



Army Medical Department Center of History and Heritage, Fort Sam Houston, Texas

Number 22 Summer 2018

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Welcome to the newest installment of the *AMEDD Historian*! World War I is the focus of this issue, as we examine AMEDD service one hundred years ago. Although the United States' involvement in the war was relatively brief, the conflict shaped several aspects of the Army and AMEDD for the future. One example was the development of the Medical Field Service School, formed after the war to train and familiarize medical personnel in the Army with tactical skills and conditions. The latest incarnation of the Medical Field Service School is the AMEDD Center and School.

In this issue, read about two brave medics of the Great War that stayed with their patients despite the dangers. It is also interesting to read of the exploits of Malcolm C. Grow in the article "General Grow: An American Doctor in the Czar's Army". "U.S. Army Base Hospital #21: Under the British Flag" provides a good overview of both a medical school unit organized for service and then its duty overseas. The American Red Cross is shown to be a force multiplier during the war with large numbers of helping hands in "The American Red Cross: A Paramilitary Organization?". There are articles that feature both the commemoration of AMEDD service during the war, and the efforts to protect Soldiers from the dangers of alcohol and venereal disease while abroad.

(continued on page 17)

"Not the lives you took but the ones you saved"

Two medics of the 312th Infantry

In September 1918 the Allies were locked in battle with German forces; the American portion of the final weeks of World War I was the Meuse-Argonne campaign. American forces attacked into rough terrain, strong defenses, and resolute defenders; it is still the bloodiest campaign in Army history. By early October General John Pershing, commander of the American Expeditionary Forces, was rotating more and more fresh divisions into action to wear down the Germans, who were also reinforcing and counterattacking where they could.

The 78th Division went into the line during the rainy night of 15-16 October and was expected to launch an 0600 attack. Predictably the attack was poorly coordinated, although some units made reasonable progress. Elements of the 312th Infantry Regiment, on the division's western flank, crossed the small Aire River west of the village of Grand Pré but were then hit by German counterattacks. A Company, 1st Battalion, 312th Infantry was about to be outflanked and was ordered to withdraw across the open ground towards the river.

The company commander ordered his aidman (only two were authorized per company, attached from the Regimental Medical Detachment) to fall back with the company and take care of the wounded who could be evacuated. That aidman, Corporal James J. Donovan, a butcher from Bayonne, NJ, said many of the wounded still lay out ahead of American lines. The captain repeated that the company had been or-



dered to retreat – but did not order Donovan to retreat. Donovan respectfully said “Sir, I cannot leave my comrades. Allow me to stay with them, to aid them and dress their wounds. Without my help they will die for lack of care.”

Donovan stayed with the wounded, hiding by day and moving around by night to bandage the wounded and take them food and water. As his Distinguished Service Cross citation would recount, “In the face of heavy shell and machine-gun fire, and continuous gas attacks, Corporal Donovan established and maintained for four days a dressing station in a most advanced position.” Donovan was promoted to sergeant, was recognized with the Distinguished Service Cross in 1919, and after the war he encountered General of the Armies Pershing on a train. Pershing wanted to know the story behind the DSC ribbon he saw on Donovan’s lapel; after hearing the story he commented “So you could not leave your fallen brothers in arms? Your award is not for the lives you took but for the ones you saved. Soldier you performed your duty under fire with little heed to your own safety under fire with little heed to your own safety despite your great peril and even though your superiors gave you an honorable excuse to retreat. Your actions were in the highest tradition of bravery. May I shake your hand?”

In civilian life, Donovan returned to Bayonne, ultimately becoming mayor and persuading the Navy to move the New York Port of Embarkation to Bayonne in 1942.

Meanwhile, another medic in the 312th also moved forward when he could have stayed safe. PFC Chauncey J. Griswold, an elevator operator from Boston, MA, was attached from the Regimental Medical Detachment to the 3d Battalion, then in regimental reserve. Griswold volunteered to go forward and went into the front lines, establishing a dressing station; he stayed at this advanced station the entire time the regiment was in the line and gave first aid to the wounded under constant shell fire and through frequent gas attacks. Griswold too received the DSC

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Patients rehabilitating at Walter Reed General Hospital.

WWI was the first time the Army had physical and occupational therapists, grouped together as Reconstruction Aides and working as civilian employees.

U.S. Army Base Hospital # 21: Under the British Flag

Chuck Franson and Paula Ussery, AMEDD Museum

Once America declared war on the Central Powers on April 4, 1917 the British stated that their most critical need was for medical personnel. Thus was that the first United States Army units to arrive in France were not combat troops but medical units.

The first medical units to set sail were Base Hospitals. Many of the Army's base hospitals had been formed during the prewar period from America's large urban hospitals, for instance from the Harvard School of Medicine, from the Pennsylvania Hospital in Philadelphia, and from the University of California Medical School. These hospitals were theoretically ready to embark once war had been declared. The reality, was of course that many were "paper tigers."

The British requested six Base Hospitals and 116 additional medical officers. The first hospital to sail was Base Hospital # 4 under the command of Dr. George Crile. #4 sailed less than two weeks after receiving their mobilization telegram. The other five (Nos. 2, 5, 10, 12, and 21) soon followed. They relieved British general hospitals serving in France.

The experiences of Base Hospital 21, which had been formed in July 1916 at Washington University School of Medicine in St. Louis, Missouri are well documented. A scant 2 weeks after the declaration of war, Dr. Fred Murphy received a wire from W. C. Gorgas, the Surgeon-general asking "can your unit get to Europe-and HOW SOON?" A flurry of activity ensued. On 27 April, 1917 formal mobilization began. The Army sent a team to St. Louis to conduct physicals and perform induction activities. Uniforms were procured and the entire hospital complement was recruited to fill out the initial cadre of doctors and nurses.

