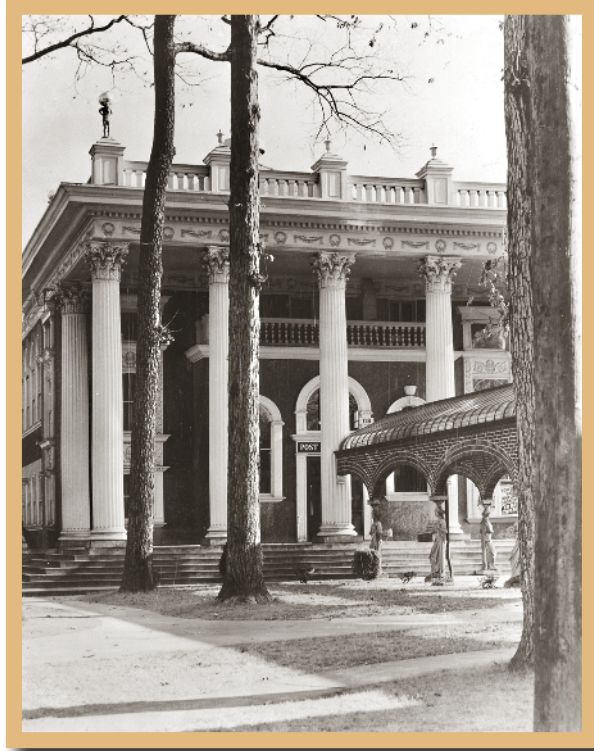


Two Difficult Years

1944–1945



Post Theatre No. II, Forest Glen

“In attempting to arrive at an accurate diagnosis of any condition not plainly evident, one of the most essential steps is a complete history.”¹

Major General Shelley U. Marietta’s five-year tenure as Post Commander at the Army Medical Center covered the most difficult administrative period in the entire life-cycle of the organization. This was especially true of the hospital, whose lineage encompassed the old station hospital at Washington Barracks, and which had survived the expansion program of three wars. The 18,000 new patients admitted in 1944, a 296 per cent increase over 1941, with only a fifty per cent increase in personnel,² required maintenance of institutional activities at the same high level of the year before.

The Convalescent Section, purchased from the National Park Seminary in 1942 and revamped for hospital use, included approximately 185 acres of beautiful and valuable land. Nevertheless, it was an additional administrative problem for the commanding general, as functionally it was a second institution, requiring all the installation support activities of the parent plant. Servicing the buildings was difficult because of their age and because they were not designed for patient care. Some ambulatory patients objected to being transferred to the suburban area because of the increased transportation difficulties to the city; others objected because of the generally semi-rural isolation and the necessity for commuting to Walter Reed by shuttle bus for clinics and consultations. None, so far as is known, objected because of actual domiciliary accommodations or the food service, which was generally conceded to be superior. As if one subinstallation activity was not enough to harass the management, the War Department's increasingly urgent pleas to conserve manpower necessitated by the military personnel shortages of 1944, resulted in increased emphasis on retraining of combat casualties and return to active duty. During 1944, therefore, the Army Medical Center acquired temporary possession of a former Civilian Conservation Corps camp at Beltsville, Maryland, about seven miles northeast of the main hospital and some four miles from the Forest Glen Section. Restoration and equipping the rough frame buildings, cleaning and servicing the grounds, establishment of a highly organized physical training program, installation of a small library and dispensary made Camp Ord, the Beltsville extension, an independent and self-sufficient station. Here the men wore fatigue clothes rather than Class A or convalescent clothing, and they were required to participate in organized athletics. It was a wholesome carefree type of existence, and to all outward appearances the men enjoyed their existence in a womanless world. The same system of shuttle buses, daily deliveries of newspapers, mail and supplies were used as for the Forest Glen Section. The rehabilitation program at Camp Ord applied to male patients only, not to WACs and nurses,³ and continued until March 7, 1945.

Something New is Added

A war period presents unique problems for military commanders in general and hospital commanders in particular. The Army, which is seemingly forgotten or ignored in peacetime, unless requests for Congressional appropriations appear too high, suddenly becomes of prime interest to the nation. As Nicholas Senn, distinguished military surgeon of the Spanish-American War period said, "The military spirit is epidemic in our country; Kindle it and it spreads like a flash of lightening, from north to south and east to west."⁴

Thus, as the population was mobilized, scientists gave their best through Research and Development programs. Educators streamlined their academic courses in an effort to prepare additional manpower. Industrialists laid aside routine affairs and directed their



Chapel, Forest Glen

efforts toward winning the war. It is undoubtedly true that the young men of the country make the greatest sacrifice, for nothing can replace the loss of life or of human function or eradicate the horror of some war experience from the impressionable minds of the young.

