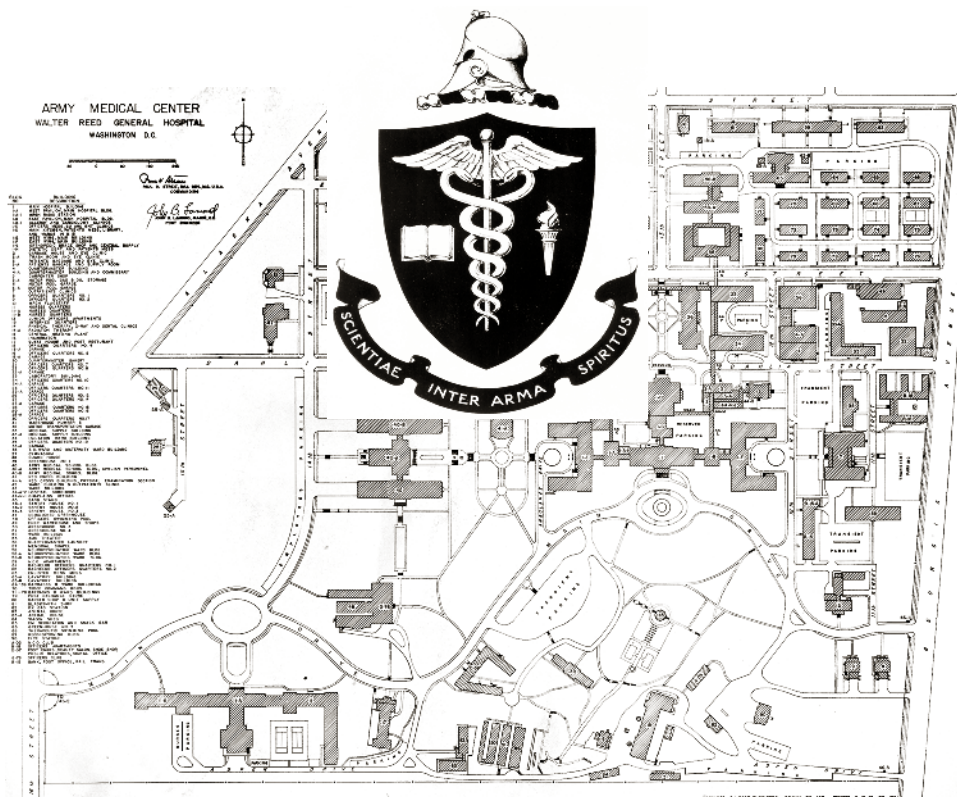


Fragmentary Discussions

1946–1951



“The secret of success and the course of failure lie in the mental attitude which medical officers assume as individuals; that is, whether they elect to be in the Army or attached to it.”¹

Brigadier General George C. Beach² succeeded General Marietta as Post Commander on February 16, 1945, although the latter continued to make regular professional visits to the hospital to attend his old patient, George Pershing. Commissioned in the Medical Reserve Corps on September 15, 1911, and as a First Lieutenant on February 7, 1917, the greater part of General Beach’s military service had been on Army posts³ but the assignment to Washington was a return to the city where he had been attending surgeon and essentially the family doctor to a large contingent of Army personnel from 1926 to 1930. It was during these years that he became acquainted with many of the line and staff officers who later assumed positions of leadership and influence during and after World War II.



Brig. Gen. George C. Beach

His previous experience as commanding officer at the Brooke General Hospital, Fort Sam Houston, Texas, had provided him with a thorough knowledge of hospital administration, but General Beach was not of the militant executive type who attempts personally to regulate the infinite details required in directing so large an institution. Unlike “Noisy Jim” Glennan, who wandered restlessly about the building and grounds, or General De Witt, who prowled ceaselessly, his inquisitive fingers ever searching for a stray bit of dust and who, in spite of frequent attacks of gout, climbed nimbly on chairs or stooped to look under beds for the persistent invader, General Beach held his staff strictly accountable for the managerial housekeeping duties. It was therefore at the morning coffee hour that his carefully selected and highly competent assistants briefed him on daily problems, receiving, in turn, his wise counsel and guidance, his official sanction or disapproval of proposed actions or current problems. He was a gentle, lovable and understanding man, and his staff became a closely integrated “team”, one that worked for him personally as much as for the professional management problems which were, in the final sense, his special responsibility.

He was pleasantly gregarious without being effusive, liked dogs, horse racing and hot spicy foods.⁴ At some undated period in his career, friends of the Beach family substituted the names “Sandy” and “Coral” for the more orthodox names of George and Jessie, and as such General and Mrs. Beach were affectionately and better known to their many Army friends. Time and frequent usage converted “Sandy” to Sam, the name by which the quiet, kindly physician was usually addressed. Ward visiting and hospital inspection trips were customary routines for Army hospital commanders, but “Sam” Beach added a personal touch to such visits which did a great deal to overcome some patients’ opinions that the visits were a routine and official inquiry. Daily he visited the seriously ill, and he never forsook the comforting habit of approaching the patient’s bedside counting the pulse or otherwise bringing to the ill a recognition of his personal interest and professional competence.

The Army Medical Center and its best-known activity, Walter Reed General Hospital in particular, has passed through the busiest period of its history. The Obstetrical Service delivered almost one hundred infants monthly in 1945,⁵ and the Quartermaster Laundry serviced enough separate items to serve a city of 7,000.⁶ The Out-Patient Service maintained its reputation for being a hectically busy place in 1945; in 1946, 99,473 treatments were given, of which 13,915 were on military personnel. The service was still handicapped by the lack of continuity in personnel.

It was, therefore, principally through the effects of key civilians that established policies were maintained.⁷

All of the hospital and school buildings showed considerably more than the normal wear and tear of daily use, and they were, like some of the patients, in rather obvious need of repair and rehabilitation. Although apparently prescribed by enthusiastic and influential lay friends of the hospital familiar with the modern trends in institutional deco-



Nursery, 1950

rating, the two-toned paint scheme used in the halls and bedrooms of the hospital⁸ was attributed to the wartime matériel shortage. The contrasting sections were separated by dado, object of some local criticism, but the results were profoundly satisfactory to the planners, who defended the pastels as more serviceable than the previously traditionally-used Army creme or tan color used throughout the hospital.

Washington, DC, was, during the war, ripe with fantastic and sometimes amusing tales of the misuse of public buildings by newly imported personnel unaccustomed to modern conveniences. Such rumors were not solely applicable to civilian buildings, for Walter Reed showed many evidences that the restless youths of World War II had less awareness of the costs of maintaining federal property than was desirable. Therefore, in spite of a seventy-five per cent turnover in employees, it was well that the decrease from some 16,000 patients in 1945 to slightly more than 12,000 in 1946 gave the command some opportunity to begin restorations.

At the beginning of the year 1946, the Detachment of Patients was responsible for the discipline as well as the personnel administration of all enlisted patients, and its activities were soon extended to include officers as well.⁹ War Department Circular 215, 1946, authorized a one-grade promotion for all patients hospitalized for eighteen months as a result of combat wounds and who had received no promotion since being wounded. This policy increased the recordkeeping for the Detachment office, whose functional departments included payroll and allotments, records, assignment, classification, discharge, relief from active duty, retirement, courts-martial, disposition, decorations and awards, patients' funds, supplies, and the patient's baggage room.

As noted, Class III, ambulatory patients, attended the various occupational therapy activities, but Class IV, ward patients, had a special training program. All patients were interviewed, counseled and introduced to the Educational Reconditioning Program. Some took the USAFI courses and a few initiated college extension courses, but in all cases their records must be kept up to date.



