

Normal Growth

1913–1916



“It seems to me that too much time is given up to laboratory work in the School and not enough attention is paid to sanitary tactics.”¹

“The Old Soldier”

The years immediately prior to World War I were more significant for the number of commanding officers at Walter Reed than for additions to the physical plant. Colonel H.P. Birmingham returned from his southwestern assignment with the maneuver division to replace Colonel Richard, transferred to the Army Medical School. A fine figure of a man, veteran of the Indian Wars, he was called “The Old Soldier” by his friends.² Nervous, capable and exacting,³ he was quick-tempered; like Colonel Richards, he punctuated his speech with sharp and colorful expletives.⁴ An able administrator,⁵ he tempered his military efficiency⁶ with kindness, his discipline with wit.⁷ Slender, of distinctive military bearing, well groomed to a dandified neatness, the pince-nez-equipped Birmingham could stare “the best of them” into an uncomfortable state of confusion, and few of the men called before him for infractions of discipline forgot his piercing blue eyes.

Sixteenth Street was as yet unopened, and within a few yards of Building No. 10, the flagpole, the hospital grounds were wooded and uncultivated as during the days of Jubal Early’s encampment. As he was an enthusiastic horseman, the neat Colonel rode with his children in the surrounding areas of Silver Spring and Takoma Park. The Birmingham children were the only juvenile members of the command, and their year at Walter Reed was an all-too-short idyll. Cameron’s Creek provided hideaways for book-loving

youngsters escaping household chores. And in spite of fatherly admonitions, unavoidable homework was always postponed for the hour-long trip in the “glass wagon,” the enclosed escort wagon which carried the little girls across town to the convent school. Happy and carefree, they had long since forgiven their stern parent for using them, somewhat unwillingly, as Major Russell’s laboratory subjects. Conditioned as they were to his moods, “Father,” in the seclusion of the home, was not an awesome figure, and they took especial delight in undermining his regal manners.

If his friends and contemporaries called Colonel Birmingham “The Old Soldier,” with mixed affection and respect, the hospital corpsmen at Walter Reed, as subordinates

invariably do, called him “the old man.” One of the Birmingham children, unexpectedly hospitalized for appendicitis, overheard two of the corpsmen talking in the hall.

*“Who you got in there?” said
the first.*

*“The old man’s kid,”
said the other laconically.*

*“God pity them poor children,”
said the other piously, to
the later delight of all the
Birmingham clan.”⁸*



“The Old Soldier,” Col. H.P. Birmingham, 1914

Thus Colonel Birmingham, like Colonel Arthur, was a colorful character, and like his later successor, James D. Glennan, he was called a martinet.⁹ To these three, one-time members of Army Examining Boards, perhaps more than to any other medical officers of their generation, is due credit for upholding the high admission standards of the Corps. Stony-hearted, Walter Reed

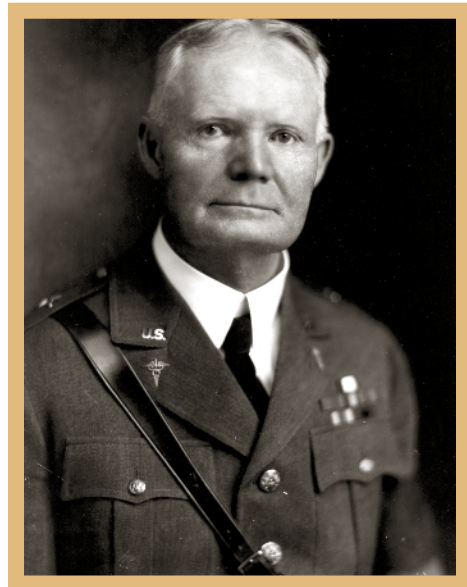
had called some of the examineers on the 1902 Board,¹⁰ for without hesitation or compunction they failed unlikely candidates for commission on the preliminary admission examinations. Because of his long experience, sound military background and excellent judgment, Colonel Birmingham was frequently used as a trouble-shooter for the Medical Department. And as a complete antithesis to this spartan and outspoken

man, Sophy Burns, who succeeded Jane Molloy as Chief Nurse, was best known for her devotion to small details and to her church work.¹¹

As early as 1778, venereally diseased officers were fined \$10.00 and enlisted men \$4.00, and *War Department Rules and Regulations*, published May 2, 1814 not only stopped their pay but deducted the price of all medicine used during treatment. As social concepts as well as therapy began to change, more responsibility for venereal disease instruction was placed on Army Commanders, as they were directly concerned with maintaining an effective troop strength. Consequently the Army Medical School investigative program, and the use of “606,” were especially important to the health of the Army. In 1909 the Surgeon General issued a memorandum on the control of venereal disease,¹² and as a preventive medicine factor, the prophylactic “K” packet was first sold in the Post Exchanges.

