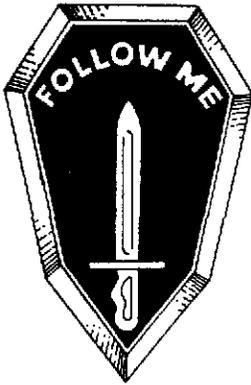


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# ARCHIVES



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## MARTIN ARMY HOSPITAL FORT BENNING, GEORGIA

MAY 1964

A HISTORY

OF THE ARMY MEDICAL SERVICE

Fort Benning, Georgia

Compiled by

Major Robert F. Haas, Medical Service Corps

1 May 1964

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Major General C. W. G. Rich, Commanding General, US Army  
Infantry Center and Commandant, US Army Infantry School

HEADQUARTERS UNITED STATES ARMY INFANTRY CENTER  
FORT BENNING, GEORGIA

FOREWORD

A hospital is more than a building identified by soft-lit corridors, bedrooms, starched linen and the odor of antiseptic. It is a complicated, highly specialized, functional structure designed to house all the delicate medical apparatus so essential to the welfare of the patient. It provides an environment in which the patient's mental and physical recovery can progress at an optimum rate. It houses the operating and delivery rooms, the laboratory, x-ray, and other diagnostic aids. It contributes space for the hospital staff to carry out the organized processes which comfort and heal the sick and injured.

Since 1918, when this installation was founded as Camp Benning, various styles and types of structures have been put into service for the hospital tents, frame buildings, converted barracks, stucco buildings and, finally, the present, reinforced concrete Martin Army Hospital.

During the time the medical service has been a part of The Infantry School, many officers and enlisted men have served and trained with the "Queen of Battle." Some were the planners who have guided the destiny of the Station Hospital while others followed the trail blazed by the leaders. The deeds and accomplishments of many are recorded in the annals of Fort Benning medical history.

The men and women, military and civilian, who contributed to the medical mission of Fort Benning, inspired this history. It will serve as an inspiration to those of the Army Medical Service who may be stationed here in the years to come.



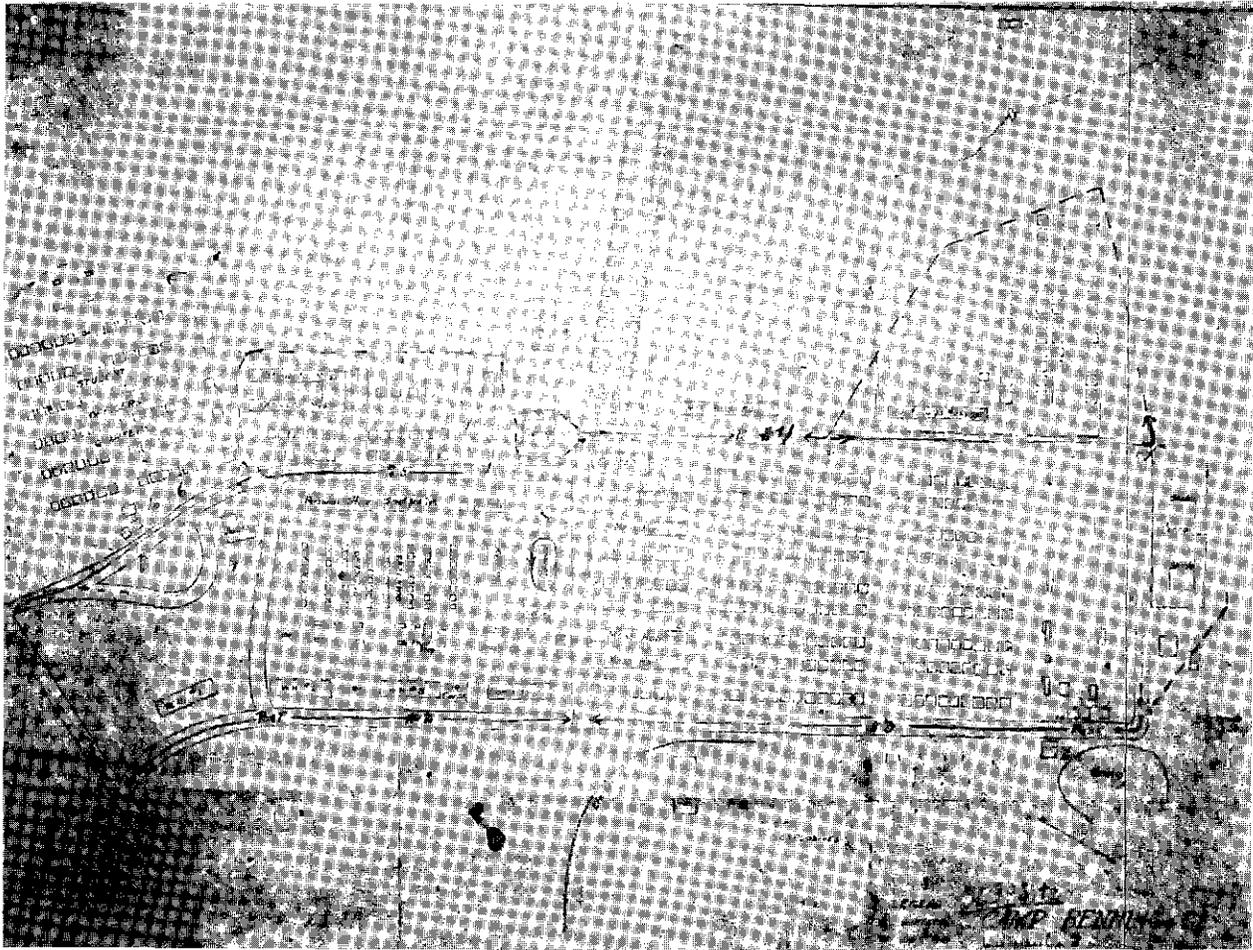
C. W. G. RICH  
Major General, USA  
Commanding

