The AMEDD Historian

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Contents

WELCOME to issue #25 of the *AMEDD Historian*! This is the beginning of our 7th year of production. While we have interpreted many items of historical interest in Army Medicine, there are countless stories and events to explore. Issue #25 is not themed with a conflict or time-frame, but covers different subjects of interest.

In this issue Dr. Sanders Marble provides background information on the naming conventions for AMEDD facilities and memorialization with his article "What's in a name?". Would we remember the work of Walter Reed had his name not been used for the new (1906) general hospital in Washington, DC? Read about Carlos "Doc Cool" Alden, a World War II physician and his impressive wartime service. Not only was he a pioneering airborne doctor, but he also escapes capture twice and earns the Silver Star and Distinguished Service Cross.

Charles Franson describes a newly acquired museum artifact, a prototype EYE-SYNC portable neuro-diagnostic device. Compared to other artifacts it is fairly new (2012), but provides us with a link to how Army medical professionals tried to detect Traumatic Brain Injuries (TBI). Dr. Dennis B. Worthen writes about AMEDD Medal of Honor recipient, Joseph Kirby Corson. Corson, trained as both a pharmacist and a physician earns the medal during the Civil War in 1863.

Can the blood of an ordinary water turtle cure rheumatism? Read about the challenges faced by the Medical Department in Evan P. Sullivan's article, "Quacks, Alternative Medicine, and the U.S. Army in the First World War". Also, peruse the list of archival items we have recently received. (continued on page 13)

What's in a name?

Sanders Marble, Office of Medical History

The Army has been naming things for a long time, and controlling the naming for almost as long. Installations have been named since the Revolutionary War, and in 1832 the chaos led the Secretary of War taking control of the process of naming all new posts. Apparently that was often (or even generally) delegated to commanders of geographical regions. In the Civil War the AMEDD operated a substantial number of general hospitals (a hospital that accepted patients from any military organization, unlike divisional or corps hospitals); most of these were not on military installations and thus were outside the Secretary of War's rules. There seems to have been no naming convention; in the District of Columbia alone there was Armory Square General Hospital and C Street General Hospital, clearly named for places in the city; Augur General Hospital, named for MG Christopher Augur, who was alive at the time and not a doctor; and Finley General Hospital, probably named for Clement Finley (Surgeon General from May 1861 to April 1862).

There was little change in naming practices until after the turn of the 20th Century. The AMEDD had few general hospitals and used descriptive names – the general hospital at Fort Bayard NM was called 'Fort Bayard General Hospital' and the general hospital at Hot Springs AR was called 'Army and Navy General Hospital' since it was specially authorized to take both War Department and Navy Department patients.

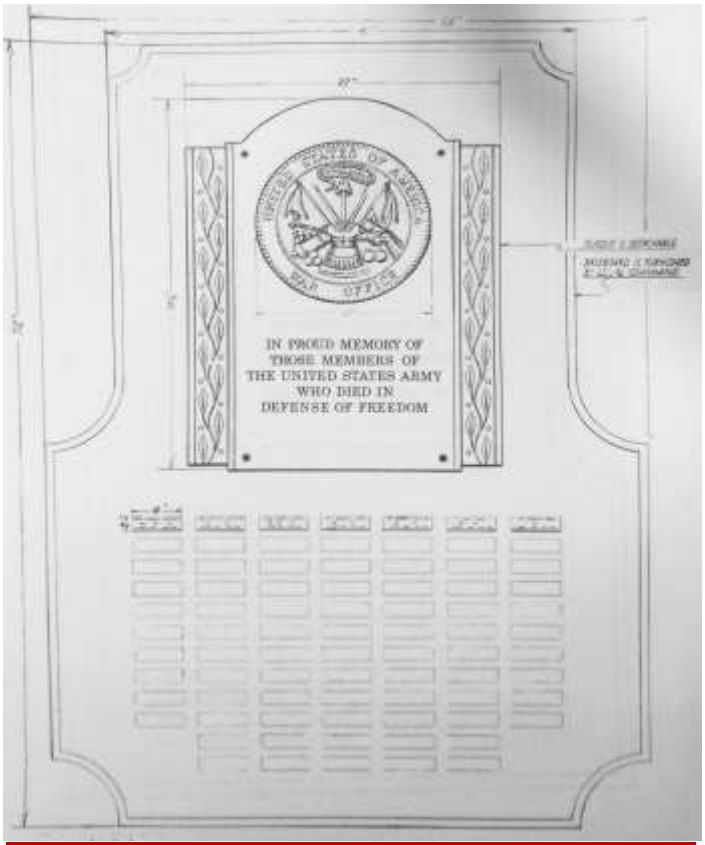
In 1906 the new general hospital in Washington DC was named for Walter

Reed; Reed had recently died, and had served in Washington DC for several years. In 1911 the general hospital in San Francisco CA was named Letterman General Hospital; the hospital had been built in stages since 1898. Jonathan Letterman was Medical Director of the Army of the Potomac from mid-1862 to early 1864 and had not served any closer to San Francisco than Los Angeles but had retired in San Francisco after the Civil War. Until after WWI these were the only memorially named organizations in the AMEDD. In WWI the AMEDD established a large number of temporary general hospitals (mainly in leased buildings) but numbered them and did not name them.

