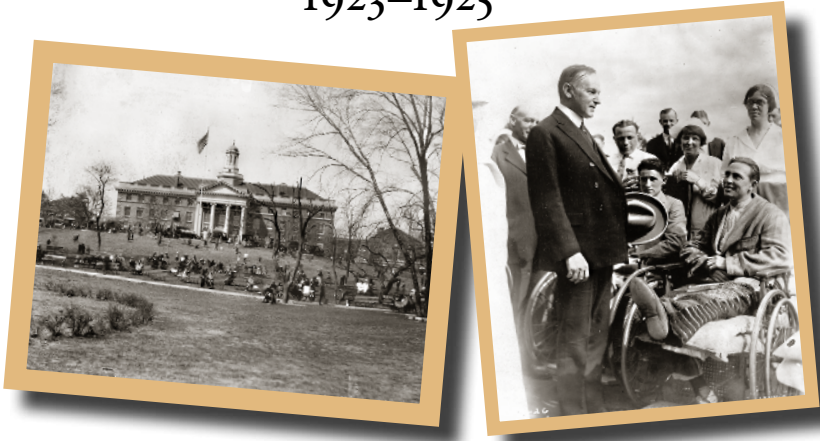


The Army Medical Center

1923–1925



“Man is the only animal that laughs and weeps; for he is the only animal that is struck with the difference between what things are, and what they ought to be.”¹

Some Matters of Opinion

The Red Cross convalescent house was comparatively small, but the furnishings were homelike and the personnel friendly. Thus it was the natural center for organized recreational activities and it played an inestimable part in every phase of institutional life. Its mission was the mission of the national organization whose record of welfare service for the American soldier is unsurpassed by any other volunteer social agency in the world.

Trained Red Cross social workers are essentially liaison agents between the soldier and his community in that they secure for the professional staff, social histories pertinent to the clinical record. The local Red Cross organization, i.e., the Field Director at Walter Reed, may give temporary financial assistance to the destitute; skilled staff workers counsel on housing, legal or personal problems. At the ward level, both trained and volunteer workers supervise recreation programs and act as scribes. The Gray Ladies, so intimately a part of the Red Cross organization at Walter Reed, had, by 1924, a prescribed training course.² Applicants were not only carefully selected, but professional staff members provided scheduled instruction in hospital ethics and functions, and the general nomenclature and characteristics of the more common diseases. It was the Gray Ladies who performed the homely unimpressive chores for “the boys” and dispensed many small luxuries and even some necessary items that could not properly be called a Federal responsibility. Their bounty was limitless, but on the

whole the men accepted their ministrations as a matter of course. "Griping" is accepted as a basic characteristic of this psychology of soldiers, and the best of them complain happily about the pay, the food, or "the old man." It is not surprising, therefore, that some of the patients accepted the Gray Ladies' attention with affectionate indulgence and others with cynical indifference. For as one wag remarked about the endless supply of razor blades, writing paper, candy and outdated magazines, "Jeez, they're all right, but if they don't give us girls it ain't no use."³

There was then a freshness and sincerity influencing the management of welfare activities, and at no other time in the hospital's history was the institutional esprit de corps so great as in the early post-World War I years. Morale was a positive and viable factor rather than an artificial by-product of public relations activities. The patients participated wholeheartedly in the parties, carnivals, corn roasts and entertainments sponsored by the Red Cross and Occupational Therapy workers. They attended social functions at the White House with buoyant enthusiasm. Here at last was evidence of democracy, as commoner and king, soldier and commander-in-chief drank the same kind of brew from the same kind of cup. Rehabilitation of the war-wounded proceeded with genuine rather than professional enthusiasm,



First Easter Egg Rolling, 1923

and whether the project concerned modeling, carpentry, typing or chicken raising near the old Lay Mansion, Walter Reed patients received the warm-hearted manifestations of community interest with enthusiasm, and in their way they returned what they could.

The Red Cross staff sponsored an annual Christmas party for underprivileged city children who were as overwhelmed by the generosity of the Walter Reed patients as the patients were by the generosity of the Washington citizens. The toys and gifts were made at the hospital, under the direction of Miss Bertha York, and more than one young orphan was fondled and loved by “doughboys” homesick for their own “small fry.” Hospital workers recall their pathetic yet comical efforts to put some of the more anxious youngsters at ease, especially one legless veteran who fascinated even the most apprehensive young guests by the constant removal and insertion of a well matched glass eye. *The Come Back* was still the medium for inter-ward news, and in that gay December of 1923, it featured a line drawing of a smiling crutch-laden soldier wishing “A Merry Christmas to the Whole World.”⁴

The convalescent house was the hub of non-professional activities. There the boys found entertainment and relaxation, card parties and other indoor games,



Army Medical School, 1923

a victrola and a player piano. There the Detachment corpsmen had their parties and dances and the officers had their monthly “hops.” The main hall was on occasion a chapel, movie house or lyceum, and for several years during the mid-twenties, the annual graduation exercises for the various professional training groups were held in the same hall where Tetrzine once fainted at the sight of a blind amputee, Schumann-Heink dissolved her audience in tears,⁵ and the brasses of the Army Band orchestra shook the very rafters with their rumbling.

