The AMEDD Historian

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Contents

The Chief's Corner

Since the first issue of the *AMEDD Historian* many folks have made comments about how much they enjoy our publication and follow it with how they "like military history," but what is military history, why read it, and how can it be useful to the soldier or civilian?

First, we use history to preserve our institutional memory, the selfless deeds of combat medics, medevac crews, and medical teams that provide medical care to people who – without Army Medicine – would never see a doctor in their lifetime.

Military history also includes the causes of war, the social and cultural foundations, military doctrine, logistics, leadership, technology, strategy, and tactics used over time. Reading history helps in decision making, supporting command information activities, personal and social identity, understanding the problems of the present, and enhancing unit pride and esprit de corps.

With so many history books on the shelf, how do you decide which to read? Military history is categorized in three functional areas: *operational* (the traditional combat or military aspects as logistics, tactics, strategy and leadership), *administrative and technical* (focusing on building the force, training, and research and development) and *military and society* (considering military affairs in the military, social, political, economic and psychological elements).

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Nurses Supporting the Army in the Civil War

By COL Elizabeth Vane, Army Nurse Corps Historian

The Civil War was a time when the profession of nursing (with education, licensing, and specialization) did not exist as we know it today. Victorian thinking allowed for women to care for family members, but did not allow women to care for men they were not related to, or outside their homes, without causing damage to their delicate natures or their reputations. Women in religious orders were able to work from a higher calling that allowed them to care for men without the scandal other women would bring upon themselves. Other women could work through aid societies and the Sanitary Commissions to provide care, and some Union Army surgeons chose their own nurses to work for them.

Some women followed their family members to the battlefields to help care for them. Black women, both freed and escaped slaves, also cared for soldiers, and they may have been called nurses, cooks, or laundry women for the work they carried out.

It was not only women who participated as nurses during the Civil War. Many of the nursing duties were given to musicians (Army bandsmen) and convalescing soldiers (termed invalids) who were healthy enough to help out with those tasks. These men may or may not have received training, or derived satisfaction from this work, but they were assigned to it from necessity. The men could have been called nurses, attendants, or hospital stewards. These men provided care for the wounded on the battlefields and in the variety of hospitals that existed. Hospitals could be found in private homes, churches, donated buildings, tents, in other structures of convenience, ships, or out in the open fields.

The nurses of the Civil War could be volunteers or they could be paid, and they worked for both the Union and the Confederate armies. The work they did included bathing patients; delivering food, water and medicines; dressing wounds; washing floors; reading, writing and praying for the wounded; managing supplies; and laundering clothes and bedding. The sanitary environments created by these nurses were helpful in preventing further spread of infection and disease. Cleanliness and ventilation was difficult to maintain in dark, filthy, cramped spaces but the nurses attempted to make the best of their environments. In fact, dysentery, malaria, typhoid, and small pox killed more men during the Civil War than battle wounds did. The battle wounds were horrific, disfiguring, maiming, mutilating, and the number of casualties created from the battles completely overwhelmed medical resources, leading to the enormous demands that nursing had to face.

An idealized vision of nursing.

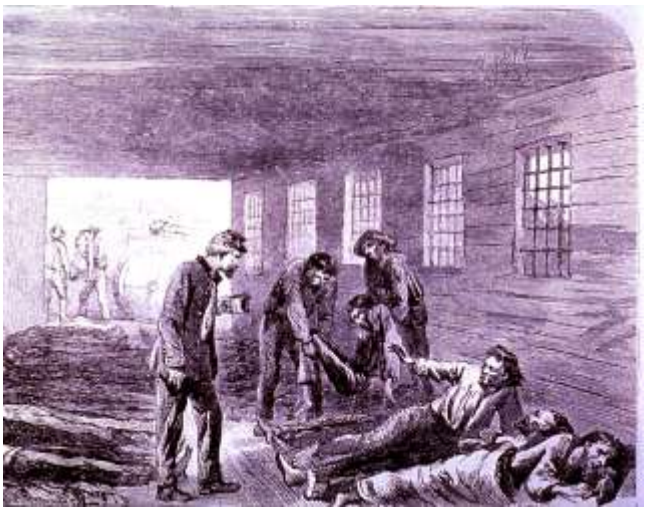
Courtesy National Library of Medicine.

During the course of the Civil War, women like Dorothea Dix and Clara Barton worked and fought to have trained nurses recognized as respectable and organized workers.

Dorothea Dix was picked as the first superintendent of U.S. Army nurses in August 1861 as the Union Army leaders saw the need for nurses to help fill the medical gap in order to properly care for soldiers in general hospitals. Ms. Dix decreed that her nurses needed to be in good health, have high morals, be between the ages of thirty-five and fifty years, be plain in looks, and wear dark clothing without bows, jewelry, or hoopskirts. Hoopskirts could not be worn as they would cause accidents by catching on beds, dressings, patients, and other objects. Darker clothing was worn as the blood was not as easily seen on those colors, and did not draw attention to the women wearing them. Ms. Dix had to convince military leaders that women could successfully perform the work necessary to care for wounded and ill soldiers during war.

Clara Barton worked outside of the military system, but was in support of it. She helped care for soldiers returning to Washington, D.C. and helped raise financial support for supplies, traveled to the front lines to deliver them, and later helped to create the American Branch of the International Red Cross.

Women in the north and the south proved that they could work in terrible conditions and make great contributions towards the sick and wounded they cared for. They used their compassion, strength, intelligence, dedication and gifts to help their countrymen and show support for their soldiers and the war effort. They earned respect for nursing as a something that could be taught and performed outside of the home, and also showed that successful care could be given in a hospital setting, not just in the home. Their efforts also showed the value that a trained corps of nurses could have in treating military patients under chaotic circumstances. The U.S. Army Nurse Corps as we know today was established in 1901 and it was because of wars like the Civil War that demonstrated the benefits of having permanently trained nurses in the military that allowed such a corps to be a component of the Army.



A more realistic view of nursing.

Courtesy National Library of Medicine.

For further reading:

Mary Sarnecky, A History of the U.S. Army Nurse Corps.

Mary C. Gillett, The Army Medical Department 1818-1865.

Doctor Jonathan Potts:
Revolutionary War Army Physician

By COL Mark Harris, MC

Dr. Jonathan Potts was born in Popodickon, Pennsylvania in 1747 and, with Dr. Benjamin Rush, attended the famous medical school in Edinburgh, Scotland. He returned to the colonies on learning of the illness of his fiancé, Miss Grace Richardson. Potts married her in May 1767 and completed his Doctor of Medicine at the College of Philadelphia, the first institution to grant medical degrees in America, in 1771. He began a private practice in Reading, PA, but responded to the call of independence, seeking assignment with the Continental Hospital Department, comprised of Northern, Middle and Eastern Departments.

