

Chapter Twelve

War with Spain

Over the past three years, Spain had attempted to crush the Cuban insurgency with fire, sword, and the mass relocation of entire provincial populations—known as reconcentration—for easier observation and control. Such draconian methods only succeeded in hardening rebel resolve, restricting American trade with Cuban sugar and mining industries, and provoking U.S. public indignation. Journalists, such as Richard Harding Davis and Stephen Bonsal, filled leading newspapers with poignant accounts of Spanish atrocities perpetrated on the Cuban people and valiant patriots risking everything for independence. President William McKinley's firm diplomatic efforts and a change in the Spanish government in 1897 led to an easing of reconcentration policy, amnesty for political prisoners, and a grant of autonomy for Cuba from Madrid. However, the new Spanish government feared a coup d'état should it give up the Caribbean colony or those in revolt in the Philippines. Unable to quell the rebellion by military force and unwilling to grant independence, Spain played for time while the new Cuban colonial government organized itself. On December 6, McKinley, in his first annual address to Congress, would not recognize Cuban belligerency or independence, and rejected calls for U.S. intervention, believing the issue could be resolved diplomatically. But in mid-January, Cuban loyalists and insurrectionists clashed in Havana. Congressional interest in recognizing Cuban belligerency revived, and the battleship *USS Maine* was sent from Key West to provide protection and refuge for Americans in case violence escalated. The *USS Maine* steamed into Havana Harbor on January 25. Three weeks later, an explosion heaved the ship from its berth, killing 200 of the crew. The American public reacted with intense outrage, holding Spain responsible for a cowardly act of sabotage. While newspapers across the country called for an immediate armed response, McKinley remained hopeful for a peaceful resolution through uncompromising diplomacy and fiscal intimidation. He demanded Madrid cease its reconcentration policy, proclaim an armistice, and agree to Cuban independence with Washington as arbitrator in the forthcoming

negotiations. On March 7, McKinley introduced a \$50,000,000 appropriation bill for "National defense and for each and every purpose connected therewith to be expended at the discretion of the President."¹ Intended to impress and awe Spain with the vast financial resources the United States could instantly commit to its military, the bill was not meant as a preliminary move toward mobilization. Nevertheless, strategic operational planning for a war against Spain began in earnest on March 10, the day after the Fifty Million Dollar Bill passed.²

Navy and War Department assessments painted a bleak picture of Spanish forces on the island. Consisting of some 150,000 regulars and 80,000 Cuban loyalists, the garrison was impressive on paper only. The majority of these troops were young, inexperienced, and not appropriately trained or disciplined. Units were spread thin across the countryside without adequate roads or railways for effective communication or force concentration. Defensive positions would not withstand a determined artillery assault. Supplies of ammunition, food, clothing, and medicines, all of which had to come from Spain, were scarce and difficult to distribute because of a shortage of transportation. Furthermore, the entire contingent had been ravaged by malaria, dysentery, and yellow fever to the point where Consul General Fitzhugh Lee doubted if more than 55,000 soldiers on the island were combat effective. With the Spanish army on Cuba slowly deteriorating—kept alive only by naval transports from the mother country—strategic planners concluded the most efficient strategy was a naval blockade to cut off the garrison's lifeline. This gave the navy the lead role and, therefore, the lion's share—\$29,000,000—of the new funding bill. The army bolstered coastal defenses and assisted operations in the Caribbean by supplying and advising the Cuban rebels in their last campaign. This supporting role, however, required the 25,000-man army to be increased three- and possibly four-fold. The War Department divided the remaining \$19,000,000 by operational priority: \$15,000,000 was given to the Corps of Engineers and Ordnance Department for coastal defense, and the remaining \$4,000,000 was distributed to the other army departments and bureaus. The Medical Department received a grand total of \$20,000.³

Although Sternberg left no comments on what he thought of this pittance, he must have wondered what Congress was thinking. From 1894–1898, his budget to run the Medical Department had decreased by 5.4 percent annually while supply spending had increased 7 percent and the cost for medical attendance and drugs had risen, mainly resulting from the loss of assistant and contract surgeon positions, 166 percent over fiscal year (FY) 1890–1893 levels. In March, he had been appropriated only \$115,000, which was \$20,200 less than in FY 1898, to support the Medical Department in 1899. The \$20,000 he received from the president's emergency package did not replace this annual loss of funds. Moreover, it would not equip field medical assets for an army of 75,000 to 100,000 men in peacetime nor when engaged in combat.⁴

The surgeon general had endeavored to live within the means Congress provided, but the Medical Department lived from year to year, a circumstance that precluded the stockpiling of medicines or equipment for emergency use. When Secretary

of War Russell A. Alger directed Sternberg—on March 12—to prepare for large emergency purchases of medical supplies, an absurd situation became ridiculous. Alger interpreted the president’s “for the national defense” wording of the bill literally, which precluded the Medical Department from purchasing or even contracting for any materials or personnel required for offensive action until war was declared. Alger’s idea of preparation, therefore, was a fairly sedentary business of making lists of required equipment and supplies. The surgeon general already knew how to spend \$20,000, but what he yearned for was the authority to do so. Sternberg perceived preparation as an active process. Alger’s directive was merely a warning order and led him to comment later, “Prior to the declaration of war no preparation for the approaching conflict had been made by the Medical Department.”⁵ This was true from the standpoint of gathering consumable medical supplies, equipment, and personnel, but Sternberg knew that medical support to a campaigning army entailed a great deal more than pure combat trauma management. Sternberg and his staff began preparing for the coming conflict as best they could. Two days after the defense bill was passed, the surgeon general requested Alger to ask Congress for an additional 15 assistant surgeon positions. Over the next two weeks, he lobbied the military committee chairmen in the House and Senate for the same and, in time of emergency, authority to hire as many contract physicians as he required. Under Sternberg’s personal direction, existing medical equipment and field chests were reconfigured, inventory lists were revised, and essential items were purchased with funds remaining from the current fiscal year. A first-aid packet for the individual soldier, which contained antiseptic dressings, was created and stocked. He also authorized purveying officers at supply depots in New York, St. Louis, and San Francisco to increase their work force and secure additional workspace to assemble these items and distribute them liberally to units in the field. Late in March Sternberg, with the assistance of Acting Assistant Surgeon Juan Guiteras, submitted a disease threat estimate for Cuban operations to Alger in which he cautioned against a summer campaign. The document is—for the era—an accurate assessment of the health threats to be encountered by assault forces and precautions to avoid them. While typhoid and yellow fevers, malaria, and dysentery are all mentioned, it is evident from the lengthy epidemiological discussion and emphasis on prevention and containment measures regarding yellow fever that this disease was the major anticipated threat. Sternberg reviewed the incidence of the disease in Cuba over the past 50 years and concluded no appreciable endemic difference existed between seaports and inland towns. Yellow fever occurred annually or every other year in most of them. Although country villages were less risky, they were subject to epidemics from the disease being generated in noxious refuse heaps or imported from infected areas on clothing, baggage, and other articles. On April 25, Circular No. 1 was issued to all medical officers, and recommended soldiers were to stay out of the cities as much as possible; and supplies, baggage, mail, and prisoners of war were to be disinfected before entry into the United States. It also gave instructions for camp, latrine, and refuse pit locations; disinfection techniques; appropriate clothing and nutrition; and the timing of daily fatigue details and marches.⁶

Sternberg also began looking for civilian transport ships suitable for conversion to hospital ships and floating medical supply depots for ground forces. The army had not required strategic water evacuation capabilities since the Civil War, and, therefore, he and the Quartermaster Department had to create this asset from scratch with limited funds. The most expedient and least expensive way was to charter and refit an existing vessel. On April 23, after discussions with Navy Surgeon General Marion Rixey, Sternberg recommended the relatively new 3,000-ton steamship *John Englis* be chartered for these purposes. Assistant Secretary of War G. D. Meikeljohn immediately denied the request based on cost and told the surgeon general to keep looking for a more reasonably priced vessel. Early in the first week of May, Sternberg directed Major George H. Torney, then surgeon at the U.S. Military Academy and a former Navy Surgeon, to search the piers in New York City for an appropriate candidate. Torney inspected several craft, but always returned to the *John Englis*. The difficulty lie not only in finding a suitable ship, but also because shipowners hesitated to charter a vessel that would be drastically altered and might become infected with yellow fever and other diseases. Hence, charter prices remained high. Meikeljohn, however, was adamant that the War Department would not purchase a ship for hospital or transportation purposes.⁷

Although the Office of the Surgeon General struggled to secure a hospital ship and continued to develop and refine plans to support 100,000 regular army soldiers in a potential fall invasion of Cuba, events transpired through April and the first few days of May that radically altered this initial strategy and put the administration's strategic planning into a state of flux. Madrid was undeterred by McKinley's demands or his defense appropriations. McKinley heard the national cry to throw Spain forcibly from the island and, fearful he might lose control of Congress as an increasing number of Republicans joined in the chorus, asked for authority to use force to resolve the dispute. Congress granted his wish on April 19, and two days later a naval blockade was ordered. Spain ignored the threat and declared war on the United States. On April 25, one last request was made for Spain to remove itself from the island. When Spain refused, McKinley asked Congress for a declaration of war.⁸