## BUILDING THE FIRST HOSPITAL

Late in May, 1918, Colonel Henry E. Eames, then Commandant of the School of Musketry, Fort Sill, Oklahoma, with a medical officer on his staff, was sent to Columbus, Georgia, to inspect a proposed site for a separate service school for the Infantry Branch. The facilities at Fort Sill were overcrowded because it was necessary to train artillerymen for immediate action in France. Other sites were also inspected, but on 20 September 1918, the Construction Division, Department of War, in Washington, D. C. was notified that the school at Fort Sill was under orders to move to Columbus and that the troops would arrive on or about October 1st.

Major J. Paul Jones, QMC, who had been selected Constructing Quartermaster of this new project, was still in Washington working on the plans and estimates of the school. When advised that troops were enroute to Columbus he completed the initial planning and estimated that it would cost \$100,000.00 to construct a temporary camp. After making a formal request for this money, Major Jones left Washington on 22nd September for Atlanta, Georgia, where he spent the afternoon and evening of the 23rd locating and purchasing materials, departing that night by automobile for Columbus.

Colonel Eames, who had assumed command of the Infantry School of Arms, the contractor, material salesmen and merchants were waiting for Major Jones at the hotel. Immediate conferences were held to determine the size and layout of the camp to be built. Due to the shortage of time in Washington to complete the project, it had been decided to leave the final planning to Major Jones and Colonel Eames on site. Early the next morning (September 24th) the officers and a representative from the Columbus Chamber of Commerce set out to select a site for a temporary camp which would house the troops due to arrive early in October. Surveyors were already busy making a topographic map of the 150,000 acres which was the estimated requirement for the school. Prior to the completion of the area map, the information available indicated that the Infantry School of Arms should be located some five miles east of Columbus on either side of the Macon Road. It was decided that the temporary camp should be built nearer the city to keep the construction from interfering with the operation of the school and to keep the troops away from the construction area. The site finally selected for the temporary camp was about three miles east of the heart of Columbus on the Macon Road. City water, street car service and other public utilities were less than a mile away from this acreage.



The above drawing of the camp shows the hospital building to the left of center next to the guard house. The hospital was a standard construction division structure described as an infirmary, two story, 30 by 63 feet.

The final plans for the temporary camp were completed and blue prints drawn. Skilled and common laborers were hired through the assistance of the Chamber of Commerce. After just seven days the temporary camp was ready for troops. The roads had been built, electric lights had been installed, water mains laid and the mess halls, warehouses and 300 tent frames were practically completed. The first detachment from the Infantry School of Arms arrived on October 6th. The strength was three officers and a few hundred enlisted men. Captain Kindervater, Infantry, was the detachment commander, and 1/Lt Savart, Infantry, was his executive officer. The third officer, a member of the medical corps, is unknown. Lt. Savart, reflecting about his arrival at the camp

some ten years later said, "The only thing that looked anything like a camp was a little work that had been done on the hospital building." The entire camp was completed in two weeks.

There is no medical significance to the naming of the camp. However, because of the extensive planning, protocol, and preparations which will be reported later in the naming of a new hospital, it is of interest to note the simplicity with which this was done in 1918 as reported by Major Jones.

"A few days after the completion of the temporary camp, there was held a flag raising on the temporary camp site. An elderly lady by the name of Benning had been chosen to raise the first flag on this new camp. Her father, General Benning of the Confederate Forces in the Civil War, was the greatest officer from these parts during the Civil War, and in keeping with the spirit of complete union between the North and South, it was thought by Colonel Eames and officers to be fitting to name this new camp after General Benning. After the flag raising, this matter was taken up with Washington and the name approved as Camp Benning."

