

The Gardener

1919–1922



“To serve the art of medicine as it should be served one must love his fellow man.”¹

The 1914–1915 fright over the reassignment of the Army Medical Library to or near the Library of Congress apparently left key personnel in the Surgeon General’s Office apprehensive lest the long-range plans for an ideal as well as complete medical post be thwarted by politicians. By the Act of May 19, 1917, the Congress appropriated \$90,000 “to enlarge the Walter Reed Hospital,” but to the Surgeon General’s everlasting regret the exigencies of war required the erection of temporary rather than permanent buildings.

In the meantime, he was apparently able to interest some of the medical societies in the Army Medical Library’s plight, and 150 letters and resolutions were on file in the Surgeon General’s Office urging promotion of a new library structure.² The Public Building Commission proposal to develop the Mall area included razing the structure at 7th and B occupied by the Museum and Library, and the Fine Arts Commission proposed as a substitute site for the Library, the square at A and B and 4 1/2 and 6th Streets, S.W., which was assessed at \$306,000.³ Such a proposal was contrary to the long-standing Medical Department plans for a complete medical center, and in 1919 General Ireland secured the Chief of Staff’s permission to add to Walter Reed certain activities such as the Army Medical School, the Army Veterinary School, the Army Dental School, and, among other buildings, an administrative and operating group, a ward group, a barracks group, power house, laundry, chapel, hospital library, nurses’ residence, and officers’ and non-commissioned officers’ quarters at a total expenditure of \$10,000,000.⁴



1919: View from Power House, showing civilians—around Greenhouse on Georgia Avenue.



1919: Nurses Residence & Officers' Quarters looking toward Butternut Street.



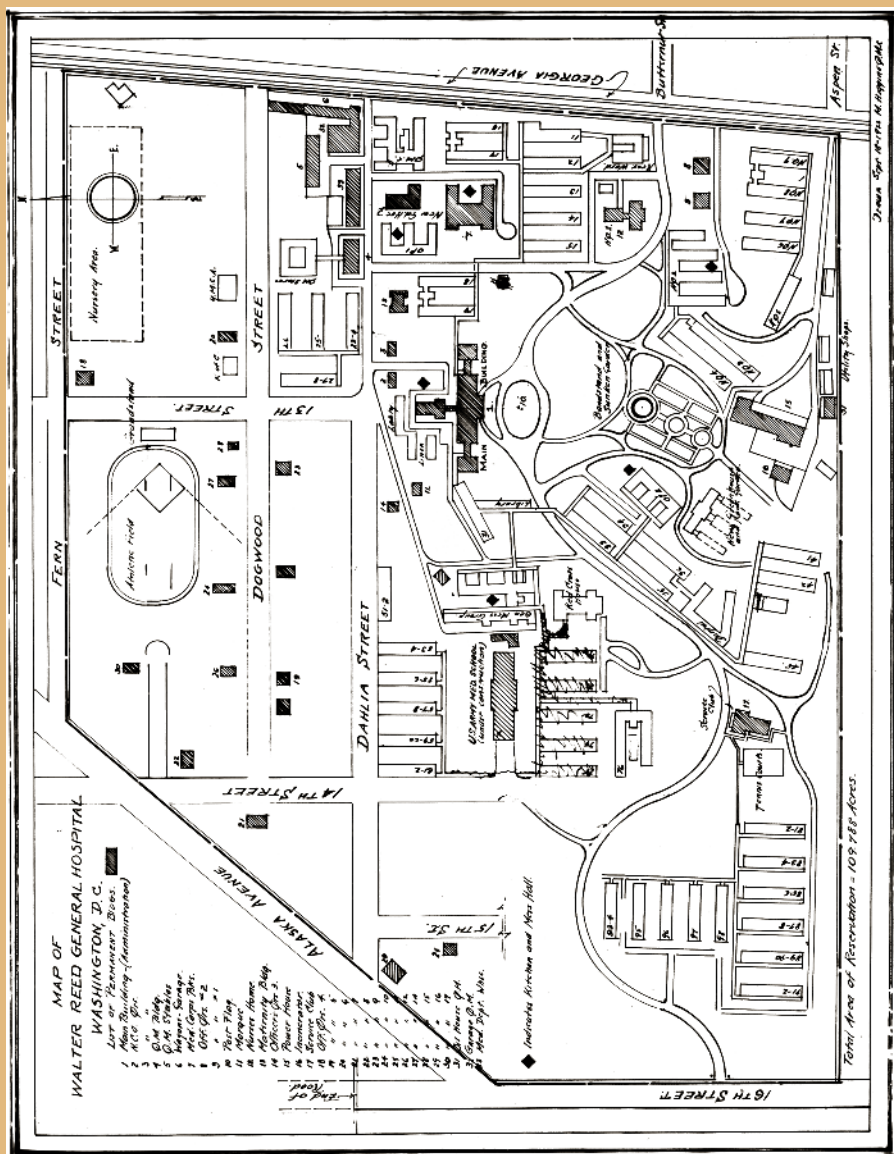
The Old Lay House; Walter Reed U.S. Army General Hospital, 1919

The Act of July 11, 1919 (41 Stat 122) provided \$350,000 for the purchase of 26.9 acres of land for the *final location* of the Army Medical Museum and Library, a plan approved by the Bureau of the Budget and the President. Unless the Mall development was imminent, however, the President believed the Library project should be delayed because of a current fiscal deficit. The Director of the Budget countered with the proposal that Congress authorize the project in a special bill, with the actual monies appropriated at a later date.⁵ Neither proposal resulted in action, and the principal handicap, which was to prevent indefinite development of the total plan on “Walter Reed Medical Center” now came into relief: the War Department was unwilling to support a costly technical service operation from its general appropriation, and the usual demands on the Medical Department budget prevented construction of the Library from its own current appropriation.

