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Contents

Welcome to the newest issue of the *AMEDD Historian*! The focus of this edition is World War I, as well as military medical activities soon after the war. Although American combat involvement was fairly brief, the United States would serve as an occupying force until 1923. This is a large issue full of great historical information!

Explore the naming of and changing diagnosis of "Shell Shock" and "War Neurosis" during and after World War I in Penelope D. Clute's article "U.S. Army General Hospital #30 at Plattsburg Barracks and Treatment of Shell Shock". Read about the interesting life and career of LTC Harry H. Snively and his work during the Polish Relief Expedition, as relayed by G. Alan Knight. Note the accomplishments of medical personnel accompanying Marines on the frontlines of the war, as found in COL William Anderson's article "Devil Dogs in Blue and Gold: Battalion Medical Support to the 4th Marine Brigade.

During the war it was common for hospitals and medical schools to form the nucleus for hospitals that would often serve overseas. Learn more about one such unit, and its personnel's wartime duties in "The World War I service of Professor William F. McFee, 1890-1974" by Peter C. Weever. Medical and Soldier support has definitely changed over the years.

(continued on page 8)

U.S. Army General Hospital #30 at Plattsburg Barracks and Treatment of Shell Shock

Penelope D. Clute


SHELL SHOCK HITS YANKEES LIGHTLY

Few Hundreds Only Are Suffering From War's Strange Malady.

MANY RESTORED BY PEACE

As the British and French fought the German Empire early in the European War, reports of "Strange New Diseases Caused by Battle" were reported. French army surgeons described "a peculiar mental condition" called "hypnosis of battle." They said this "hypnotic state" lasted at least a couple of days, during which the "victim is incapable of walking unless pushed or led by the hand," and "cannot be awakened, but is not in a state of coma." This condition reportedly occurred in "young men from cities" and the "chief predisposing causes" were thought to be fatigue, lack of food and fear.

In addition to this "hypnosis of battle," reportedly a "great number of new mental and nervous diseases have been produced by what is known as 'shell shock,' that is the effect of the passage or bursting of a shell near a man without doing him visible physical injury." There was considerable newspaper coverage during 1915 of this incapacitating phenomenon. Typical symptoms were physical, such as fatigue, tremor, confusion, loss of balance, headache, nightmares, impaired sight and hearing, loss of taste and smell, mutism and speech disorders, loss of memory and paralysis of various physical functions. What was so puzzling was that these occurred in men who had no obvious physical wound.

Some military observers suggested that a soldier showing the effects of "hypnosis of battle" "is controlled by his brutish personality and glories in killing." He

will "engage in charges and counter-charges so daring that they may be classed as reckless." A September 18, 1915 article in *The Ogden (Utah) Standard* concludes that "Authorities predict that this 'spirit of Mars' will be a strong factor in determining the final outcome of the great struggle." The British military viewed those suffering from allegedly incapacitating conditions as cowards and malingerers, even if they had earlier behaved heroically.

It wasn't so black and white for military doctors. A review of articles in the popular press during the war reveals the puzzled search for the cause of what seemed to be a quite widespread experience. On July 25, 1915, the *Richmond Times-Dispatch* featured a lengthy article entitled "Frightful Dreams of Wounded Soldiers - Major Mott, British Army Surgeon, Explains How Music Is Used to Cure the Agonies of Men Made Deaf, Dumb, Blind and Insane by Shell-Shock."

To many, shell shock was something new, unexplained, unique. To others, it fit into the long history of war. On May 23, 1915 the *Richmond Times-Dispatch* used two full pages for an illustrated article entitled "New and Peculiar Military Cruelties Which Characterize Every War: A Thoughtful Review of the Subject from the Carthaginian Man-Crushing Elephant to the German Poisonous Gases and Monster Shells That Drive Soldiers Deaf, Blind and Insane, Deprive Them of Taste and Turn Their Bodies Black, Green and Raw."

The term "shell shock" was coined by British psychologist and physician Charles Myers early in the war, when it was thought that the symptoms must be caused by being close to an exploding shell, which might include being thrown in the air and/or buried in the debris. Later, Dr. Myers and others concluded that it was a misnomer and stopped using it, but its popularity in the media continued.

On November 10,1916, the *Bridgeport Evening Farmer* carried the article "Dread Diseases Caused by War Spread Horror," quoting a Dr. Cabot as saying that "One of the most interesting problems was the condition known as shell shock, more closely allied to the so-called traumatic neuroses seen in civil practice than to any other condition with which we are familiar." The doctor also suggested that "all the symptoms are easy to counterfeit and when it became generally known that men with so-called 'shell shock' would be sent to the base the strain proved too much for a considerable number of men. . . . and one of the most difficult questions presented was whether or not there was actual organic injury to the brain." Subsequent articles cast shell shock as a "nervous disorder."

After the United States entered the war in April 1917, understanding the condition took on new urgency. American military neurologists spent the winter studying the problems at French and British hospitals. One of the curiosities written about in *The Ogden Standard* of October 3, 1917 was that no cases of shell shock occurred during big battles. Instead, the cases were seen when men "are compelled to sit in trenches for long periods or when they are out on nerve-testing patrol duty between the fighting lines at night and a big German missile bursts unexpectedly over them." The article noted that the "treatment of shell shock cases is often closely akin to that for temporary insanity. The doctors and other attendants strive always to get the confidence of their patients and try to start them talking, when the trembling and other manifestations frequently disappear."

In 1927, the AMEDD's official history had a chapter covering "Hospitals Caring for the Mentally Disabled."

> Investigations concerning the future policy of the Medical Department in the care of the mentally disabled were initiated in May, 1917, when the chair man of a subcommittee of the National Committee for Mental Hygiene visited Canada to ascertain the methods employed in the Canadian Army. The report of his investigation indicated that 12 per cent of all disabled returning from overseas would be classified as nervous and mental disease; that one-half of these would be war neuroses, one-fourth mental disease, one-seventh head injuries with nervous symptoms, and one-tenth various neurotic conditions, and that a ratio could be expected of something over 13 nervous and mental cases from every 1,000 troops in home territory.

In March 1918, the War Department issued a general order instructing officers and men "in the best methods of preventing shell shock." The order was based on observations made in Europe that many soldiers victimized by shell shock had shown signs for several days beforehand that "they were fast approaching the limit of their nervous endurance." To prevent such "nervous breakdowns," signs of the following should be reported to medical officers: "sleeplessness, persistent homesickness, nervousness, depression, self-reproach, unreasonable fear, suspicion of others and general complaints of ill health." The thought seemed to be that intervention and treatment at that point would help the soldiers "readjust themselves quickly" and return to duty.

Hospital treatment for shell shock was based on "physical reconstruction," which was defined as "complete medical and surgical treatment, carried to the point where maximum functional restoration, mental, and physical, has been secured. In securing this result the use of work, mental, and manual, will often be required during the convalescent period."

By order of the Secretary of War:

> Hereafter no member of the military service disabled in the line of duty, will be discharged from service until he has attained complete recovery or as complete recovery as it is to be expected he will attain when the nature of his disability is considered. When the degree of recovery described in this paragraph is attained, members of the military service who remain unfit for further duty should be discharged …

Much of the physical training aspect of reconstruction, including "play and recreative games as a method of treatment," was conducted by the YMCA. They were very involved in developing exercise treatment appropriate to each of five classification groups: wounded men, "nervous disorder (shell shock)," heart disorders, disease convalescents, and pulmonary patients (tuberculosis or gassed men).

In November 1918, the YMCA Physical Directors' Society noted

> [o]ne of the big difficulties in hospital work has been to keep men happy and interested in their own progress. Vocational work has been the means of interesting many men in their own development, but the results secured through games have sometimes been almost miraculous, for men have enthused and lost themselves in the simplest competitive sports in a way that has resulted in renewed cheerfulness and desire for quiet recovery.

Plattsburg Barracks Hospital was designated to "function in physical reconstruction" by the Surgeon General on July 31, 1918, along with 14 other Army General Hospitals. The Secretary of War planned for three classes of disabled soldiers: (1) those who could be restored to full military duty; (2) those who could be fitted for special or limited military service; and (3) those whose disabilities disqualified them for any further military service.

To implement this plan, the "War Department authorized the employment of civilian women in general hospitals to be designated reconstruction aids. These aids are of two classes — (a) to function in occupational therapy, and (b) in physiotherapy."

During the late summer and early fall of 1918, the post hospital at Plattsburg Barracks was altered, expanded and renovated, then designated as General Hospital No. 30 on September 21, 1918, with maximum capacity of 1200 beds. "In the fall of 1918 it became imperative to send mental and nervous cases and epileptics to this hospital for treatment. Though unsatisfactory, the facilities for their treatment were better there than elsewhere." The course of reconstruction treatment included hydro-therapy, "psychopathic treatments," electric shock, and vocational training - such as classes in stenography and typing, basket-making, and carpentry. The YMCA had a local staff and building.