Under the provisions of General Order No. 17, WD 1912, military pay was still mulcted¹³ for known cases, a policy which may have contributed to its spread, for the average soldier could ill afford the deduction, and so many failed to report infections. In the Eastern Department, at least, the “K” packet was unpopular and the Surgeon General soon recommended distribution without cost — or that passes be restricted.¹⁴ As the venereal disease investigative program was pursued vigorously during this period, after publication of SGO Circular No. 10, *Salversan*, some Army hospital staffs began control studies; the first such work was actually done at Walter Reed on a group of twenty carefully selected patients, with a report made in the “Boston Medical and Surgical Journal” in 1911.

There was little new construction at Walter Reed during 1913, except a Post Exchange opened on August 1, in the basement of the barracks; the Quartermaster’s landscaping project¹⁵ was one of the highlights of the year, for twenty-six Norway maples, twenty-eight American elms, nine white pines, twenty-eight evergreens, two dogwood and one Japanese maple tree were planted. In addition to the gardener, the small Quartermaster Detachment included three teamsters, all Privates 1st Class; a boiler fireman and an overseer in charge of the stables. The Hospital Corps detachment was quite as representative of skills, for it included a printer, gardener, painter, trumpeter, elevator attendants, kitchen police, special dietitians and a night



Brigadier General Henry C. Fisher

watchman. Moreover, there were, during 1913, only five of its members assigned to day and two to night nursing duty, one to the operating room, one to the laboratory and five as wardmasters.¹⁶

The Walter Reed detachment seemingly provided the necessary number of men for all the institutional requirements. Still, times were changing and by 1914 the Surgeon General was proposing a reorganization of the Corps in order to draw into it the men of intelligence necessary to perform the specialized duties of “anesthetists, pharmacists, surgical, laboratory and sanitary assistants.” Discouraged over the general manpower situation, he expressed the opinion that men nurses and cooks could get better pay and hours outside the Army.¹⁷

Business As Usual

The slow physical growth of the institution was neither accelerated nor retarded during Colonel Birmingham’s short tenure. Building No. 13, a twelve-bed isolation hospital, familiarly called *The Pest House*,¹⁸ was opened November 13, 1913, only three months after Colonel Henry C. (“Pinky”) Fisher assumed command. The new hospital commander made no change in the organization of the professional services, still divided into the broad classes of medicine and surgery, nor did the fact that eighty-one, or approximately ten per cent, of the 817 admissions during 1913 were for injuries stir him to comment. In preparing the *Annual Report* for that year, the need for proper Post housing for the Army Medical School students was reaffirmed, and he noted that “a satisfactory start has been made toward the establishment of a general hospital that shall be a credit to the Army. The work should be continued along the plans already made.”¹⁹

“Pinky” Fisher was a quiet and ultra-conservative man, as a result of which some of his associates considered him indecisive as well as unimpressive. He rarely antagonized anyone, which was certainly to his credit, seldom refused a reasonable request and since these characteristics were contrary to the traditional concept of a military man as a fire-breathing grenadier, some believed he made many of his decisions by default.²⁰ As he was shy and withdrawn, others among his contemporaries credited him with a meager knowledge of medicine.²¹ In contrast, some who knew him well objected violently²² to allegations that he was “mousey” and unspectacular.²³ Nor would they concede that because he was hard-working, although apparently without imagination or haste, he lacked leadership.²⁴ Perhaps the very fact that he worked without unseemly haste, adhered strictly to Army regulations²⁵ and made no demands for a prima donna role retained him in the good graces of some of the most influential men in the corps.²⁶ At any rate, regardless of varying appraisals of his personality, his service record was excellent, he was held in high esteem and appears to have led an exemplary life as soldier. In May 1914 he was transferred from Walter Reed for a three-year tour of duty in the Surgeon General’s Office.

Enigmatic and self-contained, “Pinky” Fisher had married late in life, choosing a congenial companion of similar type. Socially, little was seen of the Fisher family, for they did not encourage the trivial social activities so necessary for entertainment at the isolated military stations.²⁷ Further, the Colonel refused to attend formal dances, allegedly because he objected to having other men’s arms around his wife.²⁸ Regardless of their temperamental preference for seclusion, the Fishers always had satisfactory military medical assignments, especially the coveted, and in “Pinky’s” case prolonged, detail as Chief Health office in Panama. Later, from July 1, 1925 until October 5, 1929, as a Brigadier General, he served as Commandant of the Army Medical Center, the third officer in the institutional lineage to fill the role of both hospital commander and dominie.²⁹ Again, he progressed to the Surgeon General’s Office, where he served with distinction as Assistant Surgeon General in the closing years of the Ireland administration.

