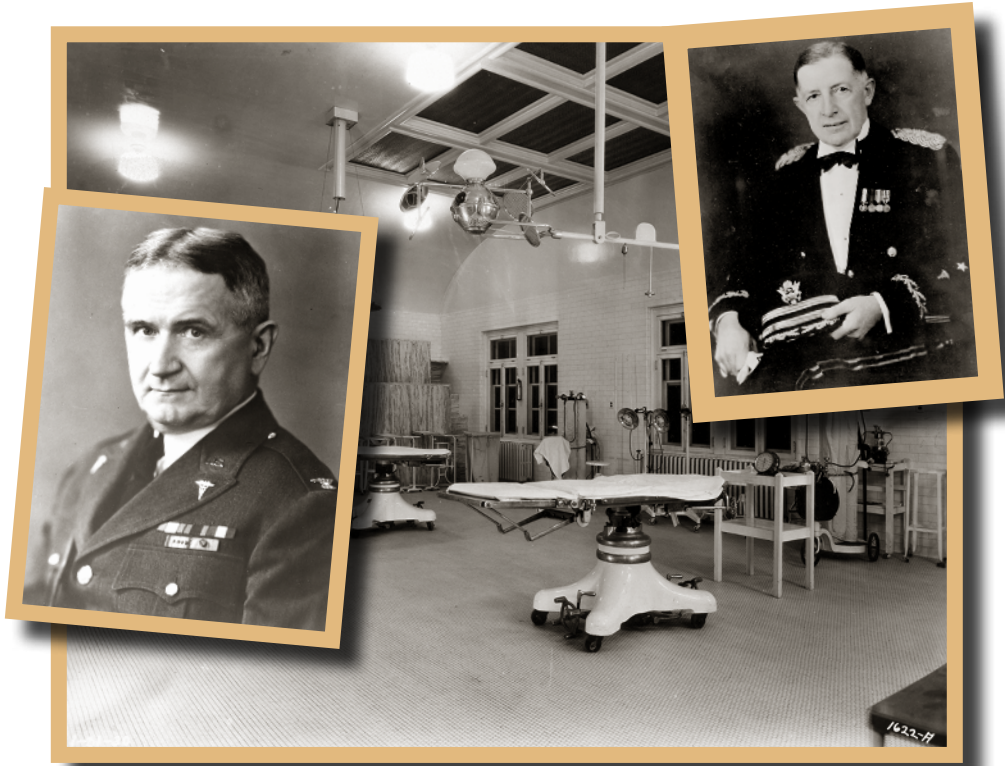


The Kingpin

1936–1939



“And we should have only such men as are adapted to its peculiar requirements.”¹

The low year in Veterans’ bed occupancy in Army hospitals came in the fiscal year 1934, when only 457 of the approximately 2,000 beds formerly allotted to veterans were occupied. This sudden drop brought a small reduction in personnel and operating costs, with the Surgeon General’s Office reporting that the average cost per inpatient day for the Army’s six largest hospitals was \$4.60.² Passage of more liberalizing Veterans’ legislation in March 1934 partially restored the old order. At Walter Reed, during 1934, 760 Veterans, 2,989 members of the Civilian Conservation Corps and 2,517 “others” were admitted in addition to the 2,080 officers, nurses and enlisted men.³ Again, the inpatient cost rose, this time from \$4.60 to \$4.90 daily.⁴

On June 29, 1934, the President adopted the Federal Board of Hospitalization’s resolution in regard to a uniform reciprocal rate of hospitalization, and during the fiscal year 1937, all but one of the Army hospitals received the flat rate of \$3.75 a day for non-military patients⁵, except dependents.⁶ By 1938, with the depression beginning to wane, the inpatient costs

averaged \$5.09, although the reciprocal rate had not been raised.⁷ Concurrently, as of June 1938, only 932 of the 1,225 authorized beds at Walter Reed were occupied,⁸ and balancing the local budget was a difficult problem.

Folklore

Brigadier General Wallace C. De Witt succeeded General Truby as Post Commander in August 1935. The appointment was appropriate, for by popular acclamation he was accepted as the Medical Department's outstanding hospital commander. Sandy-haired, square-jawed and of ruddy complexion, energetic and thorough⁹, his unbounded energy was occasionally curtailed by a temporary siege of gout. Once recovered, he appeared to compensate for lost time by moving even faster than usual. From his father, Colonel Calvin De Witt, one-time commandant of the Army Medical School and an Army doctor of the frontier period, he inherited a passionate love for military service. His early life was spent on Army posts, and "the line" influence showed in many small personal characteristics, such as the fact that he almost invariably carried a riding crop.



Red Cross Birthday Party, 1938; Mrs. Roosevelt, General De Witt and Miss Lower in foreground

Whereas some medical officers sniffed indignantly at the multitude of absorbing administrative duties that encroached on their professional time, Wallace De Witt apparently sought them out, enjoying the struggle to conquer or be conquered by a knotty problem in organization or medical economics. His previous assignments had been largely administrative, although his basic career as a hospital commander did not begin until after World War I. Then, at the Station Hospital, Fort Sam Houston, Texas¹⁰, he demonstrated his ingenuity in stretching the budget. When patients were

transferred to other hospitals, civilian or military, and required the attendance of a doctor, it was often the hospital commander rather than a ward doctor who made the trip.¹¹ In this way he managed to examine the construction of many new installations with great care, sometimes learning more of the defects than were known to the local management. He was a strict disciplinarian, was critical of wastage, liked graphs and kept accurate statistics on his own organization.¹²

He was long considered by younger Army doctors to be the model hospital administrator, and his free use of statistics enabled him to evaluate management costs with such ease that his admiring associates credited him with some occult ability to spot trouble. It is extremely doubtful that this busy and practical man wasted much of his valuable time indulging instincts, and it is more probable that his excellent system of record keeping concealed the answers to some anomalous administrative economies. In fact, he was so ingenious in the



Salvage Warehouse, 1929

preparation of the budget that Surgeon General Reynolds believed that to have fully satisfied his financial demands would have pauperized the other general hospitals, for he began, considering the period of economic uncertainty, what appeared to be a lavish spending program, and he junked much allegedly serviceable property such as kitchen equipment and hospital furniture in order to provide more attractive items (ltrs G. R. Reynolds to writer 21 March 1952; A. E. Truby to writer 25 Apr 1952).