Meanwhile, a school from Camp Perry with many expert riflemen assigned became a part of the Infantry School of Arms. Colonel Eames appointed some of the officers of this unit to find a suitable location for a type "A" range. A range of this type required a flat area of about 10 square miles. The officers checked the entire proposed reservation without finding a suitable site. An ideal site was found nine miles south of Columbus off the Lumpkin Road just south of Upatoi Creek and East of the Chattahoochee River. The land was owned by Mr. Arthur Bussey. The officers recommended the selection of this site for both the type "A" range and the construction of the cantonment. Colonel Eames was impressed with the report and asked Major Jones for an estimate of the delay in construction if the cantonment site were changed to the Bussey Plantation. A delay of a few months was estimated, and Colonel Eames notified Major Jones to halt construction until a meeting could be held in Washington to report the condition of the new site to the War College. The conference was held on October 14th, and the change of location was approved.

Construction began November 2nd on the Bussey Plantation. Three large dairy barns were converted into a kitchen and bunk houses, and an office for the Constructing Quartermaster was built. Plans for the camp were completed during December 1918. The following buildings were authorized under project symbol No. 6022-7 and formed the hospital complex portion of the project:

- 1 - One-story Administrative and Receiving Building.
- 1 - Two-story Nurses' Quarters with Mess and Kitchen.

- 1 - One-story Animal House. This building to be built adjoining one of the existing buildings as recommended by the Commanding Officer.
- 1 - One-story General Mess and kitchen with two (2) mess halls, one for patients and one for Medical Department Detachment. Equipment to cook for - 350.
- 1 - One-story garage or shop building.
- 3 - Two-story wards K-117
- 1 - Two-story Isolation Ward, Note: Isolated ward M-104
- M-104 and K-117 shall be built of metal lath and stucco instead of tile.
- 1 - One-story surgical and clinical building.
- 1 - Two-story Medical Department Detachment Barracks.
- 1 - One-story storehouse and linen service building.
- 1 - One-story Warehouse.
- 1 - One-story Guardhouse which may be used as a psychiatric ward for detention purposes only. Interior of this building to be lined with 7/8 x 6" tongue and grooved flooring 7' high.

Each two-story ward group was to be connected by two-story corridor with a covered ramp at each end. All other buildings were to be connected by covered walks, and the surgical and clinical buildings connected to one of the wards by an enclosed corridor.

On April 25, 1919, the construction of the hospital for a camp of 5,000 men on a 4% basis (200 patients) was authorized by order of The Adjutant General. The project estimated the cost of the hospital at \$437,491.00. These funds would permit the completion of the hospital complex according to the above plans.

The end of World War I reduced military spending. The construction of Camp Benning did not escape Congressional scrutiny. The project was ordered shut down twice. The first time, Major Jones went to Washington and was able to get the order rescinded. However, on July 2nd, 1919, Congressional action ordered the project shut down and the Constructing Quartermaster to immediately discharge all construction forces except those necessary to secure the tools and supplies. The hospital complex was about 90% completed in carpentry. Completion of the utilities was as follows:

Steam heat	85%
Water	75%
Sewers	25%
Inside electric wiring	30%

A Board of Officers was appointed by the Department of War to recommend action to take in case construction should be resumed.

Special Orders)  
No. 194-0 )

WAR DEPARTMENT  
Washington, August 19, 1919.

EXTRACT

Par. 2 A Board of Officers to consist of

Major General Charles S. Farnsworth, U.S. Army,  
Colonel Munroe C. Kerth, General Staff,  
Colonel Clarence O. Sherrill, Corps of Engineers.  
Lieut. Colonel Conrad E. Koerper, Medical Corps,  
Lieut. Colonel Donald H. Sawyer, Quartermaster Corps,  
Major George F. Baltzell, Infantry,

is appointed to meet at Camp Benning, Ga., August 21, 1919 for the purpose of reporting upon the Camp Benning project.

The proceedings of the Board will be submitted to the Adjutant General of the Army, not later than August 29th. 1919.

Upon the completion of the duty enjoined the members of the Board will return to their respective stations.

The travel directed is necessary in the Military Service.  
(334.7 Camp Benning)

By order of the Secretary of War:  
PEYTON C. MARCH,  
General, Chief of Staff.

Official:  
P. C. Harriss,  
The Adjutant General.