Old-timers delight in recounting an episode from the Fishers’ post-military life. As the General was born in Montgomery County, Maryland, graduated with the class of ‘86, Central High School, Washington, D.C.,³⁰ and having received in turn the AM and MD degrees from George Washington University, it was only natural that he choose to retire in the familiar surroundings. Thus he selected for his homesite a high lot in Arlington Heights, Virginia, a plot owned by the congregation of a Negro church. No other location was acceptable. Strong in his determined isolation, he finally succeeded in purchasing the location, in spite of protests from the noisy church-goers. There he retired in splendor in a two-story house which, although it was none of their business, his friends believed too large and too pretentious for elderly unsociable people. Unfortunately the land venture did not include an option on the surrounding lots in this then unrestricted and nearly rural area. Without difficulty, it seems, the congregation relocated in close proximity to the Fisher mansion, where its hearty hymn-singing plagued the remaining years of this “...quiet, Christian gentleman (who was) very efficient.”³¹

Additions and Subtractions

Ward “A,” the west wing of Building No. 1, consisting of a basement recreation room and a first floor ward, was ready for occupancy by April 6, 1914.³² Completed on December 14, 1914, the kitchen and mess, added to the north side of the Main Building, not only provided much-needed additional space but eliminated some of the odors of cookery from the hospital proper. A year later, when the new concrete roadway was completed in this area, the servicing of wagons was both easier and cleaner. Moreover, the roadway diverted much surface drainage that formerly washed directly toward and partly through the basement.³³ A hydrotherapeutic plant was opened in 1914, with the treatments given by Hospital Corpsmen receiving extra duty pay from the Hospital Fund rather than the government. The term insanity was becoming less popular as a specific diagnosis than heretofore, and on January 1, the Surgeon General invoked a change in medical nomenclature. Mental alienation³⁴ was a sufficiently broad diagnosis

to cover such conditions as mental defectiveness, constitutional psychopathic state, hypochondriasis and nostalgia. When Ward "B," counterpart of Ward "A," was opened May 8, 1915 and attached to the eastern end of the Main Building, it provided two rooms for housing insane patients and two rooms for cooks, not that there was any correlation between affliction and occupation. The insane wards were much needed, for of the 1175 patients admitted to Walter Reed in 1915, 44.7 per cent of the enlisted men and 24 per cent of the officers were diagnosed as mental cases.³⁵

An enlargement to the nurses' residence was completed in April 1915, providing space for six additional nurses. The attendance of female nurses was becoming increasingly important, for "...In keeping with modern tendencies, specialization (had) developed...."³⁶ This tendency was viewed with considerable alarm by Dr. Fielding H. Garrison, successor to Dr. Robert Fletcher as editor of the Surgeon General's great Index-Catalogue. Dr. Garrison, with his ready purview of the world, was concerned because *The Journal of the American Medical Association*, whose editor had once told him it was designed to meet the needs of the country practitioner, had become so "splendidly scientific" that this group was becoming estranged.³⁷ The Medical Department, Dr. Garrison included, viewed the trend toward specialization in terms of physicians' services, but it was destined to affect the collateral branch fully as much. Of the total inpatient census, 15 per cent were women requiring medical care and 15 per cent were women requiring surgical care. No females were then admitted to Walter Reed for mental or venereal disease, recognized afflictions of the troops, nor did this hospital's "nearness and convenience to a metropolis and the monotony of sickness make for derelictions in the way of drink (as) by too many Hospital Corpsmen and (male) patients." Although female patients showed marked sobriety, forty-eight required professional attention of a type peculiar to women, for the surgical staff performed forty-four gynecological operations and delivered four infants.³⁸

The aggregate cost of general administration per diem, per patient, in 1915, exclusive of subsistence, was \$4.06, with a total cost of \$138,243.77 for the year. There were other unaccounted costs, however, such as the extra pay for the hydrotherapist met from the Detachment fund, and the pay of maids working on the women's wards. Such costs troubled the commanding officer, for he objected to subsidizing the incumbents in these positions from the special welfare fund.³⁹