Dr. John Morgan became Director General (DG) of the Continental Hospital Department on 17 Oct 1775, and was immediately embroiled in the controversy on the relationship between the hospital department and the regimental medical system and on the DG's authority over the Northern Department Hospital Director, Dr. Samuel Stringer. Potts, hired in June 1776 as "physician and surgeon" for the Northern Department, steered clear of the imbroglio. He was busy at Fort George, at the south end of Lake George, supporting the army retreating from Canada. Morgan and Stringer were relieved in January 1777.

Traveling with the new commander, BG Horatio Gates, Potts brought not only himself but medicine and supplies for the hospital at Fort George. On arrival he found 1000 patients with smallpox and dysentery, a number that retreating forces swelled to 3000 by mid July. Patients were "without clothing, without bedding, or a shelter sufficient to screen them from the weather." Medicine was in short supply. Nonetheless, Potts used variolation, a technique whereby scabs from infected smallpox patients was used to expose uninfected people to small amounts of the virus, to combat the epidemic. By 28 August Gates wrote Washington that "the smallpox is now perfectly removed from the army".

As fall approached medicine and even food were scarce. Potts began transferring patients to the better-supplied hospital in Albany and even discharged some to return home and recover. The later practice was halted, but by December 1776, the expected British attack on Ticonderoga having never come, the Fort George hospital was closed and its patients moved to Albany. Potts became acting Director of the Northern Department in February 1777, and by May the department was "well prepared to handle the casualties of other campaign."
Washington's defense of New York in the summer and fall of 1776 had resulted in disaster, and between 1/3 and ¼ of his remaining army was sick or injured as he retreated south through New Jersey. These were sent in advance of the main army and housed in "flying camps" until they could recover. By late November these patients were flooding Philadelphia. When Dr. Potts arrived in the city in December, taking leave from his work at Fort George, the city's Council of Safety asked him to arrange for their care, and to send those from Maryland to get care at the new hospital in Baltimore.

The Northern Department under Potts had much to do in the summer of 1777, for the British were moving south from Montreal, taking Ticonderoga on 6 July and Fort George on 29 July. Patients were moved to Albany, and a new hospital was built near the concentration of American militia outside Bennington, VT. Supplies and equipment were in short supply, much having been lost to the British. Tension between the regimental medical system and the hospital system persisted. Nonetheless out of 6,023 men in the Northern Army on 20 July, only 459 were hospitalized. American victories at Bennington in August and Saratoga in October turned the tide of the war, and found hundreds of wounded and ill redcoats in American hands. The medical staff performed well, but ill-health forced Potts to return to Philadelphia in September.

After the fall of Philadelphia in September 1777 Potts assisted with the care of American wounded who were evacuated west across the Schuylkill River. By the time Washington began wintering at Valley Forge, Dr. Potts had become Deputy Director and Purveyor of the Middle Department. The cold was bitter, and food, medicine, clothing, and nearly everything necessary to support an army in the field, were nearly absent. The Commissary General, Ephraim Blaine, and Dr. Potts were both charged with feeding sick and injured soldiers. This caused conflict at first, but by April 1778 adequate amounts of staples were in camp. Resupply of medicines, medical supplies and other medical and surgical equipment was a problem throughout the winter and spring. Large orders of lime juice suggest that scurvy was a plague in the camp. Smallpox inoculation continued, but death rates were higher than expected due to the soldier's emaciation.

In July 1778 the British abandoned Philadelphia and Potts arranged to reopen the hospital there. He continued serving his patients and the colonial cause until he resigned from the army in 1780. Potts died in Reading, PA in October 1781.

As a physician, an administrator, a trusted leader, and a tireless supporter of the cause of freedom, Dr. Jonathan Potts was an example for medics of all types in the Army today.

Think Back On…

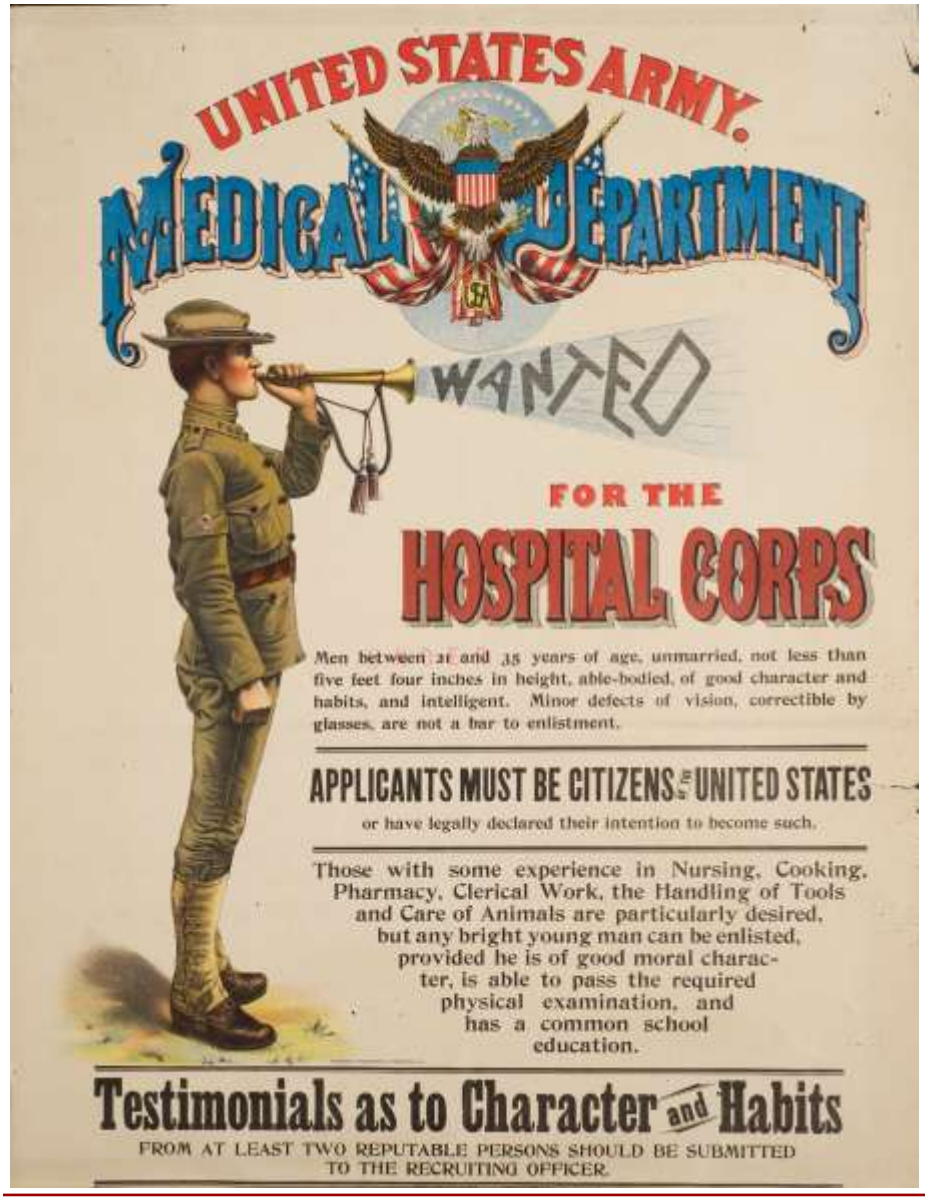
200 years ago the US was engaged in the War of 1812. In 1814 there were inconclusive battles on the Canadian frontier, but a British expeditionary force seized Washington DC and burned public buildings. That British force was stopped at Baltimore; their bombardment of Fort McHenry was showy but ineffective. In 1814 Congress would increase pay of many doctors and authorize more medical personnel.