It is not known when Lt. Col. Koerper arrived at Camp Benning. It was an advantage for him to be on the Board of Officers. This gave him the opportunity to make some changes in the design of the hospital which he was to command. These changes are not specified. It is presumed that they were designed to reduce the cost without reducing the medical capability. The buildings and estimated cost to complete the hospital complex are as follows:

Building or Utility	No.	Approx. Size	Estimated cost to complete	Remarks
Aministration Building	1	1 story		Change Design
Nurses Qtrs, Mess & Kitchen	1	2 story		"
General Mess & Kitchen	1	1 story		"
Garage and Shop	1	1 story		"
Ward Buildings	2	2 story		"
Isolation Ward	1	2 story		"
Surgical & Clinical	1	1 story		"
Med. Detachment Barracks	2	2 story		"
Mens' Lavatory				
Storehouse & Linen Service	1	1 story		"
Central Heating Plant	1	1 story		"
			Total \$275,000	

The recommendations of the Board were generally approved. By a liberal interpretation of "new construction" in the congressional order to "cease all new construction", it was determined that at Camp Benning the task was one of completion rather than new construction. With this interpretation and the extensive use of troop labor, a sufficient portion of the hospital was completed to permit admitting patients late in 1919. The official opening was not until early in 1920. It was called the Station Hospital, Camp Benning. The Commander carried the dual title of Surgeon, The Infantry School of Arms and Commanding Officer, Medical Detachment, The Infantry School of Arms. The Station Hospital was located near the corner of Ingersoll Street and Wold Avenues.

By mid-1920 the hospital complex construction was completed. There was space in the two story ward buildings for nine wards. These were classified as: 1 surgical, 2 genito-urinary, 1 medical, 1 for examinations, 1 for officers, 1 for women and children, 1 isolation and 1 prison ward. In addition there were clinics and ancillary services which were prevalent in that period. These were the eye, ear and nose clinic, dental clinic, genito-urinary clinic, laboratory service, medical service, nursing service, surgical service, and an outpatient department. The buildings in the complex were similar to a late 1800 frontier setting. This is not meant to be a reflection upon anyone associated with the construction. There had been no change in the construction plans for military hospitals since the 1800s. This type of construction was

responsible for the later appropriation for hospital construction at the post. Meanwhile the post was redesignated as Fort Benning and the scope of the Infantry School of Arms expanded.

An expansion of the School meant more student officers. The shortage of quarters on the post and travel time from Columbus to the hospital led to the opening of an Attending Surgeon's Office in Columbus in the Chancellor Building. Captain R. B. Bretz, MC, was in charge of this office. He was available for both office and house calls. The Attending Surgeon provided dependent outpatient medical care. There was no pediatrician. The Attending Surgeon cared for both adults and children. The outpatient department treated mainly officers. Enlisted men were seen at aid stations near where they were quartered. There were two Attending Surgeons on duty at the post.

In September 1922 after the Infantry School classes had commenced it was necessary for the hospital Executive officer to publish the following notice concerning medical care on the post:

"It is desired that so far as possible all sick come to the hospital for treatment, Officers to the out-patient department, open 24 hours daily with a Medical Officer on duty, and families of officers and enlisted men to the Attending Surgeon's Office where an attendant is always on duty who will get a Medical Officer in the absence of the Attending Surgeon."

Within this period Lt. Col. Koerper was replaced by Lt. Col. Paul S. Halloran as Commanding Officer. Pneumonia and influenza and diphtheria vaccine were made available to dependents in the fall of 1922. The Surgeon recommended that all children receive the "Schick Test" for diphtheria and, if positive, receive the diphtheria series.

In November 1922 the scope of the operation of the Station Hospital was again extended into the city of Columbus. Another need was met by establishing a first aid station for colored troops. It was located on First Avenue between 10th and 11th streets. Sgt R. M. Farrell was in charge of the medical corps enlisted men operating the station.

Plans were developed for the construction of a permanent hospital. The name of the planner is not known; however, the hospital was to be of brick construction and have all modern apparatus and conveniences. In late January 1923 the House of Representatives added \$275,000.00 to the Army Appropriation Bill for the construction of the new hospital. The Senate later approved the appropriation. A member of the camp made this comment about the cantonment hospital complex:



Shown are first wooden structures used for hospital facilities located on Wold Avenue in the approximate vicinity of Stillwell Field.

"The hospital facilities at this post have been anything but desirable and with conditions existing as they do, it is really remarkable that the Doctors are able to do the wonderful work that they are doing.

"Also the accommodations are not nearly large enough to take the proper care of patients and the present hospital is a huge fire trap should a fire ever happen to break out."



This horse drawn medical wagon was used to transport mainly ambulatory patients from the dispensary to the hospital.

The telephone directory of 1923 lists the activities of the hospital and the names of some of the service chiefs. A portion of the directory is listed here to show the organization of the Station Hospital.