There appears to have been no general shortage of trained nurses at this time, for the Surgeon General reported more applications for Army Nurse Corps assignments than vacancies.⁴⁰ The hospital was still so small at this time that nursing duties could hardly have been as arduous as described. Still, in times of stress, there was an insufficient general allotment of nurses to provide for their own sickness and for their leaves of absence. Moreover, as the units mobilizing on the Mexican Border required nurses with military experience, five of the Regular Army nurses at Walter Reed were replaced by five contract nurses, the first non-military or strictly civilian nurses to be assigned since the "matron" was dropped from the personnel roles.⁴¹



*Colonel John L. Phillips and daughter, Frances;
Panama, about 1912*

“Go West, Young Man”

William Crawford Gorgas, by then an international expert on sanitation because of his position as Chief Sanitary Office of the Panama Canal project, became Surgeon General on January 16, 1914. On April 24, he telegraphed his former Assistant Chief Sanitary Officer,⁴² and one-time manager of Ancon Hospital, Colonel John L. Phillips, and offered him the detail as Chief Surgeon, base line of communications,⁴³ an excellent position in case of war. This potentially excellent position was refused as Phillips preferred to command Walter Reed, where he reported as “Pinky” Fisher’s relief on May 12.

Born in Chapel Hill, North Carolina on April 1, 1859, Colonel Phillips attended the University of North Carolina for two years and the University of Virginia for one year. In 1882 he received his medical diploma from the College of Physicians and Surgeons, New York. The chairman of his faculty had attested to the fact that young Phillips was diligent, studious and made the best use of his time.⁴⁴ Son of the Solicitor General of the United States, on October 29, 1883, he applied to Robert Todd Lincoln, Secretary of War, for appointment as Assistant Surgeon in the U.S. Army, stating both his family and academic credentials. The preliminary appointment procedures were apparently handled without undue bureaucratic delay, and by November 19, 1883, the young doctor was subscribing to the usual oath whereby prospective officers declared themselves to be mentally and physically sound.⁴⁵ In accordance with established Medical Department policy he was sent west for his first station, the detail to include two four-year assignments followed by a two-year assignment in the East.⁴⁶

Six years later rather than eight, his father requested the Secretary of War, Redfield Proctor, to have his son reassigned to Governor’s Island, New York, stating that the President had given his permission.⁴⁷ The letter followed the customary course through the interested divisions and to the Surgeon General’s Office. On January 15, 1890, Surgeon General John Moore declined to make any reassignments which would penalize other officers.⁴⁸ Nevertheless, young Phillips was relocated from Camp Crawford, Colorado, to the Oklahoma Territory in November 1890, and although he requested service at the front during the Spanish-American War, he was first ordered from Walla Walla, Washington, to Alcatraz Island, California, for post duty, before the order was amended

and he was sent east to Camp Alger, Falls Church, Virginia, and thence to Greenville, North Carolina, as Chief Surgeon of the 2nd Division, 2nd Army Corps.⁴⁹

While John L. Phillips was apparently not one of the small group of Ireland intimates, nor had he earned a distinguished place⁵⁰ among the pioneer scientists of the Army Medical School, he filled one of the most useful and probably satisfactory roles permitted the peacetime Army doctor — that of post surgeon and thereby the family physician. By November 1902, less than a year before Lt. General A.R. Chaffee was sent to Washington as understudy for the position of Chief of Staff,⁵¹ he requested that Captain Phillips be assigned as attending Surgeon at Governor's Island, New York, as he had charge of Mrs. Chaffee's case.⁵²

A large rather heavy-set man,⁵³ strangers thought the quiet-appearing Army doctor shy and⁵⁴ somewhat melancholy.⁵⁵ Intimates, and especially some friends of his young daughter, recalled him as kindly, gentle and humorous but a lonely man.⁵⁶ He reported for duty at Walter Reed on May 12, 1914, but on January 15, 1915 he suffered a severe attack of gout, accompanied by renal complications. By February 2, 1915, he was undergoing treatment at the Army and Navy General Hospital, the Medical Department's special hospital for rheumatic diseases. His prognosis for a permanent cure was considered unfavorable.⁵⁷ He did, however, return to duty at Walter Reed on April 7, 1915, although far from well. During the evening of September 18, Colonel Phillips fell from the second floor elevator shaft at Walter Reed,⁵⁸ incurring several fractured ribs, severe contusions on the right side of the trunk and pelvis and, more serious, a fractured kidney. As an interim measure, the Chief of the Medical Service and Executive Officer, Major Percy M. Ashburn, assumed command of the hospital. The renal complications undoubtedly retarded the general recovery, and as he was still unwell after a four-month sick leave, Colonel Phillips was carried as sick in quarters for an additional six weeks.