After WWI Surgeon General Merritte Ireland started memorially naming the general hospitals as new buildings were built. This included Fitzsimons in Denver CO, William Beaumont at Ft Bliss, and Sternberg in Manila. In WWII most of the non-deployable general hospitals were memorially named (a few got descriptive names such as US Army General Hospital Camp Carson, or Valley Forge General Hospital) and most of those were for military doctors. One was named for President Woodrow Wilson and one for the WWI Secretary of War, Newton D. Baker. Otherwise, one was named for an Army nurse (Ruth Gardiner), one for an Army dentist (Robert Oliver), and one for a Medical Administrative Corps officer (Thomas England). One was actually named for two medical officers, brothers BG William Mayo and BG Charles Mayo. Many of these were temporary facilities and were dememorialized after the war. Interestingly, the AMEDD had asked the Army War College's Historical Division for names rather than using the AMEDD historical unit.

In 1946 the Army established the Department of the Army Memorialization Board and published a regulation about memorialization. It considered everything from things beyond the Army's control (national parks) to naming buildings and streets, and also included trophies and awards. Most memorialization was delegated to installation commanders. In 1957 the AMEDD decided it would name all new hospitals for medical personnel; previously only general hospitals had been memorially named and station hospitals (what are now Army Community Hospitals) had been descriptively named – for instance Station Hospital, Fort Sam Houston. The first hospital named was Ireland Army Hospital, an appropriate choice since MG Ireland had been active in naming hospitals.

With one exception there was no significant change in the Army or the AMEDD program from then until 2006. (The exception was a dead-end. On 1 March 1965 the Army directed each Army branch school have a plaque listing names of that branch's Cold War fatalities after 1 July 1958. It was a fine idea, but the volume of casualties from Vietnam later that year rendered it moot although the regulation was published in 1967.) The AMEDD had input on naming facilities, but it was done locally. When an installation asked, the AMEDD Memorial Board provided recommendations, and it had oversight of memorials at the few facilities that The Surgeon General commanded in the days before MEDCOM. However, almost all medical facilities were still named for medical personnel. (Eisenhower Army Medical Center is the most notable exception.) Local control meant there could be multiple memorials to one individual; at one point there were four memorials to SP6 Lawrence Joel. An unwritten rule of thumb was naming larger facilities for officers and TMCs for enlisted medics, but the regulation simply said AMEDD facilities were normally named for AMEDD personnel.



Schematic of branch school plaque recognizing Cold War fatalities.

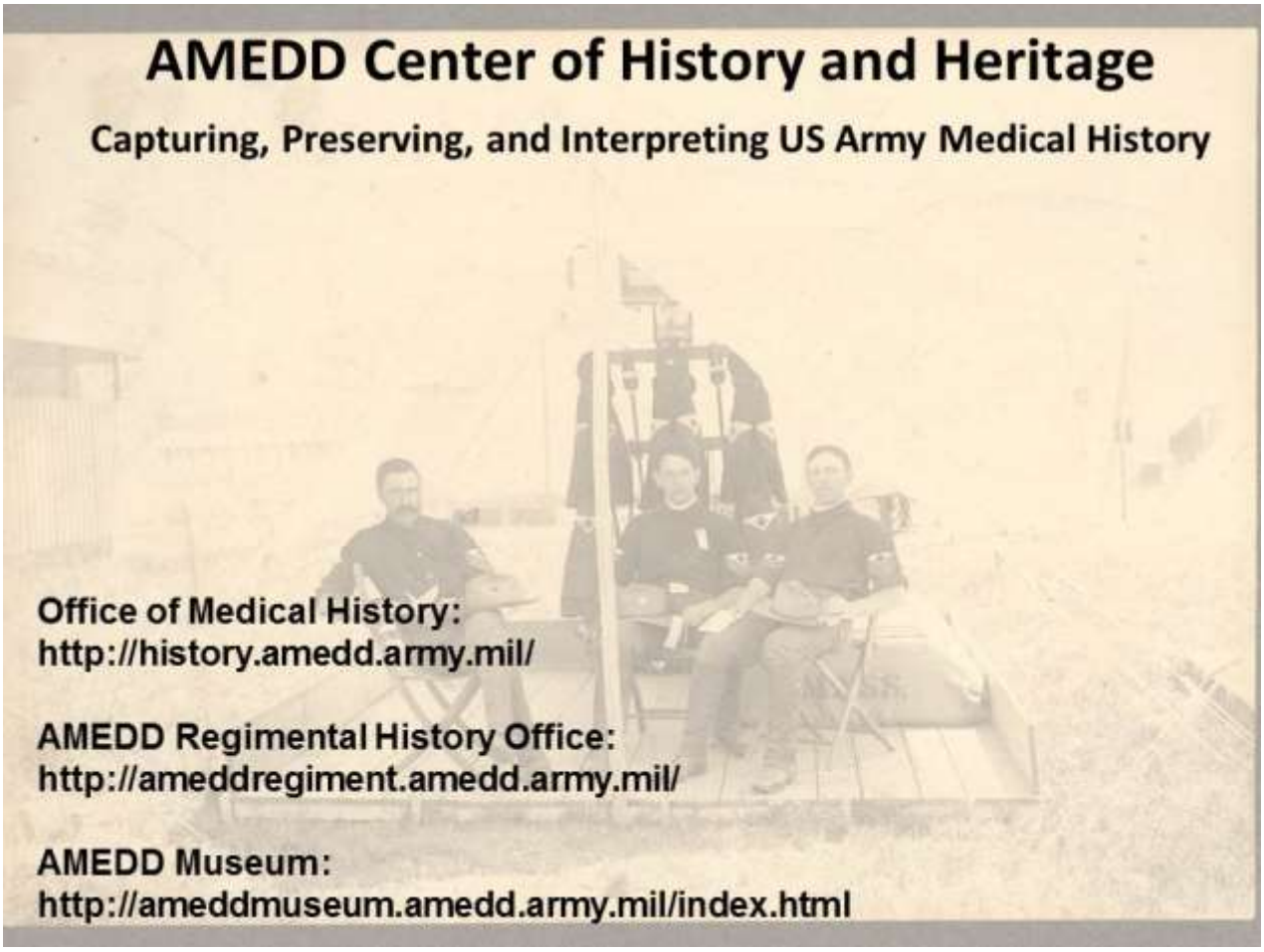
In 1989 the death of several WWII generals got GEN Carl Vuono's attention, and he asked about memorializations. BG William Stofft, Chief of Military History, suggested an Army Staff-level working group to centralize control. However, it was 2007 be-

