

Replacing the Old with the New

1932–1935



*“An obstacle that would
halt a cab-horse is a jump to a thoroughbred!”¹*

A Hard Assignment

Robert Urie Patterson, a warm friend of Patrick J. Hurley, the Secretary of War, had upset the forecasts as well as the wagers of Medical Department officers by receiving the appointment as General Ireland’s successor when he retired for age on June 1, 1931.² A “dark horse” of unknown potentialities, General Patterson began a four-year tenure with the usual administrative house-cleaning.

General Darnall had not been well during his last year at the Army Medical Center, where the administrative burden became increasingly heavy, and so the Surgeon General persuaded Colonel Albert E. Truby, then executive officer in the SGO, to prepare for the line of succession at the Center by serving as Darnall’s under-study.³ This rearrangement of personnel required considerable administrative finesse, for the Secretary of War wanted Colonel Keller, then senior officer at the hospital, to have the forthcoming vacancy of Brigadier General when “Old Wooden Face” retired. In fact, until personally reassured by Colonel Keller, who believed rank and command were inseparable, Mr. Hurley refused to accept General Patterson’s statement that the Chief of the Surgical Service preferred continuing in professional work.⁴

Colonel Truby was not released from the Surgeon General’s Office until three months after his appointment as commandant of the Army Medical Center, but as one of his first official acts he issued an order designating Colonel Keller as the commander of Walter Reed General Hospital. In the meantime, the Surgeon General



Brig. Gen. Albert E. Truby, M.C., Ret.

Requested orders for Colonel (William H.) Moncrief, who was an experienced hospital commander, to report for duty at Walter Reed Hospital. When he came, however, he was not allowed to command the hospital because he was junior to Colonel Keller, and so he was assigned as executive officer and performed the mass of administrative work. In practice this plan worked, but (it) was not altogether satisfactory. It was not possible to assign a senior medical officer as commanding officer of the hospital and consequently this system was not perfect.⁵

By contrast, Colonel Keller was not especially enthusiastic about devoting his professional time to administrative duties. In fact, he disregarded some of the routine but important details and the Adjutant General finally sent word to him informally that literally he must sign the officers' efficiency reports regardless of whatever else he did or did not do.⁶ As commanding officer of the hospital he was responsible to the Post Commander for the functions of the Executive Office, including the Adjutant, Inspector and Registrar, and the professional services of surgery, medicine, laboratory, nursing, dietetics, and the Red Cross. Supervision of these activities consumed time that he believed better spent in surgery.

Albert Truby had wider interests than the exclusive practice of medicine.⁷ A brilliant undergraduate student in Medical School, his Army career had been both successful and dramatic. He had been in Cuba during the Kean-Gorgas mosquito eradication campaign; he had known and served with Major Walter Reed;⁸ and he had served the usual tours of duty on Army posts, which were the lot of the average Medical Officer prior to World War I. Moreover, following the Spanish-American War, he had commanded the old "Company B" of the Hospital Corps.

Among his other duties he had commanded an evacuation hospital; he had, like Colonel Philipps, been superintendent of the famous Ancon (Gorgas) Hospital in Panama; he was once Chief Health officer in Panama; he had duty as the Chief of the Medical Division of the Air Service. Like General Kennedy he had been commander at Letterman General Hospital on two different assignments. Like others in the long line of his professional forebears, he had been a Department Surgeon (Chief of the Division) in the Philippines.⁹ Small and rotund but with a brisk walk reminiscent of the proverbial rolling gait of the sailor, during his early years in the Army he was nicknamed "Cupid." This appellation was earned during a tour of duty at Alcatraz Island, with an Infantry Division recently returned from the Philippines, where he frequently served as best man at weddings. The name was well chosen, for cheerful-looking and with an enviably ruddy complexion he invariably bore a more marked resemblance to his decorative progenitor on the Valentine than to a seaman or a soldier. A careful



Blacksmith Shop

administrator, scholarly and humane, his administration was one of credit to the Medical Department.

There was some administrative friction between the hospital and the School activities at the time of the Truby appointment, with the hospital personnel concerned with many unrelated administrative functions.¹⁰ And so he was off to a troubled start – personnel problems and a lean exchequer for operating expenses. The test of an able administrator is not what can be accomplished with a great deal of

money but how the financial ends can be made to meet when they seem hopelessly far apart. If Albert E. Truby was affectionately called "Cupid" because of a benign engaging manner it was a case of mistaken identity, for his pleasant, affable ways concealed a shrewd judgment that stood the Army Medical Center in good stead during the lean years of the depression.

As one of his first administrative responsibilities, he persuaded Surgeon General Patterson that the Center should be established on a sound military basis; this could be accomplished by removing from the hospital administration such functions as utilities, transportation, the Post Exchange, landscaping, etc.



*World War I, Temporary Barracks; Converted to Officers' Quarters after World War II.
(Dahlia Street)*

There had always been complaints and friction, especially during and after World War I, and the work of the commanding officer became most exacting and difficult. Much of this trouble was caused by the improper alignment of functions. Therefore, it was (his) idea that the hospital should be commanded by the senior medical officer on duty at the hospital and that he would command the Center. This arrangement proved to be most satisfactory, as previously the commanding officer of the hospital had been greatly overworked. With the support of the Surgeon General, therefore, all of the proper functions of the Center and necessary personnel were gradually withdrawn from the hospital. This improved the morale of the Schools, which had never been satisfied with their status at the Center.