150 years ago the Civil War had its bloodiest year. There were major battles in the western theater combined with prolonged fighting in the east. The AMEDD had to cope with around 200,000 wounded and even larger numbers of sick.

100 years ago World War I broke out in Europe. The US did not mobilize or become involved, except that some officers already in Europe as military attaches or on leave were accredited as observers and brought back news of clinical developments.

50 years ago the US Surgeon General released the report "Smoking and Health: Report of the Advisory Committee to the Surgeon General of the United States." While not the first report stating that smoking was bad (in 1604 King James of England wrote a pamphlet "A Counterblaste to Tobacco"), it turned public opinion about smoking, leading to major anti-smoking campaigns.

20 years ago US Army Health Services Command was inactivated as Medical Command (Provisional) became fully operational. The Surgeon General would, as Commander of MEDCOM, have operational control over medical treatment facilities instead of setting policy that HSC would have to execute.



In 1851 the Army began appointing hospital stewards, but they were not centrally managed and could be reassigned to any duty the line commander wanted. Their on-the-job medical training would be wasted.

The Hospital Corps was established on 1 March 1887. Most training was still on the job, but the Medical Department 'owned' the Hospital Corps and could retain trained personnel. Promotion was based on sequential training and passing examinations, and soon formal "Camps of Instruction" were formed. These taught both medical skills and soldier skills.

Hospital Corps men fought in the Indian Wars, the Spanish-American War, and the Philippine Insurrection. Private Oscar Burkard, HC, received the Medal of Honor for his actions at Leech Lake, Minnesota, in 1898.

The National Defense Act of 3 June 1916 stopped the title 'Hospital Corps' and substituted 'Enlisted Force of the Medical Department.' Pay grades included farrier, mechanic, saddler, horseshoer, cook, and master hospital sergeant, and base pay was as high as $75 per month, around $1600 today.

Today the AMEDD Enlisted Corps dates its origin to the Hospital Corps and 1 March 1887.

Dr. Loy McAfee

Contract Surgeon, Civil Servant, Assistant Editor-in-Chief of the AMEDD history of WWI

By Mr. Lewis Barger, Army Medical Department Office of Medical History

Loy McAfee was born in Paulding County, Georgia on April 20th, 1868, less than four years after William T. Sherman's troops had fought several battles around the county seat on their way to Atlanta. Her mother achieved some fame as the inventor of a method for weaving baskets from the needles of the Georgia Pine and Dr. McAfee's youth was characteristic of a southern lady coming from a family of some means. She graduated valedictorian from Sunny South seminary at the age of twenty-one and was initially employed as a teacher at Atlanta High School, later serving as the head of the primary education department for a private girls' school, Capitol Female College, where she also earned a Master of Arts degree in 1892. Two years later she married Dr. William H. Inghram at the age of 25. She evidently stopped teaching at this point, but continued as a writer, contributing at least one piece of prose to a local journal, *The Illustrator*.

Her marriage must have spurred an interest in the practice of medicine. In 1904 she graduated from Indiana Medical College in Indianapolis as a doctor of medicine. Following graduation, Dr. McAfee spent the next several years working as a medical editor in New York City where she also served as the Statistical Secretary to the Committee on Scientific Research of the New York Skin and Cancer Hospital. In 1913 her marriage to Dr. Inghram ended unhappily and she reverted to her maiden name, which she used throughout the remainder of her life.

Dr McAfee, around 1919, in the uniform of a contract surgeon.

Courtesy National Library of Medicine.

The month after her fiftieth birthday Dr. McAfee began an entirely new career. On May 17th, 1918 she became one of a very few female contract surgeons working for the Army Medical Department during the First World War. Hired initially because of her long experience as a medical editor, she was assigned as the Secretary to the Medical Department's Board of Publications which was responsible for reviewing all materials written by members of the department prior to those materials being published. She was also made the Assistant, Division of Medical and Surgical History and given the task of helping to organize the raw information gathered by the medical department in anticipation of writing a history of the war. She started by studying and organizing information related to war surgery and medicine, and the Medical Department's efforts returning wounded soldiers to as normal a life as possible through reconstructive surgery and therapy. In this capacity she was singled out by the editors of the *Review of War Surgery and Medicine* for her assistance abstracting material for use by medical officers in units overseas and throughout the AMEDD. She also used her access to the department's historical publications to research and write a survey of the history of epidemic influenza with special attention to its documentation during the Civil War. Her article, "Epidemic Influenza in the Medical and Surgical History of the Civil War," was published in the February 8, 1919 issue of the Journal of the American Medical Association while the 1918 flu pandemic was still raging around the globe, illustrating again her ability to organize and present historical information so that it could be used to benefit those contending with contemporary problems.

Dr McAfee's uniform. Courtesy National Museum of American History, Smithsonian Institution.

Dr. McAfee's contributions quickly established her value to the Historical Division and her responsibilities were increased until she became directly involved in editing and producing the first published volume of the departmental history. Her superiors were clearly impressed by the quality of her work and her attention to detail because her contract was cancelled and on July 1st, 1921 she was hired as a civil servant to be the Assistant Editor-in-Chief of the multivolume history of the Medical Department in the War. The month prior Dr. McAfee was also elected to full membership in the Association of Military Surgeons, along with sixty members of the Army Medical Reserve Corps and physicians from the U.S. Naval Reserve. She was the lone woman elected, as well as being the only Contract Surgeon accepted for membership in her cohort. The only other non-medical corps electee, a reserve Dental Corps major, was granted associate member status.

Although Dr. McAfee's contributions to the Medical Department would be remarkable at any time, it is important to remember the condition of society when she was first employed by the Army. In 1918 most women who worked, the poor and unmarried, were consigned to cleaning, clerical, or sweatshop work. The relatively small number of doctors who were women were, for the most part, restricted to treating female patients. Women had not yet achieved suffrage in the United States, contraception was illegal, and divorce was scandalous. Dr. McAfee overcame the perceived handicap of her gender and achieved well-deserved respect and admiration from her peers in the Medical Department.