One section of the new 26.9 acre tract was bounded by Dogwood Street on the north, by 13th Street on the west, and to the southeast followed the line of the “original hospital reservation.” This included part of the old Shepherd estate, with its stone gatehouse. A second section was bounded by Dahlia Street on the north, 14th Street on the west and on the southeast and followed the line of the “original hospital reservation.” A

Borden's Dream

third tract extended “the northern and southern boundary lines of the original reservation west of 16th Street.” This addition increased the holdings to approximately 69.136 acres,⁶ a number still insufficient for final realization of *Borden’s Dream*, which, in any case, had neither appropriations for buildings nor a first priority over other Medical Department projects.



As in 1915, the Library now came in for attention as a non-military activity, and although current publicity noted agreeably that the “three principal units in the contemplated medical center (were) the Walter Reed Hospital, the Medical Museum, and the Library,” now widely separated, their assembly had the heartiest cooperation of “the entire medical fraternity of the United States and allied governments.” The Library was compared to the great library in Petrograd, destroyed by fire and, said the *Washington Star* in a promotional spirit, it was “called Surgeon General’s library but is in fact the library of the medical profession in the United States.”⁷

In spite of now possessing land, the two more static institutions, the Library and Museum, represented no immediate housing problem, whereas the overgrown Army Medical School, with its expanding sub-service training programs, was in desperate need of shelter.

General Ireland was a man of strong likes and dislikes.⁸ Well prepared for his position as Surgeon General both through training and temperament, he was extremely interested in developing the permanent general hospital to a new state of excellence, and he insistently exerted his not inconsiderable talents and charms for the general benefit of the Department.⁹ Many of the Corps’ most influential leaders agreed that the Army Medical School facilities were inadequate. Moreover, under the current plans for expanded field training at Carlisle Barracks, it seemed more important that the School activities, including the vitally needed vaccine laboratories, be housed at once.

Both the Surgeon General and General Kean were friendly to the General Staff,¹⁰ and both were unusually successful in influencing both General Staff and Congressional support for Medical Department programs; the \$500,000 appropriated under the Congressional Act of June 5, 1920, for the first portion of the Army Medical School was a tribute to this endeavor. The matter did not rest there, however, for the Acts of March 20 and July 1, 1922, provided \$94,703.44 and \$44,109.22 respectively to pay adjudicated awards for lands condemned by the War Department “for additions to the hospital and for the site of the Surgeon General’s Library.”¹¹ Therefore, for the time being, a medical center seemed assured.

“Noisy Jim”

James D. Glennan returned from Europe to become commandant of Walter Reed General Hospital on March 19, 1919. A long-time friend of the Surgeon General, who affectionately called him “Noisy Jim,” this brilliant, quiet and almost abnormally reticent man was destined to leave an indelible mark on the buildings and grounds.¹² Long after his time, when only the composite beauty of the landscaping and a modest bronze plaque in the garden remained to identify him as God’s servant in the great out-of-doors, James Glennan was still a topic for social conversation at Army dinner tables.¹³

The assignment at Walter Reed was ideal for one of his talents and interests, for little had been done in landscaping. Dr. David Lumsden, formerly of Cornell University, had been an enthusiastic member of the Plant and Agricultural part of the rehabilitation program during the war. Still in Washington, serving as horticulturist of the Department of Plant Immunization, U.S. Department of Agriculture,¹⁴ he was a willing ally in the plans for landscaping the

hospital grounds. James Holland, head gardener at Soldiers' Home during Colonel Glennan's incumbency prior to the war, joined this pair of nature-lovers in 1920.¹⁵ And as the Colonel's interest in gardening became known, the hospital received many shrubs and trees as gifts, including the then rare weeping cherry tree transplanted from the disbanded Freeman Nursery to the sunken garden.

Between Colonel Glennan's enthusiasm, Professor Lumsden's technical knowledge and Mr. Holland's industry, all the trees, shrubs and plants on the grounds were identified, labeled and a cardex filing system was maintained in the Adjutant's office. Officers wore white shirts with their olive drab uniforms in those days, and it was not unusual for Colonel Glennan, when wandering about the hospital or grounds, to pencil his observations on his snow white cuffs. The ivy which grew profusely on the old stone gatehouse had been brought from England many years before, and it provided new growth on the walls of the permanent hospital buildings. The original start of mint, first transplanted around a small fountain in the sunken garden, but now growing wild around the reservation, was brought from England about 1600 and planted at Scuffletown Tavern,¹⁶ in Orange County, Virginia. Like other horticultural contributions, it was given by interested friends.