The latter predilection was not especially helpful, for the Medical Department budget then was in such a lean condition that economies were a necessity. In 1935, when he began the first half-year of his tenure at the Army Medical Center, one-third of the staff physicians at the hospital¹³ were reserve officers. This group had been called to active duty in order to replace some of the young regulars forced to assume some of the administrative responsibilities of the CCC program, and to replace the unusually large number of World War doctors then being lost through retirements for physical disability.¹⁴

Personnel new to the institutional practice of medicine not only had less appreciation of the need for administrative economics, but, unlike the old regulars, some apparently shared the popular belief that government issue was free issue and took little note of the fact that in the end the taxpayer footed the bill. It was therefore during the De Witt administration that for the first time in the history of the hospital some of the professional services were required to re-use properly washed and sterilized gauze and economize on such seemingly small items as adhesive tape.¹⁵ Salvaged cotton was even reissued as cleaning rags, accountable to the issue clerk before replacements could be obtained. Further General De Witt's enthusiasm for statistics was noticeable in



1932, Laundry and Bakery (Dogwood Street)

the detailed table and graphs attached to the Annual Reports, such as the cost accounting reports rendered on the laundry service. For instance, 2,549,760 pieces of institutional linen were laundered at a cost of 0.047 cents per patient in 1935.¹⁶

In spite of his minor economies and exacting inspections, the General was as popular with the nurses and corpsmen as with the medical staff.¹⁷ The Saturday morning inspection was still a customary routine in Army hospitals. Consequently on Friday

the entire menage was upset by the hum of electric floor waxers and the diligent “spit and polish” methods of custodial help, giving that last minute see-your-face-look to the floors before “the old man” arrived. Whereas former commanders had maintained a sedate military bearing and left the search for dust to the First Sergeant, usually in attendance, Wallace De Witt probed into dark corners for himself. Even more shocking, he formed the habit of arriving for unscheduled inspections on Tuesday as readily as Saturday. He occasionally climbed on a chair better to examine the top of the clothes cupboard, shifted bottles in the medicine cabinet to see how recently the glass shelves had been washed, or ran an exploring finger between the mattress and headboard of the bed, where he claimed, the corpsmen and maids invariably failed to dust. If the results were questionable he was apt to drop the riding crop and dart under the bed for a quick look at the springs and mechanical apparatus.¹⁸ Peculiarly, for a man otherwise so tidy, he used the pencil slot in the top drawer of his desk as an ash tray, and woe to the office custodian who failed to dump the contents before 8 a.m.¹⁹

There was one personal problem that baffled him – his false teeth – which he kept conveniently in the right hand top drawer of his desk, if luxuriating in privacy, and which, protected by a large white handkerchief, he would hastily pop into place as official callers arrived. Now and then he roamed absentmindedly about the grounds on an inspection trip, or went to the Army Medical School to make a speech, having left the troublesome teeth in the drawer. Keeping owner and property together became a special responsibility of his secretary, who often sent the offending denture by special messenger.

In addition to the Keller and De Witt gardens, part of the area behind the Post Commander’s quarters was subdivided into plots for younger members of the command. There the amateur gardeners met on summer afternoons, hailing each other in friendly fashion and competing for friendly praise of their produce. Finding himself alone in the area one afternoon, the General suddenly decided he could better discharge his horticultural duties if unencumbered by the troublesome teeth. A sturdy tomato plant offered safe concealment, and he promptly forgot about having removed them.

Army social calls are made at prescribed times: new members of the command call on the ranking officer within forty-eight hours after arrival; other calls are exchanged on Sunday from four until six or on week days from six until eight. Callers arrived unexpectedly during the evening, but the General was happily unaware of his appearance until his old dog came romping in the garden – and deposited the gleaming dentures at his feet!²⁰

The End of a Dynasty

The various professional activities at Walter Reed shared one thing in common from 1935 until 1939 – they expanded. One of the most noticeable changes concerned the Obstetrical Section, which occupied the building the Birmingham children once dubbed “The Pest House,” but was by then known as Ward 21. An increasing number of women were seeking admission to the hospital, and whereas Ward 21 had a bed capacity of eighteen patients at a time, a total of 195 women were treated there during 1935,²¹ and 222 during 1936. In May 1936, a remodeled medical ward, No. 29, was assigned to obstetrics, and the two upper floors of Ward 21 were remodeled for an acute infectious disease ward. The lower floor was occupied by the internes.²²



1930, Main Operating Room

The Medical Service made an analysis of the electrocardiograph records in 1934, discovering that approximately sixty-seven per cent of the films showed essentially normal findings.²³ About twenty-two per cent of the cases on the Officers' Section indicated cardiovascular diseases but only ten per cent of the female medical cases showed such deterioration. Of the 80.2 per cent of the 166 deaths autopsied in 1935, twenty-seven deaths were directly attributable to cancer.²⁴ A year later, when only 73.7 per cent of the total number of deaths were autopsied, as existing policy by then required family permission for postmortem examination of deceased retired officers, the findings were even more significant, for 22.1 per cent of the deaths were due to this cause. In 1939, almost half of the deaths in the Surgical Service were due to malignancy. Prior to this period all cases requiring radium treatment were sent to Johns Hopkins Hospital, Baltimore, Maryland, but, after the significant increase in neoplastic diseases, the hospital was provided with its own radium.