Occupational Therapy

New Patterns

The accelerated occupational therapy training course, which started in November, 1944, was terminated in April 1946.¹⁰ In addition to this program, ninety-three volunteer workers in the Red Cross Arts and Skills Section worked with an average of 306 patients each month and gave a total of 7,649 hours in volunteer service during the year. A year later, from May 8 to 14, 1947, one hundred twenty-three volunteer workers in the *Arts and Skills Section* gave approximately 10,627 hours of time to hospital patients. This was a remarkable record, for many patients were restless and uninterested in crafts after V-J Day, wanting only to be on their way while the civilian employment situation was favorable.

In August, Walter Reed General Hospital became a center for Aural Rehabilitation,¹¹ with all the hearing cases from the temporary war service Borden, DeShon and Hoff General Hospitals concentrated at the Forest Glen Section. Construction delays necessitated an improvised program until October, at which time sections in lipreading instruction, speech correction and conservation, counseling, an ear mold laboratory, a hearing-aid laboratory, audiometry and otology laboratories were established.

A *Hospital Inspector's Office* was re-established as a separate and integral part of the hospital organization, utilizing the services of one officer, two Warrant Officers,

one non-commissioned officer and a civilian secretary. The Hospital Inspector had varied duties and responsibilities, then including those of Training Officer. Over 300 inspections were made during the year, and all sections of the hospital were inspected at least once daily. This constant sanitary vigilance, combined with the reduced patient load, improved the cleanliness and general appearance of the hospital. Further, routine interviews were conducted with ward patients, and clinical records were checked with a view to determining the best physical, mental and moral well-being of the patients. Routine checks were made of the narcotics register, and precious and semi-precious metals were checked for their issue in the medical supply depot, through the Pharmacy and to the wards. Thus monthly auditing of these records and the Patients' Fund made the position of *Hospital Inspector* one of responsibility as well as one of infinite assistance to the Post Commander. Conscientious attempts were made to speed the discharge and disposition of all patients. This was an intricate and time-consuming process even in peacetime, but it was psychologically as well as administratively involved under the Army point system, for many patients with an insufficient number of points still believed themselves entitled to special consideration.

Insofar as permanent buildings were concerned, there was no new construction undertaken at Walter Reed during the year. There was, however, extensive renovation and modernizing of interiors, and a great deal of refurbishing. Ward 11B, on the third floor of the Main Building and proximal to the operating room, was completed as a new *Recovery Room* in February 1947. The arrangement provided three main sections, each with a nurse's station and two, three, four and five-bed units. In June 1947, Ward 8, the *Officers' Surgical Ward* on the third floor of the east wing, was converted into a luxurious *Presidential Suite*, the administration of which was placed under the direction of the Chief of the Medical Service. In the Army Medical School building the Central Dental Laboratory was reworked and improved equipment was added.

On November 15, 1947, the position of Deputy Post Commander was authorized as a result of provisions of the Officer Personnel Act of that year, (Sec. 522, PL 381, 80th Congress, Officer Personnel Act of 1947, app. Aug. 7, 1947) and the position was filled by Colonel Clifford V. Morgan, Medical Corps, then Executive Officer of the Army Medical Center. It had long been the custom to have the second ranking medical officer assume command of the organization in the absence of the Post Commander. This arrangement was considered by many to be the administrative anomaly, inasmuch as the incumbent might have been continuously engaged in professional activities and thereby unfamiliar with the administrative activities of such a complicated command. Under the new arrangement the Commanding General was able to devote the greater part of his time to hospital activities and professional training programs which were Class II medical activities supervised by the Surgeon General's Office. In contrast the Center activities were Class I,



Colonel C.V. Morgan, Deputy Post Commander, 1948

or so-called housekeeping activities, with close administrative ties to the Military District of Washington. By the summer of 1948 Colonel Morgan was so thoroughly familiar with the current as well as the past needs of the Post that he offered the use of official records, historical photographs and old building plans further to facilitate completion of the slowly developing history "Borden's Dream," so long advocated by the Post librarian and already under way as a private project.

Likewise in November 1947, Lieutenant Colonel Ida W. Danielson, Army Nurse Corps, formerly Chief Nurse of the European Theater of Operations, succeeded Lieutenant Colonel Gertrude Thompson as Chief Nurse. Colonel Danielson came to the new assignment from a tour of duty in the Personnel Division of the Office of the Surgeon General. Insofar as administrative preparation for this assignment was concerned, she had a more varied background of administrative experience than any other Chief Nurse previously assigned to the staff of Walter Reed General Hospital. Tactful, gracious, blessed with a sense of finesse and the ability to persuade others to her way of thinking, she was an immediate success with the hospital staff. In a thoroughly generous spirit of appreciation, she credited much of her success as nurse-administrator to earlier training by Miss Dora N. Thompson,



Physical Reconditioning, World War II

Superintendent of the Army Nurse Corps during World War I, and to Miss Jane Molloy, Walter Reed's first Chief Nurse.¹²

Outside Influences

Only 12,336 new patients were admitted to Walter Reed in 1947, this number being 659 less than admitted during the previous year when there were no civilian nurses on duty. At the close of the calendar year, however, there were fifty-one civilian nurses on duty in addition to the 206 Army Nurses. The point-release program for Army of the United States personnel affected nurses as well as doctors, and the Nursing Division, Office of the Surgeon General, believed a too-rapid demobilization was responsible for some of the personnel problems which developed a year later.¹³ Certainly, the rapid turn-over in personnel was difficult for all concerned. National nursing policy groups strongly supported the principle that nurses should not engage in non-professional duties, and although the general ratio of employees to patients was high, some aspects of the local nurse shortage could be attributed to the change to the eight-hour schedule. Further, an increased amount of nursing time was required in the supervision of cooperative ward procedures, ward rounds and the orientation instruction of doctors on duty with the residency training program.

*Fever Therapy*

Some minor intra-service reorganizations were accomplished during 1948, but none which affected the primary function, patient care. The personnel situation was more unstable than desirable, for the staff was preponderantly residents and internes, with only a few duty-officers for key assignments. This was undoubtedly a necessary arrangement, in order to conform to the ultimate objective of the Medical Department professional training program. Nevertheless, many patients both in the Out-Patient Service and in the wards found the interruption to the traditional doctor-patient relationship more exasperating than otherwise.¹⁴

It would have been extremely difficult, prior to World War II, to find many medical officers critical of their Corps, its objectives or the quality of professional care provided for the Army as a whole. Some medical officers, particularly the specialists, took periodic refresher courses at the Mayo Clinic, the Johns Hopkins Hospital and other great civilian training institutions, either at their own or at Government expense. The three principal branches of military medicine – professional field and supply – provided definite training programs, and the average medical officer had more than an even chance of selecting and remaining in his preferred specialty. On the whole the morale was good, and if the system of promotion by seniority penalized an impatient few, it nevertheless provided a sound and equable base for the many who contributed the usual thirty “best



Sick Call, Station Surgeon's Office

years of their lives" to public service. In general special ability was recognized, and if there were an insufficient number of spectacular rewards for all, the respect of brother officers was pleasant balm.

The Army, at least, recognized that a special type of personality was required for military duty – men and women willing to uproot their homes without protest, willing to school their children in Alabama or New York, Virginia or Wyoming, Alaska or the Philippines, sometimes in four or five states in the course of a few years. The "Service" made many demands and offered few visible rewards except superior hospitalization and, on retirement, a modest income. On the whole, however, Regular Army personnel liked their way of life, and the majority were loyal, adaptable and satisfied.¹⁵ Many, like Surgeon General Patterson,¹⁶ preferred to specialize, but when they found the exigencies of the Service required a change to administration, the functional transition was usually accepted with good grace.¹⁷ Thus as one Surgeon General noted in an Annual Report, "we should have (in the service) only such men as are adapted to its peculiar requirements."

