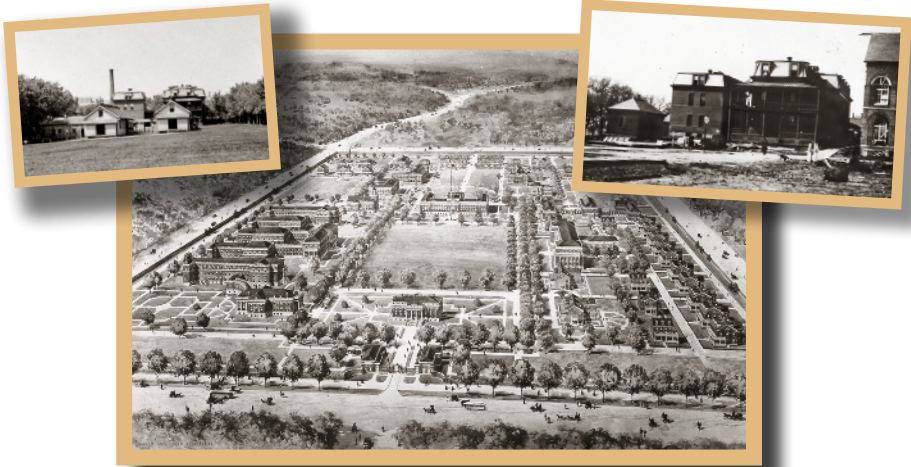


In Defense of a Dream

1903–1905



“We... have to be ready to meet any emergency that may arise anywhere, at any time.”¹

The Proposal

The Spanish-American war brought many changes to the Medical Department; some were gradual, extending over a period of years; the effects of others were felt almost immediately. The gap between personnel requirements and manpower assignments never seemed to close, and as the mobile field hospitals organized to accompany the armies to the front became immobilized with typhoid cases, the nursing service problem became critical. In an effort partially to meet the deficit in nurses, the time-in-grade service for promotion of assistant hospital stewards was decreased from twelve to three months, and many willing but untrained corpsmen undertook the grave responsibilities of nurses.

Traditionally, the Army shrank or expanded according to Congressional whimsy and the current enthusiasm for economy. The Medical Department, less spectacular than the combat branches and thus considered less obviously necessary, hung with precarious footing on the fringe of Army appropriations. The Act of March 1, 1887, excluded the Hospital Corps from the effective strength of the Army, but when the Regular Army increased to 65,000 men in March 1899, the Hospital Corps complement barely escaped inclusion in the total manpower allowances. There were still insufficient corpsmen to meet the nursing requirements, which coincided with the increased number of military hospitals, and so by July 1, 1899, one hundred thirty-seven of the two hundred and two contract nurses remaining in the service were assigned to duty outside the United States.²



Parade Grounds and Barracks; Washington, D.C.

Like the Army Medical School program for doctors, formal training for the Companies of Instruction was curtailed during the war, and the corpsmen received instruction as practical nurses after detail to the temporary general hospitals. As these hospitals were not only overcrowded but lacked uniformity in organization, nursing service standards were open to improvement. Further, the on-the-job training program for men nurses coincided with the interests and opinions of the respective hospital commanders, with only the instruction in cooking “intrusted to civilian cooks or to female nurses in charge of the diet kitchen.”

The corpsmen trained at Washington Barracks were more fortunate than some, for Major E.L. Munson, like Woodhull, Hoff, Clyde Ford and more recently Major F.R. Keefer, was intensely interested in military medical training. Under his general supervision, a three-week course of twelve progressive lessons in cookery was given by a female nurse who for undisclosed “local reasons” was classed as a civilian rather than as a contract nurse.³ The feminine influence was pervasive, and since the corpsmen were supposed to do emergency cooking only, they were taught to prepare “the various articles of the several rations, so as to render them more delicate, appetizing, and suitable for the use of the sick”. In true military fashion, however, the students attended cookery class in squads of ten to eighteen men. As a reward for culinary proficiency the more apt ones were detailed for “a short tour of duty in the general kitchen,” to some, no doubt, a dubious recognition of merit. The company commander at Washington Barracks boasted proudly of the display of interest in cooking but may have failed to correlate the masculine enthusiasm for this feminine pursuit to the novel circumstance of having an instructress in

charge of the class. As a matter of record for social anthropologists, the Surgeon General had predicted that the presence of female nurses in a male domain would be both disrupting and disturbing. Major Munson solved the behavior problem by the simple expedient of assigning "...an acting hospital steward during each hour of instruction."⁴

General Order No. 3, January 8, 1900, removed the Company of Instruction, Washington Barracks, from line control and attached it to the hospital. This arrangement not only provided more freedom in detailing the men to hospital and school duties, but it obviated minor clashes of authority between the hospital commander, Major Borden, and the post line commander who lived in close proximity on the military reservation.⁵ The little hospital provided a basement room for Corps drill exercises during inclement weather, but otherwise there was little outward change in the military routine. In 1901, the Medical Department adopted maroon as its official color instead of green, and after February, the hospital corpsmen wore regulation Medical Department insignia. The Red Cross arm brassard was designated for use only during war.