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"Historians Strangely Regulated." *The New York* Times. March 13, 1922.
"Association Notes." *The Military Surgeon*. XLIX(1) (July, 1921): 105.
"Contract Surgeon Loy McAfee." *The Medical Woman's Journal*. XLIX(9) (September 1942): 276, 294.
"Openings for Women: A Woman doctor, Dr. Loy McAfee…" *The Woman Citizen*. III(3) (June 15, 1918): 58.
McAfee, Loy. "Book Making 'Thru Military Channels:' The Medical Department of the United States Army in the World War." *Medical Record*. 101(3) (January 21, 1922): 130-134.
http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_356.html

Surgeon General Merritte W. Ireland and the staff of the Office of The Surgeon General pose for an informal picture on the National Mall, May 1922. The whole work of OTSG could be done by 33 military personnel and under 120 civilians.

ACHH collection.

Truman Blocker, Army Plastic Surgeon

By Nolan A. (Andy) Watson, AMEDD Center of History and Heritage

Soldiers sent to Wakeman General Hospital at Camp Atterbury, Indiana, during World War II had usually sustained grievous injuries and might endure years of recovery. The hospital received head, face, and neck injuries in the thousands. Fortunately many of the patients would be under the extraordinary care of Truman G. Blocker, Jr. Colonel Blocker served as chief of plastic surgery and later chief of surgery at the hospital. His military and professional service was remarkable. Blocker managed to master numerous facets of surgery, recovery, and maintained a great bedside manner, as well as effectively providing instruction, and supervising university expansion.

Truman G. Blocker, was born in West Point, Mississippi, on April 17, 1909. He attended public schools in Sherman, Texas, and graduated from Austin College in 1929. After receiving his M.D. degree from the University of Texas Medical Branch (UTMB) at Galveston, Texas in 1933, he interned at the Graduate Hospital of the University of Pennsylvania, Philadelphia. While there he received priceless instruction from Robert H. Ivy, a pioneer in the field of facial restoration. Ivy, a US Army Medical Reserve Corps officer, had served during World War I and continued to develop techniques for improved patient care and reconstruction after the war.

Later, Blocker devoted a year to residency training in surgery at John Sealy Hospital in Galveston. He then served as an instructor in surgery at the Presbyterian Hospital (affiliated with Columbia University in New York City) until 1936, when he returned to UTMB as an assistant professor of surgery. Blocker received certification from the American Board of Surgery in 1940 and from the American Board of Plastic Surgery in 1942.

COL Blocker (left) demonstrates reconstruction techniques to Major General James L. Collins. The masks may have been made by Stanley Berenstain (of the Berenstain Bears fame), who mentions these items in his book, Down a Sunny Dirt Road: "I scrubbed for, observed, and diagrammed as many as eight plastic procedures a day. These included skin grafts, bone grafts, and reconstruction of jaws, eye sockets, noses, and ears. I made step charts of innovative plastic procedures. I made and painted before -and-after moulages (face masks) of representative cases."
Courtesy: Blocker History of Medicine Collection, UTMB

Blocker recalled some his early training during this time, particularly his work with pediatric burn patients. His genial nature usually won them over, as well his ability to perform card and coin magic tricks. Blocker would later say that one of the reasons for his assignment to the burn wards was his ability to carry and lift patients. Standing at six feet four inches with more than proportional weight, he could be seen by some as imposing.

While Blocker had numerous mentors and eagerly absorbed his training, he proved his leadership abilities beginning in World War II. After initial starts with the Army Air Corps and then the US Army's 99th Evacuation Hospital, Truman Blocker was sent to Wakeman General Hospital and founded its maxillofacial surgery center. Utilizing his skills and management he was able to provide a very high level of care and proficiency. He reformed cranial and facial injuries and made frequent visits to his recovering patients. At the conclusion of the war Blocker received the Legion of Merit for his contributions. Years later, some of his former patients formed the *Wakeman Veterans* group and invited him to join.

Believing that his military service was over at the conclusion of World War II, Truman Blocker left active duty service. He returned to UTMB in 1946 and became professor and chief of a new division of plastic and maxillofacial surgery. What he thought might have been a quieter point in his life was interrupted in 1947 when ships anchored in nearby Texas City exploded, injuring and burning approximately 3-5,000 people. The initial enormous explosion triggered many secondary explosions and fires at the port's refineries and industrial facilities. The devastation has often been compared to those of a nuclear nature.

The university's campus mobilized to provide assistance and Blocker formed students into triage teams and focused on levels of care. During the catastrophe and for numerous years afterward; Blocker and his wife, Dr. Virginia Irvine Blocker (who matched his diligent scholarship, medical efforts, and achievement), published a survey of the casualties and documented their recovery for research.

Although very active as an instructor and surgeon, Truman Blocker held numerous consultant positions and advisory panels including one with the Veterans Administration, and he would remain a consultant to The Surgeon General for plastic surgery from 1946 to 1983. In 1953 he inspected medical installations in Korea and Japan. While he was in Hiroshima he lectured to medical students and performed plastic surgery on one of the atomic bomb burn victims.

On 10 May 1956 the 807th Hospital Center (later the 807th Medical Brigade and currently the 807th Medical Command) was activated at Galveston, Texas. Blocker joined the unit and, before retiring from the US Army Reserves in 1964, served as the unit's commander, rising to the rank of Brigadier General.

Blocker continued his work at UTMB expanding both its educational programs and treatment facilities. He served as chief administrative officer of UTMB for the next ten years, first as executive director and dean 1964 - 1967, then as president 1967-1974. He performed these duties while continuing to actively instruct, mentor, and perform surgery. "Tireless" is probably the best way to describe his efforts for improvement.

After over 50 years of medical service largely connected to UTMB, Dr. Blocker passed away on May 17, 1984. His death was in connection with a stroke that he had suffered in January of that year, and he was survived by his wife and four children.

Headquarters building of Wakeman General Hospital, Camp Atterbury, Indiana. During World War II the hospital complex was filled with patients with head and neck wounds.
AMEDD Center of History & Heritage collection

While it is not possible to measure his influence and contributions to medicine and his patients, an abbreviated list of awards and memorializations includes:

*Distinguished Service awards from the American Society of Maxillofacial Surgeons and the American Board of Surgery.

*The Truman G. Blocker, Jr., Distinguished Chair position in Plastic Surgery at UTMB

*The collections of rare books and historical artifacts in the Moody Medical Library at UTMB were renamed the Truman G. Blocker, Jr., History of Medicine Collections.

*The Truman G. Blocker Society at UTMB

*The *Truman G. Blocker* Burn Unit at UTMB

*The Truman G. Blocker, Jr. History of Medicine Fellowship at the Moody Medical Library of the University of Texas Medical Branch at Galveston

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Joanna Bremer "Giant: The Saga of the First Man to be Call president of UTMB", UTMB Quarterly Summer/Fall 2000

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Truman G. Blocker Jr., Video Presentation "Reminisces of a Plastic Surgeon", UTMB Media Services, http://www.youtube.com/watch?v=Rd5_y4cPU58 1983. Accessed 5 November 2013.