The comb-like arrangement of the temporary wards was not attractive, but intra-hospital communication and transportation were comparatively easy. The Post Library was strategically located on the “Main Drag,” and its nearest neighbor, arranged T-wise, was Ward 31, where the long-standing chronic cases were treated. The men enjoyed a special sort of community life when on “The Drag,” and a group in wheel chairs could always be found out-of-doors when weather permitted. With the characteristic cheerfulness of the amputee, they would sit for hours refighting their old campaigns, swapping risqué stories or commenting on the appearance, especially feminine, of their unsuspecting public. One double amputee, natural leader of the group, invariably managed to get more than a fair share of the attention, for he was the special pet of the Gray Ladies who wandered about dispensing cheer and charity.



Army Nurses at White House Fete for wounded soldiers, 1922

One fine day as he and his cronies sat sunning, an escort of Gray Ladies conducted several distinguished visitors in his direction. An unpredictable prankish streak prompted him to draw both arms inside his loose robe and leave the sleeves hanging empty. The usual newspaper articles about the “basket cases” at Walter Reed and other hospitals had appeared from time to time, and to the uninformed lady visitor the man appeared as a bona fide case. Thus attention was immediately centered on the apparently helpless victim, as she gave him candy, lit his cigarette and even spoon-fed his ice cream. One of the young women, overwhelmed with pity for the graceless prankster, leaned over to kiss him tenderly on the lips, whereupon nature reasserted itself with surprising speed.

“Oh my God, Oh MY GOD, OH MY GOD,” he shouted, throwing both brawny arms around the startled Cleopatra.⁶

All war periods produce countless human interest stories. Some are tales of heroism and daring; some are startling accounts of personal sacrifices. The more spectacular stories make the front pages in newspapers, but the everyday sorrows of the average man are rarely of public interest.

A long-standing and clearly defined rule forbade the association of nurses and enlisted men had, in addition to the social factors involved, a just military basis. Women not only had a difficult time maintaining discipline in the male hierarchy, but nurse leaders then struggling to establish their group on a professional basis⁷ were well aware of the social gulf between management and the worker; officer and enlisted status; the doctor and the ward attendant. As nursing was the natural ally of medicine, and as Army nurses had long wanted military status, it was appropriate that rigid standards control their conduct.

Relative rank was granted the Army Nurse Corps in 1920,⁸ primarily as a result of the concerted lobbying activities of organized nursing groups,⁹ and thereafter the women held a semi-commissioned status, with the grades of second lieutenant through major corresponding in name but not in the identical pay and military privileges accorded male officers. The Army School of Nursing was a favored experimental project of both the organized nursing groups and the Superintendent of the Army Nurse Corps, Major Julia C. Stimson, and so rigid attempts were made not only to train young nursing students to a state of mind and discipline appropriate to military life, but to curb their natural inclination for the ready companionship of attractive males, with or without Sam Brown belts.¹⁰

As the social value of the military uniform changes in wartime, it was inevitable that some regulations were relaxed. Matrimonial “casualties” as well as student attrition affected the Army Nurse Corps, and Walter Reed had a fair share of war romances of the period. Aides and nurses, volunteers and paid workers alike forsook professional for private life. One of the younger student nurses fancied herself in love with, and married secretly, a handsome, cheery but badly wounded Ward 31 hero. As his prognosis became worse and the first blossom of romance faded, their occasional meetings were

insufficient to hold the young girl's interest, and so the soldier's greatest pleasure in life was her daily visit to him on the ward or the "Main Drag". As her interest waned and she came less frequently, he became discouraged and melancholy.

All of the Ward 31 inmates were known to their nearest neighbors, the librarians, and during the last months, when the soldier was slow in dying, depression overcame his reserve and he confided his troubles to the senior librarian, asking her to witness his will. His small estate was bequeathed in escrow to the young girl's uncle, in order to protect her good name and prevent expulsion from the Army School of Nursing. The legal matter was managed with complete secrecy and the man died confidently, sure that his private affairs were unknown.