Colonel Glennan as The Prince of Wales Arrives, 1920

The colonial architecture of all of the permanent structures was approved by the Fine Arts Commission, and Colonel Glennan attempted to have the buildings erected in line with the Washington Monument. The Service Club, hastily built in 1920, did not comply with this surveying requirement, but the error was not discovered until four years later, after the Army Medical School building was erected and the dogwood trees were planted along the walk leading to the Rea swimming pool and the School. The day this irregularity was discovered was one long to be remembered, for the Colonel searched diligently for a scapegoat—and chose the unwary Adjutant as the object of his unpredictable wrath. He allegedly sulked for three days without so much as saying “Good Morning” to his office personnel.¹⁷

The Dominant Types

Colonel William L. Keller, a Regular Army doctor of exacting professional standards was allegedly passed by the Examining Board because of General Arthur’s insistence that the early evidence of his professional acumen entitled him to special consideration. Having won his point, Arthur, as a later Division Surgeon in the Philippines, had an opportunity to see his protégé at work. For then the young Doctor Keller was using every opportunity to practice experimental surgery, and according to Arthur’s lusty reminiscences, every time he saw the young surgeon he was trying frantically to dispose of “a bucket of dog guts.”¹⁸

Quiet, conservative, reserved, and frugal,¹⁹ the young surgeon blustered a good deal, probably in order to hide his extreme shyness²⁰ and to conceal his exceedingly deep sympathy for human suffering, especially in children.²¹ Known for his gentleness, he was also known as a martinet.²² Erect of posture, forbidding in appearance until one recognized the tenderly sympathetic expression in his tranquil blue eyes, the entourage of young surgeons who followed him on ward rounds did so in almost complete awe and silence. A hard worker, he established a rigid and inexorable custom of night visits, but he never imposed regulations or standards on others that he was unable or unwilling to meet. And to some who knew him well, his greatest contribution to military medicine was not in his brilliant pioneer work in empyema, performed at Walter Reed during the early twenties, but in the example set by his self-imposed and exceedingly high professional code, his sound and conservative surgical judgment, and the primary maxim used in training young surgeons – that the patients’ interests always come first.²³ No hour was too late and no job was too difficult for him to undertake.²⁴ A non-Catholic, he nevertheless steadfastly refused to perform an abortion.

On one well-remembered occasion, the Chief of the Medical Service pled with him to surgically abort three seriously ill patients, all of whom had some morbid complication such as pulmonary tuberculosis. Flatly and unequivocally, the Chief of the Surgical Service refused. The Chief of Medical Service, equally obdurate in his quiet way, was indignant, for he expected the patients to die.

The situation came to a deadlock, with neither physician capitulating. It was well known that one of Colonel Keller’s few self-indulgences was fishing, and that with great

regularity he spent his thirty-day annual leave pursuing Colorado trout. It was not the fishing season, however, when quite unexpectedly the Chief of the Surgical Service announced that he wasn't feeling well, believed he was in need of a rest, and would be absent from Walter Reed for ten days or two weeks. He was noted for his rude good health; his staff was aghast at this break in his orderly routine. He had hardly departed for his "convalescence," however, when the Assistant Chief of the Surgical Service eased himself into the medical office to inquire if there were any cases for surgeons.²⁵



Service Club or Guest House

A second young surgeon, likewise assigned at Walter Reed in January 1919, was destined for distinction. The Army Medical School had started its special course in orthopedics in 1917, and as the overseas casualties began to arrive in considerable numbers, the hospital prepared for the overflow by separating orthopedics from general surgery. From January 1919 until May 1925, and again from June 1930 until March 1934, Norman T. Kirk was chief of this section at Walter Reed. From January 1941 until June 1942, he was Chief of the Surgical Service; from June 1943 until June 1947, he lived on the reservation, in the quarters formerly occupied by Colonel Keller but reassigned to the Surgeon General of the Army, the position he then filled with his usual energy and dispatch. In the "twice told tales" so familiar in Army social groups, an undocumented story is often repeated that as

a young surgeon Kirk had no particular desire to specialize in orthopedics, and that Keller literally had to persuade him to undertake the necessary but not especially attractive role of becoming an “old sawbones,” giving his personal word that he would never regret the decision. Although Colonel Keller refuted statements that through his tremendous prestige as “Surgeon Emeritus” of the Medical Department he tipped the political scales and influenced the appointment of Norman T. Kirk as Surgeon General, in 1943, this story, like others that people want to believe, gained wide circulation throughout the Medical Corps.



The Adjutant, Capt. Herbert N. Dean, MAC and Dr. David Lumsden of the U.S. Department of Agriculture

These two dynamic but compatible personalities worked together harmoniously through the years, and although entirely different in temperament they were constant friends. Where one was large, with leonine head and clear blue eyes, quiet, genteel, “Scotch” and unsociable the other was small, ruddy, brusque and with twinkling eyes as azure blue as the sea he loved so well. Like his preceptor, no hour was too late for him to return to the hospital to change a dressing or check the prognosis sheet; no patient was too humble to receive his expert best in surgical care. An ardent tuna fisherman, a successful amateur gardener and a satisfactory golfer, he was a man of lightning decisions

and unstudied actions. No friend could ask too much of him; no enemy received quarter.²⁶ He was small, quick in his movement and with little that could be called “military bearing.”