The electro-therapy room in the physio-therapy department, GH#30. Courtesy Special Collections, Feinberg Library, SUNY College at Plattsburgh

There was an official photographer for GH#30, who printed 103 photos as postcards showing the personnel, buildings, scenes in mess halls and hospital wards. He also made several self-portraits. The photographer was Isadore J. Gonopolsky, who was a Russian translator and bugler, as well as the "proprietor of the

Two Minute Hospital Studio" at Plattsburg Barracks. He became a U.S. citizen while serving at Plattsburg, along with about three dozen others, and changed his name to Isador J. Gennett. As bugler, he called the men for Assembly to celebrate the "Victory of Nov. 11, 1918."

The patients at GH# 30 started a newsletter on December 25, 1918: The Plattsburg REFLEX, which published weekly through April 25, 1919.

The mystery of shell shock was reinforced by such articles as "How Love Healed the High Explosive Shattered Nerves of One Young American Hero After Medical Science Had Failed". Although some theories emphasized the citizen soldiers' inability to adapt to military life in the trenches as a key factor, this was undercut by the revelation that the "boy who fired America's first shot of the war from an airplane has been invalided home with two wounds. He is Master Engineer Joseph Bligh of the 14th Engineers, the first American regiment to go across in July 1917. Bligh was wounded in the leg and wrist and while recuperating at a base hospital suffered severe shell shock when Hun air raiders bombarded the hospital."

Then, the declaration "Shell Shock Cured" appeared in newspapers across the country in November and December 1918. Physicians decided that "shell shock isn't shell shock after all. It's war neurosis." Surgeon General Major General M. W. Ireland testified before a Senate Committee that 2000 of 2300 cases of shell shock were promptly cured with the signing of the November 11 Armistice, according to an article in the *New-York Tribune*. With the return of peace, the "uncontrollable infantile fear . . . precipitated by the strain of war conditions" disappeared, according to the article.

After May 1919, no more "neuropsychiatric" cases were referred to Plattsburg, and GH#30 closed on October 10, 1919. The hospital was in operation for little more than a year. According to the official history, "This hospital was a decided success, as evidenced by the fact that cases of this class [psychoneuroses], which were a source of so much trouble to other countries, were handled without any unusual difficulty."

The confusion about what they were treating seemed to continue after the War ended. Speakers at the British Medical Association in May 1919, concluded that shell shock was not a "new nervous disease," but "emotional disorders" and "abnormal reactions to ordinary stimuli." In January 1920, a new term replaced shell shock and psychoneuroses in the U.S.: it was now to be called "commotioned," and applied to those "nervously or mentally injured" in civilian life as well as in the military.

A *Conference of Officers in charge of Government Hospitals serving Veterans of the World War* was held in Washington DC January 17-21, 1922. Dr. W. A. White spoke about the neuropsychiatric cases seen during the war, and divided them into three groups: (1) shell shock - which "developed as a result of the stresses of actual service, particularly of actual fighting;" (2) psychosis - "the type of individual that we ordinarily find in State hospitals" and not created by war conditions; and (3) "borderland states" which have "always been with us . . . comprising all sorts of types of defective, delinquent, psychopathic, neurotic, and mildly psychotic individuals."

According to Dr. White, shell shock

> consisted largely, and perhaps most characteristically, of multiplicity of types of conversion hysteria … as a whole, [it was] a group of acute psychoses developed under the severest of stresses of service conditions and that when these stresses were relieved, and particularly after the signing of the Armistice, these patients got well and to all intents and purposes this group as a whole ceased to exist and is today not one of our problems.

Shell-shock was a topic in popular colture. Zane Grey's 1923 novel *The Call of the Canyon* also explored recovery from shell-shock.

Dr. White concluded in 1922 that they should expect to hospitalize 10,000-15,000 neuro-psychiatric cases, also commenting that hospitalization was not always the most appropriate treatment. He urged that a "training center for neuro-psychiatrists" be established, and that newly graduated doctors be sought to enter the field.

General Sawyer commented that, while the number of "general medical cases" from the war was rapidly decreasing, the mental cases and tubercular cases were both increasing. He asserted that his ten years of experience in "treating mental and nervous disorders" has satisfied him that in 90% of the mental cases there is "some physical cause at the bottom of the mental trouble." Therefore, he strongly suggested that doctors carefully examine their patients and use laboratory tests to help them search for "some physical trouble that is behind the mental symptoms." He also declared that it was part of the doctor's responsibility to make plans for their patients which gave them the best opportunity to be home and independent, not hospitalized.

By September 1922, Great Britain essentially banned the term shell shock, since the condition really had nothing to do with exploding shells, and replaced it with "War Neurosis." A War Office committee commented that "the general lay conception of the term [shell shock] was very loose and ill-informed..." The result was that there "was such anxious solitude (sic) during the war as to the incapacitated, and such was the appeal of the term 'shell shock' that the class of case excited more general interest and sympathy than any other, so that it became a most desirable complaint from which to suffer." Consequently, the British committee recommended that "No case of psycho-neurosis, or of mental breakdown, even when attributed to a shell explosion, should be classified as a battle casualty any more than sickness or disease."

This tour through period information about shell shock reveals threads of limited understanding, of confusion, of searching for effective treatment. It also shows the governments' perception that many men were faking their symptoms, or were simply weak cowards. Doctors saw their responsibility to root out the malingerers; they must try to determine whether there was actual "organic injury" to the brain. After the war ended, it was clear that the American and British governments were concerned about the enormous financial cost of providing pensions if men allegedly suffering from "shell shock" were found to be disabled. What is missing is a true appreciation for the reality of trench warfare, a reality that was kept hidden from the families and public during the war by extensive censorship of the media and all letters. The rationale for suppressing this information was not only to keep military details out of enemy hands, but also to not undermine the morale of the soldiers or the people back home. Consequently, the public read about shell shock, but without real detail and context. Furthermore, it appears that even the commissions formed in the 1920s provided no assessment of trench warfare's impact on the mental health of soldiers. If there was no disclosure of the details of what a soldier's life had been like, how could the families begin to understand what their men had been through, or why they came back so changed?

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LTC Harry H. Snively, MC, and the American-Polish Relief Expedition, 1919-1920

G. Alan Knight

Medical Corps officers occasionally have colorful past lives but perhaps one of the most interesting is the case of Harry Hamilton Snively, M.D. Snively, though now largely forgotten, is probably most noted for his efforts in 1919-1920 with the Army's American-Polish Relief Expedition (APRE) sent to Poland in 1919-1921 to address the typhus epidemic sweeping that country. An Ohio-educated physician born in 1869, and a National Guard soldier whose service began in 1903, Snively sought opportunities to practice medicine in wartime. As early as 1907, very much conscious of the potential for war in Europe and he said "I am trying to prepare myself and these young men [his Ohio National Guard medics] with the knowledge of war and its problems to meet the need so that we may be able to do our part when the crisis comes. I hope it starts in Europe so I can go abroad as an observer, perhaps with the Red Cross, and fit myself in actual service to do my part when my country needs me."

War broke out in August 1914 and in 1915, Snively was granted a leave of absence from the Ohio Na-

tional Guard. Having been encouraged by future Army Surgeon General Robert Patterson, Snively worked under Red Cross auspices, in Galicia, then a part of Russia, where he became not an observer but an active non-combatant, providing medical service to the troops of the Czar. Soon commissioned a medical brigadier general in the Imperial Russian Army, he subsequently received a commission as a general of brigade, having attracted the favorable attention of the Grand Duke Nicholas.

In 1916 Snively returned to the U.S., resuming his medical practice and his duties in the Ohio National Guard. Subsequently he was mobilized for duty on the Mexican-U.S. border in support of the Punitive Expedition and, in 1917 was mobilized for service in World War I, serving with the American Expeditionary Forces in France and Belgium. Following the armistice, Snively, still on Federal active duty, was assigned as the Sanitary Inspector and Port Supervisor of Bathing and De-Lousing at Bordeaux, France, one of three ports from which American troops were embarked for CONUS – after medical processing against communicable diseases and lice. While his duty title might have sounded neither impressive nor important, he played a critical role in returning healthy U.S. military personnel to the United States.

At Bordeaux he served under COL (later MG) Harry L. Gilchrist. He was already acquainted with Gilchrist, and he was selected as Gilchrist's chief of staff for an Army mission to Poland, an organization that would be known as the American-Polish Relief Expedition. It appears that Snively knew the Polish premier, Ignace Jan Paderewski, and his wife and that Mrs. Paderewski "encouraged" Gilchrist to recruit Snively.

Congress had established an American Relief Administration, with public funding and private donations, to relieve distress after WWI. (It is also worth noting President Wilson and his key supporters saw the relief as integral to re-establishing world order through stopping or preventing the disintegration of civil society and the spread of Bolshevism, fear of which was rampant.) Future U.S. president Herbert Hoover, then head of the American Relief Administration (ARA), recognizing that sufficient private sources of aid to Poland were not likely to materialize and seeing the slow response of the international community to Poland's plight, viewed the U.S. government as the primary source of aid and turned to the U.S. Army as the one organization with the expertise to assume the task of assisting the Poles.

Snively around the time of the Polish Relief Expedition.

Poland was then suffering the fourth year of a typhus epidemic, with thousands infected and a mortality rate of 50%. Typhus, transmitted by lice, was endemic in southeastern Europe, the Balkans, and Russia. It was a painful and dangerous disease whose course ran from twelve to sixteen days, during which the victim suffered from high fever, a generalized rash, severe headaches, and nervous disorders. Historically, typhus epidemics have been associated with a cold climate, a starving population, and the movement of armies or refugees. All three conditions existed in Poland.