The number of military rejections for psychiatric disability had, by 1944, become alarming, and the number of non-effective and/or discharges on this diagnosis was a cause for grave concern to military commanders faced with meeting manpower requirements for combat.⁵ Encouraged by the public information provided by some medical writers, psychologists and lay writers in “slick” magazines, psychiatry had become an increasingly publicized branch of medicine during the fifteen years prior to the war. Many Americans discussed complexes, frustrations, inhibitions and defense mechanisms casually and with the complacency of the fully informed. In some quarters, conservative educators were reputedly beginning to evaluate and question the effects of the rather marked twenty-year trend toward progressive education and ponder the imponderable: the relationship between academic, religious and cultural discipline and the stable personality. On the whole, however, there then appeared to be no indisputable evidence as to the cause and effect of the many mental hygiene problems encountered by the Army.



Rehabilitation, Camp Ord

At Walter Reed, accommodations on the Neuropsychiatric Section were expended rapidly. Medically, the professional functions of that section were primarily those of observation, classification and disposition of patients. Although the hospital was declared a specialized center for the care and treatment of neuropsychiatric disorders,⁶ during the early part of the war the prevailing War Department regulations required that a medical diagnosis be entered on the *Certificate of Discharge with Disability* (CDD). By 1944, however, the regulation was changed, as veterans had complained vociferously that a diagnosis of psychiatric disorder affected employment opportunities. In a sincere attempt to ameliorate the situation, or preclude questionable entries by physicians not too familiar with psychiatric disorders, Medical Department policy was amended to provide a *Neuropsychiatric Board*, to act in the official capacity of a *Consultation Board, Disposition and Case Board*, but which was concerned only with cases having neuropsychiatric disorders without complicating organic diseases. Further, a clinical psychologist was assigned to the Neuropsychiatric Section at Walter Reed on June 30, 1945, to establish a suitable psychological testing program which included:

1. Wechsler-Bellevue Intelligence Scale
2. Rorschach Psychodiagnostic Test
3. Murray Thematic Apperception Test
4. Shipley-Hartford Conceptual Quotient Test
5. Minnesota Multiphasic Personality Inventory
6. Bender-Gestalt Test
7. Sentence Completion Test
8. Stanford-Binet Intelligence Test⁷

This section had always received an especially high type of auxiliary personnel services. The Occupational Therapy Shop, under the direction of Mrs. Emmy Sommers, was one of the finest in the Army. Mrs. Sommers had come to America in 1913, and to Walter Reed in 1918, where she and her husband both worked with the rehabilitation program of that period. A rare personality, generous, gentle and kind, she was an artist in tapestry weaving as well as other skills, and few if any other civilian employees at the Army Medical Center could claim such distinctive special preparation for their work.⁸



Restaurant, Post Exchange, WRGH, 1949

The special Occupational Therapy Shop, in the basement of the Neuropsychiatric Section, served the entire hospital for a number of years and until the World War II expansion program necessitated additional space, personnel, equipment and programs of especial benefit to the large number of patients with orthopedic and traumatic injuries. The Red Cross social workers, the Gray Ladies and the civilian hospital employees who worked with neuropsychiatric patients were usually selected and were trained for this type of work, either prior to receiving hospital assignment or through on-the-job-orientation courses.

It is a generally accepted fact that music produces varying reactions in people; some are stimulated; some are soothed. Thus it is wholly possible that temporary vasometer or emotional tones might follow a designated course in "applied" music, but these effects would tend to follow the personality pattern of the individual, including his preferences for certain types of music. Therapy, the specific treatment of disease, implied the application of some measurable agent, and to a physician as well versed in clinical medicine as General Marietta, the term musical "therapy" was a misnomer.

He was, however, at various times during late 1943 and the early part of 1944, encouraged, rather insistently perhaps, to endorse a program of musical therapy. When the program was finally begun, distinguished local artists willingly gave their time and talent. The patients selected for exposure to "applied" music were chosen by the ward doctor, and for a time the program appeared popular. During the first part of 1944 and prior to assignment of a special musical therapy building at the Forest Glen Section, the auditions were held in the basement recreation room of the Neuropsychiatric Section, redecorated in accord with the idea of the program director. There utter quiet prevailed during the musical seances.