(He) felt that the Center commander would have plenty of work, and that the hospital commander could better meet the many complaints and demands on his time by War Department officials, members of Congress, and other people who practically required his personal attention to matters pertaining to the sick... under (this) arrangement, hospital authorities immediately investigated the complaints; corrections were made, and if action was required by the Center commander, he was notified and made his own investigation.¹¹

Daily informal inspections were made to some unit, with a formal or military inspection made on Saturday. Thus every unit of the command was covered completely at least once a month. It was during this period that the extensive excavation and regrading of the area in front of Delano Hall was accomplished, with the road cut through to 16th Street. Much of the small shrubbery was saved, transplanted to new locations and thus contributed to the ultimate beauty of the Post. Like General Glennan, he was an enthusiastic nature-lover and purchased boxwood and other decorative shrubbery. A central steam connection was made from the Post Power plant to family housing units by using soldier labor and local Post funds. The two principal sets of quarters, on the Main Drive, were remodeled and improved, and built-in garages were constructed. As he was an excellent amateur carpenter,¹² his natural interest in the detail work served him in good stead in planning hospital construction.

Mrs. Truby, gentle, energetic and business-like, devoted a great deal of her time to Post welfare activities. She assisted in organizing the Chapel Guild in 1932, and she showed an unusual degree of consideration and interest in the families of the junior officers.¹³ The Post-World War I expansion of the Army was an episode of the past, but military personnel was loosely identified as Old Army and New Army. As the general had been commissioned during the Spanish-American War, the Trubys were Old Army, almost the last of a generation that valued the traditional customs of the Service. And so it was they who had prepared for issue to the Army Medical Center personnel, a booklet called *Social Customs*, whose cover bore an appropriate quotation from Burke:

Manners are more important than laws. The law teaches us but here and there – now and then. Manners are what vex and soothe, corrupt or purify, exalt or debase, barbarize or refine us by a constant, steady, uniform, insensible operation like the air we breathe.

Like the leavening of the Old Army with the new, social concepts were undergoing changes during this period, and the records of the Truby administration clarify the changing concept of the military general hospital as an overflow for battle casualties into an institution for the everyday use of military personnel. Thus the mounting emphasis on professional specialization and the concept of medical care as a right rather than a privilege for Army personnel are both noticeable.

The singularities as well as isolation of frontier life had required that the dependents of military personnel receive medical care, but this was a friendly understanding between the Surgeon General and the line commanders and in no way required by law. After 1901 those hospitals having female nurses, sufficient medical service personnel and adequate bed space admitted dependents, at the discretion of the commanding officer. Such patients were assessed a nominal sum for maintenance, usually the amount of the ration plus a small overhead charge applied to the payment of female custodial employees required in servicing the wards. Thus custom assured provision for bed space for dependents and if some nurses objected to the arrangement, the doctors considered the variety of cases a professional asset.



1932, *The Rose Garden*

As a consequence, the proportion of civilian dependents admitted to Walter Reed increased steadily through the years and, with the Veterans Bureau patients, composed approximately one-third of the total admissions. For instance, of the new admissions during 1932, almost one-fourth were civilians:

New Admissions ¹⁴			
	ACTIVE DUTY	RETIRED	TOTAL
Officers	451	74	525
Warrant Officers	25	6	31
Enlisted Men	<u>1989</u>	<u>62</u>	<u>2051</u>
	2465	142	2607
Nurses	61		61
Student Nurses	<u>86</u>		<u>86</u>
	147		147
Veterans Adm.	2774		2774
Civilians (All classes)	<u>1672</u>		<u>1672</u>
	4446		4446

Grand total: 7200

A Change in Specialists

On May 26, 1932, Lt. Col. Shelley U. Marietta replaced Lt. Colonel Ernest R. Gentry as Chief of the Medical Service.¹⁵ One of the few Army doctors who was both a doctor of medicine and doctor of dentistry, Lt. Col. Marietta was an indefatigable worker. He was not only an excellent clinician, but he was one of the earlier Army doctors to become intensely interested in endocrinology. Quiet and reserved, he had the reputation for keeping abreast of current medical literature with the devotion of a high priest.

Organizationally the professional services were substantially the same. The Medical Service supervised the admission and classification of patients, and it was divided into a general section including Officers and Women, Cardiovascular-Renal, Gastro-Intestinal, Tuberculosis, Skin and Infectious, and Neuropsychiatric.¹⁶ Interestingly, for administrative economy, the prison ward operated as a part of the general medical service, although there is no record that a woman was admitted, even on legitimate business. In many hospitals the type of cases represented by the Officers' and Women's section would not have been separated from the general medical service, but the difference in social status of military patients, involving the officer-enlisted man, and the long periods of hospitalization, made this arrangement practicable.¹⁷

The general clinical program was obviously becoming more detailed. For instance, some 2,005 electrocardiograms were made at Walter Reed that year;¹⁸ eighty to ninety per cent of all the inpatients received some attention at the Dental Clinic; twenty-four per cent of all the patients received some form of physiotherapy. Although the Laboratory Service was still pleading for a civilian technical staff in order to obviate the turn-over in personnel, it nevertheless performed 170,172 procedures and autopsied more than seventy-five per cent of all the deaths.¹⁹

Administration of so busy an institution was complicated, for unlike civilian hospitals, where the average patient enters at will and leaves anxiously because of the high cost of medical care, the Post Commander had many rarely seen personnel problems. This was particularly true in regard to enlisted patients and Veterans, whose

physical presence on the medical post established them as numerical members of the command. In the case of military personnel this included discipline, travel orders, furloughs or leave, as in the case of the Troop Command assigned for maintenance of the organization.