By this time McKinley's strategy for the conduct of the war had changed significantly. He agreed with Army Commanding General Nelson A. Miles that a major invasion of the island, with Havana as its primary objective, should be postponed until after the fever season had passed and the Navy had destroyed the Spanish fleet. Nevertheless, he directed regular army units to camps at Chickamauga Park, Georgia, and Tampa, Florida, to prepare to assist Cuban rebels before a general assault on the island. He also agreed to call up 175,000 volunteers. These men were to be clothed, equipped, trained, and armed in their state camps. Only after this had been accomplished would volunteer regiments assemble at Camp Thomas in Chickamauga Park; Camp Alger in northern Virginia; and smaller camps located in San Francisco, Tampa, San Antonio, New Orleans, and Mobile. This decision gave the War Department extra planning time, but nearly doubled the size of the force for which it was planning. Bureau chiefs were requested to submit cost

estimates to sustain regular and volunteer forces for a year. Sternberg estimated another \$800,000 would be required. Then on May 1, Admiral Dewey's unanticipated destruction of the Spanish fleet in Manila Bay led McKinley to alter strategic objectives once again. Still concerned that European powers might assist Spain, McKinley wanted to secure his toehold in the Philippines and gain one quickly on Cuba. The following day, he gathered Secretary of War Alger, Navy Secretary John D. Long, and their uniformed advisors in the White House and announced a more aggressive plan of action. A 5,000-man force would deploy to the Philippines to sustain Dewey's victory, and 40,000 to 50,000 would prepare for an assault on Havana through the port of Mariel by mid-May. Major General Wesley Merritt would lead the Philippine force, soon to be designated the Eighth Corps, and Major General William Shafter would command the Fifth Corps preparing in Tampa. These decisions relieved the navy of continuing a blockade as the hurricane season approached, but shocked Army Commanding General Nelson A. Miles.⁹

McKinley, the War Department, Miles, and particularly Sternberg initially feared a summer campaign because of the disease threat on the island. Miles still feared a rainy season campaign, but his position on the issue seems to have been undermined by a reassessment of the situation by Sternberg and Guiteras based on reports from U.S. residents and Cuban physicians on the island. Just when this reassessment was conducted and if it truly affected the president's decision is unclear, but on May 6, Guiteras made an inexplicable and unwise comment to a *New York Times* reporter when he said "there was no reason for alarm about yellow fever."¹⁰ His follow-on remark to the same reporter that "malarial fevers are not dangerous" would come back to haunt him and the surgeon general in July.¹¹ Mosquito transmission of malaria was just being worked out by Indian Medical Service Major Ronald Ross and Italian researcher Giovanni Grassi.¹² For the moment, some medical authorities—Sternberg among them—believed that malaria, like typhoid and dysentery, was probably transmitted by water, and soldiers could avoid these infections by boiling their drinking water. Sternberg provided no description of malaria epidemiology in Cuba and may have believed—as Guiteras did—that malarial fevers encountered on the island were not dangerous because they had no potential to incapacitate an army on campaign. However, Sternberg did direct the use of 3 to 5 grains of quinine taken in the early morning as prophylaxis "in decidedly malarious localities...but the taking of quinine as a routine practice should only be recommended under exceptional circumstances."¹³ These instructions, however, were ambiguous as he declined to advise on how such localities were to be determined or define what he meant by exceptional circumstances. In any event, the message he conveyed to McKinley mitigated the Commander-in-Chief's primary reservation—epidemic yellow fever—to a summer deployment. By not steadfastly supporting Miles in his opposition to a summer campaign, the surgeon general actively assisted in shortening the War Department's planning and execution timeline.¹⁴

Since April 21, Sternberg and his staff had worked furiously not only to make up for lost planning and execution time, but also to keep pace with increasing operational

demands for personnel, hospital and evacuation capabilities, and medical materiel. Colonel Charles Greenleaf was assigned as chief surgeon of troops in the field on Miles' staff, and Lieutenant Colonels Benjamin Pope and Henry Lippincott reported to Shafter and Merritt, respectively, as corps surgeons. On the day war was declared, 177 medical officers and 791 hospital corpsmen were authorized for duty. Administrative, purveying, and hospital duties and physical disability immediately reduced the number of deployable physicians to 100. In mid-March, Congress magnanimously returned the 15 assistant surgeon positions removed in 1894, but did not give Sternberg the authority to fill them until May 12. An applicant for the hastily convened medical examination boards had to be a graduate of a recognized medical college with one year of hospital practice and pass the high standards of an army medical examining board. Sternberg, an advocate for raising the academic bar for medical school candidates and the stringent standards for graduation from the Army Medical School, would not betray these standards for political or military expediency. However, this was not the case for the state medical examiners. Although medical officers in volunteer regimental staff positions were appointed by the president without sitting for medical examination, they were approved by Sternberg, and included some of the most capable and competent physicians in the country. State examination boards, however, approved all regimental surgeons. As Sternberg recalled later, their selections spanned the spectrum of medical competency and aptitude for military service. He also recognized as surgeons they may save lives on the battlefield, but virtually none of them knew how the army or the Medical Department operated on a daily basis. Until they became familiar with military medical administration and healthcare practices in the field, their learning curve would be steep and efficiency impaired. To alleviate this problem, Sternberg assigned five experienced regular army medical officers as chief surgeons of army corps and 36 as brigade surgeons of volunteers. The remainder was assigned to regular units. Sternberg also received approval to hire a large number of contract surgeons. He did his best to find qualified physicians, but had neither the staff nor the time to examine each candidate thoroughly. He selected men with hospital experience, 34 to 40 years of age, to ensure they were experienced and not too set in antiquated medical practices, based on the endorsements provided by their peers. He recognized that it was an imperfect selection process; but, left with no alternative, he had to trust in his own judgment and the mentoring abilities of the regular medical officers to guarantee soldiers received adequate care.¹⁵

Success or failure of wartime medical care did not devolve solely on the number of physicians in the field. Hospital corpsmen were required to provide immediate first aid on the firing line, evacuate the wounded, and provide nursing duties, as well as a variety of administrative and logistical functions. The Medical Department had a little less than 800 corpsmen, including 99 hospital stewards, 100 acting hospital stewards, and 592 privates, which was far too few for the coming conflict. Sternberg requested the law capping hospital stewards at 100 be rescinded in March, but Congress did not do so until June 2. Regrettably, while each volunteer battalion had a hospital steward, Congress made no provision for a volunteer

hospital corps. To obtain the large number of medics needed, men were allowed to transfer from line regiments to the hospital corps, and recruiting officers were urged to search for suitable candidates. Many medical students, pharmacists, and young medical graduates enlisted in the corps for the duration of the war. However, medics in the large and fairly well trained National Guard Hospital Corps enlisted primarily as line soldiers in volunteer units rather than as corpsmen.¹⁶

Ironically, Congress did authorize—at the surgeon general's request—the employment of male and female contract nurses during the busy March sessions. However, this put Sternberg in a rather trying and unenviable situation by mid-April. Although a circular soliciting enlistments in the Hospital Corps was distributed to many training schools for male nurses, few applied to recruiting officers. Sternberg was forced to accept the services of a largely female nursing profession because he was unable to obtain enough corpsmen for nursing duties. This constellation of events was a turning point in the history of the Medical Department. Although the surgeon general envisioned only a small number of nurses would be needed and their use would be limited, the female army nurse had been conceived. In response to congressional actions to authorize the use of female nurses in general hospitals, Sternberg told the Secretary of War, "In my opinion it would be very unwise legislation. Trained female nurses are out of place as regular attendants of sick and wounded soldiers in the wards of a general hospital. They may be useful in certain cases and especially in the preparation and serving of special diet.... It is my intention to employ trained female nurses to such an extent as may be necessary and desirable, but the passage of this bill would greatly embarrass me in the administration of our general hospitals."¹⁷ His position was not attributable to any lack of appreciation for women's professional skills, which he freely admitted nurses had demonstrated over the past 20 years, but because he believed they would be an encumbrance to the army.¹⁸ His assumption—one that would change by war's end—was completely valid at the time. The U.S. Army of 1898 was not organized, equipped, or trained to integrate women into its operations while on campaign. Furthermore, Sternberg was a man of his era. Victorian men did not consider a military campaign—with its crudities and harshness—an appropriate environment for a woman, nor did they believe a "proper" woman—nurse or not—should be tending to naked or half-clad male strangers. Sternberg did not expound on this belief publicly, but Colonel and Surgeon Dallas Bache did, commenting that the Spartan conditions, fatigue, and privation of a camp were unfit for a female. Bache also remarked corpsmen were "soldiers first and nurses afterward,"¹⁹ and he saw "much expense, idleness, risk of friction, and a certain disquietude about immorality, in this innovation, without commensurate gain."²⁰

The nursing profession at large did not share Sternberg's worries concerning the campaign-worthiness of women and the reception they would receive from medical officers in the field. As with previous wars, applications from trained nurses deluged the Surgeon General's Office. All requests were politely refused with the statement that the Medical Department had no authority to hire them, but, according to Sternberg, the office continued to be "overwhelmed with applications

from women across the country who wanted to nurse the soldiers.”²¹ Sternberg finally relented to the pressure, at least for assigning nurses to army general hospitals in the states. However, as with contract surgeons, his office did not have the resources to review each applicant thoroughly. In this regard, he received help from an unexpected quarter. Dr. Anita Newcomb McGee, a prominent Washington gynecologist and Vice-President General of the National Society of the Daughters of the American Revolution (DAR), suggested on April 27 that the DAR create an examining board to relieve Sternberg from approving nurses for army service. Sternberg readily agreed, and the following day asked Congress for authority to hire as many nurses as required, paying them \$30 per month and a daily ration. Before the end of the month, the DAR Hospital Corps had been organized with the 34-year-old McGee as director. Following the surgeon general’s instructions, only graduate-trained nurses were accepted. The nursing selection committee, which included—among other notables in Washington society—Martha Sternberg and Mrs. Russell Alger, reviewed thousands of applications from patriotic white, black, American Indian, female and male nurses, and many in religious orders.²²

Although the furor over female nurses that Sternberg anticipated among members of the Medical Corps never materialized to any significant extent, publication of Circular No. 3 describing the duties of medical officers in the field generated an indignant and unexpected outcry from volunteer regimental surgeons and their commanders. The regimental surgeon’s primary duties were to ensure the sanitary security of the camp, advise the commander on such matters, provide combat trauma care and stabilization at first aid stations, and attend to the reporting of the same. The document contained no mention of the regimental hospital. The sick and wounded were to be expeditiously evacuated to division hospitals, where the surgeon in charge was responsible for their care on the march and in camp.²³ Indignation intensified when orders were received from the surgeon general to turn in regimental medical outfits to the division hospital, make a requisition for the supplies they needed, and have two of every three regimental surgeons report to the division hospital commander for duty. As the surgeon general stated later, “so long as a regiment constitutes a separate command, its surgeon and assistants remain with it, but when a regiment... becomes part of a division, a redistribution of the duties of...medical officers of... regiments constituting the division is needful to meet the exigencies of war service.”²⁴ Commanders saw this action as impinging on their command authority. Regimental surgeons interpreted it as being demoted to glorified hospital corpsmen operating a dispensary. Contrary to popular belief at the time, Sternberg had not abolished the regimental hospital—that had been done in 1862—but rather created a more practical and efficient use of medical equipment and supplies organic to volunteer regiments.²⁵ Maintaining seriously ill and injured men with a maneuvering army led to poor medical care and slowed operational movements. Furthermore, the most experienced field surgeons—medical officers of the regular army—would be located at division hospitals. The sooner casualties could be placed in their hands, the better. Sternberg refused to have these facts ignored based on the ignorance or parochialism of volunteer regimental commanders and their surgeons.