It is surprising, therefore, that when Secretary of War Robert Patterson delivered a prepared address to the American Medical Association in June 1947, there was included for his pronouncement a statement that "Ever since the medical profession became

officially associated with the Army more than 170 years ago...it has been evident that something was wrong, something was irritating the medical officer." As noted, the Medical Department of the World War II period was essentially a civilian organization, and the Medical Department officers were civilian physicians temporarily uprooted from the private practice of medicine. They were, by and large, men unaccustomed to group activity, to regimentation and to the necessity of conforming to the management policies of a large organization charged with the responsibility of meeting the needs of thousands rather than a few. It must be assumed, therefore, that the maladjustments of some World War II personnel had colored the publicly expressed opinion that complaints were due to uncertainty and dissatisfaction over an inability to practice the profession in a manner professionally satisfying,¹⁸ i.e., clinical care of the inpatient. Such a viewpoint, doubtless would have surprised such loyal old soldiers as Hoff, McCaw, Straub, Birmingham, Arthur and Kean, who devoted their lives to the Medical Department and believed that on the whole, "across the board," in peace or in war, it gave the best medical service in the United States, perhaps in the world, as the American standard of living was notably high.

Not all local management problems were confined to the uniformed group, and the various Post Commanders would have been at a loss without the continuing and loyal



Physical Medicine

support of key civilian employees. By 1948, fifty-seven civilian employees had twelve or more years of continuous service and of this number twelve were employed before 1925. Concurrently, the *Civilian Personnel Section* of the Army Medical Center headquarters contended that more than 3,100 military and civilian persons were needed to carry out the functions of the installation,¹⁹ which, with the addition of the usual 1600 patients, made the military reservation essentially a little city.

Many devotees of so-called scientific personnel management had appeared during the previous ten years, and such terms as “human relations”, “human understanding” and the “human equation” were discussed as training agencies attempted to bring management and the worker closer together. The Adjutant General’s Department had, during the war, sponsored special courses, including instruction for supervisors, and the stupendously large employment program of that period left an imprint on all government personnel agencies.

The “human relations” aspect of personnel management was, of course, essentially the consideration of the individual as a case, with his adjustment problems highlighted by a study of the social background. It was an old and simple game to the family physician, priest or lawyer, who had long employed the technique but failed to underwrite a specific nomenclature. As there was a very real need for this type of program in any



Physical Medicine

large and impersonal organization where some unnoticed “square pegs” could rattle unhappily in the “round holes”, the *Personnel Section* at the Army Medical Center was divided into two principal departments. The *Military Section* was redivided into officer and enlisted, and the *Civilian Personnel Section* was divided into four principal sub-sections, which then required a staff of only thirty-nine persons to serve the 1,251 civilian employees of the Army Medical Center.

Fundamental Reorganization

General hospitals were transferred from the jurisdiction of the Service Command back to the Surgeon General in April 1946. On 11 June the War Department was reorganized; the nine Army Service Commands were abolished and six Army areas were created.²⁰

In June 1946, the Surgeon General, Major General Norman T. Kirk, proposed establishing a 1,000-bed pathological hospital and a 250,000 volume library at the Forest Glen Section, Army Medical Center, to be operated in connection with the Army Medical Museum, renamed Army Institute of Pathology and still later the Armed Forces Institute of Pathology. Further, the Surgeon General proposed that an Institute of Research Medicine, Dentistry, Surgery, Radiation Therapy and a school of global medicine be incorporated as part of the new plan.²¹



Sports for the Handicapped

Many of the doctors who served in the Army during World War II were extremely interested, for various public-spirited reasons, in the post-war Medical Department. The shortage of health workers, including doctors and nurses, had harassed the constantly expanding community medical services all during the war, and many national program planners had come to believe that an equitable division of such personnel was not only practical but imperative in the event of another war. The training of doctors and nurses was a slow and costly business, and the nation could ill afford to waste their services. Some doctors, nationally known as specialists and board members, were interested in increasing the academic training and board membership of Army doctors to meet the more competitive requirements of civilian communities; some had a special interest in excluding doctors from administrative positions; some were interested in closer identification of the military and naval services in order to provide more economical use of professional skills, standardization of material and to provide a roster of interchangeable personnel, the joint use of hospital facilities, etc. Some of these proposals grew out of dissatisfaction expressed by the Directing Board of the Procurement and Assignment Service for Doctors, Dentists, Veterinarians and Nurses, operative during World War II.²²

With no immediate signs of hostilities in sight, the professional training and proper utilization of doctors were probably of more general interest to the average civilian than procurement of personnel. Consequently, one of the most overt signs of plans for a constructive program was the early post-war formation of *The Society of United States Medical Consultants of World War II*, which met at the Army Medical Center on October 18, 1946.²³ The consultants were former medical officers, by then returned to civilian life, and the group included many of the leading doctors in specialized fields.

Various plans were considered by both military and civilian groups which it was believed would please all concerned, and on April 18, 1947, General Kirk proposed a merger of the Army and Navy Medical Departments,²⁴ with a director chosen from the senior officers of the regular Medical Corps. He believed such an organization could be charged with operation of a common hospitalization program for the Armed Forces, preventative medicine services, vital statistics, etc. Further, he believed a common research program was feasible, with joint clinical and research laboratories, joint utilization of *The Army Medical Library* and *The Army Institute of Pathology*.



The Dignity of Man

The Training Program

Colonel Rufus Holt, Medical Corps, succeeded General Callender as Commandant of the School in 1946, thereby inheriting a difficult assignment at one of the most critical periods in the professional history of the Medical Department. A reorganization of the School program was then under study which would materially strengthen the technical training of all personnel categories, including a return to the twelve-month training for enlisted technicians, and the often-repeated recommendation that the enlisted men should be accorded technical grades on completion of the course.²⁵

At the hospital, the *Peripheral Vascular Section* became a separate section on July 1, 1946, and *Radiology* and the *Radiation Therapy Section* were combined to form an independent *Radiological Service*. On May 1, the *Practice of Hospital Pediatricians* was established by Walter Reed (local administration) orders, with the annual report of the Medical Service for that year carrying its first full report of *Pediatrics* as a separate section, and a fifteen per cent increase in patients was noted.²⁶ Specialty sections in *Dermatology*, *Childrens' Orthopedics*, *Anesthesiology* and *Psychology* likewise appeared.



Norman T. Kirk, Surgeon General, 1943–1947.

Photograph of watercolor painting made by patient in the Neuropsychiatric Section.

Practical training for civilian mess attendants was begun at the hospital in July 1946, under the direction of the Chief of the Dietetic Service. Further, technical training for enlisted men, previously conducted for eight weeks at Camp Atterbury, Indiana, or Ft. Sam Houston, Texas, was undertaken at Walter Reed. The men were supervised by the ward master, a sergeant or other non-commissioned officers, and the ward nurse. The ward doctor of the particular ward was named as the *Training Officer* for that specialty. In February 1947 the Surgeon General's Office authorized an anesthesia course for Regular Army nurses, and two special thirteen-month courses in anesthesia were offered in addition to a course in ward administration for which thirty nurses registered.

The early post-war refresher courses, such as the twenty-six-week course in tropical and global medicine, clinical pathology, and advanced Veterinary and Dental courses had proven insufficient to prepare Medical Corps officers to meet the professional requirements for civilian academic honors and board certification in some specialties. Insofar as man-hours could be evaluated, the staff of the various Schools were, in 1946, spending approximately five per cent of

the time in administration; thirty-five per cent in diagnostic and routine laboratory procedures; twenty-five per cent on research and development; twenty-five per cent in production (biological, etc.) and ten per cent in instruction.²⁷ Additional instruction was contributed by civilian consultants and by military personnel of the Military District of Washington.

After one full year of experimentation with the refresher training program, General Beach noted some inherent difficulties such as haphazard presentation of teaching material and the tendency of the hospital staff to view consultants as “problem solvers” rather than as visiting teachers. The shortcomings, he believed, were not due to the system but rather to the individuals. He therefore favored affiliation with the medical schools of George Washington and Georgetown Universities as a smooth and easy way of weeding out some undesirable consultants as well as to secure better supervision and broader clinical facilities for the students, internes and selected residents.

