Wartime Readjustments

1944–1945

"The ordinary practice of medicine (is not) evidence of qualification to formulate sanitary plans and conduct intensive operations in time of war."[1]

General Training

The military personnel problems of the Army Medical Center command multiplied rapidly as many medical officers and enlisted men received objective training for overseas assignments. In September 1943, the enlisted personnel of the *Medical Department Professional Service Schools Company* (Army Medical Center) and the *Headquarters and Service Company* were consolidated into a *Detachment*, Medical Department, Army Medical Center.[2]

All men receiving basic training in the *Plans and Training Unit* were given instruction in the operation of oxygen tents and masks, lectures on anatomy, physiology, nursing and chemical warfare. Technicians trained in the X-ray, Dental and Pharmacy Schools and at the Cooks and Bakers School were primarily for overseas assignments. All changes in military regulations were posted on bulletin boards and read at military formations. The *Articles of War* were read periodically, and orientation lectures and training films were shown regularly, as part of the general War Department training program. All local stations at the Army Medical Center were covered by squads trained in fire fighting, disposal of incendiary bombs, and in first aid. As noted, practice raids and black-out drills were held at frequent intervals.[3]

Mobilization and expansion of the Army affected the female auxiliary services of nursing, physiotherapy and occupational therapy advantageously. In 1942, as a result

Main Post Exchange; WRGH-1949

of Public Law 828, 77th Congress, December 22, 1942, Army nurses, granted relative rank but unequal pay with male officers in 1920, received temporary actual rank and equal pay for the duration of the emergency and six months thereafter. The matter of salute and address by title was provided in 1920, but neither privilege was invoked to any great extent, as members of the Army Nurse Corps seldom appeared in military (field) uniform; further, the majority of them apparently preferred to be addressed by the more feminine title of "Miss."

In 1940, at the beginning of the military expansion period, the War Department General Staff noted that it was improper to address nurses and chaplains by military title, and received an immediate protest from the nurses. Encouraged by Major Julia C. Stimson, Army Nurse Corps, Retired, then President of the American Nurses' Association, the national organization adopted a firm stand in the matter of address by military title and the salute.[4] As Public Law 828 likewise incorporated into the military organization the physiotherapists and dieticians, with the emergency concessions accorded the nurses, persons making inquiries by telephone at Walter Reed and other Army hospitals were for a time nonplussed at the range and medley of voices answering the telephone to the unaccustomed title of "Lieutenant."

By August 22, 1943, qualified WAC enlisted personnel became eligible for a six-month intensive training course in physiotherapy, on completion of which, with an added three-month practical course in a selected Army hospital, such students were eligible for commission as second lieutenants.[5]

Whereas: The Civilian

There is no one quite so much outside the group activity during wartime as the civilian employee who works on a military post. For many of their "buddies" of last week or last month, having donned "pink" pants or earned sergeants stripes have thus gained entry into the brave new world in the making. Flippantly, perhaps, as some newly militarized personnel adopted a patronizing attitude, many simple and unclassified procedures of the daily routine assumed an unwarranted importance, and the term "Military Secret" was used in badinage. As a result of nation-wide commodity shortages and rationing, Post commissary cards were genuinely treasured. Thus the privilege of shopping at a Post Exchange well stocked with Kleenex, cigarettes, and even baggy rayon stockings made a vast difference in the comfort and ease with which two associated groups discharged their mutual domestic responsibilities. Thus, morale was, as always, an uncurrent problem, for each group believed the other favored in certain conspicuous ways.