Many of the patients receiving therapy were psychotic or psychoneurotic, and on August 24, 1944, General Marietta appointed a committee to report on the progress and success of music as a clinical treatment. The investigating committee decided that some of the patients with functional disturbances seemed to benefit, but objective analysis was lacking. As a result, therefore, a second committee presented extensive recommendations for the study of brain waves, pain sensitivity, gastro-intestinal tone and traumatic symptoms. By the end of the calendar year 1944, it was still impossible to advance definite claims for the benefits of the program, which was, however, continued during most of 1945.⁹

The Maxillo-facial sub-section of general surgery was discontinued in 1944; thereafter such causes were sent to other Army hospitals selected by the Surgeon General's Office as special plastic surgery centers. Nevertheless, there were 11, 110 surgical procedures performed at Walter Reed in 1944, and 1,592 blood transfusions. The latter figure represented a one hundred per cent increase over the number of transfusions given in 1943. Of the 8,289 anesthetics given during the year, 32.3 per cent were inhalation anesthesia and 28.1 per cent were spinal. No new anesthetic reagents were used during 1944. As the Anesthesia Department was responsible for instructing officers and nurses who would probably be assigned to theaters of war, wisdom decreed the use of standard items available within the theaters.¹⁰

It was understandable that the X-ray Department was performing an increasing number of examinations which required surgical techniques. These included bronchography, arteri-

ography, renography, ventriculography, encephalography and myelography. The million-unit X-ray machine was used 3,584 times during the year, and 225 patients received radium treatment. Approximately one-third of all hospital deaths continued to result from cancer; about one-third of the surgical specimens were tumors, and one-ninth of the total surgical pathology specimens were malignant. This was essentially the same cancer-ratio as before the war, the reason being that although the average age of the patient had decreased, selective and referred cases maintained the former level. As in the case of practically all of the hospital services during this period, the X-ray and radium work was under the direction of distinguished civilians appointed to active duty as reserve officers.

The flow of patients to the hospital was curtailed in 1945, with the inpatient census of new cases dropping to 16,878 admissions. Fortunately, battle casualties requiring long-term hospitalization were less than forecast by some military agencies, and so the Zone of Interior hospital facilities consistently were not as hard pressed as was expected. As a consequence there was, late in the year, an adequate supply of certain selected categories of technical personnel such as nurses, WACs and medical and surgical technicians.¹¹ Regional Hospitals, staffed jointly by Air Medical Corps and Army Medical Corps personnel but caring only for Zone of Interior patients, were by then in operation, an arrangement which permitted many of the general hospitals to become specialty centers.

The Out-Patient Service, Walter Reed General Hospital, afforded medical service in all the usual specialties and sub-specialties. Some 108,850 treatments were given during 1944, of which 15,870 were rendered to military personnel. The principal administrative change in that service provided for the assignment of full-time visiting physicians rather than the former practice of having doctors spend part of the day in the clinic and part in home-service calls. Although cessation of war in the summer of 1945 reduced the work-level in this department to some extent, other problems developed as patients began making more demands for attention and were critical if their needs were not met.¹²