fore a major overhaul of the regulation (the most recent had been 1981) centralized memorialization. For the AMEDD, the Commanding General, MEDCOM had control with only a few caveats. In 2008 Secretary of the Army Pete Geren broke with decades of precedents and allowed memorialization of living persons, although with narrow rules and each instance having to be approved by the Secretary of the Army with no delegation possible. More recently, the regulation has adjusted to joint bases. Just how facilities under control of the Defense Health Agency will be memorialized is unclear.

The intent of a memorial is to serve as an inspiration in generations to come, not for us to just remember a fallen comrade. Memorials should inspire the AMEDD soldiers working in the facility and remind the patients that for generations AMEDD soldiers have been on the frontlines of healthcare. These are not only the frontlines of the battlefield but also research, development, and skilled patient care in the rear.

Sources

AR 15-190, 30 Mar 1949 and 20 Aug 1951
AR 1-30, 6 Dec 1958 and 17 Apr 1968
AR 1-31, 27 Nov 1967
AR 1-33, 1 Feb 1972, 5 Jul 1973, 2 Aug 1976, 15 Jan 1981, 30 May 2006, and 25 Oct 2018
AR 40-4 1 Jan 1980
MEDCOM Regulation 1-3, 25 Apr 2007 and 12 October 2018
US Army Center of Military History website, 'Naming Army Installations'
Annual Report of The Surgeon General, 1959
OTAG Letter Memorialization of Army Personnel Killed While Participating in Cold War Activities, 1 March 1965
Memorandum from Chief of Military History to Chief of Staff of the Army, subject Memorialization, 30 March 1989. On file, US Army Center of Military History.



Doc Cool, Paratroop Surgeon

Carlos "Doc Cool" Alden was one of the most decorated physicians of WWII and the first physician to graduate jump school. Carlos Coolidge Alden Jr was born on 11 April 1911 in Buffalo, NY. He attended Princeton and graduated from Hamilton College in 1935, going immediately to the University of Buffalo Medical School. He participated in the Medical ROTC program and was commissioned in the Medical Reserve Corps on 7 June 1939, then completed his internship at Buffalo General Hospital. He was called to active duty on 4 January 1941 and was assigned to routine work at a camp hospital, which bored him so he volunteered for the brand-new airborne school; he wanted to be a paratrooper so badly that gave himself the physical exam so he would pass. In June 1941 he was one of the doctors in the first group of students at Airborne School.

His first assignment was as the first battalion surgeon of 2d Battalion, 503d Airborne Infantry Regiment. The battalion went through several redesignations, and in WWII fought at the independent 509th Parachute Infantry Battalion.

He was the first doctor to jump on the first US combat parachute jump on 8 November 1942. He was the only doctor to jump on the second US combat jump on 15 November 1942. He routinely patrolled beyond US lines, both for action and to treat and recover any wounded. He projected a leader's attitude of confidence, while keeping his concerns to himself. He trained his medics to be forward, to "catch them before they fall" and reminded them "When a rifle platoon attacks, their first question is 'who's the medic with us?'" The combat paratroopers of the 509th thought very highly of their medics: "These parachute medics fight, too. Here's to them!" Alden was both pistol and submachinegun instructor for the 509th, and frequently carried weapons (then contrary to the Geneva Convention) but did not wear a brassard.

