

# The Pride of the Medical Department

## 1926–1929



*“I did not know how to value (the life)  
of a sick or wounded soldier by any pecuniary standard.”<sup>1</sup>*

The Congress apparently failed to visualize permanent extension of the Veterans Administration into a gigantic adventure in socialized medicine. As the Army Medical Department was anxious to replace the temporary war service buildings at Walter Reed with permanent structures, an arrangement was worked out whereby the Veterans Administration supported the construction program, on the understanding that Veterans beneficiaries would be hospitalized on pro rata costs, changed, in 1926, to a flat rate of \$4.15 per inpatient day.<sup>2</sup>

The rather generalized hospital cost accounting system used by the Medical Department included charges for the pay and allowances of officers; pay, allowance, and subsistence of nurses; pay, subsistence and clothing of enlisted men; pay of civilian employees, and rations when provided; subsistence (for sick in hospital only); medical supplies; and miscellaneous items such as laundry, utilities, light, water, heat, telephone services, maintenance and repair of buildings and grounds. The total of all accountable items enumerated, divided by the number of inpatients, established the cost per inpatient day. This was, in 1926, \$4.83.<sup>3</sup>

Thus the Medical Department apparently lost on the cash emoluments incident to hospitalizing Veterans cases, but from the long-range viewpoint the ledger remained “in the black,” for during the 1925–26 session of Congress, \$1,050,000 of a total \$2,000,000 was appropriated for permanent construction at Walter Reed



1925, X-ray (interior view)

alone,<sup>4</sup> and other Army general hospitals profited similarly. The temporary wards immediately behind the Main Building were removed during the year, in order to make space for the laboratory requirement of a regular ward for basal metabolism work, where patients could spend the night, and a mortuary chapel and receiving room, out of sight of the hospital wards.<sup>5</sup> The old stone gatehouse, landmark of the Shepherd dynasty, was razed, and some of the stones were used for walks in various parts of the grounds.<sup>6</sup> On July 2, 1926, the last issue of *The Come Back* appeared; old times and old landmarks had changed.

The bed capacity of the five general hospitals then operated by the Medical Department remained relatively constant during this period. Of the 1200 permanent or, in Army parlance, “fixed” beds allotted to Walter Reed, with a stand-by or expansion quota of 360,<sup>7</sup> the fiscal accounting of June 30, 1926, showed that 758 were occupied.<sup>8</sup> War Department General Staff planning figures for bed authorizations usually provided a fifteen per cent dispersion factor for emergency overflow, and so during the tranquil late twenties the hospital was able to admit all eligible applicants. By and large, however, the number of Veterans’ beneficiaries equaled the combined military admission of both officer and enlisted men.

Some of the medical officers on duty at Walter Reed during this period believed this group of patients more of an administrative liability than a professional asset. It was customary



*Post Orchestra, Army Medical Center*

practice to use ambulatory enlisted patients for light ward duties, such as carrying specimens to the laboratory, pushing wheel chairs or acting as messengers, and such tasks were usually discharged with good will and a spirit of helpfulness. The situation was occasionally different with Veterans, however, for military disciplinary channels were no longer operative. Some, as was to be expected in any large group, were malingers, and they cared little for routine ward work; others were notably anxious to prolong their period of hospitalization, for Walter Reed was known for its excellent food service and pleasant surroundings. A few were always sensitive to fancied wrongs, which were referred to sympathetic Congressional supporters.

Unlike civilian hospitals, with their appreciably shorter periods of hospitalization, the intimate personal relations between doctor and patient, and the divergent classes of patients admitted, military patients were predominantly a homogeneous group as to sex, occupation, salary and social security. Thus the mores and behavior pattern of the well soldier to a large extent were unchanged by transfer to the medical Post. Harmless-appearing card games became high-stake blackjack games when the ward officers or nurse disappeared in their private offices, and on occasion "Hiram and Johnny Walker" smuggled under more than one pillow or carelessly draped lounge suit in bed-cupboard.

Regardless of stringent *Post Regulations*, there was usually a willing visitor or nimble cab driver who could be persuaded to carry contraband, including narcotics, and so the twelve-hour duty for the medical officer-of-the-day was far from tranquil, and many became as adept with the stomach pump as General Arthur had been in his early days at Vancouver Barracks. It was not unusual to have benevolent metropolitan police-men deliver to Walter Reed's "noble façade," patients who were not only inebriated but indigent—for want of a better place to send them. Fearful and quavering was the young doctor who inadvertently admitted such cases, especially repeaters, and then had to justify his lack of judgment to his preceptor, the canny Ernest R. Gentry, for once admitted the men were difficult to discharge. Only a few of the cases were misances, but many were chronic, requiring domiciliary care. After their value as teaching material, the staff preferred new clinical problems.

