

# Chapter XVI

## INTERVENTION AND OCCUPATION: FOREIGN EXCURSIONS IN THE WAKE OF THE WORLD WAR, 1918–1923

### *Introduction*

In the aftermath of World War I, American military forces remained engaged in active operations against Russian Bolshevik forces in northern Russia and Siberia as part of what was known as the “Allied Intervention.” At the same time, troops from the American Expeditionary Forces (AEF) in France moved into parts of western Germany to assure compliance with the terms of the November 11, 1918, armistice and any peace treaties that would end the war. Dental surgeons accompanied the troops dispatched to Russia to counter Vladimir Lenin’s Red Army and into Germany to guarantee the armistice.

As the war drew to a close and the guns fell silent over the western front, American forces still found themselves in dangerous places. The collapse of the tsar’s government in Russia and the seizure of power in 1917 by Vladimir Lenin’s Bolsheviks led to the eventual outbreak throughout the former Russian Empire of a vicious civil war between Lenin’s Bolsheviks and their “Red” Army and a variety of anti-communist opposing factions that came to be known as the “Whites.” The Bolshevik withdrawal from the war in the Treaty of Brest-Litovsk in March 1918 allowed the German high command to concentrate its forces on the western front in the spring of 1918 for what it hoped would be the war-winning offensive. The Allies need to reopen the Russian front became desperate as a result of this German offensive, and President Woodrow Wilson reluctantly yielded to Allied pressure and authorized the use of American troops in expeditions to northwestern Russia and Siberia. In addition, the Allies were concerned about the fate of those forces friendly to the west still in Russia, especially the so-called “Czech Legion” composed of Czech and Slovak former Austro-Hungarian army prisoners of war in Russia, and especially about the possible Bolshevik seizure and use of the huge stocks of war material originally sent to aid the tsarist regime.<sup>1</sup>

Northwestern Russia and Siberia were selected because they contained the only Russian ports to which the Allies had access at all seasons, Murmansk and Archangel in the north and Vladivostok in far eastern Siberia. Distrustful of the Bolsheviks’ attempts to spread the communist revolution to a war-weary Europe, the western Allies wanted to secure the vast amounts of stores that had accumulated around their docks. Although Wilson tried to remain neutral over internal Russian affairs, his allies hoped that intervention would contribute to Bolsheviks’ eventual collapse.<sup>2,3</sup>

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II



*First Lieutenant Will L Jones, Dental Reserve Corps, working on a patient in his dental office in the Young Men's Christian Association (YMCA) building at Archangel, Russia, on October 17, 1918, with a room full of Allied soldiers and sailors awaiting dental treatment. Photograph: Courtesy of US Army Military History Institute. SC 34639.*

Although theoretically the two US expeditions were elements of a single scheme, the lack of clear objectives and the vast distance between them made their experiences completely different. Americans in northwestern Russia functioned as a major combat element of a mixed Allied force. Those in Siberia tried to carry out neutral security missions, but more often were caught in violent confrontations between Bolsheviks, anti-Bolshevik White forces, and the Japanese members of the Allied expedition who had their own imperial objectives in eastern Siberia.

### *North Russia Expedition*

The North Russia Expedition, under the command of Colonel George E Stewart, left Newcastle, England, on August 26, 1918. It consisted of elements of the 85th Division—the 339th Infantry Regiment; 1st Battalion, 310th Engineer Regiment; and Detachment, 310th Sanitary Train. The total strength of the expedition was 4,770 officers and soldiers. The medical organizations were the 337th Ambulance Company and 337th Field Hospital, 310th Sanitary Train, and the medical detachments of the 339th Infantry and 1st Battalion, 310th Engineers, for a total strength of 27 officers and 269 soldiers. The troops embarked on three transports and arrived in Archangel on September 5, 1918.<sup>4</sup>

The immediate problem facing the Medical Department was the proper distribution of personnel, including dental, for the 400-mile front that encircled Archangel

## INTERVENTION AND OCCUPATION

on three sides, from Pinega on the east, Ust Padenga on the south, and Onega on the west. Pinega was 112 miles from Archangel, Ust Padenga was 234 miles, and Onega was 145 miles, scattered in an area of 15,000 square miles of complete wilderness. Under the circumstances, it was impossible to keep the medical organizations intact. The 27 medical officers and 269 enlisted soldiers were “pooled” and sent in groups of as little as two to as many as 35 to the various fronts. The Medical Department headquarters was established under Major Jonas R Longley, Medical Corps (MC), in the Convalescent Hospital Building on Nabersnaya Street in Archangel. The hospitals, dressing stations, and first aid posts outside of Archangel cared for all the sick and wounded Allied troops, regardless of nationality.<sup>4</sup>

In September 1918 the expedition’s four dental officers were assigned as follows: Captain Howard W Geiger, Dental Reserve Corps (DRC),<sup>5,6,7</sup> a 1913 graduate of the University of Michigan, College of Dental Surgery, at Ann Arbor, was with the Railroad Force (Force A), Casualty Clearing Hospital, at Obozerskaya;



*In the office of the medical detachment of Company B, 310th Engineer Regiment, from left to right, Lieutenant RW Springer, Medical Corps, and Private Irvin Wingerter, watch as First Lieutenant Walter E Roe, Dental Reserve Corps, cares for Corporal John E Craft at Bakharitza, Russia, on November 18, 1918. Photograph: Courtesy of US Army Military History Institute. SC 40608.*

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

First Lieutenant Walter E Roe, DRC,<sup>5,6,8</sup> with the Medical Detachment, 310th Engineers and 339th Infantry, 337th Field Hospital Casualty Clearing Station (Force C), at Bakharitz; First Lieutenant Nines Simmons, DRC,<sup>5,6,9,10</sup> at the American Red Cross Hospital, Archangel; and First Lieutenant Will L Jones, DRC,<sup>5,6,11</sup> at the dental office, Allied Young Men's Christian Association (YMCA), Archangel.<sup>12,13</sup>

Another dentist was added to the dental staff in October 1918, when Private First Class and surgeon's assistant James H Howell, DDS,<sup>5</sup> was placed on duty (assigned as acting dental surgeon) at Field Hospital No. 337, Detachment A, Force C, Beresniki. In 1914–1915 Howell, a 1913 graduate of the University of Michigan, College of Dental Surgery, Ann Arbor, had been an instructor in physiology at the Detroit College of Medicine and Surgery. On April 20, 1919, Private Howell moved to the 337th's Detachment B, at Ossinova.<sup>14–16</sup>

In April 1919 a new dental officer, First Lieutenant Joseph L Rahm, DDS arrived.<sup>5</sup> Rahm was a 1916 graduate of the Louisville College of Dentistry (Dental Department of the Central University of Kentucky) at Louisville, Kentucky. After the war, he practiced in Shively, Kentucky. He was assigned for duty to Companies No. 167 and No. 168, North Russian Transportation Corps, at Camp Nissen, Murmansk, and on the *USS Yankton*. In June 1919 he shifted to Soroks, Russia, with the Transportation Corps, treating Russian army and navy, Canadian army (First Depot Battalion), British Supply Mission, and Russian civilian patients.<sup>17</sup>

