away in 1937.

Iterations of Contract Surgeon insignia. From left: 1901-1918; 1918-1920; 1920 only; 1920-1956.
AMEDD Museum photos.

With the outbreak of the Spanish American War more than 650 Contract Surgeons were hired by the War Department. No special uniform was prescribed however. Those who remained with the Army after the Spanish American War were authorized uniforms in 1901 but the insignia was to be silver rather than gold. (The example above is tarnished.) In 1902 the Army Medical Department adopted the caduceus for its insignia. Contract Surgeons were authorized to wear a caduceus, but instead of the U.S. Coat of Arms or (after 1905) the "U.S." on the collar, Contract Surgeons wore a silver "C.S."

With the creation of the Medical Reserve Corps in 1908 most Contract Surgeons were shifted to this organization. During World War I, the number of contract surgeons increased dramatically though as the U.S.

Army went from 127,000 personnel in 1914 to more than two million by 1918. In July 1918 Contract Surgeons were authorized a caduceus with a "CS" superimposed.

In 1920 the double letter "CS" was changed to a block "C." The color of the letter was also changed in 1920 to brown. In 1923 the Army reintroduced "bright" insignia phasing out the bronze color used during WWI. There were very few if any contract surgeons during the interwar period. With the coming of WWII however the number of contract surgeons increased dramatically as medical consultants were classified as contract surgeons. They wore the standard issue Army uniforms, less the rank insignia and the "US" officer's insignia. The use of the brown "C" superimposed upon a caduceus continued until 1956 when it disappears from the regulations.

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The "Contract Surgeon" status was a useful workaround at times. Until 1943 the law limited the Medical Corps to males, but the Army needed the skills of female physicians. In WWI, WWI the Army executed contracts with 56 female doctors, most of whom were in scarce specialties. Of these 56, eleven actually deployed overseas, mostly serving as anesthetists. More numerous were the gynecologists who worked in the Attending Surgeon's Office in Washington, DC, where they provided medical care for the thousands of female government employees.

Dr. Loy McAfee (right) was another Contract Surgeon, hired not for her skill as a practitioner but for her experience as a medical editor. She worked on the AMEDD's Board of Publications, and after the war continued as a Contract Surgeon and assistant editor of the 15-volume AMEDD history of the Great War. (For more about Dr. McAfee, see AMEDD Historian #5.)

A Baptism of Fire

On 12 September 1918 PVT Emile Calhoun, aidman attached to A Company, 1st Battalion, 353d Infantry, 89th Division, went into battle for the first time. He'd joined the Army on 2 April 1918, embarked for France on 3 June, and his first day in the trenches was 6 August. His training was limited, but there was a war to win and the Germans were being hammered along the Western Front. The 1st American Army launched its first attack with the best divisions it had, and the still-green 89th Division was one of those.

Calhoun recorded:
At about 1am one of the most terrible barrages I have yet witnessed begins. The noise is deafening. They sky as light as day, words of mine can never describe the scene. The barrage last balance of the night. We are nearly frozen, wet to the skin, but too excited to care; at 5:20am we are ordered over the top. Can I ever forget the sight? Shells going in all directions and the rat-tat-tat of the machine guns. My first casualty is Samuel D. Farmer of Co G – First Sergeant with a shrapnel wound in right arm; about this time I saw Major O'Donnell's orderly lying in a ditch so badly shell shocked he could not his rifle but could not tarry long with him as he was not injured; at 6:30am PVT Clare F Sparling #2176337 shrapnel wounds in left leg – pvt Onney M Hudspeth #2185736 found dead – Harry C Wray 1st Lieu Co – Bullet wound thru chest; at 6:55am serg George W Baker Co # - machine gun wounds thru left leg; at 7:10am pvt Alvin C Berndt Co G #2814858 shrapnel wound in neck; at &:15am serg. Elmer E Bartell #2176222 found dead; At 7:20am pct Mearl E Robins Co H. with wounds in right side; At 7:25am Owlen J West #2176834 found dead; At 8am Taylor B Weaver #2846378 found dead and pvt Samuel C Henrigh #2185290 found dead; At 8:10am 1st Lieut Charles A. Show found dead, he had fallen in a shell hole & his clothing was on fire, I dragged him from this & put out the fire before going on. At 8:20am James W West #2176690 found dead; at 9:10am Frank W Sharp Co B #2175850 found dead; At 11:20am pvt Jacob R Groff Co H #2180687 – found with machine gun hole thru hip & compound fracture left thigh, he was in bad shape & wanted water, I gave him the last in my canteen. While taking care of him a plane comes over & flies so low above us that I get nervous, but find it to be an Allied plane & no cause for alarm. During the day several hundred German prisoners have passed thru going to the rear. Earlier this morning I came upon two dead Germans side by side & near them stood an American soldier looking rather gloomy. I said "Well they certainly got what was coming to them," his answer was, "Yes they were my prisoners & I was taking them back when some some of **** American came upon them & shot them both!" It has been a nice day after all the rain & with sun shining most of time. The planes have done wonderful work in having the barrage raised & lowered as we made advances, but in spite of everything several have been killed by our own guns falling short. … The blood is so thick on my hands & dried, I can't wash it off. [It would be four days before he could wash his hands.] At 4pm Corporal Furley E McCloskey Co A #2175602 is killed. He is completely riddled with machine gun bullets & both leg bones sticking up thru his clothing where he has fallen. About this time we dig in on a hill but the Germans shell us so heavily we have to move. …