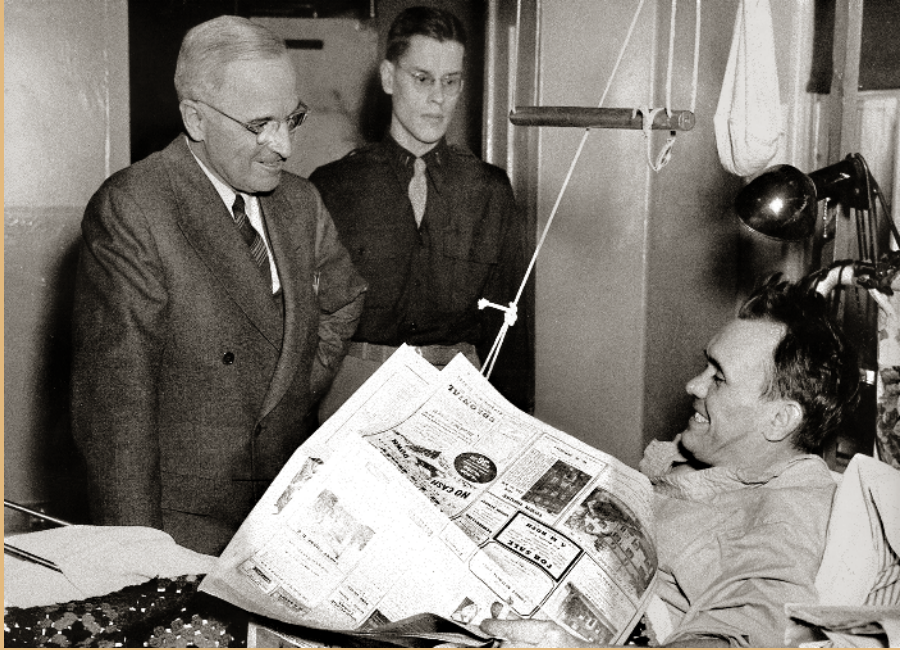
General Eisenhower and Patients

Reconditioning

A complete set of rehabilitation buildings was constructed at the Forest Glen Section during 1945, interconnected with covered walks. The occupational therapy work was of the usual type, including weaving, printing, leather work, carpentry, plastics, jewelry making, typing, business machine instruction, sign painting and drafting, automotive shop mechanics, electrical work, etc., a photographic shop and even a course in dancing for amputees. Two years later, during 1947, a course of instruction for amputees' drivers' training was given to 388 patients, with 110 men passing the approved AAA written and performance test; seventy-eight men were licensed to drive in the District of Columbia and Maryland. In 1946, the Capital Transit Company presented the Reconditioning Program with "Car 1100," a trolley for use in teaching men with artificial prostheses some of the new motions and adjustments to balance which they must encounter in their daily activities.¹³ The reconditioning program had developed rapidly during the late war years, but to some of the older employees who had worked at the hospital in 1919 and 1920, conditions were reminiscent of that period. The same general type of patient was interested in the same general type of activities, often making flippant comments so characteristic of the American soldier whether he be called "doughboy," as in World War I, or "GI" as in World War II.

Once again the community responded wholeheartedly to the needs of "the boys" at Walter Reed. In addition to the government-sponsored reconditioning program, the Red Cross sponsored an *Arts and Skills* program, with the activities directed by volunteer workers. Many of Washington's best artists participated in the informal instruction of ward patients. Insofar as recreation was concerned, local volunteer artists, as well as the *Army Special Services* talent were used without stint, both on the wards and in performance at the Red Cross House. A long-standing Medical Department policy required that all recreation and entertainment programs be channeled through the Red Cross, which managed the many generous attempts to entertain the patients with card parties, teas, movies and guest boxes at the National Symphony Orchestra. During World War I the McLean family had loaned "Friendship House" as a rest home for officers, and during the second emergency Mrs. Evelyn Walsh McLean "adopted" entire fifty-bed wards at a time, her generosity including entertainment, refreshments and even custodial help to restore post-party order to the wards; on one occasion she even provided a galaxy of pastel-colored chenille Easter rabbits, much to the entertainment of the amused recipients.

The President occasionally visited the wounded veterans.¹⁴ The Chesapeake and Potomac Telephone Company installed telephone booths in the Red Cross House, especially adapted to receive wheel chairs, authorized long distance calls for newly admitted patients from overseas, and provided writing paper for distribution on the wards. Even Samuel "Roxie" Rothsfel of World War I fame would have found an active competitor in Roy Rogers and his famous horse,¹⁵ both of whom came in person. Neither, however, could compete with General Dwight D. "Ike" Eisenhower, who came on a special visit



Harry S. Truman, President, United States, 1945

June 23, 1945, and found not only the patients and staff lined up to greet him but the surrounding neighborhood as well. The local Walter Reed radio broadcasting network mushroomed into a full-scale activity, with Mark Austed, later known on commercial radio programs as Mark Evans, as announcer. Patient-talent was encouraged to participate in broadcasts and skits presented on the station network.

The *Physical Reconditioning Program* was well-established, and all members of the staff, both officers and enlisted men, were graduates of the Army Service Forces special training schools. Class IV (bed patients) participated in approximately one-half hour of group (physical) exercises, conducted on daily schedules, and Class III (ambulatory) patients participated in approximately one hour of group activities in the gymnasium, swimming pool, etc. Popular sports such as archery, badminton and basketball were organized, with even wheelchair cases encouraged to participate in a form of handball. Outstanding authorities on sports were secured to address the patients and to demonstrate accepted techniques. Approximately sixty per cent of all military patients in the hospital participated in some form of physical reconditioning prior to cessation of hostilities.