At the invitation of the Prime Minister Paderewski, the mission was designed to provide requested sanitation and health services. Poland was embroiled in the Russian Civil War, with the bulk of the remaining anti-Bolshevik (anti-Communist) forces in Russia Polish. Only fighting was going to establish the borders of Poland, Russian, and possibly a Ukraine. Ongoing conflict saw Polish forces penetrating into Kiev in the Ukraine and latterly, Bolshevik forces fighting back, almost reaching Warsaw. Since 1914, war had ravaged the countryside and spread disease among civilians and military personnel alike.

Gilchrist determined that the mission required extensive personnel and logistical support. He wanted 500 enlisted men and 25 or 30 officers, 12 of whom were to be medical officers. Personnel were all volunteers, a precondition established by the Secretary of War. Most of the officers initially selected had experience, like Snively, with the delousing program. In terms of material support, the U.S. Army donated 10,000 beds, hair clippers, portable baths, 40,000 sheets and blankets, 40,000 towels, a million and a half suits of cotton underclothes, and 100 tons of soap to the Polish government. Poland bought vast amounts of surplus supplies and equipment from the AEF such as automobiles, 17 motorized field bath units, 27 mobile steam laundries, 300 portable shower plants, 320 Ford ambulances and 160 Ford touring cars. Five mobile machine shops were purchased to maintain the vehicles and assorted equipment.

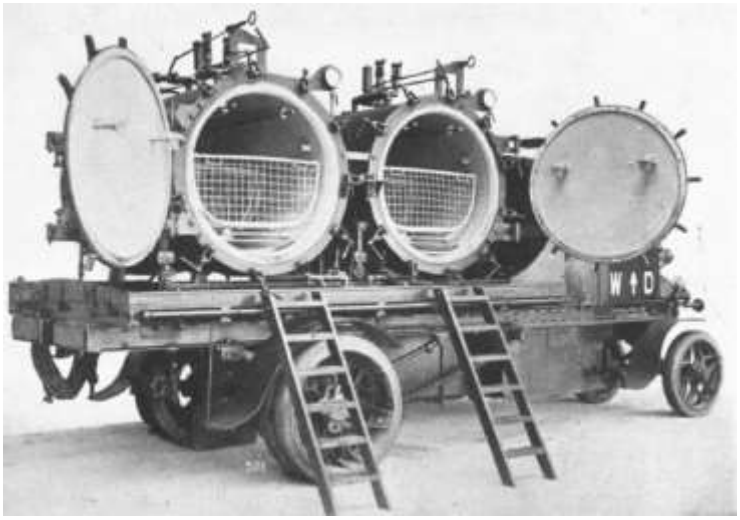
Gilchrist, with Snively as his chief of staff, had to surmounted red tape in transporting the people and material to Poland. They also had to work with the Polish public health authorities . Gilchrist decided that a sanitary cordon should be established along Poland's eastern border, and the APRE (with Polish personnel) would operate facilities to clean and eliminate lice carried by all who crossed the border. Working with the

Polish Ministry of Public Health, the expedition, along with five other relief organizations battling the epidemic, developed a plan of action. Key components of the plan included the manning and equipping of epidemic hospitals, removal of all typhus cases to hospitals, establishment of a chain of quarantine stations, creation of "flying columns" to respond to critical areas in the field, creation and operation of bathing trains, establishment of public baths and bathing places, disinfection of all railroad passenger trains, and a requirement that all railroad passengers must provide certificates of cleanliness before being allowed to board.

Snively sometimes accompanied one of the four "flying columns." The typical flying column was manned by an officer, 3 non-commissioned officers, 15 soldiers, and Polish interpreters. Equipment consisted of two or more steam sterilizers, a portable bathing plant, and a number of large tents. The goal of such a column was to bathe and to sterilize the clothing of 1,000 people per day. In one area, Snively commented "There are so many hungry and starving. They are so in fear of the Bolsheviks that I am overwhelmed. The whole situation is and has been that the whole people are thieves. They have reverted back to the primitive animal. There is no such thing as a sense of high moral obligation. Some are boldly aggressive, some cunning, foxy. All will steal. They have stolen the wooden crosses from graves, the clothes from the dead, the food from the babies. All are desperately hungry. … None of us in America know what it us to be in a starving condition; few know what it is to be hungry. Few if any would acknowledge any experience with vermin. None have had typhus. There have been fifteen different governments in less than two years. The money is worthless. The peasants are devoid of all respect."

Often cultural and religious factors affected the degree of cooperation by those being serviced by the expedition. Older people were often less cooperative. One old woman was quoted as saying "Death here in my hovel rather than the torture of bathing." People who had gone for an entire year without a bath were very common. Generally children were more cooperative and after they submitted to bathing and sterilization of their clothing (and fumigation of residences), older men and women were more likely to comply with bathing and clothing sterilization efforts to arrest the spread of typhus. Sometimes, to gain compliance, meal tickets were only issued to those who were bathed and deloused.

COL Gilchrist found some of the same situations encountered by Snively and the flying columns. In northeast Poland he commented on starvation, lack of clothing, and medicines. Almost every home he visited had one to five cases of typhus, some in which the entire family was stricken, totally without medical attention, and often delirious. He mentioned dwellings in which the only nourishment available to the residents consisted of raw potatoes or raw beets. Schools were closed and business virtually at a standstill due to the impact of typhus. Snively spoke of encountering trachoma, conjunctivitis, purulent otitis, tuberculosis, ringworm, scabies, goiter, and anemia and malnutrition, especially among children. Also encountered in one town about 130 kilometers from Warsaw were typhoid, relapsing fever, and malaria along with the ever-present typhus.



The Foden-Thrush disinfestor. Laundry was loaded in the wire baskets, which were steamed to kill lice and their eggs.

The psychological toll on American personnel was significant. Snively wrote that after a return from the field and a few days to "recover" in Warsaw, he was subject to recurrent nightmares featuring scenes he had encountered in his work. "It is awful when you cannot keep from seeing this mass of hungry, staring, hollow-eyed, ghostly, ragged, verminous humans. When they stare out at you from the walls of your locked room, from the sky, from the forest, from the rivers, and from the books you are trying to read."

The expedition did more than dispatch flying columns to the hinterland. Snively and other personnel helped strengthen and modernize the Polish health service, to include inspecting health facilities and counseling local authorities on matters of sanitation and public health. For three months of his tour in Poland Snively was the assistant to the Polish Director of Health. Poles were taught how to operate sterilizers and how to conduct effective delousing procedures. However, during Snively's time in country, the major effort of the expe-

dition remained the maintenance of a sanitary cordon along Poland's eastern border. Work in individual communities involving cleaning and disinfecting residences and public facilities, limited by time and personnel. An assessment of the work of the American Polish Relief Expedition suggests that while it failed to eliminate typhus, it did reduce the intensity of the epidemic and contributed to the modernization and development of the Polish health service.

As for LTC Harry Snively, he departed Poland, reunited with his family in Paris, and in September 1920 returned to the United States for discharge, and embarked almost immediately on two new simultaneous careers. In 1921 Ohio Governor Harry L. Davis appointed him as the state's Director of Health, a position he held until the end of the governor's term of office in January 1923. He then returned to private practice. He also began organizing the 112th Medical Regiment in the Ohio National Guard, the first National Guard medical regiment in the nation. Promoted to colonel, he commanded the 112th until his sudden death on July 20, 1931. In his professional life, he exemplified to the fullest the motto of the 112th Medical Regiment inscribed on the organization's distinctive unit insignia, *auxilium semper adest* which, translated, means "aid always at hand."

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(from page 1)

One can examine the roles of the Red Cross, YMCA, and the American Legion in several articles as well as "Patriotism, Professionalism, and Humanitarianism: American Red Cross Nurses during the First World War" by CPT Denis Alfin, and "Staying in Touch" by Paula Ussery.

Scott C. Woodard shares the diary of a World War I Sanitary Detachment commander in "A Yankee among the Brits: The War Experience of Major Charles W. Lynn". As described in the article, when the fighting came to a close, Lynn's work changed from a mix of keeping soldiers healthy and treating the wounded, to just keeping soldiers them healthy. 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/
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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

Devil Dogs in Blue and Gold:
Battalion Medical Support to the 4th Marine Brigade

COL William Anderson, USMC (Ret.)

Within the ranks of the US Navy's Medical Establishment, there are those who serve with the Marine Corps and provide medical care to combat casualties. As a result, there is a formidable bond between Marines and those sailors who care for them. Always has been, always will be. This was especially true in June 1918 when the 4th Marine Brigade stormed Belleau Wood. While there are many books on the events of that terrible summer month in France in 1918, they almost entirely relate to the actions of the Marines. What has been missing are accounts of the considerable heroism and sacrifice of Navy medical personnel who went in harm's way to care for the Marines at the Bois de Belleau. The purpose of this article is to attempt to remedy this slight in some way.