In about 11 hours of action, PVT Calhoun had treated at least seven wounded, one psychiatric casualty, and had checked a further eight casualties, only to find they were beyond his help.

Calhoun survived the battle, and the war, unwounded. He returned to Kansas City, MO, where he resumed working as an undertaker. He died in 1951.

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The Hospital That Joined the Army
Edward Tabor, MD

Even before the United States entered World War II in December 1941, many people saw warning signs that the U.S. could not avoid eventually being drawn into it. In Asia, the Japanese had attacked China in July 1937; in Europe, the Germans invaded Poland in September 1939. Many Americans wanted to do something to help the Allies. "Eagle Squadrons," funded by wealthy private individuals, were formed in which Americans could volunteer to fly in combat for Britain.

In a medical version of the Eagle Squadrons, the president of Harvard University, James Bryant Conant, organized a collaboration between Harvard and the American Red Cross (ARC) to send to England an entire prefabricated hospital, fully staffed and funded jointly by Harvard and the ARC. The program was initiated in 1939, more than two years before the US entered the war, and it functioned until August 1942, when the hospital was transferred to the U.S. Army.

The first physicians were sent in August 1940. From that time until the hospital officially opened in September 1941, the staff addressed both military and civilian medical needs throughout Britain. Much of the work was control of epidemics in the country, and included research studies; for instance, they studied reports from 100 widely scattered hospitals in England and Wales from 1939-1941 to compare the efficacy of five different sulfonamides, at that time still a relatively new treatment.

The hospital was intended to provide medical care to infectious disease patients in southwest England and to investigate epidemics throughout the country. It was also intended to study how epidemics are transmitted between civilian and military populations in wartime. Heavy bombing was expected, and large civilian crowds in air raid shelters for many hours might lead to epidemics, which could then spread to the military.

The entire project was dangerous. When the director of the hospital, Dr. John E. Gordon (previously Professor of Preventive Medicine and Epidemiology at Harvard Medical School) arrived in London, a falling bomb destroyed his apartment, and he suffered scalp injuries and bruises. As the days rolled on, Dr. Gordon noted the unearthly "day-in and day-out, night-in and night-out pounding, under which the British capital lives, the waiting for the banshee wail of the alarm ... and the shattering of bombs, which one waits to fall."

<u>The Atlantic crossing and torpedoes</u>

Everything for the new hospital had to be transported across the Atlantic in convoys guarded by warships. The ships carrying hospital personnel and materials for building the new hospital also carried other war materials. One ship also had a cargo of planes stored on the deck and 1,700 tons of bacon in the hold. Another had a cargo of TNT in the hold, which caused a temporary work stoppage by the frightened crew before departure.

In regions of the Atlantic where submarine attacks were most likely, hospital staff were told to sleep in their clothes and to keep a life jacket and a small bag (with passport and first aid kit) nearby. They were asked to take afternoon naps and stay awake until 2 a.m. so they would be asleep for fewer of the dark hours when a submarine attack was more likely.

In June 1941, a British convoy carrying twenty-nine nurses for the hospital was attacked on its seventh day at sea . The SS *Vigrid*, which had been lagging due to engine trouble, was torpedoed and sunk. The ten nurses on board were lowered into three lifeboats; one drifted for twelve days until rescued, one drifted for nineteen days, and the third lifeboat, with four nurses, was never found. Eight days later, the SS *Maasdam* (in another convoy) was torpedoed and sunk. The nurses' chaperone and one nurse were lost.