To accommodate men too seriously ill to deploy forward and the inevitable invasion of more casualties, Sternberg designated six general hospitals—Key West, Florida; Fort Thomas, Kentucky; Fort Myer, Virginia; Fort McPherson and Chickamauga Park, Georgia; and Fort Monroe, Virginia—between April 30 and June 26. These facilities were established in whatever space could be found and eventually provided 3,137 beds. To evacuate sick and wounded soldiers from Tampa and the camps, a hospital train was chartered from the Pullman Company and positioned at Tampa. Although these facilities were adequately equipped with furniture, linens, clothing, medicines, hospital stores, and disinfectants, they were not properly staffed until late in the summer. Early on, Sternberg did not have enough physicians or hospital corpsmen to fill administrative, corpsman, and nursing roles in support of deploying forces and the general hospitals simultaneously. Recruiting, examining, and training these individuals were horribly slow and, therefore, these needs were met over many weeks. Ironically—and contrary to his later statements—Sternberg hesitated to employ female nurses—an asset he had in abundance by his own admission—in effective numbers at general hospitals until after mid-July. From experience, Sternberg knew he would never have enough corpsmen to provide competent nursing services at all of the divisional and general hospitals. But he also recognized clearly that Bache's opinion of female nurses was preeminent among physicians in general. Whether resulting from his own sense of female propriety, or the fear that he might create a rebellious attitude within the Medical Corps, Sternberg remained unwilling to assign nurses to hospitals unless the surgeon in charge specifically requested them.²⁶

McKinley's optimism for a May invasion was soon dashed on the sharp rocks of false promises and military realities. The pompous political boastings that defeated the Hull Bill and guaranteed a massive turnout of trained and equipped National Guardsmen proved to be an illusion. Although the volunteer army did contain a large number of guardsmen, they were primarily new recruits. One-third to one-half of the peacetime National Guard force either refused to enlist or could not pass physical examinations. Moreover, the states could neither clothe nor equip their forces. These logistical difficulties were compounded by the fact that, after arming the Philippine expedition, the country's arsenals did not have enough cartridges for the 25,000 men who were to comprise the Cuban assault force.²⁷

Sternberg was relieved when he heard about the postponement. To keep pace with the shifting operational demands and a tremendously expanded army, he ordered all medical officers deploying with regular army regiments to take what medical supplies and equipment they had at their home stations. Purveying officers at medical supply depots were directed to arrange supplies for 100,000 men for six months, and a new field supply table was quickly prepared to meet field contingencies.²⁸ Congress gave Sternberg authority to obtain bulk orders of medications and many expendable items on the open market, but—to his disgust and frustration—bids had to be invited from national manufacturers for the purchase of durables and high-cost items such as medical and surgical chests, litters, field operating cases, etc. This process required time he did not have. Sternberg realized

by May 3 that he could not wait on deliveries if he expected to have medical units equipped by the time the expeditionary force sailed. He asked governors of several states to give National Guard medical equipment and supplies to the state volunteer regiments. Once they received army orders to proceed, they could requisition new supplies from the government. The majority of governors who had medical equipment readily complied, but Sternberg was dismayed to learn that many states had only limited quantities and 16 had no medical equipment. To deal with this dilemma, he provided supply depots with a prescribed list of medical and surgical items, hospital stores, and miscellaneous articles that were packed and shipped to the assembly camps.²⁹ While this was a reasonable measure, it did not solve a difficult and growing problem.

The Surgeon General's Office continued to conduct medical supply operations in the usual manner, that is, it approved all requests for purchases of supplies and equipment received from surgeons in the field and informed the nearest supply depot of the order. Given a continual shortage of storage space, the depot obtained and packed only the items requested. These parcels were then given to the Quartermaster Department for shipment by rail. Although this system ensured checks were in place to preclude fraud and wasteful expenditures, the current crisis demonstrated its dreadful inefficiency. Requisitions passed through too many hands. No stockpiles of equipment and supplies were obtained. Packages, although properly addressed to the receiving surgeon, were placed in boxcars without inventory lists; therefore, finding shipments became difficult and tracking lost shipments was nearly impossible. Moreover, the army logistics system moved on railroads overburdened with the massive requirements of mobilization. In Tampa, only two railroads supplied the town from the north; only a single track extended from the town to the port 10 miles to the south and its rail yard was congested with hundreds of boxcars in various states of unloading. If medical shipments did get through, they had to be ferreted out from huge mountains of supplies and equipment. Throughout May, Pope and his staff labored valiantly and successfully provided routine medical care and evacuation to the V Corps, immunized its growing numbers against smallpox, and supplied and equipped four divisional and all regimental hospitals for combat operations. But, as more volunteer regiments arrived in Tampa, Pope found his supplies dwindling, and the replenishing pipeline was not so much empty as it was constipated. Sternberg had been force-feeding supplies to V Corps throughout the month, but he either did not recognize the system was so incredibly fouled up or was loathe to deviate from routine procedures until May 28 when he authorized Pope to buy whatever he needed locally. He cautioned the corps surgeon that a large stock of supplies would not be necessary "because additional supplies will be sent upon the hospital ship which I expect to have fully equipped to follow the expedition..."³⁰

As the Medical Department dealt with these problems, the Spanish fleet, under the command of Admiral Pascual de Cervera, eluded American warships in the Caribbean and steamed into Santiago Harbor on May 19. Admiral William T. Sampson, who was made aware of the situation that day, left his lighter vessels to

maintain the blockade around Cuba and sailed his battleships and cruisers at once to Cuba's southern coast arriving June 1. Sampson was eager to pry out Cervera, but did not dare to enter the narrow, twisting three-mile channel that led into the harbor because it was filled with mines and surrounded by well-fortified heights. The navy suggested that the army shift its objective to Santiago where the small, isolated garrison could be easily reduced, leaving the Spanish fleet defenseless. An earlier strike appealed to McKinley and the War Cabinet. In late May, strategy in the Caribbean changed once more. In Tampa, Shafter's V Corps was rapidly reinforced with battle-ready regulars and volunteers from camps in Mobile and Chickamauga. Shafter was to embark immediately for an assault on Santiago, and Miles would follow with an expedition to Puerto Rico.³¹

McKinley's final directive to Shafter—like earlier strategic alterations—required the Medical Department and the other combat service support bureaus to react rapidly to a new and expanding situation. However, unlike the others, it also altered assumptions concerning delivery of that support and the use of auxiliary resources available in Cuba. Sternberg had assumed the following:

1. sufficient medical supplies, equipment, tents, ambulances, wagons, horses, and pack animals planned for would arrive on the island;
2. they would all disembark at the fixed port facilities at Mariel;
3. they would move medical assets to the front with organic transportation; and
4. time was still available to outfit a hospital ship.

The slow acquisition and preparation of a hospital ship for strategic evacuation leads one to believe also that Sternberg assumed the 2,000-bed Alfonso XIII military hospital in Havana could be used as a general hospital and holding facility for soldiers awaiting medical evacuation back to the states. McKinley's change in plans made the last three of Sternberg's planning assumptions obsolete, and it significantly increased the pressure on him to have a hospital ship ready by the time the invasion force sailed. Torney's search for a better and less expensive ship than the *John Englis* had been fruitless. Sternberg told McKinley that he should buy the \$450,000 ship outright with emergency funds and begin the necessary refitting without further delay. McKinley did so on May 18. Sternberg intended the ship, renamed the *Relief*, to be a general hospital and a supply depot for medical assets on the island. He placed Torney in command, with Major William C. Gorgas as his executive officer. Torney's navy experience allowed him to direct renovations and buy the equipment required for a modern floating hospital, and he was demanding in his specifications. Bunks and water closets had to be properly equipped and spaced; a steam laundry, ice machine, disinfecting apparatus, and electric lighting throughout the ship were absolute requirements as were steam launches for moving supplies ashore. Haggling over cost estimates consumed another two weeks. It was June 1 before the Assistant Secretary of War approved all of the \$185,000 required to renovate the *Relief*, and refitting commenced.³²

From his office in Washington, Sternberg urged Torney to expedite the work on the *Relief* and assisted as much as he could in pushing supplies to V Corps. Shafter, who had intended to sail on June 4, experienced loading difficulties and delays in the arrival of troops from Chattanooga and Mobile, thereby precluding his departure for another 10 days. The delay was fortunate for the V Corps Surgeon because he received a shipment of 200 packages of sorely needed supplies the following day and distributed them before loading on the transports on June 9. By this time, however, Shafter was aware he had too few transports for the task. To put a sufficient fighting force on the island as expeditiously as directed, he had to be judicious with supply distribution on the ships. Moreover, Shafter was certain the campaign would have to be brought to a rapid conclusion if he were to avoid having his army destroyed by disease. This could be accomplished, Shafter believed, because he also assumed Spanish resistance would be light and quickly overcome. Therefore, the entire medical package assembled in Tampa would not be necessary. His first three priorities—and rightly so—were (1) men, (2) ammunition, and (3) rations. The fourth priority was medical support—and only enough of that for the immediate and essential treatment of sick and injured soldiers. To Pope's chagrin, a large amount of the supplies, ambulances, litters, horses, and pack animals he had worked so diligently to procure and distribute appropriately to regimental and divisional hospitals were left on the docks in Tampa. However, according to Pope's executive officer, Captain Edward L. Munson, "Drugs, medicines, dressings, instruments, hospital tentage, and supplies were loaded on the transports at Tampa in sufficient quantities to meet the needs of the Santiago expedition."³³