Captain Geiger's movements from October 1918 to June 1919 indicate the itinerant nature of the dental work in North Russia. In October 1918 he was transferred to the infirmary at Olga Barracks, Archangel. In January 1919 he was reported sick after a hernia operation in the American Red Cross Hospital, Archangel. The next month he was back at work part time in the infirmary, Olga Barracks. In May 1919 he was with the medical detachment, 339th Infantry, Economie. In June 1919 Geiger was on "special duty," by verbal authority of the commanding general, at Economie, Russia.<sup>14–16</sup>

The American forces were engaged in heavy fighting throughout the winter under the most severe Arctic conditions. Supported by a highly efficient Canadian field artillery battery, they became the mainstay of the Allied combat effort. In the United States, President Wilson came under growing pressure after the armistice to withdraw the troops from their increasingly pointless mission. As a result, in February 1919 the secretary of war announced plans to withdraw US forces as soon as ice conditions permitted. A small staff under Brigadier General Wilds P Richardson arrived to supervise the withdrawal and by July 1919, a smooth evacuation was completed. One of the last officers to leave was First Lieutenant Walter E Roe, who was providing care to embassy, consulate, Red Cross, and YMCA personnel.<sup>18,19</sup>

From September 5, 1918, to June 20, 1919, the few dental surgeons with the expedition cared for 4,102 military and 227 other patients. They treated a total of 4,591 cases of dental caries, four oral wounds, and six jaw fractures; extracted 1,514 teeth; and completed 4,806 fillings of all types. Considering the conditions under which they worked, the dental surgeons were most productive.<sup>20</sup>

In his report of June 20, 1919, Lieutenant Colonel Erastus Corning, MC, chief surgeon of the North Russian Expeditionary Force, stated:

In general it is believed that the distribution of personnel and the hospital facilities provided have been fully adequate to meet the needs of the situation. The character of the terrain, the distances to be traversed, the primitive means of transportation and the severe and prolonged winter, made certain difficulties and hardships inherent in the situation, but no complaints were made of failure to provide prompt and adequate medical care or attention, and no cases came under observation where the condition of the patient was attributable to neglect or improper treatment.<sup>21</sup>

### *Siberia*

US forces arrived at Vladivostok, Siberia, somewhat better organized than their north Russia counterparts, but equally unclear as to their mission. On August 6, 1918, War Department orders alerted the 31st and the 27th Infantry Regiments on duty in the Philippines to move to Russia. Their advance parties were on the ground by the 15th, and within days American units were supporting Japanese attacks on Bolshevik strongholds along the railroad north of the port. These actions halted with the arrival in September of Major General William S Graves, the force commander. He understood his mission to be that of a neutral security role. Accordingly, American forces were pulled out of combat and stationed at key sites along the railroad, at coal mines, and at power plants to safeguard them. This meant that the troops were scattered in small groups as far away as Lake Baikal, a month's journey by slow rail.<sup>2,18,22</sup>

Medical support for the force consisted of the two regimental medical detachments, Field Hospital No. 4, Evacuation Hospital No. 17, Ambulance Company No. 4, and a small laboratory. Major (later Colonel) Frederick R Wunderlich, Dental Corps (DC), deployed with the expedition as its sole dentist. Accompanied by his assistant, Private First Class Grover C Mullins, and a portable dental kit, he began work in a dirty portside warehouse on August 21. Hygiene in the building was so bad that he performed only emergency care until he found a better office nearby, which he occupied until October 1918. He was joined by First Lieutenants Vernon L Lane, DRC, and Lynn D Blandford, DRC, on September 2.<sup>23</sup>

The two new dentists arrived with only their portable kits and no stock of expendable materials. The same held for an additional eight dental officers who arrived on September 29. Dental work was hampered by shortages until January 1919, when adequate supplies finally became available. In the meantime, Wunderlich assigned Lane to support the 31st Infantry and Blanchard to support the 27th Infantry. The other dentists scattered to various semi-permanent clinics attached to hospitals in towns along the railroad. One of the new dentists, Major Bruce H Roberts, reported a deplorable situation at his post in Khabarovsk:

There were, on my arrival at this station, three dental surgeons operating in one room, in the military hospital, about eighteen by ten feet in dimension. This same room also served as a waiting room for patients, thus making six men of the dental corps, medical department, and at least two or three patients in the room at one time, such condition not being conducive to efficient reports and cleanliness of the office. There was at the time however two rooms in another building being prepared for occupancy by the dental surgeons which will serve to a much better purpose. . . . There was no

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

water, steam or hot air sterilizer for dental instruments in the dental operating room but one on a stove in the kitchen, sometimes; and when in use necessitated the dental assistants passing thru several doors, going and coming from the dental office. . . . There was one w.e [white enamel] basin for six men to keep their hands in a cleanly condition while about patients and one G.I. bucket for the purpose of carrying water for the same reason for these six men and supply the needs at the chair.<sup>24</sup>

Roberts recommended he remain at Khabarovsk where his rank might help improve the situation, as he could deal better with hospital officials than more junior officers. He eventually succeeded in upgrading conditions.<sup>25,26</sup>

During this time, dental work was mostly routine because the troops were engaged in normal duties with little exposure to combat. No major oral surgery was ever performed. An unusually large number of Vincent's Angina cases occurred during the first 10 months in country, which Wunderlich attributed to poor oral hygiene prior to arrival and the recent recruitment of men "in a deplorable state as far as their teeth and mouths are concerned." Although the Angina cases declined after June 1919, dentists were still overwhelmed because of oral problems of new replacements coming from the United States. This showed the need for complete treatment in the United States, where better facilities, personnel, and supplies were available, before sending a soldier overseas. Wunderlich noted that completing a recruit's dental work in the recruit depot "would save much time and relieve dental surgeons in the field from much of the routine work. A dental surgeon in the field is very busy with emergency cases and his equipment is not such as to permit all the necessary dental work for men who have received no previous attention."<sup>26</sup>

In his final report, Wunderlich also commented that the huge distances and unit dispersion eventually required that all the eight or nine dentists in the command scatter more and work at different offices on their own. This increased the need for more supplies than the approved issue. The inefficiency of transportation also meant a lot more time wasted traveling between posts. Under these conditions, Wunderlich concluded that a ratio of one dentist to 1,000 soldiers "is inadequate" and that a ratio of one to five hundred troops "is essential to provide adequate dental service to troops in the field."