A plaque at the American Red Cross headquarters (17th and E Streets NW, Washington DC) recalls the ARC-Harvard hospital and honors the nurses who died in the convoys.
Photo courtesy of the author.

The hospital

The hospital officially opened on September 22, 1941, on Salisbury Plain, one and a half miles from the city of Salisbury. Nearby there were large military training facilities including live firing ranges. The hospital consisted of twenty-two prefabricated buildings made of wood on steel frames, which had been shipped to England in 250,000 pieces in thirty ships. It had a capacity of 125 hospital beds.

The landscape in many parts of southwest England consists of chalk covered by a layer of turf. During construction, the exposed chalk on the ground made the location very visible to planes flying over and "one had the uncomfortable feeling of living on a rather obvious target," in the words of one of the physicians. Later, the chalk was covered again with topsoil and fortunately, the hospital itself was never bombed.

There were three residential buildings with individual sleeping quarters for each staff member, as well as an administration building, a kitchen and dining room building, a recreation building, and a laboratory building. The recreation building had an assembly room, three parlors, a game room with ping pong, a kitchenette, and a library. There was also a "men's club room" for men only, about which one of the women wrote, "They need a retreat, poor dears, since the place will be overrun with women."

The staff

The American Red Cross-Harvard Field Hospital eventually had ten physicians, sixty-two nurses, six technicians, and eight administrative staff. Many of the physicians had been on the staff of Harvard Medical School or its hospitals, including two residents (one of whom, Paul Beeson, would later edit the two major internal medicine textbooks used by a generation of US physicians) and one clinical fellow.

Although the work was intense, there was also time off. The summer days were long because from 1940 to 1945, England was on "double daylight savings time" in summer, i.e., two hours ahead of the peacetime clocks in winter. Letters written to family back in the US describe bicycle rides after work to nearby villages and Roman ruins along the country lanes with high hedges on either side, surrounded by fields with wildflowers. On weekends they sometimes bicycled to Stonehenge, about ten miles away. Dances, skits, and other gatherings were organized in the recreation room, and the staff sometimes went by bus to attend dances at other hospitals, or on weekends to London by train, about eighty miles away.

Medical and scientific contributions

In 1940, the infectious disease environment was very different from today. There were almost no antibiotics for civilian use and there were fewer vaccines than today. The epidemiological staff of the hospital, known as the Harvard Public Health Unit, investigated infectious outbreaks throughout Great Britain and Northern Ireland, including outbreaks of scabies, trichinosis, paratyphoid fever, "epidemic respiratory disease," "epidemic myalgia," mumps, meningitis, typhoid fever, tuberculosis, and "food poisoning." They investigated an outbreak of smallpox in Glasgow. In early 1942, in parallel with similar investigations in the US, they investigated an outbreak of 1,591 cases of hepatitis among US troops in Northern Ireland caused by a contaminated yellow fever vaccine. At least seven scientific papers about some of these investigations were published between 1941-1942 by the hospital staff.

Dr. John E. Gordon, probably after WWII. Courtesy National Library of Medicine.

In 1941, the British Ministry of Health wrote to tell Harvard University management about one of these investigations:

> Let me tell you what happened in Bristol a few weeks ago. That city, which has suffered severely from air raids and whose health department has been seriously overworked, was visited by a widespread epidemic of paratyphoid fever. The resources of the city proved

inadequate to the occasion, and Dr. Gordon was asked to help. He sent six of his nurses to the local isolation hospital to lend a hand there. Another six public health nurses, together with a doctor, took charge of the field work and two laboratory technicians undertook all the necessary laboratory work. As a result, the situation was brought rapidly under control, and Dr. Gordon earned the gratitude of the whole city.

The hospital and its American doctors, nurses, and technicians also provided moral support for the British war effort. Dr. Gordon wrote in October 1940: "The fact that Harvard University had made a formal and definite offer of medical assistance within a few weeks after the collapse of France – when British prospects appeared blackest – had created a profound impression ... [and led to] excellent opportunities for service, both to a people who are bearing an unbelievable strain with marvelous fortitude, and in the advancement of medical knowledge."

The US entered World War II in December 1941, and US forces were soon arriving in England to prepare for further battles. On July 15, 1942 the American Red Cross-Harvard Field Hospital was transferred to the US Army Medical Corps, and its laboratory became the central US military laboratory for the European theater of operations.