All of the officers who served on the Panama Canal project were presumed to have undergone grueling experiences, and so in order to compensate them properly for their sacrifices, the Congress passed a law permitting voluntary and discretionary retirement in a grade higher than their Regular Army grade.⁵⁹ This privilege could have been Colonel Phillips' had he so desired. Instead he died unexpectedly on May 22, 1916, during a solitary walk along Cameron's Creek.

The chain of command now took a sudden dip toward youth, for Ashburn, the interim commander, became commanding officer in fact, the first and only time in the history of the hospital that a major held the post on permanent assignment. Quiet, introverted and scholarly,⁶⁰ he was especially interested in tropical diseases. However able in his own field, he was not acknowledged by Army men as the "command" type. A versatile and prolific writer on military medical topics, he became, by some strange anomaly⁶¹ of circumstance, the first commandant of the Medical Field Service School, opened at Carlisle, Pennsylvania, in 1920, when the field training program was separated from the clinical.⁶²

The hospital, including the new basement wards, had a capacity of approximately 180 beds by 1916, with an additional seventeen beds in the isolation building. Moreover, in case of emergency, at least one hundred patients could be housed temporarily in the detachment barracks. The number of patient days increased by twenty-three per cent during the year, making the accommodations for officers, women and others on officer status inadequate. As a result of the frequent shifting of patients, the hospital commander noted both discomfort and dissatisfaction.

There were other causes for complaint, for of the eleven Medical Officers and two Dental Officers then on duty two families had quarters on the Post. Among the utilitarian services the stables needed concrete flooring for easier cleaning and to prevent fly breeding. The unsightly coal sheds, a source of complaint for many years, were in need of repair or replacement. A proper entrance was needed on Georgia Avenue with a waiting pavilion for streetcar passengers. The hospital grounds needed grading, draining and the roads surfacing. In spite of minor administrative inadequacies listed by the commanding officer of the hospital, Army personnel were becoming increasingly confident that the professional staff was one of the best in the East. Consequently the hospital was becoming something of a popular resort, and military patients spoke with pride of having been "out to Walter Reed."

Perhaps the strain of urban life or the prospect of a war began to tell on Army wives about this time, or the pleasant prospect of having a safe place to restrain them encouraged busy husbands, but whatever the cause, 19.2 per cent of the fifty mental cases admitted in 1916 were women. Of the remaining members, 22.4 per cent were officers; 32.5 per cent were enlisted men and 32.2 were male civilians.⁶³ Wards "A" and "B" were already too small and two-storied additions were being considered.

There had been, since August 1913, commanding officers, and among the nurses changes were more frequent than otherwise, for many stayed at Walter Reed only long enough to receive a general sort of orientation training. Miss Estelle Hine, one of the first three nurses reporting to Walter Reed on June 21, 1911, returned on May 23, 1914 as Chief Nurse. Tall, angular and a strict disciplinarian, she managed the nurses' mess economically by reducing the food servings. According to her hungry charges even the mantel clock protested the sparse meals and



1915, Colonel Percy M. Ashburn; Post Commander, September 19, 1915 – October 5, 1916

instead of striking, pled in a tired and hungry voice for “coffee-coffee-coffee.”⁶⁴ Handsome, quiet and meticulous, Miss Hine was considered a superior nurse. She was quite artistic; as she had some knowledge of interior decorating she was frequently sent to new Posts to open quarters for the nurses.⁶⁵ Like others, her stay at Walter Reed was short. Elizabeth Reid, her successor, was a large, stern and unimaginative woman.⁶⁶ The complete antithesis of Miss Hine, she had a taste for delicate cuisine and was herself an excellent cook. A splendid executive and strict disciplinarian, she held her subordinates accountable for any infractions of the rules.⁶⁷ Fortunately she held no grudges and attempted no reprisals.⁶⁸

The Surgeon General sent military medical observers to Europe as early as 1914, for the Balkan Wars were exciting new interest in mobilization planning. Under authority of the National Defense Act of 1916, Colonel Kean was assigned as Director General of Military Relief for the American National Red Cross and began at once to assemble mobile hospital units for overseas shipment, as assistance to beleaguered countries. In the event of American participation the units would be on hand, ready for use. As the War Department was not in an active state of preparedness, this was the best effort which some military medical planners could devise for meeting an unexpected emergency. Miss Delano had resigned from the Army Nurse Corps in 1912 to devote her life to Red Cross work. As part of her nursing she had listed a roster of reserve nurses willing to serve with the Armed Forces in time of war. And so, as during her assignment as the Superintendent of the Army Nurse Corps, she was again associated with her old friend, Colonel Kean. She was interested in principles rather than politics, but these two were in complete agreement on health and medical policies, and together they made a formidable team in upholding standards for Medical Department nursing personnel.