Some 5,000 men then were in the Corps, few of whom had the careful training of the pre-war period. "To be sure," said the Surgeon General when advocating a four-month training course for the seven reactivated Companies of Instruction, the men were "no worse off... than the men in other branches of the service, but their individual responsibility (was) so much greater that lack of training became more apparent."⁶ Further, the Corps was so loosely organized at this time, that the company commanders found some difficulty in transferring the medical soldier and his descriptive list, his complete service record, to new stations and having both arrive in good order.⁷

Fifty-nine members of the female Nurse Corps were on duty at military hospitals in the United States during 1901, the year the Army Nurse Corps received Congressional authorization. Many corpsmen resented the nurses' attempts at hospital supervision and military authority, but there was a decided improvement in the attitude of the average Army doctor toward the new professional allies. Only two years previously some of the more conservative officers had agreed that where women were concerned "as a rule their behavior was satisfactory and their work commendable, but they were an expensive luxury as they received more wages than the men of the hospital corps and required much waiting on."⁸ Now, although the Surgeon General had not changed his opinion that their presence was "not considered desirable at post hospitals under ordinary conditions," the United States Army Hospital at Presidio of San Francisco, established in 1847, had forty-three. As the Presidio served as a staging area for the Philippines, it did not reflect the true pattern of other military hospitals, for neither the large Army and Navy Hospital at Hot Springs, Arkansas, nor the very active U.S. Army General Hospital at Washington Barracks, vanguard of the national capital, employed females for bedside nursing.⁹



Greenleaf's Point, Washington Arsenal Grounds

Insofar as Washington Barracks was concerned, not only was there no housing for female nurses, but Company No. 1 at ease found dismal surroundings, for it was quartered in temporary wooden pavilions built during the war and already in need of repair.¹⁰ Major Borden was not unmindful of the technical deficiencies of the corpsmen who worked in his hospital, and he commented in his usual direct manner on the fact that “a large number of recruits (had) never seen the interior of a hospital, and the great majority of them (had) not the faintest idea of how to care for the sick.”¹¹

Concurrently, new technical positions were being opened to the Hospital Corps, for contract Dental Surgeons were appointed in 1901, and each dental surgeon was authorized a corpsmen or acting hospital steward as an assistant. As a result of the occupation

of Cuba, Puerto Rico and the Philippines, men were returning to the United States with strange tropical diseases which required special investigation. Tropical service was, therefore, not only presumed to affect the teeth, but the Surgeon General reported that servicemen were constantly “being discharged on account of their inability to properly masticate the Army ration.” This was the identical ration with which the Medical Department strove to tempt the jaded appetites of the sick by rendering it more “delicate, appetizing and suitable,” through subsidies from the Hospital Fund.¹²



Portrait of Captain John S. Marshall; First Dental Officer, U.S.A.

Many factors encouraged Major Borden's concern over the requirements for a larger hospital in or near the city of Washington. During 1902, he admitted 544 patients to the U.S. Army General Hospital, ninety-one of which were operative surgical cases.¹³ With the building in bad condition and the wards crowded, he found it difficult to keep the operating room in the proper antiseptic condition. The low-lying tidal land of Greenleaf's Point was hot and humid in the summer, an unpleasant and unhealthy place when domiciling sick patients in tents or wooden pavilions. Moreover, he had found the teaching and demonstration facilities to be poor, altogether unsatisfactory for the instruction in surgery staged for the Army Medical School students.¹⁴

And so he prospected in the metropolitan area, searching for a suitable location for his hospital, if and when Congress could be persuaded to part with the funds. As the Army Medical Examining Board used the clinical case material available at the Barnes Hospital, U.S. Soldiers' Home, for examining candidates for Medical Corps commissions, he considered the advisability of a location proximal to Barnes Hospital. On the other hand, the northwest section of Washington was, as Major Reed had said, more exclusive. Therefore, in the course of his peripatetics the enthusiastic doctor considered the advisability of purchasing lands "fronting on Connecticut Avenue beyond Rock Creek bridge or elsewhere...."¹⁵ In any case the idea of a new general hospital had caught firm hold, and he was desperately in earnest when pleading for an institution with professional facilities beyond the requirements of a post hospital, an institution staffed by personnel with clinical training exceeding the qualifications of the average doctor assigned to garrison duty.