At the time of the transfer, some of the hospital staff, including Dr. Gordon, joined the US Army; thirty of the nurses transferred to the US Army Nurse Corps, and twelve others continued to work in the UK as civilian nurses. Dr. Gordon was commissioned as a lieutenant colonel, Medical Corps. He was appointed Chief of the Preventive Medicine Division for the European Theater of Operations and was later promoted to colonel. He continued running the hospital, and directed epidemiological and preventive medicine services throughout the European Theater. He also served as a liaison and advisor on public health issues to the British Ministry of Health. Toward the end of the war, he oversaw epidemiologic work in captured German provinces. After the war ended, the hospital buildings were given to the British government.

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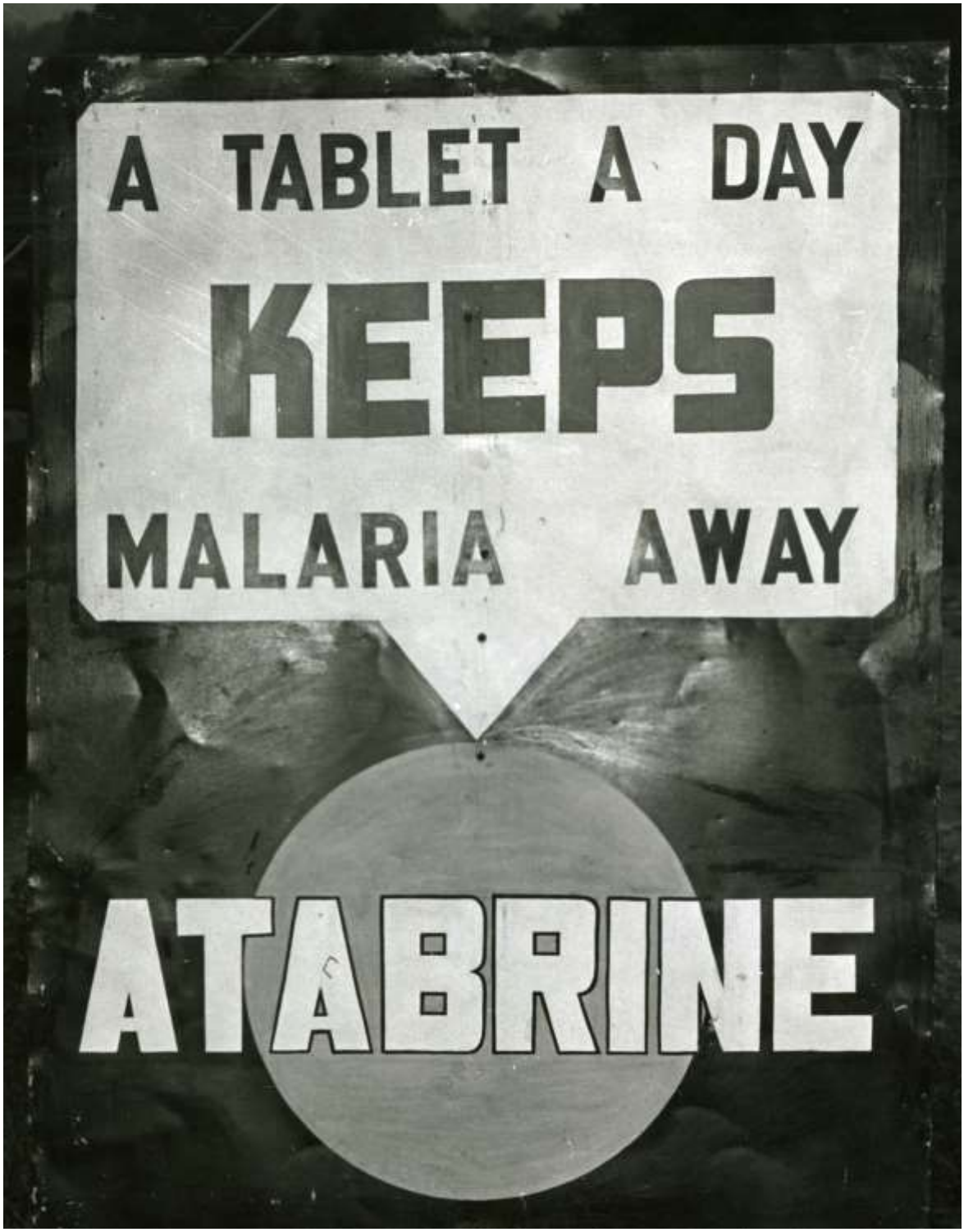
— 27 July 1775 —

(continued from front page)

contract surgeons describe how the Army utilized these contract professionals in the Frontier Army through World War I. It was often dangerous. Be sure to see the images of the accompanying artifacts such as a surgical kit used by a contract surgeon killed in the Battle of the Little Big Horn.