On 17 May, 1917, the unit entrained for New York. They sailed for France on the 19th, three weeks after mobilization, and six weeks after the US declared war, along with Base Hospital # 10 and arrived at Liverpool on the 28th. The next two weeks were taken up by orientation and training by the British.



Above: Some of the temporary buildings on the racetrack infield.

Below: American nurses and British and American enlisted men at Hut 11. Courtesy National Library of Medicine.



Base hospitals were intended to handle a patient load of 500 beds. Instead, Base Hospital 21 was assigned to take over the 1,300-bed facility of British General Hospital 12 at Rouen. It received some personnel augmentation, including some British soldiers staying to handle utility work and British army paperwork. The hospital had taken over a race course, and consisted of the racetrack buildings heavily augmented by dozens of canvas tents and wooden huts. The conditions were somewhat primitive, with the stoves in the tents providing little

heat. Over time, the Americans would get more wooden and steel temporary buildings to replace tents.

The nurses, led by the indomitable Julia Stimson (later Chief Nurse of the American Expeditionary Forces and Army Nurse Corps Chief), found themselves living in wooden huts, inside the paddock fence. On winter days, one of the first duties was to thaw the solutions and medicines so they could be used.

Nurse Frieda Damm served with BH 21, having joined the Red Cross as a reserve nurse before the war. She wrote home frequently, commenting on conditions and routine. At first, she found herself caring for the wounded on the night shift and wearing her cape on duty to stay warm. She described her patients in a letter home: "I do enjoy the work so much, we have the best patients you can imagine. The poor fellows are so glad to get into clean beds and have some one to look after them. . . . It is very interesting to meet people from all parts of the world, Australians, South Africans, Canadians, New Zealanders, etc. When you have a ward full of such a conglomeration, there is always something doing." Among Frieda Damm's artifacts are a variety of British objects, most likely presents from her patients, her insignia, and her World War I Victory Medal.



Base Hospital 21 staff and patients gathering around a stove for warmth and camaraderie.
Courtesy National Library of Medicine.

Base Hospital 21 stayed at Rouen through the war, treating over 61,000 patients, medical and surgical. Under 5% were Americans, the rest British. While base hospitals were supposed to receive patients who had already received treatment, during German offensives they sometimes received patients straight from the battlefield. Later in the war, they received many influenza patients, by October caring for 1,950 patients in a facility intended for only 1,350. The fighting ended on November 11, 1918, but it was 22 January 1919 before General Hospital 12 could be closed. While the personnel of Base Hospital 21 were alerted to embark for the US on 11 February 1919, they would get delayed until 7 April before they embarked on a captured German passenger liner, the *Graf Waldersee*, for New York. Arriving on 20 April, they were moved by train to Ft Riley, and demobilized there on 3 May, 1919, after almost two years abroad.



Frieda Damm's items donated to the AMEDD Museum. Her US and Army Nurse Corps insignia, worn on the outdoor uniform. Her WWI Victory Medal.

Also, a Union flag and Scottish 'Glengarry' bonnet



Base Hospitals got more attention during WWI, but there were many more camp hospitals. These were for low-acuity inpatient care. Camp Hospital No. 77 was established in October 1918, at Montmorillon, Department Vienne, by personnel from a medical replacement unit. It was located in a school for boys, the Seminaire Cardinal Pie, which was quite suitable for hospital purposes. The hospital had a bed capacity of 200, and served the Montmorillon training area. As there were no civilian doctors in the village of Montmorillon, the medical officers at the hospital held daily sick call for the civilian population in the surrounding area. It ceased to operate November 28, 1918, with all remaining patients transferred to Base Hospital No. 28, at Limoges. During Camp Hospital No. 77's existence, it cared for approximately 500 medical and surgical cases. The personnel were reassigned to other medical organizations for further duty.

View of the Seminaire Cardinal Pie (now called Maison-Dieu) from the town of Montmorillon, courtesy Town of Montmorillon.



In WWI the Army adopted shoulder sleeve insignia, but conventions had not been settled. Divisional symbols were added to the Red Cross, the AMEDD caduceus was added to Army symbols, patches were made locally (such as the French rooster that the U.S. Army Ambulance Service wore), and units that would not currently qualify for patches made their own, such as Base Hospital 34. Their history is silent on why they chose a green cross instead of a red one.



During WWI the government used various popular media to inform the public and shape public opinion. Movies were one medium used, and one goal was reassuring the public the wounded would be well cared for.

This silent movie covered “the operation of the regimental medical detachment and field hospital unit in getting wounded men off the front line, giving them first aid, and conveying them safely to recuperation base. The picture was made in conjunction with the Surgeon-General's Office at the training-camp at Fort Riley, Kansas, and the scenes were supplemented by scenes from overseas.”

No copies are known to exist.