While international events were accumulating with the rapidity of storm clouds, personnel problems were besetting Major Ashburn, who had begun to feel the administrative pinch of trying to maintain business as usual, but with a fluid staff. As if it were not trial enough to have the doctors and nurses changing rapidly, he encountered personnel problems in the enlisted detachment for “the character of recruits received during the year was below normal; many are very young and irresponsible, others are hard drinkers, and still others (seemed) incorrigible.”⁶⁹

There were few permanent changes or additions to the institution during this last pre-war period. The controversy over credit for the work of the Yellow Fever Commission had subsided, but the Congress had not yet authorized a suitable memorial.

General Gorgas had ordered a posthumous portrait of the scientist Reed, to grace the foyer of the hospital,⁷⁰ for which the artist, selected by Mrs. Reed, was charging \$550.00, including the frame.⁷¹ A Major Crosby P. Miller of the Quartermaster Corps served as stand-in, and the features were painted from old photographs. The artist believed Mrs. Reed, her daughter and “others” approved the work and informed the Surgeon General that she was “proud and highly pleased to have been able to succeed in obtaining such a perfect likeness....”⁷²



Major Walter Reed, 1851–1902

Arthur, who was something of an artist himself, exploded forcefully to the young Charles R. Reynolds, one of the original staff members at the hospital "...for God's sake, have you seen this oil painting of Reed? A drunken cow could paint a better picture with her tail." (Ltr, Maj Gen C. R. Reynolds, M.C., ret., to writer, 21 March 1952.)

The picture was hung in due time, but Colonel Kean, busy man that he was, had other ideas regarding the likeness and noted thoughtfully:

*I went with the Surgeon General to see the full length portrait of Walter Reed at the Walter Reed Hospital, which the Surgeon General had... painted by a woman recommended by Mrs. Reed.... We agreed that it was a bum job. He suggested that it might be improved by cutting off the legs and making a half length of it!*⁷³

And so it was altered, in military parlance — according to directives.

The Academic Emphasis

Administration of the Army Medical School, like that of the hospital, changed little during Charles Richard's assignment. Considerably more class time was spent on clinical microscopy and bacteriology and sanitary chemistry than on other subjects. The classes continued to have clinics at the hospital, but medicine and surgery were presented on alternate weeks. Actually, the course in military surgery was didactic rather than practical, with the lectures on gunshot, sword, saber and bayonet wounds well illustrated by "...lantern slides, skiagraphs, and experimental gunshot wounds on the cadaver."⁷⁴ First Lieutenant George R. Callander of the Medical Reserve Corps earned the Sternberg Medal in 1913, but a quarter of a century later he was better known as the Medical Department's only wound ballistics expert than a bacteriologist.

Some lectures and demonstrations on "psychiatrics" were given at St. Elizabeth's, *The Government Hospital For the Insane*, but the series of special lectures delivered by distinguished members of the Medical Reserve Corps showed a decided trend toward surgical interests. As more in keeping with the professional reputation of its lecturers, effective January 25, 1913, the Secretary of War authorized a change in faculty titles from instructor and assistant instructor to professor and assistant professor.⁷⁵

This was a period of expanding opportunities for medical officers, and in 1912-1913 they were engaged in various extra-curricular activities such as flood relief work in the Ohio and Mississippi Valleys and as observers in the Balkan Wars. Major Russell, of the Army Medical School faculty, had a temporary assignment in Porto Rico with Lt. Colonel Kean to investigate an outbreak of bubonic plague, and Captain J.F. "Dusty" Siler began his life-time research work with an investigation of pellagra. Of approximately eighty-one articles prepared by medical officers and approved for publication

by the Surgeon General's Office, only twenty-four were on military medical rather than clinical subjects. Of the twenty-four, eight were by Captain Louis C. Duncan, the budding military medical historian.⁷⁶

Too few para-typhoid cases were reported during the year to justify preparation of a mixed strain of vaccine for special use or to necessitate any change in the highly acceptable typhoid vaccine which the Army Medical School prepared for distribution to other government agencies.⁷⁷ The Wasserman reaction was then as satisfactory as could be achieved in that laboratory and the faculty believed the time had come for a general survey on the prevalence and distribution of syphilis in the Army. By 1915, when Vedder's work on syphilis was published as SGO Bulletin No. 8, some 10,000 Wasserman reactions had been recorded.

