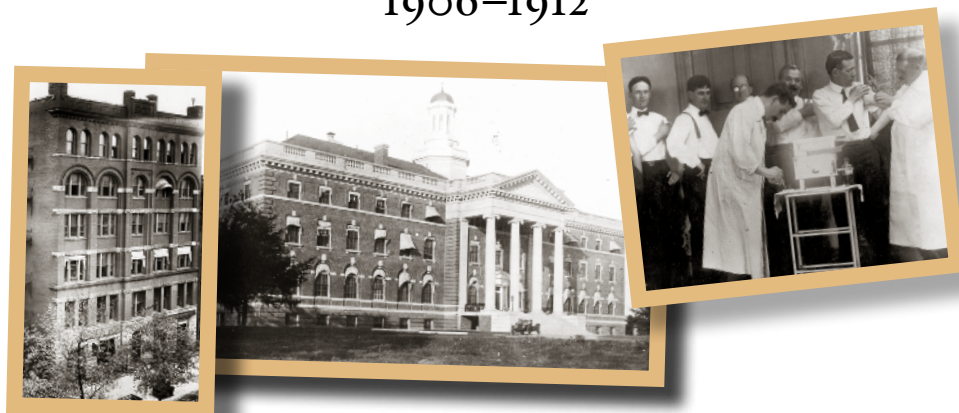


Professional Training for Medical Personnel

1906–1912



*“The man who thinks his whole
duty is done when he treats the sick is mistaken.”¹*

Life at Washington Barracks moved in its usual pleasant groove in 1906, and during the year 521 patients were admitted to the little hospital, sixty of whom underwent major surgical operations.² Venereal disease continued to lead as the principal cause of military hospital admission, discharge and non-effectives,³ with the Infantry having the highest rate per organization and the Hospital Corps the lowest.⁴ The latter small group was afflicted with manpower problems at this time, for under the three-year enlistment program about one third of the Corps was lost annually. The Surgeon General attributed the current lack of interest to ease in obtaining civilian employment “and the general prosperity of the working classes.”⁵ Nevertheless, the Army was becoming more stringent in its selection policies, with medical officers rather than the more lenient civilian doctors examining prospective recruits and screening those who might in time advance claims against the government for questionable line of duty defects.⁶

At Washington Barracks, Company “A” moved from its cramped and insanitary quarters in the lower end of the post to a frame building abandoned by the engineers, but the new comforts were short-lived, for on October 2, 1906 the personnel was assigned to constitute the complement for Field Hospital No. 2 of the Cuban Expeditionary Brigade. On October 4, the Acting Secretary of War authorized Company “C” as a replacement.⁷ The old barracks buildings were due to be razed, and as Walter Reed U.S. Army General Hospital then was under construction, the Surgeon General proposed meeting the housing shortage with a new barracks and school building as part of the general hospital unit.



Esprit de Corps, 1908

Attractive accommodations for enlisted men, possibly as a means of offsetting discontent, were beginning to interest the Surgeon General by this time, and his meditations on the necessity for minimizing the difference in the material comforts afforded officers and enlisted men is one of the first faint indications of the philosophy of identification so evident in the findings proposed by the Doolittle Board after World War II. For, said the Surgeon General in relation to the proposed barracks construction of 1908,

It is now generally conceded by sanitarians that all plumbing fixtures should be open and exposed as freely as possible to light and air. Officers would not bathe nearly so frequently if they had to go down into a dark, damp and often cold cellar to take a bath, and enlisted men are much the same sort of animal.⁸

Personnel shortages were not restricted to the Hospital Corps, for a year later the Medical Corps discovered there were not only many position vacancies for junior officers, but “no applications were received from the (young doctors from the) medical centers of the country...” The increased emphasis on use of Regular Army medical officers in the recruiting service, on examining and retiring boards and on the larger military posts was not only straining the personnel resources to the utmost, but hospitalization in general hospitals was becoming popular, a condition which created new requirements for experienced medical officers. This increased the cost of the hospitalization program somewhat, for in addition to equipping the hospitals and providing the staff “the government (was) put to considerable expense in transferring patients to general hospitals....”⁹

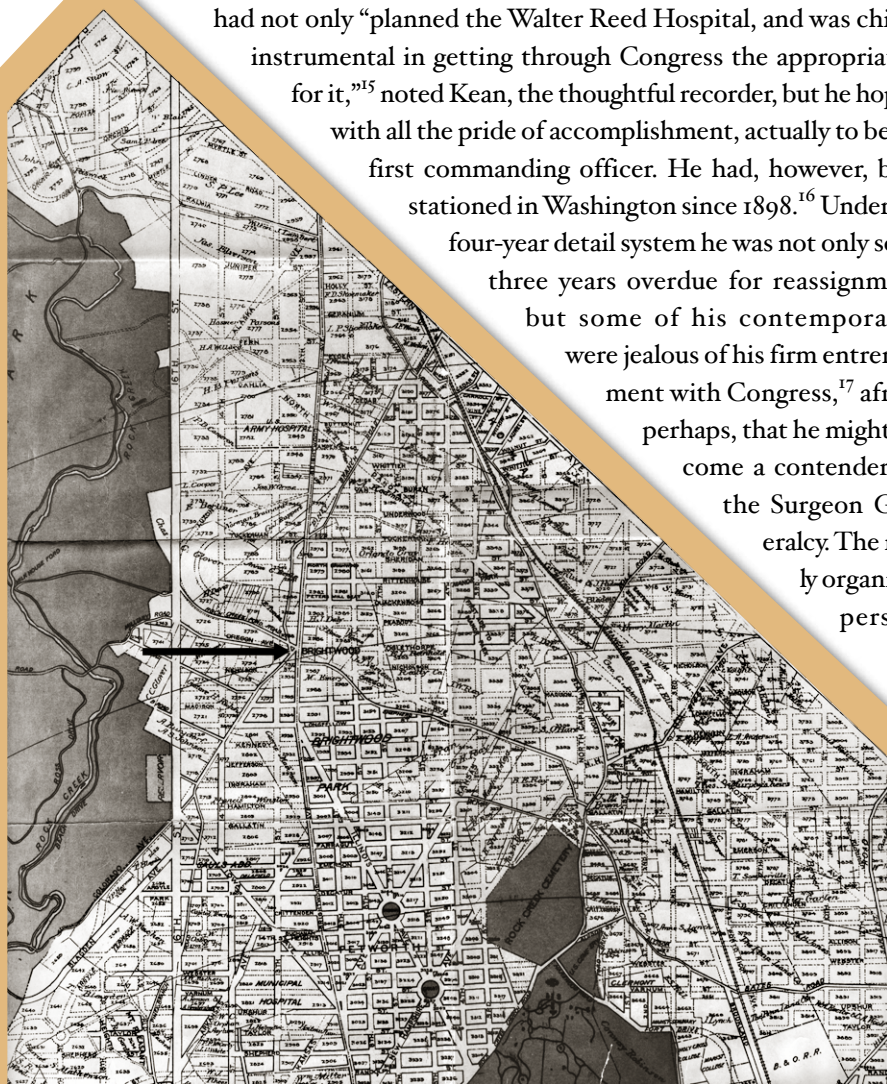
The Surgeon General, Kean and Ireland believed that passage of the Medical Department Reorganization Bill and an increase in the pay of doctors would solve the manpower shortage. Yet in spite of the active support of the President, Secretaries Root and Taft, the Chief of Staff and the General Staff, the bill still hung in the balance. In the meantime the Department found it necessary to employ a large number of civilian doctors “... men without military training, with but little knowledge of the special sanitary duties of medical officers in the field and whose professional efficiency (was) below that demanded of the commissioned medical officer.”¹⁰ As easy solution to the lack of interest in Medical Corps assignments, some blamed the existing of unfavorable legislation.¹¹