The soldiers swore by him; many nurses complained unnecessarily of his exacting professional standards.²⁷ Like many of the medical officers of his generation, one of his first Army assignments included a detail at the Barnes Hospital, U.S. Soldiers' Home. No purist, his vocabulary was a man's vocabulary. A rough and ready type, he appeared uncomfortable at the leisurely tea parties fashionable in that day. An old retainer at the Soldier's Home was apparently as omniscient of his future as Colonel Keller, for he predicted that the young lieutenant would sometime hold the Medical Department's highest office, and he promised that on the day of this appointment he would shine the little doctor's shoes. In 1943, when he was appointed Surgeon General of the Army, this loyal old man was one of the first to congratulate him, reminding him again of the long-ago promise and forgotten prediction.²⁸



Officers Quarters from Butternut Street, 1919

Within These Walls

By 1920 the hospital had been reduced to a 1500-bed capacity, and Colonel Glennan was making strenuous attempts to restore both normal routine and a normal appearance. Some 7,923 cubic yards of earth were excavated from the area north of the stables, on Dogwood Street, and distributed in the re-graded sunken garden, which was created on top of the fourteen-foot causeway then encasing Cameron's Creek. Contracts were let for landscape supplies

and nursery stocks, for painting of barracks, the non-commissioned officers' quarters and thirty-four hospital wards; a small nursery and greenhouse were erected.²⁹

The professional activities were even more time-consuming than the administrative and some 5,407 patients were admitted to the principal services of medicine and surgery. No noteworthy new methods and treatments were devised during this year, but an electrocardiograph formerly used at the wartime General Hospital Number 9, Lakewood, New Jersey, was installed, and the first of 388 recordings for 1920 was made on April 26. Of further interest in the clinical care of patients, the Medical Service used the Tissot Gassometer and Russell-Sage modification of the Henderson Holdane Gas Analysis apparatus for recording basal metabolisms, for none of the newer, simpler and easier methods had proved entirely accurate and reliable.³⁰ In 1922, the laborious and time-consuming procedure of recording basal metabolisms was assigned to the Laboratory Service. Patients were transported from the various hospital wards by ambulance, and in accordance with accepted clinical practices, they were kept almost frighteningly inactive and quiet.

Walter Reed was by then a center for empyema work and many cases were transferred from home stations and abroad. It was in this special field that Colonel Keller earned his well-deserved reputation as a successful surgeon. Many acute cases resulted from the



Colonel Keller at work

1918–1919 influenza epidemic, but they were treated so successfully that the mortality was less than five per cent. Further, none of the Keller-treated primary cases became chronic,³¹ an unusual record for those antibioticless days, for the majority of the cases transferred to Walter Reed from other institutions had defied the usual treatment.³²

The Neuro-Surgical Section was occupied chiefly with the remaining cases of war wounds, with approximately eighty per cent of the patients having gunshot wounds of the peripheral nerves. The Orthopedic Section discharged 367 cases that year as having been completely fitted and instructed in the use of prostheses. As the Troutman prostheses for thigh and leg stumps were highly satisfactory, permanent prosthesis for disarticulation of the hip was discontinued, and a light weight fiber thigh bucket with molded socket for hip, developed at the hospital, was substituted. As in the case of neuro-surgical disabilities, the majority of the cases treated on the Orthopedic Section resulted from gunshot wounds. Some had been unsuccessfully treated in other Army hospitals and some were transferred from hospitals that had closed. In general, however, the majority of cases required revision of the stump, and during 1920 alone, a total of 167 Orthopedic operations were performed.

Army surgeons may have been more pompous in those days, the Army regulations more strict, or pride in wearing the uniform more acute than in the generally civilian-minded Corps of a quarter of a century later. Sabres were worn for inspections, usually on Saturday morning, and at court martials; as a rule officers appeared in full dress uniform with slight encouragement. In the case of surgeons, it was the small gesture of exchanging sabre for scalpel that transformed the military medical officer into the king of all he surveyed—the operating room.³³

Familiarly called “the grasshopper courses,” the post-war surgical refresher courses for Regular Army officers, begun in June 1919, included assignment to the various surgical sub-sections where, regardless of the competence of his associates, Colonel Keller’s rigid professional standards included a weekly inspection of all patients, and carefully supervised clinical instruction. It was probably during this period that he formed the habit of making ward rounds, flanked by the younger members of his staff. More than one patient quailed at the sound of tramping feet in the usually quiet halls of the surgical wards, where except for the courageous whispering of the laggards who composed “the rear echelon,”³⁴ there was no sound.

The hospital’s dental staff was decreased from thirteen to nine officers during this year, but the reduced members managed, somehow, to meet the clinical load. The X-ray department, in spite of the decreasing number of war casualties, was obviously in more general clinical use, for 12,000 patients used some 30,000 plates and films. Dermatology and Urology were associated under one Section Chief, and in the latter specialty, 149 operations were performed, while a “large number” of venereal cases were treated. The Obstetrical and Gynecological section was proportionately busy, for 106 healthy infants were delivered, twenty-four of which were instrument cases; two mothers required caesarean operations.



Operating Room; Eye, Ear, Nose and Throat Clinic, 1922

As the busy Surgical Service performed 2,439 operations during 1920, it is little wonder that the annual report carried a statement that “anesthesia is a developing field ... and there is much to be investigated especially as to nitrous oxygen; it is the aim of this department to add its effort to the progress of this rather neglected branch of surgery.” Two unnamed Army nurses and two civilian nurses from Providence Hospital, Washington, D.C., were trained in the use of gas oxygen anesthesia. Further, the Department of Anesthesia reported a detailed break-down on its cases: of the 1,305 general surgical cases exclusive of obstetrics, 649 received nitrous oxide; 123 nitrous oxide-oxygen-ether mixtures; 533 were nitrous oxide-ether sequences. Moreover, 797 local anesthetics were used in addition to the inhalation method. Of the 2,439 operations, the EENT Section led with 1,081; of the 1,358 remaining operations, 321 were in general surgery, with appendectomies and herniotomies leading the list.