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Uncle Sam Wants Your Pep, Punch and Patriotism

by Michael Rhode

America joined World War I in 1917, months after the war began between England, France and Germany. Large numbers of soldiers began gathering in camps in the US, leading to concern about the spread of venereal disease. During the war, ten percent of sick call in the American Expeditionary Force was related to sexually-transmitted diseases like syphilis and gonorrhea. Social reformers succeeded in having the government consider “control of the sex impulse” by soldiers to be a personal cause, similar to chastity in a woman. Troops were urged to keep “clean” for their Uncle Sam, sweetheart, wife, children, mother and father... a daunting task especially since “patriotic prostitutes” and flappers were willing to do what they saw as their part for the war effort. Young soldiers were urged to participate in sports, go to theaters or write letters home rather than fraternize with women. Once in France, soldiers were given flyers stating

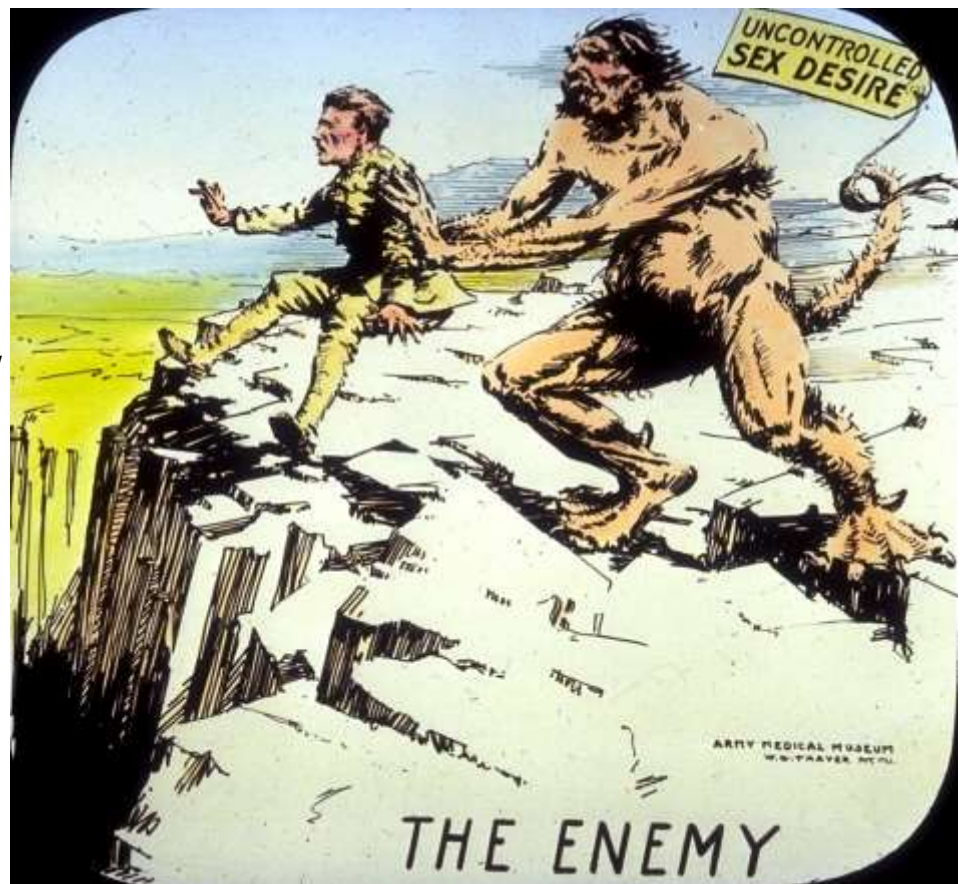
The United States Government is permitting you to go on leave, NOT in order that you may SOW WILD OATS, but to give you an opportunity to improve your health, and advance your education.

If by misconduct, carelessness or vice, you are not improved in body and mind, you will have defrauded the government and will have wasted an opportunity to improve your station in life.

If you become intoxicated, associate with prostitutes, or contract a venereal disease, you are guilty of a moral crime.

Wouldn't it profit you more to purchase with that money a little gift for MOTHER, WIFE, SISTER or SWEETHEART??

DO NOT LET BOOZE, A PRETTY FACE, A SHAPELY ANKLE MAKE YOU FORGET!! THE AEF MUST NOT TAKE EUROPEAN DISEASE TO AMERICA. YOU MUST GO HOME CLEAN!!