The Surgical Service authorized 243 blood transfusions in 1935, a total increase of sixty-two over the previous year. Of these, 107 were performed by the direct multiple syringe method and 136 by the indirect citrate gravity method. Of the 7,505 new admissions in 1936, almost one-third of the cases received an anesthetic, with the

number of spinal anesthetics increasing by 225 over the previous year, and the gas oxygen, gas-oxygen-ether, and avertin decreasing proportionately.

Colonel Keller retired as Chief of the Surgical Service in June 1935. Young officers had quailed at his approach and older officers had deferred to his judgment with unequivocal respect. He was quiet, stern and hard-working, and so some of his staff members maintained that they had two vacations annually, their own and the month "the Chief" went fishing. A determined individualist, he ran his own show and that, a contemporary later said humorously, was probably why he was never investigated.²⁵



Colonel William L. Keller

Even the Congress recognized his merit by retiring him on full military pay as a lifetime consultant in surgery to the staff at Walter Reed. Thereafter he maintained a small but seldom used office in the library, where he retained the complete clinical and photographic files of his surgical exploits. Faithfully, he came to Walter Reed twice weekly for nearly fifteen years. Old friends who knew his regular visiting days called on him at the surgical office, or went to the library to add their cards to the graying collection in his desk drawer, where the aged rubber tubing on his old sphygmomanometer was cracking and disintegrating, and a few long-since forgotten pathological specimens floated dismally in their sealed jars.²⁶ Empyema cases who were young men in 1919 and 1920 returned as old men to visit him, sure that they would be remembered as readily as before. Children on whom he had performed skin grafts in their youth returned with their children, asking only to be remembered by the master, and with unerring instinct he restored their past from the files.

When pain so wracked his arthritic joints that steel braces were required for support to his weary frame, he finally bowed to the inevitable and grudgingly entered a wheel chair at the hospital's portals, in order to make his routine visits or attend the physiotherapy clinic. Only the tranquil expression in his candid china-blue eyes and

his compassion for the suffering of children seemed unchanged. The passing years had grayed “the stormy petrel” and shortened his flight, but no other Army surgeon had matched his long and distinguished career at Walter Reed.

Hospital Activities

The first twelve-month training course for physiotherapy aides was given in 1935. Approved by the American College of Physicians, the anatomy course was increased from 180 to 220 hours, and a course in bacteriology and pathology was added.²⁷ In 1935 alone, a total of 129,419 physiotherapy treatments were given, 53,454 of them to non-military patients. Obstetrics and Gynecology was normally a busy section of the Surgical Service, but after Colonel Raymond F. Metcalfe became Chief of the Surgical Service in 1935, a special clinic was established for examination of all female out-patients referred by the General Dispensary, Military District of Washington. Further, such cases were re-examined three weeks post-operatively. In fact, the Surgical Service was so busy that elective cases were listed for operation and admitted as beds became available.



Brigadier General Raymond F. Metcalfe

Whereas Colonel Keller was known throughout the Medical Corps as professionally autocratic,²⁸ Raymond W. Metcalfe was the complete opposite. His reputation as a skilled surgeon, especially for women, was almost legendary. Soft-spoken, quiet and self-contained,²⁹ he was one of the twelve doctors who passed the Army Examining Board in 1902, without defensive championship from any of that exacting group of dignitaries.³⁰

A bachelor for many years, he never “traveled with the herd,” and when with other single officers he went to theaters and concerts, he usually sat alone.³¹ Friendly, but inarticulate, he appeared anxious to participate in the informal group activities of his contemporaries but “did not have the knack of being undignified.”³² At some early

stage in his career he formed a close friendship with Malin Craig, Chief of Staff of the Army at the time he finally had the opportunity of serving at Walter Reed. Promoted to Brigadier General in March 1937, while serving in a professional rather than a command position, he broke the traditional Army promotion pattern of correlation between rank and organizational and manpower responsibility. Whereas many other officers played golf for a pastime, General Metcalfe studied the stock market with the same care and devotion that he lavished on surgery, and he appeared to be conspicuously successful in either role. Impeccably well groomed, abnormally shy but quietly humorous, he was popular with Army wives, some of whom vied with Irving S. Cobb in *Speaking of Operations*, if they happened to bear the seal of the Metcalfe technique. A few even traveled from West to East of these United States to secure his reassurance that physically all was well.

By 1939, the major part of the General Dispensary was moved to the Center, located in conjunction with Ward 30 and designated the Out-Patient Service, Walter Reed General Hospital.³³ Thus another step in Dr. Borden's plan for a medical center was complete, for it was he who had proposed affiliation of the city dispensary with the U.S. Army Hospital, Washington Barracks, DC. Only the Army Medical Library and Medical Museum now remained from under the administrative canopy.

Out-patients were referred from other posts, and residential calls were made on Army families residing in the District of Columbia, provided the patient was unable to attend the clinic. Former Dispensary personnel of the X-ray, Dental, EENT and Laboratory Sections transferred to these sections of the hospital, and the technical procedures of the two organizations became closely intertwined.³⁴ Eight doctors, five nurses, one stenographer and ten enlisted men were permanently assigned to the Out-Patient Service, where, in the first eight months, three-fourths of the treatments were given to civilian dependents.³⁵ The new arrangement created parking problems as well as food service problems, for many of the patients made the trip "out to Walter Reed" an all-day affair.