Stanley and Jan Berenstain, *Down a Sunny Dirt Road: An Autobiography,* Random House Publishing 2002.

Civil War U. S. Hospital, Ambulance, and Related Flags

By Tom Martin, vexillologist, purveyor of Piedmont Flag Company. (www.Piedmontflag.com)

The first flags to indicate military hospitals were yellow. In 1861, nineteen hospitals of the Marine Hospital Service were taken over for use by the Army, and they continued to fly the yellow flag already customary for quarantined ships. (Yellow or white flags were sometimes flown at civilian homes where there was an outbreak of disease.) Despite red flags being specified in Army Regulations from 1854, yellow flags were generally, if informally, used thereafter to designate general hospitals, field hospitals, and ambulance depots (aid stations), although red and green flags were sometimes employed. (At that time green was the heraldic color of the Medical Department.) Sizes varied, and many flags had a green "H" in the middle. Ambulance flags were supposed to have a green border and not have the "H."

> "The ambulance depot, to which the wounded are carried or directed for immediate treatment, is generally established at the most convenient building nearest the field of battle. A red flag marks its place, or the way to it, to the conductors of the ambulance and to the wounded who can walk." (US Army Revised Regulations 1861)

The Confederate States generally matched US regulations, although used red flags more. Julian Chisolm, a Confederate surgeon, noted:

> The members of the [Ambulance] Corps are designated by wearing around their caps a red band, with ambulance corps printed in conspicuous white letters.... If the body of troops about to entering into battle is a large one, with an extended line, several of those points - ambulance depots or field infirmary should be selected and marked by a suitable red flag, which designates the spot where those slightly wounded can seek surgical aid.

Another doctor noted how two Medical Department colors were useful to him:

> Very fortunately, I had on my green sash, also a red flag was on the front part of the wagon, signs of the Medical Department. .....

A medical staff flag was discovered by Howard Michael Madaus, possibly a brigade or regimental surgeon's flag. Another, now at the Delaware Historical Society, was used by the ambulance officer of the 1st Division, 2nd US Army Corps. It bears a red trefoil in the center of its green-bordered white field and the initials "E&H" on the heading, referring to the manufacturer Evens & Hassall. Other ambulance and medical officers likely used similar flags.

Images courtesy Mr. .Martin.

Like hospitals, hospital trains carried red flags. Sometimes the cars would be painted red with white lettering "Hospital Train." At night three red lanterns would be used as a signal of a hospital train.

> General Thomas accorded the fullest authority to Medical Director Cooper to select for the hospital trains the best locomotives and cars to be found among the rolling stock, and to have new cars fitted up whenever necessary, and caused to be detailed for the hospital service the most experienced conductors, engineers, and other employees of the several railway lines. Medical Director Cooper informs the reporter that the smoke-pipes of the locomotives of the hospital trains were painted of a brilliant scarlet; the exterior of the hood, and of the tender-car with water and fuel, were of the same conspicuous color, with gilt ornamentation. At night, beneath the head-light of the engine, three red lanterns were suspended in a row. These distinguishing signals were recognized by the Confederates, and the trains were never fired upon, or molested in any way. Dr. Cooper "was informed by wounded Confederate officers in Nashville, who were captured at the battle near that place, of the stringent orders given his troopers by General N. B. Forrest for the non-interference with and protection of the U. S. A. Hospital trains," by giving them timely warning in the event of the railway being obstructed or torn up. The partizan troops of Colonel John Morgan's command had similar instructions. It is related that on one occasion Colonel Morgan's scouts stopped the train directed by Dr. Barnum, and having switched it off upon a siding, after enquiring if there were sufficient stores on the train for the sick and wounded, they tore up the main track, and then rifled and destroyed five supply trains that successively arrived at the point where the line was interrupted. …

Both the U.S. Sanitary Commission and the U.S. Christian Commission used banners and flags to indicate their facilities. Sanitary Commission hospitals were typically marked by the yellow flag with a green "H".
Once the U.S. signed the Geneva Convention, the Red Cross flag was adopted. Its size and materials have varied over the years, and for different organizations, but its recognition under international law made it preferable to yellow or red.

Wartime purchases of US Hospital & Ambulance flags, May 1861-1866

	Philadelphia Depot	New York Depot	Cincinnati Depot
General Hospital Flags	265	106	200
Post & Field Hospital Flags	699	200	-
Ambulance flags/guidons	2500	400	1760

Numbers subject to change as research continues.

Sources:
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Echoes of Glory: Arms and Equipment of the Confederacy (Alexandria VA: Time-Life, 1991)
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George Alexander Otis, "A Report on a Plan for Transporting Wounded Soldiers by Railway in Time of War," 1875.
The Flag Bulletin, various issues.

The Colmar Pocket: The other Battle of the Bulge

By Robert L. Ampula, Administrative Officer, AMEDD Regiment

It was cold, bitter cold, and Technician Fifth Grade Harold E. Factor found himself treating casualties in the midst of a heated battle in the vicinity of Bennwihr, France on 23 January 1945. Suddenly he observed medics from other companies become casualties stepping on concealed schu-mines while treating their wounded comrades. Without regard for his own personal safety, he braved small arms, artillery, and mortar fire to render aid to his fellow medics and others, all the while conscious of the presence of additional mines. Bravery was not in short supply during January and February of 1945.

The allies fought in what was then the harshest winter weather of the 20th Century, in an effort to eliminate a bulge of determined German resistance in the Alsace region of France that came to be known as the Colmar Pocket.

Background. The story of the pocket actually began in September 1944 with the allied push to the border of Germany after breaking out of the Normandy beachheads. The southern portion of this push was given to the LTG Jacob Devers' 6th Army Group made up of units from the United States and France. The course of this drive would take Devers' men through the Vosges Mountains of France where the German 19th Army had established a winter defensive line. The Vosges had never been successfully crossed by a military force and the 6th would be the first to do so, albeit not without much difficulty.

On October 24th 1944, a battalion of the 36th Infantry Division was surrounded by the enemy. Unsuccessful attempts were made to reach them and the 442d Regimental Combat Team(1) was given the task to break through the German defenses and rescue the battalion. During this rescue, on 28 and 29 October, Technician Fifth Grade James K. Okubo would display extraordinary heroism in treating and evacuating casualties under constant enemy fire. These deeds would eventually earn him the Medal of Honor, although this would take over 50 years.(2) On 30 October 1944 the 442d reached what would become known as the "Lost Battalion" at a high cost in 442d casualties.