Such an institution would, he believed, save personnel for the Army if a suitable place could be provided for the observation and careful examination of officers ordered before the retiring boards. Moreover, he was as fully convinced that general hospital administrators required training as he was that some special diagnostic apparatus and some medical and surgical procedures were peculiar to the military medical service. The lessons learned at such humiliating cost in the Spanish-American War were still vivid, and so he not only urged the advantage of hospital extension in time of war, but he proposed that the military attending surgeon for the city of Washington be attached to the institution as a visiting surgeon. This, he contended, insured the controlled treatment and final disposition of military personnel by Medical Officers. Cunningly, he pointed to the obvious economic advantage on the one hand, while on the other he noted that the added case load would broaden the clinical training of Army doctors.¹⁶

Dr. Borden's own experience with alleged administrative interference at Washington Barracks rankled, and he objected strongly to supervision by lay military commanders. And so as if to clinch the argument for the defense, he used effectively and forcefully the principle of exclusive command of the general hospitals by medical officers reporting direct to the Surgeon General. Within these military medical cases, professional autonomy would be supreme. Many of the good doctor's associates believed him an idle dreamer, and some, perhaps, would have been openly critical had he not been known as the physician to Presidents. Others hinted that he was politically successful because he had known Cleveland,¹⁷ and that having once X-rayed Teddy Roosevelt's knee¹⁸ he had obtained the listening ear of politicians.

The Lively Dreamer

The Army Appropriation Act for 1903 brought the Hospital Corps closer identification with the Army as well as some changes in pay and grade. The titles of Steward and Acting Steward were replaced by Sergeant, first class, and Sergeant; the grade of Corporal was created for men showing leadership qualities but lacking the technical knowledge required to pass examinations to higher grades.

The Companies of Instruction were gradually gaining respectful recognition from other service branches, and the Medical Officers concerned with the training and management of men urged a standardized training program and revised drill regulations. Company No. 1 at Washington Barracks was by then something of a showpiece, and small smartly trained cadres frequently represented the Medical Department at public ceremonies, where the "numerous public exhibitions... excited considerable interest in Hospital Corps instruction and in the new field organization and equipment of the Medical Department."¹⁹ The annual encampment of the Pennsylvania National Guard, held at Gettysburg, Pennsylvania, during the summer months, provided an excellent opportunity to test both the organization and equipment. Accompanied by three four-mule wagons carrying the equipment for a twelve-bed regimental hospital, the men usually made the eighty-six mile march from Washington in seven days.

A pack mule accompanied the entourage, primarily as a means of teaching the field medical soldier proficiency in packing,²⁰ but the two-horse ambulance served practical as well as demonstration purposes, for many untrained recruits became blister-casualties on the march. As a rule the eighteen miles from Washington to Rockville represented a one-day march, but on occasion the cadre made its first camp a little north of Fort Stevens, on the wooded ridges of the Norway tract,²¹ part of which was then owned by the Shepherd family. By 1903, the summer demonstrations at Gettysburg were such a conspicuous success that Company No. 1 was sent as far afield as West Point, Kentucky (later Fort Knox, Kentucky), then to Fort Riley, Kansas, where it manned a Field Hospital and an Ambulance Company.²² Securing the right number and the right kind of personnel was, however, an ever present problem, and scarcely a year later the proud company Commander bemoaned the fact that the quality of new recruits did not equal the opportunities and advantages afforded to members of the Hospital Corps.²³

The Army War College was planned and organized in 1900 by the Secretary of War, Elihu Root, as a temporary substitute for the controversial General Staff then under study but not authorized until 1903. The college was scheduled for relocation from Jackson Place, in the heart of the city, to Washington Barracks.²⁴

One of the Staff concepts provided for a four-year detail system for all staff officers, followed by duty with troops. This proposal met with opposition from firmly entrenched bureau heads who controlled national military policy under the old tenure system. The individualistic General Frederick C. Ainsworth, a one-time medical officer in charge of the Division of Records and Pensions in the Surgeon General's Office, had become sufficiently well known as an able administrator to be appointed as the Adjutant General, official record

keeper for the Army. He was independent, autocratic²⁵ and influential with the Congress but so adroit a politician that this fact was not generally recognized.²⁶ General Ainsworth was decidedly anti-Staff, and he not only objected to but resisted all efforts to coordinate the activities and functions of his office with other War Department bureaus. Although his resistance to Staff authority and attempts to by-pass its organizational channels may have served as a blueprint for later generations of anti-Staff medical officers, he was otherwise an efficient and loyal officer. A model record keeper, General Ainsworth believed that the most minute and seemingly insignificant information should be recorded on the service record or descriptive list. As the instigator of modern personnel methods, he undoubtedly influenced administrators in other branches of the service to accept his system.



Surgical Demonstration by Major Borden; U.S. Army General Hospital, Washington Barracks, D.C.