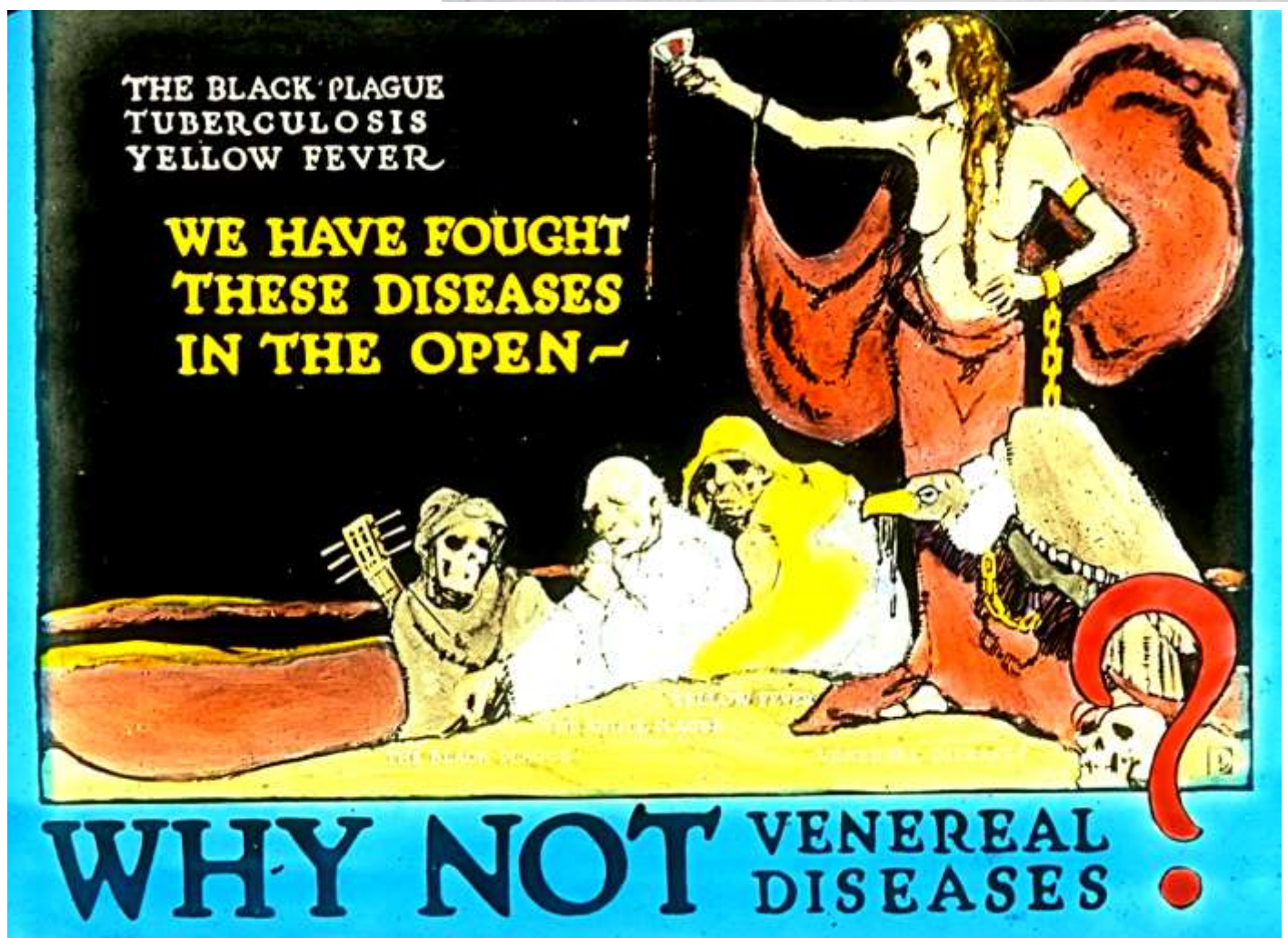


Being seen as a moral issue, the battle to control venereal disease in World War I resulted in editorial cartoons that lacked the humor of World War II efforts. While outstanding newspaper cartoonists like “Wally” Wallgren, Bruce Bairnsfeather, “Ding” Darling and Percy Crosby used war themes, the main source of educational cartoons was the Instruction Laboratory of the Army Medical Museum in Washington. Medical illustrator William T. Schwarz ran the Anatomical Art Department of the Laboratory, assisted by Morris L. Bower who became a magazine illustrator after the war. Although Paul Terry (most famous as the animator of the later “Terrytoons”) was on staff, and animators Max Fleischer and J.R. Bray of Bray Studios were consulted, no anti-VD animated films were made. Instead lantern slides (ancestors to powerpoint) were produced to educate troops by the Medical Museum’s thirty staff artists. The slide shows alternated cartoons with horrible pictures of disease. The artists were mostly trained medical illustrators and their cartoons are similar to political cartoons and magazine illustrations of the time rather than comic strips. While some cartoons were signed by Ter-

ry, E.G. Thayer, and F.A. Anderson, most were not signed. Some art was probably done by other soldier cartoonists like Roscoe Norrington who joined the staff explicitly as a cartoonist in May 1919, but the cartoonists mostly worked anonymously. The following images capture a long-lost world.

Images courtesy National Museum of Health & Medicine.

(a version of this was published as "The Other Battle of WWI," *Hogan's Alley*, 9 (Summer 2001)



The American Red Cross: a paramilitary organization?

In 1905 the American Red Cross (ARC) had adopted a new charter, making it the official conduit for volunteer aid to sick and wounded in wartime. Over the next decade the Red Cross and Army moved closer together; the Red Cross wanted the prestige of working with the government and the AMEDD wanted to have an auxiliary it could call upon. The Army published regulations on how to work with the Red Cross, which had a Department of Military Relief headed by an active-duty colonel.

Thus when the AEF was organized, an ARC official was on Pershing's staff, an equal of brigadier generals such as the Provost Marshal General, the chief of the Air Service, and others. When the AEF staff reorganized the ARC was put under G-1, the section in charge of personnel and related matters. The ARC had widespread responsibilities with Allied armies and with civilians, and it stayed under G-1 although G-4 and the Chief Surgeon both wanted to get the ARC assigned to them. Instead, it coordinated supply activities with G-4 and the AMEDD had to appoint a liaison officer.

Some ARC work would be familiar today. The ARC got care packages to Americans who were taken prisoner, and got them in touch with their families. ARC staff worked at American hospitals: they tried to build recreation buildings (but allowed the resource-strapped AEF to take the timber for other uses); they organized farms for patients to get some work therapy and raise food; they staffed recreation buildings once those were available; they provided comforts and diversions ranging from chocolates and cigarettes to libraries and pianos and other musical instruments. They helped trace missing soldiers, wrote letters for the wounded and sick, and performed other comfort activities.



Red Cross nurse serving water to a wounded soldier at the Montmirail railroad station, 31 May 1918.

Note the soldier in the background slouching with his hands in his pockets.
Courtesy National Museum of Health and Medicine.

The ARC provided a wide range of supplies to the AEF, almost entirely to the Medical Department. Most of the material was to hospitals: ice machines, medical gasses (it was cheaper and safer to bottle them in France than ship bulky, heavy, explosive gasses across the Atlantic), linens and blankets. The ARC provided medical research equipment and funding since the Army had trouble getting non-standard items and justifying funds was complex. Some medical material was for the front lines: the ARC manufactured 294,000 splints, opened a repair shop to reuse splints, and published the AEF's splint manual; it also provided first-aid bandages, including 15 railway car-loads for the St Mihiel attack. Since the ARC was providing front-line supplies it also got requisitions from combat divisions as well as rear-area hospitals, leading to some duplication and frustration of supply officers. The ARC also ran a biological materials operation and produced serum against gas gangrene. Equipment for complete units was handed over: two dental trucks for mobile clinics, cars and gasoline for doctors, and a 1000-bed neurological hospital. There were also mobile baths and laundries, not exactly

medical facilities but helpful to health.