Colonel Richard wanted to increase the number of students at the School, as well as to erect buildings at Walter Reed in order to use the clinical advantages of the hospital while training students in the practical aspects of hospital administration.⁷⁸ Inasmuch as the School served as the central laboratory for the Department of the East, thereby performing all of the more complicated laboratory procedures for the hospital, the Commandant's proposals had definite substance. Further, the Builder's Exchange Building, occupied so joyously only four years previously, was now deemed unsatisfactory because of high rent, noise and the poor state of repair.



604 Louisiana Ave.; Home of Army Medical School 1916–1923

Improved X-ray procedures, which became more apparent as the need for clinical care of the peacetime Army personnel gained importance, came into the limelight during the eighteenth session, October 1, 1913–June 1, 1914, when Captain Arthur C. Christie published *A Manual of X-ray Technique*. This was an especially significant test, for in addition to the officers, a few carefully selected non-commissioned officers of the Hospital Corps were being trained each year.⁷⁹ Dentistry, still a technical rather than a professional ally, received a boost when *First Aid Dentistry* was prepared by Dental Surgeon E.P.R. Ryan and published by P. Blackstone's Sons; for good measure, the War Department purchased 122 copies.

The change in nomenclature from the stark term *insanity* to *mental alienation* was probably more significant to the faculty and students of the School than to the maintenance of exact clinical records in the hospitals, for it signified the beginning of a changing perspective in the treatment of mental disease, for which there was then too little in the way of specific therapy. Although on occasion the Surgeon General detailed medical officers for special study of mental disease, this later popular specialty was not especially interesting to the Army doctors of the period, and was considered an incidental subsection of medicine and as part and parcel of the total clinical evaluation. There may have been less disease per population ratio at this time, or less self exploitation in the discussion of maladjustments, for personnel counselling and psychoanalysis were not encouraged. Patients either lived with their fantasies or were "put away." A diagnosis of mental disease carried a social stigma and alienists were shunned, for this was before the days when the psychoanalysts had become a popular human crutch and personal maladjustments were accepted parlor topics.

Dr. William A. White of the *Government Hospital For the Insane* lectured to the Army Medical School students, some of whom may have pursued independent investigations of their own. In 1914, for instance, with war just around the corner, the class was stimulated to new thought by clinical demonstrations on the various symptoms of mental disease; lectures on dementia praecox and syphilitic diseases of the brain and cord; the usual mental diseases found in the military service, including those most frequently observed during war... "and the general effect of war in producing mental disease."⁸⁰ Perhaps as a consequence, the Surgeon General appointed a board to investigate the reclassification of general military prisoners... "with special reference to mental alienation."⁸¹

While not of immediate significance in the Army Medical School or Walter Reed Hospital, in August 1914, Major Joseph H. Ford was detached as a military observer in Europe, to study the hospital corps organization of the continental armies. Meanwhile, other Medical Department officers were studying and evaluating the increased use of motor ambulances in modern warfare. Moreover, a board was appointed to consider revision of the soldier's first aid packet, with the introduction of ampules of iodine.

In October 1915 Colonel Arthur replaced Colonel Richard as Commandant of the Army Medical School. In 1916 General Gorgas called attention to the School's unusually successful year under Arthur's management and the special emphasis on medico-military

subjects. As no approval had been obtained for a new building at Walter Reed, and as the old one was outmoded as well as outgrown, 604 Louisiana Avenue was selected as the new home of the Army Medical School.

Evidence of Changes to Come

The School and hospital functions were spiritually if not physically identified, but the functional ties with the Army Medical Museum and Library,⁸² included as an essential part of a medical center by both Surgeon General Hammond and Dr. Borden,⁸³ became more remote after the School moved to the Builders' Exchange Building on Thirteenth Street. The relocation left the Museum, which had long since outgrown the Hammond concept of its function as a collection de guerre as it had collected pathological items at an amazing rate, and the Surgeon General's Library in possession of the increasingly shabby building at Seventh and B Southwest. Both institutions were invaluable to the Medical Department blood and bone of its research and teaching program.

Dr. Billings' (Dr. John Shaw Billings) achievement in creating the Index-Catalogue had maintained him, in the period from 1870–1890, both at home and abroad, as the best-known American physician, and his personal reputation had brought considerable fame to the Library. In 1876 Billings alluded to the Army collection as a national medical library when publishing his *Fasciculus*, a name which the editor of *The Nation* warned might enable the Congress "to bring it under the control of politics," of which it then was entirely free.