Surprisingly, at the time of the funeral, Colonel Glennan proposed that the senior librarian accompany a "certain" young nurse to the service. Amazed at his interest as well as his knowledgeable manner, his friend stated that the girl was attending the service with her uncle and aunt and asked why he made the suggestion. The gallant commanding officer not only made no comment, but the young nurse was allowed to finish the course, her supervisor unaware that she had broken one of the most rigid rules of the majority of training schools of the day – the ban on married women. "Noisy Jim," the ironically named, simply didn't talk!¹¹

In those early and informal days of Post life the majority of the distinguished visitors and sightseers were conducted through the reading room of the hospital library. Others, especially



General Pershing watching President Coolidge signing Hospital Bill which extended privilege of Veterans, 1924

those of the military world, passed its portals on their way to and from the clinics. Of all the rather remarkable people who came to Walter Reed during this period, the heroic General John J. Pershing, then Chief of Staff of the Army, created the most excited comment.

The library sorting table faced the door to the main corridor, and although it was not the coolest place to work, it was the most advantageous for viewing the intra-hospital traffic. No one escaped the interested gaze of the volunteer workers, including General Pershing, who almost daily took his careful course to the Dental Clinic. When exactly in front of the door he meticulously doffed his hat, bowed unsmilingly to the ladies, and proceeded somberly on his way. This routine continued for several weeks and then one day he paused momentarily, bowed and smiled dazzlingly at the workers.

After a moment of shocked silence the startled young ladies chirruped as one, "He's got his teeth, he's got his teeth!" and then wondered agonizingly how far the sound had carried.¹²

Professional Pageant

The Surgeon General's Annual Report for 1923 states that

No additions or alterations were accomplished at this hospital through the expenditure of "Construction and repair of hospitals" funds, but the Veterans Bureau has expended ... during the present fiscal year the sum of \$14,000 for (a) garage, and (b) general repairs to hospital buildings, including electrical equipment, power plant, heating plant, roads, walk, curbs, sewers, drains, etc., \$5,000

The "Power House Story" is but another illustration of the hospital commander's quiet effectiveness. Early in the Glennan administration a persuasive female engineer, widow of an inventor, convinced the Quartermaster General of the advisability of changing the Walter Reed heating system from coal to oil.¹³ General Glennan not only disapproved, but he declined to commit Medical Department funds for what he believed to be an impractical experiment. He agreed, however, to try the new process if the Quartermaster provided the funds and the interested company posted bond for reconversion from oil to coal.¹⁴

The process in question operated on the principle of flash heat, created by a mixture of oil and water. This was before oil heating was in general use, and as there was no way of serving the plant, an oil line was laid from Takoma Park. Enormous storage tanks were submerged on the ridge above the power house, where Charley Anderson once raised chickens for the hospital mess. The experiment was doomed from the start, for the combustible mixture produced such an intense and uncontrollable heat that it burnt the fire bricks out of the furnaces faster than replacements could be installed. The lady engineer, game to the last, donned overalls and worked at the furnaces with the men. When her funds were exhausted, part of the bond money was used to meet the last payroll.¹⁵ Unfortunately, there is no record of "Noisy Jim's" comments to the Quartermaster General's Office, and on the basis of circumstantial evidence it appears

*Rehabilitation*

that part of the \$5,000 provided by the Veterans Administration was used to restore the furnace.

The total bed capacity of all general hospitals was ample at this time, and at Walter Reed, at the end of the fiscal year, June 30, 1923, only 748 of the 1200 authorized beds were occupied, 287 of them by Veterans Bureau patients.¹⁶

There were, however, 1,568 Veterans Bureau patients admitted to the hospital during the calendar year 1923, and only 1,078 "other" patients from the United States at large. The latter group included both military personnel and their dependents. The organization of the Surgical Service was still substantially the same, and the X-ray Section, Anesthesia and Dental Sections were also under Colonel Keller's general supervision. Numerically, the number of patients admitted on the surgical service had decreased, but the surgeons believed the volume of routine work had not changed appreciably because so many of the chronic cases required extensive surgical dressings and treatment.¹⁷ Colonel Keller continued his occasional demonstration and lecture clinics for Johns Hopkins, George Washington and Georgetown senior medical students, as well as the weekly clinic in military surgery for Army Medical School students, by then reduced from nine to six months.



Dental Clinic, WRGH, 1922

Of the 688 orthopedic cases treated in 1923, only fifteen per cent required surgery. On the other hand, some 1,300 cases were seen in consultation from other hospital services or as referrals from the Attending Surgeon's Office, Military District of Washington; and 8,600 plaster of Paris bandages were made in the Orthopedic Appliance Shop, for later use in making body casts. From a strictly statistical evaluation, the EENT section, credited with 1,317 of the total 2,475 operations, Orthopedics, Urology and finally the Obstetrical and Gynecological Sections were the busiest surgical activities.

Citation of statistical facts discloses neither "operating responsibility," i.e., extensiveness or duration of case management, nor experimental therapy. Therefore, to medically interested readers, the evidence of some changes in general therapy is worth noting. The first concerns the sudden rise in the number of laboratory procedures requisitioned by other professional services, and the second concerns the marked increase in the number of post-mortem examinations performed on the military dead. Both changes foreshadow the approach of a new professional era.