Surgeon General Robert Maitland O'Reilly was not a spectacular successor to the professionally outstanding General Sternberg, but he was a conservative and agreeable man who endorsed sound policies. Any lack of aggressiveness was offset by his pleasant dignified manner and his quiet plodding along a course bounded by the Dodge Commission's recommendations and the enthusiasm of his young satellites for administrative

innovations. Field medical officers were conscious of their lack of prestige with line officers, with whom seniority, rank and responsibility were nearly synonymous terms, and they were determined to overcome the military handicap which doctors, as technicians, met constantly in the highly organized caste system fostered by the Army.²⁷

While General O'Reilly made an excellent impression on Congressional Committees, he would not personally lobby for special interest programs.²⁸ And so he detailed energetic young doctors to key office positions and held them responsible for the office management. The resourceful and aggressive Major Borden was offered the influential position of executive officer, but as his primary interest lay in the professional field he declined, saying he preferred being the "power behind the throne."²⁹ Although Borden had a personal career plan toward which he worked, there were a good many would-be powers in those days, and he soon found that he had a friendly rival in his alternate, Dr. Jefferson Randolph Kean, who was appointed executive officer and became one of General O'Reilly's principal advisers.

The two young doctors were opposite in type, temperament and interests. The suave and adroit Kean was already well known as a practical sanitarian and "trouble shooter" for the Department, but at this time he was intensely interested in establishing a personnel section in General O'Reilly's office, supervised by a doctor rather than the autocratic civilian Chief Clerk. Further, he disapproved of the allegedly patronage-ridden system of the National Guard and militia appointments and favored formation of an Officers' Reserve Corps which would guarantee a roster of professional men not only familiar with military medical problems but quickly available in time of war.³⁰ A great deal of Kean's recent service had been in the tropics, and he had come to believe that the medical officer made a better show of authority in effecting sanitary reforms when addressed by a military title, for "doctor" was a self-limiting functional term which restricted the holder to an advisory or service role.³¹ Kean agreed heartily with Theodore Roosevelt's opinion that medical officers must "supplement in (their) calling the work of the surgeon with the work of the administrator."³² It was during this period, therefore, that medical officers began abandoning their professional title, adopting, almost to the point of a fetish, the military form of address.

Captain Charles Lynch, Medical Corps, was assigned to the General Staff in 1904. Moreover, Major Kean was well known to William Howard Taft, who succeeded Elihu Root as Secretary of War in 1904, and he was therefore a politically formidable liaison between the Surgeon General's Office and the groping, struggling War Department General Staff. Further, since line officers had objected to granting to doctors rank above the grade of First Lieutenant, he was fully aware of the necessity of securing "military" i.e., line approval and support of medical service programs if the Medical Officer was to have recognition and prestige instead of sufferance. The plans for organizing the Army were under study, and *Borden's Dream*, an Army Medical Center incorporating a hospital, school, library and museum, did not then seem as important to him as actual military status. Well aware that General O'Reilly admired and trusted Dr. Borden's judgment, Kean not only left nothing to change but prepared

*With much care and after consultation with (his) comrades, and especially with Major William C. Borden of whose shrewdness and good judgment the Surgeon General had a very high opinion, a formal document which (was) called the "Brief," which set forth the whole question of the personnel needs of the Medical Department.*³³

Several of the currently influential Medical Corps officers in and around Washington during that year had participated in the intervention in Cuba, including Major Merritte W. Ireland, endorsed by Kean as the first personnel officer of the newly created division. Ireland, like Kean, was personable, sociable and brilliant, and he collected a vast array of facts on the members of his Corps as he established the 201 files, or individual service records, of his brother officers. A man known for his phenomenally keen memory, he was likewise known for his loyalty to his supporters.³⁴

The Medical Corps was not only small at this time but the individual abilities of its members were usually well known. Further, the standards for acceptability as fixed by the Army Medical Examining Boards were so high that only the hardest academic and professional contenders received commissions. The grueling preliminary examinations posed by the Board in such general subjects as mathematics, history, geography, general literature, Latin grammar, Latin prose, English grammar, anatomy, physiology, chemistry, physics, materia medica and therapeutics and normal histology eliminated approximately eighty per cent of the candidates prior to examination in the clinical subjects. As a rule Army Medical School faculty members served as examiners in their special subjects. The faculty had deliberated for years over any advantages to be gained from fixing military rank *after* attendance at the School and in addition to the grades submitted by the Examining Boards but it was not until 1904 that the Surgeon General finally endorsed a change in policy.³⁵ The faculty changed in 1903, as the nucleus of the group of young officers destined to influence Medical Department policy for the next quarter of a century gradually began to gather in Washington. Majors Kean and Ireland, in the Surgeon General's Office, were politically the most important members of the group at this time, but Walter D. McCaw, James D. Glennan and the chemist, Carl R. Darnall, became staunch members of the faction later known affectionately as "The Ireland Gang." Darnall, as the junior faculty member and junior examiner, often acted as Secretary to the Examining Boards, and so it fell on him, "Old Wooden Face" as his contemporaries fondly called him, to announce the dismissal of unsuccessful candidates for Medical Corps Commission. "Doctor," the chemist would announce gravely, "the Board believes you should discontinue your examination at this time and return next year when you are better prepared."³⁶