In 1892 and again in 1901, Congress made the collection available to the civilian medical profession. It is especially interesting, therefore, that in the late nineties, during the real dawn of scientific medicine, that an unsuccessful attempt was made to annex the Army collection to the Library of Congress.⁸⁴ The American Medical Association began expanding its own publishing and indexing activities at about the same time. Dr. Fletcher had some difficulty in securing funds for publishing the *Index Medicus* and from 1900 to 1902 suspended the activity. By 1914 an insurgent movement had developed to assign the Army collection to the Library of Congress, largely defeated by Congressman Lloyd, of Missouri, with the open support of the AMA. Dr. Garrison had a well established academic feud under way with Dr. Simmons, editor of the *Journal of the American Medical Association*, with whom he had disagreed⁸⁵ over the kind and number of journals that should be indexed and to whom he voiced objection to the AMA's lack of encouragement to smaller medical journals then struggling for existence. It is more than probable that the movement to attach the Surgeon General's Library to the Library of Congress stems from the competition between the two organizations in regard to indexing and publications, for the Surgeon General's Library had, for over thirty years, performed under military direction and with the support of military funds, a function properly chargeable to the medical profession-at-large. There was, however, definite competition between the AMA-sponsored "Guide to Current Medical Literature," designed as a ready reference for busy physicians, and the Army-created-Army-sponsored Index

Medicus. Later, after the AMA absorbed the Index-Medicus, the great Index-Catalogue became the professional bone of contention which deprived the Army Medical Center, outgrowth of the Walter Reed General Hospital, of the Library.

The political hiatus gained the attention of the Secretary of War, Lindley Garrison, who at first supported the transfer to the Library of Congress, for, when the Army Appropriations Bill for the fiscal year 1915 was under discussion, the Senate Military Affairs Committee proposed an amendment, outgrowth of an extemporary suggestion made during the hearings, to which he assented, that is, that on or before January 1, 1915 the transfer be effected. In the meantime Army protagonists secured enough support to defeat the proposed action. On April 6, 1914, while the bill was still in conference, both the Secretary of War and the Senate and House Committees withdrew their proposals. Thus amendment 148 480 did not become law in the Act of April 27, 1914 (Army Bill for 1915). The affair was minimized, and probably as an attempt to establish in the eyes of American medicine the fact that the Library served the public as well as the military interests, the Surgeon General's great collection of scientific and professional books was more frequently referred to as the *National Medical Library*, in spite of *The Nation's* earlier warning.

Victory was conceded to the Missourians, but like the Battle of Fort Stevens, the 1914 attempt to strip the Medical Department of its most famous possession was only a skirmish.⁸⁶ The plans for a complete Army Medical Center were still so nebulous, however, that the lobbying activities of acquisitive groups were of little or no concern to the small professional staff at Walter Reed General Hospital, still thought of as out in the country rather than in the city proper.

Under the National Defense Act of 1916, the Dental Corps, an integral part of the Army since March 3, 1911, was reorganized and the three-year probationary contract required for eligibility as dental surgeons was abandoned. The Veterinary Corps functions were separated from the Quartermaster Corps, with the Corps established as an integral part of the Medical Department. Among other changes and authorizations, the government was allowed to provide storage space for Red Cross medical supplies and to permit erection of Red Cross storehouses and buildings on military reservations.⁸⁷ Each of these provisions in some way later affected military hospital management.

Because of the increased use of motor vehicles the commanding officer at Walter Reed advocated an additional Hospital Corps grade for chauffeur-sergeant and blamed the poor quality of the recruits on the inadequate military pay. The nine medical officers and nurses on duty during 1916 cared for 1175 patients, apparently without overexertion. While the interchangeable duties of clinician and professor were not allowed to interfere with the proper care of the sick, the hospital commander believed the detail of officers to work outside the institution interfered with their administrative duties such as "officers-of-the-day duty, instruction of the Hospital Corps, (assignment as members of) disability boards, consultation boards and committees and attendance at Journal Club and clinical meetings," all of which were necessary administrative functions.⁸⁸

Officers at the Army Medical School made the long streetcar ride out to Walter Reed to perform professional and officer-of-the-day duties, that is, as a resident on call during the night hours. On the other hand, Colonel Arthur complained because his students did not spend at least two weeks in a military camp, which *could* be at Walter Reed. He agreed that laboratory work was important, but he seemed especially apprehensive because medical officers were not learning to care for themselves in camp, the details of camp sanitation or their general duties in the field.⁸⁹ Arthur, the old campaigner, believed it time to prepare for a war!

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