In other words, the family doctor, long dependent on the symptomatic diagnosis, was edging over to make way for the laboratory and clinical investigation of disease.

The movement would be slow in coming to a head, but the infiltration of the general practitioner's ranks had begun. The fact that eighty-seven blood transfusions, then mainly prescribed for acute surgical cases, were given at Walter Reed during the year is fully as significant as the 9.4 per cent general increase in laboratory examinations. Hospitalization for extensive dental services was not unusual, and dental activities were increasing in volume as well as in kind, with 16,498 "sittings," 350 restorations, forty-four full dentures, seventy partial dentures and seven dental repairs recorded for 1923. Consequently, if inpatient admissions decreased and the professional services increased, more was being done for the individual.

On March 3, 1919, Government hospital facilities were first authorized for Veterans suffering from service-connected disabilities, many of whom were neuropsychiatric cases. In signing the "Hospital Bill," June 7, 1924, the President endorsed the amendatory legislation called the World War Veterans Act of 1924, which authorized hospitalization for non-service-connected disabilities. In October 1924, the Director of the Veterans Administration became Chairman of the Federal Board of Hospitalization.¹⁸ Walter Reed had not had satisfactory provision for neuropsychiatric cases until this time, and occupancy of the recently constructed new hydrotherapy and occupational therapy sections of the Neuropsychiatric Service early in the year, facilitated the rehabilitation program. Of the physiotherapy students graduated on February 7, ten were appointed as senior aides to fill vacancies in the Physiotherapy Departments in the several other Army general hospitals. Of the eight dietetic student graduates, six received Civil Service appointments. A grand total of 120 graduate nurses then were on duty at Walter Reed; forty-six student nurses were present in the training school and twenty-eight were on indefinite leave of absence for affiliated services in civilian hospitals.¹⁹

Complaints regarding the average enlisted man's lack of aptitude for military medical duties had prevailed since the Revolutionary War. Technical training was a painstaking business, and hospital commanders often lamented that their institutions received many unsuitable specimens, victims of the recruiting tactics of over-zealous sergeants who assigned recruits unsuitable for field duty to the Medical Department. Coalition of hospital and School had increased the total number of enlisted men in the Detachment to 422, but many of the more expert ones were used to comprise the hundred or so technicians assigned to the detachment for staffing the Army Medical School laboratories. Others performed administrative and clerical duties, had assignments in the Quartermaster and Medical Supply Sections, served as ambulance drivers or worked in the hospital mess. It was not unusual, as Colonel Borden had pointed out, that as a matter of expediency, men were often assigned to the wards who had never before been inside a hospital. In the Walter Reed Detachment one, at least, represented Dr. Borden's contentions.

Lt. Colonel Lloyd Smith was Chief of the Medical Service at the time and thereby nominally in charge of the Laboratory Service. The Army Medical School faculty, with

its pursuit of tropical diseases, had stirred considerable interest in the debilitating effects of ascariasis, including a new appreciation of blood dyscrasias. Colonel Smith believed a patient newly arrived from Panama had ascariasis and was treating the man accordingly. Nevertheless, he wanted to verify the diagnosis by examination of the feces and ordered a cathartic in order to collect the specimen during the working hours of the laboratory staff. Unfortunately the patient could not retain the orally administered cathartic and so at great labor, the ward physician administered it intra-venously. For convenience a toilet chair was placed at the bedside, and the corpsman, a reasonably new recruit more aware that “cleanliness is next to Godliness” than of symptomatic diseases, was instructed to deliver the fresh stool to the laboratory as soon after discharge as possible. The laboratory officer and laboratory-trained nurse were directed to stay on duty and await its arrival.

Some several hours later hospital personnel were astounded on seeing the youth march through the halls proudly carrying the toilet chair on his shoulder. Moreover, the laboratory officer was completely overwhelmed when the beaming recruit marched up to him, saluted and deposited a shining toilet chair at his feet. “Here’s the stool, Sir,” he said with a broad smile, “all fresh and clean.”

In contrast to his joy, however, informal “history” credits the discomfited and indignant chief of the Medical Service with literally hopping up and down in a most unmilitary rage!²⁰

A Milestone of Progress

One of General Ireland’s early policy plans for the general hospital program included the assignment of internes, with pay of \$60 a month, ration and quarters, and the status of civilian employees.²¹ Implementing the program proved to be slower than anticipated and it was not until 1924, when internes were militarized by appointment as First Lieutenants, that a *Director of Training Course For Hospital Internes* was added to the *Training Section*, which had responsibility for such other programs as *Hospital Administration*, *The Army School of Nursing*, *The Gray Ladies*, *Anesthesia for Nurses*, *Laboratory Technique For Nurses*,²² etc. Four internes reported for duty on July 15, 1924, and three additional ones before the close of the year for five months of training on each of the Medical and Surgical Services and a two-month period in the hospital laboratory. After June 1924, the course was under the general supervision of Major Ernest R. Gentry, the Medical Department’s undulant fever expert and Chief of the Medical Service at Walter Reed. The experiment was not only immediately successful, but Colonel Glennan endorsed the annual training of at least fourteen young doctors who would meet the requirements of the National Board of Medical Examiners.²³



YMCA Hut; site now occupied by permanent barracks.