Once in uniform, many civilians of a few weeks before resented the eight-hour-by-the-clock duty accorded their former associates. Some resented what they considered the unjustifiably authoritarian manner adopted by some minor military authorities, the objectionable "red tape" which so often characterizes management of any large organization, and the extra leave, in the form of "passes," accorded the enlisted military group. Many criticized the military tax exemptions, reduced train and movie fare and the postage-free mail which benefited military personnel on garrison duty in the United States as readily as combat personnel. Some believed there should have been some distinction in the privileges accorded personnel on overseas and domestic duty. Some of the military group resented the fact that of the many civilians who remained at home, many received cost-of-living raises and that their way of life was less interrupted by war. Class distinction had not been especially noticeable when employees rubbed "shoulder to shoulder" as civilians; on the other hand, the mere donning of a military uniform created an artificial condition for some, for in the majority of military agencies, officer-status governs job control.

Many soldiers, in the beginning, resented the WAC; some nurses resented the WAC; and after their acceptance in Army Hospitals, some enlisted WACs resented the paid nurse's aide,[6] who in a sense was a technical associate but had better working hours.

Disciplinary measures were less effective with civilians than with the military, for they could resign or transfer but, because of restrictive Civil Service Regulations, were difficult to fire. Hospital authorities, with ever increasing responsibilities for patient care, were at the mercy of unskilled employees, some of whom would have been considered unemployable in a less competitive labor market. This was especially true of

mess attendants and custodial help, for many substandard and racial groups descended on Washington, where Government employment became a financial Mecca for many of the formerly underprivileged. Prior to the war and in addition to the soldiers' help, men were usually employed as mess attendants, cooks, janitors, laborers and ward attendants, but the personnel shortages of World War II soon caused the use of women. Many had never worked before, others accepted their jobs casually; thus job turnover was frequent and absenteeism was extremely high.[7]

The increased number of civilians employed at the Army Medical Center, and the hospital in particular, brought a reorganization and expansion of the Civilian Personnel Section of the headquarters, on November 1, 1942. Thereafter, all personnel actions for civilians were consolidated in the *Central Civilian Personnel Section*, where they were administered in compliance with Civil Service, War Department, Military District of Washington and Surgeon General's Office directives. This was obviously a complicated procedure, and sub-section personnel offices were established to manage group activities, such as the hospital employees, Quartermaster, School, etc.

WAC Technician

On February 23, 1943, the Surgeon General's Office delegated certain of its functions to the station, these including immediate employment action on certain appointments below the CAF-6 Grade, or its equivalent, and upgraded employees paid by Medical Department and Hospital funds or funds from the Military District of Washington.[8] The *Central Civilian Personnel Section*, Army Medical Center, had a director and appropriate section supervisors for *Training, Classification, Correspondence, Position Control and Reports, File and Messenger Service*. These activities had made significant interval increases, for when the hospital was opened in 1909 four civilians[9] were employed, and by 1925, when Charles J. Considine came to the Post as Chief Clerk, 300 civilians were employed. By 1948, the number had reached 1,859.[10]

In Line of Duty

The year 1940, at the Army Medical School, was not unusually significant from any single aspect of the School's four-fold purpose of education, routine laboratory work, production of biological products or conduct of research studies.

Insofar as the first was concerned, the advanced graduate course for doctors was not offered after 1939; the time allotted to the basic course was curtailed thirty-one per cent in 1940 and eliminated entirely in 1941. The *Professional Specialists* course was

still functioning, presumably on a two-to-four-year basis, depending on the background of the trainees. Thus the actual time required for completion of this course was not fixed.[11] Instruction in the Army Medical School course in *Clinical Medicine* was, at that time, limited to neuropsychiatry. At the beginning of the war about seven per cent[12] of all Regular Army doctors were listed as specialists, the greater majority of them serving in the general hospitals, and this percentage was considered adequate for the peacetime teaching and staffing program. These men were not only reputable and able but they were in some cases nationally known in their own field. The requirements for professional specialization, of increasing financial and prestige significance to civilian doctors, had not then resulted in the great stampede toward post-graduate training and Board certification which was to affect the Medical Corps some six years later. This was perhaps primarily the result of a difference in professional perspective. The income of the Army doctor was unaffected by competitive bidding for patients. The Army was, as one retired nose and throat specialist remarked wistfully, a place where the doctor could practice medicine honestly.[13]