Supplies were important, but probably more important were the hospitals the ARC ran. In France that amounted to 24 hospitals; they treated 91,356 AEF patients – one-third of American wounded – as well as military and civilian patients from other countries. There were so many ARC hospitals they had to use special nomenclature: Red Cross Military Hospitals were under AEF control while Red Cross Hospitals treated Allied military and civilian wounded. (Since some of the ARC hospitals had been established for years, their staff had considerable expertise and the AEF used them for some training.) The ARC hospitals in Paris were especially important from May to July: the AEF had not established hospitals there because US troops were not supposed to be fighting nearby, but then American troops were thrown into battle nearby. The ARC provided over 1,000 beds in that emergency, some ARC hospitals being moved forward as evacuation hospitals. A report at the time said “The Red Cross is considered a part of the Medical Department.” There were also 12 convalescent homes that helped 2700 American military patients an average of three weeks each. Beyond hospitals, the ARC operated 8 infirmaries and 13 dispensaries (different levels of out-patient clinics) that helped the AEF while there were dozens of others that helped Allied military personnel but mainly French civilians. The clinics were useful for a lower-profile medical purpose: the fight against venereal disease. They were useful because they were widespread in the rear areas, and ARC clinics could also treat French prostitutes that military hospitals could not treat. One ARC hospital was used solely for soldier VD patients. Most of the AEF was in France, but thousands of troops transited through Britain, and the ARC operated over 20 medical facilities (hospitals, convalescent homes, infirmaries, and dispensaries) to treat the sick and injured.

Overall, American Red Cross personnel were so much like the military that in October 1918 there was a proposal to transfer 2250 men (750 as officers and 1500 as enlisted men) from the ARC to the Army because “the American Red Cross personnel serving the armies were performing the same duties as was the Medical Department of the Army.” While the proposal came to nothing, the Chief Surgeon of the Lines of Communication – where most of the ARC personnel and facilities were – recognized them as “a necessary adjuvant.”

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General Grow: An American Doctor in the Czar's Army

By Kevin M. Hymel, Air Force Medical Service History Office

In 1942, Major General Carl “Tooey” Spaatz, who was putting together the U.S. Army’s Eighth Air Force in England, with the goal of strategically bombing Germany, needed a lead surgeon. But whom to pick? A good candidate would have to be an excellent surgeon and someone who could operate under war-time conditions. Ideally, it would be someone who understood combat injuries and who could handle large numbers of bodies torn by bullets and shrapnel. And almost impossibly, someone who held all those qualifications, knew what it was like to lose friends in combat and continue with the mission, and who understood the fundamentals of air power. Finding one surgeon with one or two of those qualifications would be difficult, but all six? That could prove impossible. Yet there was such a man. A man who had performed surgeries during battle for an entire regiment while enemy artillery exploded around him, had fought in trenches, had lost people close to him from ene-

Grow in his Russian uniform.



my fire, and had flown over enemy lines; and he did all of this before the United States entered World War I.

Malcolm C. Grow, a 28-year-old Philadelphia, Pennsylvania, physician, traveled to war-torn Czarist Russia in 1915 and served as a corps surgeon until 1917, as Russian armies tried to push back the German invasion. Dr. Edward Egbert had encouraged Grow to leave his practice and head to war. Egbert, the chief surgeon of Kiev's American Red Cross hospital, convinced Grow with tales of combat.

Grow joined the staff in Tsarskow-Selo hospital where he treated a conveyor belt of wounded, many of which were infected and filled with vermin. He saved the life of one soldier suffering from lockjaw. The man's body was arched like a bow, with only his heels and head touching the bed. The Russian treatment, a small dose of anti-tetanic serum under the skin, had failed to save four previous patients. Grow was able to obtain more of the serum from a traveling American chemist and injected large dosages into the soldier's spine and veins and repeated the treatment four times. He saved his life, earning the respect of the Russian staff.

After a short stint in the hospital, Grow was appointed a captain in the First Siberian Army's 21st Flying Column. As winter set in and the daylight shrank to six hours, Grow set up in an advanced dressing station in the field. He came under fire a number of times. The first time, on November 25, 1915, was probably the most memorable. When he heard a terrible screeching overhead, he crouched, clenched his teeth, and tightened his muscles as he waited for the impact. "Then came a red angry flash, followed by a terrific explosion, in the forest a hundred yards to my right," said Grow, "and a humming in the air like the sound a large nail used to make when I had thrown it as a child, and then the sound of falling fragments of earth and metal."

Soon after that first barrage, Grow went "over the top" and participated in a Russian attack. Armed with only a single hand grenade, he climbed out of a front-line trench in a billowing snowstorm and followed a noncommissioned officer named Ivan through a hole in a barbed wire fence. As they ran over a slight rise, Ivan suddenly fell backwards onto Grow and the two rolled into barbed wire. An orderly rushed over, examined Ivan, and declared, "A bullet through the forehead, Excellency!" Grow jumped down into a German trench and threw his hand grenade into a dugout. After the explosion, he entered and saw a crouched and bleeding German weakly called out, "Kamerad." His adventure over, Grow raced back to friendly lines. He later wrote that he exposed himself simply because this was "an opportunity here which no other American has had in Russia since the war began."

While it is rare for a man of healing to engage the enemy in battle, it was even rarer for a frontline doctor to meet the Russian Czar. Grow met Nicholas II when he reviewed the 21st Flying Column. When a colonel presented Grow to Nicholas, the Czar said in English, "American doctor! And you have come over here all the way from America to help our wounded?" When Grow told him he was, the Czar concluded, "That is very fine and good for you. We are in need of doctors."



