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**THE MEDICAL DEPARTMENT OF THE UNITED STATES
ARMY**

BY

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WORLD WAR II gave many R.A.M.C. Officers the opportunity of meeting United States Army Medical Corps officers and of profiting by that friendly association and co-operation. As the years have passed many of those officers have returned to civilian life, or have retired, leaving a dwindling number preoccupied with peacetime duties thus dimming into pleasant reminiscence the rich possibilities of that wartime association. Those of us who have, since the war, been fortunate to have or to renew contact with the U.S. Army Medical Department will agree that it is a vigorous and stimulating experience. Our aims as doctors and Army officers and our basic Service problems are the same and yet our interpretations of them, our approach to, and solution of these problems are characteristically different. By studying these differences and learning more of each other's organization and activities we should be stimulated to exchange ideas in order to share what is best in both to the benefit of the soldier for whose health and medical care we are responsible.

The U.S. Army Medical Department had its beginning during the American Revolution when in 1775 the Colonial Congress created an army medical establishment (Garrison, 1922) which became a permanent organization in 1813. The organization has since grown in size and function, particularly during the present century when the United States Army swelled to unprecedented numbers to fight on the remote battlefronts of World War I and to deploy across the globe in World War II.

In its development the U.S. Army Medical Department has a proud record

of achievement and progress due to men such as Letterman, Hammond, Sternberg, Reed and Gorgas to quote only a few outstanding names.

Letterman, medical director of the Army of the Potomac during the Civil War, was a man of administrative genius who in 1862 introduced three fundamental improvements: the organization of a system of evacuation by horse-drawn transport exclusively for wounded, the reorganization of scales and distribution of medical supplies in the field, and the formation of mobile field hospitals to bridge the gap between front line and base. Hammond (Surgeon-General, 1862-64), an eminent physiologist and neurologist and one of the founders of American neurology, created the U.S. Army Medical Museum in 1862; Sternberg (Surgeon-General 1893-1902), a pioneer bacteriologist, established laboratories at military stations, founded the U.S. Army Medical School (1893) and created the Army Nursing Corps (1901). Sternberg's influence resulted in Walter Reed's demonstration of mosquito transmission in yellow fever (1900) which enabled Gorgas to eradicate, by mosquito control, the yellow fever scourge in Panama (1904-13).

Today the major policy and economy of the U.S. Army Medical Department is co-ordinated with that of the Navy and Air Force Medical Services under the Director of Medical Services of the Armed Forces of the United States. Headed by the Surgeon-General, Major-General R. W. Bliss, the Army Medical Department comprises the Medical Corps, Dental Corps, Army Nurse Corps, Medical Service Corps, Women's Medical Specialist Corps and also includes, unlike our own Medical Department, the Veterinary Corps. These components are made up of able men and women dedicated to the advancement of military and scientific medicine. Their enthusiasm is based not only on the tradition of past achievement but on the realization that the Army Medical Department is their individual concern. To do one's appointed task well and to improve oneself is not enough, every member is expected to contribute something by suggesting ideas to increase the efficiency of the Department. Every suggestion is examined and adopted if of value.

The way in which the U.S. Army Medical Department has met the challenge of the post-war problems of organization, man-power, training, specialization and research, makes a fascinating and stimulating story, and we are therefore fortunate to have the opportunity of having it told to us by some of the leading figures in the U.S. Army Medical Department.

Major-General George Ellis Armstrong, the author of the first article, is Deputy Surgeon-General of the United States Army, and in choosing to describe the relation of the U.S. Army with the civilian medical profession he has undertaken a task for which he is eminently qualified. A graduate of the University of Indiana, from which he received his A.B. degree in 1922 and M.D. in 1925, he lost no time in obtaining a regular commission in the U.S. Army Medical Corps. He passed with distinction through the Medical Field Service School and the Basic Course of the Army Medical School, and attended the Command and General Staff School. During his service in U.S.A.,

China and the Philippines he earned a high reputation as a surgeon of dexterity and sound judgment. World War II brought him administrative responsibility as Deputy Surgeon (A.D.M.S.), in 1944, of the China-Burma-India Theatre, and subsequently for two years as Surgeon (D.D.M.S.) of the China Theatre. His success in these appointments was due to his initiative and his ability as a diplomat. In 1946 he became Chief of the Personnel Division in the Office of the Surgeon-General in Washington, D.C., which brought him face to face with the grim task of rebuilding a peacetime medical service amid the headlong rush of demobilization. He was made Deputy Surgeon-General in 1947, and promoted in May 1949 to the two-star rank of temporary Major-General. He is an indefatigable worker, and his dynamic and genial personality inspires confidence and friendship in all who come in contact with him.

General Armstrong is well known in American civilian medical circles. An able speaker, he is to be found at most policy-making meetings of the leading medical bodies in whose deliberations he and the Surgeon-General both take part on behalf of the Army. Harassed by a medical man-power shortage, budget economy, and the demands of heavy commitments at home and abroad, General Armstrong combines with the Surgeon-General, General Bliss, to bring a clear insight and objective approach to bear on these problems. They have fought to have an Army Medical Service which will attract and keep good doctors by offering a planned military career with clinical opportunity parallel to the best available in civil life. This has been no easy task but despite the difficulties their efforts are bearing fruit for their sincerity of purpose has won for them the confidence and co-operation of the civilian medical profession.

REFERENCE

GARRISON, F. H. (1922) *The Military Surgeon*, 50, 600.