The lack of interest in the military which always besets the Army following a war had not only set in, but the changed status of students decreased the number of applications for the course at the Army Medical School after 1900. In 1907 ten of the eleven student applicants completed the course. The faculty attempted to meet some of the academic problems by recommending modification of the preliminary and final examinations,¹² for it was well aware that “the Army Medical Service (had) lost much of its attraction for the bright young graduates from (the) best Medical Schools.” Concurrently with the disinterest in military medical service the peacetime hospitalization requirements were increasing.

Major Borden was one of the better known military surgeons of his time, and the inpatient census at the U.S. Army General Hospital mounted steadily. Administration was burdensome, for the building was old and the struggle to keep the plant and utilities in adequate repair was recorded annually. Of the 395 patients admitted during 1907, sixty-one had major operations, a heavy case load, for the surgeon was a slow and methodical technician.¹³ He was not too busy, however, to defend staunchly the economic advantages to the government of close observation of patients over a prolonged period.

Major Borden frequently represented the Surgeon General on inspection trips involving the construction and administration of both civilian and military hospitals,¹⁴ and so he was, during this period, probably the best informed medical officer on the subject of hospital construction. Consequently he watched with interest the development of Wal-

ter Reed, on which he had lavished so much time and attention. He had not only “planned the Walter Reed Hospital, and was chiefly instrumental in getting through Congress the appropriation for it,”¹⁵ noted Kean, the thoughtful recorder, but he hoped, with all the pride of accomplishment, actually to be the first commanding officer. He had, however, been stationed in Washington since 1898.¹⁶ Under the four-year detail system he was not only some three years overdue for reassignment, but some of his contemporaries were jealous of his firm entrenchment with Congress,¹⁷ afraid, perhaps, that he might become a contender for the Surgeon Generalcy. The newly organized person-



Brightwood Avenue, N.W., about 1908

nel division of that office was controlled by the astute Major Ireland, and, as the Surgeon General admitted, he was under considerable pressure from “the front office” to have Dr. Borden transferred.¹⁸

By War Department Special Orders No. 75, April 1, 1907, William Cline Borden was relieved from duty at Washington Barracks, scheduled, on expiration of his leave, to sail on the first available transport for the Philippines.¹⁹ The *Washington Evening Star* paid tribute to his activity in the movement which resulted in Congressional appropriations

for erection of a model military hospital “on a tract of land on the Brightwood Road due west from the Battle Cemetery. The officer of the Medical Department detailed to relieve Major Borden will have charge of the hospital when it is completed.”²⁰

The peace-loving Surgeon General O'Reilly, who respected Major Borden's “shrewdness and good judgment” and used his special abilities without stint, avoided unpleasant situations whenever possible. On the morning following public announcement of Borden's military transfer, the Surgeon General, who anticipated an explosive outburst from the forthright doctor, was, according to Mrs. O'Reilly, unable to attend to his official duties.²¹ However, after due persuasion by some of his younger friends he appeared at the office as usual, offering to Major Borden, when he called, any other assignment than the Philippines.²² Such consideration may have been due to friendship or perhaps to the fact that the doctor required expert dental attention²³ which may not have been available at a foreign station. With dignity and in the spirit of the true soldier, however, he refused a change of orders, sailing in the early autumn for the new station.²⁴

Although not embittered over the circumstances which prevented him from actually commanding the new hospital, Major Borden was disheartened. He had served his Corps long and well under the peculiar requirements of the day. In the late summer of 1908 he was required to make the long return trip from Manila to Washington to meet the Examining Board for promotion to Lieutenant Colonel. During this ordeal he suffered a coronary attack and was immediately retired from the Army. He became, in May 1909, the month his brain-child, the Walter Reed U.S. Army Hospital, opened to patients, dean of the George Washington (Columbian College) Medical School.²⁵

The Occupation

When Company “B” of the Hospital Corps returned from Cuba, the already crowded quarters at Washington Barracks proved inadequate to house both complements of men. As a means of meeting the overflow, in April 1909 Company “C” was temporarily sent into camp on the high ridge of the western extremity of the new hospital grounds.²⁶

The permanent buildings then on the reservation included Building No. 2, a double set of sergeant's quarters, completed in April 1908, and the unoccupied Building No. 1, the Main or Administration building, completed in December of the same year. Both structures were of brick built on concrete foundations, with Georgia pine flooring with fireproof roofs, electric lighting, central heat and water and sewer connections.²⁷ Building No. 3, a second double set of sergeant's quarters was completed in March 1909, but to the tent-sheltered Company “C” roughing it on the ridge, these were domiciles of unknown luxury.