The Cuban expeditionary force sailed out of Tampa Bay into the Gulf of Mexico's tranquil waters on June 13–14, and arrived off of Daiquiri a week later. With the exception of Santiago Bay, the southern coast of Cuba offered no ports or protected harbors from which to disembark. Unloading began at Daiquiri, but was soon shifted to a relatively better location at Siboney, seven miles to the west, the following day. Hasty loading had been done with more thought to balancing the ships than organized disembarkation. Medical equipment and supplies were difficult to locate, and hospital tents were deep in the holds. Pope and his colleagues were low on the priority list for getting a hospital established in Siboney, a tiny, dilapidated, rural village clinging to the jagged, jungle-covered cliffs of the coast. Pope directed the conversion of the few filthy huts and clapboard shacks in the village into wards for sick and injured soldiers until they could be transferred to a hospital ship. He also designated the *Olivette*, a water carrier and distribution vessel for the transports, as his hospital ship, and he directed Major Aaron Appel to establish the Second Division Hospital in the large, electrically lit state and ward rooms of this ship.³⁴

As these events unfolded, the Medical Department was losing the race against time to provide a hospital ship before V Corps engaged the Spaniards. With troops loaded on transports in Tampa, Greenleaf wired on July 11, "How long before the hospital ship and railway train will be available? The ship should go if possible with the expedition...if it cannot shall I call on the Red Cross Association ship?"³⁵

Sternberg replied the *Relief* would sail as soon as possible—hopefully in seven to 10 days—and the Navy ambulance ship *Solace* would arrive at the station from Guantanamo. As to asking for Red Cross assistance, the surgeon general told Greenleaf to use his own judgment, but “I had hoped...this might not be necessary as it will be considered by many as a reflection upon the Medical Department of the Army.”³⁶ In compliance with instructions from the Secretary of War, Sternberg had directed his corps and division surgeons to cooperate with Red Cross authorities, but it was a bitter pill. Sternberg had supreme faith and confidence in every member of his department, which for the most part was not misplaced. Moreover, he remembered the embarrassment the Medical Department had suffered when the U.S. Sanitary Commission had taken virtual control of medical operations after the Peninsula Campaign in 1862.³⁷

Adamant that this would not happen again, Sternberg continued to badger Torney. Refitting of the *Relief*'s interior had been completed on June 16, and loading of supplies and provisions had begun. The surgeon general told Greenleaf he expected the ship to sail no later than June 22, but delays, apparently in loading as well as obtaining steam launches for unloading at Siboney, precluded this. Three days later, the Secretary of War directed the ship to sail as soon as practicable. Under pressure, Sternberg told Torney not to wait on the launches even though he was aware of the transportation shortage at the front. He also gave the major a few specific instructions concerning his mission. Torney was to proceed directly to Santiago and report his arrival to Shafter. Command and administration procedures would be followed just as if the ship were a land-based general hospital, and Sternberg emphasized Torney was to guard his command authority jealously. The ship was to anchor as close to active operations as possible and take on both army and navy casualties to full capacity before departing for home waters. Torney was to maintain communications with the surgeon general as was practicable. On June 27, Sternberg sent these last additional instructions: “You should keep in view the fact that the *Relief* is a well-equipped floating hospital and a depot of supplies for troops in the field. It is important...she should not be taken away from the scene of active operations unless it is absolutely necessary for the purpose of landing the sick and wounded at a home port. You should avail yourself of every opportunity to send proper cases by the navy ambulance ship, the *Solace*, or by army transports returning to home ports. As a rule, the more serious cases of injury and sickness should be retained on your ship, as the disturbance incident to a sea voyage would be injurious to them. Convalescents and those sick and wounded who can be transported without injury...and who are not likely to be fit for duty within a short time, should be sent to a home port whenever the opportunity offers.”³⁸ The *Relief* departed New York Harbor on July 3, fully staffed and provisioned, with 250 beds, 700 tons of medical supplies, the first U.S. deployed x-ray machine, and the first six female nurses to be officially sent to a combat zone by the U.S. government.³⁹

Sternberg had little influence on the decisions that disrupted Medical Department planning and could only watch from Washington as his subordinates played the hand they were dealt. In this regard, the army, the Medical Department, and the

soldiers in the field were fortunate. Lieutenant Colonel Pope, Captain Edward L. Munson (Pope's executive officer), Division Hospital Commanders Majors Marshall W. Wood, Aaron H. Appel, Louis A. LaGarde, and Valery Havard were all energetic and resourceful medical officers. Their ability to organize and lead not only junior medical officers and corpsmen, but also the large number of volunteer and contract surgeons deployed turned a desperate, chaotic situation into one of relative order and efficiency as the campaign progressed. On June 27, Wood loaded his First Division Hospital on the horses and litters he had available, and the backs of his staff, and followed maneuver elements up the Siboney-Sevilla Road. Two days later, the Red Cross ship *State of Texas* arrived. Aboard were Miss Clara Barton, a host of surgeons and nurses, and tons of supplies for Cuban refugee relief—all eager to perform whatever duties were required by the army and share their supplies. Sternberg had directed his surgeons to accept Red Cross services earlier in the month, but LaGarde and his colleagues—although courteous—hesitated to put female nurses in the wards. As the ensuing engagement neared, however, LaGarde swallowed his reservations and a gratified Barton put Red Cross personnel and supplies ashore. By the time Shafter engaged the Spanish Army at El Caney and on San Juan Heights four days later, the First Division Hospital was established 1,200 yards behind the front in a protected bend of the San Juan River, and LaGarde's Third Division Hospital—known as the base hospital—had shifted as many patients as possible to the *Iroquois* and *Olivette* in preparation for casualties. Over the next four days, nearly 1,000 soldiers arrived at the First Division Hospital on makeshift litters, wagons, and the three ambulances that initially made it from Tampa. Most wounds required only a dressing change or fracture restabilization. Surgeons were impressed that the individual first aid packets had not only been used, but also carefully applied to a large number of wounds. They were also mindful of triage priorities and Sternberg's pre-war warning of their responsibility to operate only emergently under the septic conditions of the battlefield environment. For the most part, soldiers requiring major operations were evacuated over a trail nearly axle deep in mud as expeditiously as possible to Siboney, a task made somewhat easier by the arrival of 10 more ambulances on July 2.⁴⁰

After the battles at San Juan Heights and El Caney, the base hospital and the *Olivette* were overwhelmed by the wounded that descended upon them. There were nearly 500 patients at the base hospital when the *Relief* arrived at Siboney on July 7. To complicate matters further, the first five cases of yellow fever had been diagnosed the previous day. Torney's arrival was followed a couple of days later by Miles and Greenleaf aboard the *USS Yale* and bound for Puerto Rico. At Siboney, Greenleaf found a bad situation deteriorating into one of desperation. From the distribution of the mounting yellow fever cases, it appeared the entire army had been exposed and Siboney was a focus of infection. LaGarde had established a separate hospital and detention facility for yellow fever cases two miles from the base hospital along the rail line to Firmesa, but he had inadequate numbers of personnel to staff them appropriately and those he had were all physically exhausted. His supplies, as well as those of the Red Cross, were nearly gone, and

Torney could not replenish them quickly because he had no launches. Greenleaf swiftly brought his medical authority and relationship with the commanding general to bear forcefully on all aspects of the situation. Supplies and tents began to flow off of the *Relief*. Gorgas, immune to yellow fever, was put in charge of the yellow fever hospital. Colonel Nicholas Senn, Chief Surgeon, U.S. Volunteers, and other surgeons aboard the *Relief* relieved base hospital surgeons at operating tables, giving them a much needed rest. Miles ordered a recalcitrant Shafter to send the entire 24th Infantry to LaGarde for nursing and guard duties, and, upon Greenleaf's recommendation, directed Siboney be burned to the ground to eliminate it as a source of infection.⁴¹

After the Spanish capitulated on July 14, Sternberg recommended all V Corps troops move out of their trenches to higher, more salubrious ground north of Santiago, but "within easy reach of their base of supplies. The camps should be well separated, and any regiment which remains in such fresh camp for five days without having any cases of yellow fever...could be put on a transport..."⁴² There had been only 250 cases of yellow fever in a total force of about 17,000 men, and, although the numbers were increasing daily, only five deaths had occurred. This extremely low mortality rate indicated to the surgeons on the island that the yellow fever they encountered was a "mild" type. When this was considered in light of the current military situation, the most prudent action was to change campsites and contend with the fever there.⁴³

Since Sternberg had been kept well informed of these developments, he recognized that Greenleaf had performed a minor miracle. Granted it was through the power of Miles, who still feared an epidemic conflagration, but the Medical Department fat had been retrieved from the fire—at least momentarily—just the same. Greenleaf, however, had requested two more hospital ships abundantly staffed, a supply ship with 1,400 tons of medical supplies, 1,000 hospital tents, and sufficient clothing and bedding for 10,000 patients. Sternberg appears not to have even flinched when he read the telegram. It was a large request for a small outbreak of disease that was to be controlled by proper field sanitation and hygiene techniques, but a large number of diseased Spanish prisoners and Cuban refugees also needed attention. The supplies and equipment could be gathered quickly relative to Greenleaf's other requests because of the infusion of \$504,000 into department coffers on July 7.⁴⁴ Hospital ships and immune personnel were another matter. The *Missouri*, accepted by the government gratis from Mr. B. N. Baker, president of the Atlantic Transport Line, on July 1, was what Sternberg had hoped would be a rapidly serviceable sister ship to the *Relief*, but her refitting was progressing at an agonizingly slow pace. Although he had contract nurses in abundance, few were immune to yellow fever and therefore could not be sent to Siboney. Trusted agents were searching New Orleans and other southern cities for immune nurses and any other immune women willing to perform nursing duties in Cuba.⁴⁵ It would all take time, and that was a commodity Sternberg feared he had too little of. He hoped the relocation of V Corps onto higher ground away from Santiago, into proper tents, with regular rest, decent rations, and appropriate sanitation would end the outbreak

before the disease gained a foothold in the mostly nonimmune army and generate panic in Cuba and in the United States.⁴⁶ These issues burdened his mind as he packed for the train to New York City, where he would greet the *Olivette's* arrival.