Of the eight internes completing the course at Walter Reed in 1925

- 1 *was found qualified and commissioned.*
 - 2 *were found qualified but declined appointment.*
 - 3 *were physically disqualified.*
 - 2 *were professionally disqualified.*
- 8

Two others were discharged at their own request before completing the course; one was transferred to Fitzsimmons and twelve were still in training. Thus the percentage of acceptable candidates was extremely low, and the hospital commander noted that not only should a physical examination be made before appointment as internes, but “applicants should only be accepted who desire appointment in the Medical Corps.”²⁴ This indication of general lack of interest in military assignment was similar to the situation immediately prior to passage of the Army Reorganization Act of 1908, and later, after the great war of 1941–1945.

The World War I period was a boon to public health programs. The mass mobilization of men disclosed the unsuspected fact that there were fewer brawny Tarzans in the American population than had been supposed. Concentration of men in training camps encouraged epidemics and increased the venereal disease rate. Mass feeding and quantity cookery required that more sanitary methods of handling food be adopted, the Army leading the way with its more stringent control measures and sanitary inspections. If Walter Reed was an example of the prevailing practices in other hospitals, the food management situation may have been better than that found in the camps, for an ample quota of hospital dieticians and nurses watched eagle-eyed the achievements of the soldier and civilian cooks.

Communication, the key to exchange of information, brought an innovation on January 21, 1924, when regular monthly meetings were instituted for Medical Department officers in and around Washington.²⁵ Departmental, governmental, civilian doctors and members of the Medical Reserve Corps were invited.²⁶

The detailed study of metabolic diseases, just getting under way in 1924, increased by 34.3 per cent the number of basal metabolisms performed. Further, the routine laboratory work increased by 38.8 per cent, with an increasing number of requests for hematological work. Possibly because of the concentrated work in diabetes, the Medical Service reported that “Further experience with insulin confirmed earlier reports, and its use (was) now a well established procedure in the more severe cases of diabetes mellitus. Twenty-eight (28) were admitted during the year with no deaths.” As a consequence the laboratory section reported that routine urinalysis increased “out of all commensuration with the increase in number of patients.” There had not been a complete recovery from the early post-war slump in surgical admissions, with the result that in 1925 and 1926 there was a noticeable increase in the number of medical cases.²⁷



1926, Calvin Coolidge, President of the United States, 1923–1929

The Zihlman Bill, which proposed opening 14th Street through the Walter Reed grounds, was introduced in the House of Representatives during 1924, apparently sponsored by real estate interests and enthusiastic District Commissioners. Representative John J. Rogers of Massachusetts introduced a motion that the extension skirt the hospital grounds, and other Representatives supported him in the struggle to retain the reservation intact, claiming that traffic hazards to convalescent patients would cause removal of the hospital.²⁸



Mrs. Calvin Coolidge and Pvt. Ralph Grimm, 1924

Always an idealist, Colonel Glennan wanted the great tract of land to remain as nature intended, and although the political battle was won at that time, he believed the proposal might be reopened. The most logical way to forestall such vandalism was to erect a building to block this area – but public buildings required time for approval by higher authority as well as money. Thus, as a matter of strategy, he decided to lay a concrete tennis court on the northwest side of the Service Club, an area since covered over by flower gardens. He could then truthfully claim that the land was in use and the project necessary to the welfare of hospital personnel. It was at this time that he unsuccessfully experimented with mixing green coloring in the unpoured concrete. Defeated in his attempt to have the court in aesthetic harmony with nature's own coloring matter, but adamant in his determination to forestall the District Engineers, he directed that the concrete be laid to a depth of twenty inches. He would, according to his principal confidant in this nefarious scheme, have continued the operation indefinitely, but the local Quartermaster's supply of concrete was soon exhausted.²⁹

The Hardings had been frequent visitors at Walter Reed, and as the Coolidge administration came into prominence, this custom was continued. Early in his regime General Ireland personally instituted a regular Sunday morning visit to the hospital to see ailing medical officers, old friends and distinguished patients. On the occasion of



Residue from the War, 1924

the first scheduled Coolidge visit, Colonel Glennan invited the Surgeon General to be present. General Ireland declined, saying it was the commanding officer's "show." The visit passed without any cyclonic ill effects, and General Ireland later asked his friend what he and the President discussed.

"Nothing," replied Walter Reed's commanding officer shortly.