During 1926, there were 751 patients on the Neuropsychiatric Section.<sup>9</sup> Diagnostically, the cases were preponderantly dementia praecox, psychoneurosis and constitutional psychopath. The malarial treatment for paresis and cerebro-spinal syphilis was used in nineteen cases, therapy that held "out more hope for good than any other form of treatment heretofore used."<sup>10</sup>

The total number of medical admissions decreased during this period; nevertheless the clinical investigative program reflected the progressional advances in therapy used in civilian hospitals. Recognition of Diabetes Mellitus, once a hopelessly debilitating



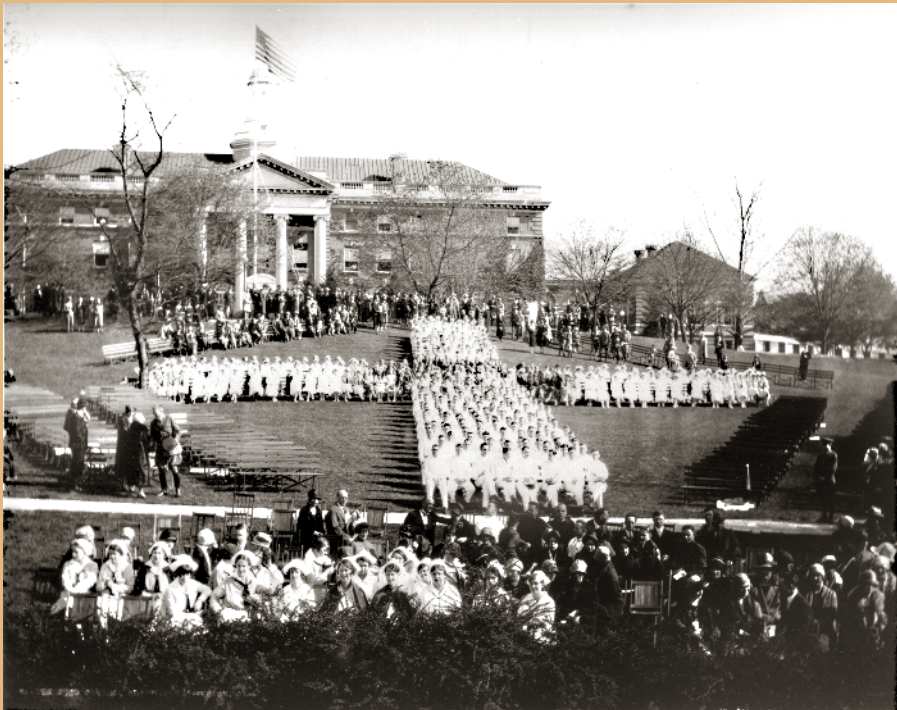
1927, Presentation of Bible, Christian Endeavor Society, for Chapel use.

disease, was increasingly easy and forty-eight cases were reported as improved under treatment and dietary care. Further, the cardiovascular section performed 210 electrocardiograms, and the laboratory completed 132,495 procedures.

Of the 3,343 surgical operations, 2,080 were EENT; 108 were genito-urinary; and 157 of the 270 gynecological patients had some form of surgery. The Dental Service, still under administrative supervision of general surgery, had departments of clinic dentistry, prosthesis, oral surgery and dental roentgenology, and during 1926 treated a total number of 2,376 military patients in 12,646 sittings, and 3,093 “others” in 10,826 sittings.<sup>11</sup> In harmony with the general trend toward more complete clinical investigations, the Department of Roentgenology, renamed from X-ray, made 10,387 examinations and gave 623 Roentgen ray treatments.

## The Personnel Quotient

Medical Department Tables of Organization and Equipment,<sup>12</sup> provide specific allowances of personnel for installations of stated bed size. Thus the assignment of doctors, nurses, enlisted technicians, orderlies, etc., is not a haphazard affair but is controlled at the source of manpower intake – the Surgeon General’s Office. The current T/O provided 516 enlisted men for duty at the Army Medical Center, with the detachment strength averaging only 510 for the year. The enlisted men not only performed technical and nursing



1927, First Easter Sunrise Service, Nurses and Corpsmen form “The Living Cross”

duties, but they also maintained much of the equipment and serviced various Center activities. Manpower was not in short supply, and approximately forty per cent of the corpsmen completing their enlistment re-enlisted at their home station.