On 13 September 1943 the 509th jumped into Italy to support the endangered Salerno beachhead. General Mark Clark had the battalion dropped behind German lines to disrupt their supply routes; elements of the 82d Airborne jumped into the beachhead to reinforce it. The 509th's troopers were scattered and Alden spent six days evading the Germans but was ultimately captured for three days. While a prisoner he treated US, allied, and German patients. He organized an escape of Allied personnel, then escaped and evaded for another three days before reaching friendly troops. For his actions, he received the Silver Star. He rejoined US forces and returned to his battalion, which was engaged in the mountains just north of the Volturno River. The next operation of the "Gingerbread Men" (so-called because of their shoulder-sleeve insignia) was an amphibious landing at Anzio, Italy, part of the first wave of that invasion and earning the battalion its fifth arrowhead to wear on its Europe-Africa-Middle East Campaign medal. In ground operations there, the unit took heavy casualties. When an attack was ordered at Anzio, Alden said "This is going to be a rough one. Our guys are going to need medical attention; I'm going to join them in the attack." At Anzio he several times went out in front of US lines to recover wounded under intense fire, for which he received the Distinguished Service Cross.

In mid-1944 he was sent to the US, part of a War Department policy to rotate recovered prisoners back home so they would not be recaptured and face worse conditions. Alden did not want to be in the rear, and arranged to go back to Europe. He was initially assigned to the 101st Airborne, but got himself transferred back to the 509th.

The 509th, like the 101st and 82d Airborne Divisions, was alerted for action in the Battle of the Bulge. In the bitter cold, he went from foxhole to foxhole checking on his battalion, especially checking for trench-foot and sending men to the rear if they needed it. Even if it cut the combat strength, he was not going to have men stay in the line and risk losing their feet. One day he recorded: "Things were quiet at the Aid Station so I took off with an M1 [rifle], grenades, and my medical kit. Along the way I kept patching up the wounded and sending them back to the Aid Station." He was captured in the Battle of the Bulge because he stayed with two wounded men who could not be moved from their position out in front of American lines. He tried several times to escape but was thwarted. For several days he worked a German hospital, treating US prisoners. With few medicines available he did what he could, mainly keeping hopes up. He ultimately did escape and evade, hiding in an attic without food for five days, before leading another American soldier to US troops.

When the 509th was inactivated, he sought another airborne unit rather than take a rear-area job. He joined the 13th Airborne Division as an assistant battalion surgeon, taking a junior position in order to stay with airborne troops, but the 13th never jumped.

After WWII he was the medical instructor at The Infantry School, Ft Benning, then was a Medical

ROTC instructor while taking his own psychiatry residency at the University of Cincinnati. He transferred to the U.S. Air Force and served at the Pentagon on the Disposition and Retirement Board, then served at Elmendorf and Ladd AFB in Alaska and Eglin AFB in Florida before being a medical member of the Physical Examination Board at Lackland AFB, retiring as a colonel after 24 years military service.

He took care of his men in combat, and the notes he wrote in his diary were the basis for several Veterans Administration claims after the war. Just for his Army service he received the Distinguished Service Cross, the Legion of Merit, and the Silver Star all as a captain, the Bronze Star with Oak Leaf Cluster, and the Purple Heart with Oak Leaf Cluster. His unit received two Presidential Unit Citations while he was with it. He was eligible for the Prisoner of War Medal, and received other awards during his Air Force career. After a civilian medical career in Buffalo and retirement, he died on 14 January 1994.

Sources

Alumni biographical files, Hamilton College.

William Breuer, Captain Cool, paratrooper legend: Doc Alden's amazing war exploits (Saint Louis: Zeus Publishers, 1982).

Jim Broumley, The Boldest Plan is the best: the combat history of the 509th Parachute Infantry during WWII (Mechanicsburg, PA: Rocky March Publishing, 2011).

Charles Doyle and Terrell Stewart, Stand in the Door: The wartime history of the 509th Parachute Infantry (Williamstown, NJ: Phillips Publications, 1988).

Left: 1LT Alden at jump school, 1941

Above: CPT Alden receiving his Legion of Merit from LTG Mark Clark, July 1943. At the time, the Legion of Merit outranked the Silver Star.

Photos courtesy U.S. Army Military History Institute

New Hope For TBI Patients

Charles Franson, AMEDD Museum

In modern warfare, great strides have been made in the care of conventional trauma. The introduction of clotting agents, the introduction of improved tourniquets and other innovations have increased the survivability of injuries previously deemed mortal. Better body armor and improved vehicle armor have altered the profile of modern injuries; however, the extremities and head remain rather vulnerable. Concussion and Traumatic Brain Injuries (TBI) have become the signature injuries of the current "Global War on Terror". In one recent study, 33% of all patients with combat-related injuries and 60% of the patients with blast-related injuries seen at Walter Reed Army National Military Medical Center had sustained a TBI.

The brain is especially vulnerable. Although it is protected by the skull and helmet, rapid deceleration trauma, such as found in a vehicle accident, or an explosion, may cause the brain (a very soft, heavy, vascular mass) to slosh back and forth in the cranial vault. Such injuries may occur secondary to a blast, also. The resulting insult may rupture capillaries, tear brain tissue and generally wreak havoc. Timely intervention is required to minimize the lasting effects of neurotrauma. The Army has conducted field trials of a number of devices, looking for better diagnosis of TBI to start treatment sooner.

Previous use of standardized concussion assessments using questions related to orientation, signs such as headache, nausea, dizziness etc. have proven useful in many cases, but recent innovations have shown even greater promise in diagnosing brain injuries. Research has shown a correlation between the tracking of eye movements and neurological impairment.