Medical officers have served with the U.S. Navy since the dawn of the Republic. However, it wasn't until 1842 that a Bureau of Medicine and Surgery was established to formalize selection and training. Following the national catastrophe of the Civil War and concerns about medical care on the battlefield, a Medical Corps was created as a separate entity within the Navy in 1871. With the expansion of naval commitments at the end of the 19th Century, Navy medicine entered a "brilliant chapter" of professionalism culminating with the creation of the Hospital Corps for enlisted personnel on 17 June 1898. Supporting the Fleet Surgeons, these medical sailors have been referred to "hospital corpsmen" or just "Corpsmen" ever since.

In addition to expanding the Marine Corps, the Naval Act of 1916 resulted in a dramatic increase and reorganization of the Navy's medical organization, to include the Hospital Corps. Although hospital corpsmen had served with distinction with the Marine Corps before 1917, the transition of the Marine Corps from expeditionary operations to a prolonged land campaign required a change in focus for medical support. Gone were the simple days of routine sick call. Modern war demanded medical personnel imbedded with tactical units responsible for battlefield casualties.

Marine casualties transported to the rear at Montreuil, 8 June 1918.
Courtesy of the author.

In addition to Navy medical personnel, the 4th Marine Brigade was also supported by Army medical and dental personnel. These soldiers either served with the Marine units or were responsible for wounded once they left a regimental aid station for further treatment in the rear. If one of the wounded needed significant medical care beyond that available at a regimental aid station, members of one of the 2d Division's 2d Sanitary Train's four ambulance companies transported the casualties towards the field hospitals. There were 4 Army field hospitals taking care of the 2d Division (Field Hospitals 1, 15, 16 and 23): one for triage (farthest forward), 2 were complete surgical units and the fourth for gassed and sick (the latter three usually at least 12 kilometers behind the front).

The history of the Navy medical support to the Marines in the war states that initially each regiment had 7 medical officers, 3 dental surgeons, and 48 hospital corpsmen. Following Army procedures as the 4th Marine Brigade joined the Army's 2d Division, medical personnel were distributed generally as follows with each regiment:

Regimental Aid Station:

- Senior Medical Officer, Assistant Medical Officer, Senior Dental Officer
- Chief Pharmacist's Mate
- Hospital Corpsmen (6 to 8)

Battalion Aid Stations (x3):

- Surgeon, Assistant Surgeon, Dental Surgeon (if possible)

Chief Pharmacist's Mate
Hospital Corpsmen (5 to 7)
Each Company:
Hospital Corpsmen (2 to 4) [Pharmacist's Mates and Hospital Apprentices]

After the brigade's first casualties, it was felt that having 5 Corpsmen per company was better, with one sailor assigned to each platoon. In addition, when there were enough personnel, a second class or first class pharmacist's mate was assigned to each company to supervise and assist the corpsmen. At the company level, this distribution is reflected in the June 1918 roster for the 66th Company, 1st Battalion, 5th Marine Regiment. "Attached for temporary duty fr (sic) Hospital Unit" were:

Chief Pharmacist's Mate Raymond O. Stone
Pharmacist's Mate 1st Class Roland O. Jamieson
Pharmacist's Mate 2nd Class Ray A. Messanelle
Pharmacist's Mate 3rd Class Joseph C. Coffee
Hospital Apprentice 2nd Class Eugene Lewin

As is routine procedure today, initial medical care is a personal responsibility. Intervention by trained medical personnel is necessary when wounds are more severe. So it was with the 4th Marine Brigade in June 1918. Medical personnel entered combat with their units and provided first aid on the battlefield. If required, they arranged for transport to the nearest battalion aid station. Battalion aid stations were located as close to the action as prudent, usually from 500-2000 meters. They acted as triage centers, treating minor wounds and directing more seriously wounded personnel to the rear by ambulance for treatment at an appropriate field hospital administered by the U.S. Army Medical Corps. Initially, the 2d Division's Army medical staff remained part of the division's 2d Sanitary Train, but many were then attached to the individual battalions as required. Throughout the Marine Brigade during the battle, Navy corpsmen mingled with soldiers from the ambulance companies. A typical battalion medical unit is portrayed below, taken early in August 1918. It is the medical unit for the 3d Battalion, 6th Marines.

A BATTALION MEDICAL UNIT.

Lieut. Comdr. Wm. H. Michel, (MC) U.S.Navy, Battalion Surgeon, of the Third Battalion, Sixth Marines, A.E.F., his junior medical officer, his dental officer and the corpsman of his battalion.

(The junior medical officer at the time was an Army doctor named Southworth, and the dental officer was Lieut. Benepe, U.S.Navy.)

The original caption indicated Battalion Surgeon Lt. Cdr. W. H. Michel (sic) MC USN, an Army doctor "Southworth," and Navy dentist, "Lieutenant Benepe."

Lieutenant Commander "Michel" was really Dr. W. Howard Michael (1888 – 1961) who graduated from Johns Hopkins in 1909 and joined the Navy. He chronicled his experiences in WWI as a battalion surgeon in an article in the U.S. Naval Institute *Proceedings* (1934), titled *Pleasure and Pain*. For his exemplary conduct at Belleau Wood, he was awarded the Distinguished Service Cross as noted in the following citation:

> The Distinguished Service Cross is presented to William Howard Michael, Lieutenant Commander, U.S. Navy, for extraordinary heroism in action near the Bois-de-Belleau, France, June 6, 1918. Lieutenant Commander Michael displayed unusu-

> al courage on the morning of June 6 when he established a dressing station in the open, exposed to both shell and machine-gun fire, in order to be near the wounded. Under these conditions he worked for several hours.

I have included the photo from his award ceremony on 10 July 1918 when he received the award from General John Pershing, Commander, American Expeditionary Force. He also received the Navy Cross and a Silver Star Medal for his actions at Belleau Wood. The Silver Star citation states:

> Displayed unusual courage under heavy shell fire when he established a dressing station in the open exposed to both shell and machine-gun fire. Under these conditions he worked for several hours, evacuating a large number of wounded men from the 5th Regiment, then attacking in the vicinity. Major Edward B. Cole, Commanding the 6th Machine Gun Battalion, subsequently mortally wounded, reported these facts to the Regimental Surgeon and reported that he would report the conspicuous conduct of Surgeon Michael. Throughout the operations this officer rendered valuable service regardless of personal danger. This on the morning of the 6th of June, 1918.

Dr. Michael receiving his DSC from Gen Pershing, 10 July 1918: Courtesy of the author.

His account in the *Proceedings* is quite good and provides some interesting perspective to studying the medical support provided to the Marine Brigade. Most importantly, he mentions the aid station in the culvert due south of Lucy le Bocage crossing Gobart Creek (aka, Gob's Gulley). Also, he highlights the fact they distributed initially 2 corpsmen to each of the 4 companies and they assigned 8 Marines for each company to act as stretcher bearers. Neither plan worked well in the high intensity of mobile warfare in 1918. Later, the medical authorities assigned more men to do such work, to include additional support from the 2d Sanitary Train.

Due to the pressure and intensity of the medical duties, Dr. Michael requested transfer from the front line service to a rear area hospital after Soissons. The request was approved and he detached from the 6th Marines on 6 August 1918. He nevertheless remained in the Navy as a career with service in World War 2. In fact, he was at Pearl Harbor on 7 December 1941 and established an emergency aid station at the Pearl Harbor Officers' Club. He was advanced to rank of Rear Admiral upon his retirement and settled in Tidewater Virginia.

The "Army doctor named Southworth" is Dr. John D. Southworth (1890-1972) (4th from right, 2nd row), 1st Lieutenant Ohio National Guard. He attended Kenyon Military Academy, Gambier, OH, a preparatory academy for Kenyon College, from which he graduated in 1911 as an excellent athlete. He enlisted in the Ohio National Guard in the spring of 1917 while a medical student at Johns Hopkins University. He went to France in 1917 after finishing his 3rd year. Subsequently, he was awarded his medical degree and commissioned in the Medical Corps on 28 May 1918. Dr. Southworth was a member of the 15th Ambulance Company, but was attached to the 6th Regiment as events required. For gallantry in action later, Dr. Southworth he was awarded a Silver Star (later with cluster) for gallantry at Blanc Mont in October 1918. He remained very active after the war with the National Guard (retiring as a Major in 1945) and spent time in Japan as a medical missionary.

The Navy dentist in the photo is Lt. Louis M. Benepe, Dental Corps, USN (1892-1963). Dr. Benepe, from St. Paul, Minnesota, attended the University of Minnesota. He joined the Navy shortly after the US declaration of war (6 April 1917) and reported to the Camp of Instruction, Quantico, Virginia, on 25 June 1917. On 28 September 1917, Dr. Benepe was detached from the Camp of Instruction with orders to report to the Commanding Officer, 6th Marine Regiment. Shortly thereafter, he was attached to the 3d Battalion and sailed with that battalion to France on 30 October 1917. Except for a period of detached duty for training at the Dental Course, Army Sanitary School, Langres, France, between 2 - 17 February 1918, he served with the regiment continuously until he was transferred to Base Hospital No. 7 in mid-September. In October 1918, Dr. Benepe was detached officially from the 6th Regiment and was on temporary service with the US Naval Staff in Paris. Early in 1919, Dr. Benepe was directed to report to Paris Island, S.C. (it was spelled with one "r" until May 1919), leaving the Navy in February 1920. He was a well-known and respected dental surgeon in Minnesota until his death in 1963.