The Hospital Corps barracks at Walter Reed, Building No. 7, was superior to many such accommodations on other military posts. The building was attractively furnished, the food service good, and if the Regular Army monthly "take home" pay seemed meager in comparison to the cash salaries of civilians, the money was clear, for clothing, food, medical service and other amenities were provided by the government. Civilian clothes could be worn in off-duty hours, and while amusements were available on the reservation, the Georgia Avenue street car line provided easy access to the city. Duty at the Center was unusually pleasant, and if some of the young ladies of Washington learned to their surprise that their handsome dates from the hospital were not doctors, as they may have been led to believe, few seemed to have cared. To some of the short-haired, long-waisted "flappers" of the day, the ability to do the Charleston was of more consequence than the prestige of a learned profession.

The Rea swimming pool was usable only during the summer months. First provided as part of the rehabilitation program for World War I patients, the schedule was by then so arranged that all classes of Post personnel used it freely. Movies were shown at the Red Cross House and the YMCA, but the Knights of Columbus Hut was used only for religious services, by the resident priest, and on Sundays. The Post Exchange, in the basement of the Red Cross, was renovated and a lunch counter and soda fountain were added. A restaurant was operated as part of the Service Club or Guest House management, maintained for the families of sick patients. Of the two barber shops on the Post, one was in the Red Cross House and the other was in the main barracks, for the easy accommodation of the men.<sup>13</sup>

Recruit training was based on Section III, General Order No. 4, 1921, and Medical Department Bulletin No. 18. The 120 hours of instruction covered a six-month period and included orientation in such subjects as military courtesy, the Articles of War, Army Regulations, personal hygiene, physical training, first aid, anatomy, physiology, nursing, school of platoon, shelter tent pitching, personal equipment, functions and relations of the Medical Department to the line, litter drill (loaded and unloaded) general orders of a sentry, guard duty and guard mount. Special instruction was given for promotion as junior non-commissioned officers and to candidates for sergeancy. On-the-job training for assignments as technicians for the X-ray, laboratory and dental (including property) sections was conducted by the various hospital departments in question, with the successful competitors given appropriate technical ratings or promotions on recommendation from the departments. "The general health of the command (was) good," stated the Post Commander in the Annual Report. "The number of sick days lost in hospital (was) due to the time cases (were) detained rather than to the number of new cases admitted."<sup>14</sup>

## The Happy Hours

For years there had been innumerable complaints from the Dietetic Department over the lack of food storage space, which necessitated day to day buying, as well as the penetrating odors that seemed to steep certain portions of the Main Building with a permanent aroma of cookery. On December 28, 1927, the north annex to the Main Building was opened and provided not only ample space for storage, but a commodious kitchen and dining hall, Mess II, wards for the Ear, Nose and Throat department, and space for a permanent hospital library.

Securing adequate space for the library had become a pressing question, for the old Ward 32 was foredoomed to make way for the new east wing of the Main Building. Further, the collection of books in the officers' waiting room, adjoining the Commanding Officer's Office and known as the Medical Library, had long since outgrown its space.<sup>15</sup> Opened on April 1, 1928<sup>16</sup> and occupying a 50 x 100 foot section below the new Eye, Ear, Nose and Throat wards, the new Library was a gem of architectural planning. The open book shelves were so arranged that one-fourth of the room was partitioned off to form a professional library, which while not sound proof, was at least an off-bounds area for all but professional personnel.



1932, Rose Arbor



1927, Entrance to Kitchen Area; Right: first floor, Mess II; second floor, Library; third floor; EENT Wards.

The Library and librarians, Misses Schick and Gould,<sup>17</sup> occupied a special place in the hospital activities, for more often than not some of the doctors and favored patients stopped by for afternoon tea, a delightfully informal little back-room ceremony that marked the close of a long day on the wards. The longer stay of military hospital cases encourages a comradeship and familiarity with the staff less easily secured in the hurried and impersonal atmosphere of the great civilian hospitals. And regardless of the large number of technical library procedures carried on behind the scenes or in the early morning hours, the librarians always managed to appear unhurried and gracious. The dilettante scholars and musicians among the patients and staff came to feel that The Library was their own serene sanctuary, and there was always a select group of congenial spirits to discuss literature and the arts. Some discussed the Wall Street news and soul-shaking world events, and some discussed their own soul-shaking problems. If they leaned too long on the lectern, they were gently and graciously dismissed without quite knowing how or when the turn in small talk reminded them of other obligations.