The *Olivette* anchored off the quarantine station at 8:00 p.m. on Saturday, July 16. Sternberg accompanied Health Officers William Doty and E. R. Sanborn and other officials to welcome her home. Major Appel reported the majority of his 279 patients had improved since departing Santiago. Fully one-third of the men aboard were alive, thanks to modern surgical techniques now practiced on the battlefield. Furthermore, no yellow fever or contagious disease was on board. Sternberg was elated. It was the first truly good news he had had since March and the last he would enjoy for some time. A series of events began to transpire that would culminate not only in harsh criticism of Medical Department competence, but also in personal attacks on Sternberg's abilities and fitness as a leader and administrator, which would linger in histories of the war forever.⁴⁷

On July 19, the day Sternberg approved the *Relief's* departure from Cuba with 255 patients aboard, the sensational story of medical mismanagement aboard the transport steamer *Seneca* hit the newsstands. According to witnesses, the ship had had no medical inspection before taking on patients. It was dirty and overcrowded, its water cisterns were polluted and stinking, only coarse regular army rations were available to feed the sick, and few medical supplies were to be found, except those obtained from the Red Cross. McKinley was outraged. Alger issued a warning to Shafter to avoid further embarrassments of this nature and ordered Sternberg to investigate. The V Corps Surgeon reported to the surgeon general he had quickly embarked patients on the *Seneca* to clear his wards for the large number of casualties expected to result from Shafter's planned attack on Santiago on July 13. Torney verified this and commented that all of the patients aboard were able to take care of themselves. One of the two physicians aboard the *Seneca*, Dr. Hicks, assured Sternberg personally he had obtained sufficient supplies and foodstuffs from the *Relief*, and none of the soldiers evacuated were in a serious condition upon embarkation. Before the month ended, however, the *Concho*, *Rio Grande*, *Alamo*, and *Leona* would all dock at Fort Monroe or New York laden with sick and wounded soldiers, and reporters eager to sell papers with their stories of suffering due to medical neglect. When the sick and wounded accumulated after the Las Guasimas skirmish, Pope found his own urgent priorities dictated that he employ unsuitable transports to clear the increasing congestion at the base hospital. He had followed surgeon general guidance for this type of evacuation. Only convalescents who were well enough to withstand the voyage, able to eat regular rations, and required only limited if any medical care had been selected. Hence, the need for a robust medical staff and supply chest was obviated. Although patients had been evacuated on nine transports without noticeable difficulty or censure, by the time the *Seneca* and other transports embarked malaria had begun to make an impact. Sick soldiers who appeared well enough to travel after a single cycle of fever often relapsed. Those who were recovering from wounds often developed malaria, typhoid, or measles on the voyage home.

Some soldiers who were too sick to sail, but desperate to escape the island occasionally became stowaways who were found only after the vessel was at sea.⁴⁸

The tremendous influx of patients at Fort Monroe stretched human resources and consumed supplies at a terrific rate. The Red Cross delivered \$115,000 worth of much appreciated supplies, but Sternberg chafed at the organization's continued pressure for him to accept more female nurses. While locating adequate living quarters for the nurses was a major problem, he was quoted in the newspaper as refusing to allow Red Cross nurses on military posts because the society had overstepped its bounds and wished not only to take charge at the front, but also at all government hospitals in the east. Comments in the newspapers from Clara Barton that the Red Cross was well organized, had fed all of the wounded at the front, and was now helping them home only added insult to injury.⁴⁹

The outcome reflected poorly on the Medical Department and gave credence to the idea that there had been insufficient medical personnel and materiel when Shafter landed in Cuba. Criticism for this state of affairs quickly descended on Sternberg. He was forthright—yet defensive—in his responses to *New York Times* reporters on July 30, and his words carried the curt edginess of a man holding back a flood of frustration and indignation. He stated simply that the department was not responsible in any way for the supplies and equipment being left in Tampa. To the question of why this occurred, Sternberg could not say. He carefully avoided dispensing blame on the Quartermaster Corps or the V Corps commander at this juncture, but added “General Shafter wanted to get there with his fighting men, I suppose,”⁵⁰ Sternberg, an officer with 37 years of experience in multiple campaigns, could not have had any suppositions about what Shafter was trying to accomplish. Like the surgeon general, the V Corps commander had been reacting to McKinley's vacillating war plans since late April. Although Shafter suffered from the same malady that many line officers of his generation did—a lack of confidence in, and respect for, the Medical Department—his decision to leave medical assets behind was not influenced by this so much as that he had insufficient transportation. Even so, enough medical supplies and equipment made it aboard the transports for the campaign, but could not be taken off at Siboney—once again—for lack of transportation. Sternberg failed to make this point to the reporters, as well as his comment above, which suggests there was some other underlying irritation with Shafter that he was unwilling to divulge publicly. That irritation had its genesis early in the preceding week when Shafter requested 500 hospital attendants, 100 nurses, a large contingent of doctors, and two regiments of soldiers—all immune to yellow fever—be immediately dispatched to Cuba.⁵¹ This action garnered the War Department's full attention. Secretary of War Alger, who was confident in the reports provided by Sternberg that the epidemic had been checked by moving troops to higher ground, became alarmed and demanded an estimate of yellow fever cases within the V Corps by regiment. Shafter responded on July 22 that he was not certain, but believed that fever cases were increasing. The following day, he estimated 1,500 men had fever, with yellow fever accounting for only about 150 cases; every regiment was affected. However, two days later, he

telegrammed Corbin, "Notwithstanding figures, the situation somewhat improving."⁵² Shafter was frustrated and fearful that Alger would refuse to let his army return home if the epidemic expanded, so he did not relay the true magnitude of the growing crisis to Washington until July 28 when sick call reports demonstrated that 4,270 soldiers—nearly a quarter of his men—were sick, 85 percent with fever. As the V Corps commander grasped the enormity of the problem, he began to panic. He complained he had too few doctors and intimated to Corbin that the surgeon general did not fully appreciate the gravity of the situation. This peeved Sternberg, who replied publicly that he was well aware of V Corps difficulties. Sixty-five immune physicians and 120 immune nurses had already arrived, and another 25 doctors and 65 nurses would depart over the next two days. He also advised Shafter to employ those recovered from yellow fever as hospital attendants.⁵³

The wisest course of action to contend with yellow fever was to change campsites frequently, treat patients in place, and allow the outbreak to burn out before sending troops home, thereby precluding its introduction into the United States. Shafter complied with moving campsites. However, Acting Chief Surgeon Valery Havard wrote to Sternberg on July 31: "The sanitary condition of the army is far from being satisfactory; in fact it is quite bad; at least 20 per cent. of all troops present are totally unfit for duty, while 5 to 10 per cent more, although not excused from duty would be incapable to march or do any hard work."⁵⁴ He attributed this condition to a "peculiar form of malarial fever" that "lasted five to six days without distinct remissions or intermission, and responds to very large doses of quinine, 20-40 grains a day," and would frequently recur multiple times over a two-week interval.⁵⁵ Havard identified the real medical issue on the island precisely: malaria cases had eclipsed those of yellow fever. While both *Plasmodium falciparum* and *Plasmodium vivax* were endemic on the island, it was the nonfatal *P. vivax* that predominated and accounted for the vast majority of fevers. *P. vivax* has an average incubation period of 17 days. Therefore, it was not until July 22 that it began to affect the V Corps.

Shafter and the V Corps wanted to come home. Alger permitted—upon Shafter's recommendation and Sternberg's concurrence—a portion of the dismounted cavalry division to embark for the planned recuperation camp at Montauk Point, Long Island, on August 1. This was based on the fact the division had been camped on high elevation, and all suspicious fever cases would be held back. The War Department had initiated the establishment of rest and recuperation camp at Montauk Point on June 3. Alger had assumed a leisurely pace in establishing the camp because Shafter had not registered any real alarm over the health of his command up until the end of July. That changed on August 2. Shafter informed Adjutant General Corbin, "I am told that at any time an epidemic of yellow fever is liable to occur. I advise the troops be moved as rapidly as possible while the sickness is of the mild type."⁵⁶ Furthermore, medical supplies were nearly exhausted. Alarm again raced through the halls of the State and Navy building, and an emergency meeting was held in the White House to discuss a course of action. Sternberg reaffirmed his belief that it was safe to bring the army home because of the mild nature of yellow

fever encountered and the isolated, northern location of Montauk Point. If the military situation would not permit this, then he insisted the army could be moved to higher elevations in the interior, where yellow fever did not exist, and Shafter's fears would be groundless. His opinion carried the day. McKinley and Alger were not yet confident the military situation was stable enough for forces to be removed from the island, so Shafter was directed to move his command once again, this time into the mountains at the end of the San Luis railroad.⁵⁷

Upon receipt of this order, Shafter prepared a lengthy report detailing the true state of his command. Moving camps had had no effect on yellow fever incidence, but had only further fatigued his soldiers who were already weakened by malaria. He claimed 75 percent of his army had malaria, and they were "really an army of convalescents."⁵⁸ Shafter concluded by stating the only reasonable action was to bring the army home immediately. Before sending the report forward, he conferred with his subordinate commanders and surgeons who not only gave verbal concurrence, but also drafted a memorandum in support of their commander's decision. All surgeons involved agreed the prevailing malarial fevers had reduced the army to its current pathetic state.⁵⁹