Although not indicated in the photo caption, several of the enlisted sailors have been identified by comparing contemporary photographs. One is Pharmacists Mate 3rd Class Nathaniel Hall Lufkin (1898-1973) who is the fourth from the left, second row. Lufkin entered the Marine Corps on 1 May 1917 and eventually reported to Marine Barracks, Quantico, on 23 July 1917. While attached to the 79th Company, 2d Battalion, 6th Regiment, he expressed an interest in becoming a Navy Corpsman and was discharged from Marine Corps on 8 October 1917 to do just that. After his initial training, he was a member of the 10th Regiment, Mobile Artillery, from November 1917 to April 1918 as a Hospital Apprentice, 2d Class. Now Hospital Apprentice 1st Class Lufkin was assigned to the 2d Battalion, 5th Marines, on 18 June 1918 due to casualties at Belleau Wood. Just prior to the Soissons battle, now Pharmacists Mate 3d Class Lufkin was transfer to the 3d Battalion, 6th Marines, in which he served for the remainder of the war. Pharmacists Mate Lufkin was awarded the Navy Cross for exemplary service taking care of Marines at Blanc Mont during the Meuse-Argonne Offensive in October 1918:

> For exceptionally meritorious and distinguished service while attached to the 6th Regiment of Marines. Without regard for his own safety, Lufkin worked untiringly in rendering first aid to the wounded under extremely heavy shell fire, exposing himself to fire on the battlefield to carry wounded men on stretchers to a place of safety.

After the war, Lufkin attended Carleton College in Northfield, Minnesota, and the University of Minnesota Medical School (1926). Later, he was an associate professor at the university. He returned to the Navy and served in WWII, retiring in 1958 with the rank of Rear Admiral. I wonder if Dr. Benepe, also from Minnesota, influenced Pharmacists Mate Lufkin to return to Minnesota and become a doctor.

Conclusion

The close relationship between medical personnel and combat units in mobile warfare is now taken for granted but such a concept was an entirely new in the naval service in 1917. The almost 300 Navy and Army medical personnel who served with 4th Marine Brigade during the war took care of their Marines in every combat operation. Treating over 13,000 casualties, the sailors suffered their share of casualties themselves with 18 being killed in action and 165 becoming gas casualties.

A heritage of valor and brotherhood was born in the bloody fields of France. Of the four Medals of Honor awarded at Belleau Wood, Navy medical personnel would earn two: Navy doctor Lieutenant Orlando Petty and dentist Lieutenant, Junior Grade, Weedon Osborne, both with the 6th Marines. LTJG Osborne's award would be awarded posthumously having died in the field outside Bouresches on 6 June 1918. Navy Medical Corps personnel would be awarded a total of six such prestigious medals during the war. Other sailors would receive a host of lesser awards for heroism including the Navy Cross, the Army's Distinguished Service Cross, and Silver Star Medals. The 4th Marine Brigade was fortunate to have such men to take such great care of the carnage of the war. Unfortunately, many Marines would require such care in 1918.

The former commander of the 2nd Battalion, 6th Marines, at Belleau Wood, General Thomas Holcomb (17th Commandant), concluded after the war:

> The naval medical personnel who served in the Fourth Marine Brigade . . . acquitted themselves with exemplary honor. They won for their corps and branch of service a record of war accomplishment ranking high in naval history.

This special relationship would endure throughout the war and continue to the present day.

Adapted with permission from *Leatherneck* magazine, September 2018

The World War I Service of Professor William F. McFee, 1890-1974

Peter C. Wever, MD, PhD, Jeroen Bosch Hospital, 's-Hertogenbosch, The Netherlands

Tennessee-born William McFee was a third-year student at Johns Hopkins Medical School in Baltimore, Maryland, when the United States declared war on Germany on April 6, 1917. At Johns Hopkins Hospital, a base hospital for overseas service had been organized in November 1916. This unit, known as Base Hospital No. 18 or the Johns Hopkins Unit, was mobilized on May 24, 1917. William McFee was among a group of 32 students from Johns Hopkins Medical School who enlisted as privates in the Enlisted Reserve Corps to go to France with BH 18. These students would be given practical training and organized teaching by members of the base hospital's staff. Upon completion of their course, they would be granted their degree in medicine and a commission in the U.S. Army as medical officers.

The personnel of Base Hospital No. 18 sailed on the *U.S.A.T.* (United States Army Transport) *Finland* from New York for Saint-Nazaire, France, on June 14, 1917, where they arrived June 28. After the baggage and equipment was unloaded, on June 30, the unit proceeded to Savenay, a small village about thirty miles from Saint-Nazaire, where it took quarters in a school building which was taken over by the U.S. Army to serve as a hospital.

From July 5 onwards, a number of enlisted men and several doctors were detached from BH 18 and sent back to Saint-Nazaire to bring U.S. Army Hospital No. 1 into operation, the first American hospital organized with the American Expeditionary Forces. This group included about half of the Johns Hopkins students including McFee. They were relieved from their assignment on August 25 and had the distinction of opening, organizing and running for about two months the first American hospital which served the American troops in France. Presumably around that time, William McFee was promoted Private First Class.

Private William McFee and nurse Mary G. Brady in August 1917 in the garden of U.S. Army Hospital No. 1, which was situated in a former high school building in Saint-Nazaire. Miss Brady was "knitting a sweater for one of the boys."

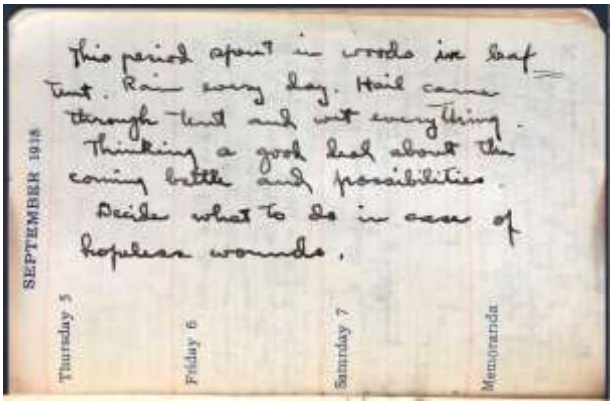
By September 1, the Saint-Nazaire group had rejoined Base Hospital No. 18, which had proceeded to the small rural village of Bazoilles-sur-Meuse, located in the *département* Vosges, named after the Vosges mountains, in the north-east of France. One U.S. Army doctor noted that Bazoilles-sur-Meuse "is a formidable name but not formidable in appearance." At the time that BH 18 arrived there, on 26 July, 1917, it was the farthest advanced hospital in the AEF.

The first winter in France at BH 18 was marked by hardship. The weather was severe, the buildings poor and fuel scarce and low-quality. But despite the unfavorable conditions, many soldiers in the AEF were certain that the Johns Hopkins Unit was the best hospital in France, in part because of the reputation of its mother institution, and that one's overseas service was not complete without at least one course of treatment in BH 18.

The Johns Hopkins students at BH 18 performed clinical work on the patient wards and in the operating rooms as well as laboratory work. In addition, lecture courses were provided covering the practice of general medicine and surgery, the organization and administration of the U.S. Army Medical Corps and specific topics like troop sanitation, evacuation of wounded and the duties of battalion medical officers. Tragedy struck when two of the students succumbed to an infectious disease. Private First Class Edwin S. Linton from Washington, Pennsylvania, died, aged 24, on 14 November, 1917 of scarlet fever, while Private First Class Lyle Barnes Rich from Willow City, North Dakota, died, aged 26, on 8 December, 1917 of typhoid fever. Both men are buried at the Meuse-Argonne American Cemetery in Romagne-sous-Montfaucon. William McFee and the other students graduated in April 1918 after which all went to Army Sanitary School in Langres for an additional course. Thereafter, they were commissioned as first lieutenants in the Medical Corps and sent to a casual officers' depot in Blois from which they were assigned to their new posts.

William McFee was called into service as first lieutenant on June 8, 1918 and assigned to Field Hospital No. 1, 2nd Sanitary Train, 2nd Division. In June and July, the 2nd Sanitary Train provided medical support in defensive and offensive operations in the Aisne-Marne region near Château-Thierry and Soissons, followed in August by a period of relative rest in the Pont-à-Mousson region.

In early September, McFee was assigned as battalion surgeon of the 1st Battalion, 9th Infantry, 2nd Division. Before the Battle of Saint-Mihiel (12-16 September), he put his thoughts and worries about the upcoming offensive into words in his pocket notebook: "This period spent in woods in leaf tent. Rain every day. Hail came through tent and wet everything. Thinking a good deal about the coming battle and possibilities. Decide what to do in case of hopeless wounds." September 12: "Barrage opens at 1 AM. Am shaking [with] cold & excitement. Attack success. Sleep in Th[iacourt]." September 13 : "Start to find battalion. Am stopped on road by own barrage Was about to get in no man's land. In P.M. am shelled by own erratic battery – close call. Germans shelling other end of forest road. Very tired. Sleep in Dutch [German] abri."