Alloof and noncommittal “Noisy Jim” Glennan was sometimes misunderstood by some of his associates.³⁵ The Adjutant found it difficult to secure his official signature, and he held administrative officers accountable for routine and probably unavoidable administrative oversights. Occasionally he displayed a lusty temper, and he could be both contrary and cantankerous.³⁶ Withal he was beloved. Whatever his temperamental



Library Exterior, 1922

idiosyncrasies, he knew definitely what he wanted to do with the now famous hospital entrusted to his management, and he was determined to have only the best available personnel. Miss Lower, like Mrs. Rea, was a volunteer worker during her term as assistant Field Director. From late 1919 until 1922, two male incumbents filled this position, but eventually Miss Lower accepted the responsibility and became a paid representative of the Red Cross.

When it came to selecting a librarian, Colonel Glennan had no more hesitation in pirating the librarian he had known at the Soldiers' Home prior to the war than he had in "recruiting" the head gardener. In March 1920, Mary E. Schick joined the then highly individualistic staff at Walter Reed. Colonel Glennan was extremely interested in the war service library, which was unsuitably housed in the basement of the Red Cross house, and wanted to expand it as a permanent function. Funds were then unavailable for construction of a permanent building, which for convenience should be near the Main Building. Perhaps on an impulse, perhaps because his subtle Irish humor was tantalized by the prospect of having the autocratic chief of the Surgical Service lose a bout with the supposedly weaker sex, the commanding officer offered the new librarian one of Colonel Keller's surgical convalescent wards, appropriately



Book Service in the Twenties; Miss Mary E. Schick, rear; Miss Juanita Gould, foreground.

located on “the main drag.” On the assumption that possession was “nine points of the law,” the move was to be accomplished during the annual Keller vacation. Convalescent patients were pressed into service, and the books were sorted and placed on litters for quick removal from the Red Cross house to the converted ward. The move was not only made with dispatch, but in time the victor and the vanquished became warm friends.³⁷

The now legendary stories credit Surgeon General Ireland, a man of warm sparkling personality, with lamenting plaintively that “Noisy Jim” outshone him with the ladies, that he sat back quietly, saying nothing, while the women struggled for his attention;³⁸ whereas he, Ireland, had to bid for their attention. The tribute to “Noisy Jim’s” personality was undoubtedly the only accurate part of the friendly gibe, for old timers well remember the grace, charm and seemingly impartial division of the time he spent making “inspection trips,” which conveniently included the afternoon tea hour and the first ladies of the Red Cross and the Library, as these organizations and their directors came to maturity and full bloom under his wise guidance and support.³⁹

Catastrophe

The sharpshooter’s tree, famous since Jubal Early’s raid on Fort Stevens, stood in front of the nurses’ residence and across from the Commanding Officers’ quarters. Long since recovered from its pruning by Civil War bullets, the old landmark could not withstand the severe ice storm of December 1920, and when it was splintered beyond nature’s repair, uprooted and removed, Colonel Glennan grieved as though for a friend. It was, he mused, like an old man that had lived too long.⁴⁰

The year was not to end without further sorrow at the hospital, for on Sunday, December 12, at 11 a.m., a mentally “alienated” patient set fire to a chair cushion in one of the frame barracks assigned to the neuropsychiatric section for the care of shell-shocked and neurotic cases. The patient was removed from the ward promptly, but he eluded his attendants and re-entered the building to lose his life in the flames. Wards forty-three and forty-four, quartering seventy-five patients, were completely destroyed, wards forty-one and forty-two were partially damaged, and several of the patients suffered minor injuries.

The hand apparatus of the Walter Reed fire department proved inadequate for the occasion, and the three-alarm call was answered by neighboring “hook and ladder” companies. Medical Department enlisted men, always drilled for fire action, met the situation bravely, and student and graduate nurses were commended for their heroic

action. The potentially hazardous frame buildings had been called to the attention of the Congress, but fiscal appropriations were not forthcoming. It required, therefore, a tragedy to bring the unsafe conditions of the temporary buildings to public attention.⁴¹ In the months immediately following, mental cases from the “forty group” were housed in the “eighty group” of semi-permanent stucco buildings.⁴²

It is interesting in this connection, to note that 621 neuropsychiatric cases were



Tulip Tree (1919)

treated during 1920, of which twenty were classed as AWOL cases; twenty-three as cerebro spinal lues; eighty as constitutional psychopathic states; one hundred seventy-five as Dementia Praecox; sixteen as diseases due to alcoholism and drug addiction; twenty-nine for Epilepsy; fifteen for general paralysis of the Insane; twenty-five for Manic Depressive Insanity; five for Mental Deficiency; twenty-seven as “no” nervous or mental disease; twenty for organic diseases of the central nervous system (non-luetic); one hundred eighty-six for psychoneuroses,⁴³ that wonderfully inclusive term that conceals a multitude of undefined ailments.

The Calendar Changes

Only one hundred twenty more patients were admitted to the hospital in 1921 than in 1920, but two hundred seventy-one more operations were performed, statistical evidence of the industry of the surgical staff and the popularity of the institution.