"What did the President say?" persisted the Surgeon General.

"He said, 'Good Morning'," replied "Noisy Jim."

"Well, Jim, what did you say?" General Ireland insisted.

"I said, good morning, Mr. President," replied the old doctor seriously.³⁰

Exit a Dreamer

More human interest stories were told on the ascetic-looking James D. Glennan than on any of the other nineteen hospital commanders. Perhaps the best but certainly the most noncommittal military hospital administrator of his time, his silence was no handicap when it came to securing improvements for his hospital. A Senator from

West Virginia was a patient at Walter Reed during the Glennan administration, and the Senator so approved of the professional service that he wanted his wife admitted for a medical survey. There was, however, no authority for admitting a senatorial dependent, even with the commanding officer's permission, unless the case was an emergency. Not long after this handicap was explained, the Senator's wife seemingly had an acute seizure while visiting her husband's room. Under the circumstances it was not only humane but necessary that she be admitted as a patient.

When her condition permitted discharge, the Senator voiced effusive thanks and assured Colonel Glennan volubly that he regretted his inability to return the favor. The challenge was tempting, and to everyone's surprise Colonel Glennan announced that the enlisted men needed funds for a new baseball grandstand, as they then sat on a grass bank and watched the game from the rear. In view of the then more reasonable charges for hospital services, the Senator paid handsomely for his family welfare, for the new brick grandstand, equipped with basement showers, dressing rooms and a lounging room, cost him \$2200. "Noisy Jim," however, mourned to his Adjutant that the "touch" was so easy he should have asked for more.³¹

Although planned by Colonel Glennan, the gardens and post-war shrubbery planting were for a time the special responsibility of the Occupational Therapy aides, supervised and encouraged by Dr. Lumsden.³² Prior to erection of the Wood greenhouses, groups of neuropsychiatric patients were daily conducted across Georgia Avenue to the Freeman nursery. There they wandered at will, completing their afternoon outing with a tea party provided by the aides or attendants.³³ After the hospital had its own greenhouses,



Playing Field; looking toward 14th Street, site now occupied by new Rehabilitation Building, 1924

interested patients were encouraged to raise plants of their own, and many of the wards had competitive flower gardens, for which the Red Cross gave a weekly prize.³⁴

Several of the temporary buildings were dismantled during the early twenties in order to provide space for the new School building. By 1925 plans were being developed for razing others in order to attach great new wings to Wards "A" and "B" of the Main Building. It was Colonel Glennan's belief that nature was in itself a therapeutic agent and that ailing soldiers should have easy access to the out-of-doors, especially the beautiful Walter Reed garden. Some of the shrubbery and trees from the Shepherd estate still stood, and he was especially sentimental about a gnarled old apple tree that grew near the "Main Drag," approximately where Ward 9A now stands. As a consequence of this he spent many hours trying to adjust the angulations of the wards in order to save this fruitful relic of the past.³⁵



Mrs. Walter Reed and General Glennan, December 2, 1924

In spite of his reputation for almost unbroken silence, the Colonel discussed gardening problems with very little encouragement and during his last year at Walter Reed he spent an increasing amount of time wandering around the hospital grounds. The excavations and blasting for the Cameron's Creek tunnel had uncovered great stones that lay as they fell, and around this natural landscaping he designed the formal gardens. Later, when part of Rock Creek Park was converted into a golf course, many of the displaced evergreens were replanted as a background for this setting, *The Come Back* publishing pictures of the before and after effects of the reclamation. Surplus cherry trees, donated by the Japanese Government for the area around the Tidal Basin, were consigned to Walter Reed and planted on the upper rim of the garden basin, where after 1923, the Post children and their friends came on Easter Monday to roll their colorful Easter Eggs.³⁶

The rose garden was the General's especial delight and its luxuriant growth bore radiant testimony to his attentions. Once, while attending a horticultural convention, the old Army doctor chatted happily with an unprepossessing stranger about his plans for a formal garden at Walter Reed. Some months later the Department of Agriculture,

whose Bureau of Foreign Plant Industry frequently gave surplus stocks to the hospital, notified the commanding officer that a number of rose bushes from Lyons, France, were in quarantine, gift of wealthy Arthur Decker of Rutherford, New Jersey, who annually imported some for his own estate.³⁷ The gentle slopes that dropped from the area in front of the flagpole and into the formal gardens formed a natural amphitheater for band concerts, outdoor plays, the graduation exercises of the Army School of Nursing and the Easter Sunrise Services that became traditional occasions at the hospital during these years, and to which the public was invited.