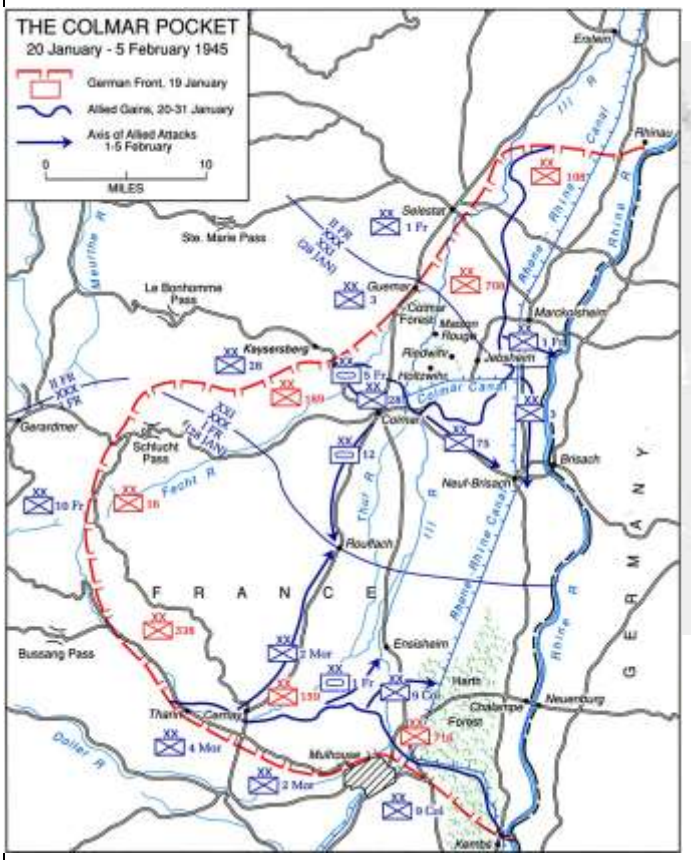
In November 1944 General Eisenhower ordered an assault on a wide front against the Germans with what proved to be an overly-optimistic hope of ending the war by Christmas 1944. German resistance stiffened the closer the allies got to the West Wall (Siegfried Line). The plan called for a push through the high Vosges with a concerted effort through the Saverne Gap north of the city of Colmar and through the Belfort Gap to the south of Colmar. Both thrusts succeeded in collapsing German defenses in these gaps. The 44th Infantry Division and the French 2nd Armored Division reached Strasbourg and the Rhine on 23 Nov 1944. The first to reach the Rhine though, was the French 1st Armored Division who reached the Rhine in the vicinity of the Switzerland border south of Colmar on 19 November 1944. In the center, the German 19th Army fought the allies to a standstill and this created the huge bulge centered on the town of Colmar.

German Counterstrike. At this time, the Supreme Headquarters Allied Expeditionary Force (SHAEF) shifted their focus to the north rather than exploit the gains in the south. This shift weakened the 6th Army Group and delayed a concerted effort to eliminate the pocket. This allowed the Germans time to reinforce the pocket. The German Ardennes offensive followed on 16 December and necessitated the shift of units to quell that advance, further weakening Devers' forces. Operation Northwind, the last major German offensive of WW II, followed on 31 December. The objective was to take advantage of the depleted Allied defenses. This attack had numerically superior forces, and although poorly coordinated, did manage to cause havoc until late January. SHAEF subsequently decided the allied front needed to be straitened and the Colmar Pocket must be cleared.

The area around Colmar had numerous rivers, streams and canals, some of which required engineer support to ford. The weather also came into the decision on when to start the offensive. Although the bitter cold and snow accumulations were an obstacle to offensive operations, once the allies reached the relative flat lands close to the Rhine, so too would snow melt should the spring thaw start. The primary roles in the north were given to the French 1st, the Algerian 3rd and the U.S. 3d and 75th Infantry Divisions along with the French 5th and U.S. 12th Armored Divisions. The U.S. 28th Infantry Division was brought in on 19 January after coming off bitter fighting in the Hurtgen Forest and bearing the brunt of the initial onslaught of the Germans during the Battle of the Bulge. They were given the task of protecting the flank of the 3d and 75th Infantry Divisions. The southern portion of the pocket would be assaulted by the 2nd and 4th Moroccan and the 9th Colonial Infantry Divisions along with the 1st French Armored Division.

On 20 January the 3d Infantry Division started its push toward Neuf-Brisach with its remaining intact bridge across the Rhine. On 26 January 1945 in the Riedwihr woods, 2d Lieutenant Audie Murphy of the 3d Infantry Division performed the deeds that would earn him the Medal of Honor.(3) The 75th Infantry Division also started a final push to Neuf-Brisach on 1 February. At the same time the 28th Infantry Division cleared enemy resistance around the city of Colmar and on 2 February, the French 5th Armored Division entered the city itself, liberating it from German control. The 75th and 3d Infantry Divisions reached the Rhine 5 February. French forces continued to mop up the remaining German resistance in the pocket. In the south, the German defensive posture collapsed between 5 and 9 February and the 9th Colonial Division reached the Rhine at Chalampe which forced the Germans to destroy the bridge over the Rhine. The entire offensive virtually destroyed the German 19th Army as a fighting force.

For Technician Fifth Grade Harold E. Factor and the other Army medical personnel, the elements made a difficult task all the more so. Until passing onto the relatively flat lands close to the Rhine, the evacuation roads were narrow, mountainous and winding. Snow accumulations hampered evacuation by blocking the roads. The 28th Infantry Division even purchased sleighs to assist with patient evacuation. In addition to treating wounds from small arms, mortars, artillery and mines there were many casualties from frostbite and trench foot. The administration of plasma was hampered by the extreme temperatures as the plasma would freeze. The main battle casualties were from abdominal, thoracic, maxilla-facial, extremities, and neurologic wounds. Aside from wounds, the medical problems common during this operation were respiratory diseases, gastro-enteritis, and exhaustion. The units treated enemy and civilians in addition to allied casualties. T/5 Harold Factor would receive a Silver Star for the bravery he displayed on 23 January during this *other Battle of the Bulge*. You can read his and other Silver Star citations on the AMEDD Regiment web site http://ameddregiment.amedd.army.mil/silverstar/wwii.html.



The Colmar Pocket campaign. US Army.

Medics preparing to evacuate wounded during the fighting for the Colmar Pocket.

ACHH collection.

Notes.

1. The 442d and the 100th were made up of Nisei, second generation Japanese Americans. The 442d and its counterpart the 100th Infantry Battalion are generally considered to be the most decorated units of World War II. The motto of the 442d RCT was "Go For Broke".
2. http://ameddregiment.amedd.army.mil/moh/bios/okubo.html In 1996 Congress directed the Secretary of the Army to review all Distinguished Service Crosses awarded to Asian Americans and Pacific Islanders in World War II "to determine whether any such award should be upgraded to the Medal of Honor." On 21 June 2000 President William Clinton awarded the Medal of Honor to 22 Asian-Pacific Americans. A Medal of Honor was favorably considered for another Japanese American, James Okubo, under a separate provision of the law. The decoration could not be formally approved, however, until Congress waived the statutory time restriction in his specific case. A former Army medic, Okubo was originally recommended for the Medal of Honor but his command gave him the Silver Star Medal in the mistaken belief that was the highest award allowed. Okubo was cited for extraordinary heroism in several separate actions near Biffontaine in October and November 1944 in which he saved the lives of fellow 442nd soldiers while exposing himself to intense enemy fire.
3. http://www.history.army.mil/moh/wwII-m-s.html#MURPHYAL

"Under the Red Cross: Army Medicine in World War II"

an exhibition of several dozen original works of art commissioned by the Abbott Laboratories during the Second World War, opened on Thursday, 6 February 2014 at the AMEDD Museum. The artwork depicts many facets of the Medical Department in action during the war.