The constantly expanding requirements for trained enlisted men, especially technicians, posed a hardship on the School authorities, for only one hundred men could be accommodated in the barracks space then provided for enlisted personnel. It was necessary, however, as part of the Medical Department training program, to inaugurate

New Central Dental Laboratory

a course for hospital cooks on July 1, 1940. In regard to equipment-testing, two series of tests were made on the new Army Field Range, M-1937, to evaluate the possibilities of lead poisoning in the food or by the fumes therefrom. Gasoline, with varying lead contents, was used for fuel, and as a result of the findings some commercial producers of reagents became interested in the development of new products.

The production of routine biological products mounted in accordance with the increasing needs of the Army hospitalization program and of allied federal medical programs dependent on the School vaccine laboratory for supplies. Blood banks and studies of dried and fluid blood products, as noted, excited considerable interest at this time, with both the products and the subsequent clinical therapy of prime concern to Army doctors.

The *Central Dental Laboratory*, operating as a separate organizational unit for the first time during the fiscal year 1940– that is, July 1, 1939, to June 30, 1940-performed work which had heretofore been essentially a function of the Army Dental School. Thereafter it served as a group laboratory for Army areas in the East and as a prostheses laboratory for the Army Dental School. Nevertheless, recognition as a functional entity, with a separate director, but with administrative and fiscal accountability to the Army Medical Center, further complicated the organizational structure of this, the most complicated of all the Medical Department's installation activities.[14]

As noted, seventeen barracks buildings, each with an approximate capacity of sixty-three men, two bachelor officers' dormitories, with a capacity of thirty-eight men each, and a dining hall, with a seating capacity of 750 men, were constructed during 1941 to care for the expanding requirements of the Medical Department Professional Service Schools. Further, two of the semi-permanent buildings erected in 1918 were converted into school rooms. There were no changes in the basic functions of the Schools, whose activities increased approximately 700 per cent during the year.

Condensed Basic Graduate Courses, Professional Specialists' Courses and *Refresher Courses* were provided for reserved officers after 1941. Instruction courses for Regular Army officers were terminated in April 1941. The courses for enlisted men included the usual X-ray, Laboratory, Pharmacy, Orthopedic Appliances, Medical Technicians, Surgical Technicians and the course for hospital cooks, as well as a special course of instruction in photoroentgenology for both officers and enlisted men. Enlisted men were being drawn off to fill cadres for the newly activated medical units and for new stations in the Zone of Interior. As a consequence of this situation, the number of civilian employees at the School was increased to ninety-eight. Nevertheless, in spite of strenuous attempts to maintain the status quo, the depletion of trained personnel adversely affected the teaching program to some extent.[15] Colonel George R. Callender, the Army's well known wound ballistics expert and pathologist, was director of the Army Medical School at this time, a position he continued to hold during the war years. As a result of his magnificent effort in training many of the young reserve and Army of the United States officers during World War II, he was promoted to the temporary grade of Brigadier General, Medical Corps, in 1945.

The production of Triple Typhoid Vaccine exceeded that of 1941 by 164 per cent and the production of the combined years of 1937-41 by 20.4 per cent. The production of glucose exceeded the previous year by 17.9 per cent and the combined years of 1937-41 by 31.39 per cent. Production of Allergenic Protein Extracts and Pneumonia Vaccine was discontinued, and the Army Veterinary School was provided with the additional space for production of encephalomyelitis vaccine for humans. As in the past, however, the *Division of Biologic Products* prepared the hypodermic solution of codeine sulfate and some other biological products used at the Walter Reed General Hospital.[16]