The AMEDD Museum has been given a prototype (circa 2012) EYE-SYNC portable neurodiagnostic device. It was developed to identify potential cases of traumatic brain Injury/ concussion at a Role 2 or 3 facility. The unit is fully portable, and is fitted in a case the size of a piece of carry-on luggage, weighing approximately 20 pounds. The components are cradled in foam, and are designed for rugged durability.

The patient's head is placed in a hooded set of goggles, similar to Virtual Reality glasses, and images are presented. Cameras, electronics, and optical components track the patient's eye movements, and the data is fed into a laptop computer, where a program quantifies how well a patient's eyes can follow and synthesize a visual target, and the information is presented to the provider for interpretation and diagnosis. The success of the device, has led to an even smaller, more portable unit using a set of VR Goggles and a tablet.

In the near future, forward personnel may be able to send data via telemedicine to a neurology team in order to initiate treatment while the patient is still in the field.

Joseph Kirby Corson, PhG, MD

Dennis B. Worthen, PhD, Cincinnati, OH

With one companion returned in the face of the enemy's heavy artillery fire and removed to a place of safety a severely wounded soldier who had been left behind as the regiment fell back. – Medal of Honor citation

In the midst of the 150th anniversary of the Civil War there have been numerous reflections on the people and events of the era. One such person was a Pennsylvania pharmacist, Joseph Kirby Corson, who received the Medal of Honor for bravery. Few pharmacists in the history of the medal, perhaps only two, have won such distinction.

No decorations for bravery existed in the American military at the beginning of the Civil War; such shows were considered too European. After the beginning of the War first the Navy and then the Army secured Congressional authorization to recognize exceptional gallantry and courage. In 1863, surviving members of the Andrews' Raid who captured a Confederate locomotive, The General, were awarded the first Medals of Honor. Over 1,500 of the medals were awarded during the war but many were not given until long after the end of hostilities; the last two were awarded in 1917.

Pharmacist and physician Joseph Kirby Corson received the Medal of Honor for his actions at Bristoe Station, VA on October 14, 1863. At the time Corson was serving as an assistant surgeon with the 6th Pennsylvania Infantry Reserves. He was awarded the medal on May 13, 1899, almost 36 years after the event.

Personal Background and Education

Joseph Corson was born on November 22, 1836 the second of nine children of Dr. Hiram and Ann Jones Foulke Corson in Montgomery County, PA. His early education was largely with tutors before he was enrolled at the Treemount Seminary in Norristown, PA. In 1856 Corson moved to Philadelphia and apprenticed with the wholesale drugstore of the brothers William and John Savery at 807 Market Street while he attended the Philadelphia College of Pharmacy. Corson graduated with a PhG in 1858. Seemingly possessed of a restless and adventuresome nature he accepted a position with a pharmacist in St. Paul, MN. The venture soon failed and Corson returned to Norristown to enter the lime business with a cousin. Again searching, perhaps because of his father's influence, he soon enrolled at the University of Pennsylvania Department of Medicine.

Corson as a major.
Author's collection.

In April 1861, President Abraham Lincoln issued a call for troops to defend Washington, DC from troops of the southern states. By law, the president was allowed to call only 75,000 men for an enlistment limited to 3 months. Pennsylvania was to supply 15 regiments, approximately 27,000 men. On April 20 Joseph Corson volunteered as a corporal with the 4th Pennsylvania Regiment being formed in Norristown under Captain Walter H. Cook. By the time that the regiment was discharged from service on July 26 Corson had been promoted to the rank of sergeant. There is no evidence that he served in any medical capacity during this period of service. He returned to his studies at the University of Pennsylvania in the fall of 1861. While at the University he is listed as serving as either an Acting Medical Cadet or a Medical Cadet at the army hospital located at Cherry and Brad Streets. Cadets were used to expand medical personnel for a rapidly growing Union army and many moved on to an assignment as an officer in the Medical Corps after graduation.

After Corson's graduation with his MD in 1863 he immediately enlisted and was assigned as an Assistant Surgeon in the 35th Pennsylvania Infantry (6th Reserves). He joined his regiment in time to take part in the Battle of Gettysburg and the subsequent battles of Falling Waters, Manassas Gap, Bristoe Station, Mine Run, Rappahannock Sta-

tion, the Wilderness Campaign, Spotsylvania, North-Anna River, and Bethesda Church. He was promoted to Brevet Major for his meritorious service during the Wilderness Campaign. From November 1864 until his discharge in May 1865, Dr. Corson was assigned to medical duties at Camp Discharge, a mustering out camp located on the outskirts of Philadelphia (the location of the present-day golf course of the Philadelphia Country Club).

Medal of Honor

In January, 1899 the Association of the 6th Regiment, Pennsylvania Reserve Corps, put forward Joseph Kirby Corson for the Medal of Honor. The petition, signed by Brevet Captain A. B Jameson, was accompanied by affidavits from Charles S. Fornwald and William H.H. Gore who were present at the time of the action. The official commendation is short and remarkably devoid of detail. Corson's commentary, part of the recommendation for the award, provides a clearer picture of the action:

Corson's Medal of Honor. Author's collection.