McFee's diary page, recording his contemplation of expectant casualties.

After the Battle of Saint-Mihiel, the 9th Infantry rested in the Châlons-sur-Marne region (currently named Châlons-en-Champagne). From October 3 to 9, during the Battle of Blanc Mont Ridge, 1LT McFee "advanced close behind his battalion and rendered immediate aid to the wounded, often, exposing himself fearlessly before the enemy's guns." For these actions, he was awarded the French *Croix de Guerre* Medal with bronze star in 1919. On November 2, during the third phase of the Meuse-Argonne Offensive (1-11 November), McFee "displayed extraordinary courage and heroism in following his battalion through the German lines under heavy machine gun fire and direct artillery fire for more than six kilometers in order to render necessary assistance and treatment" near Nouart, for which he was awarded a Silver Star . Nine days later, the Armistice was signed.

After the hostilities ended, the 9th Infantry billeted until November 17, when, as part of the Army of Occupation, the March to the Rhine started, approximately 170 miles through France, Belgium, Luxembourg and Germany, arriving near Coblenz on December 16. Around November 20, a Belgian boy from Arlon by the name of Toussaint-Noël presented McFee a handmade American flag , which he kept his whole life.

McFee's Croix de Guerre for gallantry at St. Mihiel; Red Cross brassard from the Meuse-Argonne campaign; helmet and the hand-made flag he received from a Belgian civilian. Author's collection.

McFee when he was assigned to the 9th Infantry.

In the beginning of March 1919, William McFee left the 2nd Division for a post-graduate spring term course at the University of Nancy. That same month, he also spent time at the Côte d'Azur, the Mediterranean coast in the south of France. In the beginning of July, he was on leave in Paris where he photographed, among others, captured German tanks and cannons at the Place de la Concorde, in the company of an unknown lady. He departed for Brest on July 10, while attached to Field Hospital No.33, 4th Sanitary Train, 4th Division. With this unit, he sailed back to the United States on the *U.S.S. Minnesotan* departing from Brest on July 23 and arriving in Philadelphia on August 3. From there, he proceeded to Camp Dix, New Jersey, where he was honorably discharged on August 21, having served his country for more than two years.

After World War I, McFee proceeded with internships in Baltimore and New York City. From 1925 to 1953, he was at St. Luke's Hospital in New York City, working his way up to director of surgical services. There, he established the four-year St. Luke's Surgical Residency Training Program. As a professor of clinical surgery he was responsible for many discoveries, including a novel "MacFee Incision" for radical neck dissection (he had legally changed his name to MacFee but was buried as William McFee in the family plot).

McFee re-entered the U.S. Army as a lieutenant-colonel in 1941 with the 2d Evacuation Hospital (St. Luke's Hospital Unit) shortly after the attack on Pearl Harbor. His foreign service started in 1942. He became commanding officer of his unit in 1944 and was responsible for treating casualties evacuated from Omaha Beach during D-day. Four days after D-day, he was promoted colonel. In 1945, he was assigned to the 15th Army as consulting surgeon for almost three months after which he returned to the United States. After his 1945 army discharge, he was awarded the Legion of Merit.

From 1954 to 1966, William McFee was chief of surgical service at the New York Veterans Administration Hospital. In 1961, he received the Exceptional Service Gold Medal from the Veterans Administration for establishing "an outstanding surgical residency program" and contributions to surgical research. The presence on 12 June, 1971 of Dr. & Mrs. William F. MacFee among the invitees to the wedding of Tricia Nixon, daughter of then-President Richard Nixon, indicates McFee's high position in society.

On February 16, 1974, at the age of 83 years, William McFee died in New York City. He is buried at Virtue Cemetery in Concord, Tennessee. His legacy has been honored at St. Luke's-Roosevelt Hospital Center in New York City with the William MacFee Professorship in Surgery. He is acknowledged as a distinguished surgeon, educator and revered mentor for generations of New York City surgeons.

More information about the medical students from Johns Hopkins Medical School attached to Base Hospital No. 18 at Bazoilles-sur-Meuse and Bazoilles Hospital Center can be read in the book *A U.S. Army Medical Base in World War I France: Life and Care at Bazoilles Hospital Center, 1918-1919*, to be published in 2019 by McFarland.

The author would like to thank Mary Alton (great-niece of William McFee), Jeff Clemens, Jonathan Fil, Steven Girard and Roland Robert for their help with reconstructing the World War I service of William McFee.

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Patriotism, Professionalism, and Humanitarianism: American Red Cross Nurses during the First World War

CPT Denis Alfin, MS, History Department USMA

In December of 1918, a group of American Red Cross nurses lodged a series of complaints with their headquarters in Paris. During the Great War, the women claimed, they had been conscripted into the Army Nurse Corps against their will and despite the explicit promise by Red Cross leadership that they would not serve in the military while in France. To make matters worse, it had been a month since the belligerents had signed the armistice ending the conflict and they now languished under military command. The Red Cross, they argued, was in danger of having its humanitarian mission irreversibly tainted by militarization. This essay examines debates that arose over the American Red Cross's proper role during its first involvement as a reserve force in a major armed conflict.

In the early twentieth century, most countries recognized the use of volunteer organizations as military auxiliaries, but they gave vague guidance whether members would be considered civilian or military personnel once activated. For instance, articles nine through thirteen of the 1906 Geneva Convention laid out the guidelines for the employment of a country's volunteer medical organizations during times of war. Members of volunteer aid societies like the American Red Cross could be "assimilated" into the "sanitary formations" of the military at the direction of their governments during a conflict. At the behest of Jane Delano, Director of the Red Cross Nursing Service, the United States moved forward with their own interpretation of this practice. In April of 1912, President Taft signed a bill into law that designated the American Red Cross (ARC) as a reserve force for the land and naval forces. The bill explained that these reserve forces would be treated as "civilian personnel" during their time of service. Further complicating the situation, a 1916 Army Medical Department Manual stated that when called into service, Red Cross nurses would "be assigned to active duty in the Military Establishment"—so long as this occurred "with their own consent." As bureaucracies expanded at dizzying rates even before the First World War had begun these varying interpretations of law were inevitable. After the war, Assistant to the Director of the Red Cross Nursing Service Sarah Elizabeth Pickett described navigating between the administrative apparatus of the civilian Red Cross and the AMEDD like sailing between "Scylla…[and] Charybdis." This dilemma symbolized the growing pains of a country that had only finished federalizing its military forces a decade earlier with the Dick Act of 1903.

The Red Cross recruitment campaigns of 1917 and 1918 revealed an organization that was still searching for its identity within the sometimes-polarizing impulses of existing as a humanitarian organization on one hand and a military reserve force on the other. Different advertisements attempted to recruit women by variously appealing to contemporary ideals of maternal humanitarianism and the desires of some for professional advancement in the adolescent field of American Nursing. As the war progressed and the practical reality of the relationship between the Red Cross and the military became clear, recruitment material increasingly emphasized the military reserve function of the Red Cross and increasingly appealed to patriotic sentiment. While the campaign ultimately succeeded by finding widespread appeal amongst many nurses who served in Europe it also led to the recruitment of some women who found deep contradictions in the mixing of humanitarianism and military duty.

When the Red Cross ramped up its nurse recruitment campaign in mid-1917, its leaders were still searching for the organizations place in the war effort. In August 1917, the Red Cross released a bulletin that stated, "When war was declared between the United States and Germany, the neutrality of the

Red Cross nurse recruiting poster, WWI. Courtesy Library of Congress.

American Red Cross of course ended automatically" but qualified that assertion claiming, "The Red Cross knows no such thing as the nationality of a wounded man." In the same breath that Red Cross leaders asserted patriotic commitment they also attested to a somewhat muted level of neutrality—at least when it came to the treatment of wounded personnel. Still trying to find the balance between humanitarianism and military reserve duties, the Red Cross wove together a recruitment campaign that emphasized varying levels of professionalism, humanitarianism, and patriotism—all in hopes of attracting as many American women as possible.

ARC recruitment posters prior to the United States' entrance into the war emphasized the humanitarianism of the nurse's mission. Many displayed the slogan "the Red Cross serves *humanity*" and highlighted the neutrality of the organization. This sentiment reflected popular American views between 1914 and 1917 of the ongoing war in Europe. Though many saw the Germans as the aggressors, few Americans had the stomach for becoming embroiled in what they believed was a fundamentally European problem. Even in the wake of the sinking of the Lusitania by German U-Boats in 1915, the country hesitated to commit itself to the Allied Powers. Posters like this made no reference to the Red Cross' status as a military reserve force and they instead emphasized the universal nature of the organizations healing mission.