By May 1941, the War Department had established a policy of bloodgrouping all members of the Armed Forces, with their identification tags properly stamped to show the (Landsteiner) International Classification System. This policy was economical from the administrative standpoint, and it doubtless saved thousands of lives by permitting immediate transfusion in emergency cases. Army Medical School personnel made the determinations on all military personnel reporting to the Post for active military service. Further, the *Division of Blood Research* made a study of human serum albumin, in an attempt to standardize a package of suitable transportable size yet one which would furnish adequate fluid and protein for the treatment of shock, hemorrhage, burns and other hypoproteinemic states. Courses in shock, surgical physiology and the treatment of war wounds were given to Medical and Dental officers stationed temporarily at the Army Medical Department Professional Schools, and in January, March and June, lectures on shock and the use of plasma by the Armed Forces were delivered at the Medical Field Service School at Carlisle. The blood program endorsed by the Medical Department was much too extensive to enable the School to act as purveyor of all blood products. During 1942, therefore, contracts were let to eight commercial laboratories for the preparation of dried plasma for use by the Armed Forces.[17]

The *Division of Chemistry and Physics* continued to perform nearly all the toxicological examinations for the entire Army. Further, it functioned as the Chemistry Section of the Third Corps Area Laboratory, thus doing considerable routine work. Similar work performed for Walter Reed increased during the year, for after a rather generalized outbreak of jaundice a medical survey was initiated, and the determinations placed a heavy load on the depleted staff of this section. Further, during 1942, the Divisions of *Food and Nutrition* and *Industrial Hygiene* were added to the School activities, and during the last three months of the fiscal year 1943, some basic research in food was begun in relation to the Army ration.

The *Division of Virus and Rickettsial Diseases* was especially busy, as infectious material received from Labrador, Iceland, Jamaica, Puerto Rico, Hawaii and many domestic stations in the United States, included material from cases of neurotropic virus diseases. The Virus Laboratory at the Army Medical School was the first of its kind in that diagnostic methods were employed *routinely* in the diagnosis of virus and rickettsial diseases. Like the Rockefeller Foundation, the School was sponsoring extensive research on typhus, work which could not then be published for military reasons but which had

Production of Veterinary Biologicals.

far-reaching effects as an international public health measure. Some of this work was later evidenced in the Army's typhus-control program in Naples, Italy.

Concurrently, intensive four-week courses were given in *Tropical Medicine*, to prepare doctors for tropical service; an eight-week course in *Tropical and Military Medicine*, *1942* was designed to prepare junior officers for service as assistants in the medical service of Army post hospitals in the United States and abroad, with the particular object of teaching the application of knowledge already acquired. An intensive four-week course in *Plastic and Maxillo-facial Surgery* was given, as noted, to instruct medical and dental officers of the Army of the United States in the principles and standard procedures applicable to this subject and to serve as "teams" in the Medical Department installations at home and abroad. The staff was selected from the Army Medical School faculty, the Army Dental School faculty and the hospital staff. Further, an intensive course in roentgenology was offered and a six-week refresher course for Sanitary Reserve officers.

In addition to the very special work in animal biologicals, the Army Veterinary School found it necessary to train an increasing number of men in meat and dairy inspection, and the Army Dental School, whose demands increased over 300 per

Capt. Monroe J. Romansky, Penicillin Expert

cent in the first six months of 1942, needed more men and more space. Enabled by funds transferred to the Army Medical Center from the *Office of Emergency Management*, on February 1, 1942, the maxillo-facial group was still experimenting with vitallium implants as replacements of mutilated parts of the body.[18]

An *Army Specialist Corps* was established by Executive Order No. 9078, February 26, 1942, with Section V providing for Medical Service. By November 4, however, all officers in the Corps were required to apply for commissions in the Army of the United States by December 1, or be discharged on December 31, 1942. Six months later, passage of Public Law 130, 78th Congress, Act of July 12, 1943, required the transfer to the newly created Pharmacy Corps, of Medical Administrative Officers of the Regular Army, this number in addition to the seventy-two officers authorized by law. Inasmuch as the top military grade for this Corps was raised from Major, as allowed for the Medical Administrative Corps, to Colonel, the Medical Department was destined to undergo some policy changes and effect more responsible administrative assignments for the Corps. Ultimately, the Pharmacy Corps provided opportunities for many qualified health workers other than exclusively graduate pharmacists, and some became deeply interested in hospital administration at Walter Reed and elsewhere.