The standardization of medical supplies, usually an uninteresting subject to doctors until some defective product jeopardizes their techniques, first gained recognition through the efforts of the chemist, Major Carl R. Darnall (then professor of Chemistry and secretary of the new Army Medical School). Thus much of the early investigative program concerned laboratory experimentation and credit for the development



Old Main

of one of the Army's most efficient supply programs is rarely accorded the faculty of the Army Medical School. There were other things of importance besides drugs and hospital equipment, and rapid evacuation of the wounded was, like ready provisions of field supplies and equipment, a grave problem under combat conditions. Commercial development of steam-driven motors caused the Surgeon General to propose, in 1902, without subsequent favorable action by the Quartermaster, construction of a motor ambulance. Undiscouraged, in 1906, he recommended purchase of a steam-driven motor ambulance for experimental and testing purposes at Washington Barracks. Built by R. H. White of the White Sewing Machine Company, without expense to the government, the motor ambulance was used to supplement the escort wagons²⁸ in shifting equipment and supplies from the old hospital to the new in May 1909.

Building No. 4, the combined Storehouse, Quartermaster and Commissary; Building No. 5, a stable with capacity for thirty-two animals, and Building No. 6, a wagon shed and garage, with capacity for twelve horse-drawn vehicles and three automobiles, were completed in January 1910.²⁹ Lack of storage space resulted in the use of part of the old Lay Mansion, or Norway, at the southern end of the reservation, as a supply depot.³⁰ The remaining part of the building was occupied by Charley Anderson, a "handy" civilian employee and his family.

Building No. 7, the Hospital Corps barracks, with capacity for 200 men, was completed in March 1910. The plan of assigning a field hospital company to the station for training purposes and demonstration of field equipment for the Army Medical School students resulted in a shortage of housing fully as unsatisfactory as conditions at Washington Barracks had been. Within two years Building No. 7 was entirely inadequate, and

the Surgeon General was complaining officially because part of the detachment was quartered in the attic of the hospital proper which “was not originally intended to be used as quarters and is but a makeshift.” It was, he said, “excessively hot in summer and illy ventilated in winter,”³¹ a circumstance personally subscribed to by later occupants, especially historians.

Buildings eight and nine, officers’ quarters, built to accommodate “one captain and his household,” were completed during the spring of 1910, and finally in August 1910, Building No. 10, a seventy-five foot iron flagstaff with concrete foundation, was erected in front of the Main Building.³² This last addition gave to the small group of colonial buildings the distinctive air of a military reservation, and it provided fun for pranksters who took an especial delight in sending bemused new recruits in search of a presumably formal architectural structure.

The main building, originally planned with bed capacity for only sixty-five patients,³³ consisted of three floors. The first floor accommodated the Commanding Officer, the Adjutant, the Officer of the Day,³⁴ the Resident physician, Eye, Ear, and Throat, with no record of a “department for noses,” space for a future Dental Surgeon, clerks, a laboratory, waiting room, dining room, reception room, a dark room for X-ray work, the Library, which consisted of a small collection of professional books in the custody of the First Sergeant, and the various laboratories. The second floor provided space for a women’s ward, linen room, dining room, wards and convalescent wards and a nurse’s office, although there was no nurse (prison ward was located in basement). The third floor was given over largely to the operating room, instrument, sterilizing and recovery rooms, wards and other rooms with the specialized nomenclature characteristic of a modern hospital.³⁵

When the Reorganization Bill, with authority for the Medical Reserve Corps, finally passed on April 23, 1908, and Army pay was increased as of the pay bill, Act of May 11, 1908, a number of officers acknowledged the signs of prosperity by purchasing automobiles. The mysteries of the gasoline motor absorbed the thoughts of more than one Washingtonian, including the temperamental Lt. Colonel Arthur, whom the Surgeon General had detailed as Major Borden’s successor at President Theodore Roosevelt’s request.³⁶ One member of the Ambulance Company was an especially proficient driver and gave lessons to some of the doctors. When Colonel Arthur complained bitterly over his ineptness in managing his run-about, the supply officer proposed having the ambulance driver assist in securing his license. With his usual unpredictability, Colonel Arthur assumed that he had been asked to have a soldier impersonate an officer when applying for the license. Roaring and rumbling, he personally reported the circumstance to the Surgeon General, demanding that his supply officer be court-martialed for his attempt to defraud the Government.³⁷ Imperturbably, the Surgeon General sent him home to attend to more important professional affairs.

Colonel Arthur secured the license and learned to drive the run-about, which in those days he could park in front of Building No. 1 without fear of molestation from meddle-

some military policemen. His sturdy little vehicle soon showed as much recalcitrant individuality as its owner. For on more than one occasion, as he cranked it vigorously, the little car got out of hand, and before being brought under control pursued the doctor as he fled down the slope toward Cameron's Creek.³⁸ Station assignment at the Walter Reed U.S. Army General Hospital was especially pleasant during the first two years. Opened in April 1909, there were then on duty five officers, sixty-two enlisted men of the Hospital Corps and four civilian employees. Of the four civilians one was the "handy" carpenter residing in the Lay House, one was the Post engineer, one a cook and the fourth was the hospital matron. Company "C" of the Hospital Corps, which occupied the barracks, had one officer and eighty-two enlisted men and constituted a "Field Hospital Unit." Although Company "C" was attached to the station primarily for the field medical training of Army Medical School students, it was fiscally supported from the hospital budget.³⁹

Only five officers, eleven enlisted men, two retired enlisted men and one civilian had received treatment at the end of the first thirty-day accounting period. It was not a fixed policy of the Medical Department to send patients long distances for hospitalization, nor were travel funds available had the Surgeon General believed this a necessity. Medical officers assigned to station or Post hospitals had general training, were self-reliant and not only wanted but were expected to treat the sick. Under the circumstances, professional activities at Walter Reed were not too strenuous, and during the humid summer months the customary halfday tropical schedule was maintained. Some of the officers used the additional leisure time to good advantage, for the ravine crest made an excellent location for teeing-off golf balls; the ensuing scramble for recovery amidst the underbush of the ravine provided exercise of a special sort.⁴⁰

Many of Washington's principal avenues were being named for the states, and by 1909 an irate Senator from Georgia, successful in his plea for "states' rights," succeeded in having the historic Seventh Street Road, otherwise Brightwood Avenue, appropriately renamed. In spite of the transportation afforded by the direct streetcar line to the city, and Colonel Arthur's run-about, the Walter Reed reservation was still an isolated rural post.