Also included are pieces on The American Red Cross-Harvard Field Hospital, a volunteer unit in World War II and PVT George A. Whitfield, a Medical Aidman (Medic) with the 101st ABN Division, who receives the Distinguished Service Cross.



Opposite page:
Malaria caused hundreds of thousands of casualties during WWII, and prevention was better than cure—for the soldier and the Army. Atabrine was a new anti-malarial drug and both side effects and dosing were uncertain. The first doses were too strong, and the unit had notable side-effects. Dosing was quickly adjusted, but other troops had to be persuaded to take their pills. This poster was one of many ways the AMEDD worked to keep soldiers healthy for their own benefit and to win the war.
Image courtesy National Library of Medicine.

Carol R. Byerly, Mosquito Warrior: Yellow Fever, Public Health, and the Forgotten Career of General William C. Gorgas. Tuscaloosa, AL: University of Alabama Press, 2024. Xiii, 412 pages.

William Gorgas lived through substantial changes – in America and in medicine – and harnessed those changes to his own skills and abilities to reach new heights in and for the AMEDD. Yet while becoming The Surgeon General, the first with two stars, he had ambivalent interest in the Army.

Born in 1854, Gorgas saw the bombardment of Fort Sumter and experienced the Civil War in Richmond, the son of the Chief of Ordnance for the Confederacy. The family struggled after the war in business, and stayed loyal to the ideas of the rebellion.

But there was change. Gorgas went to medical school (in New York City) as the Germ Theory was being accepted. As Gorgas settled into his studies, Joseph Lister was in New York demonstrating antiseptic surgery. On graduation, Gorgas took exams to be an Army doctor; he had only gone to medical school because it was (unsurprisingly) difficult for sons of rebel officers to attend West Point. Medicine was his back door to the Army, but he was good at it. In the Army, he was a general practitioner, the standard in those days. He practiced medicine, he did surgeries, he did autopsies and used microscopes as his own laboratory technician. He treated soldiers, their families, and civilians. Gorgas had an excellent bedside manner, but his career was unremarkable except that he survived a Yellow Fever (YF) attack in 1882 (during which he met his future wife as they both recuperated) and was thus suitable to be sent to future YF epidemics.

Thus he was ordered to Cuba in 1898, when the U.S. attacked the Spanish there. YF so concerned the AMEDD that Surgeon General Sternberg recommended delaying the U.S. invasion of Cuba until after the YF season, an interesting idea but politically unrealistic. The fighting was soon over with few infections, but the stability phase saw many YF infections, and Gorgas worked tirelessly in the YF hospital, still losing 125 patients. He had to be evacuated to the U.S. when he contracted typhoid (and lost about 30 pounds) but once he recovered sufficiently, he was sent back to Cuba because the occupation continued. His duty station was Havana, and he cleaned the city to reduce disease risks, following the current theory of infection from filth. Trash and garbage were removed, water supplies were improved, but nothing was making much difference against YF and malaria. Gorgas was both an administrator (overseeing several hospitals) and a practicing physician, including making house calls. There were few useful medicines at the time, and nursing care was the main treatment; Gorgas opened a nursing school to provide more labor. In this section, Byerly has little information about how Cubans saw the sanitary measures being foist on them.

The discovery by Walter Reed (and others; this book is not about that effort, but Byerly contends the story has typically been too focused on Reed) that mosquitoes spread YF changed much. If it was not spread (in some unknown way) from trash and filth, then it had to be tackled a different way. As sanitary officer for Havana, Gorgas had to change his techniques, which he did effectively. Drainage was improved, water containers (e.g. cisterns and rain barrels) were covered, mosquito netting was installed, and brush was cut back to reduce mosquito habitat. It was laborious, but without lasting insecticides, it was all they could do – and it was effective.

With that success on his resume, Gorgas wanted the next challenge: sanitary officer for the Panama Canal. Havana had been challenging, but the Canal Zone was 500 square miles and largely jungle. Tropical diseases had caused previous efforts at a canal to fail, as workers sickened and healthy ones quit, knowing it was largely a matter of time before they too fell ill. Gorgas was selected, and would have to deal with a new level of politics. Getting money from Congress was not the same as having a budget provided to him. At first, Gorgas did what he could, but the senior leadership did not believe that mosquitoes carried diseases. Unsurprisingly, there was little progress, and again the skilled foreign workers began leaving Panama. Gorgas sent news to President Theodore Roosevelt, not directly but through Roosevelt's personal physician. When TR restructured the Panama Canal Commission, he made sanitation (and thus Gorgas) more important.