The Formal Garden, Where Cameron's Creek Once Flowed

Samuel "Roxie" Rothafel,³⁸ popular entertainer of the early twenties, gave a number of benefit performances to secure money for installation of bedside radios at Walter Reed. His campaign was so successful that in July 1925 the first headphone sets were installed connected to a two-way broadcasting circuit located in a basement room of the Main Building. Moreover, the fund was large enough to provide similar sets for some of the other Army hospitals in the East. This represented a progressive step in the occupational therapy of patients and gave the hospital staff just pride in their affiliation with the Army's most modern medical institution.

The Post Commander was promoted to the grade of Brigadier General in February 1925. In March 1926, after a seven-year tenure as hospital planner and architect, dreamer and benevolent friend, James D. Glennan retired for age. In relinquishing the most influential factor in his daily life, command of the Walter Reed General Hospital, he likewise relinquished his will to live. Two years later he succumbed to pernicious anemia, the invading blood disease which had gradually changed his formal military appearance to a look of almost ethereal asceticism. Man, the mortal, was no more, but for as long as the hospital should stand the spiritual influence of “The Gardener” would be evident as a loving reminder of his presence.

The Little Red School House

The Army Dental School, established in Washington, January 6, 1922,³⁹ began its first session within the week, and the first graduation class, June 22, 1922, held joint exercises with the Army Medical School at the New National Museum. The new army Medical School building, still incomplete at this time, was not officially transferred from the custody of the constructing Quartermaster of the Military District of Washington to the installation Quartermaster of Walter Reed until June 15, 1923. The Army Medical Center was formally recognized September 1.⁴⁰ The tract then comprised almost 110 acres, and



Memorial Plaque of James Denver Glennan

*All public lands included within the boundaries of the military reservation located in the Takoma Park section of the District of Columbia and occupied principally by the Walter Reed General Hospital (were) known as the Army Medical Center, Washington, D.C.*⁴¹

Beginning in August 1917, the Veterinary Corps had given a series of short courses in Chicago; authority for the Army Veterinary School was provided by WD Circular No. 271, 16 July 1920, and established at the General Supply Depot, Chicago, Illinois, but given the name of the Veterinary School of Meat and Dairy Hygiene, changed to Army Veterinary School of Meat and Dairy Hygiene, changed to Army Veterinary School by AR 350-105, February 11, 1922. Relocated in Washington on July 7, 1923, like the other Medical Department professional training programs, it was grouped under the one administrative canopy of the Army Medical Center. Each sub-school managed its own internal administrative affairs.

The first section of the School building, an approximate one-third its ultimate size, was hardly more than four walls at the time of occupancy, as there were no cupboards or work tables and few items that could be called permanent fixtures. Some of the old laboratory equipment used at 604 Louisiana Avenue was installed intact, and even a number of the so-called "Walter Reed" and "Russell" tables, dating from the early days at the Army Medical Museum, were repaired and kept in use for historical reasons. Still, the students attending the 28th Session, January to June 1924, had less scientific equipment than they needed, and this first year of occupancy was not without problems. One, at least, was obviated as a result of the farsighted planning of the vaccine laboratory staff, which had anticipated both housing and administrative problems and prepared surplus quantities of vaccine to have on hand for emergency use.

In spite of the complications that usually attend the moving day of any household, Stephen Foster himself could not have been prouder of the new location, for after thirty years of wandering, the Army Medical School faculty at last had a home of its own. Located on the little knoll occupied by the tent-sheltered Hospital Company "C" in April 1909, the new School building was monarch of all the other structures. If patients from Washington bemoaned the long ride "out" to the hinterland occupied by Walter Reed, to Post duty personnel the walk "up" to the School or "down" to the headquarters was proportionately as bad.

Regardless of the fact that the Army Medical School was the older professional activity, the hospital was the better known, both because of its professional reputation and its heroic name. Thus Walter Reed was literally the Center, and the center was Walter Reed. From the public information viewpoint, the earlier concept of the new professional coalition as *The Walter Reed Medical Center* was probably a more appropriate and certainly a less confusing title than the chosen name, and its selection might have discouraged some over-zealous recruiting sergeants from persuading academic-minded but insolvent recruits to enlist in the Army on the promise of a federally subsidized



Laying Cornerstone, Army Medical School, General Glennan and Secretary of War Weeks



The Army Medical School

education at the Army Medical School. Such promises were a favorite recruiting hoax⁴² during the Center's first ten years, and a number of superior young men arrived at the Post only to be assigned as bottle washers, laboratory technicians or as members of a "ground force" clean-up squad, for practically all of the installation support activities were maintained by military personnel. Patients were counted as members of the organization, for once transferred to the hospital, and for the duration of their stay, they were a direct responsibility of the hospital commander. Thus, maintaining a Post with a personnel complement of some 2,000⁴³ individuals, at least half of whom were bed cases and convalescents, kept the recruiting sergeants as well as the Staff "on their toes."