With Pen and Scalpel

One of the more awesome members of the 1903 faculty, and of course a member of the Examining Board, was the fiery Major William H. Arthur, detailed as Surgeon at Barnes Hospital, U.S. Soldiers' Home. Arthur not only resented Dr. Kean's popularity with Taft, but there seems to have been some professional competition with his surgical colleague at Washington Barracks, Dr. Borden, who, during the 1902–1903 session was “professor of military surgery, demonstrator in operations on the cadaver and in surgical clinics,” but during 1903 and 1904, undertook instruction in X-ray work along with his duties as professor of military surgery. Arthur, the grenadier, whose exacting examinations in anatomy spelled defeat for more than one frightened young candidate for a commission, taught the “duties of Medical Officers” during 1904, and surprisingly the instructors noted “a few trifling lapses in deportment” among the dignified students.³⁷

Deviations in behavior were not only practically unheard of prior to the Spanish-American war, but the caustic, letter-writing Arthur was a strict disciplinarian. While still only a Captain, he had reduced the number of cases of alcoholism at Vancouver Barracks by treating his patients as for acute poisoning, which after all it was. The treatment was simple but effective — either voluntary or enforced introduction of the stomach pump, followed by a bowl of hot beef broth weighted with cayenne pepper.

After an hour of rest, reported the intrepid doctor, the patient was “generally able, however unwilling, to do his duty.”³⁸ This treatment was apparently reserved for the



Colonel Arthur's Appreciation of the Examining Board

soldiers, but there is no reason to suppose that the plump, high-tempered, impulsive, fierce³⁹ major was less timorous in dealing with others. As commanding officer of the First Reserve Hospital, Manila, in 1902 he witnessed the Army's first strike by female nurses who objected to washing dishes on an officers' ward.⁴⁰ A man of strong convictions he completely disapproved of admitting the troublesome women to the disciplined military hierarchy.

As clever with pencil as with pen, Dr. Arthur amused himself and his contemporaries with timely sketches, and a popular depiction of a shivering young candidate facing the grim ordeal of the Army Examining Board had wide circulation through the Corps. As a hospital ship's surgeon during the Spanish-American War, he had had service in Cuban Waters; and well aware of the poor preparation of the militia for field duty, he caricatured Teddy Roosevelt as carrying a limp officer in his arms.⁴¹ Indefatigable and fearless, Arthur the anatomist and surgeon took calculated risks which more timorous surgeons avoided, and in a ten-month period at Barnes, he operated on sixty-five old men, twenty-two of whom averaged more than seventy years. In reporting his exploits, in 1904 he advised his colleagues to be less conservative in attempting geriatric surgery.⁴²

The Army Medical School admitted larger classes than before the war and Captain F.P. Reynolds, commanding officer of Company No. I, at the Barracks, reported enthusiastically that since the most important duties of medical officers came within the range of organization and administration, student officers should have rotating training in the various departments of a general hospital in order to learn intimately all of the management problems.⁴³ Dr. Borden was now urging the Surgeon General to support his plans for a large general hospital, and having decided that if the Surgeon General wouldn't set aggressively to secure his heart's desire he would take matters in his own hands, he openly sought Congressional funds. Then with his usual vigor, he began sketching his "dream," and when General O'Reilly returned from a vacation in Europe he found that Borden had completed a set of plans for a modified colonial hospital.⁴⁴ Each of these versatile young doctors exerted considerable influence on the Surgeon General and each pressed him for support. Borden had given Kean his best efforts when assisting with the "Brief," submitted to the Staff on December 26, 1903.⁴⁵ He was doubtless as discouraged as its author that neither the Reserve Corps nor the right and privileges of legal address by unqualified military title was granted until 1908. In the meantime, however, he pursued every advantage to secure his own project.

"Sketch plans are now in course of preparation for such a hospital, the establishment of which means so much to the Medical Department and the Army at large that it is hard to express the disappointment felt at failure to obtain the requisite appropriations from the last Congress,"⁴⁶ wrote its defender in 1903. The long planned construction work at Washington Barracks was well under way, with the War College and Engineer Schools planning to locate new buildings on the old hospital site.