This document would become the infamous "round robin" letter. It was read in the major U.S. newspapers on August 5 almost as quickly as it was read in the War Department. The letter astounded the American public with the first description it received of the true state of health affairs in the Caribbean. The administration in Washington was angered and embarrassed not only because the letter had been leaked to the press—perhaps with Shafter's assistance—but also because it was printed alongside the announcement that the army would be coming home immediately. While the decision was based on Shafter's communiqué, the perception across the country was that an insensitive bureaucracy had reacted to the crisis only after it realized the plight of the army would be made public. In truth, Sternberg had issued a directive concerning the proper organization, equipment, and manning for medical transports on August 3, and Secretary of War Alger issued orders for V Corps to embark to Montauk Point the following day. Shafter attempted to mitigate the damage of the "round robin" letter afterward by stating fresh and well-supplied troops would encounter little risk from diseases in Cuba; however, he bolstered animosity toward the Medical Department by declaring Sternberg solely responsible for the lack of medical supplies and attendants, and the horrible incidents on the transports.⁶⁰

The administration's knee-jerk reaction was to have Shafter begin loading his soldiers on transports and hope the reception camp would be prepared enough to receive them when they arrived. Alger put Brigadier General Samuel M. B. Young in command of the Montauk Point site, named Camp Wikoff in honor of Colonel Charles Wikoff, 21st Infantry Commander, who had been killed at San Juan Hill. Sternberg gave Colonel and Assistant Surgeon General Henry Forwood the chief surgeon duties. In his instructions to Forwood on August 6, he envisioned a detention camp for 4,000 to 5,000 troops placed near the landing with a supporting 250-bed hospital, in addition to the 500-bed hospital already staked out. Soldiers

arriving on ships with confirmed or suspected cases of yellow fever would go into the detention camp, and suspected cases would go into the hospital for observation. Sternberg ordered a steam disinfector from the Marine Hospital Service, gave specific instructions for building a disinfection facility, and promised to find a yellow fever expert for duty at the camp. He also cautioned Forwood, "Let us try and do this thing in such a way that there may be no criticism of the Medical Department."⁶¹

At the time he penned these words to his old friend, Sternberg was feeling such criticism acutely. The previous week Dr. George F. Shrady, editor of the *Medical Record*, published two scathing editorials that branded the Medical Department as disorganized and incompetent in regard to the transports and an utter failure in providing for the sick and wounded in Cuba while praising the Red Cross. Sternberg was incensed and wired the following to Nicolas Senn: "I depend upon you to answer Shrady's unfair editorials in the Medical Record.... Talk with Torney about it."⁶² Four days later, Sternberg sent a long telegram to the *Medical Record*: "Large quantities of additional supplies, dressings, etc., sent to Tampa. Have objected to sending female nurses to camps of instruction or with troops to Cuba. We have trained Corps of non-combatants enlisted to care for the sick and wounded.... Have gladly accepted services of trained female nurses for General Hospitals and think highly of them. Red Cross and other volunteer organizations should furnish their own transportation. They are constantly applying for transportation for their agents and female nurses. I have not refused their assistance when needed. Shrady came to my office with a Committee from New York. I told them an emergency might arise in which they could be very useful, and advised them to equip a Hospital Ship and send to Cuba. The assistance they have rendered is trifling compared with the work done by our Medical Officers and Hospital Corps. They ignore this and magnify the importance of their own service. They send a female newspaper reporter as a Red Cross nurse and she writes sensational articles for the New York Sun."⁶³ Sternberg sent more composed replies, addressing each of these topics, to the *Medical Record* and *Medical News*, which were immediately published.⁶⁴

The transport dilemma, however, continued to plague the surgeon general as if it had a life of its own. The *Concho* docked at New York on the evening of July 31 with 183 patients, one physician, and eight Red Cross nurses. Colonel Charles C. Byrne, Chief Surgeon, Department of the East, inspected the ship and reported to Sternberg, "...I saw enough to satisfy me that things were not as they should have been.... Six patients died and several others appeared to be in a hopeless condition."⁶⁵ A few days later, the transport *Santiago* brought not only embarrassment, but also anger when the *New York Times* responded with a professional and personal attack on the surgeon general. The *Santiago*, with 180 convalescents aboard, had docked at Egmont Key, the quarantine station for Tampa, which had been prohibited by Sternberg as a convalescent landing point because no medical facilities existed there to receive them. Sternberg responded to questions by stating, "I did not know...the Santiago was coming with sick or convalescent soldiers. If I had heard...she was making for Egmont Key I should have directed...my former orders be obeyed.... But the shipment of convalescents and returning men

is matter with the line officers at Santiago or Siboney. They may send back whom they please, and the Medical Department cannot prevent it.”⁶⁶ But the correspondent, Stanhope Sams, clearly intended to indict Sternberg for this error. Sams did a bit of nosing about the War Department until he found an officer “familiar with the relations of the line and medical officers,” who was glad to put the knife into Sternberg and Alger and slap the Quartermaster Department in the process.⁶⁷ He commented that “some quartermaster, anxious to get the job off his hands, hurried them [the convalescents] on board...and dispatched the ship to the first point suggested.... The trouble with the Medical Department of the Army is that unless it has a very strong, bustling, forcible head, and the War Department has a head that will work in with the head of the Medical Department, it can accomplish little.... It does not make any difference how fine and accurate a scientist or theorist the Surgeon General is...unless he can also be an executive officer. It does not do to write an order and think that something has been done. The chances are that it will not be done unless...the officer is a man of sufficient force, impressiveness of address, and persistency to badger the Secretary of War until his requests have been attended to — not merely promised.”⁶⁸ For all of his supposed familiarity with the interactions of Medical Corps and line, the anonymous officer demonstrated a remarkable ignorance of them, army administrative procedure, and the events of the past three months.

Sternberg kept his finger on the pulse of activities at Montauk Point as rumors circulated that Alger was going to force his resignation.⁶⁹ He was in daily telegraphic contact with Forwood, coaching and advising without micromanaging. To cut red tape early on, the surgeon general authorized him to purchase supplies directly from the New York depot, contract for physicians and nurses as required, buy and use disinfectants lavishly, push hard to get a laundry facility built, and have 100 hospital tents available for immediate use while hospital construction was underway. Sternberg also reminded him the Secretary of War ordered no pains or expenses to be spared in establishing these medical facilities and obtaining everything necessary for the patients. With this in mind, the surgeon general asked for an additional \$500,000, which he received on September 8, to complete the project. But avoiding criticism was impossible. As with every other operation during the war, at Camp Wikoff too much was expected too fast from limited resources. From the outset, the single-track railroad and its terminus at Montauk Point were too small to handle the large amount of material being delivered. The Quartermaster Department could not provide sufficient wagons and animals to transfer these materials to the various construction sites. Boring wells in the rocky terrain made obtaining ample water a major problem; therefore, drift wells had to be dug, the water had to be slowly pumped into storage tanks, and every drop boiled before consumption. Late on August 7, 3,500 men from the 6th cavalry with a couple thousand horses and mules began to descend on the camp without tents, baggage, or any provisions. The 6th Cavalry, which was left behind at Tampa in June for want of transports, was now believed to be at risk for a typhoid epidemic. The War Department directed the cavalry to Camp Wikoff, hoping it

could assist with construction, but in reality it only became another burden for General Young and his chief surgeon.⁷⁰

Finding enough skilled carpenters, haggling over wages, and rain caused the construction of the pavilion-style hospitals to progress by starts and stops. Each ward consisted of six joined tents and accommodated 30 patients. Forwood reported he had “all kinds of medical and hospital property in abundance and under cover,” but what he really needed was more physicians and nurses.⁷¹ Sternberg successfully opened a pipeline for personnel by contracting physicians and nurses as rapidly as he could, and female nurses began to arrive on this day. Help was accepted from the Marine Hospital Service, Red Cross, American National Relief Association, and Sisters of Charity. He brought Major William Borden with a group of contract physicians, female nurses, and corpsmen from Key West and deployed more corpsmen from the hospitals at West Point and Washington Barracks.⁷²

Hordes of reporters, physicians, philanthropists, and tradesmen descended on the camp. Although eager to help, they only added to the congestion and fanned the flames of impending disaster in the newspapers. Others—like Governor Frank S. Black of New York—were more focused on what infections arriving troops brought with them to Montauk Point’s shores. While yellow fever was the most terrifying disease to the public, the danger of a typhoid fever epidemic on Long Island generated tremendous angst. By August 11, the day Black sent his health officer, Dr. Alvah H. Doty, to visit Forwood, the papers were buzzing with typhoid tales from the mobilization camps, and the *Relief* was on its way carrying 260 sick soldiers, mostly typhoid cases. The governor doubted the Medical Department’s ability to contain the disease. Doty was supposed to pressure Forwood into sending all typhoid patients to New York and Brooklyn hospitals or else he would quarantine the entire camp. However, Forwood said no. From experience, both Forwood and Sternberg agreed typhoid patients fared better in tents rather than in fixed general hospitals. Furthermore, sending diagnosed patients elsewhere would not preclude typhoid from entering the camp, and the surgeon general had confidence that disinfection of excreta would keep it from escaping. For Sternberg and Forwood, the real issues were providing proper patient care and maintaining enough bed space. Civilian and military hospitals closer to New York Harbor would shorten evacuation and provide extra bed space. Sternberg gave Forwood total decision-making authority at Montauk Point, but he directed Colonel Byrne to send all typhoid cases from the *Relief* to New York and Brooklyn. Then he informed the governor and his health officer that he would not be dictated to on the subject as they had no jurisdiction over a federal encampment.⁷³