The full impact of the evacuation from the European theater was felt in the spring of 1945, and from 514 amputees in January, the number increased to 1,051 by July. The Amputation Section was divided into sub-sections, according to the type of cases. In July 1945, a research laboratory on artificial limbs was established, and in Sep-



Milton Berle Entertains; Major General Norman T. Kirk, the Surgeon General below microphone

tember a directive from the Surgeon General's Office designated Walter Reed as a research and development center for the mechanical and cosmetic hand. One building was remodeled to house the offices, the mechanical laboratory and the plastic laboratory. In August 1945, Captain Monroe J. Romansky, who had worked for some months on penicillin experiments and therapy, reported that he had found a mixture of penicillin, beeswax and peanut oil whose effects lasted twelve hours after injection rather than the usual two and one-half to three and one-half hours.¹⁶ The Walter Reed branch of the U.S. Post Office was distributing approximately 60,000 letters and packages each week, and so in spite of the still undeclared cessation of hostilities, the scientific and social life of the GI, medically the best serviced soldier in the world, gave little indication that it was time to turn swords into plowshares and begin life anew.

The *Educational Reconditioning Program*, a revived and certainly an expanded edition of the World War I reconstruction program, was likewise in full swing. By spring of 1945, all able-bodied patients were encouraged to take some accredited correspondence course, arranged by the *United States Armed Forces Institute* (USAFI)

program,¹⁷ and ward patients were provided with visiting instructors. Thirty-five volunteer civilian teachers were assigned to duty on the wards. In January 1945, only three officers and eight enlisted men were required for management of the organized program; by August, six officers and forty-four enlisted men, the latter group including WAC instructors, had regularly established ward schedules.

All classes of patients except short term and station hospital patients were interviewed and scheduled for some phase of educational reconditioning or diversional occupational therapy, with an estimated eighty per cent of the total number "exposed" to some aspect of the program. Attendance was sporadic and irregular for the large majority; at the Main Section, Walter Reed General Hospital, about thirty-five per cent of those who registered for courses attended regularly, and at Forest Glen, about forty per cent attended. Some patients failed to attend classes because of clinics and other legitimate excuses; but week end passes, furloughs and extended sick leave likewise took their toll. An estimated twenty per cent of the patients were uninterested and resisted participation in the educational program.¹⁸

Routine Affairs

In August 1945, a full-time dietician was assigned to the Out-Patient Service and Pre-Natal Clinic, in order to comply with the requirements for an approved student hospital training program. More attention was devoted to training for supervision and job relations. ASF Circular 50, February 10, 1945, prescribed a training program for Diet Kitchen Attendants, sixty-five of whom subsequently received such training at the hospital. In November 1945, construction of an addition to the Patients Mess (No. II) was completed. The improvements, or rather the extension, of the Mess Hall necessitated some renovation of the original structure, and in order to reconcile the old and the new, the fine old walnut-paneled walls of the older part of the structure were painted ivory. A new cafeteria service counter was put into operation, with a seating capacity of 216 and an overall serving capacity of 592. Semi-ambulant patients had table service.

The Dietetic Department was administration-conscious by this time. All accounting procedures were reviewed, and control on outside purchasing was tightened by employing competitive bidding for the purchase of items in short supply. New stock record cards were made with entries for all subsistence items, as a system of meal cost-analysis was installed. Food items were divided into classes similar to those used on the master menu. As a result of Change 4, AR 40-590, August 31, 1945, the *Post Hospital Fund* and the *Subsistence Accounts* were consolidated, effective November 1, 1945. Large quantities of cigarettes had been purchased by the Quartermaster General's Department, for overseas shipment, and early conclusion of the hostilities permitted the issue of such stocks to patients in Zone of Interior hospitals, some 40,000 being issued at Walter Reed in October.



Cadet Nurses, 1945

There were 244 graduate nurses on duty at Walter Reed as of December 31, 1944, but no civilian nurses. Ten nurses completed the course in anesthesia. The Red Cross nurses' aide program, which brought strenuous objections from the national nursing organization in 1917 and 1918, and resulted in the establishment of the Army School of Nursing, became a Red Cross – Office of Civilian Defense program in 1941. It was designed primarily as a relief to hard-pressed civilian hospitals. By the time personnel shortages made this program appear interesting to the Medical Department,¹⁹ the pattern of service to civilian hospitals only was so firmly established that OCD medical officials voiced some objection to the use of aides in military hospitals. Nevertheless, by March 1943, the first training courses for nurses' aides, for service in military hospitals, were authorized at Walter Reed General Hospital and Camp Gordon Johnson, Carabelle, Florida.²⁰ More than a year later, when the question of paid nurses' aides in military hospitals was a burning issue, some State Nurses' Associations protested to the Red Cross, the protest apparently arising from fear of competition with graduate nurses.²¹

The nurses' aide program, for both volunteer and paid aides, was popular and successful at Walter Reed and other Army hospitals, for the women rendered invaluable and irreplaceable auxiliary service in the care of the sick. Three training courses were



Red Cross Nurses' Aides Volunteer

given during 1945, and eighty-three women were graduated, thereafter rendering varying amounts of service to the trainer institution. The program was suspended at Walter Reed on December 8, 1945.