There were few medical librarians as such at this time, for Library Schools offered no special courses in this field. And in spite of Miss Edith Kathleen Jones' book on *Hospital Libraries*, there was not such a marked pseudo-scientific trend toward



bibliotherapy as that which began to develop in the late thirties. The average librarian's medical knowledge was like the gaps in a crossword puzzle, for medical nomenclature and a somewhat haphazard knowledge of clinical symptoms was self-acquired through handling of medical journals issued to the staff or cataloging medical texts. The Walter Reed Library was one of the largest and best organized in the reconstruction program, and Miss Schick was well known to her contemporaries in the hospital library work.<sup>18</sup>

One unusually shy but attentive bachelor officer member of the Library group visited regularly for some weeks while undergoing a physical survey, then suddenly his daily trips ceased. If the librarians noted his absence, they assumed that he had been reassigned to duty on his former post. When he reappeared some three weeks later, pale, wan and walking with a one-sided gait, it was an occasion for rejoicing, and he endured a jovial scolding over his long neglect. Embarrassed over the friendly attention and hedging his answers, the young man finally confided that he had been one of Colonel Keller's surgical patients. "Oh-oh, an operation!" exclaimed the self-educated library student of the medical arts, "Well, it's better to have it behind you than in front of you," she said, and wondered at his shocked expression and at his hasty departure.<sup>19</sup> This occasion marked the shy young officer's last visit to the Post Library, and it was several weeks before his one-time confidante learned that he had undergone a hemorrhoidectomy, the then popular high compound enemas and all.

## Installation Support

A new Red Cross building was also completed, but not released to the government until 1928. The East and West wings to Building No. I were still incomplete, but the Quartermaster was alert to his responsibility for such a large and increasingly complicated construction program. Cost data, reports and blueprints were brought up-to-date, and all building systems over and under ground were appropriately identified as governmental or commercial. Reservation maps and a block plan were made for separating steam, water, gas, electric, sewage and drainage systems.<sup>20</sup> Sewage was removed by the District of Columbia system and the garbage by city trucks. All water used at the Center came from the Potomac, through the Washington aqueduct of the U.S. Engineer Department, and it was both potable and adequate.<sup>21</sup> All trash and refuse was burned in the Post incinerator, and, since some horses were still stabled on the Post, the manure was stored in concrete pots, sealed for fermentation and later used as fertilizer.<sup>22</sup>

Post Headquarters administration apparently presented few problems at this time, and the principal grievance of the Post Commander concerned the old and inadequate laundry equipment. Standard medical supplies were requisitioned from the Medical Supply Section of the New York General Depot, and the allowance was adequate. Moreover, the monetary allowance provided by the Surgeon General's Office, under the two-year Replacing Medical Supplies fund established in 1906, was adequate for all needs.<sup>23</sup> It was used mainly for the purchase of nonstandard items such as drugs and new equipment which the testing laboratories had not had time to approve and add to the



*1929, New Red Cross Building and West Wing Main Building*



*Power House, 1929*

Surgeon General's catalogue of standard supplies. War surplus supplies were gradually being exhausted, including the much-deplored paper bandages,<sup>24</sup> and the new supplies were considered vastly superior. In 1928, when furnishings and equipment were purchased for the new wards, the bedrooms were equipped with Simons metal furniture. The solariums received the then popular wicker furniture, which soon proved a burden to the exterminator experts. Even the old wooden refrigerators were being replaced by electrical equipment that was "a big improvement over the old unsanitary ice box."<sup>25</sup>



*Mess II, Convalescent (enlisted) Patients' Dining Room*

Six separate messes (food services) were in operation; the Post had four miles of roads of which more than fifty per cent were concrete, and a concrete-curbed parking lot adjacent to the formal gardens. Of the male personnel assigned to the Army Medical Center in 1927, 322 officers and 535 enlisted men were assigned to Walter Reed; eleven officers and forty-nine enlisted men were assigned to the Army Medical Center Headquarters; and fifteen officers, sixty-eight enlisted men and thirty students were assigned to the Army Medical School.<sup>26</sup>

The Quartermaster's work orders, that is current maintenance, showed that 5,325 shop activities were completed during the calendar year 1927. The Fire Department, usually considered an inactive group, extinguished fifty-six minor fires, most of which

resulted from careless disposal of cigarette butts and matches. This section was staffed by civilians, but the principal labor force was drawn from the Walter Reed detachment, whose versatile qualities were eulogized by the Quartermaster officer:

*The enlisted medical personnel have proved themselves good apprentices, willing and ready at all times to carry on their work. The enlisted men on the paint detail have done exceptionally good work. In many cases they have applied as much paint and covered as much surface in as neat a manner as the painters working for a commercial firm.*<sup>27</sup>

Officer Pavilion No. I, a medical ward during World War I, was converted into a general Post Exchange. Conveniently located across from the one-time "Pest House," so-called in Colonel Birmingham's day, but by 1927 a separate and well-equipped obstetrical ward, it was near to both the permanent and the frame barracks, and in time it became the off-duty social center for the Detachment. Extensions were added to the Medical Supply Warehouse and to the Guard House. The deep scar of Cameron's Creek had long since been covered<sup>28</sup> over by the formal garden, but a further "face-lifting" occurred in 1928, when a gleaming white pergola was added.<sup>29</sup> By 1929, Building No. 34, the old mortuary, was demolished, and some of the early permanent quarters were razed to provide space for a new Isolation Ward or Infectious Disease Section.