The need for highly competent dental assistants was also made apparent by the Siberian conditions. Wunderlich recommended that assistants be given greater rank and proficiency pay so that more would remain in the service. He also identified nine enlisted dental assistants currently serving in Siberia who were graduate dentists and sought permission to establish an examining board to qualify them for commissions in the DRC. Although additional dentists were badly needed in Siberia, the surgeon general's office denied this request in September 1919.<sup>26,27</sup>

Regarding their dental equipment, Wunderlich reached the same conclusion that Oliver and his colleagues had in France:

The portable dental equipment provided for dental surgeons in the field is far too large and bulky to be readily portable under field conditions. There are frequent occasions where there is no rail transportation and very limited wagon transportation, and for such occasions there should be provided one small chest that should contain the necessary instruments and materials to treat emergency cases in the field.<sup>26</sup>

Another problem was encountered in providing care for Allied forces and prisoners of war. Except for a small Canadian detachment, none of the other Allied contingents had a dental service. US dentists were constantly being pressed by all others for help, unexpectedly consuming time and supplies. In addition, large numbers of German and Austrian prisoners of war had been in the area for as long as 4 years and had received no dental care from the Russians. Under US supervision, German, Austrian, and Hungarian physicians and dentists were identified and assisted with care. Prisoners with special skills worked at the Vladivostok Base Hospital laboratory to produce dental plates for their fellow prisoners. When these prisoners began to be repatriated in late 1919, prisoner-dentists were sufficiently equipped to provide shipboard care.<sup>28,29</sup>

By the autumn of 1919 it was apparent that the presence of the United States was serving little useful purpose and congressional pressure mounted to get the troops out of Siberia. The British and French withdrew their token forces in September and General Graves announced intentions for the United States to follow suit. The first group of soldiers embarked in January 1920, and the last Americans left Vladivostok on April 1, 1920, taking the Medical Department with them. In his final report, Wunderlich reported that in Siberia, his dentists had seen 11,194 patients in a force averaging a little under 8,000 men, had 23,361 sittings, completed 10,903 fillings, and extracted 2,628 teeth. By the time the expedition left Siberia, the War Department and Congress were already engaged in creating a postwar force that reflected America's new global role while continuing to occupy a large slice of western Germany.<sup>3,26</sup>

### *The Occupation of Germany*

The armistice included provisions for an Allied occupation force on the west bank of the Rhine River along with several bridgeheads on the east bank. As a result, US forces were committed to occupation duty in Germany at least until a formal peace treaty was signed, and, as it turned out, for several years beyond that. For the most part, the US zone consisted of a strip of the Rhineland between Luxembourg and the city of Coblenz on the Rhine River. On November 15, 1918, General Pershing activated the Third Army, commanded by Major General Joseph Dickman, to control the occupation forces. The same day, Dickman began directing the movement of his III, IV, and VII Corps eastward into Germany.<sup>30</sup>

The new field army controlled over 240,000 troops during this early phase, and all were accompanied by the requisite medical and dental support. While the III Corps with three divisions moved east of the Rhine, the IV and VII Corps, with five divisions, occupied the Moselle Valley from Coblenz to Luxembourg along the line of communications. By December 15 the Third Army headquarters was in place at Coblenz, a major German administrative center. US forces throughout the zone were well established by Christmas, and the entire command was brought up to full strength with soldiers from units being disbanded in France.<sup>31</sup>

The forces were kept working at levels far beyond peacetime training activities due to both political turmoil and the possible need to use military force should peace negotiations break down. Personnel turbulence aggravated their efforts.

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

Gains and losses of units began as soon as the Third Army entered Germany, and once peace was agreed to at Versailles, France, in June 1919, losses became torrential. The surge of units homeward required the Third Army to work closely with the US Liquidation Commission to dispose of the massive amounts of material left behind, much of it being transferred to wartime allies.<sup>32</sup>

After the signing of the Versailles Treaty that ended World War I in June 1919, there was little chance for hostilities to be renewed. On July 2 the Third Army was inactivated, and its remaining personnel and equipment were transferred to the newly created American Forces in Germany (AFG) headquarters, which remained at Coblenz. Major General Henry T Allen, the commander of the 90th Division on the western front, became AFG commander, serving until the AFG itself was inactivated in January 1923. He supervised US military activities in that capacity everywhere in Europe except Russia.<sup>33</sup>

### *Shortage of Dentists Continues*

The shortage of dental officers during the Third Army's brief existence compelled some commanders to employ civilian dentists to treat their personnel. In April 1919 Captain OJ Pederson, MC, surgeon, American Military Supply Depot, Base Section No. 9, Rotterdam, Holland, notified the base surgeon that he had been forced to "temporarily engage" the services of a civilian dentist to come to the infirmary to treat the "most urgent cases." He had requested a military dental surgeon three times without success.<sup>34</sup>

The next month, Pederson again complained, this time to the commanding officer of Base Section No. 9, on the "need of dental surgeons." He stated that the expected dental surgeon had not appeared and "a longer delay only causes so much more unnecessary suffering for the needy cases." A few of the patients had to go to a civilian dentist "at their own expense" because they needed immediate attention.<sup>35</sup> Captain Donald K Billings endorsed Pederson's memo, stating, "continual requests come to this office for dental treatment which we cannot furnish here. Condition of teeth of some men is such that an unfavorable report would be sure to follow an inspection by an Inspector General."<sup>36</sup> Captain Samuel D Clayton, MC, port surgeon, Base Section No. 9, agreed that a dental surgeon was indeed urgently needed because the soldiers had been going to local dentists and paying for work themselves. He estimated that half of the troops needed dental treatment.<sup>37</sup> On May 19, 1919, Captain Marcus F Wielage, DRC, was assigned to Rotterdam.<sup>38</sup> When he was reassigned for return to the United States in July 1919, Captain Pederson requested advice as to the "disposition of future dental cases occurring in this command." He was ordered to send them to Camp Hospital No. 122 in Germany.<sup>39</sup>

On March 6, 1919, Captain William S Mitchell, commanding the Field Remount Squadron No. 306, had the misfortune of being kicked in the face by a horse. He stated that his "left front upper tooth, and the two teeth back of it were broken off, and the jaw partly broken." The dental officer of the IV Corps Artillery Park at Mayence, who treated Mitchell, did not have the laboratory equipment for constructing the necessary bridgework. Mitchell successfully requested that he be sent to a Coblenz clinic where the prosthesis could be made.<sup>40</sup>



*US Military Mission Berlin, 1919*

A few weeks after the signing of the armistice in November 1918, the Interallied Commission on the Repatriation of Prisoners of War was established as a branch of the Permanent International Armistice Commission. At first it was composed of American, British, and French Missions, but later other nations were added. The commission's duty was the care and return to their homes of the Allied prisoners of War. As this work with Allied prisoners neared completion, a subsidiary commission, the Interallied Commission on the Repatriation of Russian Prisoners of War, was formed, the American section of which was named the "United States Military Mission." Its scope included Balkan prisoners of war—Romanians, Serbians, and Greeks.<sup>41</sup>

Because of the high proportion of medical and sanitary issues, it became evident quite early that the US Army Medical Department could play a valuable role in conveying trains of prisoners for repatriation. Twenty US detachments from the AEF, each composed of line officers, a medical officer, and enlisted personnel, were assigned to the repatriation of the Russian prisoner of war camps. The units began to arrive in the unoccupied area from February 15–22, 1919. Captain TAL Parsons, MC, was appointed the staff surgeon for the US Military Mission. His area of interest included approximately 30 prison camps containing from 300,000 to 700,000 Russian prisoners. Some prisoners were working in adjacent farms or factories. The sanitary conditions were horrible, despite the fact that the Interallied Commission employed 32 Russian doctors and 15 Russian nurses in the camps. As soon as the infectious disease problem was evaluated, additional medical officers, tuberculosis and eye specialists, and dental officers were requisitioned. Upon their arrival in Berlin on March 19, 1919, the US medical personnel were deployed to the various camps.<sup>41</sup>