The overall quota of nurses assigned to Walter Reed during the closing years of the thirties was numerically adequate in proportion to the general average of six nurses per 1,000 men as established by the Troop Basis allowance of the War Department General Staff. The hospitalization rate of the troops was less than anticipated, and as Veterans' Bureau and CCC funds permitted the employment of civilian nurses and/or Red Cross reserve nurses, Captain Lyda M. Keener, who in May 1934 succeeded Mrs. Flikke as Principal Chief Nurse, had a pleasant assignment, one with few administrative problems. By and large the nurses then on duty at the hospital represented a mature group, settled women in their late twenties and early thirties. Therefore Miss Keener was seldom required to act as "matron," reputedly a time-consuming chore of many civilian nurse superintendents. She wisely believed that Army Nurses were as well able to manage their private affairs, without surveillance as were the male officers.

A tall, white-haired, kindly, gentle, slow-speaking woman, she performed her official duties with the minimum amount of physical exertion. Like her good friend Miss Molloy, she was "addicted" to frequent vacations, and in this way she pleasantly and at no personal



Waiting Room, Out-Patient Clinic (Converted Ward), WRGH

inconvenience solved many awkward situations, for by the time she returned, the administrative storm had spent itself.³⁶ Nurses rarely appeared in Class A (street) uniforms in those days, and the sudden appearance of the quiet, white-clad Chief Nurse, meandering through the wards on an informal inspection trip, was comforting as well as entertaining to some patients. Her impersonal conversation, unruffled calm and highly developed sense of humor invariably conveyed the impression that she was perpetually relaxed. She had, for the majority of her thirty-odd years in the Army Nurse Corps, been a Chief Nurse, and many of the older medical officers, including General De Witt, were her personal friends.

The professional staff was not large at that time and a four-year assignment in Washington was customary. Post social activities were popular. The nurses entertained in their beautiful ballroom at Delano Hall, the nurses' residence, which "was clean and well kept and (had) the appearance of a high-class modern hotel,"³⁷ and as a rule the doctors and their wives were invited. The Post had no organized Officers' Club as such, but the Sternberg auditorium was used for staff dances, with catering service provided by outside firms. These affairs, the dances at Delano Hall and the officers' "hops," after the Army adopted a blue dress uniform in 1939, were colorful as well as gay.

The Hospital Corpsmen

By 1936, the 576 men at the Army Medical Center had increased to 596, but there were always unfilled requirements. All new recruits were given a course in the duties of a soldier, and night classes in stenography, typing and general subjects were conducted by PWA teachers, under the general supervision of the Chaplain. A special course for ward attendants was planned but was abandoned because of insufficient instructors.³⁸ The hospital Laboratory Section apparently felt the deficiencies of the local training system more keenly than other services, for during the year all but one of the laboratory technicians received a discharge by purchase in order to secure better paying positions. At the end of December 1936, the enlisted men in that section consisted of thirteen Privates 1st Class, of whom seven had an average of only 2.5 months of training in laboratory procedures.³⁹

The Medical Department Professional Service Schools were requiring more enlisted men, as the teaching, research and routine examinations were being constantly improved by the new methods. Moreover, the new equipment and delicate instruments required considerable expert care.⁴⁰ The morale of the School technicians was, however, higher than that of the men in the Walter Reed Detachment, where they performed twelve-hour duty rather than the eight-hour duty of the Medical Department Professional Service School group.⁴¹



Delano Hall, 1939

About thirty per cent of the enlisted technicians were reasonably well educated. Thus they passed examinations for non-commissioned officer ratings, and many eventually passed the examination for officer rating in the Medical Administrative Corps.⁴² This upgrading complicated the personnel situation, as well educated but excellent men, many with leadership qualifications, were unable to secure ratings enabling them to become group leaders. Still more unfortunate, the technicians competing for ratings were also the most employable in civilian fields and many were ultimately lost to the organization. Consequently, General De Witt urged an increase in the number of ratings for the first four grades,⁴³ as this might encourage the trained technicians to re-enlist,⁴⁴ a proposal which did not receive ready approval from overhead administrative agencies.

Since there appeared to be no satisfactory solution to the unstable technical personnel situation, on October 4, 1937, the Surgeon General authorized the employment of two trained civilian technicians.⁴⁵ The results were so satisfactory that School authorities urged all key technical positions be filled by civilians, preferably female, and urged that eight civilian employees be so employed.

The number of enlisted technicians trained at the various schools had increased steadily since 1935, and in 1939 the training course was lengthened from four to twelve months. Instruction in clinical medicine, for the doctors, was limited to neuropsychiatry during the 1939-40 session, although the two-to-four-year courses in the preparation of specialists continued.⁴⁶



Waiting Room, Laboratory



Morgue and Receiving Vault, WRGH



Autopsy Room, Laboratory, WRAH

Beginning in 1932, and then strictly as a source of supply for Walter Reed Hospital, the *Division of Biological Products*, Army Medical School, began preparing, at an approximate cost of twelve cents a bottle, 50 cc bottles of 50 per cent glucose for intravenous therapy. The distribution increased to provide for other Army hospitals in the United States, this division preparing, in 1936, a total of 16,324 bottles and by 1940, a total of 53,457 bottles.