Mrs. Rea returns to visit the Gray Ladies

School for MD PSS Technicians

The manpower allotment of enlisted men for special training programs varied from time to time, depending on the size of the Army and the consequent number of medical installations. The enlarged classes at the Army Medical Department Professional Services Schools began on April 2, 1941. Under authority of an Adjutant General's letter of January 15, 1942, nearly one-half of the trainees were assigned from the *Medical Department Replacement Training Center* at Camp Lee, Virginia, later called Camp Pickett. Men from the Replacement Center often had some background in the specialties, rather than, as formerly, only basic military training. Part of the personnel for the early courses came from the Army Medical Center Detachment, but after the first few courses, the permanent personnel was so depleted as a result of providing cadres for new units that the Detachment could no longer provide replacements.

There was, especially in the early days of the training program, a wide variation in the quality of personnel provided for technical training. Directives established by the Surgeon General's Office required a high school education as preliminary to the Laboratory, Pharmacy and X-ray training, but Army Medical School authorities sometimes believed that classifica-

tion specialists were more concerned with producing numbers of recruits than quality. In questioning some of the 1942 assignees, reclassification officers learned that above one-third of the men were not only unsuited for technical assignments but did not want such courses, factors which necessitated many transfers and adjustments. Further, many could not qualify as Grade 5 technicians, even after several attempts at training. Thus it was not only costly and wasteful to attempt to train such material but it was definitely dangerous to use substandard men, as the lives of patients were involved. Unfortunately, the frequently changing War Department policies governing the release of personnel made maintenance of a technically qualified and numerically adequate staff extremely difficult. Colonel Callender was unsympathetic with what he believed to be a prevalent but erroneous idea of classification experts that any available doctor could serve as instructor, especially in teaching tropical diseases. Further, he believed that many distinguished civilian doctors were prevented from seeking military appointment because of lack of suitable military grades.[19]

The medical and surgical courses were the only ones in which the staff at Walter Reed participated. The third month of this training was given at the hospital and the Army Medical School; the fourth, fifth and sixth months were given at Gallinger Municipal Hospital, Emergency Hospital and Providence Hospital, all in Washington, District of Columbia.

Actual management of the Technicians' School, where the enrollees increased from less than sixty in a session in pre-war days to more than 500 a session in the mid-war years, was not solely an academic responsibility, for a total military management problem was involved which included reception, classification, housing, feeding, training, discipline, physical examination, payment and the ultimate re-transfer of men to units.


Notice: Leap Year Began At 0001 Hours January Firs
Service Stripe
Promotions For Twel
Upper Grade
Survey
Post Exc
Price
Selections Made From Exam
100th CARE Package
1st Woman
edic Surgical Technician

World War II; Successor to the Come Back

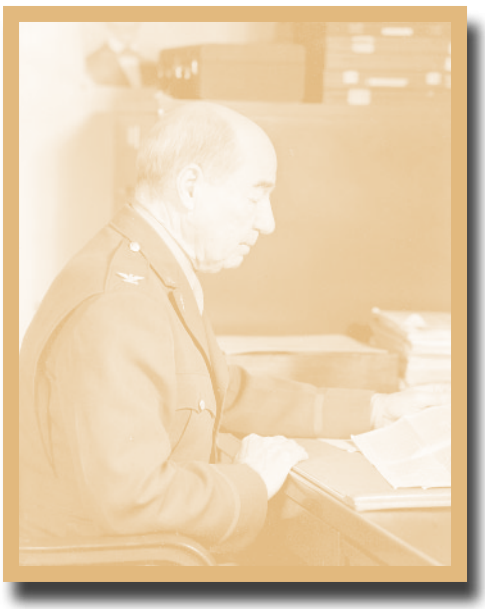
Mark Austed of Station WRGH, better known as Mark Evans of Station WTOP