Major Gerald G Burns served as the dental chief with offices in Berlin. He commanded 18 dental officers, who were charged with taking care of the dental needs of the US detachment's troops and with alleviating the dental problems of the Russian prisoners. Weekly dental work reports were required (Table 16-1).<sup>41</sup>

Under the terms of the armistice, the American Red Cross Commission in Germany participated in the return of the Russian prisoners. It sent 60 soldiers to Berlin on February 17, 1919. They furnished "medical and surgical relief, hospital equipment and diet foods and clothing" for the Russian prisoners. Their most important contribution was food and medicine from depots at Mainz and Coblenz.<sup>41</sup>

The dental work accomplished by the Dental Corps in Russian prisoner-of-war camps included: examination of 15,079 prisoners to ascertain if treatment was required; 5,160 diagnoses; 1,987 fillings; 85 cases of crown and bridge work; and 3,025 other operations (1,644 teeth extracted). All work was completed in 3,436 sittings.<sup>41</sup>

On May 20, 1919, six US medical and dental officers went to Marienburg, West Prussia, to oversee the transports conveying Russian prisoners into Russia. The prisoners were taken through the German lines to a point near the Bolshevik front, detained, and given sufficient food for a few days. The medical and dental officers were under orders to "properly care" for the prisoners en route and see that the food was correctly distributed.<sup>41</sup>

A HISTORY OF DENISTRY IN THE US ARMY TO WORLD WAR II

TABLE 16-1  
DENTAL ASSIGNMENTS IN THE MAIN CAMPS UNDER AMERICAN CONTROL\*

Dentist	Location
Captain William J Barto	Altdamm
First Lieutenant LeRoy P Hartley	Bautzen
First Lieutenant Ewing B Connell	Cassel
First Lieutenant Earle D Beacham	Cottbus
Captain Hubert F Christiansen	Frankfurt ad Oder
First Lieutenant Waldo J Adams	Gardelegen
Captain Raymond Mulcahy	Gustrow
Captain Charles B Seeley	Lamsdorf
First Lieutenant Joseph I Hartwig	Chemnitz
Captain Frank P Gormley	Heilsburg
First Lieutenant John L Burnside	Langensalza
Captain John W Kistler	Merseburg
First Lieutenant Winifried P McDaniels	PR-Holland
First Lieutenant Kenneth R Lindsay	Sagan
Captain Orin W Wallace	Stargard
First Lieutenant Herbert Muench	Quedlinburg
First Lieutenant Herman G Ebling	Ruhleben
First Lieutenant Verna R Dush	Zerbst

\*Other camps were under British and Italian control.  
Data source: National Archives and Records Administration. Record Group 120. History medical department, United States Military Mission, Berlin, Germany, office of the staff surgeon, US Military Mission, 10 August 1919. Box 3376. Entry 1614.

*Polish Typhus Relief Expedition, 1919*

A few months later, in August 1919, the Polish Typhus Relief Expedition, composed of about 25 officers and 500 enlisted troops, was ordered to Poland to organize and conduct a campaign against typhus fever. A direct appeal had been made to President Wilson at the peace conference by representatives of the Polish government, who asked for aid in fighting the typhus epidemic raging in Poland. He agreed to sell Poland approximately \$3 million worth of medical supplies and send in military personnel to set up the distribution and provide instruction on how to use the supplies. The soldiers came chiefly from the divisions on their way home through Brest. A total of 1,600 railroad cars were necessary to ship the supplies. In October 1919 the expedition was placed under the control of the American commander in Germany and its strength was reduced to 15 officers and 60 enlisted troops.<sup>42,43</sup> Among the expedition's medical detachment (stationed in Warsaw) of five officers was one dental officer, Captain (later Colonel) Samuel J Rohde, DC.<sup>44</sup>

The country was in pitiful shape. Divided among Germany, Russia, and Austria-Hungary since the late 18th century, the new Poland that emerged in 1919 from the demise of those three empires had been ravaged by the fighting since 1914 and then by German military occupation since 1916. On top of that, over 2,400,000 Russian refugees from the civil war raging in Russia began streaming in from the east, bringing least 25,000 cases of typhus with them. The transmission agent was the louse, and bathing and delousing were unheard of among the refugees, causing the Polish government to mandate both before entry into the country. A chain of quarantine stations was set up with bathing and delousing plants and epidemic hospitals were established. The Americans set up an automobile repair shop at Warsaw and "flying columns" were sent to selected districts to bathe and delouse the occupants, clean up their housing, and instruct them in the rudiments of sanitation.<sup>43</sup>

In November 1919 Rohde reported he was responsible for the care of 200 officers and soldiers and explained a lack of productivity by noting, "with a temperature of zero and below, fuel is extremely difficult to procure, apparently. Have had fire in neither office nor quarters today, because I could get no coal or wood, and do not know when I shall get the next issue of fuel."<sup>45</sup>

Rohde served with the organization for approximately 10 months with only a portable dental outfit. Besides Army personnel, he also served members of the various American relief organizations, such as the Red Cross, YMCA, Young Women's Christian Association (YWCA), American Relief Administration (ARA) under future President Herbert H Hoover (also known as the Hoover Mission), the legation and consulate, and members of Allied Missions in Poland. Americans returning home after discharge from the Polish army were given dental treatment while in the quarantine camp at Grupa, Poland. They were examined, cases of gingivitis were treated, retained roots were extracted, and other emergency work was done. Because this work was too much for one dental officer to accomplish, Rohde trained three "intelligent" enlisted soldiers to help him. Also, because of the nature of the expedition, its diverse scope, and the large amount of territory covered, the dental surgeon, along with the other officers in the organization, had to assist in other duties. These included examining the quarantined men at the time of delousing, running the refugee trains at the time of the Bolshevik advance, and performing unit duties such as acting adjutant and summary court.<sup>46</sup>

Rohde was transferred to duty at Danzig Free City in July 1920 and then returned to the AFG on August 28, 1920, ending direct dental support in Poland.<sup>47</sup> Although the expedition's activities were first scheduled to cease on June 30, 1920, the War Department extended them to November 1, 1920.<sup>42</sup>

### *American Forces in Germany*

When the AFG was first formed, the original instructions given to the Medical Department were to plan for a force of approximately 6,500 troops, but it soon became evident that this force would be considerably larger for some time. As the Third Army shrank in size and released its final divisions, the various evacuation hospitals and other medical field units operating with the Army also closed until

## A HISTORY OF DENISTRY IN THE US ARMY TO WORLD WAR II

the Coblenz Base Hospital, one field hospital, one evacuation ambulance company, and one hospital train alone remained.<sup>42</sup>

Three of the six remaining dental officers not in tactical units, along with their dental assistants, were concentrated at the attending dental surgeon's office in Coblenz. The office had full "base equipment" and a laboratory. This arrangement ensured an efficient distribution of patients and that difficult cases would be handled competently. Other dentists with field equipment worked out of the Coblenz Base Hospital, while a few could be found in units authorized dental surgeons. At first, a great deal of the dentists' time was consumed treating patients not entitled to care. Finally, the AFG surgeon decided to limit dental treatment to people authorized by Army Regulations and to perform only emergency work for all others.<sup>42,48</sup>