The branch laboratory, at Walter Reed, was transferred to the administrative control of the Assistant Commandant, Medical Department Professional Service Schools, on January 1, 1938, but on May 19, 1939, it was returned to the jurisdiction of the hospital commander.⁴⁷

Odds and Ends

During the mid-twenties, General Fred C. Ainsworth, famous as a controversial figure in the early history of the War Department General Staff, contemplated establishing some sort of hospital memorial to his wife, who had died at Walter Reed. Various suggestions were made, including the baseball grandstand so generously provided by the Senator from West Virginia, but neither decision nor funds took definite forms until after General Ainsworth's death. At that time the hospital authorities learned that a \$10,000 bequest was available to the Post library, provided it bore the donor's name.⁴⁸

The stipulation was not agreeable to the governing authorities, who finally agreed to Miss Schick's suggestion that the income from the endowment be devoted to the purchase of books on the history of medicine. There were neither procurable through medical supply channels nor allowable purchases from local welfare funds, which must be spent only on items of direct benefit to the patients. Consequently, in 1936, a small periodical room adjoining the Medical Library section was designated the *Fred C. Ainsworth Memorial Endowment Library*. The collection grew slowly but steadily and included not only a number of interesting and rare volumes on the history of military medicine but some of the papers prepared by Major Walter Reed. After Colonel Keller's retirement, he used this section of the library as his private domain.

In 1936, the east porches to Wards 33, 34 and 35 were enclosed in order to increase the bed capacity. A meat market and cold storage room was installed in the basement of the Quartermaster Building, as an addition to the Commissary. Air conditioning was installed in the main operating room and part of Ward 12, and all diet kitchens in the NP Section were made sound-proof. The center wing of the Post Exchange was enlarged to form a cafeteria, and two clay tennis courts were built for the nurses. Of especial interest to the Dietetic Department, an automatic dishwasher, with water, heat and duration controls was installed in Mess I. This was a sanitary as well as physical economy, for during the year the Diet Kitchen, Officers' Mess, served 31,813 special diets of forty-seven different types. Like the Laboratory, the Dental Clinic was having difficulty securing trained (prosthetic) technicians but during 1936 treated a total of 5,191 patients in 23,163 sittings.⁴⁹

In 1937, the EENT clinic, which had long used the services of Dr. Robert H. Ivy of Philadelphia as a consultant in plastic surgery, reported its first use of the Wolfe-Schindler gastroscope.

Irrelevant from a professional standpoint but organizationally significant, the Commanding General reported that seven government horses, four mules and five private (officer) mounts⁵⁰ were stabled and that the government animals were needed and put to good use.

The Post Quartermaster had in service a number of the rugged Field Ambulances, or so-called Red Cross ambulances because of the identification, but only one Metropoli-