Soldiers Spraying DDT in Italian Home by Frederick Toelle. DDT was developed during WWII and helped prevent typhus epidemics in Europe and also helped against malarial insects in Europe and the Pacific.

Chief's Corner, continued…

To help you, the historians of the ACHH have assembled a medical history focused reading list that we think will help you understand AMEDD history.

This issue of the *AMEDD Historian* is another great one! We have two new contributors, COL Betsy Vane, Army Nurse Corps Historian, with her article on nurses in the Civil War. COL Mark Harris, MC, has contributed an interesting article on Doctor Jonathan Potts from the Revolutionary War.

So tap into the past and be inspired!

U.S. Army Medical Department Museum Collection Update

By Paula Ussery, Museum Specialist, AMEDD Museum

A museum's collection is very much its beating heart as every object has a story to tell. Museums are a place where one stands in the physical presence of history, by sharing the gallery with the objects that are a part of that history. And the U.S. Army Medical Department Museum has, in the past few months, received several exciting donations that enlarge our ability to tell the story of the AMEDD's history.

The word "souvenir" is defined as "a thing that is kept as a reminder" and this human urge to keep things of sentimental value from important people, places and events in one's life, is responsible for objects small and large in museums around the world. The AMEDD Museum has been fortunate to receive a remarkable souvenir from the Vietnam War. The souvenir, a hand built Vietnamese Junk, complete with crew, anchor, sweep oar and poles, was built for Specialist 4th Class Timothy Shook, a combat medic who served in Vietnam with the 1st Infantry Division in 1969-1970. Shook had a local craftsman make the boat for him, specifically instructing the maker to sew maroon sails to represent the Medical Department. The price of the boat was one carton of cigarettes. After returning from Vietnam Shook retired as a Sergeant Major.

Another recent donation added the first uniform worn by a member of the 212th MASH, during its deployment to Bosnia. The uniform was worn by Medical Corps officer and surgeon COL Mark S. Taylor. The complete uniform includes cap, coat, pants, brown Tee shirt and the AMEDD Museum's first pair of insulted combat boots. COL Taylor deployed to Bosnia from the Army Hospital in Heidelberg, Germany in 1996. The 212th MASH was stationed at Camp Bedrock near Tuzla, Bosnia.

The Army Veterinary Corps is responsible for all food testing and safety. The Vet Corps office at Fort Buchanan, Puerto Rico has transferred to the AMEDD Museum a Milk Testing Kit. The kit, in a wooden case, dates from the late 1960s. It is a Scharer Phosphate Method kit used for testing the pasteurization of milk. The kit is complete with test tubes, Buff-Fax Tablets, Neutralized N-Butyl Alcohol and Reagent Methyl Alcohol. This kit joins a World War II era Milk Testing Kit that was donated in 1986.

A Humble Hat

By Paula Ussery, Museum Specialist, AMEDD Museum

The Army Nurse Corps expanded rapidly in World War II. From fewer than 1,000 in 1941, 59,000 nurses served between 1941 and 1945. Army nurses deployed to all theaters and worked in all types of terrain and climate from the jungles of New Guinea, to the desert of North Africa, the frozen Aleutian Islands and the temperate, but damp weather of Great Britain, France and Germany. Nurses worked closer to the front lines than they ever had before. Within the AMEDD's chain of evacuation, nurses served under fire in field hospitals and evacuation hospitals, on hospital trains and hospital ships, and as flight nurses on medical transport planes.

To meet the demands of this new global war, the Army provided nurses their first field uniforms, of wool for cold weather wear and herringbone twill for hot weather wear. Nurses assigned to "duty in advanced zones or otherwise engaged in rough field duty" were authorized herringbone twill shirts and trousers and field shoes. Many nurses wore the M 1941 Herringbone Twill Hat with their field uniform. Originally developed for male soldiers to wear with their "new" fatigue uniform made of cotton herringbone twill, the hat was popular among nurses, who acquired them when possible. Commonly called the "Daisy Mae" after the character of "Daisy Mae" from Al Capp's comic strip "Li'I Abner," the M 1941 hat was worn in all theaters. It was made from olive drab herringbone twill weave fabric with metal ventilation grommets and a full brim.

The Army Medical Department Museum is pleased to have in its collection a "Daisy Mae" hat from 1LT Edith Louise Franks. Franks, the daughter of a World War I veteran, was inducted into the Army Nurse Corps on July 4, 1944 and completed her Nurse's Basic Course at Fort Meade, MD. After serving in Richmond, VA, Franks was identified for overseas service. She was transferred to Harmon General Hospital in Longview, TX where she was issued field gear including a mess kit, canteen and canteen cover, pistol belt and M-1 helmet and liner. She departed on December 19, 1944 for the Port of Embarkation Seattle, WA. On New Year's Eve 2d Lt Franks and the other members of the 233d General Hospital boarded the *Matsonia* and sailed into the Pacific.

Arriving in Hawaii, the members of the 233d received additional immunizations of cholera, typhus, plague and yellow fever, and amphibious training. On May 7, 1945 the 233d General Hospital boarded the APA *Beckham* and headed for Okinawa, disembarking on June 24. The hospital was located in a village north of Naha. A U-shaped school building was selected for the surgical wards and operating rooms, and the male officers and enlisted men set up the ward tents as quickly as they arrived ashore.

During this time the hospital's nurses were placed on temporary duty with other hospitals on the island. Franks and 9 other nurses were placed on duty with the 31st Field Hospital, which was receiving heavy casualties. On August 11, Franks reported back to the 233d. She was promoted to the rank of 1st Lieutenant on October 20, 1945, a month before the 233d was inactivated. She sailed home on the SS *Marine Shark*. Franks was discharged from Ft Dix, NJ on January 20, 1946.

1LT Edith Franks' nickname, "Frankie" is handwritten on the underside of the brim of her M 1941 Herringbone Twill Hat.

The Jeep Ambulance

By Chuck Franson, Registrar, AMEDD Museum

Since the army began using motorized transport before WWI, they had searched for a small light reconnaissance car which could be used off road. Early attempt at using stripped-down automobiles, such as Model T Fords, proved unsatisfactory. During the late 1930s, the army held trials for such a vehicle, with offerings from Bantam, Willys-Overland and Ford being tested under field conditions. When Bantam could not provide the required production output, the contract went to Willys. Ford acted as a subcontractor, and produced vehicles of the Willys pattern. The Ford designation of "General Purpose", abbreviated "GP" led to the common nickname "Jeep."