Receptacles for clothing and personal articles were provided for the ward patients, but this practice encouraged uncontrolled freedom and absence without leave, as well as encouraging the easy storage of liquor and other contraband.²⁰



Post Exchange, WRGH, formerly Officers' Pavilion No. 1 in World War I

There were fewer nurses per patient on convalescent wards than found in the average civilian hospital, for the corpsmen were able to discharge the non-professional nursing duties. Still, lack of constant oversight by a nurse-officer or non-commissioned officer permitted a certain laxity in discipline. In contrast, the wide dispersal of wards necessitated a higher ratio of custodial personnel to patient than might otherwise have been expected, and unavoidably some attendants could always be coaxed to serve as intermediaries between the patients and the pleasures of the outside world.

The wards in the Main Building were designed with large private rooms, but each ward had an open cubicle, with beds for about six convalescent patients, and they were troublesome to service. Cleaning was not the only problem, however, for the assignment of beds in cubicles was a sensitive point Colonel Marietta finding that where officers or women were involved there was "much difficulty experienced in caring for the seriously ill and aside from the question of the seriously ill, officers and women usually accept(ed) open ward accommodations reluctantly. Although theoretically the matter of rank and prestige should not enter into the assignment of beds," said the Chief of the Medical Service, "it is in reality a practical and troublesome problem that has to be met daily."²¹

General Truby apparently disapproved of using an Army hospital as an experimental station for new pharmaceuticals, even if the required quantities were issued gratis by the civilian drug houses, for he realized that proper listing of experimental data would be laborious, time-consuming and require auxiliary personnel already in short supply. Trained in an era where the art and practice of medicine was a rite, he disapproved of the growing tendency among Army doctors to use proprietary drugs rather than write their own prescriptions.²²

In-Service Problems

The Veterans Administration was expanding its own hospitalization programs, and whereas in 1931 the Army Medical Department provided 2,265 of the total number of 9,732 beds available to veterans in other governmental facilities,²³ a gradual reduction in the use of Army facilities had set in. Legislation passed on March 20, 1933 denied admission to many Veterans formerly eligible under the largesse authorized in June 1924, for sixty-two per cent of the cases treated in the intervening years were for non-service connected disabilities. The total admissions for 1933 were only eight per cent less than in 1932, but the cut was spread to the non-Veterans' hospitals and Walter Reed felt the pinch when the auxiliary funds were withdrawn.²⁴

The Veterans Administration was prepared to hospitalize practically all of its own cases by 1933, a change in policy that would have created a large deficit in unoccupied military hospital beds had the Army not been authorized by Executive Order No. 6101, April 5, 1933, and Circular No. 3, Civilian Conservation Corps, May 12, to treat non-elective cases.²⁵ The admission of a generally younger age group of men changed the type of case treated, the Annual Report for 1933 recording that:

There was a definite loss in stomach and gall bladder surgery, in cases presenting kidney and bladder pathology, in the surgical derelicts which are passed from hospital to hospital, in old fractures with mal- and non-union, in acquired deformities, in the crippling arthritis, and in chronic chest infections. There was a marked increase in acute fractures, traumatism to soft parts of the extremities, infected wounds, acute abdominal conditions, inguinal hernia, traumatic eye conditions and acute empyema.

Staff physicians at Walter Reed were observing an increase in the number of cancer cases, and as the bed situation in Army hospitals then encouraged the ready admission of dependents, in 1931 the Surgeon General's Office issued Circular No. 25, proposing an annual voluntary examination of adult women residing at or near Army stations, for the early detection of cancer. Many other remediable physical conditions were observed, and by 1933, although the admission of surgical cases from the United States at large remained practically the same, there was a marked increase in the amount of female surgery performed at Walter Reed.

Further, in spite of the changing character of the clinical material provided by CCC cases, the inpatient admission of 7,122 in 1930 dropped to 6,431 in 1934. Notwithstanding the numerical decrease in patients, the number of laboratory procedures performed increased from 99,833 to 199,158 in 1934. Routine requests for blood counts were beginning to constitute a bottleneck in the discharge of laboratory work, for often as many as 150 day were requested.²⁶

As the four-year fellowship program was in effect Colonel Marietta believed that the

Rotation of officers for training purposes (was) an important function of the Medical Service, officers without previous experience in a general Hospital being so rotated as to afford them two or three months experience in each of the various departments; senior officers of the rank of Major are taken into the office of the Chief of Medical Service for one month of administrative training

If the Commandant of the Army Medical School, by then Colonel P.W. Huntington, believed he had a legitimate complaint over the amount of time the faculty members spent on routine administrative duties, Colonel Marietta likewise believed the ward doctors on his service were penalized, for they spent considerably more time at meetings of the CDD Boards, Disposition Boards, Section VIII Boards, Court Martial, physical examination of applicants for the U.S. Military Academy and instruction of officers at the Army Medical School than appeared advisable to the best interest of the professional services. During 1934, thirty-four ward doctors at Walter Reed gave 146 hours of the scheduled course at the School, primarily at the clinic and ward level.²⁷