The East Wing of Delano Hall, the nurses' residence destined to be the envy of all the Army hospitals, was completed in November 1929. As it was designed for gracious living, it provided single rooms, with a connecting bath for each two rooms assigned to the general staff nurses, and a suite of living room, bedroom and bath for the Chief Nurses. Final completion of the structure in 1934 included well furnished sitting rooms, lounges, recreation rooms, kitchenettes, pressing rooms, and a grand ballroom of unusually magnificent proportions.

Mrs. Julia O. Flikke was Chief Nurse at Walter Reed during the late twenties and early thirties, and her staff, on December 31, 1928, included 104 Regular Army Nurses. As the principal Chief Nurse, Mrs. Flikke held the relative rank of Captain, Army Nurse Corps, and the eight Chief Nurse assistants held the relative grade of First Lieutenant. Eighty Regular Army Nurses in the grade of Second Lieutenant and fifteen reserve nurses performed the principal bedside nursing duties for 7,448 patients.<sup>30</sup> They were, however, generously assisted by the hospital corpsmen and to some extent by the one hundred eighteen student nurses then on duty at the hospital.<sup>31</sup> Of the 1200 beds, the maximum occupancy occurred in the "pneumonia months" of January, February and March:<sup>32</sup>

<u>Month</u>	<u>Officers</u>	<u>Nurses</u>	<u>EM</u>	<u>VB</u>	<u>Civ.</u>	<u>Total</u>
<i>January</i>	67	4	313	436	112	932
<i>February</i>	80	8	297	440	114	939
<i>March</i>	91	8	318	412	113	942

## Re-evaluating Subsidized Education

In spite of the bedside nursing service rendered by the students, the Army School of Nursing had become something of a morale and administrative burden to the Medical Department.<sup>33</sup> Nearly one-fourth of each class remained away from the parent institution in order to complete affiliated training in subjects not adequately provided at Walter Reed but required for examination and licensing by the various State Boards of Nurse Examiners. This was not only a costly procedure for the Medical Department, but of the 755 students who graduated from 1921–1929, only 182 accepted appointments in the Army Nurse Corps, and twenty-three of this number were appointed in 1927–28. Of the 182, only fifty-four were still in the Corps,<sup>34</sup> slightly more than nine per cent of the total number of 509 Regular Army Nurses (supported by an additional 190 reserve nurses<sup>35</sup>). Thus the Army School of Nursing was not contributing markedly as a replacement factor for nursing personnel but was benefiting the civilian communities.

The academic program provided for the students had, moreover, affected the morale of the regular nursing staff at Walter Reed to some extent, for the School had a separate educational director, rules, regulations and working hours which some of the Regular Army Nurses considered unnecessarily favorable. The Superintendent of the Army Nurse Corps, Major Julia C. Stimson, was a well-known figure in the nursing education circles of the national nursing organizations, and many of the older Army Nurses, graduates of the regular three-year training programs, believed that the Army School of Nursing was of greater interest to her than other Corps problems.<sup>36</sup>

Mrs. Flikke apparently had only an administrative association with the Army School of Nursing, in spite of being the senior nurse on the staff. A precise, soft-spoken woman, she was in no sense an agitator for educational reforms, and many of her contemporaries believed she accepted the nurse's role as functional rather than military and that she did not believe women should be an integral part of the Army. Reserved, trim and immaculately groomed, she was particular about minute details and ably managed her staff with a detachment that some nurses found exasperating.<sup>37</sup>

Prior to World War I, nurses had not mixed socially with the medical staff to any great extent.<sup>38</sup> Social trends had changed for the better, however, and the relative rank status of the Army Nurse Corps, secured by the national nursing organizations, gave the women a more definite military standing. These factors, plus Surgeon General Ireland's warm championship of Major Stimson, affected the prestige of the Army Nurse Corps as a whole. Mrs. Flikke was both personable and tactful, and so she undertook what was essentially the role of official hostess for Major Stimson. Thus under her expert management Sunday dinner at the nurses' residence at Walter Reed was a pleasantly anticipated ritual for the families of older medical officers in and around Washington.<sup>39</sup>



1929, Construction of new Isolation Ward; tree in left rear, behind truck, is Georgie Newport's Catalpa tree