The problem of adequate space was troubling Dr. Borden, busy in his dilapidated little hospital at Washington Barracks, where he admitted 542 cases during the year

1903 and performed “116 of the more important operations,” forty-five of which were for various kinds of hernias and fourteen were appendectomies.⁴⁷ Nevertheless, he still found time to urge construction of a new hospital. In reemphasizing his opinion to the Surgeon General, he included a more telling argument than usual, for he estimated that as a result of the successful operations performed at Washington Barracks since September 8, 1898, thirty-one completely incapacitated officers were restored to active duty. According to Dr. Borden’s fiscal juggling, the Government was thus saved an annual \$60,000.00 in retired pay. Similarly, some 216 surgically treated enlisted men were restored to duty whose pensions would have equaled \$28,000 annually. Thus the combined savings would, according to the enthusiastic Borden, cause a new and larger hospital to pay for itself many times over.⁴⁸ The Surgeon was fortunate in his official relationship with the Surgeon General, and in 1904 they collaborated on a section for W.W. Kean’s fourth edition of the *American Textbook of Surgery*. The chances are that the senior officer, a man busy with official duties, accepted this credit without embarrassment, and that Dr. Borden did practically all of the actual work.

His close association with the Surgeon General may have accounted for the temerity with which he had Marsh and Peter, architects, develop the sketch plans; on the other hand, he may have hoped that the handsome watercolor drawing of the military medical post,⁴⁹ similar in style to the structures at Washington Barracks, would inspire confidence in the actualities of his undertaking. An improvement on the military hospitals of the day, the main building was designed to house seventy-five patients and was modern to the point of being lighted “...mainly by electricity.” Cannily he proposed “that with a suitable place for locating the Library, and with the members of the medical profes-



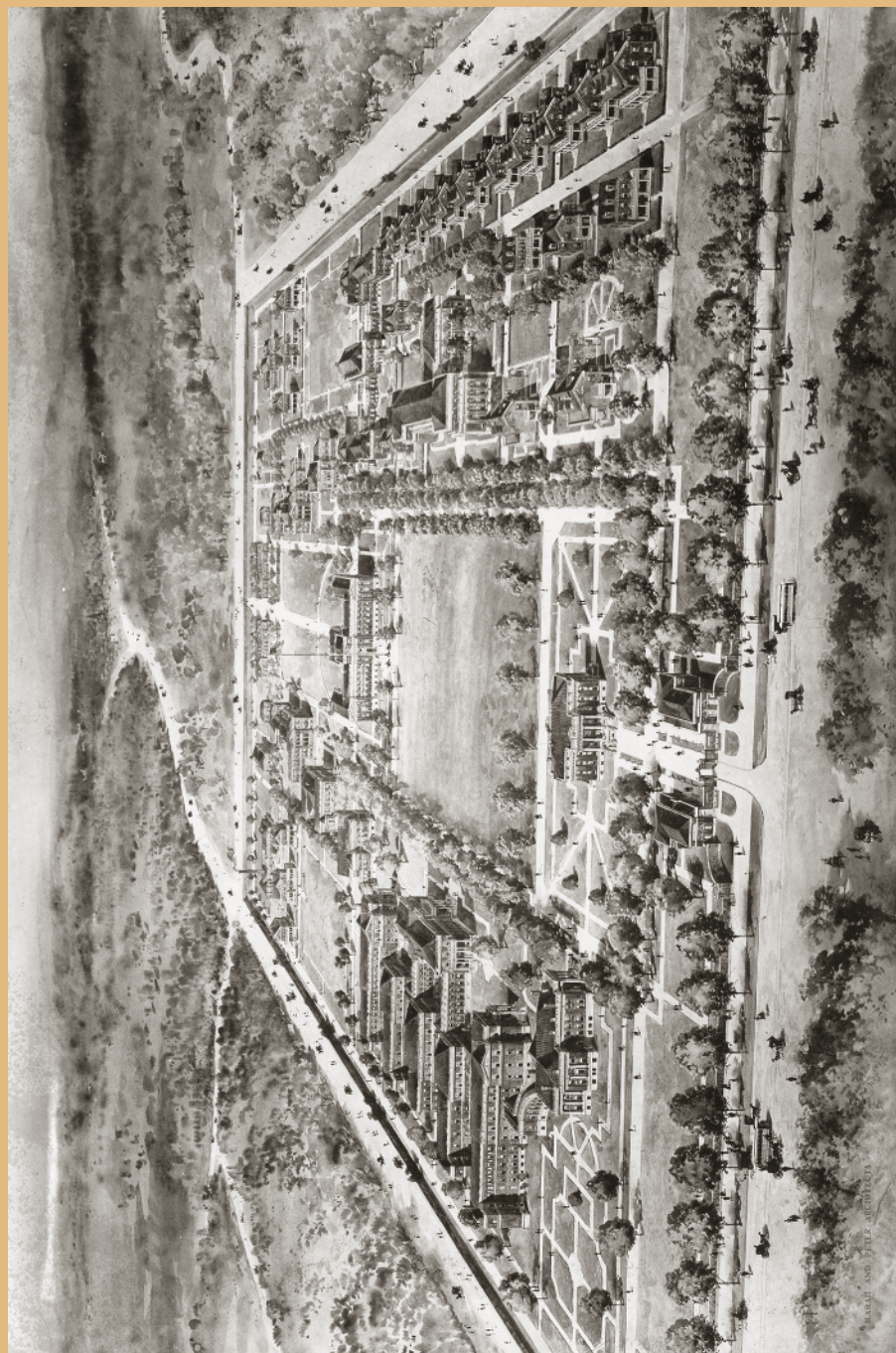
Post Hospital; Washington Barracks, D.C.