Colonel Marietta was considered to be one of the best internists in the military medical service, and like Colonel Keller he gave unstintingly of his time to both patients and staff. As the administrative requirements were creating a critical situation, and, in his opinion, jeopardizing patient care, a year later he reported that



Post Gymnasium, 1933; site later occupied by permanent barracks

*Clinical instruction makes a major demand on the time of the officers of the Medical Service. It is believed it could be better carried out by trained teachers in the subjects listed who could devote their full time to clinical teaching and the necessary preparation that is demanded for good teaching. Such activity could be combined with clinical research in contradiction to laboratory research.*²⁸

Allergy studies were increasingly a part of the general diagnostic survey of patients, and one medical officer was trained in this specialty at the New York Post Graduate School.²⁹ In June 1932, an Allergy Clinic was not only opened on the first floor of the Main Building, but an additional specialist was being trained for relief work. By 1934 an air filter had been installed in one of the private rooms on the Officers' Section as a diagnostic measure in the treatment of pollen asthma and hay fever. The care of diabetic patients, fifty per cent of whom were chronic and for a time had their own dining room, were assigned to this section and instructed in routine urinalysis and insulin dosage.³⁰

In 1932, 2005 electrocardiograms were made at Walter Reed General Hospital, the tracings showing a wide variety of clinical conditions. During the first part of the year, when the majority of patients were veterans, there was a preponderance of degenerative heart conditions with a "generous sprinkling of purely leuitic cases." With the advent of the Civilian Conservation Corps and a younger group of men, a larger number of rheumatic heart lesions were found in the 1303 tracings of a year later.



Rea Swimming Pool later assigned to Officers Club use.

Only 1303 CCC cases were admitted to Walter Reed during 1933, but by the end of 1934, a total of some 3,000 case histories had been handled by the Registrar's Office. This was not only a tremendous volume of work, but seventy-five per cent of the records were defective in some way, thereby requiring a careful check of interviews, additional telephone calls, or the return of the records to other stations in order to secure accurate information.

For the Sick

Appropriations for the new laundry, bakery and Quartermaster warehouse were secured in 1931, with the buildings completed during 1932.³¹ In 1933, the old open cage elevators, installed in the Main Building at the time of construction, were replaced with modern cabs in enclosed shafts. The temporary wooden structures were demolished during the year, and two auto parking spaces were constructed for staff use, one between the Laboratory and Isolation Ward and one in the northeast court of the Main Building. A much-needed apartment for eighteen families of non-commissioned officers was built on the Fern Street side of the reservation and occupied in December 1933. As replacement for the rapidly deteriorating temporary structure surrounding the Rea swimming pool, General Truby proposed a new pool, one connected with the gymnasium.

The Post Exchange surplus fund, used to subsidize various welfare and recreational activities on the Post, provided no dividends in 1932,³² a factor which sharply curtailed book purchases for The Library. The Army-Veterans Administration contract system permitted assignment of some of the funds for welfare and recreation activities, including the purchase of library books and the payment of a certain number of civilian employees. In accord with the general reduction in Veterans Administration activities at Walter Reed, some civilian aides were necessarily suspended from duty for want of Medical Department Hospital Funds to pay them. In April 1933 The Library book fund was eliminated,³³ and with the reduction of patients during the summer months, one civilian librarian was suspended for a five-month period. Similarly, the senior bracemaker from the Orthopedic Brace Shop was discharged in 1933 but rehired in 1934.

Social effects of the depression were felt in various ways. For instance, admission requirements for appointment in the Army Nurse Corps were strengthened in 1934, no doubt as part of the general curtailment of the over-production of nurses during the late twenties. Possibly because as the Army School of Nursing had adopted the national slogan of "Fewer and Better Nurses," and there was some feeling among Regular Army Nurses that the School graduates received preferential treatment, a number of the Regular Army Nurses, although holding three-year appointments, began attending night school in order to comply with the requirements of high school graduation or its equivalent, imposed on new members of the Corps. A similar enthusiasm for education was manifest among the enlisted men, and a specific appropriation was finally made from Post Exchange funds in order to provide for the purchase of appropriate texts for the student groups.³⁴ Other signs of retrenchment were significant; for example, in 1931 the Chief Physiotherapy



First Gasoline Station, AMC

Aide was paid \$2500 annually but by 1934 this sum was reduced to \$2100. The head aides by then received only \$1620 and the aides only \$1440 per annum, with deductions made for quarters and rations as the young women resided on the Post.³⁵

General Truby was, of course, distressed that circumstances compelled curtailment of many activities that were amenities to the sick. He was well aware that sudden withdrawal of the CCC funds would create a situation similar to that resulting from withdrawal of the Veterans Administration during the year before, and he protested vigorously that the proportion of Regular Army patients and their dependents treated at Walter Reed justified a more stable payroll situation. The professional staff was not only engaged in research and teaching, a never-ending responsibility in the training of doctors, but he believed that "an institution of (its) size and standing should not be dependent on incidental funds for the payment of vitally important work in the treatment of the sick."³⁶

As Affecting Morale

General Orders #26, Headquarters, Army Medical Center, July 22, 1933 placed all of the Post enlisted complement in one Detachment, under the jurisdiction of one Detachment Commander. For administrative purposes the Detachment was divided into A Company for headquarters administration; B Company, auxiliary manpower for the professional services; and C Company for assignment to the Army Medical School. The authorized enlisted strength at this time was 576, with an average strength of 581.³⁷ The unstable civilian work situation favored the Army in one respect, for a higher type recruit was obtainable in 1932, some with college education and many with two or more years of high school.³⁸ The situation appears to have changed in 1933, for the Troop Commander noted that "the physical condition and development of the enlisted personnel (was) below the standard of the line organizations due to the long hours of duty, the confining work and the shortage of personnel necessary to carry on activities."