Public officials in Washington were governed by rigid protocol. Leaving cards at the White House and at the home of the Secretary of War was a "must." These were the days when high-ranking Army officers were a curiosity; when Colonels were important, when good manners and good breeding were the characteristic rather than the afterthought. If medical officers in these early days of the century were selected for their cultural as well as professional background, their wives were no less important to their military careers. "At homes" were held on specified days, and white-gloved, parasol-equipped ladies arrived by carriage for afternoon tea and visiting. Mrs. Arthur was talented, agreeable and sociable, and she met her responsibilities to younger officers' wives with charm.⁴¹

How Times Have Changed!

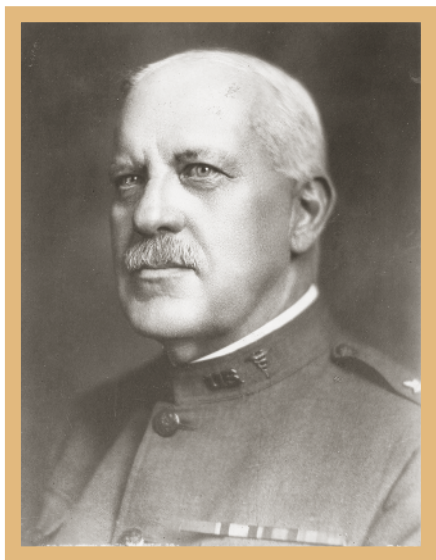
There is some difference in the recorded statements concerning the bed-size of the new hospital. The original history, written in 1921, listed the number at sixty-five in 1909. The Surgeon General's Annual Report, based on the fiscal year, listed eighty beds, noting that places were available for women requiring hospital treatment or surgical operation.⁴² As a professional institution Walter Reed was immediately successful and the building was hardly occupied before the Surgeon General, or possibly Colonel Arthur, proposed securing an additional eighteen acres of land to the west, thus providing an entrance on the soon-to-be-extended Fourteenth Street. Purchase of additional acreage would not only provide high ground but would prevent the crowding of buildings in the northeast corner of the plot, making "it possible to keep out of sight from the main street the necessary administrative buildings such as stables, storehouses, power houses etc., and... allow spaces for a hospital garden, dairy and laundry."⁴³

Concealing the presence of Building No. 5, a stable with accommodation for thirty-two animals was doubtless more than an aesthetic problem. Interestingly, by the fiscal accounting of 1911, there were 565 patients with the total expenditure listed at \$27,381.79. Moreover, the animals were undoubtedly costlier in some respects than the patients, for even two years later the amount of monies expended for the purchase of non-issuable Medical Supplies totaled only \$1,156.66, while Dr. Paul Halloran, the Post Quartermaster, paid out \$3,875.04 to provide bran, hay, oats and straw⁴⁴ for the four-footed "beasties."

Sergeant Newport had moved from the Barracks to the hospital, occupying one of the double sets of stewards' quarters, enveloped nearly forty years later by the Eye Clinic. A sensitive as well as a forward-looking man, Sergeant Newport planted a catalpa tree outside his door in celebration of the birth of his son, Georgie. No doubt he deplored the proximity of the stables, and perhaps even the barracks. With all the spartan qualities of the responsible non-commissioned officer, pride in the conduct of the men of his organization caused him to regret extension of the streetcar line from Brightwood Village, for the one-mile walk to the Post tended to sober inebriated soldiers before they reached the Post⁴⁵ — and fell into Sergeant Newport's unsympathetic hands. This was, of course, a less strenuous way of sobering drunks than Arthur had employed at Vancouver Barracks in 1896, but there is no record to prove that the Colonel had mel-lowed to the point of evaluating a brisk walk in the fresh air as more effective than the stomach pump and cayenne pepper.

Sergeant Newport was not the only member of the command with homesteading instincts, and the hospital reservation was undergoing its first real landscaping. One hundred thirty-five Norway maples were planted; hedges were set along the entire length of Georgia Avenue and around the officers' and non-commissioned officers' quarters. Lawns were made, graded and drained; bushes and flowering shrubs were planted; roads were repaired and maintained; and five arc lights were replaced by fifteen incandescent street lamps. "Practically all of these improvements were effected by the

labor of troops,"⁴⁶ reported the hospital commander. It is a small wonder, therefore, that the animals foraged more heavily or that the Troop Command may have tippled more lustily than usual, for both were working with unaccustomed vigor.



*William H. Arthur, Commanding Officer,
June 1, 1908–July 11, 1911*

Enter: The Women!

Col. Arthur, like the other physicians of his day, took seriously the Florence Nightingale mandate on nurses: "Nurses are not 'medical men'," she wrote to Dr. W.G. Wylie in 1872. "On the contrary, the nurses are there, and solely there, to carry out the orders of the medical and surgical staff...."⁴⁷ But wherever else they were, nurses were not at Walter Reed in 1909. Col. Arthur's mighty wrath over the 1902 strike in the Philippines had cooled somewhat, but he was still reluctant to accept female nurses, for, being women, they were not subject to the rough and ready military discipline.

Such was the intrepid doctor's influence on younger officers that many of them shared his skepticism and dislike, and even

the nurses believed that he flatly refused to accept the distaff branch. According to the possibly embellished legend, Col. Arthur was standing by the elevator cage on the second floor of the hospital when the ten-dollar-a-month matron reported off duty. Fortunately or unfortunately, depending on the viewpoint, her suitcase fell open at his feet, disclosing an Army blanket, government property, being removed from the military reservation.⁴⁸ The horrible fact that civilian employees could or would purloin his supplies presumably brought a complete change of heart in regard to quasi-military female personnel. According to the Surgeon General's less colorful but doubtless more factual record, failure to have female nurses at Walter Reed was a simple case of logistics. A great deal of essential construction was necessary; funds were limited; quarters for nurses were not built until 1911.