1930, Medical Wards (enlisted); lower floor, third building, extreme right later used as Out-Patient Clinic



1930, Tuberculosis and Venereal Disease Ward, one floor later converted for use as an Obstetrical Ward



1931, First Construction at Delano Hall



*Delano Hall, center unit, rear*



1929

*Faculty of Administration, WRGH*

*(Left to Right)*

*Brig. Gen. J.M. Kennedy; Mrs. Julia O. Flikke; Major J.E. Ash, Chf. Laboratory; Colonel W.L. Keller;  
Lt. Col. Ernest R. Gentry; Lt. Col. W.L. Sheep (Exec. Officer); Capt. George Young, MAC, Adjutant*

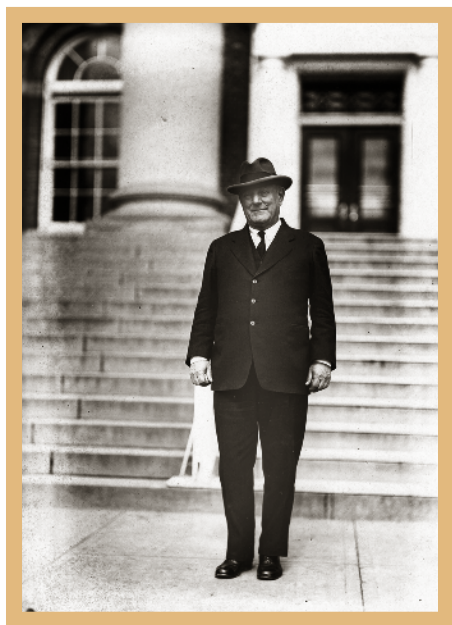
## Post Commander Number 12

Brigadier General James M. Kennedy, Post Commander from March 1926 until December 1929, was a bluff, hearty man.<sup>40</sup> Long an intimate friend of General Ireland, he was one of the elite members of the “official family.”<sup>41</sup> Although Kennedy had some success as a surgeon he was undoubtedly better known as a hospital administrator.<sup>42</sup> Kindly, jovial and deeply interested in patient care, he took infinite trouble to provide the small niceties that added so much to the comfort of the sick.<sup>43</sup>

General Kennedy had been Chief Surgeon of the New York Port of Embarkation during the war, and it was generally conceded that he was both a capable administrator and a good sanitary engineer.<sup>44</sup> Shortly after the war he became the Chief Surgeon of the Philippine Division, and it was to his office that the overworked and mentally exhausted editor of the Index-Catalogue, Fielding N. Garrison, by then a commissioned officer and Lieutenant Colonel in the Medical Corps, was assigned. It was therefore Garrison, the indefatigable letter writer, who in the early twenties provided a word-picture of the man later to

command the Army Medical Center. "Colonel Kennedy, our Chief is a man of broad mind and generous disposition, with the sweetness of temper that big broad-gauge men of large physique usually have, and he has given me some extraordinary work to do."<sup>45</sup> The extraordinary work, for Garrison had never practiced medicine, was cooperative work with the Army's third Tropical Disease Board, whose members arrived in Manila in September 1922; and to another friend he wrote, "I have the good fortune to have a military chief who is an aristocrat and a gentleman, a man who is used to having vassals. Working for such a man, certainly the nicest man I have ever worked for, I find my duties intriguing and engaging."<sup>46</sup>

Convivial and cheerful, General Kennedy tried with almost child-like anxiety to be a model of all the virtues which "Noisy Jim" had represented, and so he asked his executive officer to remind him quietly when he showed signs of straying from the path of dignity, which tried his



*Brigadier General James M. Kennedy, 1926*

inclination for bluff, warm-hearted comradeship.<sup>47</sup> He may have lacked his predecessor's fine sensitiveness to nature, but he carried out, to a large extent, the carefully laid plans for beautifying the grounds.<sup>48</sup> The hospital was famed for its beautiful gardens and well stocked greenhouses, and General Kennedy instituted the practice of sending flowers to all women and children on the second day after admission to the hospital, and of having flowers placed on the caskets of all destitute and friendless soldiers who died at Walter Reed.<sup>49</sup> He was not well during his last year as Post Commander, but as General Ireland was approaching the retirement age, "Big Jim" remained on duty regardless of his own infirmities. In December 1929, he requested transfer to Letterman General Hospital, which he had once commanded, and he died there in October 1930.