Grow in a trench on the Eastern Front.

The Russian Winter put an end to offensive maneuvers for both sides, but Grow got to experience a new dimension of war when a Russian pilot offered to take him up in his plane, a captured German Albatross two-seater biplane. They took off and ascended, as Grow watched objects below shrink, "as if by magic." They passed over the Russian lines, No Man's Land, and the zig-zagging German trenches. The enjoyment ended when a yellow-brown puff of smoke burst below the plane, followed by the muffled explosions of anti-aircraft shells. The sight of German soldiers, looking like gray dots scattering off the road, reminded Grow of chickens dispersing from a low-flying hawk. The pilot dropped the plane's nose and Grow could see the ground in front of him. "I felt as if I was falling. My stomach seemed rising into my chest." Then they leveled off. The pilot then dropped a bomb on a German-occupied house. "A great white mushroom-shaped cloud rolled up from the center of the village," reported Grow. They were still above enemy lines when the plane's engine suddenly quit. The captain shouted to Grow, "We are in for it now! Motor dead! Don't know whether I can get the plane back to our lines—or not!" Despite enemy fire—which sounded louder now, and

a lack of wind to assist them, the captain nursed the plane back to Russian lines, where they landed. Grow had another unique combat experience under his belt.

When his corps went on the offensive on March 6, 1916, in the Battle of Postovy, Grow watched the Russians go “over the top” and fall from German machine gun and rifle fire before he hurried back to the dressing station to tend. There he found at least 100 wounded soldiers awaiting surgery. With only two trained assistants, Grow performed surgery after surgery by candlelight, since anything brighter would attract enemy fire. That night, Grow followed a dog retrieval team and stretcher-bearers into No Man’s Land to look for survivors. The dogs were trained to bring back caps, or tear off parts of the wounded’s clothing and return it to their handlers before leading them to their man. They did not bring anything back from the dead. The dogs helped rescue 17 wounded before they started returning to their handlers with nothing in their jaws.

As the Russian prepared for the upcoming Baranovich Offensive (in today’s Belarus), the Germans shelled the area. Grow had set up his dressing station near a bee keeper’s home, but the barrage forced the men into trenches. Something hit Grow’s orderly, Michael, in the head. When Grow tried to tell him the wound was not fatal, he suddenly felt his own pain. “Something hit me in the back of the neck with such force that my head rocked.” A second



Retrieval dog at work.

blow hit him the left cheek. Both wounds burned. Then a lieutenant ran down the trench waving his hands. It was then that Michael screamed out “The bees! The bees!” The enemy barrage had knocked over the bee keeper’s hives and the angry bees swarmed everyone. Grow ducked into a dark bomb shelter and wiped bees off his clothes.

Grow treated both modern and ancient wounds. One patient complained to him, “So far I have never even seen a German, much less get my bayonet into one!” Artillery and machine guns prevented hand-to-hand fighting. On another occasion he treated captured enemy soldiers, victims of a Cossack attack. The wounds were rare on a modern battlefield: “One man I attended had his entire arm and shoulder carried away by a single blow from a sabre,” he recalled. “Another poor devil had been struck in the top of the head and he was split through to his breast-bone, the skull cut as clean as though the work had been done with a saw.”

As one offensive progressed, a Russian commander ordered Grow to move his dressing station closer to the front. Grow did so and picked an enemy dugout to use as his dressing station. He drew his revolver and entered. “Then there was a sudden stabbing flash of light from the side,” he later wrote, “the sharp crack of a revolver, and I felt a stinging pain in my abdomen.” He blindly fired back. Sweating and weak, he jumped out the dugout’s doorway and sat down on a step to check his wound. Fortunately, a bullet only grazed his abdomen. Grow peered back in with his reloaded revolver. He found a man sitting at a table. He pushed his shoulder and the man slid to the floor. He had shot a German noncommissioned officer in the chest, purely by chance.

Throughout his time at the front, Grow constantly lost men he either knew or had just spoken to from enemy fire. In one case, he viewed the body of an officer he had befriended hung up on barbed wire in No Man’s Land. “There was something terrible for me in the fact that my friend’s body hung out there on that wire,” he recalled, “and would continue to hang there until it became a horrid putrefying object on the landscape unless something were done.” As Grow looked at the body, a soldier tried to shoot gathering crows off of it.

In the predawn hours of September 9, 1916, Grow experienced a gas attack. While he was able to put on his gas mask, his orderly was not so lucky. “I ran back to him and tried to lift him from the ground and get him back out of the gas,” he later wrote, “but it was too late!” Grow spent the morning pulling men out of

trenches and dugouts where gas had gathered. Those still alive hacked and coughed while their mouths filled with a greenish-white froth. The attack killed 2,000 Russians.

On New Year's Day, 1917, Grow finally left the front. By the time he reached the United States, President Woodrow Wilson had declared war on Germany on April 6. Grow returned to Russia in July, but this time he represented the Red Cross. He returned to a different Russia. Riots, mutinies, and the Czar's abdication had changed the country. Grow noticed that soldiers no longer saluted, people wondered aimlessly at the ports, and orators at train stations called for soldiers to return home. The whole tenor of the army had changed. "The generals were powerless to maintain discipline," Grow recalled. "The soldiers' committees arrested them when they gave orders which did not suit the troops."

Grow left Russia and, in 1918, published his memoir of his time there, titled *Surgeon Grow: An American in the Russian Fighting*. The book was swashbuckling adventure, an up-close personal account of twentieth century warfare, and a cautionary tale of communism. Grow then joined the U.S. Army and made it to France for the last month of the war. He saw no action but stayed in the Army as a doctor and earned his aviation medicine certificate at Brooks Field in Texas in 1928.