Prior to the opening of the nurses' residence, on the main drive and facing the Commanding Officer's quarters, all newly appointed nurses in the Army Nurse Corps received preliminary orientation at the Presidio.⁴⁹ This was a costly arrangement, for some nurses made the long trip from the East only to be found unsuitable for military service. Others were disappointed and wanted to return home. The Superintendent of the Army Nurse Corps, aware of the uncertain military position of her charges, favored establishing an orientation course at Walter Reed, where all new appointees would come under her watchful eye for screening.⁵⁰ This was an important concession, and the preparation for receiving nurses at Walter Reed moved the conservative *American Journal of Nursing* to report:

The location is most attractive, with ample grounds and wooded hills in the distance, but easily accessible, being directly on a car line. The house is commodious, admirable in architecture, with open fire places and wide verandas.... It is hoped that all newly appointed nurses may spend a few months at Walter Reed Hospital, receiving there special instruction in the organization and discipline of military hospitals and the duties peculiar to the service of the Army Nurse Corps.⁵¹

Innocent of any irony, the Surgeon General's Annual Report for 1911 merely noted that "a building for quarters for nurses (Building No. 12) of the Army Nurse Corps to accommodate 20 nurses had been constructed and was ready for occupancy June 1, 1911."⁵²

The stately Jane A. Delano was Superintendent of the Army Nurse Corps at the time. Of powerful influence in the young but rapidly enlarging national nursing organizations, Miss Delano was likewise a personal friend of Kean's and secured through his support many concessions favorable to the nurses.⁵³ Selecting the first Chief Nurse for so exacting a commander was not an easy matter, and the legend that surrounds Jane Molloy's assignment to Walter Reed is as ripe with colorful interpretation as Colonel Arthur's own story. A petite little person who, like many of her generation, studied nursing in order to be of service to humanity, Jane Molloy was in her quiet way an even match for the fiery Colonel. "I was chosen," she said emphatically, "because I could handle him." Reserved, dignified, well educated and cultured, Jane Molloy kept tight rein on the thirteen nurses remaining on duty at Walter Reed at the end of the year 1911, a number then adequate to meet institutional needs.

Acceptance of the women nurses marked a forward stride in the doctor-training program as the admission of female patients insured broader clinical resources. In spite of her special qualifications for managing recalcitrant Colonels, Jane Molloy had other problems to meet. It was still the era in nursing when many directors combined the characteristics of supervisor, Mother Superior and warden in the discharge of their obligations. And at Walter Reed more than one young nurse who too long lingered on the ward at the noon hour found the double doors to the nurses' dining room closed in her face⁵⁴ — or Miss Molloy grimly rocking on the front porch. Exacting in her requirements and particular of small details, some not only believed she was eccentric but that she failed to fight aggressively for the nurses. Detached and objective, she was refined, scholarly and progressive.⁵⁵ She preferred, therefore, woman's usual weapon — oblique strategy rather than outright defiance.

Marketing for the nurses' food service, or mess as it was called in those days, was a real problem, for the women found the heavy standardized military ration distasteful, preferring salads and other delicacies which the troops disdained. The Army ration had a cash value, raised from thirty to forty cents for the Army Nurse Corps of 1911, but even this increase did not ease the budgetary problem. It was

some months before Miss Molloy learned to her chagrin that in exchanging surplus ration commodities with the Commissary Sergeant she invariably got the short end of the financial arrangement, the wily Sergeant crediting her with the cost of lower priced items and charging for the higher, the profit to be applied to improving the meals served his own personnel. Green groceries and delicacies were procured in the city, and with market basket on her arm the Chief Nurse made the long trip by street car several times each week. Afternoon tea and dainty cakes were provided for her tired charges whenever funds were available, but this was not a standing arrangement, for the "tea fund" accumulated only from ten cent fines imposed on young ladies reporting on duty with their petticoats hanging below their uniform skirt.⁵⁶

The Army Nurse Corps uniform of the period consisted of a waist, belt and skirt of suitable white material, a bishop collar and white cap made to the Surgeon General's specifications. Their insignia consisted of a gold or gilt caduceus superimposed on the white enameled letters ANC. A government issue of women's clothing was unheard of, and the nurses considered themselves lucky to have their hospital uniforms laundered at government expense.

Miss Molloy had an insatiable taste, which she called an addiction, for *Blackstone's Commentaries* and foreign travel. The first she satisfied by reading and the



One of the young Anderson boys surveys a future Sunday dinner for the Walter Reed patients.

second by “long and frequent vacations.” As individualistic as Colonel Arthur, a legendary story credits her with meeting inclement weather with fortitude. For, as the story goes, she negotiated the muddy path between the nurses’ residence and the hospital wearing high-buttoned yellow shoes and a soldier’s campaign hat.⁵⁷ It is more probably, however, that to this frail, detached,⁵⁸ blue-eyed little woman who “early came under Mohammedan influence”⁵⁹ has been credited the flash of gaily stockinged leg as some young charge climbed aboard the escort wagon which called for the nurses in bad weather. Without doubt the long trailing skirts of the day concealed many physical defects and the Medical Department established no regulations on either bootery or calf. Sedate and decorous as to outward appearances, the distaff branch compensated for their sober professional mien by wearing a garden-variety of pastel stockings.⁶⁰

Ironically, the preparations for psychological warfare between the commanding officer and the first Chief Nurse were wasted. Like Doctor Borden, Walter Reed’s second commander had served his day in the sacred shadow of the Capitol. The first nurses arrived on June 21, 1911; on July 11, Colonel Arthur began his final leave before reassignment in the Philippines. During the two-month interim prior to the arrival of his quiet and unimpressive successor,⁶¹ Colonel Charles Richard, administrative affairs at the little hospital were apparently managed by the executive officer.