> "On the 14th of October 1863, the 3rd Division of the 5th Corps of the Army of the Potomac, to which the 6th Regt. Pa Res. Corps belonged and to which I was attached as an Assistant Surgeon was marching North near Bristoe and about noon crossed Cedar (or Broad) Run and halted to rest on the top of the bank, stacking arms and preparing to take lunch. On either side of the stream was a plateau extending back several hundred yards. As our Division arrived on the ground, the 2nd Division which had been resting, started for Manassas, so that no other troops were in supporting distance. While the men were eating with arms stacked, the enemy suddenly opened fire from the wood on the South side of the stream, from a battery of five guns firing first shell and later I think, canister or grape. The Division was formed at once, took arms and was marched rapidly by the flank for the cover of the woods. Our Regiment was on the right, Major Gore and myself riding in the rear of it. Just as we started Private Ernest Arenholdt of Co. 'E' broke from the ranks and attempted to run to the nearest point of the woods. When a short distance away a shot or shell struck him and shattered his leg just above the knee. I did not see him at first but my attention being called to the fact, I turned and rode back, taking with me Private James O'Boyle of 'I' Co., Hospital Attendant. After a hasty examination finding that nothing could be done under fire of the Battery, on the spot and the man begging to be taken from the exposed position, we managed to put him on my horse and carry him to where the regiment was halted behind the wood, O'Boyle leading the horse and I supporting the man and holding his leg. The limb was amputated that day with successful result. The operation was performed by Surgeon Charles Bower of the Regiment. During the occurrence narrated the firing of the Battery was severe and the enemy's skirmishers were plainly visible on the opposite side of the stream. It is certain in my judgment that the action taken was the means of saving the man's life as the ground was not regained, I think that day, if at all, and the nature of the wound made delay absolutely fatal." [punctuation and capitalization in original typescript]

Post War

Joseph Corson mustered out of the Medical Department and returned to practice medicine with his father in Plymouth Meeting, PA but soon tired of the routine and determined to return to military medicine. He re-enlisted as an assistant surgeon with the rank of 1st Lieutenant in October 1867 serving mostly at forts throughout the western states including Wyoming, Arizona, and Idaho. In 1871 he was assigned as the medical officer for the Clarence King geological survey of the 40th parallel. His services were obviously well regarded since King named the highest point of Phil Pico Mountain in Utah *Corson Peak*.

Corson had a broad range of interests that included fossil hunting in Fort Bridger, WY while he was stationed in the area. Corson, his father-in-law Judge William A. Carter and his brother-in-law, a physician in the area, were largely responsible for discovering the fossils of Eocene mammals. The fossils were provided to Professor Joseph Leidy of the University of Pennsylvania who would become regarded as the founder of

American vertebrate paleontology.

While on duty at Fort Bridger in 1874 Joseph Corson married Mary Ada Carter the daughter of Judge Carter, a prominent businessman and probate judge of Fort Bridger. The couple had two children: Mary Carter Corson died young in a railroad accident and Edward Foulke Corson who later followed his father and grandfather into medical practice.

Joseph Kirby Corson practiced as a physician for most of his adult life. However, he was ever aware of his beginnings in pharmacy and his first alma mater. In his Army efficiency report for 1890, and perhaps earlier, Corson noted that he was a graduate of the Philadelphia College of Pharmacy and worked for three years in wholesale drug and manufacturing chemist establishments. He retired from active duty in November 1897 and lived in Plymouth Meeting until his death on July 24, 1913.

Acknowledgement: Thanks to Dan Flanagan of the Archives of the Philadelphia College of Pharmacy for alerting me to the story of Joseph K. Corson. This is adapted from an article in Pennsylvania Pharmacist 95(5):34-5, 2014

Sources:

RP Broadwater, Civil War Medal of Honor Recipients. Jefferson, NC, McFarland & Company, 2007.
Joseph K. Corson Diary
GR Hasegawa, "The Civil War's Medical Cadets: Medical Students Serving the Union" J Am Coll Surg 2001.
Military Order of the Loyal Legion of the United States, Commandery of the State of Pennsylvania, "In Memoriam: Joseph Kirby Corson." Circular No. 5. Series of 1914 Whole No. 785.
National Archives, Corson Medal of Honor file.
M Auge, Lives of the Eminent Dead and Biographical Notices of Prominent Living Citizens of Montgomery County, PA. Norristown, PA. M Auge Publisher 1879.
K Thomson, The Legacy of the Mastodon: The Golden Age of Fossils in America. Yale University Press, New Haven, 2008.

In March 1887 the Hospital Corps was established, and the photo of the Detachment, Hospital Corps, U.S. Army, is likely one of the first taken of members of the new organization. Photo courtesy National Library of Medicine.

It was taken at Fr. Gibson, Indian Territory (now Oklahoma), and the Oklahoma Historical Society is currently restoring the Ft Gibson post hospital (right) to be the visitor center at the National Historical Landmark. Photo courtesy www.okhistory.org

Quacks, Alternative Medicine, and the U.S. Army in the First World War

Evan P. Sullivan, University of Albany

During the First World War, the Surgeon General received numerous pitches for miraculous cures for sick and wounded American soldiers. Ranging from anti-seasickness remedies to complex elixirs for treating diseases like tuberculosis and venereal disease, America's "quack" and non-traditional medical practitioners sought a seat at the table. Serving as a barrier between established medical practices and non-professionally tested "cures," the AMEDD and the Surgeon General worked to shield vulnerable ill soldiers from the potential dangers of the medically unknown. Yet, at the same time, the military debated allowing the use of osteopaths in the ranks and used alternative medical techniques like hydrotherapy and essential oils for wound rehabilitation. This is part of the U.S. Army's turbulent First World War relationship with alternative medicine.