sion advocating it, a proper building (would) be erected" on the site.⁵⁰ His ideas were not slow aborning, and while he waited for his project to receive full approbation with both Congress and his colleagues, he prepared, in 1904, a classic summary of the vital responsibilities of the Medical Department to the Army as a whole. Familiarity with the technical limitations of untrained corpsmen and the military insufficiency of young doctors had impressed Dr. Borden with the necessity for training adequate to prepare officers to meet the myriad responsibilities of an understaffed and overworked department. Thus the individual as well as the Army must be mobile, versatile and willing. "A man who devotes his life to a military service," he wrote shortly after assisting Kean with his "Brief", "becomes a military specialist, in that he devotes his time and attention to so perfecting himself in knowledge relating to military matters that he can be an effective unit in that complex body known as the Army."⁵¹

Although not officially approved Congressional lobbying had its advantage, and so Dr. Borden haunted the Capitol during these years, discouraged but not relinquishing hope for financial support for the general hospital. Assistance came unexpectedly as a result of his professional interest in an aged Civil War amputee, doorkeeper of the Senate, whom he admitted as a patient in the hospital at the Barracks. The old soldier had suffered the effects of unskilled orthopedic surgery for more than forty years, and in gratitude for his surgical rehabilitation he confided to Major Borden the name of a senator known to be interested in District of Columbia real estate and whose Congressional proposals usually received favorable support.⁵²

Primarily as a result of William Cline Borden's efforts, the bill laid before Congress in 1902 and again in 1905 was finally passed, and the Medical Department was authorized an appropriation of \$100,000 to purchase ground and \$200,000 for building a general hospital. Political life in the national capital must have been less strenuous in 1905 than in 1950, for official Washington served more tea and fewer cocktails. By chance, the Bordens were having an "at home" on the day public announcement of the Congressional appropriations for a general hospital was made. The shocked and incredulous disbelief of his professional colleagues, who had labored at their behind-the-scenes efforts for other measures, gave the party an air of tension which the amused Major Borden blandly ignored.⁵³

The Secretary of War appointed a Board to select the site for the hospital, which must be near a railroad, have a streetcar facilities, water mains and sewers, be well drained and provide expansion for temporary pavilions in time of war. The Norway tract to the north of the city, facing the now finely macadamized Brightwood Avenue, cycling delight of the social set, answered all the requirements, including the interested Senator's approval. The metropolitan line of the Baltimore and Ohio Railroad passed within a quarter of a mile, in Takoma Park, "and on the west of Sixteenth Street (was) Rock Creek Park with its high ridges where temporary camps (could) be placed, if such (were) required."⁵⁴ Geographically, the 43½ acres purchased May 20, 1905 consisted of practically five elevations and part of the low ravine bounding Cameron's Creek.



Borden's Dream, 1906

A professional controversy raged after Major Reed's death, as partisan adversaries defended the claims of the various participants to fame and the relative merits of "Finlay versus Reed, Reed versus Carroll, Agramonte and Lazear versus the others and, in a lesser way, Kissinger versus Moran."⁵⁵ In some instances public-spirited citizens had proposed that the Congress erect a national monument to the scientist, but no action was taken although the Washington parks bore mute testimonials to lesser men.

Only the Walter Reed Memorial Association⁵⁶ took an active interest in immortalizing the yellow fever episode, and within that group it was Kean, possessor of a detailed knowledge of the fact and access to the official records, who personally answered many of the letters which established indisputably Major Reed as the principal investigator responsible for this work. By 1906, *Borden's Dream* had assumed an identity of its own. The Walter Reed U.S. Army Hospital was no longer a nebulous plan, and although the Congress had not seen fit to immortalize the great scientist, Kean, the military surgeon, the sanitarian, the proud member of a proud profession, could visualize the great hospital of the future, and he believed it "a nobler monument than any which a sculptor could create in bronze or marble."⁵⁷

References

1. Ltr from Florence A. Blanchfield, Col, ANC, to Hon. Margaret Chase Smith, M.C., 18 July 1945, SPMC 211 nurses.
2. Annual Report TSG... 1899, pg 20-25.
3. Annual Rpt... 1900, pg 25.
4. *Ibid*, 1899, pg 23.
5. Daniel L. Borden, *op cit*, pg 8; Major Wm. C. Borden, "The Walter Reed General Hospital," *The Military Surgeon*, Vol. 20, 1907, pg 20-35.
6. Annual Report... 1901, pg 39.
7. *Ibid*.
8. Annual Report... 1899, pg 52.
9. Annual Report... 1901, pg 62.
10. Annual Report... 1904, pg 127.
11. Wm. C. Borden, *op cit*, pg 29.
12. The equivalent was established by John Morgan, M.D. in 1776. The fund is two-stage: local in the respective hospitals, accumulated from unused diets and other sources, it is audited but non-appropriated; centrally, i.e., the Surgeon General's Office, from local surpluses and from hospitals that have closed. There are certain prescribed limitations on its use.