### *Dental Equipment*

After the armistice, there was a shortage of dental equipment throughout the AFG. Permanent dental base equipment had been included in the US Army stores turned over to the French by the liquidation committee. Some pieces of dental equipment, like base chairs, fountain cuspidors, and steel cabinets, were left by the Third Army to furnish the base hospital and the attending dental surgeon's office at Coblenz. Some equipment was returned to the United States by the Advance Medical Supply Depot at Trier, Germany, when it closed. Additional base dental equipment had been requisitioned in August 1919, but because of a misunderstanding, this requisition was not forwarded. Finally in October 1920, new equipment arrived to provide all the dental officers in the AFG's four combat battalions with base dental chairs, fountain cuspidors, electric engines, electric switchboards with hot air syringes, and electric spray bottle heaters. One of the five dentists with a special brigade destined for Silesia had a base equipment chair, engine, and cabinet. Base equipment was not requested for the other dental officers attached to that organization because it was scheduled for field duty during a plebiscite to be held there. However, the Silesia brigade never deployed and its elements were integrated into the AFG.<sup>46</sup>

### *Dental Clinic, Base Hospital, Coblenz*

The dental clinic at the Base Hospital, Coblenz, occupied two large, well-ventilated rooms with north light, hot and cold water, and two fountain cuspidors in the dispensary building. Although portable equipment was used first, by November 1919, the clinic was entirely equipped with two base outfits. In addition to the dental clinic, a dental ward was maintained until March 1, 1920, at which time it was deemed advisable to place dental cases in various other hospital wards. Vincent's Angina cases were moved to the ear, nose, and throat department; jaw fractures were placed under the orthopedic service; and others were reassigned according to the nature of the case. The overwhelming majority (especially from September through December 1919) of all the dental cases were Vincent's Angina, which was treated with a 5% solution of chromic acid twice a day. The jaw fractures were all of the mandible and were treated with intermaxillary wiring. Interestingly, one of the hospital rules given to syphilitic patients was "always keep clean by frequent

bathing; keep teeth clean."<sup>49</sup>

In January 1921 Lieutenant Colonel Hugh O Scott, the AFG attending dental surgeon, recommended that all gold work be constructed in the central dental laboratory under his direction. This created uniformity in the work, eliminated the requisition of much lab equipment, and reduced paper work.<sup>46</sup>

An inspection by the medical officer of Provisional Guard Company No. 11 at Sinzig, Germany, in November 1919 revealed that 75% of the soldiers needed dental attention. The company commander was concerned about the "impracticability" of having the troops go to Coblenz for treatment without seriously affecting the "strength and duty" of his organization and creating an "undue shortage of personnel." He was also concerned about the "irregularity of transportation," which caused a longer absence from duty. Putting a dentist on duty until the backlog of dental care was completed would solve these problems.<sup>50</sup> As a result, Captain CR Hays, DC, and his dental assistant were assigned to Captain Porterfield's company.<sup>51</sup> The previous month, a dental survey of the 1st Field Battalion, Signal Corps, showed that 553 enlisted soldiers out of the total command of 1,039 needed dental treatment.<sup>52</sup>

### *Dental Appointments*

Broken appointments became a significant problem for the Dental Corps in occupied Germany. In August 1919 Major Oscar G Skelton, attending dental surgeon, proposed that a "form letter" be sent to the commanding officer of all those who missed their appointments. Basically, the letter stated that the individual (name, rank) belonging to his organization had missed his appointment at a specified time and date. The commander was notified so that he could take "such action as you may deem necessary, also to obviate any complaint of nonreceipt of Dental treatment that may arise."<sup>53</sup> Colonel Earl H Bruns, chief surgeon, concurred and ordered that 300 forms be printed.<sup>54</sup>

The problems with broken appointments persisted for Major Skelton in 1920. On April 7, 1920, he sent a memo to the chief surgeon concerning the "loss of time as a result of Dental appointments being broken." More cooperation was needed from the organizational commanders to notify the dental surgeon in advance if an enlisted soldier could not keep his appointment. In this manner, the dental surgeon could devote his time to another patient. He urged patients to use the telephone to make appointments to save the duty time it took to make the appointment in person. If pain was a problem, emergency treatment would commence immediately in order to avoid incapacitation from duty. Officers and their families were also asked to give advance notice if they were unable to keep their appointments. Precious metals for gold work were kept on hand, but were not furnished "free of cost by the Government." The dental surgeons had to buy it at their personal expense and could only charge the cost of materials used.<sup>55</sup>

Furthermore, Skelton noted that at its present strength, the AFG Dental Corps could not replace any teeth missing prior to entrance into the service. However, in cases of "disfigurement or a lack of masticating surface," bridge and plate work could be provided. Unfortunately, there was only the one dental laboratory at Coblenz for the occupation force, and its capacity was limited.<sup>55</sup>

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

### *Complaints against German Dentists, 1920–1921*

Meanwhile, Skelton reported that the work of the German dentists on US troops was “repeatedly found to be faulty.” According to Skelton, they had no conception of dentistry, “except from a certain mechanical standpoint.” Their mechanical work was fair, but they had no knowledge of the “tooth upon which the work rests.” Infected teeth were frequently crowned, teeth with pulps exposed by caries were filled, and the great majority of the teeth crowned could have been filled. Major Skelton recommended “such patronage should be discouraged.”<sup>55</sup>

Acting on Skelton’s recommendation, Colonel Earl H Bruns, the chief surgeon, requested that this information be published in bulletin form.<sup>56</sup> Consequently, on April 12, 1920, General Allen’s headquarters, AFG, issued Order No. 43, detailing the information on the German dentists and the rules for keeping dental appointments.<sup>57</sup>

Three days later, April 15, 1920, Skelton found out that Private Erwin Hardt, Supply Detachment, 6th Field Artillery, had paid a German dentist 3,000 marks for dental treatment. Skelton felt that the price was “excessive” and that the dentist’s office should be placed “Off Limits” to the American troops and “prosecuted for overcharging.”<sup>58</sup>

The chief surgeon’s official report for the year 1919–1920 stated that “great damage” had been done to the mouths of the American soldiers by the German dentists, thus necessitating “additional work” by Army dental surgeons. The German dentists did not know the “first principles of first class dentistry.” They routinely used arsenic preparations for pain relief, which they did not remove before placing crowns. They failed to seal root canals and crowned good teeth with poorly fitted gold crowns. They paid no attention to the occlusion or carrying the crown margins subgingivally when constructing crowns. For this inferior work, they charged “exorbitant” prices.<sup>59</sup>

By 1921 the complaints against German dentists for overcharging had increased. On February 9, 1921, a Coblenz dentist was reported for inserting a defective bridge that had violated the pulp of a live abutment tooth. Actually, the restored space (missing the lower first molar with the space closed) was so small (half the width of the tooth) that an “ethical dentist” would have recommended no restoration at all. In his report to the chief surgeon on February 9, 1921, Lieutenant Colonel Hugh O Scott, attending dental surgeon, stated:

Cases of this kind, where crowns and bridges are poorly constructed and ill fitting have been the cause of much extra work for the Army Dental Surgeons and have been in my estimation, the primary cause of so much trench mouth or Vincent’s angina, and the reason why cases do not yield readily to treatment, the microorganism being harbored under the ragged edges of crowns and lacerated gums.<sup>60</sup>

On February 9, 1921, Colonel Frank R Keefer, chief surgeon, remarked: “German dentists are very inferior to the Americans, in education, workmanship and ethical conduct. Some of them are making large sums out of our soldiers.” He asked the AFG adjutant whether “under our own regulations or the German law, the soldier has a legal case against the dentist for malpractice.”<sup>61</sup>

When the malpractice matter finally reached the judge advocate, Lieutenant Colonel Kyle Rucker, on February 11, 1921, he ruled:

The Commanding General has authority to place this dentist, as well as every other dentist in the city of Coblenz "off limits" to the personnel of these Forces. In this connection, attention is called to Paragraph 5, Orders #43, 12 April 1920, in which the Service was warned with reference to the character of work performed by German dentists and the patronage of same was officially discouraged. It is deemed that this sets forth the policy of the Commanding General with reference to this subject; that he did not care to place a business of this character off limits but advised the personnel not to patronize same. If, in the face of this advice the soldiers patronize these places, they do so at their own risk.

In this connection, attention is called to the attached advertisements which were taken from the *Amaroc* [the command newspaper] of February 11th, in which these dentists are openly seeking the patronage of these Forces. It is believed that advertisements of this kind should not be permitted in a Service paper if these Headquarters have advised their personnel against the patronage of these places.<sup>62</sup>

Furthermore, he stated:

While under the orders of the Rhineland Commission which have been published by the Commanding General, the members of these Forces can enter civil suit in the German courts, it is not believed that the Commanding General desires to encourage litigation by or against members of these Forces. For this reason a suit for malpractice is not believed desirable.<sup>62</sup>

A handwritten note attached to the bottom of this ruling initialed "H.T.A." (Major General Henry T Allen) states: "I am not sure that this matter should be recognized officially. If our soldiers insist in paying German dentists whilst they might be treated by our own, that is their affair." It seems General Allen may have been concerned about litigation against his own troops occupying Germany.<sup>63</sup>

Again, on February 14, 1921, notwithstanding the judge advocate's ruling, Lieutenant Colonel Scott called the civilian dental work "pure robbery." He noted that German dentists advertised daily in the *Amaroc News*, "Come in and let me examine your teeth free of charge" as a method of "roping in the American Soldier." Scott suggested that if the money was not returned, a malpractice suit could be instigated under German law. He also requested that some dental offices in Coblenz be put "Off Limits" to American soldiers and that those offices not be permitted to advertise in the *Amaroc News*.<sup>64</sup>

Because of the inferior work of the German dentists, the American commanding general's policy was to extend the courtesy of dental service to the Interallied Rhineland Commission (English, French, Belgian), welfare workers (YMCA, YWCA, Salvation Army), Allied soldiers in the area, and civilian government employees. In 1920 this amounted to 1,239 patients treated and 3,499 sittings.<sup>46</sup>

During 1920 the average number of dental officers on duty with the AFG was 18.67. During this period, the injuries treated and operations performed totaled 65,675. The total number of persons treated was 13,280, representing 33,262

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

sittings. The courtesy of the dental service continued to be extended to Allies and associated civilian agencies. A total of 3,499 sittings were given to these others.<sup>59</sup>

The large reduction in dental personnel in 1921 made it impossible to provide "adequate dental service" to troops distributed in so many towns in the occupied area of Germany. The further reduction of force size and troop concentration closer to Coblenz finally eased the problem. Five dental surgeons were assigned to the attending dental surgeon's office in Coblenz, one was to the base hospital in Coblenz, and two itinerant served Andernach, Mayence, Engers, and Antwerp.<sup>65</sup>

In his annual report, Lieutenant Colonel Scott discussed the Army's inability to retain in the service of "well trained enlisted assistants." He recommended that surplus enlisted personnel be assigned to a school for training dental assistants and that "permanent ratings according to ability" be established as an inducement to "efficient men" to reenlist.<sup>65</sup> He also recommended that precious metals (gold) be authorized for officers and "certain" enlisted soldiers where indicated. Doing so would "improve the physical condition of patients treated, eliminate 'cheap gold work' as done by 'Advertising Dentists,' of itself a detriment to patient's health, in most cases, and resultant unnecessary work." It would also raise the "morale" of the dental officers as well the line's opinion of the dental profession.<sup>65</sup>

On December 31, 1921, the strength of the AFG was 7,805 soldiers, and by the end of 1922, this shrank to a total of 1,192.<sup>66</sup> At the start of 1922, the AFG Medical Department consisted of only eight dental officers, 48 medical officers, three veterinary officers, three medical administrative officers, two warrant officers, 42 nurses, and 689 enlisted soldiers. By June 19, 1922, after a progressive reduction, there remained only one dental officer, six medical officers, one veterinary officer, two nurses, and 33 enlisted soldiers. On November 30, 1922, the last remaining dental surgeon left for the United States to be discharged. A German dentist was employed for the treatment of the command's emergency cases until the last American left in January 1923.<sup>67</sup>

### *Back in the United States*

While American soldiers and their dental surgeons were involved in the Allied interventions in Russia and in the occupation of the Rhineland, the Army Medical Department and the leadership of the Dental Corps were working to shape a post-war Dental Corps to satisfy the demands of a vastly different peacetime US Army. This was not to be an easy task.



## References

1. Bradley J. *Allied Intervention in Russia*. New York, NY: Basic Books; 1968: 31–36.
2. Manning CA. *The Siberian Fiasco*. New York, NY: Library Publishers; 1952: 109.
3. White JA. *The Siberian Intervention*. Princeton, NJ: Princeton University Press, 1950: 259–260.
4. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Erastus Corning, MC, chief surgeon, American Expeditionary Forces, North Russia, to commanding general, AEF, North Russia, "Report of medical service, American E.F., North Russia," 20 June 1919. Report. Box 3250. Entry 1551.
5. Polk RL. *Polk's Dental Register and Directory of the United States and Dominion of Canada*. 14th ed. Detroit, Mich: RL Polk & Co; 1928: 357.
6. National Archives and Records Administration. Record Group 120. Chief surgeon, American Expeditionary Forces, North Russia, to base section surgeon, Base Section No. 3, Services of Supply, AEF, "Monthly distribution reports of medical officers, surgeon, archangel, American North Russian Expeditionary Forces [31 October 1918–31 May 1919]." Report. Box 3250. Entry 1551.
7. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Erastus Corning, MC, chief surgeon, American Expeditionary Forces, North Russia, to adjutant, AEF, North Russia, 3 June 1919. Memo. File no. 210. Box 3251. Entry 1550.
8. National Archives and Records Administration. Record Group 120. Special orders no. 14. Major Jonas R Longley, MC, chief surgeon, American North Russian Expeditionary Forces , Archangel, Russia, 16 October 1918. Box 3251. Entry 1550.
9. National Archives and Records Administration. Record Group 120. Special orders no. 25, Major Jonas R Longley, MC, chief surgeon, American North Russian Expeditionary Forces, Archangel, Russia, 11 February 1919. Box 3251. Entry 1550.
10. National Archives and Records Administration. Record Group 120. Major John C Hall, MC, Medical Detachment, 339th Infantry Regiment, to commanding officer, 339th Infantry Detachment, Economie, Russia, 3 June 1919. Memo. File no. 200. Box 3251. Entry 1550.
11. National Archives and Records Administration. Record Group 120. "Nominal list of personnel, Medical Detachment, 339th Infantry," Lieutenant Colonel Erastus Corning, chief surgeon, headquarters, American Expeditionary Forces, North Russia, 31 May 1919. File no. 200. Box 3251. Entry 1550.
12. National Archives and Records Administration. Record Group 120. Major Jonas R Longley, MC, chief surgeon, American Expeditionary Forces, North Russia, to base section surgeon, Base Section No. 3, Services of Supply, AEF, "Distribution of medical officers' personnel Sept. 30, 1918," 30 September 1918. Report. Box 3250. Entry 1551.