Early in the twentieth century Jefferson Randolph Kean had noted the growing tendency of Medical Department critics, usually line and staff officers, to devalue the activities of Army doctors dissociated from the direct care of the sick, confiding to his diary that “at the time the prejudice was very strong against doctors holding any administrative position.”²⁸ If reversed his observations could have been as timely in



Corpsman as Nurse Assistant.

the post-World War II period as in the post-Spanish-American War period. In fact the degree of prejudice had increased markedly in the intervening fifty years, although the criticisms now originated primarily from American physicians and from some of the smaller groups of allied health workers anxious to broaden their own fields of managerial responsibility. Thus as a result of the much touted prestige incidental to certification as a "Board Member," the post-World War II demands of Army doctors for advanced clinical training was reminiscent of the professional stampede of a half-century before, when doctors began abandoning their professional for military titles, unmindful, perhaps, of the maxim of Theodore Roosevelt that as military men they must "supplement in (their) calling the work of the surgeon with the work of the administrator."

The proposed teaching program was, therefore, of more-than-to-be expected significance, for it was destined to reshape some classic concepts of military medical preparedness. There was considerable talk of paying recognized specialists an emolument in addition to their Regular Army pay, and the possibility of such an inequity made many of the doctors anxious and uncertain regarding their future careers. A large number of the World War II Army Specialized Training Program (ASTP) graduates in medicine, with little or no practical clinical training, then were replacing experienced Army of the United States personnel eligible for separation, but few of these young men showed interest in Regular Army commissions and by and large they could think of no special changes in the Medical Department which would influence them to apply.²⁹ Many, reflecting both the dissatisfactions of some World War II personnel as well as the new philosophy of specialization and seemed to believe that the Army emphasized the vocation of soldier to the detriment of the profession of medicine.³⁰ Medical Department planners looked forward with dread to the depleted personnel situation when the ASTP doctors automatically would be released from service in spite of the fact that their generally critical attitude, fundamental dislike of military duties and insistence on performance of strictly clinical duties presented real problems in meeting and staffing problems in the small station hospitals and field installations. The military medical

trend, therefore, was to place administrative officers in many positions formerly occupied by doctors in order to safeguard the latter category.

Circular No. 87, Office of the Surgeon General, November 21, 1946, authorized a *Basic Science* course in anatomy, physiology, bacteriology, biochemistry and pharmacology as part of the residency training program for Regular Army officers then being implemented for the Army Medical Department by hospital staffs. At the Army Medical Center, the



The Traveling Post Exchange

School faculty was charged with the responsibility of organizing the course. Because of the shortage of trained military instructors, the work was to be presented by civilians, selected for their wide experience in teaching, research and interest in postgraduate medical education. In order to correlate the academic and the clinical, the Director of the Basic Science course was designated *Professional Training Officer* at Walter Reed General Hospital. An active education committee was also established which consisted of the Commanding General, the Executive Officer, the Training Officer, the Chiefs of the Medical, Surgical and Neuropsychiatric Service, and a permanent secretary. This was, it will be recalled, exactly the same principle and general format of the old faculty board, so long operative in the history of the Army Medical School.

In the various specialties, *Internal Medicine, Surgery, Radiology, Urology and Obstetrics and Gynecology* led in popularity. An attempt was made to indoctrinate the students with the functional approaches to clinical medicine rather than to provide a mere accumulation of facts. Instructors were requested to emphasize this viewpoint. In an effort to eliminate unnecessary and unproductive duplication and to insure a continuation-type of instructional thought, assistant instructors were sent to the civilian laboratories and hospitals of the various senior instructors to secure notes and outlines. The course was, therefore, basically didactic. The limited amount of time precluded the teaching of laboratory methods and all laboratory demonstrations were prepared in advance.³¹ The number of civilian employees at the School increased during this period, both because of the requirements of the Basic Science Course and the increased production of Japanese encephalitis vaccine. As a result, physical facilities of the plant were strained to the utmost.³²

A *Residency Training Program* was begun in January 1947, primarily as an improved refresher course and as a stop-gap until a more formal training program could be established on a firm basis. Some forty civilian consultants were appointed by the Secretary of War, to participate in the clinical and pathological training of first year or *assistant residents*; second year, *residents*; and third year, *senior residents*.



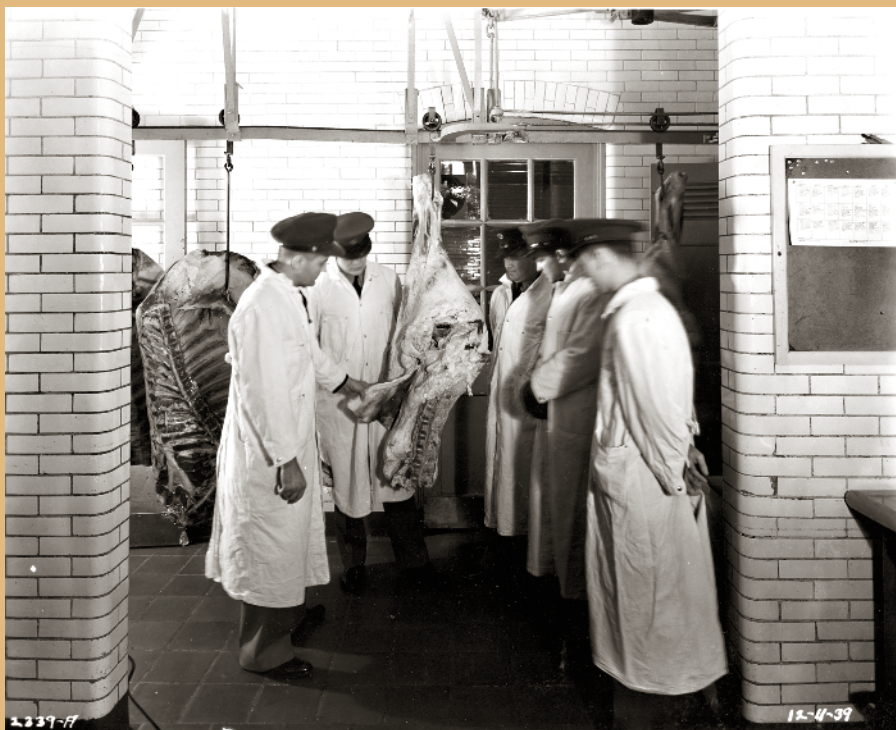
File Room, Out-Patient Service; Custodian of some 30,000 case histories



Geneva Aswell, expert orthopedic technician, 1949

The Army Medical School, Dental School and Veterinary School, regrouped as the *Medical Department Professional Service Schools* in 1934, became the *Army Medical Department Research and Graduate School* on January 10, 1947.³³ The new organization included the commandant and his assistants, directors of the three major professional divisions and, until transferred to the jurisdiction of the Army Medical Center Headquarters, on May 25, 1947, the *Photographic and Arts Unit*. Effective June 30, 1947, the Central Dental Laboratory was removed from the Dental Division of the School and placed with the Headquarters organization.³⁴ In 1927, Major Oscar F. Snyder, D.C., had taught operative dentistry at the Army Dental School and served as executive officer. In the summer of 1947, he returned, first as a Colonel and later as a Brigadier General, to direct all the dental activities of the Army Medical Department Research and Graduate School and the Central Dental Laboratory.³⁵

In May 1947, Physiotherapy and its allied functions, at the hospital, were regrouped as *Physical Medicine*. A special training program was instituted in the early part of November 1947, in order to train ASTP officers in the fundamentals of physical therapy, occupational therapy and physical reconditioning. Military Occupational Specialty numbers (MOS numbers) had long been in effect as a means of classifying medical officers, and the Surgeon General's Office now added MOS-D-3180 to cover this new



Army Veterinary School, Class in Meat Inspection

class. Dental internships began at Walter Reed July 1, 1947. Like other services, the Dental Service continued to have difficulty meeting personnel requirements, for dental technicians rarely reenlisted and dependents made a great inroad on the service.