Continued Expansion

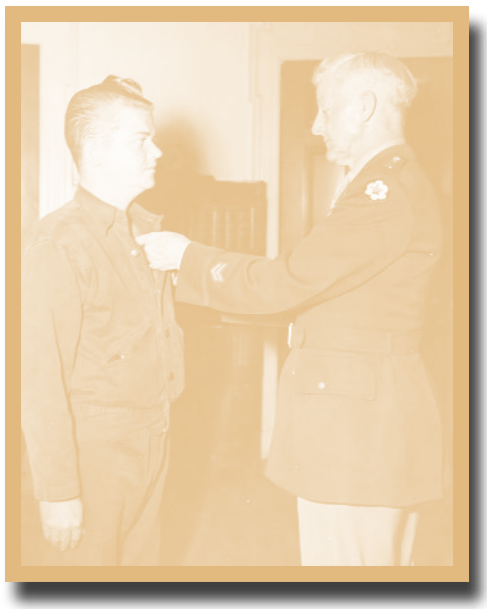
The outstanding activities of the Medical Department Professional Services Schools group for the fiscal year 1943, the first complete year since the war, included not only increased production of biologicals but an unavoidable increase in the teaching load. The *Tropical and Military Medicine Class*, at first a mere thirty students, increased to 230. All of the other departments and courses at the School were similarly crowded, and some relief to the physical plant was effected through transfer of the roentgenology courses to Memphis, Tennessee, and cessation of the pharmacy classes, Medical Department Professional Services Schools. As a precautionary or security measure, a subsidiary laboratory was established in Lansing, Michigan, which by the end of the fiscal year was almost ninety-five per cent complete.[20]

Reserves in the diagnostic biologicals were built up, but this made further inroads on the already depleted supply of small laboratory animals so necessary to the investigative program. Studies and developments in the field X-ray, the processing and packaging of plasma and the development of byproducts of serum albumin production continued. Army Medical School research experts cooperated with contemporaries at Harvard and with the Typhus Commission.

Insofar as organization was concerned, the *Department of Tropical Medicine*, under the direction of the internationally famous Doctor Richard P. Strong, a reserve officer on active duty, replaced the former departments of *Clinical Medicine* and *Preventative Medicine*; the departments of *Military Medicine* and *Military Surgery* encompassed the



Colonel Richard P. Strong



Major General Shelley U. Marietta decorating a patient with the Purple Heart.

former specialized and related subjects in these respective fields. In the case of *Military Surgery*, the courses in anesthesia and neurosurgery were modified as well as approved by the appropriate national professional groups. The *Division of Industrial Hygiene* was transferred to Baltimore, Maryland, in 1943, but remained under the direction of the Army Medical School. The *Division of Pathology* was, as in the past, largely operated by the Army Medical Museum.

The fiscal costs of operating the School unit, through local procurement and standard issue, without salaries and maintenance, approximated $700,000. The cash return to the Treasury of the United States, primarily for typhoid vaccines purveyed to other Federal agencies, equaled $212,422.[21] Measured in terms of manpower and the saving in human lives, these costs were incalculably small. The personnel, officers, enlisted men and civilians employed in the Medical Department Professional Services Schools' activities had increased three times over the numbers assigned in 1938. The training program produced about thirty-five times as many graduates and approximately thirty times as many biologicals.

More than eighty years had passed since the Civil War, when "country practitioners in green sashes (became acquainted) with hygiene and vaccinations" and since Surgeon General Hammond had proposed establishing a general hospital in Washington City; forty years had passed since Dr. Borden began talking to conferees of his plans for grouping the associated activities of hospital, school, museum and library in one location. Only twenty years had passed since the Army Medical School became part of the Army Medical Center. A war had cemented the organizational and functional relationship of these two great institutions and shown clearly that medically as well as tactically, "Training too was needed to make an Army."[22]

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