American institutional medicine was still crystallizing at the turn of the twentieth century. Medical schools in the United States during the mid-to-late nineteenth century lagged behind those in Europe, largely focusing on lecture-learning with little hands on experience. It wasn't until the first couple decades of the twentieth century that substantial changes took place in the practical education of American doctors, like adopting more rigorous standards, scientific research, hands-on experience, and university-hospital affiliations.

Americans' confidence in modern medicine didn't always keep pace with the developments in medical proficiency. Alternative healing methods like herbalism, hydrotherapy, homeopathy, and massage therapy, were a major feature of turn-of-the-century American life. Whether through frustration with "traditional" medical techniques or healing methods, medicine held a tenuous position in American society. And though alternative practitioners sought legitimacy from the American medical profession, the "regulars" budged little and opened doors to few specialties until the late-twentieth century, creating a multiplicity of cultural, political, and economic authority.

One of the most telling battles over medical care was fought over osteopathy. While it's a more established profession today, the field of musculoskeletal manipulators fought to offer services to sick soldiers. Despite the American Osteopathic Association's (AOA) recurrent appeals, the Surgeon General's Office had barred osteopaths from Army medicine. It argued that Medical Corps candidates must be "graduates of reputable schools of medicine," reflecting the entrenchment of the medical profession in the wake of Abraham Flexner's eye-opening 1910 report on the poor state of American medical education. The Surgeon General did not distinguish the field from other "quack" disciplines, claiming that osteopaths were "merely physicians free to follow any method of treatment which they may deem beneficial" and that to admit "medical cults" would be "lowering the standards… of our Medical Corps." The president of the AOA's letter to President Wilson charting the state licensing and examination boards around the country did little to appeal to this decision. Despite evidence that osteopathy was regulated, AMD medical staff were reluctant to admit "fads and frills" so as not to cause veterans to "lose confidence in the doctors."

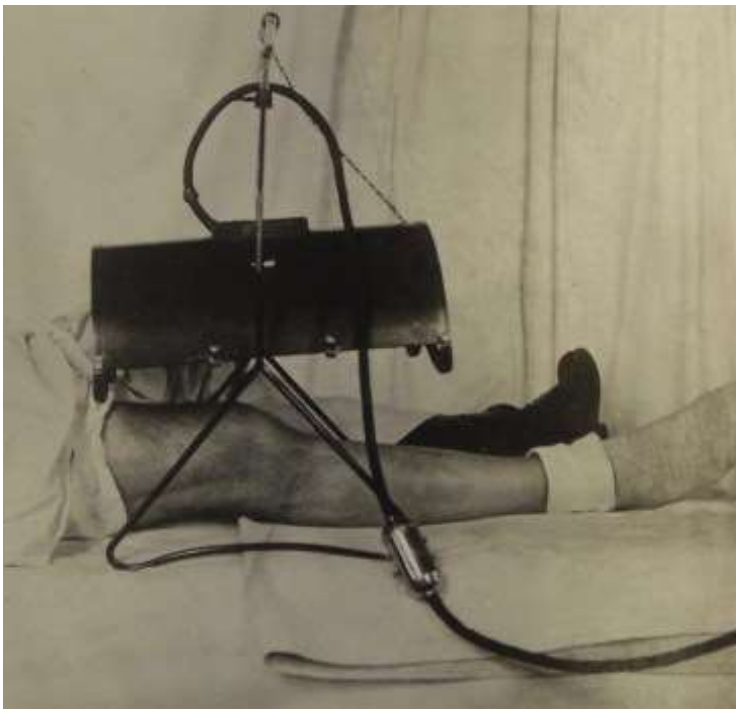
Osteopaths joined a flood of alternative medical practitioners seeking to treat American soldiers who returned with debilitating wounds and illnesses. Service in the First World War exposed soldiers to dangers on and off the battlefield, including tuberculosis, shell shock, gas gangrene, or burns from poison gas, and even the Army Medical Department regularly used some forms of alternative medicine in their desire to treat these and other ailments. For example, military physicians used essential oils like eucalyptus oil to treat laryngeal burns from mustard gas and wintergreen oil for rheumatic patients.

They also used other "alternative" rehabilitation techniques like hydrotherapy, light or heliotherapy, and massage therapy and joint manipulation to treat musculoskeletal issues or other war wounds. Despite this fact, however, many individuals sought to capitalize on the war's mass injury and illness, positioning themselves as patriotic for offering their magical elixirs to returning soldiers.

Between 1917 and the early 1920s, the Surgeon General received dozens of letters offering medicine to treat a range of maladies. Chelius Pixley from Chicago offered one of many "anti-seasick" remedies. W.H. Whitmore argued that his Persian Ointment to treat skin irritation was small enough even to fit "in the knapsack of each soldier." Frederick Forbush of Boston allegedly had a cure for shell shock. Still others offered treatments ranging from rheumatic vapors and herbal remedies for syphilis to "pure food" therapy for the "cure" of tuberculosis. Mrs. Maude Kellsy of Iowa wrote that she "discovered a cure for rheumatism and would like to help cure our boys who have given their health for our protection." And Will Atkinson offered

his cure for syphilitic rheumatism not for money but to "serve my country."

