

will be required of sufficient speed and tonnage to insure a bed capacity of 500 or more and one round trip every month.

(f) Under the above conditions we recommend that the medical provisions needed in the transport of troops and the transportation of sick and wounded of the Army be entrusted to the Navy.

(Signed) W. C. BRANTON,
Surgeon General, U. S. Navy.

(Signed) W. C. GOSMAN,
Surgeon General, U. S. Army.

[RECEIVED]

122694

JANUARY 21, 1918.

To: Secretary of the Navy.

Subject: Transportation of sick and wounded of American Expeditionary Forces.

1. As directed in the sixth indorsement, a conference was held with the Surgeon General of the Army.

2. The Surgeon General of the Army states that he was informed some time ago that the Army Medical Corps would not have the responsibility of transporting the sick and wounded of the Army from Europe, but that the Navy would undertake it. The Bureau of Medicine and Surgery has received no intimation whatever that this, which is considered the gravest problem of the Army Medical Department, would come within the jurisdiction of the Navy Medical Department.

3. The Surgeon General of the Army estimates that transportation will be required for 5,833 permanently disabled men every month, of which about 1,200 will be strictly hospital cases. Convalescents are not included in these figures. It is believed that war conditions may require evacuation of cases other than those permanently disabled to relieve at times, temporarily, the base hospitals abroad, and that therefore the above figures are not an overestimate, particularly with regard to actual hospital cases.

4. Two hospital ships have been purchased under a special Navy appropriation and are now nearly ready for service. Hospital ship No. 1, now building at Philadelphia, can not be counted upon for a long time to come. The *Schoon*, now in service, if not in need of repairs, will, with the two ships mentioned above, constitute the total resources of the United States in hospital ships, to serve, if used jointly as indicated in the sixth indorsement of the Chief of Naval Operations, an estimated Navy and Marine Corps personnel afloat and ashore abroad of 200,000 men and an Army personnel abroad of 1,000,000 men.

5. (a) The bed capacity of these three hospital ships, if diverted entirely for Army needs, estimating that they could maintain an average schedule of three round trips every two months, which is doubtful, would prove totally inadequate to the Army needs as anticipated by the Surgeon General of the Army in this correspondence.

(b) The Bureau of Medicine and Surgery, until the receipt January 15, 1918, of the sixth indorsement from the Chief of Naval Operations, was uninformed regarding the offer, as far back as November, 1917, of hospital ships to the Army in mutual work for both services. No provision has therefore been made to meet such a contingency, involving, as it would, the lack of hospital accommodations at the isolated bases, both at home and abroad, at which the units of the fleet assemble or will most likely assemble for strategic reasons (attention is invited to the assembly points for the fleet in home waters and to what may be expected regarding isolation from hospital bases gathered from intelligence data regarding, for instance, the British fleet). The necessity for the presence of hospital ships with the naval forces afloat to take care of the Navy personnel and to act as medical supply ships is considered vitally essential, and will become more so as the naval activities, both ashore and afloat, increase beyond seas. Attention is further invited to the fact that major naval activities will most likely be far removed from expeditionary activities on land and that mutual use of hospital ships would not work out efficiently, as most probably contemplated when the mutual offer was tendered by the Navy Department.

6. Upon the turning over of certain vessels to the Navy for use as transports, the Bureau of Medicine and Surgery recommended the usual sick-bay accommodations for the proper care of the Navy crew and the transient Army contingents. When certain factors pointed to the fact that the Army Medical Department might fail to obtain hospital ships, it was anticipated that certain types of cases capable of helping themselves, and not therefore in need of nursing care, would be returned on these ships. As it was considered that some of these men, more so than