In the last half of the calendar year 1947, eleven officers completed laboratory refresher courses varying from one to twelve weeks, and a few others had some refresher-type training before assignment to specific duties. Four enlisted men completed a twelve-week course as Veterinary Laboratory Technicians, and 352 persons, military and civilian, completed the five-day course in *The Medical Aspects of Atomic Explosion*, which was under the jurisdiction of The Army Medical Center for administration only.³⁶

The Training Division and Research and Development Division of the Surgeon General's Office had not produced a reorganized school program at this time and so there were no changes in the organization of the various schools at the Center during the calendar year 1948. The atomic course was run primarily by the Surgeon General's Office; the Commandant of the Dental School was a Brigadier General and therefore senior in grade to his own superior officer, the School Commandant. Both circumstances tended to encourage a system that did not insure detailed and constant supervision of departments and sections by the commandant or his immediate assistants. As each department was under the direct supervision of at least one highly trained individual,



Brigadier General George Callender presenting medal to Colonel Harry Plotz

the director believed more detailed supervision would possibly be resented.³⁷ This was not a failure on the part of the command but rather that funds, personnel, matériel and housing were at that time insufficient for the program as envisioned.

The production of prophylactic and diagnostic biologicals varied in proportion to the size of the Army and the public health problems encountered by the Medical Department in domestic and overseas stations. It was not possible to secure all of the required biological products from civilian sources, since in many instances the commercial products failed to meet Army standards. Moreover, the *Army Medical Department Research and Graduate School* could provide some products more cheaply. The director believed, therefore, that the laboratories should serve as a pilot plant for working out commercially reproducible methods for the manufacture of new vaccines needed by the Army.³⁸

An active recruiting program was under way during 1947 to provide competent civilian personnel as replacements for military personnel needed in other activities and thus insure continuing programs. As "ceilings" for civilian and military personnel are established in overhead military agencies, they are arbitrarily affected by budgetary limitations, manpower availability and/or fixed rations of personnel allowed for certain



Of Vital Importance to Research; Army Medical School Laboratories, 1950

types of installations. Shortly after the recruiting program was implemented at the Army Medical Center, "the organization was again upset by the necessity of releasing about sixty civilians and immediately re-recruiting them as a result of restoration of the original ceiling on civilian employees. In spite of the inevitable frustration and confusion attendant upon such a fluctuating program,"³⁹ the functions of these important components of the Army Medical Center were discharged. It was, therefore, obvious to the Command that a long-range expansion plan should be developed, a plan that would provide the Medical Department in general and the Army Medical Center in particular, with a constant flow of adequately trained personnel.

Colonel Harry Plotz, Medical Corps Reserve, director of the Virus and Rickettsial work, died suddenly on February 7, 1947. His position was filled in July 1948, by Dr. Joseph Edwin Smadel, likewise a well-known civilian authority in this field.⁴⁰

They Call It Unification

In June 1947, Surgeon General Kirk, one-time orthopedic surgeon at Walter Reed, was succeeded by Brigadier General Raymond W. Bliss, then Assistant Surgeon General but a one-time Chief of the *Obstetrical and Gynecological Section* at Walter Reed and well-known in Army groups as an able specialist in this field. Likewise in June 1947, the Office of the Secretary of Defense was created as a military structure in consonance with the provisions of the National Security Act of 1947. The War Department was replaced in name by the "Department of the Army," by General Order No. I, 1947. General Bliss therefore became Surgeon General during one of the most controversial periods in Medical Department history, for as a result of the war experiences, the encouragement of his predecessor, and the insistence of influential civilians interested in conservative and distributed use of medical personnel, there was a marked trend toward closer identification and unification of the three major services of Army, Navy and Air. As in the case of the War Department reorganization of 1942, which resulted among other changes in the formation of the Services of Supply (later known as the Army Services Forces), this was an exacting task.

As a result of acute interest in government studies, among many others, there were several actions taken in the early part of 1948 designed to facilitate unification of the medical services of the Federal Government. The first of these was the establishment by the Secretary of Defense on January 1, 1948, of an ad hoc committee known as the Committee on Medical and Hospital Services of the Armed Forces, more commonly referred to as the "Hawley" Committee (named for Maj. Gen. Paul H. Hawley, MC, ret., formerly an executive officer, AMC). This committee consisted of a civilian doctor as chairman and the Surgeons General of the Army and Navy, and the Air Surgeon, as members.

In February 1948, a committee to study Federal Medical Services was appointed and was commonly known as the "Voorhees" Committee. It was a task force of the Hoover Commission, which then was making searching studies of government functions. On



Lt. Colonel Gertrude Thomson, Army Nurse Corps; Principal Chief Nurse 1943–1947

May 21, 1948 a committee of the National Security Organization was appointed and was commonly known as the “Eberstadt” Committee. All of these committees made significant recommendations for economic reforms and reorganizations among the Federal Medical Services and especially pertaining to the military group.

In the summer of 1948 an Office of Medical Services, directed by a civilian doctor of medicine, was formed in the Office of the Secretary of Defense. In spite of the fact that such an office was first proposed by the Army Medical Department, the authority of this coordinating and policy office immediately became a controversial subject. As progress is ever painful, it is inappropriate to attempt an evaluation of its activities or its accomplishments at the operating level until sufficient time has elapsed to permit objective appraisal of its problems. The Medical Department became the *Army Medical Service* by General Order No. 23, 1950. Likewise in 1950, the Army dropped the nomenclature of general hospital, and the name *Walter Reed Army Hospital* made its appearance in the official records.

The Last Year of Reign

In September 1948, ground was broken for a Post theater, to be located near the thirty wards, on Dogwood Street. The Post Exchange, once the officers' Pavilion No. 1, during World War I, was destroyed by fire in April 1948. As a result, the



Destruction of the Post Exchange, 1948

enlisted men's game room, then occupying unsatisfactory quarters in part of the "Greenhouse Theater", on the Georgia Avenue side of the reservation, was moved to more desirable housing elsewhere. As it was necessary to provide commercial eating facilities for civilian and military employees, a snack-bar was established in the former recreation room.⁴¹ Plans were well under way for a splendid Rehabilitation building, including gymnasium and swimming pool, and the modernization of the Officers' Club to include an air conditioned dining room. Athletic grounds for enlisted men were planned for the Forest Glen and the Main Sections, including two ball diamonds with backstops and bleachers, tennis courts and volley ball courts. In the latter case the courts erected across from the new Post Theater were constructed primarily through the kindness of a voluntary Engineer group from Fort Belvoir. The Post dial system for telephone was planned, budgeted and started during the year.

General of the Armies John J. Pershing, a domiciliary patient at Walter Reed after May 6, 1941, and for whom a special suite called "The Pent House" was eventually built on the third floor near the Officers' Surgical Ward, died on July 15, 1948. He had been both visitor and patient since the long-ago days of World War I, and as such he was almost an institutional "fixture."

On November 18, the Post Commander, Major General George C. Beach, died of a long-standing chronic complaint. This was the first time that a Post Commander of the Army Medical Center had died while on active duty, the only other death being that of a hospital commander, Colonel John J. Phillips, in September 1915. The funeral service for General Beach was conducted in the Memorial Chapel; the Troop Command, including the WAC detachment, and the Army Medical Center band formed a guard of honor. General Beach was a kindly and well-loved commanding officer, and patients and personnel alike grieved at the loss of so understanding and warm-hearted a man.

Quietly and without fanfare he had kept informed of personnel problems affecting key employees and with complete anonymity he reconciled situations which could have become morale problems. He was not the sort of man who enjoyed directing or commanding personnel to perform their job, for he was reasonable, quiet, judicial and persuasive, with the result that his staff worked for him personally as well as because of economic necessity.