Although from fifty to seventy-five per cent of all patients were engaged in one or more types of occupational therapy, it was necessary to reduce the departmental staff by September. Some of the aides had been quartered in temporary frame and canvas buildings erected just across Georgia Avenue and above Geranium Street, where a low-cost housing development was built during World War II. After September 1921, such



The Great Fire, December 1919

personnel were quartered on the Post in one of the frame barracks formerly assigned to the nurses. In line with the general reduction, such subjects as electricity, and in the fine arts, illustrating, lettering, modeling and painting; sign painting; machine shop practice; mechanical drawing, etc., were dropped from the program. In contrast, the Physiotherapy Department, with only two head aides and twenty-three assistants, gave some 15,400 treatments monthly.

Seventy Regular Army nurses, 60 reserve nurses and 228 students provided nursing services for 5,527 patients at Walter Reed in 1921, where the first class of students was graduated from the Army School of Nursing.

Ten dietitians then were employed in the Mess Department or Food Service, which operated six different messes for a daily average of 1,943 individuals. This department was administered by a Captain in the Medical Administrative Corps and employed forty-three civilians, seven non-commissioned officers and seventy-five enlisted men. The Head Dietician acted as liaison between the department, the medical officers and the ward nurses, instructed student nurses, assigned dietitians and controlled all matters pertaining to the subsistence (feeding) of the sick.⁴⁴ Administration of the food service was more complicated than appeared at first glance, for fifty-four per cent of the service was devoted to *regular* or "House Diets"; nineteen per cent to *special diets*; seventeen per cent to *light, soft or liquid diets*; ten per cent to *medical diets*. *Army Regulations* provided that enlisted patients receive the regular garrison ration, usually with a twenty-five per cent surplus to provide for special items required in the care of the sick. In November 1921, this amount was increased to fifty per cent in order to compensate for the seasonal advance in milk, butter, eggs, fresh vegetables, fruits, etc., with the additional expense met by subsidy from the Surgeon General's central hospital fund, composed of accrued savings from unused diets, etc., and from the surplus Post Exchange Fund.⁴⁵

In October 1922, the Army School of Nursing was followed by a school for hospital dietitians, which accepted only two students for the first class, and a school for physiotherapists, with a first class of fourteen young women. Physiotherapists were required to have a pre-requisite of at least a two-year academic course in an approved School of Physical Education. When graduated from the Army Schools, both dietitians and physiotherapists were eligible for Civil Service appointments.

The Laboratory Service was becoming an increasingly busy professional activity, performing, in 1922, some 91,032 examinations; thirty-four per cent of the deaths were autopsied in comparison to only twenty-five per cent of the year before. Basal metabolism readings were used more frequently, with 217 "runs" in comparison to the fifty-two for 1921. The staff was performing experimental work in tuberculosis through animal inoculation. A necessary adjunct to the professional activities, the *Department of Illustration*, staffed by enlisted technicians, was diligently making lantern slides and photographing both operative procedures and patients, especially empyema cases, for use in the clinical training programs.



1927, Physiotherapy Aides; Miss Emmy Lou Vogel, Center, front row, later commissioned as first director Women Medical Specialists Corps

The *Office of Supervisor of Clinical Records* was an important and busy function, and although it controlled the entire clinical record system, it was different from similar civilian services in that it was responsible for the discipline, pay, clothing, correspondence, military records, disposition (including the necessary physical examination) and processing of patients leaving the hospital for disability or on expiration of term of leave. As there were many Veterans Bureau patients, a factor that required close coordination with the main Veterans' agency, a separate section secured the appropriate data, prepared reports and carried on correspondence incidental to the hospitalization of the claimants. Approved procedures provided that the Veterans Bureau paid the Army stipulated amounts for the hospitalization of Veteran patients.

The Dental Department treated 5,675 officers and enlisted men in 15,370 sittings; 1,284 "others" in 3,314 sittings and 812 Veterans Bureau patients in 2,064 sittings. A large part of the dental survey work was performed in search for foci of infection; 9,079 roentgenograms were made. Of the 5,286 inpatient admissions in 1922, the majority came from nearby stations, but 217 were transferred from abroad, and 1,069 were

admitted from other regions in the United States. Nearly one half were surgical cases, and half again, or 1,223, were EENT cases. Further, an additional 2,319 "minor surgical procedures," such as the injection of salversan, were not added into the total.

The distribution in patient load now showed a marked change from the admissions of 1909–1912, for more civilian dependents were using the hospital facilities:

731	<i>were officers</i>
1739	<i>" enlisted men</i>
146	<i>" nurses</i>
1456	<i>" Veterans Bureau cases</i>
1214	<i>" Civilian dependents.</i>

This policy not only cultivated good morale, but it was practically essential to the welfare of the low-income enlisted and non-commissioned officer group. Further, it was invaluable to a balanced training program for Army doctors. Like a buxom adolescent, Walter Reed now in the second decade of its growth, was exceeding its original function as "the general hospital for the Eastern United States and as the post hospital for Washington Barracks," as defined in the Surgeon General's earlier reports.



Surgeon General Ireland presenting diplomas, first graduating class, Army School of Nursing; Major Julia C. Stimson, Superintendent of the Army Nurse Corps on the left.