A percentage of U.S. Cadet Nurse Corps students, educated in civilian hospitals and at federal expense, could elect their last six months of senior cadet training in certain approved Army hospitals.²² Selection and assignment of the students was made by the Civil Service Commission. All rules and regulations affecting the conduct and training of this group were endorsed by the national nursing organizations and the Nursing Division, Office of the Surgeon General. Local administration was the direct responsibility of an educational director, usually a reserve nurse on active duty with the Army Nurse Corps, assigned to the Chief Nurse's staff. The training program was carefully supervised in order to insure eligibility for examination by the various State Boards of Nurse Examiners, and licensing. When assigned to Walter Reed, the Senior Cadet nurses were housed in Delano Hall and accorded the privileges of Army Nurse Corps personnel. In the early winter and spring of 1945, a large part of the Women's Army Corps recruiting material was directed at providing medical and surgical technicians for Army hospitals, to obviate an anticipated shortage of nurses when the peak of the

casualty load was evacuated from Europe. The women were recruited for and organized into hospital companies of one hundred women and one officer. Unlike the enlisted men, they were accorded specific ratings as a means of encouraging enlistments. The 92nd WAC Hospital Company was assigned to Walter Reed but inactivated December 26, 1945, with the personnel transferred to the 9901st Technical Service Unit (TSU), for men and women, in operation at the Post since June 29. Some of the residual morale problems which affected the early assignment of WAC to general duty had begun to subside, but the favoritism of special ratings for women who were performing the same functional duties as the corporals or male medical and surgical technicians, aggravated old grievances.



WAC Laboratory Technician

Further, during the spring of 1945 there was some competition for recognition between the female technicians and the volunteer nurses' aides,²³ as the latter were accorded some Post courtesies not available to the uniformed group, such as limited use of the Officers' Club, by then established in the building surrounding the Rea swimming pool. Thus whether in uniform or out, the individual's need for recognition affected the group attitude. If the Colonel's lady and Rosie O'Grady were, as Kipling said, "sisters under the skin," morale problems for men and women were also very much alike.

Technical Activities

During the fiscal year 1944, that is from June 1943 until July 1, 1944, the size of the classes admitted to the Army Medical School, Army Veterinary School and the Enlisted Technicians' School began to decrease, the first concrete evidence that the saturation point in technically trained medical personnel had been reached. A year later curtailed induction of new personnel had affected the training programs, but in contrast, the number of casualties had increased and the demands on the Army Medical School for diagnostic biologicals and plasma had increased markedly.

In addition to the work with plasma, the *Division of Surgical Physiology*, Army Medical School, was studying new mechanisms for furnishing whole blood, both for the various

overseas theaters and the Zone of Interior hospitals. Virus and rickettsial diseases, improved immunogenic substances and bacterial dysentery were still under intensive study. This work was directed by Colonel Harry Plotz, M.C., a reserve officer on extended active duty, formerly with the Pasteur Institute of Paris. Three members of *The Typhus Commission* were assigned to this section and engaged in an intensive study of typhus. The 1943 nutrition experiment was concluded, reported and another experiment of this nature was begun. By 1945, however, the food and nutrition work of the Army Medical School was grouped with Quartermaster nutrition projects under study in Chicago, Illinois.



Production of Veterinary Biologicals

The organizational relationship of the various schools and departments remained the same. Housing these activities was no particular problem at this time, especially since the number of students had decreased. Personnel problems, the bane of the average production manager in any organization, continued to plague the directors of the various school programs, especially the Army Medical School. A similar complaint probably could have been advanced by many military commanders, but the director of the Army Medical School believed it most unfortunate that doctors of outstanding ability and special skills were, for promotion purposes, stymied by the T/O & E, which limited the job and grade. General Callender was especially sensitive to the fact that “men of outstanding ability, chiefs

of sections and divisions, continue in company grades²⁴ (at) times instructing in the various classes their students of only a few years ago, now often at least two grades their senior in military rank."²⁵

In the latter part of August 1943, the Civil Affairs Division (War Department administration) requested and was furnished 32,000,000 cc of typhoid vaccine of which only 2,000,000 units was used by April 1944. In the meantime, UNRRA estimated a need for 100,000,000 cc of typhoid vaccine but actually made few requisitions. Thus a backlog or stockpile of vaccine was accumulated which provided some opportunity for temporary limited production of these items.