Some of the medicinal appeals were slightly more comical. In May 1919, a "Mr. Woods" contacted the Surgeon General, writing, "Two weeks ago the spirit of Martin Luther … asked me to send you this writting [sic] I had on shell-shock for about two years." He argued that if the Surgeon General didn't accept it he may send it to help German veterans. The remedy consisted of a regimen of opium, best inhaled near a windowsill "so that fumes are blowed [sic] back to patients." After this the patients should boil shellfish for thirty minutes, let the water cool, and then drink a half wine glass full, three times a day.



Above: Heating apparatus used before physical therapy treatment. Physical therapy was new to the AMEDD in WWI. Courtesy National Museum of Health and Medicine.

Right: Advertisement for a "proprietary" (i.e. quack) medicine claimed to benefit "a great many diseases" including "a woman in a run-down condition" that was sent to the Army in hopes of sales. Courtesy National Archives.

Corporal Alberto Russo also appealed to the department with his "sure cure" for rheumatism: collecting the "blood of the ordinary water turtle" by cutting the main vessel of the turtle and letting the blood fall on the part affected, then wrapping it with flannel. He claimed to have tried this method on a friend who was able to "discard his crutches and return to his work."

The Army Medical Department had procedures for the many offers they received. While many writers sought to use the military population as a testing ground for their methods, it didn't come that easy. Inventors frequently sent inquiries with samples, which were typically disregarded outright. The AMEDD responded that military doctors already had sufficient treatments for whichever ailment they were writing about.

Others, like the cream Cytol, were sent to U.S. Army General Hospital No. 1 in New York City, which was affiliated with Columbia University's College of Pharmacy, to be tested. While Cytol promised to be a cure all for wounds and illnesses, it actually proved to be a "simple emollient, possessing no special medicinal properties" with "no effect upon the rate of healing."

One prominent example of medical men seeking to test their work on the veteran population is with

the Porter Tuberculosis Treatment. Dr. Alexander Porter captivated officials with his tuberculosis cure so much so that Senator James Wadsworth of New York State arranged a meeting for him with the Surgeon General. After his meeting, further testing concluded the treatment was no more than "ordinary coal oil" that produces an "irritating cough" and is "practically identical with coal oil."

Dr. Asa Brunson also marketed his inhaled gas spray as a remedy for tuberculosis. Motivated by sympathy for suffering veterans, Congressman Charles Ogden from Kentucky urged its use at William Beaumont Hospital. Ongoing investigations into Brunson's work later revealed that he dangerously and willfully misled many of his patients into believing the efficacy of their treatment.

The First World War, if nothing else, was successful in producing mass quantities of sick and disabled people. Still in the process of professionalizing and discovering, American medicine could aid many but not all in their hopeful recoveries. There were coordinated and less threatening attempts, specifically from American Osteopaths, offering their services in place of professional recognition, but numerous self-styled and non-traditional healers sought to capitalize on returning veterans with questionable elixirs and sketchy methods.

The Army Medical Department therefore served as a filter through which veteran health measures — either realistic or potentially harmful — flowed. Without these regulatory efforts, it's possible that already-suffering soldiers and veterans could have been further damaged by the treatments intended to help them.

This is adapted with permission from a post on the www.nursingclio.org blog.

Sources

Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (Baltimore: The Johns Hopkins University Press, 1996).
Roger Cooter, ed., *Studies in the History of Alternative Medicine* (New York: St. Martin's Press, 1988).
Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982).
James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002).
Records of the Army Surgeon General, National Archives Record Group 112, Series NM29.

New ACHH Archival Donations

History of the 327th Station Hospital during World War II
Eleven boxes of archival material belonging to Frank Rosengrens who was a contract writer, advisor, and producer for the AMEDDC&S
After Action Reviews from the 1994 Green Ramp crash at Fort Bragg
Archival material belonging to James E. Bizer and the 57th Medical Detachment

Additions to the AMEDD Museum Archives:

Documents and newspaper clippings from Dr. Thomas H. Hewlett who was a Medical Corps officer and a Prisoner of War during World War II
Documents and photographs highlighting Mary Deardorff's service at the Medical Field Service School Physical Therapy Course.
Three framed photographs belonging to Faith Prablek, Army Nurse Corps
Documents, Army publications, and photographs from Colonel John C. Barck, Veterinary Corps
Black and white photograph of Robert Johnson, an enlisted soldier and a caretaker of the West Point Army mules

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(continued from page 1) 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!

Nolan A. (Andy) Watson
Acting Chief, ACHH

In WWI, the Army faced substantial outbreaks of "childhood" diseases—the only vaccines were for typhoid and smallpox, and many soldiers came from rural areas and had not been exposed to measles, mumps, rubella, or other diseases. When the Army brought them together in close proximity, epidemics resulted.

Heavy black areas represent 25-49 per 1000 soldiers per annum. Checkerboard areas represent 10-24 per 1000 per annum. Light barred areas represent 516-999 per 1000 per annum.

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:

- 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.

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