## TELEPHONE DIRECTORY

### MEDICAL DEPARTMENT

Surgeon, Lt. Col. Halloran, Phone 144.	Nurses Reception Hall Phone 326
Adj. Capt. Albert A. Roby Phones 144 and 373-R2	Nursing Service. Lt. Maude Bowman, Phone 312
Officer of the Day Phone 127	Surgical Service, Lt. Col. Hansell Phones 130 and 113
Sergeant Major Phone 144	Veterinary Service, Lt. Dimphy Phones 139-R1, and 149
Mess Officer, Capt. Sands Phones 122 and 361-R2	Operating Room Phone 130
Registrar, Capt. Sam Hardeman, Phones 27 and 253	Out Patient Department Phone 127
Sanitary Inspectors, Phones 27 and 224-R1-361-R2	Physical Exam., Maj. Bayley, Phone 134
Supply Officer, Capt. Sands Phone 129	Ward One (Surgical) Phones 131 and 331.
Detachment Office, 1st Sergt., Phone 27.	Ward Two (G.U.) Phones 132 and 355.
Attending Surgeon (City) Capt. Bretz Phones 225-City and 2488-City	Ward Three (Medical), Phones 133 and 50.
Attending Surgeon (Post) Capt. Hayes Phones 126 and 310. (After 3:30 call 127)	Ward Four (Examinations), Phone 134.
Eye, Ear, Nose and Throat Clinic, Phones 128 and 121.	Ward Five (Officer's), Phones 135 and 345-R2
Dental Clinic, Maj. Tobias Phones 128 and 44-R2	Ward Six (Women's), Phones 136 and 345-R2
G.U. Service, Capt. Campbell Phones 132 and 355	Ward Seven (Isolation), Phone 153.
Laboratory Service, Capt. Green Phones 128 and 360	Ward Nine (Prison), Phone 145
Medical Service, Maj. Cooper Phones 134 and 50	Ward Eleven (G.U.) Phones 132 and 355.
Nurses Quarters, Phones 312, 313, 314, 315 and 327.	X-Ray Department Phones 130 and 398.

In November 1923 Captain Frank W. Young, MC, replaced Captain W. S. Hayes, MC, as Attending Surgeon on the Post. In announcing this change, the Surgeon added this comment:

"Calls for the Attending Surgeon should be phones in to telephone no. 126 from 8:00 a.m. to 4:00 p.m. and from 4:00 p.m. to 8:00 a.m. to telephone no. 127. It is particularly requested that these two numbers be used rather than the Quarters number of the Attending Surgeon since if the Attending Surgeon is out on a call there may be no one at his quarters to make record of the call."

## PERMANENT CONSTRUCTION BEGINS

In December 1923 the contract was let and construction started on the new hospital. The site selected for construction was on a rise of ground known as Richie Hill overlooking the Chattahoochee River and Upatoi Creek valleys. E. A. Baehl and Company of Leavenworth, Kansas were the successful bidders.

Also in December 1923, the Department of Experiment of the Infantry School completed testing some items of individual medical equipment. The report was favorably considered by the Infantry Board. A pamphlet describing the equipment was prepared by the Medical Department Equipment Laboratory at Carlisle Barracks, Pa. Apparently the Infantry was the test agency for medical equipment at this time.

Construction of a hospital was not the only building at Fort Benning. The early 1920s were described as the second era of construction. Barracks, theater, office buildings, and the Memorial Stadium were started. Boxes in the stadium were to have the names of life members of the Officer's Club upon them. It was concerning this that the following letter was written:

11 April 1924

The President, The Officers Club:

Dear Sir:

Instead of putting my name on the box in the stadium to which I am entitled as a life member of the Officers' Club, will you please have the box marked as belonging to the hospital for the use of such convalescents or patients as the officer in charge of the hospital may from time to time designate.

Very truly yours

E. Parmalee Prentice, Major

In May 1924 there was a case of small pox on the post and in order to prevent an epidemic, it was directed that everybody living on the post be vaccinated unless they had a vaccination within the past year. The notice appearing in the post newspaper read as follows:

"The word 'everybody' means just exactly what it implies. Officers, their families, enlisted men and families, civilian employees and families who live on the post will have the medicos scratch their arm a little with the vaccine needle. Everybody's servant must undergo the same operation.

"The vaccination as administered now-a-days is not painful and is splendid health insurance. Every person should receive the vaccination at certain intervals just as a matter of precaution. A great deal of attention is being paid to this form of inoculation in civil life at the present time

and as a result, deaths from smallpox have been reduced in this country to a minimum."

Again in October emphasis was placed on the need for immunizations. Both small pox and diphtheria were offered for the protection of Fort Benning children.

With the coming of winter and rain and dampness in 1924 also came a warning from the surgeon to take certain precautions to prevent the spread of colds and grippe. Most of these were the same precautions that we take some forty years later. Proper ventilation, more floor space in barracks, sufficient bedding, reporting colds for treatment, and wearing rubber boots when it is wet are equally important now. One of the precautions has disappeared from current lists because of the parallel change in man's habits with tobacco:

"To provide receptacles for expectoration and to forbid the soiling of floors with discharge from the respiratory tract."

The annual physical examinations for all the officers at Fort Benning started the first Monday in January 1925. Traditionally, the month of January was scheduled for these exams. Three weeks were required to complete this task.