ARC recruitment campaigns also appealed to the professional aspirations of American women. At the same time that Progressive Era women's organizations fought for the vote and equality among the sexes, Jane Delano and other ARC leaders used venues like the *American Journal of Nursing* to espouse the professional potential of Red Cross service. They believed the war would create the next generation of American nursing leaders and cement nursing as a cornerstone of the expanding American healthcare system. Prior to the First World War, nurses generally operated within the domestic sphere of American life, often working privately in patients' homes for little pay. The American public was only beginning to view nursing as a legitimate profession. In a 1917 recruiting pamphlet, the ARC described the professional opportunities that came with service in the organization. The brochure proclaimed the ability for a Red Cross nurse to earn an "assured livelihood" and demonstrate her capability as a genuine medical professional. Service in the ARC as a nurse would lead to independence and respectability in a country that rarely allowed women to have either. Red Cross leaders like Jane Delano envisioned the upcoming war as a potential way to cultivate new leaders in American nursing and spoke of the possibilities for nurses to attain advanced positions of leadership within the Red Cross and other medical organizations following the conflict. At the same time, the brochure also attempted to rally women with a patriotic message, arguing that it was their duty to join the Red Cross, comparing time in nursing school as an honorable duty akin to that of the drafted men training in army camps. Alongside this call to patriotism, the brochure emphasized the domestic and humanitarian work that Red Cross nurses would be doing, such as prenatal care and in-home care for the sick and elderly. Beyond the implications of patriotic obligation, the brochure had no details regarding the specific reserve duties of a Red Cross nurse during the war.

When American involvement in the war reached full steam in the summer of 1918, posters increasingly began to appeal to patriotism rather than humanitarianism, such as the one below. This poster came closer to the reality of the life as a Red Cross Nurse provided in France during the war. They often served in army surgical stations near the front, sometimes becoming casualties themselves due to heavy artillery and aerial bombardment. Beatrice MacDonald lost one of her eyes when a German bomb struck the British Casualty Clearing Station she was attached to. She was awarded the Distinguished Service Cross for continuing to work despite her wounds. The ARC leadership quickly accepted the practical realities of the First World War. In one poster, a Red Cross nurse stands in the center with a caption stating flatly "Nursing service is Military Service." By mid-1918, ARC leadership had fully accepted their role as an extension of the military.

Although it can be argued that the Red Cross simply fulfilled its obligations as a reserve

force for the army the controversy over the forced enlistment of some nurses indicates that the organization may not have been completely forthcoming in its recruitment campaigns. Such problems were best encapsulated in a 1918 letter from Clara Noyes, Red Cross Field Nursing Director, to Julia Stimson, the head of the Army Nursing Corps during the war. Referencing the women who complained about their forced enlistment and the potential militarization of the Red Cross, Noyes wrote that she had personally assured many women that they would not be placed in the Army Nurse Corps, only to have the organization renege on that promise when the medical situation on the front became dire. Even if potential Red Cross nurses did have a statutory reserve duty, officials promised those women who were against serving in the Army Nurse Corps that they would be exempted from the requirement. The humanitarian messaging of the early 1917 recruiting campaign reinforced such assurances. Furthermore, the varying interpreations of the Geneva Convention, American law, and army policy, all indicate that anyone fully knew how the reserve function would operate once a conflict began.

It is possible that some women in the years leading up to early 1917 were recruited on the premise of a predominantly humanitarian mission or because they believed serving as a Red Cross Nurse would lead to professional opportunities in the burgeoning American medical system. But by mid-1918, Red Cross leadership had fully accepted their role as a military reserve, and it reflected in their recruitment material. What is less clear is how the average Red Cross nurse understood her reserve duty and how she felt about enrollment in the Army Nursing Corps. But by that time, it was too late for any women already in France that might reject military service, as they would have had little chance to resist enlistment at the height of the American's involvement in the war. In the Army's official history of the war, Chief of Army Nursing Julia Stimson wrote that "No woman was sent overseas against her will." Most women probably accepted the reserve relationship between the Red Cross and the army. To them, service in the military and humanitarianism were one in the same**.** However, there were other women who were deceived and given little choice but to serve in the army. Like many others, they were caught up in the often-coercive volunteerism of Great War America.

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New ACHH Archival Donations:

* Photographs and documents from Colonel (Ret.) Charles G. Stevens on Task Force 212, Operation Provide Hope, and a scrapbook of the 5th MASH.
* 52 photographs and 10 postcards donated by Belinda Howell of her father during WWII.
* Binder of written material and a binder with 366 slides of DEPMEDS material as well as binders with 700 slides photos documenting activities of the 320th Evacuation Hospital activities. Items were donated by the family of COL (Ret.) Charles Umhey.
* 33d Medical Training Battalion panoramic photograph taken in 1942 at Camp Grant, Illinois and black and white photographs taken at Camp Bullis in 1954 and of the 44th MASH in Korea, 1955-1956 belonging to LTC William O. Krause, MSC.
* Five early 20th Century images belonging to George W. Burnett depicting mule trains transporting dental field equipment and two images of dental offices at West Point.
* One records box of Veterinary Corps historical documents.

Staying In Touch
Paula Ussery, AMEDD Museum

In the wake of World War I, American veterans formed a variety of organizations, most notably The American Legion and the Disabled American Veterans of the World War, as well as less-known groups such as the USA Veterans of the World War.

The close knit bond formed by individuals who share military experiences especially the life changing experiences associated with war and combat had already produced fraternal associations such as the Aztec Club of 1847 or the Grand Army of the Republic for veterans of the American Civil War. The GAR was also a formidable political advocacy group, as its membership peaked at 490,000 in 1890. It lobbied for veterans pensions, supported patriotic education, and for Memorial Day to become a national holiday.

Recognizing that World War I was a similar experience for a new generation of American soldiers, a group of officers held the initial caucus of the American Legion in Paris in March 1919. Members of the American Expeditionary Forces met at the American Club near the Place de la Concorde. The first U.S. meeting was in St. Louis in May 1919, and Congress chartered the American Legion in September 1919. That November the first National Convention was held and members voted to locate the headquarters in Indianapolis. The Legion was organized in a hierarchy with local posts, a state organization, and a national headquarters. Among the causes it supported between World War I and the end of World War II were creation of Boys State programs, creation of a Flag Code, creation of a national high school oratorical contest, and drafting what became known as the "G.I. Bill" passed by Congress in 1944. Following the end of World War II the Legion expanded its membership to include veterans of any American conflict.

Badge from Dr. Wilbert Hardy, Base Hospital No.51, from the 1940 American Legion meeting.

The female nurses who served in World War I organized women's American Legion posts, named in honor of Jane A. Delano, who was simultaneously Chairman of the National Committee of the American Red Cross Nursing Service and Superintendent of the Army Nurse Corps from 1909-1912. Among the posts organized by these veterans were ones in Connecticut, New York, California, Florida, Washington D.C. and Wisconsin. The Milwaukee Wisconsin Jane Delano Legion Post remained all female as late as 2014.

The other American national association created in the wake of World War I that is still very much a part of contemporary life was the Disabled American Veterans. Emerging from a Christmas Party at the home of a wounded WWI veteran, Robert S. Marx, this organization coalesced in the spring of 1920, with a national caucus on 20 September 1920 and the first national convention in June 1921 in Detroit. At this convention there was a parade of the attendees, and a legislative agenda was established. As the name shows, the DAV dedicated itself to improving the lives of those disabled by WWI. Among its early accomplishments were advocating for a single agency to provide for the medical and rehabilitation or wounded or ill veterans.

A smaller reunion organization was the Veterans of World War I of the USA. Created in the wake of World War II, this group organized in 1948 and was granted a charter by Congress in 1958. The members were referred to as "Buddies" and the association was organized into ten regions and held an annual national convention. In 1974 and 1975 the association met in Kansas City, Missouri where the National World War I Museum and Liberty Memorial are located. This group dissolved in 2011 on the death of its last member.

AMEDD veteran Sgt. Samuel Richardson wore this VWWIUSA cap.
Enlarged view of the patch, the iconic red poppy adopted as a symbol for World War I because of the poem "In Flanders Fields."

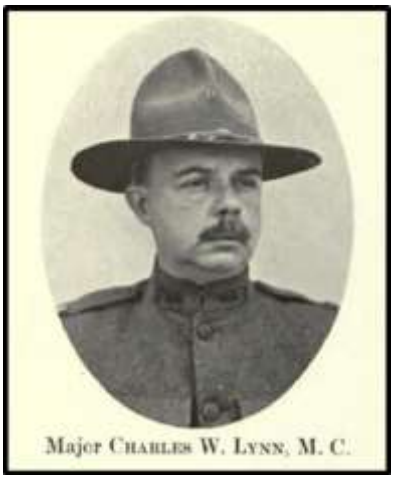
Units also had their own reunions and reunion organizations. Among those that were AMEDD specific was the United States Army Ambulance Service Association. Some of the USAAS sections had been recruited from colleges, and others were from the American Field Service, a civilian organization that provided medical evacuation to the French armies between 1914 and American entry into the World War. Thus, some units had pre-Army esprit de corps. The USAAS was officially created by General Order 75 on May 18 1917 to provide medical evacuation to the British, French, and Italian Armies. Their training camp, Camp Crane, was the Allentown, PA, fairgrounds and they began training in their civilian clothes before uniforms arrived. The first US-trained section (20 ambulances) arrived in France in late August 1917. The USAAS ultimately had 224 commissioned officers and 11,750 enlisted personnel who served in France and Italy. The USAAS began organizing its veterans group before the Armistice was signed on 11 November 1918. To quote their first President, COL Richard Slee, "East and west, north and south, all look alike to us. . . . . (We) recognize no man or men, section or body above others." Membership was open to all who had served with the USAAS, including those who had been members of the American Field Service. Their first reunion was held at Allentown, PA in June 1920, and reunions continued for 50 years. Among those who served with the USAAS was the last surviving American veteran of World War I, Frank Buckles.