No internes were trained at Walter Reed in 1933, and the Army School of Nursing was closed officially on January 31. The 137 Regular Army and Reserve nurses present on December 31, 1932 dropped to 106 by December 31, 1933. This decrease was more theoretical than actual, for on August 2, twenty-five civilian nurses were employed with CCC funds.

General Orders No. 15, Headquarters, Army Medical Center, June 5, 1934, effective June 30, reorganized the Detachment into two distinct organizations rather than three companies. The Walter Reed Detachment provided enlisted men for the hospital, including attendants for ambulance call and the enlisted mess. The Headquarters Service Detachment provided personnel for all non-nursing and administrative functions using enlisted personnel.

Meeting the requirements for the sick is necessarily a never-ending responsibility for hospital personnel. Although the enlisted men worked a twelve-hour day, a requirement deplored by the hospital commander, the Detachment strength was usually considered



Hospital Corps, Lounge, Main Barracks, 1933 Recreation at the Red Cross "Hut"

inadequate for current needs. Civilian hospitals were using an increasing number of WPA (civilian) workers for auxiliary services during this period, and the Army, long dependent on the services of soldier-labor, was unknowingly in the process of following suit. At various times during 1934, some forty-seven enlisted men were replaced by civilian operators, janitors and food service employees, through use of CCC and VB funds.

The corpsmen were encouraged to participate in athletic activities, and in spite of the long hours of work, the Detachment morale continued to be "fairly high." According to the command, more liberal furloughs, better housing conditions and shorter hours further would improve it.³⁹ As in all strata of American life, a social change was setting in, but it was not apparently recognized as such.

Of Interest to the Medical Department

As one of his first official acts as Commandant of the Army Medical Center, General Truby presided at the last graduation exercises of the Army Medical School to be held in the Red Cross house, January 29, 1932. With the exception of a short but intensive course offered two flight surgeons in roentgenology, ophthalmology and otorhinolaryngology, orthopedic and general surgery,⁴⁰ few radical changes had been made in the curriculum since the war. The Army Dental School, then housed in one the semi-permanent buildings erected during World War I, continued certain collaborative research work with the United States Bureau of Standards. The most spectacular medical research work of the depression years occurred a year later when an immunizing substance was isolated from pneumocci, using the Felton Method. Pneumonia prophylaxis, tried in all the CCC camps, was evaluated to determine its usefulness in protection against types I and II pneumonia.⁴¹

CCC fatalities from pneumonia in the winter months of 1933 equaled 12.5 out of every hundred cases but were reduced almost fifty per cent after pneumonia vaccine and oxygen therapy were used with the serum.⁴² Work in the Army Medical School



1932, *Palm House and part of Rose Garden*

vaccine laboratory was interrupted during the year when some of the old sterilizers and equipment, relocated from Louisiana Avenue in 1923, were replaced.⁴³ Further, the center and North Wings of the School building were completed and occupied during the year,⁴⁴ thus providing, along with additional office and laboratory space, a handsome auditorium named for the one-time Surgeon General Sternberg. In spite of the lean state of the Army Medical Center budget, General Truby was successful in securing handsome red velvet drapes for the windows, an accomplishment not to be overlooked in view of the general curtailment of spending.

Major Raymond A. Kelser, V.C., who first demonstrated that the bite of the *Aedes Aegypti* mosquito transmitted equine encephalitis, was still at work on this problem. By 1933 he had not only identified seven additional species as capable of transmitting the disease, but he had demonstrated that the human race was likewise susceptible to encephalitis, with mosquitoes as the transmitting agent.⁴⁵

The suspended research activities at the Army Medical School during these years was not unlike the national income, and there is no better index to the state of affairs than the Surgeon General's usually ample report, which in 1935 reduced the space allotted to the Army Medical School to slightly less than three pages.

The Thoroughbred

Hospitals, like people, show definite characteristics, especially those institutions where the personnel is permanent or semi-permanent. And so it was at Walter Reed, where some staff members, like Colonel Keller, remained on duty continuously for a number of years. Others were repeaters, for many of the specialists served their four-year tour, then transferred to other general hospitals to wait out the restrictions imposed by the Manchu Law. Washington was a pleasant place to live, and there was always enough "hot" news of impending international calamities and Capitol intrigue to keep even the poorest listener busy sorting fact from fancy. Young doctors new to the Army coveted the Walter Reed assignment; doctors who had grown old in the Army were reluctant to leave.