General Beach's wide acquaintance among top-ranking military men such as General Dwight D. Eisenhower had apparently left him unspoiled. In 1947, as the time approached for Norman T. Kirk's retirement as Surgeon General,⁴² it was common service gossip that "Sam" Beach could have the position for the asking, but he stated repeat-



Major General George C. Beach greeting WAC Commander Kathleen Burns and reenlistees

edly in public and in private that he preferred to remain in the Army Medical Center where he could maintain close contacts with patients. When he died, and the employees contributed for a floral offering, a charwoman on duty in the School building hesitantly offered a twenty-five cent donation, as much as she could afford, because he had always said "Good Morning" to her as he passed on his way to his office at the Army Medical Center headquarters. Although an able hospital commander, it was as a humanist that General Beach was revered and remembered. It was especially fitting that he died in service, that within those walls where he greeted the great and spoke to the humble, where pain was the daily measure for many and birth the privilege of some, "Death silenced the soft footsteps of a man who loved his fellow man completely."⁴³

Of Local Interest

On January 17, 1949, the nineteenth Post Commander, Brigadier General (later Major General) Paul H. Streit, reviewed the troops and accepted the command from the interim commander, Colonel Joseph U. Weaver. Like General Beach, he came to the Army Medical Center from the Brooke General Hospital, Fort Sam Houston, Texas. Surgeon General Bliss was open in his praise of the new Post Commander's managerial ability, under whose direction affairs at the Army Medical Center, as already planned, progressed with clock-like regulation and without interruption of the former program. The change-over in the Post telephone system was completed in the spring of 1949.⁴⁴ The new *Pediatric Section* was opened March 9,⁴⁵ and renovations were begun which would create a separate surgical section for children.⁴⁶ The Out-Patient Clinic by then employed a (civilian) female pediatrician. In 1950, a day nursery was established on the Post.

As a part of the expanded Medical Service training program, there was a fifty per cent increase in internships, beginning in July 1949. In October 1949, an experimental forty-eight-week course of instruction in practical nurs-



Major General Paul H. Streit, Commanding Officer January 1949–.

ing was opened at the Forest Glen Section to fifty enlisted members of the WAC; a year later the course was opened to both men and women. The faculty was composed of personnel from Army Nurse Corps and the Women's Medical Specialists Corps. General supervision of the course was conducted by the *Education Committee* of the hospital.⁴⁷

Many of the buildings were repainted, and the post-war repairs were continued. On March 17, 1949, ground was broken for a splendidly equipped moving picture theater. And during the year plans were developed for converting the WAC Barracks, one-time home of the "Company of Instruction," into a luxurious Out-Patient Service, the finest of its kind in the Army. Trees and shrubs were re-marked, as in General Glennan's day, and an impressive marker calling attention to the *Army Medical Center* was installed at the 16th Street gate.

In October 1949, when General Streit had been Post Commander less than a year, the consultants to the Army Medical Library met for the first time at the Army Medical Center. The Army Medical Library had been unsuitably housed for years, and its plight was a cause for grave concern. Various efforts to relocate it near or subjoin it to the Library of Congress had failed, and both the internal management problems and lack of building funds had brought criticism on the Surgeon General's Office from librarians, scholars and distinguished doctors reluctant to see so fine an institution abused.

General Streit was somewhat familiar with Dr. Borden's plan for ultimate completion of the Army Medical Center, and during his first year as commandant he openly endorsed the four-way development of hospital, school, library and museum. Therefore in 1949 he made a quietly effective plea for giving the Library a permanent home.⁴⁸ Indefinite association of the Library and Museum was accepted by the majority of the Medical Corps of the Army as a fixed policy, and those officers interested in the completion of the Center considered any other disposition of the institutions sheer heresy. Any one of the Surgeons General after 1902 would have completed the Army Medical Center had the funds been available, and as late as 1947 the General Staff would have budgeted for the Library had the Surgeon General of that period given it a priority over other projects. In view of the changing "times" of the mid-century it is, therefore, interesting to note that in 1919 General Ireland proposed a comprehensive plan for completing the Center; Generals Patterson and Reynolds actively prosecuted this plan and struggled for funds against the insurmountable odds of an economic depression and the open hostility of some members of the civilian medical profession.

For many years fiscal officers in the Surgeon General's office had objected to charging the operating costs of the Library to the Medical Department (hospital) budget, but none considered giving the institution away.⁴⁹ At the time Surgeon General Magee was in office (1939–1943) the Librarian of that period was struggling desperately to secure a new building on Capitol Hill, and his program was completely agreeable to the Surgeon General. This was during the period when outside influences were openly stressing the civilian services provided by the Army Medical Library and emphasizing the national rather than the military value of the collection. General Kirk was, there-



Officers' Club, Army Medical Center

fore, often told that because the volume of inter-library loans routed to civilian doctors presumably exceeded the service then required by the Medical Corps, the Library was improperly assigned to the Army. Frustrating budget experience of his predecessors had convinced him that the General Staff would not support the cost of a new building and so he proposed that the fine old institution become a semi-military project such as the Rivers and Harbors and flood control projects directed by the Engineer Corps.⁵⁰

Unfortunately, from late 1946 until his term ended in 1947, the movement to reassign the Army Medical Library as a National Medical Library gained unusually active support from some of General Kirk's advisors, and the possibility of creating a National Medical Library in fact was discussed. Although it was the Army's greatest source of professional material in the fields of preventative medicine and medical intelligence, there was little defense of the institution as a military asset⁵¹ or, in fact, little defense of continued military supervision. Meanwhile, the Museum, by then renamed in turn the Army Institute of Pathology and the Armed Forces Institute of Pathology, had active support from interested civilian and military pathologists. After formation of the "Hawley" committee for the study of Joint, Army, Navy and Air Force medical activities, the Surgeon General voluntarily presented the Library-Museum problems for consideration. In 1949, when it was apparently a question of having the

*Workshop Scene*

Army retain responsibility for one or the other of these great institutions, Surgeon General Bliss reversed the position adopted by his predecessors and stated that “the Army could not in good conscience ask that the Library be located at the Army Medical Center.”⁵² He chose maintenance of the Museum, or Army Institute of Pathology, and proposed consigning the “Army Medical Library” to the Naval Medical Center, thus separating it irrevocably from its parent organization and its primary function as a resource for the Army Medical Service Graduate Schools and the Institute of Pathology.

The matter was not immediately settled, and when the relative merits of various locations and stewardships later were re-studied by an objective committee selected by the National Research Council, the Committee proposed that the Library remain under military administration, preferably that of the Army. The Army Medical Center was proposed as a suitable location, with the Institute of Health, United States Public Health Service, as an alternate.⁵³ Further, an advisory board representing medical and academic groups was proposed.⁵⁴

On July 10, 1951, an ordinary hot sultry summer day in Washington, a ground-breaking ceremony was held at the Army Medical Center for the new building of the Armed Forces Institute of Pathology, and the spectators who foregathered for the exercise heard the usual glowing words of praise that memorialize such ceremonies. High-ranking officials of the



Social Life For the Young Pediatrics, 1950

three medical services, Army, Navy and Air, applauded the realization of the half-century old plan for locating the “Museum” at the Army Medical Center, but, strangely, only one, a Naval officer, Rear Admiral Joel T. Boone (Ret.), the new Chief Medical Director of the Veterans Administration, called attention to the decrepit and neglected condition of the Army Medical Library and its long-standing requirements for a new building.