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

13. National Archives and Records Administration. Record Group 120. Captain Howard W Geiger, DRC, dental surgeon, American North Russian Expeditionary Forces, "Weekly dental report," 24 September 1918. Report. Box 3250. Entry 1551.
14. National Archives and Records Administration. Record Group 120. Captain Howard W Geiger, DRC, dental surgeon, American North Russian Expeditionary Forces, "Weekly dental report," 5 October 1918. Report. Box 3250. Entry 1551.
15. National Archives and Records Administration. Record Group 120. Private James H Howell, dental surgeon, to Major JR Longley, American North Russian Expeditionary Forces, "Dental report for month ending October 24, 1918," 24 October 1918. Report. Box 3250. Entry 1551.
16. National Archives and Records Administration. Record Group 120. Private James H Howell, dental surgeon, 337th Field Hospital, "Report of dental work for month of April 1919." Report. Box 3250. Entry 1551.
17. National Archives and Records Administration. First Lieutenant Joseph L Rahm, "Report of dental work at Camp Nissen, Murmansk, Russia, month of April (from the 10 to 30th) 1919," and "Report of dental work at Soroka, Russia, North Russian Transportation Corps, month of June 1919." Reports. Box 3250. Entry 1551.
18. Silverlight J. *The Victor's Dilemma: Allied Intervention in the Russian Civil War, 1917–1920*. New York, NY: Weybright and Talley; 1970: 186-87.
19. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Erastus Corning, MC, chief surgeon, American Expeditionary Forces, North Russia, to commanding general, AEF, North Russia, Archangel, 2 June 1919. Memo. File no. 210. Box 3251. Entry 1550.
20. National Archives and Records Administration. Record Group 120. Appendix D, "Statistical summary of dental work." In: Lieutenant Colonel Erastus Corning, MC, chief surgeon, to commanding general, American Expeditionary Forces, North Russia, 20 June 1919, File "Organizational records, medical department, North Russia Expeditionary Forces, Surgeon Archangel." Report. Box 3250. Entry 1551.
21. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Erastus Corning, MC, chief surgeon, to commanding general, American Expeditionary Forces, North Russia, 20 June 1919, File "Organizational records, medical department, North Russia Expeditionary Forces, Surgeon Archangel." Report. Box 3250. Entry 1551.
22. National Archives and Records Administration. Record Group 395. American Expeditionary Forces Siberia surgeon general's report, April 20, 1919. Entry 5997.
23. National Archives and Records Administration. Record Group 395. Report, location of medical officers in the American Expeditionary Forces Siberia. Box 3233. Entry 6012.

## INTERVENTION AND OCCUPATION

24. National Archives and Records Administration. Record Group 395. Exhibit A, Kharbarosk, Siberia. In: Report, Major BH Roberts, DC, to chief surgeon, enclosure to report, Major FR Wunderlich, DC, to surgeon general, American Expeditionary Forces, Siberia, 4 December 1918, File 703: "Dental surgeon, Vladivostok, AEF Siberia." Box 3235. Entry 6012.
25. National Archives and Records Administration. Record Group 395. Major FR Wunderlich, DC, to chief surgeon, American Expeditionary Forces Siberia (report), and Colonel James S Wilson, MC, chief surgeon (first endorsement), both 4 December 1918. Report Box 3235, Entry 6012.
26. National Archives and Records Administration. Record Group 395. Major FR Wunderlich, Dental history of American Expeditionary Forces, Siberia from August 15, 1918 to December 31, 1919. Box 3230. Entry 6018.
27. National Archives and Records Administration. Record Group 395. Major FR Wunderlich to chief surgeon, "Examinations for Dental Reserve Corps," 30 June 1919, and endorsements, file no. 221: "Dental assistants, Surgeon Vladivostok, AEF in Siberia." Box 3234. Entry 6012.
28. National Archives and Records Administration. Record Group 395. Lieutenant Colonel Toparkoff, assistant quartermaster general, Priamur Military District, to staff of American troops, 20 November 1919; and Lieutenant Colonel TW King, adjutant general reply, 22 November 1918. Letters. Box 76. Entry 5997.
29. Wunderlich FR. A glimpse of Siberia. *Milit Dent J*. 1921:4:81-82.
30. Nelson KL. *Victors Divided: America and the Allies in Germany, 1918-1923*. Berkeley, Calif: University of California Press; 1975: 26-27, 29.
31. Fraenkel E. *Military Occupation and the Rule of Law: Occupational Government in the Rhineland, 1918-1923*. New York, NY: Oxford University Press; 1944: 7.
32. National Archives and Records Administration. Record Group 120. Third Army, G-2 Report. Historical file 193-11.4. Entry 931.
33. Allen HT. *My Rhineland Journal*. Boston, Mass: Houghton Mifflin Co; 1923: 6-7.
34. National Archives and Records Administration. Record Group 120. Captain OJ Pederson, surgeon, American Military Supply Depot, Base Section No. 9, Rotterdam, Holland, to base surgeon, Base Section No. 9, Antwerp-Rotterdam, 2 April 1919. Memo. File no. 703. Box 2987. Entry 1400.
35. National Archives and Records Administration. Record Group 120. Captain OJ Pederson, surgeon, American Military Supply Depot, Base Section No. 9, Rotterdam, Holland, to base commander, Base Section No. 9, Antwerp-Rotterdam, 3 May 1919. Memo. File no. 703. Box 2987. Entry 1400.