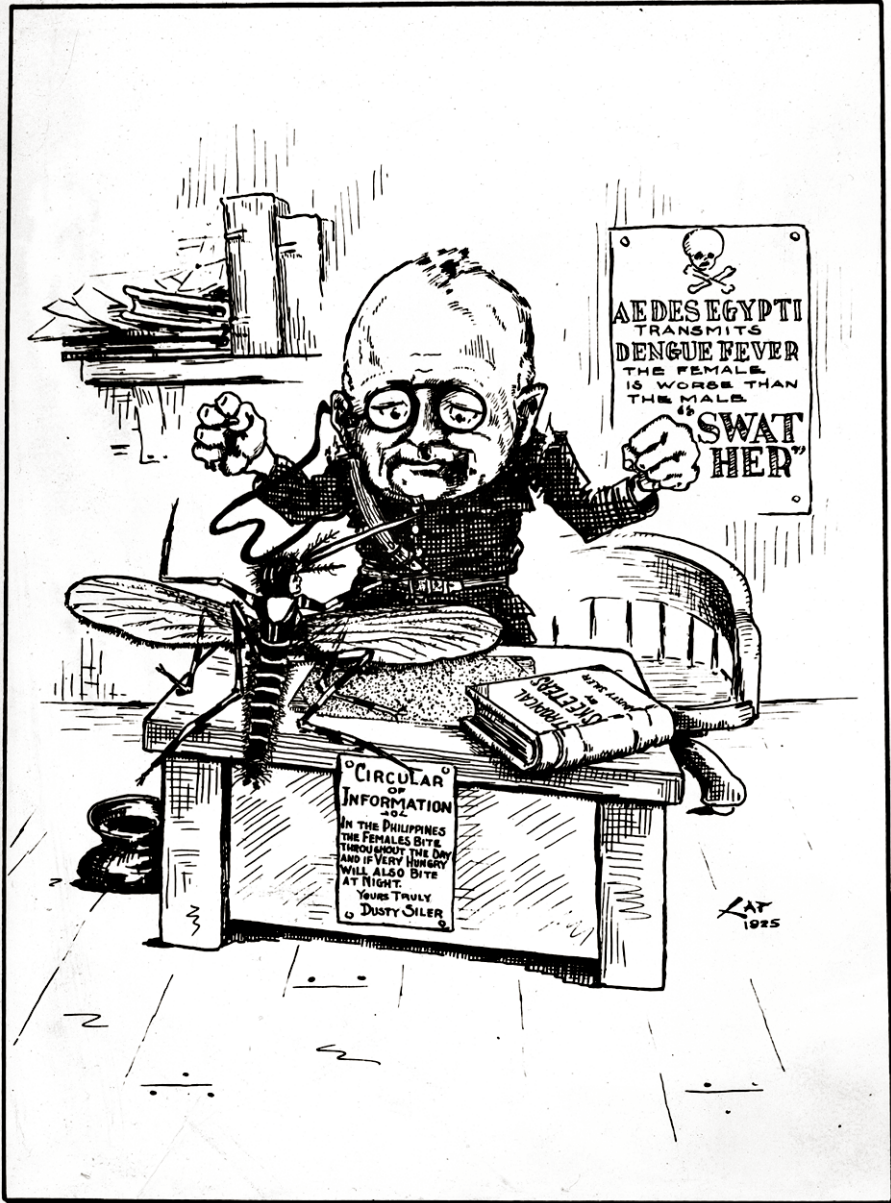


The Stenographic Pool, WRAH, 1948

tan Ambulance, of the type ordinarily used by civilian hospitals. As the Metropolitan Ambulance was originally consigned to Walter Reed for testing and had traveled some 44,308 miles and been in five accidents, General De Witt believed another was needed. Further, he recommended razing the remaining wooden barracks at the Center in a final effort to eliminate the last of the World War I buildings. Post Quartermasters at “line” stations usually carried adequate stocks of government issue furniture to equip the quarters, but General De Witt noted in 1937 that the Army Medical Center had not been so favored, and that such items had been requisitioned annually for twelve years.

Many young ward officers and internes, as well as the reserved officers assigned to duty at Walter Reed and other military hospitals, complained vociferously about the large amount of “paper work” required by the Army. The military record must at all times not only be complete but irreproachably correct for judiciary purposes as it represented vital evidence in establishing service connected disabilities and pension claims. However, to the professionally-minded and enthusiastic young doctor, this represented a time consuming chore.

Ward secretaries were not available at this time; consequently the physicians spent many laborious hours typing, usually in a highly individualistic “hunt and peck” manner,



Cartoon of "Dusty" Siler

the case histories. As the appointment of internes was interrupted in 1938,⁵¹ it is especially interesting that a year later General De Witt had procured the first ediphones for dictating clinical histories and had formed the rudiments of the present stenographic pool, by having the many case histories, reports of operation, etc., transcribed in a central office.

The Post Exchange sales served as business index to local spending, and the \$10,602 in dividends, accumulated in 1939, was assigned to the Recreation Fund, Chaplains' Fund, Post Library and the Hospital Fund.

Research and Investigation

In addition to the teaching and routine investigative work at the Army Medical School, the Division of Laboratories initiated a comprehensive study of typhoid organisms. Some phases of the work perfected in other parts of the world were repeated in an effort not to overlook any possible improvement in the antityphoid vaccine produced for the Army, Navy and other governmental agencies. The work was begun in 1935 and reported in 1937, the faculty claiming that the new "Strain 58" typhoid bacillus, was distinctly superior to the Rawlings strain heretofore used.⁵² In this connection Colonel Joseph F. Siler, Commandant of the School, and his deputy, Lt. Colonel George C. Dunham, two of the Medical Department's outstanding specialists in public health and preventative medicine, were commended for their significant work.⁵³

Whereas the investigative branch of the medical and allied health functions were customarily identified under the general title of "The Army Medical School," by 1935 the auxiliary corps were anxious for more independent recognition. Thereafter the combined group activities were known as the Medical Department Professional Services Schools. Historically, the program for the 1935 graduation exercises was the last announcement of "The Graduation Exercises of the Army Medical School."⁵⁴ The Professional Schools graduated, in 1937,

55	Officers and 101 Enlisted Men	(Medical Corps)
10	Officers and 25 Enlisted Men	(Dental Corps)
11	Officers and 12 Enlisted Men	(Veterinary Corps)
5	Nurse Anesthetists (at Walter Reed)	(Army Nurse Corps)
10	Dieticians " " "	(Civilian)
8	Physiotherapists " " "	(Civilian) ⁵⁵

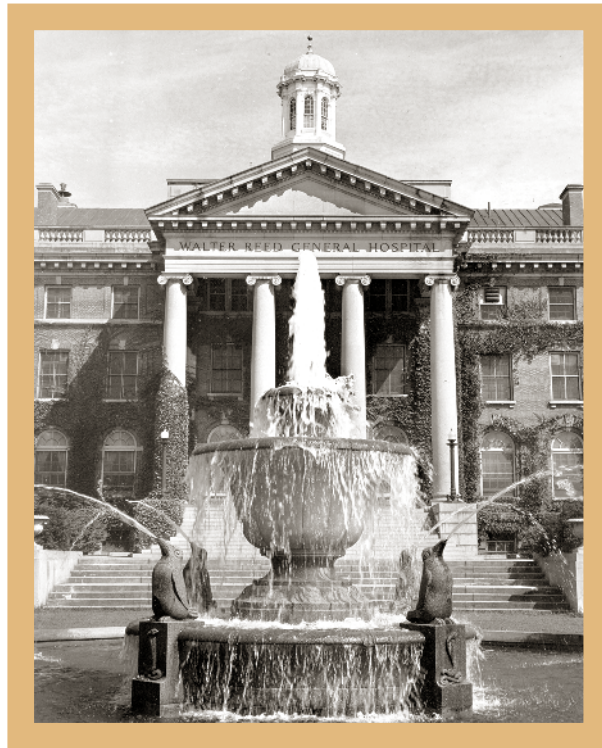
A great deal of laboratory work, such as Wasserman, Kahn, Colloidal Tests and autogenous vaccines, was done at the laboratories of the Medical Department Professional Services Schools, with the hospital laboratory service performing only routine work. This relationship apparently satisfied all concerned, for it reduced the duplication of effort and economized on personnel, equipment and supplies.⁵⁶

The functional organization of the Medical Department Professional Services Schools provided each director with administrative access to the Commanding General, Army Medical Center, through the Secretary of the School. The Secretary's functions were comparable to the usual functions of the military executive officer. Functionally, school activities channeled from this office through the Assistant Commandant of the Post, a position later called Deputy Post Commander. Each School had its own Assistant Secretary and section chiefs for the various specialized courses. The sponsors of the Aide, Dietetic, Internes and the Anesthesia training

courses for nurses reported through the same administrative channels, the Secretary and Assistant Commandant. The Director of Laboratories, more independent than the others, functioned directly under the Assistant Commandant.⁵⁷

The European war clouds were darkening perceptibly by 1938. Although the Medical Department had established the field medical service in 1920, to insure departmental readiness for mobilization, General De Witt's philosophical comment on the functions of medical officers reflected the growing tension of Army planners.