Then Gorgas could deliver results. He worked as a project manager: he had researchers, he had hospitals, he had field sanitation teams. He was firm, but a version of his bedside manner still applied: "I do not want a man who will *make* anybody clean up his back yard; I want to *persuade* him to clean up his backyard; that is the key to my business." (151) Gorgas still butted heads with his bosses (mainly over budgets) but he delivered results. As construction was finishing, the disease death rate in the Canal Zone was half that in the U.S.

Everyone noticed. While still in Panama he was elected president of the American Medical Association, and as his work in Panama stabilized he took quasi-official trips (for the Rockefeller Foundation) as a public health consultant – and celebrity. His profile was so high he was the obvious candidate for Surgeon General in 1914, although his rivals could fairly complain he had not served with troops in many years.

Picked as Surgeon General, Gorgas was also promoted to Major General, a grade higher than his predecessor because of the wide regard for his work. He had to deal with U.S. interventions in Mexico during the Mexican Civil War and readying the AMEDD for WWI. Personally, he also indulged in continuing battles about credit for disease rates in Panama, and stayed active in public health work, including trying to go to Serbia in 1915 (for a typhus outbreak), and going around South America in 1916. At least some of the latter trip may have been to mend fences with South American governments after the U.S. had occupied Haiti (from 1915) and the Dominican Republic (from 1916), as well as the 1914 occupation of Vera Cruz, Mexico. Not covered in the book was the high profile (and effectiveness) of other public health doctors in the AMEDD at the time; Edward Munson, Theodore Lyster, Carl Darnall – and others – worked on clean water supplies in garrison and the field, on better barracks and buildings, and humble footwear. Having Gorgas at the top probably helped people working lower down as well.

In the U.S., Gorgas was effective in Congress as the 1916 National Defense Act was being prepared. The Medical Corps, Dental Corps, and medical enlisted force were all expanded, and the Veterinary Corps was authorized. In the Army he got more resources for medical supplies and field units. But he was ambivalent about staying on active duty; he loved the field work (and doubtless the personal accolades from foreign leaders) and was considering retirement to undertake more overseas public health work. Byerly was unable to find who in the Surgeon General's Office was doing the day-to-day with Congress and in the War Department.

Gorgas' record in WWI was mixed. His reputation in American medicine helped get doctors (and other health professionals) to volunteer, but Gorgas was much more effective networking outwards than in day-to-day running the AMEDD. His battles with the General Staff and the Secretary of War over mobilization played out in the press and in Congress, which ultimately reduced his effectiveness. In a nutshell, the nation needed to mobilize quickly or the Allies might be defeated; Army leadership accepted that meant more diseases spreading, and more deaths from disease. Gorgas's protests became a political football, and Gorgas had to accept that he was subordinate, medicine did not come first in mobilization. Gorgas also fought for higher rank for physicians, and he won that fight in Congress, at the cost of the Secretary of War deciding to sideline Gorgas. Gorgas had been extended in post as Surgeon General, but was approaching the mandatory retirement age. Gorgas was sent on an inspection trip without being told he would not be extended again, and learned he was being replaced in the newspaper.

In retirement, he did more public health work in South America and was on his way to Africa when he died from strokes in London. His official funerals in London and Washington DC showed the international range – and recognition – of his work.

William Gorgas was a young man when the Germ Theory was proved. He took the proof that mosquitoes carried diseases and implemented public health responses through charm – and force of will. In an age with very few therapeutic interventions, the prevention he was selling was worth far more than the chances of cure. He saw his work as civilizing the barbarous tropics so more of the globe could be developed.

Carol Byerly has written a balanced biography of a complex man, and kept the length modest (about 300 pages of text). This is not a study of General Gorgas, or Dr Gorgas, or his leadership, or any single facet; it is a study of William Gorgas.

William Gorgas as a young man, and as Surgeon General.
Images courtesy National Library of Medicine.

Military Working Dog kennels in Vietnam. This type of kennel kept dogs off the ground, dry, and shaded. They were often tethered to the kennel so they could exit and return.
Image courtesy National Museum of Health and Medicine.

Writing for *The AMEDD Historian*

We are seeking contributions! We believe variety is the way to attract a variety of audiences, so we can use:

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Material can be submitted usarmy.jbsa.medical-coe.mbx.office-of-medical-history@army.mil Please contact us about technical specifications.

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