Any successor to the stentorian, irascible Arthur would seem colorless in comparison, for of the nineteen men who by accident or design commanded the U.S. Army General Hospital after 1898, Arthur was recalled with the greatest affection and uniformity of opinion as the one indomitable individualist. Richards was then fifty-seven years old and although his professional background was impeccable,⁶² he had commanded nothing more spectacular than a hospital train during the brief war with Spain. Called a pleasant “old duffer” by some of his contemporaries⁶³ and irascible and cantankerous by others,⁶⁴ on the whole he was considered a good administrator and if not progressive he was at least not destructive. Small, quiet-appearing,⁶⁵ even “mousey,”⁶⁶ he was apparently an unexceptional surgeon but an able administrator as some considered him the “wheelhorse” of the Surgeon General’s Office during World War I. As is often the case with quiet people, some mistakenly believed that he lacked interest in other people.⁶⁷

His wife was inclined to be shy;⁶⁸ thus the combination of two quiet personalities resulted in criticism of the retiring⁶⁹ Richardses who “did not hold their end up.”⁷⁰ Some of his associates considered the little doctor’s unchanging manner a tribute to the solid standards of respectability characteristic of the medical officers of the “old school” type.⁷¹ Small, neat and of unusual “military bearing” for a doctor, Colonel Richard was, surprisingly, a bit on the “saucy” side of good manners.⁷² He not only swore energetically on occasion, but through the years he had acquired the reputation for having the best “vocabulary” of any doctor in the Corps,⁷³ a definition of *vocabulary* which students of semantics might deplore.

On Seventh Street South

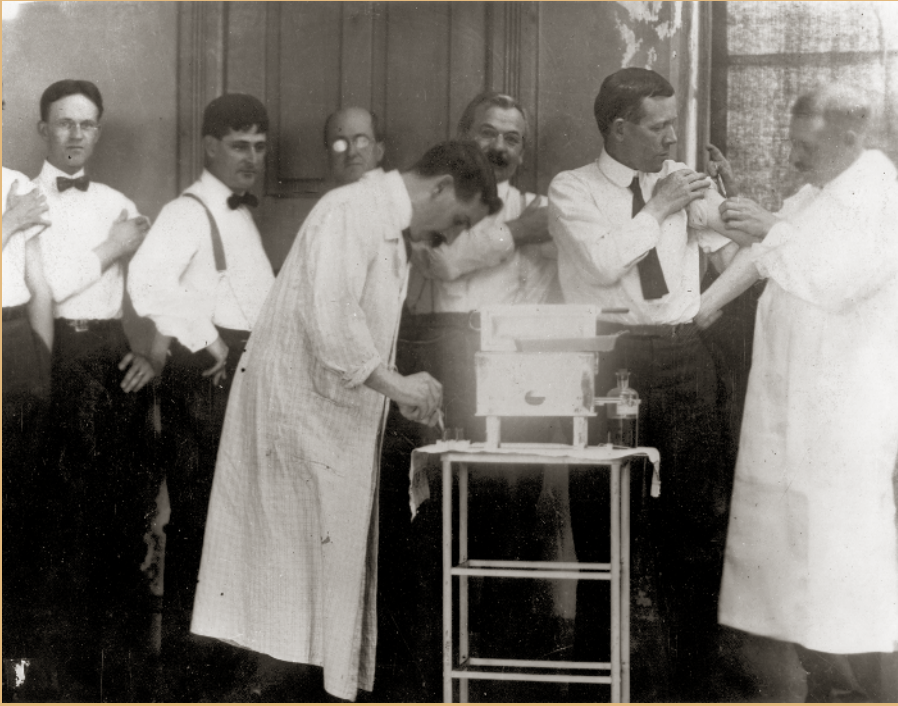
The work of the Yellow Fever Board brought prestige as well as increased responsibilities to Army medical officers. By 1903, when Walter Reed hospital was opened to patients, Colonel W.C. Gorgas had been five years in Panama as sanitary officer for the canal project. Among his assistants, three, Lt. Colonel John L. Phillips, Major Charles F. Mason and Captain Robert E. Noble are of interest in the hospital story. Major J.R. Kean was again in Cuba as sanitary officer but exercising his usual judicious influence over corps affairs.⁷⁴

Colonel Valery Havard was then completing his third year as president of the Army Medical School faculty. In 1904 he had prepared a paper for the *Military Surgeon* on venereal disease,⁷⁵ the ever-present plague of Army commanders. By 1909 he had written a textbook which applied "in a practical manner for military use the latest advances in preventive medicine and the results of the author's wide experience during thirty-eight years of service."⁷⁶ The photographic-minded Walter Drew McCaw had succeeded the more military Colonel Calvin DeWitt as librarian of the Army Medical Library in 1908, and would remain in that capacity for nine years. An intellectual and humorous man, he was an omnivorous reader but produced less original writing than might have been expected of one of his capabilities.⁷⁷

Concurrently, Percy M. Ashburn was achieving modest recognition for preparing a manual in "an attractive style for nonprofessional readers." Charles F. Mason's revised edition of the *Handbook for the Hospital Corps* was off the press, and Charles Lynch, by then detailed as liaison to the American National Red Cross, was writing brochures on first-aid and relief work. Of two men destined to bring great professional distinction to the Army Medical School, little was said. Charles F. Craig, interested in Malta Fevers as early as 1904, was in 1909–1910 writing energetically on mosquito-borne fevers. Captain F.F. Russell, interested in anti-malarial work in 1904, was listed only as the School's professor of clinical microscopy and bacteriology, having succeeded the recently deceased James Carroll. He was, however, junior member of a Board of officers which recommended voluntary vaccination against typhoid fever.⁷⁸

Captain Russell's scientific star was in the ascendancy, for in 1908 he was the Surgeon General's emissary in Europe to investigate the bacterial prophylaxis against typhoid fever in European services. The method proposed for the United States was primarily a modification of the earlier work of an English doctor, Sir Almroth E. Wright. Capt. Russell not only returned home with some of the European bacterial cultures, for the laboratory staff at the School to study, but the School began the manufacture of vaccine which "by February 1909, ...was ready for issue...."⁷⁹ As in the case of many other untried therapeutic measures, there was no sudden stampede by applicants anxious for inoculation.⁸⁰

H.P. Birmingham had a short tour of duty as Post Surgeon at Washington Barracks during these early years. Conscientious, determined and subscribing to high professional standards for his Corps, he let nothing interfere with the proper discharge of his "duty."⁸¹