*Unlike his conferee in the line of the Army, the newly appointed officer of the Medical Department is unfamiliar with the operation of military forces and with military life. He is not ready to apply his professional knowledge to the best advantage of all concerned. He must be taught the organization and employment of armed forces, the most satisfactory procedure for evacuation of battle casualties, and the principles and methods of field sanitation.*⁵⁸



*Hoff Memorial Fountain, 1934**

**Reviewers have noted the absence of the flag pole. See text, page 290.*

The Hoff Memorial

With the completion of the Army Medical School Building in 1932, the administrative offices of the Commanding General and his executive staff were moved to this location. Thus the Executive Officer, Army Medical Center, and the Adjutant, the Provost Marshall, the Recruiting Officer, the Finance Officer, the Signal Officer etc., and the telephone exchange for the Center, were located in part of the new building.⁵⁹ As the American flag invariably marks the headquarters of a military installation, the flag was moved from the circle in front of the main hospital building in 1935. A year later the space was filled by the Hoff Memorial Fountain, in part a gift of the widow of John Van Rensselear Hoff, 1848–1920.⁶⁰

General Arthur, by then an aged man but apparently jealous of his one-time position as Commanding Officer of the hospital, questioned the appropriateness of erecting the four-penguin fountain at Walter Reed. He may have forgotten, or merely preferred to ignore, the intimate association of John Van Rensselear Hoff with many of the Medical Department's milestones of progress. It was he who organized the first detachment of the Hospital Corps, prepared the first drill manual for the Hospital Corps, organized the first Company of Instruction, at Fort Riley, Kansas, and was the first instructor in sanitation in the General Service School at Fort Leavenworth, Kansas. It was Colonel Hoff, in 1901, who first assembled emergency field medical supplies in a basement room of the old Museum, from which Darnall later began the Field Medical Supply Depot, so important in World War I. It was Colonel Hoff who, in 1902, first proposed a school of nursing. He was the instructor in the Army Medical School, after the Spanish-American War, and he was not only a member of the board that selected the site of Walter Reed General Hospital, but he brought the members of the board to the grounds for their last official conference.⁶¹

Colonel Hoff was an enthusiastic field medical officer rather than internist or surgeon, and to him it was axiomatic that "to sustain medical morale was to sustain military morale."⁶² He, more than most, had influenced the militarization of the medical soldier, for which he was cheerfully ridiculed by many of his contemporaries.⁶³ While still a Captain and Assistant Surgeon he drilled his Company of Instruction diligently, insisted on a military title for himself, and worked zealously to make the untrained recruits into self-respecting soldiers instead of mere attendants of the sick.⁶⁴

Son of a distinguished medical officer, in 1897 he founded, in memory of his father, the Alexander H. Hoff memorial prize, awarded annually to the Army Medical School graduate having the highest class standing.⁶⁵ The Spanish-American War prevented bestowal of the medal until the School reopened for the 1901-1902 session. It set a pattern for bestowal of the Sternberg Medal, awarded after the 1920-21 session of the School, to the graduate attaining the highest class standing in Preventive Medicine;⁶⁶ the Dental Corps Medal, awarded by the Dental Corps, after 1924, to the Dental Officer having the highest average class standing in the basic course, Army Dental School;⁶⁷ and similarly the Hoskins Medal, first awarded in 1924, by the American Veterinary Medical Association, for excellence in the Army Veterinary School.⁶⁸

Colonel Hoff wrote energetically on such subjects as Medical Department history, observations of the Russo-Japanese War and small pox vaccination as a prophylactic. Although Dr. Welch had long resented the emphasis of American doctors on the two-serpent emblem on the Staff Aesculapius rather than the single serpent, a practice he thought “both ludicrous and tragic, for it belongs to Mercury, who was the God and patron of merchants and thieves and was charged with conducting souls to another world,” it was Colonel Hoff who influenced the adoption of the caduceus for the Medical Corps, for he viewed it as an emblem of neutrality rather than medicine.⁶⁹ He was retired in 1912, but by 1917 he was again on active duty, as editor of *The Military Surgeon*, which then was essentially a medical service bulletin. As the European war clouds moved closer home, in 1917, Colonel Hoff, like many of the older Regular Army officers, may have become uneasy over the state of national preparedness. In July 1918, his apprehensions were expressed in a poorly named editorial, “The Passing of the General Staff,” in which he lamented the nomination of medical reservists rather than more experienced policy-minded members of the regular corps, for duty with the War Department General Staff.⁷⁰

Reprisals from the War Department followed; Colonel Hoff was relieved from active duty and resigned his position. A year later the Secretary of War “re-examined the whole question afresh and in the light of the more composed situation” withdrew the reprimand and “restored” Colonel Hoff’s military record.⁷¹ As *The Military Surgeon* noted in January 1920, this was an “act of justice to an old and faithful soldier.” John Van Rensselaer Hoff was one of a now rapidly passing generation of medical officers rather than professionally limited Army doctor. Thus the tribute is not only in “addition to those which already stand in the record of his long and honorable, and useful life,”⁷² but is in its way a tribute to a Medical Corps that could inspire such men to a lifetime of faithful and often unrewarded service.