The new hospital opened on 20 May 1925 and it took three days to move the patients, clinics and equipment to the new building. Not all of the medical service could be moved into this area. Some of the old wooden buildings were used until 1929. The completion of the hospital was eagerly anticipated and marked the start of the fulfillment of a long felt need. A medical service which had functioned so well in the out-dated wooden structures was entitled to one of the finest station hospital buildings to be found in the US Army.

The building was of the most modern design and thoroughly equipped with the most modern medical equipment. It was classified as fireproof throughout. The foundation was concrete, the outside walls of hollow tile and stucco and the roof of terra cotta tile. The floors were concrete covered with either linoleum or mastic tile. The majority of the door and window frames were steel, and all of the interior trim was hardwood.

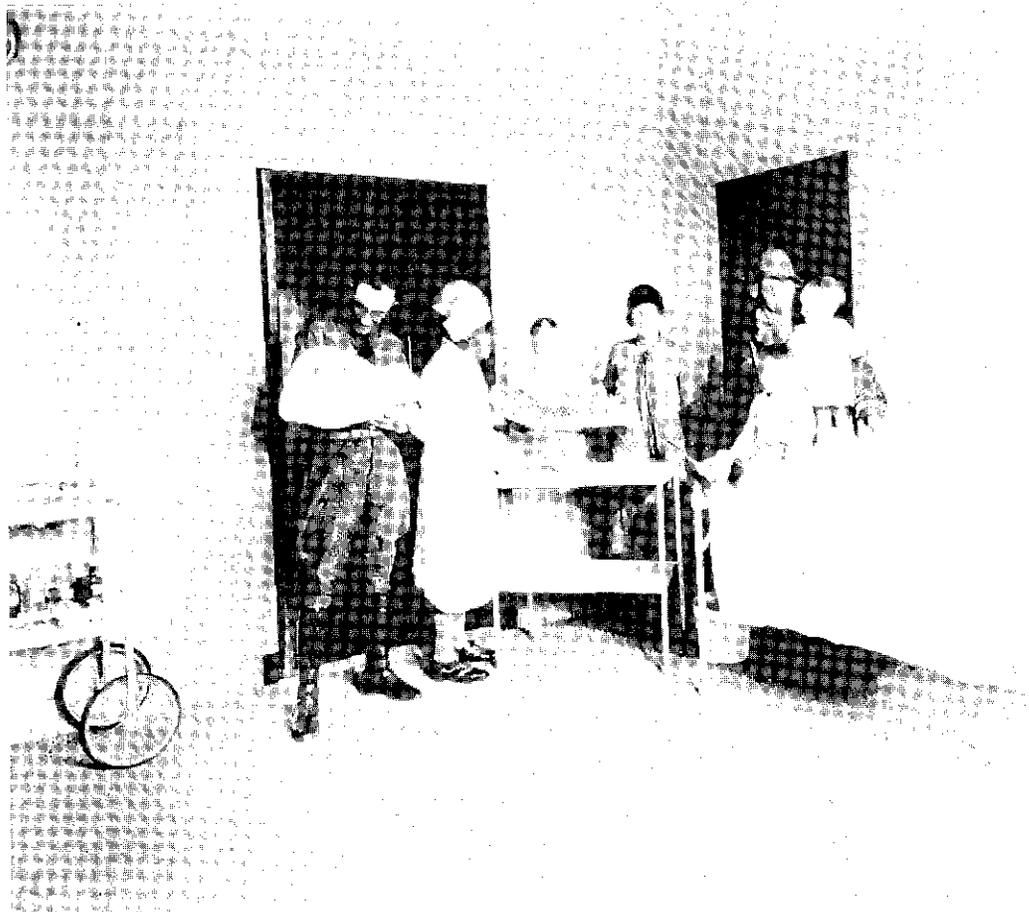
A separate mess hall building and boiler plant were also built. All buildings were heated with hot water circulated by a large pressure pump. Live steam, under pressure, was also furnished to the kitchen and throughout the hospital building for sterilizing purposes.

The wards in the new building provided for 102 inpatients. A large solarium opening off of the third floor provided a place for the convalescents to sun themselves in the open, all the while overlooking the activities of

Fort Benning. The medical, surgical, dental, x-ray and the eye, ear, nose and throat clinics were also initially moved into the new hospital. Lt. Col. Paul S. Holloran, MC, was Commanding Officer of the Medical Detachment at this time and was responsible for the planning and orderly execution of the move.



A Ward in first permanent hospital at Fort Benning built on Baltzell Avenue completed in 1925.



This is a scene showing a part of the obstetrical facilities in the first permanent hospital. Persons in the photograph are not identified.