On August 18, the day the general hospital was completed and construction of a 500-bed annex immediately began, 730 patients were receiving care and another 500 were waiting on transports. Forwood’s hospital census reports and the scheduled arrival times of transports made Sternberg concerned that the medical facilities would soon be overrun. Had he and Forwood significantly underestimated the V Corps sick rolls? To keep beds open, convalescents would have to be furloughed or

evacuated to other facilities. Medical officers had been given approval to furlough those well enough to travel the previous week. To provide care for typhoid cases and convalescents still too weak to travel long distances, Sternberg coordinated for the use of facilities at Forts Hamilton, Wadsworth, and Columbus as well as local New York, Boston, New Haven, and Philadelphia hospitals. Sternberg advised Forwood to keep patients aboard the *Olivette* until steamers could begin transferring patients out. The rapid construction of annex wards by August 20, however, appears to have relieved the pressure enough for Forwood to telegraph "I feel confident I can take sick as fast as they come."⁷⁴ And they came. By August 24, there were nearly 1,500 patients in the detention and general hospitals and the hospital annex that was still under construction. At least 500 patients had been evacuated to city hospitals, and the steamer *Catania* was inbound with another 410 patients aboard.⁷⁵

By late August, patients were being continuously received, evaluated, treated, and shipped out by scores of doctors, nurses, and corpsmen. Under Forwood's competent administration and leadership, medical operations slowly, but steadily, improved. This was noted by the *New York Times*, but never expanded upon.⁷⁶

The last of Shafter's troops docked at Montauk Point during the first week of September. On September 10, Forwood told Sternberg "There are over 1,000 vacant beds in the three hospitals. Everything is running smoothly.... There is nothing for me to do here now...."⁷⁷ Forwood was exhausted. The surgeon general replaced him with Greenleaf, who directed operations until the camp closed in October. The camp had processed 14,000 patients, and of these only 257 died.⁷⁸ No typhoid epidemic had occurred as predicted by the governor, Doty, and even Colonel Nicholas Senn; nor had yellow fever made a viable presence in the camp.

Until early August, public attention had been focused on the army and its difficulties in Cuba. Miles' three-pronged assault on Puerto Rico that started on July 25 attracted little adverse comment. The redeployment of the V Corps to the United States, however, shifted public attention not only to Camp Wikoff, but also to the other camps where the majority of volunteers had spent the war. On August 6 and 7, the *New York Times* informed its readers that typhoid fever had broken out at Camps Alger and Thomas. Three days later, one of its first front-page articles covered the status of medical care in Camp Thomas at Chickamauga Park, Georgia. The heartrending story, given by Captain William F. Morris of the 9th New York Volunteers, told of sick soldiers languishing under poor medical care and their fear of the hospital. According to Morris, the camp was "a modern Andersonville."⁷⁹ If the content of the article did not generate indignation among its readers, the comparison of a contemporary mobilization and training camp to the infamous Confederate prison most certainly did.

Unlike Camp Wikoff, the major mobilization camps—Alger near Falls Church, Virginia, Thomas at Chickamauga Park, Georgia, and Cuba Libre near Jacksonville, Florida—had been selected in April and May by a three-man commission appointed by Alger without input from the surgeon general. With the exception of Camp Alger, however, it is doubtful Sternberg would have balked at the selections. Camps

Thomas and Cuba Libre were spacious and had abundant pure water sources. What turned these camps into the pestholes—described by reporters in August—was the massive influx of inexperienced and undisciplined volunteer soldiers. In the government's rush to war, Sternberg noted a repetition of Civil War era mobilization practices that should have been altered by current medical knowledge and past experience. The haste in which recruiting was accomplished precluded proper medical examinations and, therefore, men sick with typhoid and other infectious diseases were accepted for service. They became the nidus for various camp infections. This problem was compounded by a reduction in the recruiting age to 18 years. These militarily and immunologically unseasoned boys swelled the ranks and the sick call lists with cases of measles, chickenpox, upper respiratory infections, and, as the summer progressed, typhoid fever. Sternberg was under no illusion that typhoid fever could be kept out of the mobilizing army entirely. The disease was endemic throughout the United States, and even a careful medical examination would not reveal those incubating the disease. Although William Budd had described the transmission of typhoid through infected feces and soiled hands and the role of disinfectants in halting this transmission in 1873, appropriate camp sanitation would not preclude occasional local outbreaks, but it would at least reduce the impact of typhoid and other diseases. Guidance provided by Sternberg in Circular No. 1 was based on these principles. Regrettably, the majority of line officers were no more experienced or disciplined than the recruits, and many volunteer and contract physicians were ignorant of the medical science upon which the circular was based. Sternberg's guidance was met with indifference or it was ignored. Camps became overcrowded, bivouac sites were poorly located, company latrines and refuse pits were placed too close to living quarters, and bathing facilities were inadequate. Soldiers defecated promiscuously about the camps, quenched their thirst from the nearest water source, and ate indiscriminately from local food vendors.⁸⁰

Sternberg was aware of the potential, but never expected the large epidemics that engulfed Camps Alger and Thomas. The volume of work in his office was overwhelming. He read many sanitary reports, but could not possibly keep all of the information at hand on a daily basis. Furthermore, some sanitary reports that should have been made through command channels never reached the Surgeon General's Office or, if they did, were filed before Sternberg had read them. By his own admission, he was not aware of the unsanitary conditions of these two camps until the newspapers brought it to light. At the end of July, he sent Walter Reed on a whirlwind investigative tour of general and division hospitals at Camps Alger and Thomas, and Forts Thomas, McPherson, and Monroe to discern the cause of these administrative deficiencies. Although sent to put paper trails in order, Reed's keen eye undoubtedly also assessed the sanitary status of the camps for his chief. The following week, Lieutenant Colonel Alfred A. Woodhull was dispatched to Camp Thomas to make a thorough sanitary inspection. His report reached the surgeon general on August 7. Once apprised of the true state of affairs in the camps, Sternberg believed the epidemics were in large part resulting from the undisciplined behavior of individual soldiers and disregard of his original directives concerning camp sanitation by inexperienced officers. He opined

the situation at Camp Alger to be serious, but not alarming, and this was confirmed a week later when surgeons there reported the epidemic was under control. However, this was not the case for Chickamauga. The epidemic continued there unabated until hospitals overflowed and services were stretched to the breaking point.⁸¹

On August 6, Adjutant General Corbin directed a sanitary investigation be conducted. The board consisted of three brigadier generals of volunteers, J. P. Sanger, Charles P. Mattocks, and Charles F. Roe, but medical representation was conspicuously absent. Their report of August 15 was a well-written, but weak defense of the volunteer officer corps at Chickamauga. While admitting that before August 1 general sanitation and policing of the camps had been less than desirable due to inexperience in the field, the board concluded the following:

1. if the Quartermaster Department had provided enough kettles and barrels for boiling and storing, then water transmission via this medium would have been stopped; and
2. had the Medical Department not stripped the regiments of surgeons, then general sanitation would have been attended to and patients would have been better cared for.⁸²

Sternberg disagreed strongly with both of these conclusions. Three days after Sanger submitted his report, Sternberg established the Typhoid Board to conduct an epidemiological investigation of the disease in the major camps. Although the timing is interesting, the findings of Reed and Woodhull earlier in the month and the increasing number of typhoid cases and deaths motivated the creation of the board, rather than Sanger's report. Sternberg also recognized typhoid was becoming another in an expanding list of Medical Department scandals. Therefore, he selected the board's membership carefully. The indefatigable and experienced Reed was put in charge with Victor C. Vaughn and Edward O. Shakespeare to assist him. Sternberg shared a long professional history with all of them. Vaughn and Shakespeare were not only accomplished bacteriologists, but also experienced and trusted civilian public health experts. Their presence would lend credibility to the investigation and preclude accusations of a government cover-up.⁸³

From August 20 to October 10, the Typhoid Board members visited the camps. They collected 1,000 pages of testimony from a large number of medical officers and carefully recorded their own observations on every detail of camp sanitation and hygiene. Upon their return to Washington, they made a thorough study of monthly sick and wounded reports for 118 regiments compiled in the Surgeon General's Office. Although the final report of the board would not appear until 1900, its initial findings were significant. Typhoid in the camps did not result from impure water as was commonly believed and reported in the newspapers, but rather from a disregard for personal and unit sanitation and hygiene. Soldiers had brought the disease with them from civilian life. These carriers deposited typhoid bacilli in the latrines and on the ground before they became ill, and then, by way of soiled hands and flies, the disease was transmitted to kitchens and dining tables. Moreover, medical officers, particularly among the civilian volunteers, were

failing to recognize half of the typhoid cases encountered, calling them malarial or typhomalarial. To preclude further diagnostic errors, the board recommended each camp be equipped to perform blood examinations for malaria and to use the Widal test for typhoid fever.⁸⁴

By the end of August, Sternberg was weary. The medical fiasco on Cuba and his tiff with Shafter had led to printed rumors that Alger was ready to relieve him. He had to continually explain he was not hostile to the American Red Cross, but truly did appreciate its efforts. Newspaper editorials labeled him an incompetent and a murderer, indicted him for an unending litany of medical failures based largely on emotion, placed unrealistic responsibilities on him while wholly ignorant of military command procedures and combat realities, and labeled his bacteriological work a distraction that led to unnecessary suffering and death. His home was no longer a haven for rest and recuperation, but had become a second office where he answered phone calls and telegrams constantly and consoled a continual parade of distressed relatives. In his heart and mind, Sternberg knew he had done everything in his power to ensure appropriate medical support had been provided on two foreign fronts and in the stateside training camps as quickly as the crisis permitted. Sternberg felt it was a stunning and hurtful blow that the American public felt this was not enough and that trust in him had been misplaced and abused. Mrs. Sternberg felt her husband's emotions acutely, and the editorials cut her to the quick. The early excitement of the war had been reminiscent of those long ago days at Fort Lapwai. Then she worried about his physical safety; now she fretted over his psychological well-being and his apparent precarious status within the administration. She became so upset over the criticism that she stopped making her routine visits to the First Lady. When McKinley learned of this, he told Sternberg to bring her to the White House for a "needed lesson in politics."⁸⁵ McKinley regretted tremendously that she had taken press accounts so much to heart. He reminded her most of the criticism was only for political effect and "history would reveal that we had all done our duty, and in the meantime we had at least the approval of our conscience."⁸⁶