By the time the United States entered World War II on December 7, 1941, Grow had helped create a medical aviation laboratory. Once the country was committed to the war, General Spaatz picked him as the Eighth Air Force's head surgeon because of his vast and unique experiences, half a world away. In his new job, Grow developed body armor for flyers, preventive treatments for aerial combat stress, and started the First Central Medical Establishment. The body armor idea came from the Russian front, where Grow saw casualty rates higher-than 50 percent from low velocity projectiles. After the war, Grow eventually became the Air Force's first Surgeon General.

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Major General Malcom C. Grow & Mrs. Winifred Grow Collection, 1890-1990, RG1957.001, Air Force Medical Service History Office

All photos from the Grow Collection, AFMS History Office.



Grow as a brigadier general in WWII.

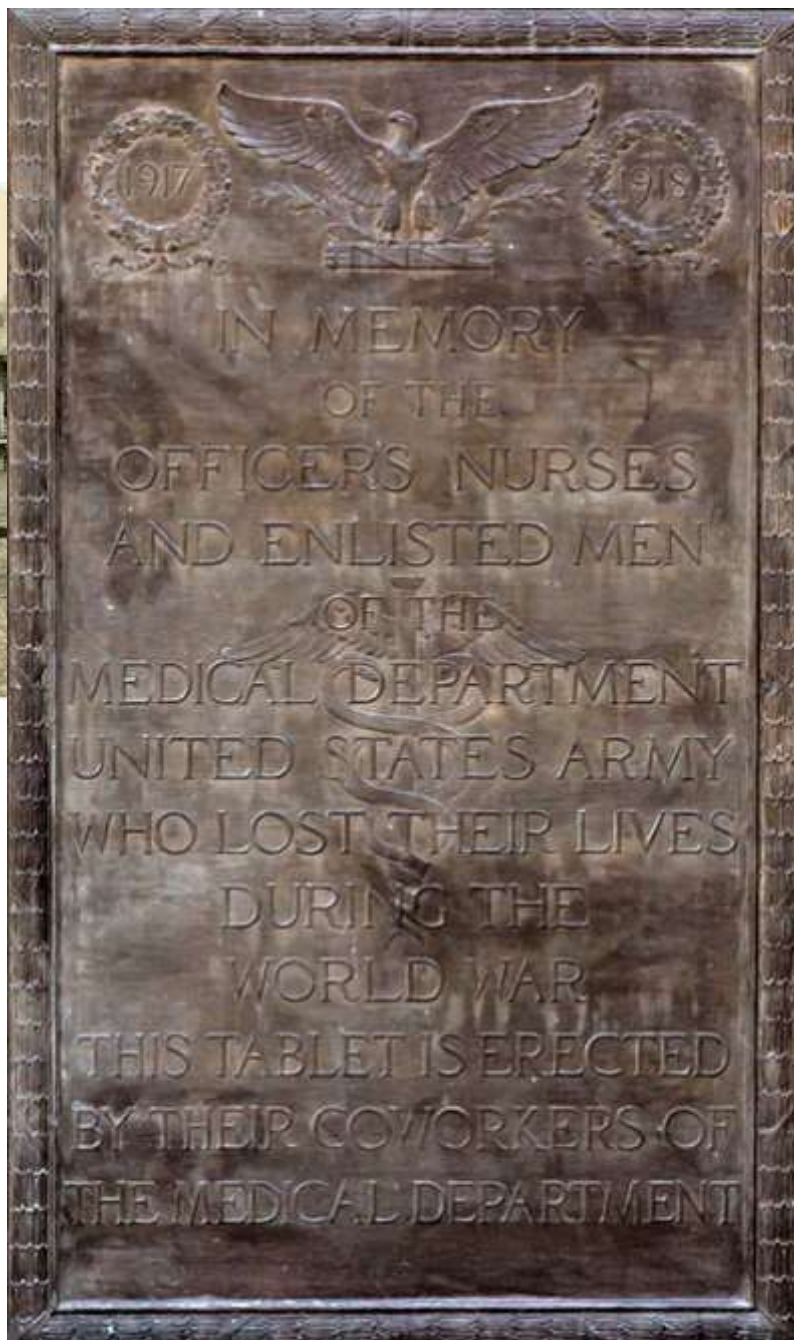
In Memorium by Kenneth M. Koyle

After WWI war ended, the AMEDD veterans wanted to ensure that their fallen comrades were remembered by future generations. They collected voluntary donations for a large bronze memorial tablet, soliciting contributions of no more than \$1 from Medical Department personnel and workers by placing notices in the *Journal of the American Medical Association*, the *American Journal of Nursing*, and other publications popular among medical professionals. The response was so great that instead of a single tablet, the medical department was able to have four bas-relief plaques created, and placed them at key Army bases around the country—Carlisle Barracks, Pennsylvania, home of the Army's Medical Field Service School at that time; the medical school at Walter Reed Army Medical Center; Letterman Army Hospital in San Francisco, California; and Fitzsimons Army Hospital (named for Lieutenant William T. Fitzsimons, an Army doctor and the first American officer killed in the war) in Denver, Colorado.



Above: the tablet at Carlisle Barracks in the 1920s or 30s.

Right: The tablet from Fitzsimons Army Medical Center was moved to the AMEDD Museum when Fitzsimons was closed.



This was extracted from the National Library of Medicine's blog, *Circulating Now*,
<https://circulatingnow.nlm.nih.gov/2014/05/26/the-spirit-of-memorial-day/>

World War I Soldier Honored

By Nolan A. (Andy) Watson

On 6 April 2018, the Fort Stewart Dental Clinic was memorialized in honor of Creighton L. Lane. Lane served as dentist in both World War I and World War II, and earned the Silver Star while serving with the 7th Infantry Regiment, 3d Infantry Division.