Other Changes

The Come Back, published for twenty-seven months through the courtesy of interested businessmen in the District of Columbia, first planned to release its final issue on March 19. As it had provided practical instruction for a class in journalism, the *Reconstruction Division* effectually urged that this tiny 9x12, four-page publication continue as a Walter Reed newspaper, subsidized from Post Exchange Funds.⁴⁶

The Acts of March 20 and July 1, 1922 provided \$94,703.44 and \$44,109.22 to pay the adjudicated lands earmarked for the Walter Reed reservation, and the Quartermaster Section of the annual report noted the acquisition of four sets of officers' quarters on Elder and Dogwood Streets and Alaska Avenue. These were, in the strict sense, civilian residences and not regulation government quarters.

A new brick guardhouse was built on the southwest corner of Dahlia Street during the year, and the athletic field bounded by Georgia Avenue, Dogwood and Fern Streets was graded. According to the annual report, Miss Rosalind Wood of Massachusetts donated \$25,000 for erection of a range of greenhouses, and on June 28 the contract was let for a Rose House, Carnation House and Palm House adjacent to the formal garden. Although all were completed within six months,⁴⁷ there is reason to assume that this amount was insufficient and that the Red Cross allowed a subsidy.⁴⁸ Of great significance to the Medical Department as well as to the hospital, a \$500.00 contract was let for construction of the long contemplated new Army Medical School building, which, by December 1922, was already thirty-six per cent complete.

"The new year, 1921," said Kean in his diary, "brought a change of administration. The Democratic Administration had apparently outstayed its welcome, and the Army and Navy were joyful over the departure of their former secretaries, Baker and Daniels...

*The change in administration was not in every way an improvement, however, for the medical profession was amazed at the apparition in public life of a comic little figure, Dr. Charles E. Sawyer, who had been the medical attendant of the President's wife. Although he had never had any military service, he was made Brigadier General in the Reserve and became the medical advisor to the administration on all medical matters, including military and naval medicine, and all questions of medical supply.*⁴⁹

This particular change of administration was of especial interest to the Medical Department, for General Leonard Wood was an unsuccessful contender for the Presidential nomination on the Republican ticket, according to some speculators, because he would make no commitments to the politicians.⁵⁰ The new administration was hardly under way when the appearance of the little homeopathic doctor, who frequently accompanied Mrs. Harding on visits to Walter Reed, upset the ranking military medical men in Washington. For reasons best known to the doctors, their tiny five-foot,

two-inch contemporary was christened with the Indian-like name of "Pawknee," and almost immediately he and his custom-made boots, custom-made uniform and urgent desire to demonstrate his position in "top-drawer" politics became the subject of many jokes.⁵¹ In fact, it was during his first visit to the hospital that Mrs. Sawyer confided her troubles to interested staff personnel – she had padded her husband's Harrison cap with paper to prevent it from slipping down on his ears.⁵²

Distressed because he was only a First Lieutenant, Dr. Sawyer reputedly presented his problem to General Noble, by then back in the United States and serving as librarian of the Army Medical Library, and was informed that the Presidential Executive Order was all inclusive. By a mere stroke of the Executive pen he could be a Brigadier General as easily as a First Lieutenant. Like the acorn and the tree, from little things come big, and some influential medical planners believed that eventual conversion of the 1918 Bureau of War Risk Insurance, with its ultimately controversial Board of Vocational Education,⁵³ into the Veterans Bureau was facilitated because of "Pawknee's" earnest desire to become a bureaucrat. Further, it was believed that he may have influenced formation of the Federal Board of Hospitalization, responsible for selecting sites and plans for federal hospitals, and his own appointment as Chief Coordinator.⁵⁴ The members were representatives from the Army, Navy, Veterans Administration, Department of Indian Affairs, Director of St. Elizabeth's (the Government Hospital for the Insane); and the United States Public Health Service.⁵⁵

Warren G. Harding was the first American president to visit Walter Reed, and the occasion was momentous. Colonel Glennan gave orders that all convalescent patients be stationed around the flag circle. Washed and groomed, dressed in their best, they were to meet the great man. As he stood near his office window watching the gathering crowd, he saw, to his horror, a buxom woman in diaphanous chiffon dress and large picture hat, wandering conspicuously among his interested charges. The Glennan language belied the Glennan reputation, for "Noisy Jim's" monumental calm was shattered when he discovered the "visitor" was the wife of a patient hospitalized for an in-growing toenail.⁵⁶

The School Program

Like all other post-war military medical activities, the Army Medical School program showed some recession, and only thirty-five student officers were graduated at the 24th session, October 1, 1919 to May 28, 1920. Instruction in laboratory procedures was still the main emphasis, but a one-month course in pathology and 14 hours of lecture and 40 hours of laboratory work in food and nutrition were added.⁵⁷ The X-ray Section did a rushing business, as patients from the Attending Surgeon's Office, Washington, the Examining Boards, some of the outlying camps and hospitals, and occasionally a selected case from Walter Reed were studied by the Army Medical School experts who performed some 2,190 examinations in 1920.⁵⁸ The majority of the trained roentgenologists from civil life had reverted to inactive reserve status, and so the Medical Department



The Hardings Visit Walter Reed, 1922

continued its well established efforts to increase the number of specialists through a twelve-week course in X-ray. The schedule was divided into three four-week periods, with X-ray physics taught in the first period, the students receiving practical work in the roentgenology laboratories of the School and hospital.⁵⁹