References

1. Annual Rpt TSG... pg 109.
2. *Ibid*, 1934, pg 139.
3. *Ibid*, 1935, pg 186.
4. *Ibid*, 1935, pg 132.
5. *Ibid*, 1937, pg 151.
6. A charge of \$4.00 daily was made at Fitzsimons, for tuberculous patients.
7. Annual Rpt TSG... 1938, pg 159.
8. *Ibid*, pg 160.

9. Interview with Major General Shelly U. Marietta, M.C., Ret., April 25, 1950.
10. Station Hospital in name only as it served as a general hospital; later renamed Brooke General Hospital.
11. Interview with Col. Herbert N. Dean, M.C., Ret., April 12, 1950; Interview with Miss Dora E. Thompson, June 26, 1950 and others.
12. *Ibid.*
13. Annual Rpt WRGH, 1935.
14. Annual Rpt TSG... 1935, pg 136.
15. Annual Rpt, WRGH, 1937.
16. *Ibid*, 1935.
17. Interviews: Jessie M. Braden, Sallie Shoenberger, Dora E. Thompson, retired members of the Army Nurse Corps, June 25, 26, 1950.
18. Conversation 2nd Lt. Katherine V. Young, Chg. Nurse, Wd 11A, 1938.
19. M/Sgt. Franklin F. Houston, April 1950.
20. Conversation, Miss Margaret Sims, July 11, 1947.
21. Annual Rpt, WRGH, 1935; approximately 15 days hospitalization was expected of obstetrical cases at that time.
22. *Ibid*, 1936.
23. *Ibid*, 1935.
24. *Ibid.*
25. Conversation, Col. Arden Freer, M.C., Ret., Feb. 7, 1951.
26. The writer shared Colonel Keller's desk for nearly two years.
27. Annual Rpt WRGH, 1935.
28. Thompson interview, *op cit.*
29. Col. James M. Phalen, M.C., Ret., April 19, 1950.
30. *Ibid.*
31. Interview with Col. James F. Hall, M.C., Ret., April 17, 1950, Aug. 8, 1951.
32. Marietta interview, *op cit.*

33. AG 029.21 (4-25-39) April 25, 1939, misc.
34. Annual Rpt., WRGH, 1939.
35. *Ibid*, 1939.
36. Braden interview, *op cit*; Thompson interview, *op cit*; Interview with Miss Jane Molloy, RN, June 30, 1950.
37. IG Report attached to Annual Rpt, WRGH, 1937.
38. Annual Rpt WRGH, 1936.
39. *Ibid*.
40. *Ibid*.
41. *Ibid*, 1937.
42. The Sanitary Corps Reserve was established under the provisions of Section 37, Act of 4 June 1920 (41 Stat. 775). The Medical Administrative Corps was made a part of the Medical Department in order to provide auxiliary service to the doctors and obviate their assignment to many administrative duties. Corps strength was first limited to 140 officers, to be obtained by giving permanent commissions to enlisted men commissioned in the Sanitary Corps during the war. The vacancies were filled through promotion by examination of non-commissioned officers.
43. M/Sgt; Tech. Sgt; Staff Sgt; Sgt.
44. Annual Rpt WRGH, 1937.
45. Annual Rpt, MD PSS, 1939, on file, Office of the Commandant, AMS.
46. Lack of barracks space limited the number to 100; slightly more than half this number was trained during the last few years before the war.
47. Annual Rpt, MD PSS, *op cit*.
48. Conversation, Miss Mary E. Schick, Librarian, WRGH, 1941.
49. Annual Rpt, WRGH, 1936.
50. Medical officers were considered as "mounted officers" and drew a forage ration if owning a private mount.
51. Resumed in 1939.
52. Annual Rpt TSG... 1937, pg 229.
53. Annual Rpt WRGH, 1937.

54. See AMS program file, Office of Commandant, AMS, AMC.
55. Annual Rpt WRGH, 1937.
56. *Ibid*, 1938.
57. Annual Rpt...TSG, 1937, pg 228.
58. *Ibid*, 1938, pg 241.
59. *Ibid*, 1937, pg 227.
60. Died at Walter Reed April 19, 1936.
61. Address by General Ireland in Presenting Portrait of Colonel John Van Rensselaer Hoff to AMS, May 30, 1930. Copy from General Truby's files.
62. Ltr. Garrison to Welch, April 29, 1927, Collection of the Institute of the History of Medicine, Welch Memorial Library, John Hopkins University, Baltimore, Md.
63. Edgar Erskine Hume, *History of the Ass. Mil. Surgeons of the U.S. 1891-1941*, Boston and NY, Houghton & Mifflin, 1929, pg 13.
64. *Ibid*, Interview with Brig. Gen. Frank Keefer, M.C., Ret., Apr. 20, 1950.
65. Records of the AMS, Vol. III, Session 24-26, August 1, 1919-February 13, 1932, pg 269.
66. *Ibid*.
67. *Ibid*.
68. *Ibid*.
69. Welch to F. F. Russell, Aug. 15, 1920; Russell to Welch, Sept. 22, 1920. Collection, *op cit*.
70. Hume, *op cit*, pg 70-74.
71. Memorandum from Baker, S/W to C/S, Dec. 20, 1919 quoted from Hume, *op cit*, pg 75.
72. Hume, *op cit*, pg 75.