13. Annual Rpt... 1902, pg 135.
14. On May 6, 1775, Second Provisional Congress of Massachusetts Bay required a committee to examine prospective Surgeons; in 1814 Army Regulations provided that no candidate should thereafter be app. who had not received a diploma from a reputable school *or* examination of an Army Medical Board; Act 30 June 1834 (4 Stat. 714) prescribed examinations for medical officers; Act of 23 April 1908 (35 Stat. 66) prescribed boards; unchanged by 4 June 1920 Amendment to Nat'l Def. Act of 3 June 1916. See George Albert Scheirer, *Chronological Table...* Med. Dept., U.S. Army 1755-1947, on file HD, SGO.
15. Annual Report... 1902, pg 136.
16. *Ibid*, pg 138.
17. Interview with Brig. Gen. J.R. Kean, MC, Ret., Nov. 1946.
18. Daniel L. Borden, *op cit*, pg 7.
19. Annual Report... 1903, pg 35.
20. Annual Report... 1902, pg 37.
21. Interview with Lt. Col. Herbert H. Dean, MAC, Ret., April 12, 1950.
22. Annual Report... 1903, pg 35.
23. *Ibid*, 1904, pg 21.
24. Otto L. Nelson, *National Security and the General Staff*, Washington, Inf. Journal Press, ca 1946, pg 79; The law authorizing the Staff was enacted Feb. 14, 1903, effective Aug. 15, 1903.
25. Otto L. Nelson, *op cit*, pg 89.
26. P.M. Ashburn, *A History of the Medical Department of the United States Army*, Boston and New York, Houghton-Mifflin, 1929, pg 213.
27. Kean, April 17, 1950.
28. *Ibid*.
29. *Ibid*; Ltr from R.M. O'Reilly to "My dear Borden" written from Overbrook, Penna., 3 Sept. 1902, four days prior to assuming TSG, filed in W.C. Borden's Scrapbook.
30. Kean, Nov. 1946.
31. After 1908 Medical officer were no longer required to qualify their rank i.e. Major Surgeon etc.
32. Address by President Theodore Roosevelt (11th Annual Meeting of Ass. of Mil. Surgeons *Jrn. of the Military Surgeon*, 1902, XI, pg 45.
33. The Biography of Gen. J.R. Kean, MSS on file AML, Wash., D.C., pg 82.

34. Based on confidential interviews.
35. Annual Report... 1904, pg 13, 14.
36. Interview with Col. John Huggins, MC. Ret., April 20, 1950.
37. Annual Report... 1903, pg 12.
38. Annual Report... 1896, pg 43.
39. Interview with Col. James F. Hall, MC, Ret., April 17, 1950.
40. Annual Rpt... 1902, pg 144; "Nurses Refuse To Wash Dishes," clipping from Manila newspaper, Jan. 20, 1902. Folder 80 289, War Rec. Div., Nat'l Archives; Huggins, *op cit*.
41. Interview with Col. James D. Fife, M.C., Ret., May 26, 1950.
42. Annual Report... 1904, pg 116.
43. Minutes AMS, Oct. 22, 1903.
44. Kean, November 1946.
45. Kean, MSS, pg 82.
46. Annual Report... TSG, 1903, pg 125-126.
47. *Ibid*, pg 125.
48. Annual Report... 1903, pg 126.
49. Interview with Col. John Huggins, M.C., Ret., April 20, 1950. The drawing was so large it cost \$30 to frame.
50. Major Wm. C. Borden, *op cit*.
51. W.C. Borden, M.D., *Relation of the Medical Department of the United States Army to the Profession*. Reprint from Medicine, Wm. A. Warren, publisher, Jan. 1904, pg. 4.
52. Daniel L. Borden, *op cit*, pg 9.
53. Annual Rpt... 1905, pg 146; *Med. Dept. of the U.S. Army in the World War*, Vol. V, "Military Hospitals in the United States," pg 273; Telephone conversation with Daniel L. Borden, M.D., 4 January 1951.
54. Maj. Wm. C. Borden, *op cit*.
55. Ltr from P.S. Hench, M.D. to the writer, April 16, 1951.
56. Walter D. McCaw, *Walter Reed a Memoir*, Washington, D.C., pub. by Walter Reed Memorial Ass., 1904.
57. Kean, MSS, *op cit*, pg 94.