The School records for August 1, 1919, show that a sharp division in subject matter was contemplated at such time as a *Field Medical Camp* was selected by the Surgeon General, a change that would permit the relocation of the Army Medical School at the proposed *Walter Reed Medical Center*.⁶⁰ Separation of the field and professional activities provided for a redivision of the academic year, with the professional work offered from September 1 until December 31. On April 15, 1920 an Army Veterinary Laboratory was established in conjunction with the Veterinary Department of the University of Pennsylvania. In accordance with the faculty plans for including medical and dental research under one School program, this laboratory was relocated at the Army Medical School on April 15, 1921, and in addition to all phases of veterinary laboratory work, manufactured biological products for therapeutic and diagnostic use. These included such items as bacteriological, serological and histo-pathological diagnostic tests; moreover, the laboratory examination of meats and meat products was taught. As in the case of vaccines for the troops, the Army depended entirely on the Veterinary Laboratory of the Army Medical School for its animal biologics, including intra-dermic and ophthalmic mallein, equine infectious abortion vaccine, shipping fever vaccine and antigens for use in the application of serological tests for glanders.⁶¹ The basic field training for Dental and Veterinary officers was also given at Carlisle Barracks.



President and Mrs. Harding greeting soldier patients at the White House, 1922

Although not physically relocated, the Historical Division, Office of the Surgeon General, was transferred to the administrative jurisdiction of the Army Medical School on July 21, 1920, where the work of preparing the history of the Medical Department in the World War was continued.⁶²

1921

Three classes of enlisted men were taught at the School during the twenty-fifth Session, November 1, 1920 to May 26, 1921. The basic course included such subjects as weights and measures; preparation of stains; preparation of media; care of animals; blood counts; hemoglobin estimation; routine staining methods; recognition of the tubercle bacillus; diphtheria bacillus and gonococcus, etc.; cleaning and sterilizing of laboratory glassware; technique of preparing blood and other smears; technique of collecting blood cultures and the complement fixation tests; methods of securing and preparing pathological material for shipment to the geographical Corps Areas formerly called Departments and to department laboratories. Carefully selected enlisted men were detailed for the advanced course and trained in culture methods and recognition of the more important pathogenic bacteria; recognition of malarial plasmodia, animal parasites, and the ova of intestinal parasites; the technique of serology, including agglutination, precipitin and complement fixation tests; and the technique of immunology,



Christmas Cheer for Ward 9, 1922

with applied methods in the treatment of prophylaxis of disease.⁶³ As the training of enlisted technicians was expanded, thirty men were graduated in the basic course and ten others qualified as expert laboratory technicians. Forty-five X-ray technicians were trained, of whom twenty-two received certificates for special proficiency.⁶⁴

Craig, Siler, Nichols and Callender⁶⁵ were the bluebloods among the fourteen medical officers on duty in the laboratory section of the School that year, and all were in some way interested in the continuing intensive research on streptococcus vaccines, protein sensitization, hay fever, food urticaria, skin disease, malnutrition, etc. Supervision of the production of the 1,609,363 cubic centimeters of triple typhoid vaccine and 170,365 cubic centimeters of pneumococcus vaccine occupied much of the staff time.⁶⁶ Moreover, some 346 samples of drugs, medicines, laboratory reagents; laboratory, hospital and miscellaneous items were analyzed;⁶⁷ and hundreds of physical examinations were performed on applicants for Regular Army Commissions, candidates for appointments to the West Point Military Academy, as Warrant Officers, as non-commissioned officers or as citizens military training camp, for promotion, for enlistments and for separations from the service.⁶⁸ The *Property Division* controlled the fiscal expenditures, which, in 1921, approximated \$125,000.

The Army Medical Department had pioneered in the field of tropical medicine since the Spanish-American War; thus the faculty of the Army Medical School served as a logical spearhead for furthering the study. Colonels Russell, Nichols and Craig, Vedder and Siler were then not only the Army's best informed specialists in tropical disease, but they were probably the outstanding specialists in the United States. Largely as a result of their efforts, the *American Journal of Tropical Medicine* was begun in 1921 and edited by the officers in the Laboratory Division. Similarly, editing the *Abstracts of Bacteriology* became a second literary activity of an Army Medical School faculty member.⁶⁹

1922

There was little change in the overall academic program during this last year of occupancy of the old quarters at 604 Louisiana Avenue. In anticipation of the closer association of the School and the hospital, a more formal organization was under study, with the ranking medical officer of the new center to be called *Commandant*. The responsible heads of the School departments would retain their individuality as Directors, and the faculty nomenclature and positions were to be broadened to include instructors. In consonance with and for supervision of the now five-dimensional training program for doctors, nurses, dentists, veterinarians, and enlisted men, and the special field service training for the male officer categories, the faculty proposed the establishment of a *Training Division* in the surgeon general's office.⁷⁰



Dahlia Street, looking toward Georgia Avenue, 1922; Georgie Newport's Catalpa tree, to right of wagon.

Research work in the pneumococcus continued during 1922, with extensive studies made on the bacteriology of water; ointments for use in treating syphilis; streptococcus infections, dental caries, etc. As a record high, forty-four individuals were treated for hay fever. The Department of Roentgenology was, as usual, busy, and in addition to the routine work, the X-ray clinic sponsored a repair and maintenance section in order to maintain in good order the apparatus then in use at Walter Reed, Camp Meade, Maryland, and Fort Myer, Virginia.⁷¹



Powerhouse Steam Cider, 1922



Powerhouse, 1922



Utilities Warehouse



Incinerator House

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