The *Tropical and Military Medicine* course had been especially popular with students from other governments, such as Canada, and staff members of both CAD and UNRRA, but by 1945, with the end of the war in sight, there was a marked decrease in such attendance. Such was not the case with seventy-five year old Dr. Mary F. Cushman, formerly a medical missionary in Angola, Portuguese West Africa, who was anxious to return to her former station despite the limitation of age.²⁶



Skilled Worker in the Orthopedic Brace Shop, WRAH



Skilled Workers in the Orthopedic Brace Shop, WRAH

In addition to teaching functions, officers of the *Division of Parasitology* furnished large amounts of teaching material to practically all the medical schools in the United States and Canada and to public health and diagnostic laboratories throughout the United States. The routine work of the *Central Medical*

Department Board and the examination of a large number of candidates for the United States military academy was, in part, accomplished by the staff of the Army Medical School and in addition to routine activities. As noted, refresher courses, terminated at the end of the fiscal year, were reestablished on a smaller scale as applicatory courses at Walter Reed General Hospital and administered from that institution.

The *Division of Pharmacy*, MD PSS, operated the pharmacy in addition to routine activities. The training course for pharmacy technicians, temporarily suspended in the fiscal year 1944, was reactivated on September 8, 1944 and continued until December 2.

In March 1944, the work in Plastic and Maxillo-facial surgery was transferred from Walter Reed Hospital to other Army installations, while the specialized experimental work at the MD PSS was terminated on March 31.

During 1944, the Army Veterinary School, under the direction of Colonel Raymond Randall, V.C., isolated for the first time in this area (eastern United States) the Venezuelan strain of equine encephalomyelitis virus, thus proving that the "disease occurs in man, producing a fatal infection." The production of Veterinary biologicals, research, food bacteriology and the examination of meat and food products continued to place a heavy load on the Army Veterinary School. The Army Dental School and Central Dental Laboratory continued their usual joint activities during this period but on an enlarged scale.

The *Medical Department Enlisted Technicians' School* continued until March 31, 1945.²⁷ The quota in medical, surgical, laboratory and dental technicians increased in July 1944, but the allotments of students to the various courses varied from month to month. As might have been expected, many of the more able young men of the country responded to early recruiting pleas; thus during the latter part of the intensified training program, School authorities noticed a drop in quality of student material from the standpoint of scholarship, interest and personalities. With the exception of trainees as orthopedic mechanics and electro-encephalographic technicians, the classes for Veterinary, Medical, Dental, Medical Laboratory, and Surgical technicians ceased after November 1944.²⁸ "Reduction of personnel incident to closing of the School began in November 1944 and was completed by the end of March 1945."²⁹ Thus it was obvious to military strategists and planners that the war was nearly over.

The Crest of the Wave

The largest number of patients admitted to Walter Reed during World War I occurred in 1918, when 13,752 men were treated. The largest number during the entire history of the hospital, 18,046 patients, was admitted in 1943, the third year of the Marietta administration. All administrative and professional problems were, therefore, magnified, and staffing the hospital became extremely difficult. One of the important but little discussed functions of the military hospital commander concerns public relations. Inasmuch as the hospital is a public service, the spread of interest manifest in such activities extends from the patient and his family to Congressional levels. Interested Congressmen, high ranking government officials, distinguished foreigners, newspaper



The Wounded Walk



Under His Own Power Again

columnists, periodical writers and nationally known entertainers visit the institution and must be accorded courtesy and provided with information. While such duties are an occasional responsibility in peacetime, they occurred with more frequency during the period of mobilization.

In addition to such “extra-curricular” affairs, administration and personnel management are time-consuming. Many of the patients were careless in their use of hospital facilities, creating manifold management problems. Further, the magnitude of government operations, and of the military hospitalization program, defied the understanding of many of the reserve officers or newly commissioned doctors, and many were impatient with what they believed to be unnecessary military “red tape,” restrictions of their personal and professional liberties and independence of action. Some doctors found it difficult to accept and work with unfamiliar but standard items of medical supply rather than items of their own choosing. Personnel, both patients and staff, were made lonely and unhappy by involuntary separation from their families because of the acute housing problem in Washington.

As an attempt to prepare partially for the time when the Army of the United States would shrink in size and the splendid service of many distinguished civilian doctors would be lost to public service, in January 1945, a program of *Professional Refresher Training* for Regular Army doctors was established. The training was designed to restore professional confidence and familiarize medical officers serving in command or administrative positions for twelve months or longer with recent advances in medicine. By the end of 1945, eighteen officers had been assigned for refresher training in the usual specialties. Such preparation was a forerunner of an intensive professional training program, as

for the fourth time in less than a hundred years some concepts of military medicine requirements for military surgeons would change.