Although McKinley's words relieved Mrs. Sternberg's fears that the war had splintered their friendship, they did nothing to allay Sternberg's intense indignation. He had remained confident that he and his supporters could adequately explain their position through the lay and professional press and defend himself from what he considered—and historical investigation bears out—was unduly harsh professional and personal criticism. But the American public was not listening. Sternberg recognized only through an open and thorough inquiry by a disinterested committee that he and the Medical Department would be cleared of misconduct and neglect. On August 27, he asked Alger for a general investigation of the Medical Department and five days later made public his readiness and desire for the same whenever the War Department saw fit to do so. On September 8, he received his wish. McKinley directed the appointment of a commission to thoroughly investigate the army's management of the war. Retired General Grenville M. Dodge, an Iowa businessman prominent in

the Republican Party who had publicly defended the Army over the previous months, accepted the chairmanship. Through the fall, the commission scrutinized every aspect of army administration. The Secretary of War and all the bureau chiefs were minutely questioned. Officers, enlisted men, nurses, physicians, charity workers, and concerned citizens provided testimony, and army camps were inspected.⁸⁷

With the Dodge Commission, Sternberg saw an opportunity for vindication. When directives arrived on his desk from the Dodge Commission later in the month, he directed his staff to prepare answers on Medical Department organization, staffing, logistics, hospitals, and evacuation, and he invited the commission to visit his office to assess its organization and work practices. He, too, prepared comprehensive memoranda of his department's execution of the medical mission. Regrettably, there were no solid preliminary conclusions from the Typhoid Board to assist in the defense as Sternberg prepared to give his testimony on December 8. It proved to be a long and grueling day. He answered 370 questions that covered every aspect of medical activity from personnel and equipment to rations and reports of physician drunkenness. Toward the end, fatigue set in and his temper began to rise, but he quickly rallied from the former and gained control of the latter. When he left the Lemon Building in downtown Washington, Sternberg was satisfied that he had honestly defended the Medical Department, his officers, and himself to the best of his ability.⁸⁸

In its report of February 1899, the commission was satisfied the problems experienced by the Medical Department during the war did not result from improper management and wanton neglect. Its most damning conclusion was the department had failed in its primary duty to protect the health of the soldier by not having a corps of medical inspectors and/or insisting on timely sanitary reports. But the impact of this statement faded significantly when placed alongside the other seven conclusions concerning the Medical Department. The commission found, as a result of poor administrative methods and cost-containment initiatives that had developed over a generation, that Sternberg had been precluded from preparing for—or responding to—the 10-fold expansion of the army with men or materiel in a timely fashion. The demands made on the department were “much greater than had been anticipated,” and it had been “seriously crippled in its efforts” to provide all medical and hospital supplies.⁸⁹ While the commission chided the surgeon general for not employing female nurses early on, it recognized the lack of a sufficient nursing force resulted from congressional failure to authorize the establishment of a hospital corps in the volunteers. The commission also noted that “a vast deal of good work was done by medical officers, high and low, regular and volunteer, and there were unusually few deaths among the wounded and the sick.”⁹⁰ The commission recommended the surgeon general be granted the authority to increase the number of commissioned medical officers, establish a volunteer hospital corps during wartime and a reserve corps of trained women nurses, stockpile a year's supply of medical stores for four times the actual army strength, manage Medical Department transportation, and simplify administrative paperwork for increased efficiency.⁹¹

To Sternberg, the facts had been presented to an unbiased panel of judges who had deliberated on the evidence, rendered their verdict, and made the proceedings available to the public at large. He and the Medical Department had been—for the most part—vindicated and that was the end of it. This was true, at least contemporaneously. Republicans maintained control of Congress in November, Alger remained as Secretary of War, Sternberg continued as surgeon general, and the McKinley administration would win reelection in 1900. While the public did not demand a sacrificial lamb or two from the administration, the War, or Medical Departments, historians would not be so kind.

Sternberg has been painted as a brilliant, but austere, obstructive, and lazy man who was “authoritative and disdainful of contradiction” and detached from other human beings or their suffering.⁹² He was seen as unaggressive, wholly innocent of army politics and administration, and ignorant of military organization and his duties as surgeon general. These assessments of Sternberg lack a genuine grasp and appreciation of his personality; his character as a man, physician, and soldier; and his abilities as a military officer. Moreover, they fail to consider the limitations of his office in the overall command and staff structure of the army and the boundaries of his personal span of control. Historians have perpetuated a myth while ignoring the genuine flaws in Sternberg’s decision-making and their origins.⁹³

Sternberg’s failures in the spring and summer of 1898 have their origins in his almost 40 years of experience with the traditional organization, regulations, and procedures of the 19th century army. He and nearly all of the line commanders and bureau chiefs were Civil War veterans. With the exception of Joseph Wheeler, none of them had commanded anything larger than a regiment or—in Sternberg’s case—a general hospital during wartime. The post-Civil War army was an extremely small and scattered constabulary that for the most part fought skirmishes, not battles, fell into a routine that changed little from year to year, and could be administered from Washington without significant difficulty. Sternberg and his peers had been doing the same thing, in the same place, with the same tools and austere budgets for so long that to think and act with vision on a broader scale—as the campaigns of 1898 demanded—was impossible within the timeframe of the conflict. Sternberg acted as rapidly and effectively as could be expected under the circumstances to advise the army concerning disease threats and build the robust Medical Department required. However, his judgment failed him significantly four times. Although each of these decisions was made independently early on, they all came home to roost in August.

First, he and Juan Guiteras erred when they vacillated on the threat posed to the army by yellow fever and malaria. Sternberg had the trust and confidence of the president on all medical matters. He was an internationally renowned subject matter expert on both maladies. He knew both diseases were endemic on the island and had an intimate understanding of the impact of these diseases on past armies. It is almost inconceivable that he would allow any doubt to shadow McKinley’s mind over the inevitable consequences of a summer campaign, but apparently he did. If Sternberg had remained immovable on this issue with Miles, then it is possible—

although unlikely—that the president may have opted to postpone the invasion while continuing with a naval blockade.

Second, Sternberg failed to recommend the general use of quinine for malaria chemoprophylaxis. This is also difficult to understand. Although quinine is a poor chemoprophylactic agent—acting to suppress rather than eliminate the disease—it was the only one available at the time. He was familiar with the success of quinine prophylaxis among Civil War surgeons as well as those of the British Army and Navy on African station and the French Army in Algeria over the past 40 years. He had written favorably of quinine prophylaxis in 1883 and was aware that leading medical experts, such as William Osler and Patrick Manson, both advocated its use in malarious areas.⁹⁴ Furthermore, quinine was always abundantly available to the army surgeons in Cuba.⁹⁵ Its use may have precluded the development of an army of convalescents, and hence the precipitous embarkation of V Corps to an unprepared Camp Montauk.

Sternberg's third and fourth errors—losing sight of the health status of the training camps through poor reporting and not deploying a sufficient number of female nurses—appear at first blush to stem from a reluctance to break with traditional army practices and procedures. Although reporting procedures from field surgeons to the surgeon general went through a logical and appropriate command chain and army nursing was the province of men, these are thin excuses for the medical misadventures in the training camps. Sternberg was cognizant of the endemic nature and epidemic potential of typhoid fever, the immunogenic naiveté of 18-year-old recruits, the undisciplined inexperience of volunteers in camp, the unfamiliarity of volunteer surgeons with regular army healthcare practices, the shortage of hospital corpsmen for nursing duties, and the fact that he had too few officers on his staff to conduct routine inspections of the camps. Forearmed with this knowledge, he should have had a higher index of suspicion for problems in the camps and should have required a weekly status report be sent directly to him from the chief surgeon of each camp. Sternberg expected the regular army medical officers he put in positions of authority in the camps to perform division-level administration, patient treatment, and training of a large number of volunteer and contract surgeons in army administration and field sanitation. These expectations were unrealistic. While some novice army surgeons resisted the training, others and their commanders refused to let the traditional regimental hospital system die. If Sternberg had demanded more frequent and direct communications from his chief surgeons, then he would have realized he was asking too much from too few, and the resistance to proper sanitation and hospital management had primed the camps for a medical disaster, most likely in the form of typhoid fever.

Tied directly to the foregoing is Sternberg's failure to employ female nurses until the typhoid wave had crested and broken on the camps. With inadequate numbers of regular army hospital corpsmen, Congress' refusal to support a volunteer hospital corps, and the tendency for National Guard corpsmen to serve in nonmedical roles, the surgeon general had only two options for providing nursing care: he could hope recruiting efforts for competent corpsmen improved and filled the

ranks rapidly, or he could employ appropriately trained and eager female nurses immediately.⁹⁶ Regrettably, Sternberg chose the former solution and sent nurses only when requested by the hospital commander. His decision does not appear to be related to a lack of faith in their abilities or that women would be exposed to the realities of army camp life, but rather to the animosity held by a number of his medical officers for female nurses in general. While Sternberg's respect for the autonomy of the hospital commander is commendable, in this instance it proved to be disastrous to mission accomplishment. Had he exerted his authority as surgeon general on this issue earlier, general and division hospitals would have provided better care, and the sharp criticism he received in reducing the capabilities of the regimental hospital would have been—to some extent—blunted.

It has been said the war destroyed Sternberg's reputation as an eminent epidemiologist and bacteriologist.⁹⁷ This, too, is a myth. Whereas he was severely misunderstood by a medically and militarily uneducated or uninformed public, neither the military nor civilian medical communities lost faith in his abilities as a physician and scientist, nor did the officers of the Medical Department as a whole feel their trust in him as a leader had been misplaced. Sternberg successfully applied knowledge gained from the hard lessons of the Cuban campaign to a new insurgency war in the Philippines. Moreover, he immediately recognized the projection of American influence into the Caribbean and South Pacific held great potential for the advancement of medical science through the auspices of the U.S. Army Medical Department.