The occasion marked one of the first public appearances of the Army’s new Surgeon General, Major General E. Armstrong. In an appropriately eloquent speech he attempted to create for his listeners an imaginary scene at Seventh and B Streets, Southwest, location of the Museum-Library building since 1887. In so doing he advised that the spirit of Oliver Wendell Holmes was probably rejoicing that at last the Institute could be graciously as well as adequately housed. The ghost of the famous Major Walter Reed, he said, was undoubtedly viewing the scene from another world, proud of the scientific progress made in the fifty years since his death. One by one the shades of many of the great medical men of past generations were called on to witness this momentous occasion. All, said the Surgeon General, were rejoicing in the achievement in which they could take just pride – “But not Billings,” murmured the editor of the recently terminated Index-Catalogue sadly, to himself, as he listened to the oratory – “But not Billings.”

ARMY MEDICAL CENTER WALTER REED GENERAL HOSPITAL WASHINGTON D.C.

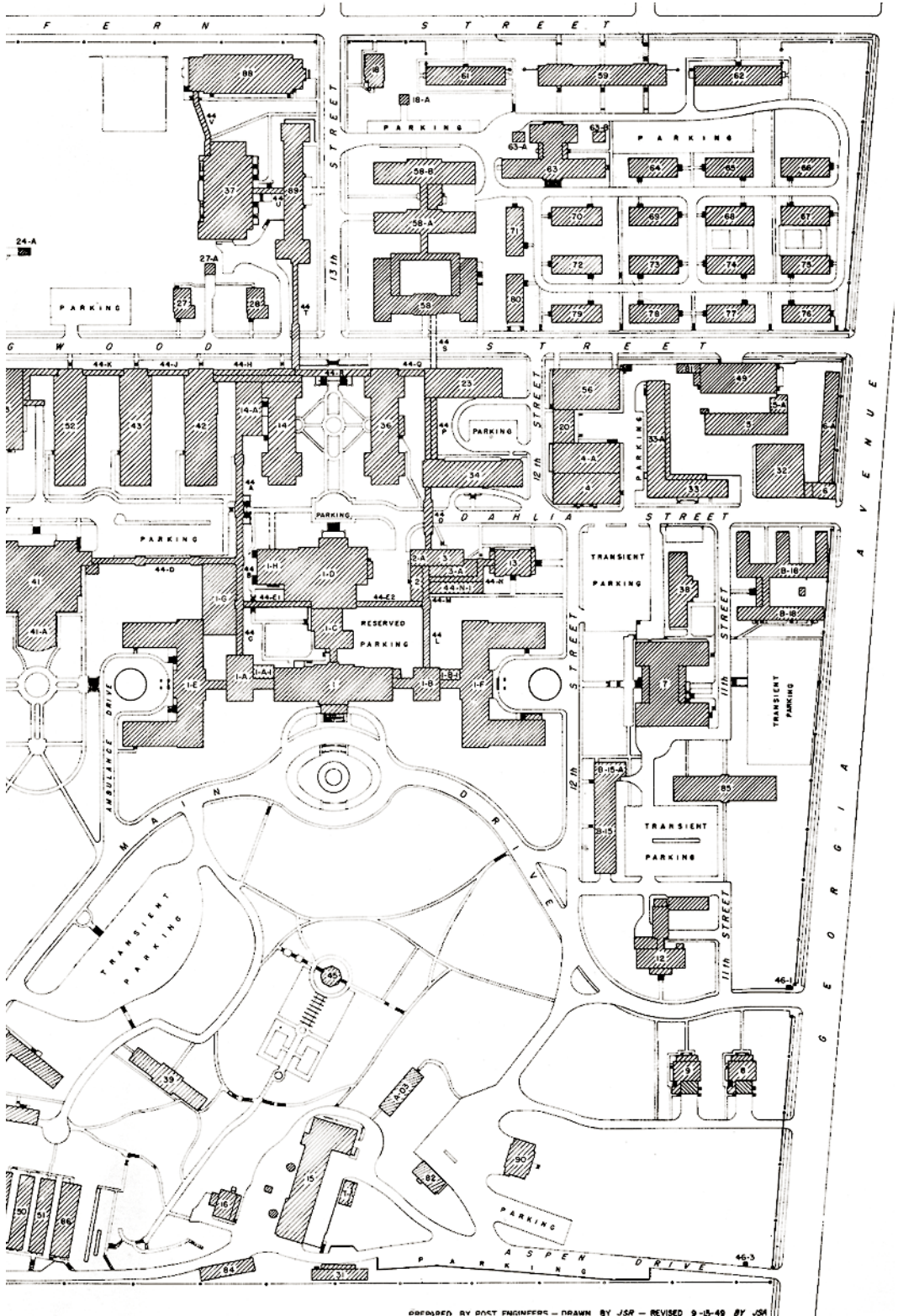
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Paul H. Street
PAUL H. STREET, MAJ. GEN., U.S.A.
COMMANDING

John B. Leonard
JOHN B. LEONARD, MAJOR, S.E.
POST ENGINEER

BLDG NO.	BUILDING DESCRIPTION
1	MAIN HOSPITAL BUILDING
1-A	WEST WING, MAIN HOSPITAL BLDG
1-A-1	WRNH RADIO STATION
1-B	EAST WING, MAIN HOSPITAL BLDG
1-B-1	ALLERGY AND GASTROENTEROLOGY CLINICS
1-C	OFFICERS MESS, BU AND ENT CLINICS
1-D	MAIN KITCHEN, PATIENTS MESS, LIBRARY, AND WARDS 18 & 19
1-E	WEST WING, MAIN BUILDING
1-F	EAST WING, MAIN BUILDING
1-G	ORTHOPEDIC BRACE SHOP AND CENTRAL SUPPLY
1-H	DIETETIC DEPT AND PATIENTS MESS
2	GARAGE HOUSE AND EYE CLINIC
2-A	TRASH ROOM AND EYE CLINIC
3	PATIENTS BAGGAGE AND EYE CLINIC
3-A	PATIENTS BAGGAGE AND SUPPLY ROOM
4	QUARTERMASTER BUILDING
4-A	QUARTERMASTER BUILDING AND COMMISSARY
5	CARPENTER SHOP
5-A	MOTOR POOL GAS & OIL STORAGE
6	MOTOR POOL GARAGE
6-A	MOTOR POOL GARAGE
7	OUTPATIENTS CLINICS
8	OFFICERS QUARTERS NO. 1
9	OFFICERS QUARTERS NO. 2
10	WRNH FLAGSTAFF
11	NURSES QUARTERS
11-A	NURSES QUARTERS
11-B	NURSES QUARTERS
12	JUNIOR OFFICERS APARTMENTS
13	INTERNES QUARTERS
14	PHYSICAL THERAPY, X-RAY AND DENTAL CLINICS
15	RADIATION THERAPY
16	CENTRAL HEATING PLANT
17	INCUBATOR
18	BUSET HOUSE AND POST RESTAURANT
18-A	OFFICERS QUARTERS NO. 4
19	GARAGE
20	OFFICERS QUARTERS NO. 5
20-A	GARAGE
21	QUARTERMASTER BAKERY
22	OFFICERS QUARTERS NO. 7
22-A	OFFICERS QUARTERS NO. 8
23	GARAGE
23-A	LABORATORY BUILDING
24	OFFICERS QUARTERS NO. 10
24-A	GARAGE
25	OFFICERS QUARTERS NO. 11
25-A	GARAGE
26	OFFICERS QUARTERS NO. 12
27	OFFICERS QUARTERS NO. 14
27-A	GARAGE
28	OFFICERS QUARTERS NO. 15
29	OFFICERS QUARTERS NO. 16
29-A	GARAGE
30	OFFICERS QUARTERS NO. 17
31	WAREHOUSE, NUMBER 5
32	MOTOR TRANSPORTATION GARAGE
33	MEDICAL SUPPLY BUILDING
33-A	MEDICAL SUPPLY BUILDING
34	ISOLATION WARD BUILDING
35	OFFICERS QUARTERS NO. 19
35-A	GARAGE
36	TU WARD AND MATERNITY WARD BUILDING
37	GYMNASIUM
38	GUARD HOUSE
39	GREENHOUSE NO. 1
40	ARMY MEDICAL SCHOOL BLDG.
40-A	ARMY MEDICAL SCHOOL BLDG, CIVILIAN PERSONNEL
40-B	ARMY MEDICAL SCHOOL BLDG.
41	RED CROSS BUILDING
41-A	RED CROSS BUILDING, PHYSICAL EXAMINATION SECTION
42	WARD BUILDING & OUTPATIENTS CLINIC
43	WARD BUILDING
44-A	HOSPITAL CORRIDORS
44-A-1	CHARLINS OFFICES
45	BAND STAND
46-1	SENTRY HOUSE NO. 1
46-2	SENTRY HOUSE NO. 2
46-3	SENTRY HOUSE NO. 3
47	DEMOLISHED SENTRYHOUSE
48	OFFICERS SWIMMING POOL
49	ENGR WAREHOUSE AND SHOPS
50	GREENHOUSE NO. 3
51	GREENHOUSE NO. 4
52	WARD BUILDING
53	AMC THEATRE
54	QUARTERMASTER LAUNDRY
55	MEMORIAL CHAPL
56	NEUROPSYCHIATRIC WARD BLDG
57-A	NEUROPSYCHIATRIC WARD BLDG
58-B	NEUROPSYCHIATRIC WARD BLDG
59	N.C.S. APARTMENTS
60	BACHELOR OFFICERS QUARTERS NO. 1
61	BACHELOR OFFICERS QUARTERS NO. 2
62	ENLISTED MENS MESS
63	ENLISTED MENS MESS
63-A	LABORATORY BUILDING
64-49	LABORATORY BUILDING
70	TRUCK COMMAND ROOMS
71	BARRECKS & WARD BUILDINGS
72	POST EXCHANGE STORE
73	BARBER SHOP & UNIT SUPPLY
80	BLACKSMITH SHOP
81	PX GAS STATION
82	ANIMAL HOUSE
83	ANIMAL HOUSE
83-A	ANIMAL HOUSE
84	WAGON SHED
85	EN RECREATION AND SNACK BAR
86	GREENHOUSE NO. 5
88	THERAPEUTIC SWIMMING POOL
89	RECONDITIONING BLDG
90	FIRE STATION
A-03	N.C.S. CLUB
B-18	OFFICER APARTMENTS
D-37	POST ENGINEER'S SALON, SHOE SHOP, PUBLIC RELATIONS, SIGNAL OFFICE
L-76	OFFICERS CLUB
R-15	BANK, POST OFFICE, RAIL TRANS