In September 1925 school requirements both in Columbus and at the Children's school on the post included the vaccination of all pupils as a protection against smallpox. Vaccination for the families of military personnel were obtained without charge according to the following schedule of times and places:

Attending Surgeon, New Hospital: Mondays, 9:00 - 9:30 am  
Fridays, 2:00 - 2:30 pm

Attending Surgeon, Downtown : Daily, 9:00 - 12:00 am  
1:00 - 4:00 pm (except  
Sat, Sun and holidays)

Arrangements were also being made by sanitary officials on the post to give the "Schick test" for diphtheria. The material involved was of considerable value and because of the expense, large groups were tested at one time. The so-called "Schick test" for diphtheria susceptibility had passed far beyond the experimental stage and was of proven value. The criteria for administering the test were as follows:

"Children under six months of age need not take the test for they are nearly without exception immune. Between the ages of six months and six years it is practically certain that all children are remarkably susceptible to diphtheria. Between the ages of six to twelve years the susceptibility is likely, but not nearly as certain as for the younger ages. Above the age of twelve, the natural human immunity has developed against diphtheria and is sufficient to remove the necessity for the Schick test. The test is not normally given to persons in their teens or older."

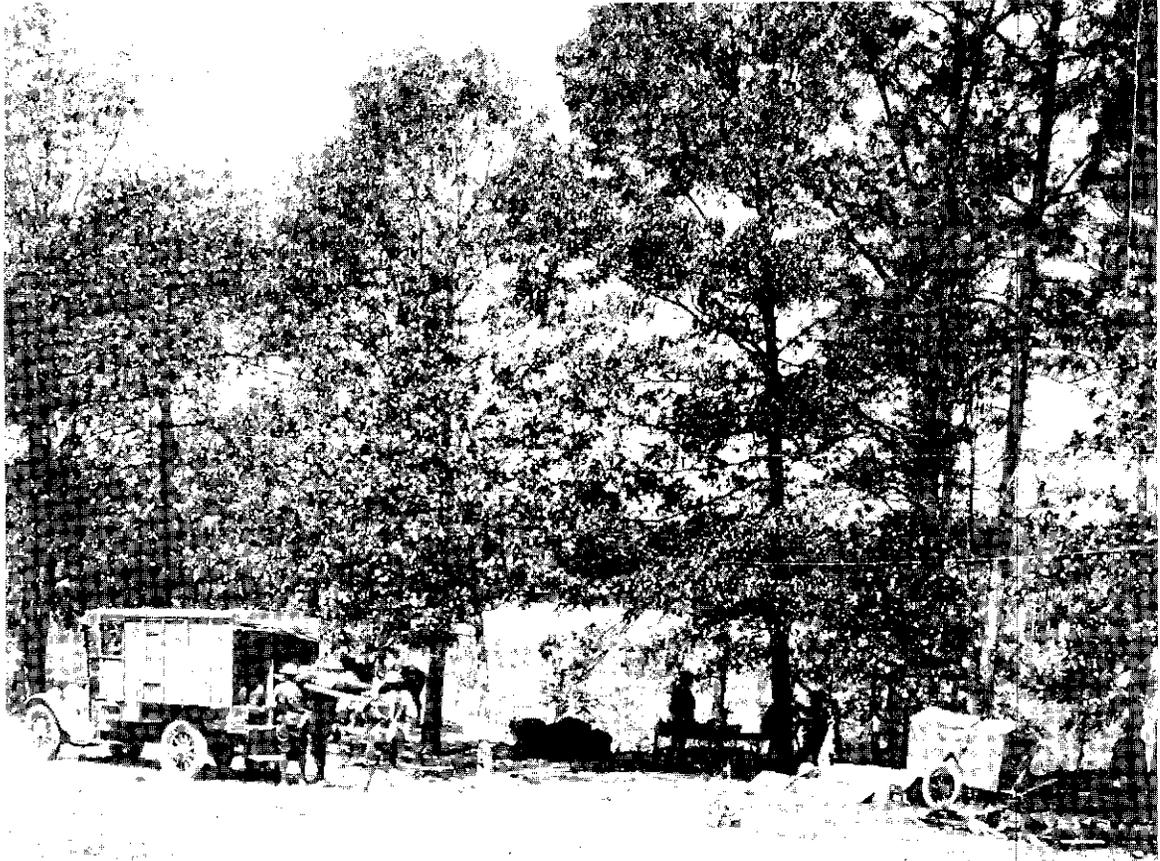
The training mission for the Medical Detachment for the year 1926 was announced by The Infantry Center in January.

"To train its personnel as qualified attendants for hospital duties, including practical training in nursing, sanitation and hygiene, first aid and minor surgery, laboratory, x-ray, cooking and clerical work."

"To further the instruction at the Infantry School by supplying men and equipment for the establishment of collecting station, aid stations and the personnel assigned to units in field problems."