Creighton Lynford Lane was born in Albion, Michigan in 1893 and graduated from Michigan's School of Dentistry in 1916. Commissioned into the Army in 1917, 1LT Creighton Lane then served as a dentist in the 7th Infantry Regiment of the 3d Division during World War I. During the Second Battle of the Marne and its preceding massive artillery bombardment by the Germans on July 14-15, 1918, Lane assisted in treating wounded caught in the barrage and also organized litter teams in evacuating the wounded to Aid Stations.

Later on July 25, 1918, Creighton Lane commanded a group of litter bearers moving needed supplies to an Aid Station closer to wounded Soldiers at the front-lines. Making their way along the front using wheeled litters; Lane and his troops were in clear view of enemy forces and were continually under artillery fire. Although in constant danger, Lane treated wounded Soldiers that were located during his journey and tried to assist moving them to the Aid Station.

For his heroic efforts Creighton Lane was recognized with a Citation Star. After the war, Citation Stars, which were a decoration on campaign medals and ribbons, were replaced as the current Silver Star Medal. Lane would also receive a promotion to Captain at the close of the war. Lane's award was reviewed for a possible upgrade to Distinguished Service Cross, but after the review the award remained at the same level. After the war ended and Lane returned to America, he left the Army and entered into private dental practice in Detroit, Michigan. In 1937, Creighton Lane joined the Navy Reserves.

During World War II Lane again served as a dentist, this time for the Navy providing dental care for trainees entering Naval service at the Great Lakes Naval Training Station from 1943-1944. Beginning in November of 1944, Creighton Lane served on board the USS Admiral R.E. Coontz (AP-122), a transport ship. The ship would make numerous trips across the Pacific, and also made its way to France to transfer American troops to the Pacific Theater. During these long voyages through uncertain waters, Lane provided dental care to the ship's crew as well as its numerous military passengers.

At the close of the ship's mission in March of 1946 Creighton Lane was transferred back to the Great Lakes Naval Training Station for six months. He was then sent to Camp Lejeune, North Carolina to provide dental



care for Marine Corps personnel. His last duty station was with the Navy Department of the Pacific in San Francisco. Creighton L. Lane retired from military service in 1955 when he was 62. He is listed on the retired list with the rank of Navy Captain (O-6) and his highest active duty rank is listed as Commander (O-5). Lane stayed in the San Francisco Bay area until his passing in 1978. He was preceded in death by his wife, a couple of months earlier. They were both buried at Albion, Michigan.

(continued from front page)

Please let us know your thoughts. We would like to hear your comments and are always seeking new articles for publication. If you are at Fort Sam Houston please stop by the AMEDD Museum.

In addition to this publication, please visit our websites with attached social media feeds:

History: <http://history.amedd.army.mil/>

The AMEDD Regiment: <http://ameddregiment.amedd.army.mil/>

The AMEDD Museum: <http://ameddmuseum.amedd.army.mil/index.html>

These websites serve as great resources for the history of Army Medicine. Peruse our documents online, exploring valorous awards and medical advances as well as interesting biographical information.

Nolan A. (Andy) Watson

Acting Chief, ACHH

Loading wounded on a hospital ship for return to the United States, 1918.

Courtesy National Archives.



New Archival Donations:

Electronic rosters and morning reports for the 363d Medical Battalion during WWII

Bound history of the 93d Evacuation Hospital during WWII provided by Doris Goodheart Hizar, a WWII Army Nurse

Service documents, photographs, and training manuals belonging to Lieutenant Colonel Guy Wyrick, Adjutant of Brooke General Hospital during WWII.

A selection of digital photographs donated by Captain Bernard Lease, ANC

Photocopied history of the 165th Station Hospital donated by the family of Dr. C.G. Smith

Three panoramic photographs of the 1st Medical Regiment

Photograph album belonging to Jack Davis who served with the US Army Ambulance Service in Italy during WWI

Signed and numbered print of Fitzsimons Army Medical Center

Two Foster General Hospital passes belonging to Captain Jack R. Wilson

Files documenting the AMEDD Reorganization and Task Force Aesculapius, 1993-1995

AMEDD Museum Archival Transfers:

Documents, photographs, oversize certificates of Mary Eliza Macrae, one of the first members of the US Army Nurse Corps

Two diaries belonging to WWI Army Nurse Mary Daisy Cox Reimers

Four WWI ear booklets and one bible belonging to George Kirchner

WWI era notebook belonging to Carl Blumenschein, Dental Corps

Books:

The American Soldier 1866-1916: The Enlisted Man and the Transformation of the United States Army

Donors:

John A. Haymond

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:

Photos of historical interest, with an explanatory caption

Photos of artifacts, with an explanation

Documents (either scanned or transcribed), with an explanation to provide context

Articles of varying length (500 word minimum), with sources listed if not footnotes/endnotes

Book reviews and news of books about AMEDD history

Material can be submitted to usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil

Please contact us about technical specifications.

The opinions expressed in *The AMEDD Historian* are those of the authors, not the Department of Defense or its constituent elements. The bulletin's contents do not necessarily reflect official Army positions and do not supersede information in other official Army publications or Army regulations.

AMEDD Center of History and Heritage

Acting Director, Mr. Nolan Watson

AMEDD Museum 210-221-6358

History Branch 210-221-6958

Research Collection 210-808-3296



<http://history.amedd.army.mil/> <http://ameddregiment.amedd.army.mil/> <http://ameddmuseum.amedd.army.mil/index.html>