A Theory Put to the Test; Major F.F. Russell vaccinating recruits

In March and September, therefore, Russell not only immunized Majors Ireland and Kean but also the Ireland, Kean, and Birmingham wives and children,⁸² for it seemed necessary to encourage the recruits with examples of innocent martyrdom. The entire class of the Army Medical School likewise faced the ordeal bravely, and by the end of the year the Surgeon General was able to report that 830 immunizations had been given.⁸³ Such is the effect of noble example that the director of the French Army Medical Service cited the fortitude of the American women and children as a stimulus to his officers.⁸⁴

In 1910, the Army Medical School moved from its cramped quarters in the Library-Museum building to the six-storied building at 721 Thirteenth Street, known as the Builder's Exchange and later occupied by the Sloan auctioneers. The fourth floor was given over almost entirely to the bacteriological department, comfortably arranged so that sixty students could be instructed simultaneously rather than in sections as formerly. Captains Charles F. Craig and Henry J. Nichols assisted Major Russell with his work on the bacteriological and serum diagnosis of diseases, typhoid fever, dysentery, cholera and diphtheria receiving special attention.⁸⁵

Russell's work with typhoid fever vaccine had placed the United States far ahead of other countries, and the Surgeon General was naturally anxious to apply the principle

of immunization in order to reduce the non-effective rate from this cause. Major General Frederick C. Ainsworth was still the Adjutant General⁸⁶ and though usually rather sympathetic to Medical Department problems he considered it within his administrative province to oppose compulsory vaccination of the troops. He not only demanded a precedent from continental armies but withheld his consent on the grounds of expediency. As if to clinch the argument he voiced his own personal opinion that the anti-vivisectionists "would make a great row over it and the War Department would back down."⁸⁷ Under the approved general staff organization, the Adjutant General was the record keeper of the Army, not, as the Ainsworth interpretation would have it, the final voice of authority. A brother medical officer, Leonard Wood, was made Chief of Staff in 1910. When General Ainsworth attempted to usurp General Wood's military prerogatives, the resulting personal feud between the doctor-administrators reached proportions unparalleled in Medical Department history.⁸⁸

In March 1911, at about the time the mortuary, Building No. 11, was being completed at Walter Reed, the War Department ordered mobilized at Fort Sam Houston, Texas, an Infantry Division and a brigade of Cavalry. The Surgeon General was directed to assemble medical units to support this reinforced organization, called a "maneuver camp," but obviously intended for ready action against Mexico. Colonel Birmingham became the Division Surgeon,⁸⁹ and the forty-nine qualified Army Medical School students were graduated on March 20, two months earlier than usual, as the field work was considered of more value than the remaining weeks of formal instruction.⁹⁰ The Chief of Staff consented to vaccination of the entire military command, apparently prior to a request from the field commander, General Carter, for this measure. "In this way," said Kean, "the maneuver Division became a test on a large scale of typhoid vaccinations with only one unvaccinated teamster succumbing to typhoid."⁹¹

Colonel Arthur was still at Walter Reed during the early part of the year and mourning the fact that he could neither quarter all of his officers and men on the reservation nor provide a suitable recreation room for "an organization like the Field Hospital, which is largely composed of recruits." He found, however, that part of his problem melted away on March 9, when Company "C" of the Hospital Corps, three officers and ninety-nine enlisted men, with the impediments of Field Hospital Number 3 and Ambulance Company Number 3, departed for the south. The mobilization was short-lived and on April 17, 1911, the Secretary of War declared the emergency over. Company "C" was therefore reassigned, but not at Walter Reed.⁹²

Some eight months after the Surgeon General proposed routine vaccination of all troops, as a part of the mobilization plan, and the Adjutant General aborted the decision, the matter was reopened. General Wood was known for his lack of partiality to the Medical Department,⁹³ but on October 7, 1911, all officers and men under forty-five were required by War Department order to be vaccinated.⁹⁴

Studies on the epidemiology of typhoid fever had aroused interest in water purification, and in 1910 Major Darnall devised apparatus for purifying drinking water with

chlorine gas, later improved for the use of liquid chlorine.⁹⁵ This was a public health measure of the greatest importance and like vaccinations and venereal disease control, of national rather than purely military significance.

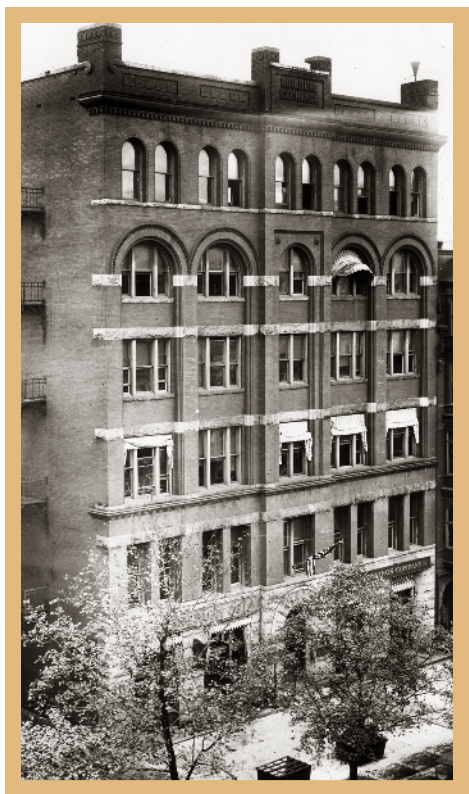
Epidemics, alcohol and venereal disease were the medical officers' time-resistant and historic enemies. Troop education was practically the only means of controlling the non-effective rate for the latter causes, and these man-made problems created incalculable medical, military and social costs. Captain Henry Nichols is especially deserving of recognition, for through his work with yaws-infected rabbits brought from the Philippines he was the first physician in the United States to try a specific treatment for syphilis. While he was on a later trip to Europe, Ehrlich not only encouraged him to go ahead with this work but presented him with the first "606" or salvarsan ever brought to the United States, thus enabling the laboratory instructors of the Army Medical School to proceed with this monumental research problem.⁹⁶