(Left) Membership medal for The Army Ambulance Service Association has the collar insignia worn by the officers during WWI, a caduceus with an "A" superimposed.

(Right) USAAS reunion badge, worn by former PFC Arthur F. Jones of the 593d Section, USAAS, when he attended the 25th Anniversary Reunion of the founding of Camp Crane, PA in 1917

A Yankee among the Brits: The War Experience of Major Charles W. Lynn

Scott C. Woodard


Major Charles W. Lynn, M. C.

While researching at the US Army Heritage and Education Center in Carlisle Barracks, PA, I was presented an unpublished diary covering 9 August 1918 to 31 March 1919 belonging to Major Charles W. Lynn, commander of the Sanitary Detachment, 108th Infantry Regiment, 27th Division (New York National Guard). Prior to arriving in Europe, the 27th Division was mobilized for border security in Texas, gaining invaluable experience. After their arrival in Europe in May 1918, they began training with British troops in Northern France.

They were one of a handful of U.S. divisions that served entirely with the Allies, serving with British and Australian troops in attacking the "Hindenburg Line" (a major German fortification) in September 1918 and with British, French, and Belgian troops in fighting across the Selle River in mid-October 1918. Lynn was wearing his gasmask as he entered the village of St. Souplet, but still received mustard gas burns around the mask that counted as a wound. After that, the division was relieved from the line and spent the next month in reserve.

When the 27th Division was in action, Lynn supervised his battalion surgeons, organized medical supplies, coordinated evacuation (including with allied units), and was an effective battlefield staff officer. He also worked with the American Red cross (ARC) to get food and medical supplies to the civilians the Allies were liberating, easier for him because the ARC worked very closely with the AMEDD.

As the fighting came to a close, Lynn's work changed from a mix of keeping soldiers healthy and treating the wounded, to just keeping them healthy. The Army had suffered epidemics in the winter of 1917-18, and Lynn would do his part to prevent more.

November 1918.

In November, Major Lynn inspected the four medical detachments and discussed the sanitary conditions he found. On the 11th, he found a notice in French posted in the public gardens announcing the signing of the Armistice "*thus we knew peace has arrived*." The 23rd of November 1918 marked, "*Six months in France. Had service strip and wound stripe sewn on.*" Their 1918 Thanksgiving dinner was exquisite and was followed by a band concert at the chateau. Still always on duty as a healer of the sick, Doctor Lynn went to see a sick girl on the premises and arranged a consultation the next day. The month ended with site visits to the division medical section and the regiments' 2nd Battalion.

Soldiers of the 27th Infantry, veterans of the Hindenburg line and St. Souplet, enjoy some of the good things for the American Red Cross in Corbie, Somme, France.

December 1918.

December brought additional medical personnel from the Indiana National Guard. A lieutenant and ten men from the 38th Division were assigned. Replacements began arriving as the unit worked to fill previous combat losses. Lynn began to coordinate unit baths and delousing, important in maintaining the fighting strength of the unit. Major Lynn took the Indiana lieutenant with him to visit all three of the battalions and everything looked well. Later, Lynn was able to utilize a motorcycle sidecar to visit the Division Surgeon, Lieutenant Colonel Walter C. Montgomery.

On New Year's Eve, Major General John O'Ryan, Commander of the 27th Division, conducted a pass-in-review that became quite comical. The good doctor relays "*very cold. The field muddy and some cavalry charge when we rode around… Their staff seemed very green for they did not wait for us and it was everyone for himself and hell for the other… Genl O'Ryan started and his staff, hesitated, then they went all in a bunch*

without pacing off with us. The General went very fast and the ground was very boggy with… boggy places, which the horses tried to jump, they trotted galloped and there was no order at all. It was like a steeple chase with many water jumps…. I enjoyed it greatly."

January 1919.

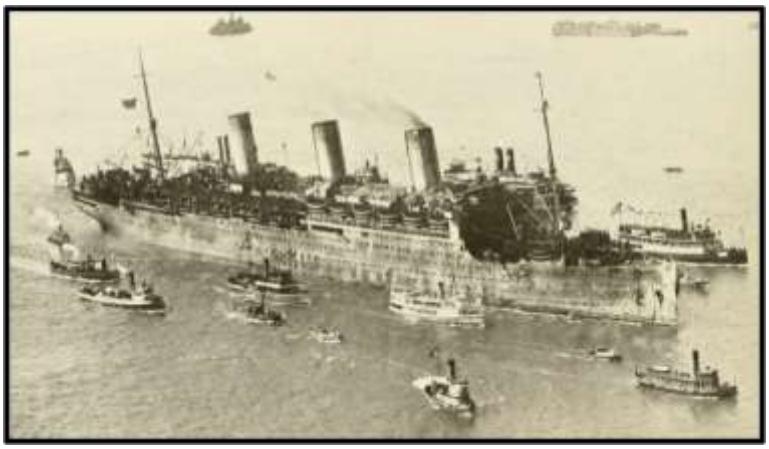
The New Year was brought in with the Army's traditional Commander's New Year's Reception. Major Lynn attended the division reception and was also invited to attend the Corps Surgeon's reception. Accompanied by the Division Surgeon and 40 Francs, he could experience the pleasure of dining with the Corps Surgeon. He writes, "*Declined. I have a very important engagement (with myself). Going to help myself save 40 Francs*." Finally in the New Year, his coordination for maintaining the health of the troops came to fruition - "*Thursday I have delousing and bathing now organized. Lice as usual indifferent.*" After receiving the Division Surgeon's guidance on the pending delousing, Major Lynn explained that Montgomery began a "*dressing down for telling him the truth about his History of the Medical Dept. viz that it had no interest for men with regiments comparable with Regimental History. He blustered as usual. Said I had no interest in the Division. Told me all he had done for me etc. Let him go on no use quarrelling. I know what I know.*" The day ended after bathing and delousing when he reported the regiment all clear – no vermin or disease.

Twelve shower heads, water pump, and a coal-heater furnish hot showers for about 1,500 men daily. Soldiers had to change outside of the facility as shown above.

General John J. Pershing reviewed the division on 22 January 1919. The 108th Regiment was well received and General Pershing had many glowing comments. He presented awards to divisional soldiers, but one of the medics, Private Max Norton, was not able to receive his Distinguished Service Cross. As Lynn tells, "Norton fell into a hole and was unpresentable and couldn't parade for his [award]."

February 1919.

In this common experience of 'hurry up and wait,' higher was constantly changing orders for movement. Major Lynn coped by visiting subordinate units and keeping busy. Despite his reservations, he finally finished typing up the division's medical history. During the Sanitary Train's departure, they used the trucks only for baggage and marched to the train station and then slept on the train. Once they debarked near the port, the area was a mire of mud and squalor. It had been raining for 39 days straight and now approximately 50,000 men were encamped awaiting transportation home. Lynn understood the Army was doing its best, but wished they would wait for the boats before bringing all the men together. In support of the move, Doctor Lynn conducted physical examinations, property and financial inspections. Once ordered, they loaded the ships quickly.



The transport "Leviathan" carried 10,000 27th Division soldiers and reached New York on 6 March, 1919.

March 1919.

On the ship, he performed a "cootie hunt," but only found four. The doc quarantined three soldiers and performed continual inspections. After months of combat fighting against machine guns, artillery, and gas shells, stormy seas and high winds caused one man to dislocate his shoulder. The day finally arrived when North America came into view. The land looked good and the ARC greeted them on arrival, feeding them, ironically, sauerkraut and frankfurters.

On 25 March 1919, the Division paraded in New York City. Major Lynn rode a cream-colored horse that acted out from all the excitement. The beast desperately battled Lynn for control and a proper place in the parade. They were finally given permission by the commander to go anywhere the horse wanted. The commonality of soldiers returning from a combat zone and their reactions to familiar stimuli presented then as now. "*A can of wood alcohol exploded*" explains Lynn, "*burning two waiters as the flame came of course we all scattered I went down stairs at a reasonable pace*" until a private grabbed his sleeve and pulled him down on the run. On the last evening they had a nice dinner and Colonel Edgar Jennings, the Regimental Commander, said a few words. Lynn made a little speech and commented in his journal "*rather sad at the ending of things*." 31 March 1919 was the big day, the final day. The soldiers were paid. Most everyone was split up in the varying pay lines, so there was no time for goodbyes. It was now over. The final entry in his six-month diary ends in "*a civilian again*."

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Troops of an unidentified unit being deloused at the Bordeaux embarkation camp before boarding ship for the US, 24 January 1919. Damaged clothing was replaced, usable clothing was steam-cleaned, and the men showered. MAJ Harry Snively is in the middle, pointing to the far wall, with his back to the camera.

Courtesy National Museum of Health and Medicine

Treatment of facial wounds developed dramatically in WWI; previously few patients had survived due to infections. Plastic surgery helped remarkably, and dentists also developed a variety of temporary and permanent prostheses. This "apparatus" was developed at Base Hospital 52, in Rimaucourt France.

National Archives photo.

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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