The first change had occurred after the Civil War, when a more complete form of organization was of interest to medical planners, and as the rudiments of a public health and preventative medicine program followed the scientific awakening of the eighties. The second change occurred after the Spanish-American War, the end of an era of frontier doctors and saddle-bag medicine. An improved field medical service and the more complete militarization of the Army doctor characterized the twenty-year period following the investigation by the Dodge Commission. The Army Reorganization Bill of 1908, which provided an increase in pay and grades for medical officers, was hailed as a sure answer to the personnel procurement problems of the period. The third period, following World War I, was characterized by phenomenal growth in the general hospital program. The Medical Department was by then so large that the training program was divided into three distinct parts: the field medical training, given at Medical Field Service School, Carlisle, Pennsylvania; the laboratory training given at the Army Medical School; and the residency and specialized training for practitioners, given at the general hospitals.

As Medical Department programs broadened, in proportion to size and requirements of the Army, the three elements developed distinctive ideologies. As the philosophy of the medical profession began to change in favor of specialization, in the late thirties, so the philosophy of the Army Medical Department began to change, but less noticeably until encouraged by the complex social, political and economic changes of the World War II period and the closer contact with civilian medicine. Great emphasis was placed on the term "professional," used loosely to identify those doctors engaged only in the clinical care of the sick. The editor of *The Military Surgeon* had noted an impending change in 1910 and forewarned that "the man who thinks his whole duty is done when he treats the sick is mistaken."³⁰

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2. Annual Rpt., WRGH, 1944.
3. *Ibid.*
4. Lt. Colonel Nicholes Senn, *Medico-Surgical Aspects of the Spanish-American War*, Chicago, American Medical Association, 1900, pg 81.
5. Brigadier General Elliot Duncan Cooke, *All But Me and Thee*, Psychiatry at the Foxhole Level, Washington, Infantry Journal Press, ca 1946.
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7. *Ibid*, 1945, pg 16.
8. Service Stripe, June 14, 1947; widowed during the thirties, on her retirement in June 1947, Mrs. Sommers returned to her home in Copenhagen, Denmark, where she ultimately married a childhood sweetheart, by then Denmark's leading tenor. Her life for the next ten years and until his death in 1949, was like the story of a modern Cinderella, for she moved in "high places" and attended festivals where her husband sang for the King. Ltr. from Mrs. Emmy Sommers to Miss Mary E. Schick, Nov. 21, 1950. On file, Library, WRAH.
9. Annual Rpt, WRGH, 1944; Interview, Major General Shelley U. Marietta, M.C., Ret., May 16, 1951.
10. *Ibid*.
11. Florence A. Blanchfield, *Organized Nursing and the Army in Three Wars*, on file Historical Division, SGO.
12. Annual Rpt. WRGH, 1945.
13. *Service Stripe*, July 6, 1946.
14. *Service Stripe*, April 28, 1945 (President Truman Visits Patients).
15. *Ibid*, April 21, 1945.
16. *Ibid*, August 11, 1945.
17. Known as Armed Forces Institute in 1943 and was very small; renamed in April 1945 and expanded.
18. Annual Rpt., WRGH, 1945.
19. Memo to CG, SOS, from John A. Rogers, Col., M.C., Exec. Officer, (for TSG) Subject: Nurses' Aides. Dec. 8, 1942, File 321 (Nurses Aides) SGO Record Room (O); 1st Ind. to above, Dec. 12, 1942.
20. Ltr. from Mrs. Walter Lippman, (Nat'l Dir. RCNA) to ARC representatives. Subject: Training Nurses Aides in Army Hospitals, March 29, 1943. File *Nurses Aides*, ANC, SGO.
21. See Nurses Aide files, Archives, ANRC.
22. PL 74, 78th Congress, June 15, 1943.
23. Blanchfield, *op cit*.
24. Captain or below.
25. Rpt. of Technical Activities MD FBS, AMC, FY 1944, Sect. I, on file, Office of the Commandant.
26. *Service Stripe*, June 16, 1945.

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27. Annual Rpt. MD PSS, FY ending June 30, 1945, Sect. V, on file, Office of the Commandant.
 28. Directed by the Training Division, SGO.
 29. *Ibid*, pg 2.
 30. *Military Surgeon*, Feb. 1910, pg 375.