## In the Course of Progress

Special Orders No. 47, Army Medical Center, April 7, 1926, authorized a *Professional Board* for coordinating the scientific investigations of the School faculty and student instruction with prevailing clinical practices at the hospital. General Kennedy was nominally President of the Board; actually, Colonel Henry C. Fisher, then Commandant of the School, served as chairman of the group, called the Faculty Board. The members included, from the School, the Director of Laboratories and X-ray, with the Librarian, a medical officer, serving as recorder, and the Chiefs of Medicine and Surgery from the hospital.<sup>50</sup>

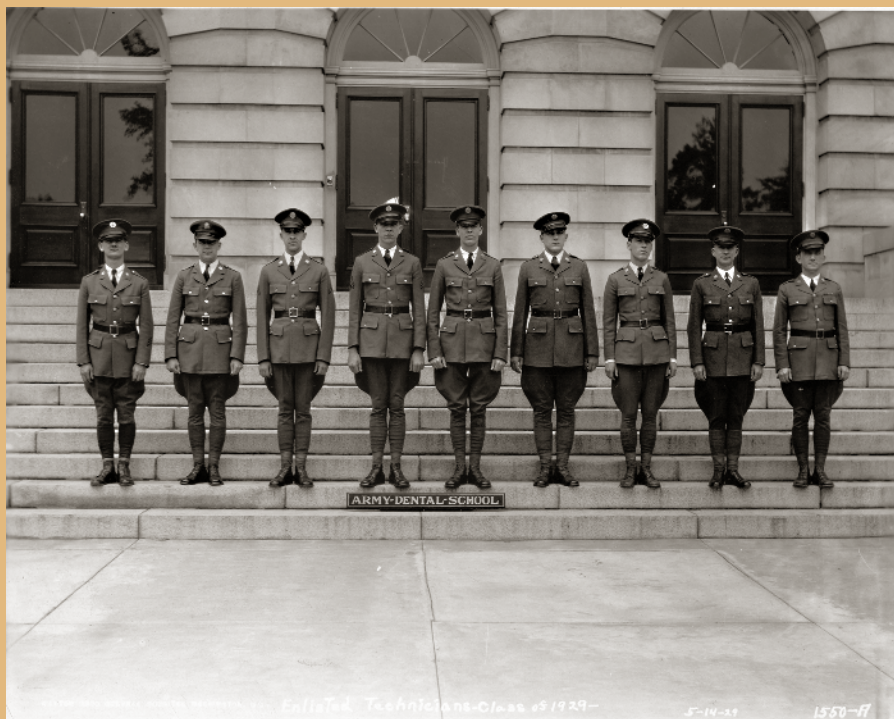


Doctor R.L. Kahn, Sanitary Corps Reserve, was assigned to the School for a two-week period of active duty in 1925, to begin his now famous work with the Kahn precipitation tests for detection of syphilis. In June 1926, the Serology Section of the School laboratories again began performing all of the Wasserman work for the hospital.<sup>51</sup> On August 27, AMC General Order No. 8 placed both laboratories under the direction of the School. The Kahn-Wasserman comparative evaluation series continued of paramount interest until 1928. By that time the 13,000 cases studied supported the recommendation that both tests be used by the Army Medical Department.

Twelve full-time instructors, including one dental and one veterinary officer, and twenty part-time instructors were assigned to the School in 1926. In addition to the preparation and issue of the stock vaccines, which had justly earned distinction for the Medical Department, the laboratories were now preparing scarlet fever streptococcus toxin for the Dick Test for immunization against scarlet fever. Major Nichols was that year completing his last assignment as Director of Laboratories and had begun a study of chemotherapy in bacterial infections, which was later prepared for publication by Major James S. Simmons, a still little-known Army epidemiologist who was then writing energetically on a number of special problems. Nichols was not only concerned with the malarial treatment of paresis, but he was still deeply involved in studies of yaws, begun some sixteen years before. Lt. Colonel Craig, Director of the Department of Laboratories, published *A Manual of the Parasitic Protozoa*, followed, in 1927, with seven independent articles.

Laboratory work of such an exacting nature required well-trained technical assistants. This was an old and annoying problem to the faculty, for the training and retraining of personnel absorbed an undue amount of time. Colonel Fisher proposed, therefore, that fixed allotments of specialist ratings for enlisted men would encourage a more permanent interest in the work.<sup>52</sup> Although not especially interested in the details of the professional programs, he was a canny administrator, and during 1926 he inaugurated a program of "constructive economy" that saved some \$10,000.<sup>53</sup>