In 1930 Norman T. Kirk returned from a two-year tour in the Philippines to resume his place as Chief of the Orthopedic Section at Walter Reed and his pleasant association with his praeceptor, Colonel Keller. He attacked professional problems with his usual zeal and proceeded to treat cases transferred from other institutions with a sure, deft touch, noting in the Annual Report that the profession as a whole was inadequately trained in treating fractures and first aid splinting for transportation.⁴⁶

Colonel Keller was known as a martinet and hard taskmaster, and his young satellite as a temperamental instrument-thrower. As if two individualist surgeons were not enough for the nursing staff and corpsmen to cope with, the third, James C. Kimbrough, Major, Medical Corps, was assigned Chief of the Urology section in 1930. After arrival of the tall Lincolnesque Tennessean, the Urology Section pre-empted first place in the Walter Reed "Hall of Fame" reserved for surgical prima donnas. For in him there were combined all the most marked characteristics of the other two "K's," plus some additional ones that were pure Kimbrough.

It was a poor day when he failed to toss at least two sounds back into the instrument tray or rumble and grumble in well-feigned rage that he could never get his personnel trained to suit him. Amazingly, he could enter the cystoscopy room like March's proverbial roaring lion and leave it as meek as a ewe lamb. Now and then someone crossed him, and a few had the courage of nurse Clytie Reynolds, who indulged his mercurial moods and endured the long hours of work for some four years, and then quietly requested transfer to another hospital "where she could rest."⁴⁷ Sergeant Ralph Green, "Doc" Green to old timers, was hardier and stayed on duty in the Genito-Urinary Clinic for thirty years. He quietly patched up the pieces when the current explosion was over; for him the "Kernel" could do no wrong.

Although long a bachelor, when Jimmy Kimbrough finally married, he was one of the most domesticated of husbands and indulgent of fathers. There was seldom a conversation that failed to include Pauline and Jane, or Jane and Pauline, depending on whether the wife or young daughter was uppermost in his thoughts at the moment. A diligent and prolific writer on professional subjects, he was also an avid history scholar and general reader. A favorite of the senior librarian; who invariably saved the most recent accessions for his

perusal, he was sure to make at least one daily visit, especially after the relocation of the Urology Clinic from the second floor center of the Old Main to the section adjoining the Library. This routine became firmly established, and when he returned to Walter Reed in the late thirties as a repeater, he once remarked in stentorian tones for all to hear that “By God” he sometimes had difficulty telling which he loved more, Pauline and Jane or Miss Schick and The Library – but he couldn’t do without any of them!⁴⁸

It was not unusual for him to amble into the Library for a last-minute review of some new urological technique, prior to going to surgery, and then regale the librarian with his latest story, shaggy dog or otherwise, to the intense interest of all readers within hearing, for there was no auditory privacy in the Medical Library, merely a convenient regrouping of book shelves. There was a period, during his first tour at Walter Reed, when doctors were discussing privately and the press was hinting publicly, that monkey gland treatments were amorously more effective than a drink from the Conquistadores’ “Fountain of Youth.”

As the popular discussion of this operation became more open, “Big Jim” had many pleading requests that he become a dispenser of lost virility. As he was a conservative surgeon, one who took no unnecessary risks, the suggestions made him irritable!⁴⁹ He came stomping into the medical section of The Library one morning, requesting a full bibliography on the subject. While thumbing through the current periodical literature, he described the operation in detail, to the delight of the over-the-bookstack-listeners. It was, the librarian meditated later, a little like a story she once heard on Mr. Coolidge. On his return from church the laconic President faced his inquisitive wife, who asked him the topic of the minister’s sermon.

“Sin,” answered her taciturn husband briefly.

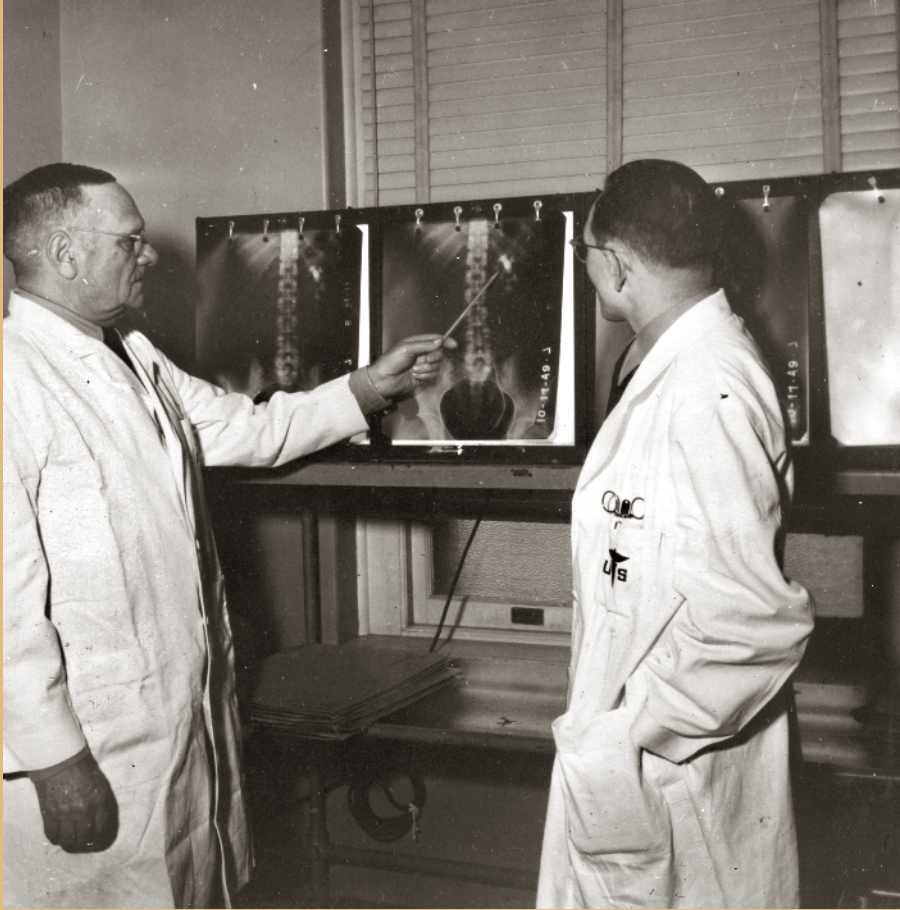
“What did he say?” persisted Mrs. Coolidge.