The closer physical association of the School and hospital was particularly advantageous to the clinical program, for the hospital staff delegated some of the X-ray and much of the laboratory work to the faculty, which found the case histories valuable teaching assets. In return, the faculty directors of the departments of laboratory and roentgenology served as consultants to the hospital staff, as well as members of a Center consulting board.⁴⁴ Thus they formed the professional teams proposed by earlier medical planners.

Civilian medical education had improved markedly since 1893, and newly commissioned officers were better prepared for general practitioner duties. Public health and epidemiological studies were necessary to the successful maintenance



Army Veterinary School, Officers and Enlisted, 1923

of a worldwide military force, and the Army Medical School courses in these subjects then were irreplaceable by any standard. An entirely new concept of domestic public health measures was taking shape, which ten years later, under the “New Deal” influence and the rapidly growing United States Public Health Service, would change the medical history of the nation.

Responsibility for military public health rested with the Medical Department, with its allied functions of dentistry, veterinary medicine and nursing. The male officers in the first two groups attended the same basic course in preventive medicine and clinical pathology as given the doctors. Colonel Siler had long advocated strengthening the advanced medical course, usually given only to a selected group of older officers, for he believed more emphasis should be placed on medicine and surgery, with the latter course including intensive work in gross pathology and more practical work in urology.⁴⁵ Insofar as the Army was concerned, past experience seemed to prove that specialists in roentgenology required a broader foundation in clinical medicine and pathology than usually given, but that few of the Army doctors with aptitude for X-ray work selected it as a specialty, and few who selected it as a specialty had the aptitude.⁴⁶ Thus the faculty had come to believe that the advanced training should cover a six-month period in the general hospitals, with exemption from all administrative duties.⁴⁷



Enlisted Technicians, AMS 1924



Special Training For Hospital Corpsmen; New AMS Laboratories, 1924

In 1922 Major Henry J. Nichols published *Carriers in Infectious Diseases* and Major Harry L. Gilchrist, lecturer at the Army Medical School and already recognized as a specialist in the medical aspects of chemical warfare, published *Reports on the After Effects of Warfare Gases*. Hospital clinical programs and School investigative programs were partially cause and effect. It is interesting, therefore, that in 1925 the hospital laboratory service reported an increasing number of sputum examinations for tubercle bacillus, and at the same time Lieutenant Colonel Edward Bright Vedder published *The Epidemiology of Sputum Borne Diseases and Its Relation to the Health of the National Forces*. Colonel Siler and other Army epidemiologists influential in establishing and staffing the Tropical Disease Board in Manila, confirmed earlier research findings that dengue or break bone fever was transmitted by the *Aëdes aegypti*, the same insect that carried yellow fever, and they were writing prolifically on this topic. In 1924, Major Kirk, Chief of the Orthopedic Section at Walter Reed, published his first edition of *Amputations*.

The *Army Medical Bulletin*, a Surgeon General's Office publication published at Carlisle Barracks after 1922, was busily indoctrinating its readers on subjects of general military medical interest. Medical Supply, for instance, which received its first real impetus from Darnall's standardizing and testing experiments,⁴⁸ first conducted when

the School was housed with the Museum, received a surprising amount of printed space. Even discussions of the medical regiment, medical tactics and medical sanitation were still of interest to the Corps of 1925.

The clinical investigative program was at best a slow process, and some medical officers believed the compulsory reassignment of all personnel, required under the “Manchu Act” of 1912, should not apply to the scientists. Major Nichols, whose service was invaluable to the School faculty, and others were perforce required to take their two-year-in-six duty with troops regardless of the challenge of undiscovered viruses, the work begun by Colonel Hans Zinsser of the Medical Reserve Corps with preliminary skin tests,⁴⁹ and idiosyncrasies of the *Aedes Egypti*. Many of them were never able to understand why this mandate should apply to personnel at the Army Medical School but not to all personnel at the hospital.

Regrouping of the hospital and school as the Army Medical Center resulted in the adoption of a shield, used for a number of years without a motto. Of the heraldic symbols on this shield, the caduceus represents the Medical Department; the year book and flaming torch represent knowledge. The crest is the helmet of Minerva, the patroness of medicine. The Medical Department colors, maroon and white, form the relief.

The motto, as finally chosen, was selected from popular suggestions offered by officers, nurses, aides, dieticians and enlisted men from the Troop Command, Army Medical Center. Three mottos were screened for special consideration, of which the one proposed by the late Lieutenant Colonel Henry J. Nichols, once of the Army Medical School Faculty, was selected – “To the spirit of science and the instinct of service.”

The wise and beloved Jefferson Randolph Kean, Medical Department sage for over half a century, was asked to interpret the motto and disclaimed the phrase “instinct of service.” At his suggestion the line was revised to read *Scientiae Inter Arma Spiritus*, the spirit of science and of arms,⁵⁰ a dedication for a great military hospital responsible for the care of as well as the prevention of casualties of war.

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