Over 600,000 Jeeps were produced during the war and it was ubiquitous, seeing action in all theaters of operations, serving as a command and reconnaissance vehicle, light towing vehicle, and other general utility roles, including as a most unlikely ambulance. Its light weight and compact size, coupled with 4-wheel drive capability, made it an ideal open terrain vehicle. It proved an asset evacuating the wounded, but an ambulance version was never officially fielded. Instead, modifications were limited only by the imagination of the designer. Most involved building litter racks in various configurations: transversely above the hood and behind the front seats was common (but made the vehicle over 7' wide), as were racks mounted behind the seats, with extensions to the rear for mounting stretchers longitudinally, stacked 2 high. Materials ranged from scrap lumber to welded angle iron attached to the Jeep's body.

A jeep adapted as an ambulance.

The AMEDD Museum's WWII Jeep is a Ford GPW (Ford subcontract of the Willys MB), and is set up to replicate a Jeep used for medical personnel to travel from unit to unit.

ACHH History Reading List

The Profession of Military Medicine

Gillett, Mary. *The Army Medical Department, 1775-1818*.
The Army Medical Department, 1818-1865.
The Army Medical Department, 1865-1917.
The Army Medical Department, 1917-1941.

Barnes, Joseph. *The Medical and Surgical History of the War of the Rebellion*, two volumes.

Churchill, Edward D. MD, *Surgeon to Soldiers: Diary and Records of the Surgical Consultant, Allied Forces Headquarters*, *World War II*.

Wintermute, Bobby. *Public Health and the US Military: A History of the Army Medical Department, 1818-1917*.

Standardizing Care & Treatment of Battle Casualties in World War II. http://history.amedd.army.mil/booksdocs/wwii/StandarizedCare/standardizedcare.htm

Medical Care for Enemy Prisoner of War. http://history.amedd.army.mil/booksdocs/wwii/EPWs/EPWs.htm

Medical Action in support of military action

Foster, Gaines. *The Demands of Humanity: Army Medical Disaster Relief*.
http://history.amedd.army.mil/booksdocs/misc/disaster/default.html

Bollet, Alfred. *Civil War Medicine: Challenges and Triumphs*.

Letterman, Jonathan. *Medical Recollections of the Army of the Potomac*.

Cirillo, Vincent. *Bullets and Bacilli: The Spanish-American War and Military Medicine*.

Cowdrey, Albert. *Fighting For Life: American Military Medicine in World War II*.

Oral History Interview with Major Albert J. Crandall, MC, 3d Auxiliary Surgical Group,
http://history.amedd.army.mil/booksdocs/wwii/Overlord/Crandall.html

Cowdrey, Albert. *The Medics' War*.

Engelman, RC. *A Decade of Progress: The United States Army Medical Department 1959-1969*.

McPherson, Darrell G. *The Role of the Army Medical Service in the Dominican Republic Crisis of 1965*.
http://history.amedd.army.mil/booksdocs/misc/domrep/default.html

Neel, Spurgeon. *Medical Support of the U.S. Army in Vietnam, 1965-1970*.
http://history.amedd.army.mil/booksdocs/vietnam/medicalsupport/default.html

Wilensky, Robert MD. *Military Medicine to Win Hearts and Minds: Aid to civilians in the Vietnam War*.

Condon-Rall, Mary Ellen. *Disaster on Green Ramp: The Army's Response*

GAO Report GAO/NSIAD-92-175. "Operation Desert Storm: Full Army Medical Capability Not Achieved," August 1992.

Astriab, Steven. *Vendetta: military medical peace operations in Kosovo*.

Additional Readings

Barry, John. *The Great Influenza: The story of the deadliest pandemic in history*.

Ginn, Richard. "Of Purple Suits and Other Things: An Army Officer Looks at Unification of the Department of Defense Medical Services." *Military Medicine* 143 (1978):15-24.

Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity*.

New History of the Army Medical Department Center and School and Origins of the Medical Field Service School

Since 1920, the Army Medical Department Center and School and its precursor, the Medical Field Service School, has provided the professional military medical education foundation for every healthcare soldier preparing to deploy to areas of conflicts, assist with humanitarian relief operations, or treat soldiers and their families at home. It is the brain trust responsible for not only developing the doctrine and organizations to provide healthcare to America's warriors but one, noted by retired Major General David Rubenstein, former commander of the Army Medical Department and School, with a command mission to "envision, design, and train a premier medical force for decisive action in support of our Nation." This is the first pictorial and chronological history of the multifaceted and dynamic "schoolhouse" of Army Medicine. This history book is now available for online order or PDF download from the Borden Institute Website: www.cs.amedd.army.mil/borden.

Envision, Design, Train: A Pictorial History of the Army Medical Department Center and School, newly released by the Borden Institute, is an engaging organizational history built on a multitude of fascinating tidbits of information and images obtained from the organization's Annual Historical Reports, After Action Reports, scrapbooks, newspapers, journals, and museum collections. It chronicles 90 years of history, emphasizing the early years at Carlisle Barracks, PA, from 1920-1946, the relocation to Fort Sam Houston, TX, in 1946, and then by chapters arranged by decades which highlight the Center and School's involvement in Army Medical Department healthcare and training.

Copies of Borden Institute publications may be ordered free of charge by eligible personnel. Anyone may download PDF versions free of charge. www.cs.amedd.army.mil/borden.

Writing for The AMEDD Historian

We are seeking contributions! We believe variety is the way to attract a variety of audiences, so we can use:

Photos of historical interest, with an explanatory caption
Photos of artifacts, with an explanation
Documents (either scanned or transcribed), with an explanation to provide context
Articles of varying length (initially we will try a 500 word minimum), which must have sources listed if not footnotes/endnotes
Book reviews and news of books about AMEDD history

Technical requirements:
Photos will need to be at least 96dpi; contact us about file format.
Text should be in Microsoft Word (.doc or .docx) format. Please do NOT send text with footnotes/endnotes in .pdf format.
Scans should be in Adobe Acrobat (.pdf) format.
Material can be submitted to **usarmy.jbsa.medcom.mbx.hq-medcom-office-of-medical-history@mail.mil**

Military Medical History Symposium

On 6-8 March 2014 the Uniformed Services University of the Health Sciences and the Army Medical Department Museum Foundation will be sponsoring a symposium on the medical history of WWII at the AMEDD Museum, Fort Sam Houston. American and international scholars will present a wide range of aspects of medical history in the period, including surgery, psychiatry, aviation medicine, combat medics, nursing, dentistry, and operations in Europe and the Pacific.

For information: **http://www.ameddmuseumfoundation.org/wwII-event.html**