“He was agin it,” said the President.

And that expressed the current opinion of the Chief of the Urology Section exactly, at least on the subject of vasectomies.⁵⁰

A tall man, with a jointed-doll gait, “Big Jim” had a habit of rocking back and forth on the balls of his feet as he talked. He often peered at his listeners over the top of his bifocal glasses or, head back and chest out, squinted at them owlishly through the lower half. Noted for his good stories and a bookshelf collection of trinkets erotica, contributed by amused patients, his habit of unhesitatingly voicing his opinion earned for him the reputation for being severe. Slow-footed internes faced their three-month rotating service in the Genito-Urinary Clinic with apprehension, for even the most agile had difficulty in meeting the pace set by “the old man.”

More often than not patients were well indoctrinated with Kimbrough-lore before arriving at the Genito-Urinary Clinic. As they were unaware of his gentle and skillful



Col. James C. Kimbrough, Chief of Urology

technique, some faced the urological examination with fear and trembling, only to learn that his gruffness was a shield for hiding his immense sympathy for human suffering. Perhaps the only time in his life that he was ever completely nonplussed was when a frail and trembling little old lady of seventy, scheduled for a cystoscopy, faced him like an infuriated bantam hen, and before he could say a word, announced in quavering voice, "I'm not scared of you, I'm not scared of you a bit!"

Born on a farm near Madisonville, Tennessee, a small town later made famous by his cousin, Senator Estes Kefauver, Jimmy Kimbrough early began to make his own way in life. As one of several children he learned the give and take of daily adjustments along with the rugged philosophy of his native region, where a little money and a little moonshine whisky each went a long way. Honest and unpretentious, he was never known to take part in Service intrigue or in any way to put his own welfare ahead of that of

his Corps. His dry salty humor and well calculated posturing as a “toughie” formed a natural smoke screen that concealed his warm-hearted affection for his fellow man, and a thinly overlaid crust of hard-shell Baptist doctrine.⁵¹

But recently graduated from medical school at the onset of World War I, he was, like thousands of other patriotic young Americans, impatient to be off to war. While he was in Chattanooga on a weekend trip, one of his classmates persuaded him to take the examination for the Regular Army, and he complied in jest. He had not heard the results of the examination when the 17th Engineer Unit began assembling at Fort McPherson, Georgia, but he packed most of his personal possessions in a new cowhide bag, treasured graduation present, bought himself a uniform, and went along.

His knowledge of American history and especially the Civil War, when the command had loose control of men and the muster rolls, had shaped his ideas of Army life. When the regiment was ordered from Fort McPherson to New York for embarkation to France, young Dr. Kimbrough, still with no commission, climbed on the troop train, new bag and all. As the troops embarked on the transport, the men were deprived of their personal luggage, which was tossed on a rapidly mounting pile, and issued duffle bags. Parting with his most valued possession was painful, for it seemed doubtful that a poor boy from his section of Tennessee would soon have another so handsome. As he wandered around the port deck for a last minute glimpse of New York, he saw his shining new suitcase roll to the base of the luggage pile. The temptation was too much. He made a quick trip down the gangplank, recovered his property and smugly departed for France, the only man aboard with a cowhide bag.

His anxiety to get “over there” in a hurry brought other complications, for it had not occurred to him that regimental officers were issued personal orders. He was not accustomed to having much money so the absence of funds during his first three months in Europe didn’t bother him much. There was always a good poker game under way and he held his own with contemporaries in the National Army. This idyllic situation didn’t last, however, for as a good many Regular Army sergeants and enlisted men received temporary promotions as officers, they invaded the poker games – and invariably won. When reduced to his last dollar, he presented himself to the Paymaster, learning to his amazement, that insofar as the Army was concerned, James C. Kimbrough of Madisonville, Tennessee, was not commissioned nor was he in France! When the matter was finally cleared-up, Lt. Kimbrough learned that he had passed the examination creditably, but his official papers had not been forwarded after his unceremonious departure.⁵² According to other Kimbrough legends, he was just as eager to be off to war in 1942 and though older, he was not a more cautious man. As Chief of Professional Services for the European Theater of Operation, comparable to Colonel Keller’s World War I position with the AEF, the indomitable Jimmy rushed ashore from a heaving landing barge while more timorous associates awaited “time and tide.” He wanted to be the first medic ashore in France and airily disregarded the barge commander’s threat of court martial!