The clinical investigation of syphilis was limited for lack of time in 1909, but in 1910, the Surgeon General issued a circular letter on the use of "606." The venereal disease studies were again pursued vigorously in 1911, with the cases for study secured from nearby garrisons and treated at Walter Reed.⁹⁷ Serology was receiving more careful attention, and because of the increased interest in tropical diseases, protozoology. An increasing amount of time was devoted to X-ray work,⁹⁸ and courses in ophthalmology and optometry were changed from the didactic to the practical.⁹⁹

Subjoining the School and Hospital

Among the permanent commissioned personnel assigned to Walter Reed in 1912, there were: one Colonel; two Majors; two Captains and one First Lieutenant, with an additional Major carried on a detached service status. The small staff of School and hospital, and the limited amount of operating funds for each, encouraged continuation of the interchangeable professional assignments which had permitted the School to survive lean budgetary years. While hospital administrative problems were essentially local, and the School program was departmental, the two were complementary. Functionally, both involved the Hospital Corps, without which the Medical Service could not operate in peace or war. The caliber of the corpsmen then enlisting was believed to be no better and rarely as good as the average line recruit; the authorized manpower strength was insufficient; attrition was heavy. The Army had always attempted to find satisfactory psychological excuses to justify the citizens' basic dislike for regimented military service. Thus the Medical Department had felt justified in encouraging proportionately higher pay for corpsmen as compensation for performing unattractive hospital tasks. Nevertheless, the Surgeon General was still finding in 1912 that even monetary inducements could not keep manpower availability and effective strength apace of the requirements of a growing medical service.

The local situation at Walter Reed was a telling example. A peacetime detachment was necessary for maintenance of the buildings grounds and performance of minor admin-



The Army Medical School, 721 Thirteenth Street, N.W., 1910

istrative duties. The plant was growing rapidly, and the inpatient census was increasing, with 687 patients admitted to the two services of medicine and surgery during the year.¹⁰⁰ Corpsmen were performing fewer nursing duties than at any time since the general hospital opened in 1898, for by the end of the calendar year seventeen graduate female nurses were on duty. Of this number one nurse served as chief and housekeeper; six each were assigned to the officers' ward and enlisted wards; three to the operating room and one as dietitian.¹⁰¹ Still, the assignment of female nurses encouraged the admission of female patients and dependents, so by and large there was more to do. Whereas 122 more patients were admitted in 1912 than in 1911, the laboratory examinations increased by 6,271 procedures. The most noticeable increases concerned urinalyses, malaria, sputum and feces examinations, and all of these reflected the line of investigation being pursued so vigorously at the School.

In spite of the increase in patients, only two enlisted men were assigned to day ward nursing duty; three to night duty; four as Wardmaster; one to the operating room and one to the laboratory. When the Hospital Company moved from the unsuitable attic, over the operating room, to the modern new barracks formerly occupied by Field Hospital No. 3, all other possible conveniences and inducements were provided for the corpsmen. In spite of the physical comforts, the Hospital Company continued to be so depleted of men due to expiration of term of service, discharge by purchase etc.,

... as to make it difficult to properly care for the public animals, police and care for the grounds and attend to the various duties necessary for the proper up keep of a military post which this hospital, aside from the primary one for caring for the sick, essentially is.

Metropolitan area patients were transferred to the hospital by automobile ambulances, whose general usage was then increasing, but there were few other signs that a mechanized era was dawning. Horse-drawn vehicles were used for post

service functions — commissary deliveries, ice, the custodial work of buildings and grounds. As a result, animal maintenance was costly and the Post Quartermaster expended more for forage than for nonstandard medical supplies procurable by purchase.¹⁰²

By Special Orders No. 156, War Department, July 3, 1912, Colonel Richard relieved Colonel Louis A. La Garde as instructor in military surgery at the Army Medical School. By Special Order No. 12, August 26, he succeeded him as Commandant. According to the official hospital record, the quiet little Doctor Richards, whom his contemporaries recall as a man of military bearing and colorful vocabulary, served at Walter Reed for a year and a day,¹⁰³ long enough to be the probable proponent of a recommendation regarding



Painting, Brigadier General Charles Richard

... the desirability of building quarters at (the) hospital for the student officers in attendance at the Army Medical School, whereby they could be placed in a proper military environment at the beginning or formative period in their military careers at which time the inculcation of discipline and the forming of proper military habits is so essential. In addition they would have the advantage afforded in a medical and administrative way by this large hospital and all this could be done with a decided pecuniary saving to the government.¹⁰⁴

A quiet, thoughtful man, Colonel Richards undoubtedly figured the \$8,680.00 annual rent expended for housing the Army Medical School could as well be applied to a capital investment.¹⁰⁵ He was three years at the Army Medical School, after which assignment he followed the course of so many of his predecessors, becoming commanding officer of the Division Hospital in Manila. With the versatility expected of the medical officers of his day, he subsequently served at the Medical Supply Depot, New York Port of Embarkation, and, as noted, during World War I, in the Surgeon General's Office, from which he retired November 10, 1918. In writing his obituary, following his death at the age of 86, *The Military Surgeon* noted that Charles Richards was "a gentle and courteous man of retiring disposition, who brought industry and high intelligence to every duty he was called upon to perform."¹⁰⁶

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5. *Ibid*, pg 116.
6. *Ibid*, pg 118.
7. *Ibid*, 1907, pg 125.
8. *Ibid*, 1908, pg 62.
9. *Ibid*, 1907, pg 119.
10. *Ibid*.
11. *Ibid*, pg 122.
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15. MSS of Brig. Gen. Jefferson R. Kean, pg 97; Ltr from acting AG, W.P. Hall, to Col. Clarence Edwards (cc) named Bd. of Officers, Oct. 12, 1903, composed of Edwards, Chf. Bureau of Insular Affairs; Borden for TSG; and Capt. Chancey B. Baker, QM, to ascertain a suitable location within DC but without committing U.S. either for final purchase or for any expense of option. Copy in Borden's Scrapbook.
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30. Interview with Col. John Huggins, MC., Ret., April 20, 1950.
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33. *Ibid*, pg 7.
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37. Interview with Colonel John Huggins, M.C., Ret., April 20, 1950.
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