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

36. National Archives and Records Administration. Record Group 120. Captain Donald K Billings, Base Section No. 9, Antwerp-Rotterdam Base, Rotterdam, 4 May 1919. Endorsement. File no. 703. Box 2987. Entry 1400.
37. National Archives and Records Administration. Record Group 120. Captain Samuel D Clayton, MC, port surgeon, Base Section No. 9, Rotterdam, Holland, 13 May 1919. Endorsement. File no. 703. Box 2987. Entry 1400.
38. National Archives and Records Administration. Record Group 120. Colonel James L Bevans, MC, office of the base surgeon, Base Section No. 9, Antwerp, Belgium, 16 May 1919. File no. 703. Box 2987. Entry 1400.
39. National Archives and Records Administration. Record Group 120. Captain OJ Pederson, MC, surgeon, Headquarters Detachment, Base Section No. 9, Rotterdam, Holland, to base surgeon, Base Section No. 9, Antwerp, Belgium, 3 July 1919. Memo. File no. 703. Box 2987. Entry 1400.
40. National Archives and Records Administration. Record Group 120. Captain William S Mitchell, Field Remount Squadron no. 306, to chief surgeon, American Expeditionary Forces, 1 April 1919. Memo. File no. 211.19. Box 60. Entry 1074.
41. National Archives and Records Administration. Record Group 120. History medical department, United States Military Mission, Berlin, Germany, office of the staff surgeon, US Military Mission, 10 August 1919. Box 3376. Entry 1614.
42. National Archives and Records Administration. Record Group 120. Major Thomas J Flynn (for Colonel Frank R Keefer, chief surgeon), American Forces in Germany, to G-2, History 1921–1923, surgeon, Coblenz, American Forces in Germany, 2 March 1922. Box 3302. Entry 1484.
43. Rohde SJ. Experiences with the American Polish Relief Expedition. *Milit Dent Surg.* 1921;4:24–25.
44. National Archives and Records Administration. Record Group 120. Major Francis M Pitts, adjutant, headquarters, American Polish Relief Expedition, US Army, to American Legation, Warsaw, Poland, “Personnel,” 31 October 1919. Memo. File no. 210. Box 3. Entry 1524.
45. National Archives and Records Administration. Record Group 120. Captain SJ Rohde, American Polish Relief Expedition, to chief dental surgeon, American Forces in Germany, 19 November 1919. Memo. File no. 703. Box 3318. Entry 1482.
46. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Hugh O Scott, attending dental surgeon, American Forces in Germany, to surgeon general (through surgeon, American Forces in Germany); “Report and History of Dental Service A.F. in G. 1920, 8 January 1921.” Report. Box 3302. Entry 1484.
47. National Archives and Records Administration. Record Group 120. Return of medical officers, etc, serving in the American Polish Relief Expedition United States Army during the month of August 1920. Box 3258. Entry 1484.

## INTERVENTION AND OCCUPATION

48. National Archives and Records Administration. Record Group 120. Colonel Frank R Keefer, chief surgeon, American Forces in Germany, to surgeon general, US Army, Washington, DC; "Report of Activities of the Medical Department, AFG, for the Calendar Year, 1921, 31 January 1921." Report. Box 3302. Entry 1484.
49. National Archives and Records Administration. Record Group 120. History of the base hospital, American Forces in Germany from August 20th, 1919 to June 1st, 1920. Box 3324. Entry 1498.
50. National Archives and Records Administration. Record Group 120. Captain Charles Porterfield, Jr, commander, Provisional Guard Company No. 11, to chief surgeon, American Forces in Germany, 19 November 1919. Memo. File no. 703. Box 3318. Entry 1482.
51. National Archives and Records Administration. Record Group 120. Colonel Earl H Bruns, chief surgeon, American Forces in Germany, 21 November 1919. Endorsement. File no. 703. Box 3318. Entry 1482.
52. National Archives and Records Administration. Record Group 120. Captain George W Snyder, MC, surgeon, 1st Field Battalion, Signal Corps, Coblenz, Germany, to Colonel Frank R Keefer, chief surgeon, American Forces in Germany, 15 October 1920. Memo. File no. 703. Box 3318. Entry 1482.
53. National Archives and Records Administration. Record Group 120. Major Oscar G Skelton, attending dental surgeon, American Forces in Germany, APO 927, to colonel Earl H Bruns, chief surgeon, 29 August 1919. Memo. File no. 703. Box 3318. Entry 1482.
54. National Archives and Records Administration. Record Group 120. Colonel Earl H Bruns, chief surgeon, American Forces in Germany, 1 September 1919. Endorsement. File no. 703. Box 3318. Entry 1482.
55. National Archives and Records Administration. Record Group 120. Major Oscar G Skelton, attending dental surgeon, American Forces in Germany, Coblenz, to Colonel Earl H Bruns, chief surgeon, American Forces in Germany, 7 April 1920. Memo. File no. 703. Box 3318. Entry 1482.
56. National Archives and Records Administration. Record Group 120. Colonel Earl H Bruns, chief surgeon, American Forces in Germany, to assistant chief of staff], G-4, 8 April 1920. Memo. File no. 703. Box 3318. Entry 1482.
57. National Archives and Records Administration. Record Group 120. Major General Henry T Allen, Orders no. 43, headquarters, American Forces in Germany, Coblenz, 12 April 1920. File no. 703. Box 3318. Entry 1482.
58. National Archives and Records Administration. Record Group 120. Major Oscar G Skelton, attending dental surgeon, American Forces in Germany, to chief surgeon, American Forces in Germany, 15 April 1920. Memo. File no. 703. Box 3318. Entry 1482.

## A HISTORY OF DENTISTRY IN THE US ARMY TO WORLD WAR II

59. National Archives and Records Administration. Record Group 120. Surgeon, American Forces in Germany, Coblenz, to commanding general, American Forces in Germany, history 1919–1920, 31 December 1920. Report. Box 3302. Entry 1484.
60. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Hugh O Scott, attending dental surgeon, American Forces in Germany, to chief surgeon, American Forces in Germany, 9 February 1921. Memo. File no. 703. Box 3318. Entry 1482.
61. National Archives and Records Administration. Record Group 120. Colonel Frank R Keefer, chief surgeon, American Forces in Germany, to adjutant, American Forces in Germany, 9 February 1921. Memo. File no. 703. Box 3318. Entry 1482.
62. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Kyle Rucker, judge advocate, to chief of staff, American Forces in Germany, 11 February 1921. Memo. File no. 703. Box 3318. Entry 1482.
63. National Archives and Records Administration. Record Group 120. Note, Major General Henry T Allen, attached to memo of Lieutenant Colonel Kyle Rucker, judge advocate, to chief of staff, American Forces in Germany, 11 February 1921. File no. 703. Box 3318. Entry 1482.
64. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Hugh O Scott, attending dental surgeon, American Forces in Germany, to chief surgeon, American Forces in Germany, 14 February 1921. Memo. File no. 703. Entry 1482. Box 3318.
65. National Archives and Records Administration. Record Group 120. Lieutenant Colonel Hugh O Scott, dental surgeon, American Forces in Germany, to surgeon general, Annual report and history of dental service 1921, 11 February 1922. Report. Box 3324. Entry 1496.
66. National Archives and Records Administration. Record Group 120. Report to surgeon general, report of activities of the Medical Department, American Forces in Germany for the calendar year 1922, 28 January 1923. Box 3324. Entry 1498.
67. National Archives and Records Administration. Record Group 120. Lieutenant Colonel RB Miller, surgeon, American Forces in Germany, to assistant chief of staff, G-2 (through AC of S, G-4), Historical report of the Medical Department, A.F.G. for 1922, 23 January 1923. Report. Box 3302. Entry 1484.