Known for many years within and without the Medical Department as an outstanding urologist, he was, like Ernest R. Gentry, well able to retain control of professional affairs in his own section. Whereas some other Army surgeons branched out into general surgery in order to become eligible for the position of chief of a general hospital surgical service, Jimmy Kimbrough remained with his specialty. He seemed unconcerned that some men he had trained as lieutenants inherited the higher administrative positions, and when the Medical Department "promotion-pattern" changed noticeably after World War II, and some less well known specialists were rewarded with general officer grades, he shruggingly chalked the circumstance up to the fortunes of war. And so he began his third tour of duty at Walter Reed in 1946, saying if the Army would only leave him alone he could be happy until he died. Retired by statutory regulations in 1948, he continued on active duty through a yearly contract arrangement with the Surgeon General's Office.

Many distinguished men were his patients, and regardless of the difference in accommodations provided by bed assignments for general officer or soldiers, each case received the same degree of unpretentious but thorough professional attention. The Medical Department was employing an uncommonly large number of civilian doctors as consultants in 1948, and when General George Catlett Marshall, one-time Chief of Staff of the Army, Secretary of State and later Secretary of Defense, was admitted to Walter Reed for a kidney operation. Strictly ethical in all his relationships, "Big Jim" advised his patient that he could have any consultant, or all the consultants, to attend him. Interested eye witnesses reported that the astute General merely smiled and said quietly, "What's wrong with the Army?" What was good enough for his men was good enough for him.

The day selected for surgery found the individualistic Colonel Kimbrough in a more mellow mood than usual. His low moment came in the early morning hours, when he was shaving. As he looked at himself in the glass, meditating all the while on the surgical sequence of the next few hours, he said to himself, "Jim, you ugly old devil, you're taking a powerful chance operating on the greatest man in history. What if he dies on you?"

The so-called "ugly old devil" made no audible reply and so, sighing a bit over his responsibility to the nation, he stalked off to the hospital at his customary hour, 7:30 a.m. In his usual modest way and without special fanfare, he discharged his simple duty, supported only by his own skill and the homely philosophy of the Tennessee hill people – "The Lord despises a coward."⁵³

References

1. Jose Maria Sert.
2. Interview with Maj. Gen. Robert U. Patterson, M.C. Ret., Aug. 24, 1950.
3. *Ibid.*

4. *Ibid.*
5. Ltr from Albert E. Truby, Brig. Gen., Ret., to the writer, May 19, 1951.
6. Interview with Col. Herbert N. Dean, MAC, Ret., Apr. 12, 1950.
7. Promoted to Brigadier General May 24, 1933, date of rank retroactive to January 1933.
8. Albert E. Truby, *Memoir of Walter Reed...* New York, Paul B. Hoeber, Inc. 1943, Chpt I, pg 1-13.
9. Medical and Military Notes, *The Military Surgeon*, Vol. 73, 1933, pg 38-39.
10. Interview with Brig. Gen. Albert E. Truby, M.C., Ret., June 27-28, 1950.
11. Ltr from Truby to writer, *op cit.*
12. Patterson interview, *op cit.*
13. Personal knowledge of the writer.
14. Annual Rpt TSG... 1932, pg 261
15. *Ibid.*
16. *Ibid*, pg 262.
17. Annual Rpt WRGH, 1932.
18. *Ibid.*
19. *Ibid.*
20. *Ibid.*
21. *Ibid.*
22. *Ibid*, 1933.
23. Annual Rpt, 1931, U.S. Veterans Adm., GPO, pg 20.
24. *Ibid*, 1933, pg 11.
25. *Ibid.*
26. Annual Rpt WRGH, 1934.
27. *Ibid*, 1933.
28. *Ibid*, 1934.

29. *Ibid*, 1932.
30. *Ibid*, 1933.
31. Annual Rpt TSG... 1931, pg 37.
32. *Ibid*, pg 267.
33. Annual Rpt WRGH, 1933.
34. *Ibid*.
35. *Ibid*, 1934.
36. *Ibid*, 1934.
37. *Ibid*, 1933.
38. *Ibid*, 1932.
39. *Ibid*, 1934.
40. Annual Rpt TSG... 1932, pg 248.
41. AMB, No. 42, Oct. 1937, pg 40-41.
42. Reduced to 6.4 per 100 in 1939. Edgar Erskine Hume, *History of the Ass. of Military Surgeons of the U.S., 1891-1941*, pg 176.
43. SGO 391.1-2 (AMS) GG, War Rec. Div, Nat'l Archives.
44. Annual Rpt WRGH, 1932.
45. R.A. Kelser, "Mosquitoes as vectors of equine encephalomyelitis," in *Am. Vet. Med. Ass.*, May 1933, VS Vol. 35, No. 5. (quoted)
46. Annual Rpt, WRGH, 1934, pg 40.
47. As told to the writer in 1939.
48. Conversation with Col. James C. Kimbrough, 1941.
49. See Rpt, Urology Section, Annual Report WRGH, 1931-1934.
50. Conversation with Miss Mary E. Schick, 1941.
51. Personal knowledge of the writer.
52. Social conversation Colonel James C. Kimbrough, 1939.
53. Social conversation with Colonel James C. Kimbrough, MC, Ret., Sept. 20, 1950.