Drawn Map of Army Medical Center (2 Pages)



DESIGNED BY DICK ENGINEERS - DRAWN BY JSP - REVISED 9-15-49 BY JSP



Shield, The Walter Reed Army Medical Center

And so it was that eighty-seven years and two days after the Battle of Fort Stevens Surgeon General Hammond's apparently far-fetched proposal for a military medical center in Washington City gave evidence of nearing completion. Lt. Colonel William Cline Borden was the human instrument in fact that brought about the building of the Walter Reed Army Hospital whose name so influenced public identification of the activity that on September 13, 1951, the Department of the Army finally made a colloquialism an official directive, and the *Walter Reed Army Medical Center*⁵⁵ became a matter of official record. *Borden's Dream* his critics called his plans for the colonial structure which, like the hero for whom it was named, was the Army's "First on the Scroll of Fame."⁵⁶

References

1. Editorial, *Military Surgeon*, February 1910, pg 375.
2. Made temporary Brigadier General in 1943; a permanent Brigadier June 1, 1946; a Major General in January 1948, *Service Stripe*, (Jan. 31, 1948).
3. *Service Stripe*, July 27, 1946.
4. *Ibid*, March 24, 1945.
5. Annual Rpt., WRGH, 1945.
6. *Service Stripe*, April 21, 1945.
7. Annual Report, WRGH, 1946.
8. Interview with Maj. Gen. Shelley U. Marietta, M.C., Ret. May 16, 1951.
9. Annual Report, WRGH, 1946.
10. *Ibid*.
11. *Service Stripe*, January 25, 1947.
12. Retired in April 1951; her successor had not been named at the time the history was written.
13. Interviews with Colonel Florence A. Blanchfield, ANC, Ret., 1946–1950.
14. Based on general interviews over a four-year period.
15. Conversation with Major General Paul H. Streit, October 1950.
16. Interview with Maj. Gen. Robert U. Patterson, M.C., Ret., Aug. 29, 1950.
17. *Ibid*.
18. *Service Stripe*, June 21, 1947.
19. *Ibid*, July 31, 1948.
20. Sec. I, ASF Cir. 92, 11 April 1946 and Sec. III, ASF Circular 98, 19 April 1946; WD Circular No. 138, 14 May 1946; WD Circular No. 170, 11 June 1946.
21. *Service Stripe*, June 28, 1946.
22. Memo to TSW from Watson B. Miller, Adm. Sept. 5, 1946, with enclosure from Frank H. Lahey, M.D., Chm. Dir. Bd. P&AS. June 26, 1946. On file Office of the Adm. FSA.
23. *Service Stripe*, October 26, 1946.

24. *Ibid*, May 3, 1947. Unification of the three combat services into a single National Security Organization was effected by Public Law 253, 80th Congress, approved 26 July 1947. The War Department was redesignated *The Department of the Army*.
25. Annual Report of Technical Activities of the Medical Department, 1946.
26. Annual Report, WRGH, 1946
27. Annual Report MD PSS 1946, Pt. I, pg 5.
28. Biography of Jefferson R. Kean, MSS on file, AML, Washington, DC pg 94.
29. A study on attitudes of ASTP medical officers toward service in the Regular Army, made at the request of the Office, Secretary of War, (by) WD Information and Education Division Troop Attitude Research Branch, Washington, 25, DC, 2 Nov. 1946 pg 1.
30. *Ibid*, pg 3.
31. Report of MD RGS, July 1, 1947 to December 31, 1947.
32. *Ibid*.
33. Section I, WD GO No. 5, 13 January 1947.
34. Annual Report of Technical Activities of the Medical Department, 1947.
35. *Service Stripe*, May 15, 1948.
36. Rpt...1 July 1947 – 31 December 1947.
37. Annual Rpt. of the Army Medical Dept., Research and Graduate School for the Calendar year 1948.
38. Annual Report...FY ending 30 June 1947.
39. Annual Rpt. AMDRGS...1947.
40. *Service Stripe*, July 10, 1948.
41. *Ibid*, October 29, 1948.
42. Brig. Gen. Raymond W. Bliss succeeded to this office on June 1, 1947. He had been at Walter Reed during the early twenties as the Chief of the Obstetrical and Gynecological Section of General Surgery.
43. *Service Stripe*, November 21, 1948.
44. *Ibid*, February 25, 1949.
45. *Ibid*, April 8, 1949.

46. *Ibid*, May 27, 1949.
47. *Ibid*, Sept. 2, 1949.
48. *Ibid*, October 28, 1949.
49. Conversation with Col. E.C. Jones, M.C., Ret., May 1938.
50. Conversation with Maj. Gen. Norman T. Kirk, M.C., Ret., June 23, 1951.
51. *Ibid*, May 1947.
52. Memorandum for Dr. Meiling from R. W. Bliss, Major General, TSG, USA, 22 November 1949. (MEDDA); Renamed "Armed Forces Institute of Pathology" on July 1, 1949.
53. Conversation, Major General Paul H. Streit, June 1951.
54. The large group of consultants to the Army Medical Library had proven unwieldy and impractical. From the functional standpoint, however, an advisory board, beyond the jurisdiction of military command channels appears impractical.
55. General Order #80, DA, 13 September 1951.
56. Eliza Cook, "The Englishman," Stanza I.