Many of the Army Medical School students were in the younger age brackets, men having recently completed Medical School and internships, and it was becoming increasingly difficult to interest them in the basic professional courses, which included medicine, surgery and other subjects covered in the undergraduate schools. Their critical attitude was shared by some of the older students and a "goodly proportion of the staff, including Generals Kennedy and Fisher, and others to such an extent that abandonment of the school or at least the part other than post-graduate work was recommended to the Surgeon General." The primary value of the course evolved from the instruction in public health and tropical medicine, which were essentially military problems, but such courses were either condensed or omitted from the usual Medical School curriculum. In 1927 a meeting was held in the Surgeon General's office to consider closing the basic school course. The viewpoints of the Medical School and Medical Field Service School faculties and students were weighed carefully, Surgeon General Ireland finally decreeing a rearrangement of the work so that the two branches would supplement each other. Public health and preventive medicine theories



1929, *Dental Technicians*

would be emphasized at the Army Medical School, with the practical application featured at Carlisle. By 1929 the instruction in clinical medicine and contagious diseases was omitted, and emphasis was placed on clinical psychiatry and electrocardiography. In the former, special consideration was given to the preliminary examination and rejection of mentally unstable military applicants.

Aviation medicine was arousing considerable interest by this time, although it was not then a regular part of the Army Medical School curriculum. A year later, however, lectures on aviation medicine and gas warfare were introduced.<sup>54</sup> By 1929 the lectures were supplemented by a tour of Bolling Field Air Base, including a brief flight over the city,<sup>55</sup> and a special demonstration at the Chemical Warfare School at Edgewood Arsenal, Maryland. Colonel Harry L. Gilchrist, a one-time medical officer, had achieved distinction in this branch, ultimately becoming a Major General and Chief of the Chemical Corps.

The Army Medical School research program was already well known, but the Army Veterinary School was just beginning to pioneer in its own field. Major Raymond A. Kelsler, V.C., not only demonstrated the principle but published, in 1926, a thesis showing that surra, an equine disease prevalent in the Philippines, was transmitted under natural conditions by the *Tabanus Stratus* fly.<sup>56</sup> In 1927 he published the first manual



*Guard House, 1929*



*Guard House, Interior View*

of Veterinary bacteriology, and in cooperation with the Philippine Insular Bureau of Agriculture, he produced a vaccine for rinderpest. At about the same time, Captain Francois H.K. Reynolds, V.C., began working with Major Simmons and Captain Joe H. St. John, M.C., to demonstrate that the *aedes aebopictus* was a second dengue vector and that the egg of an infected mosquito could not transmit the virus to the next generation.

Studies on dental caries had for some years been of interest to dental officers assigned to the various Army hospitals, and at Walter Reed the Medical Service was always alert for related foci of infections. From 1926 to 1929, Major Fernando E. Rodriquez of the Army Dental Corps performed investigations on the bacillus acidophilus theory of dental caries, and he was one of the first dental investigators to isolate the lacto bacilli from carious teeth.<sup>57</sup> The relationship between the hospital and School investigation is well illustrated by the seven per cent increase in dental work at Walter Reed during 1929.<sup>58</sup>

The *Army Medical Bulletin*, published at the Medical Field Service School after 1922, served as a literary vehicle for medical officers. It was by no means ample enough to



*Colonel Russell in Laboratory, AMS.*

include all of the military-medical scientific articles and manuals produced, and by 1929 the *Army Dental Bulletin* appeared as a supplement.

Within the thirty-six year period from 1914–1950, only the ten years of the Glenan-Kennedy administration was one of serene and untroubled progress. There was no American war, and the great economic recession of the thirties had not set in. The joint Army-Veterans Administration hospitalization program made

Congressional funds easier to secure, and the Medical Department experienced its first great peacetime building boom. Army doctors were writing on widely different subjects, producing articles, manual and texts, and the volume of their literary output compared favorably with the work published by civilian scientific foundations having similar research objectives.

In addition to the individual assets of some of the outstanding men such as Siler, Vedder, Dunham, Craig, Nichols, Russell, Gentry and Keller, there were certain departmental assets that lent prestige to the Corps: five well equipped general hospitals and a great many excellent post or station hospitals; a post-graduate medical school and six allied health schools, and the Field Service School at Carlisle. The Post Surgeon and dispensary doctor were comfortingly familiar figures, men interested in the organization to which assigned whether it was Infantry, Cavalry or Artillery. Corps morale was good, pay was adequate if not ample. Seniority and experience mainly influenced assignments, and for the most part specialization and seniority were inseparable. The select few who showed a decided scientific bent were, as scholars ever are, held in awesome respect by their juniors. Regardless of the attractive nature of some administrative assignments, the distinction of being a hospital commander or the chief of a division in the Surgeon General's Office, the admiration and respect accorded the outstanding scientists of the School lingered in memories longer than the exploits of their more active but less erudite brother officers. Every effort was made to insure their success, for others shared Surgeon General Sternberg's belief that "Every man in the Corps that had ambition and ability should have his chance."<sup>9</sup>

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