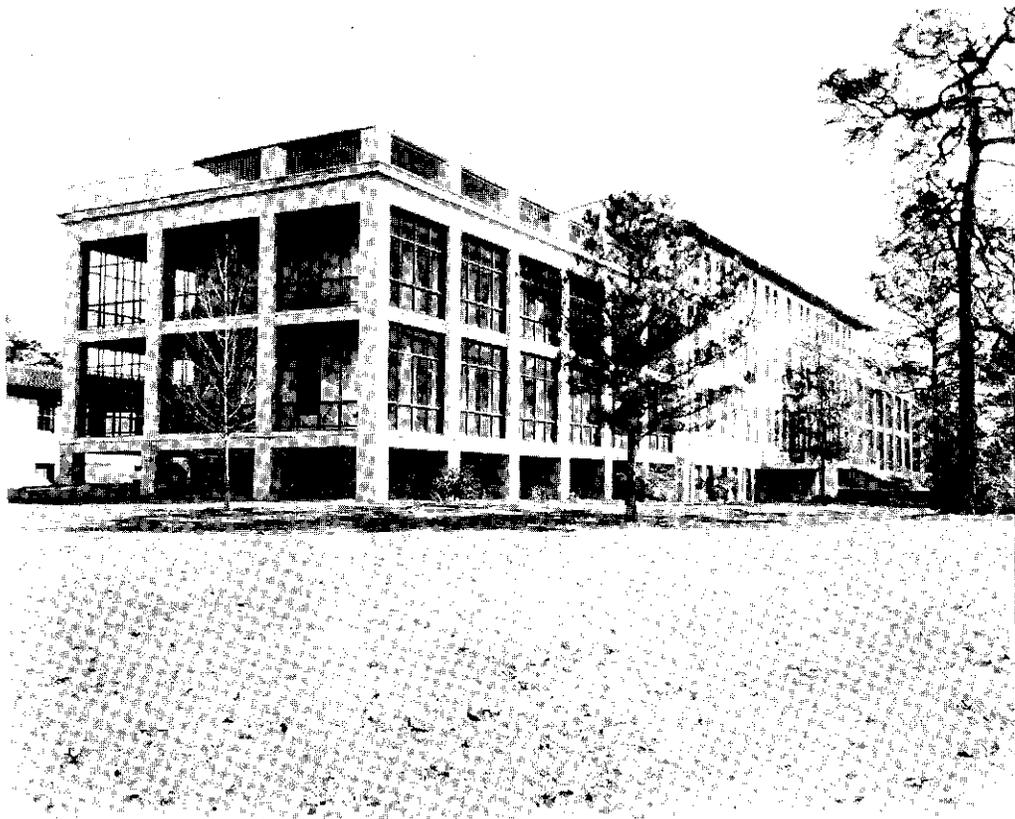
The Secretary of War referred to the construction at Fort Benning in his annual report for fiscal year 1924.

"The only project involving permanent construction of any magnitude authorized during the past fiscal year was the continuation of construction work at Fort Benning, Georgia, at which place, plans and specifications were prepared and contracts let at the beginning of the year for fourteen (14) additional sets of Officers' Quarters and a hospital group consisting of a hospital building with a separate kitchen and mess and boiler house, capable of furnishing accommodations for 102 patients. It is expected that from time to time additional wards will be added which will increase the patient accommodations."



The above picture shows the men of the Station Hospital demonstrating a field aid station in preparation for instruction in The Infantry School.

In May 1926, not long after the above report was published, the post Constructing Quartermaster, Captain Wm. McK Scott, QMC, received plans and specifications for the construction of a laboratory building to be located in the rear of the main building of the new hospital. The foundation was to be of concrete with a cellar partially excavated in which will be located an animal room, store room and gas machine room. The first floor plan showed an autopsy room, viewing room, waiting room, office and three rooms devoted to laboratory purposes. The exterior walls were to be of hollow tile covered with stucco to match the other buildings. The contract was let and because of the small size, the building was completed early in 1927.



A view of the new Hospital building from the west end.

A concrete bandstand was completed early in the summer of 1926 in front of the new hospital. Band concerts were presented twice a week. The bands from the 24th Infantry and the 29th Infantry alternated concerts. Both bands presented military, popular and classical music. The natural rivalry between the units extended to the bands the challenge of trying to out do each other.

In June 1926 Major General Meritte W Ireland, The Surgeon General of the Army, inspected the facilities of the new hospital. His report to the Commanding General of Fort Benning indicated his pride not only in the new hospital but also in its staff.

A group of seven patients from the station hospital boarded a train on 10 July 1926 for Washington to go to Walter Reed General Hospital, Takoma Park, District of Columbia, for further observation and treatment. Sgt. Edward G Schafer of the Medical Detachment was in charge assisted by Pvt. Homer Walley, an x-ray technician, who was being transferred to Walter Reed for duty. One of the transferred patients, M/Sgt Joseph T. McCloskey, died there on 24 September 1926.

Among the items being tested at the Department of Experiment of the Infantry School in 1926 were a variety of first aid pouches. Personnel of the Medical Detachment were frequently used as consultants to the Department when medical equipment was being tested.

There were three cases of smallpox on the post and several cases of typhoid fever in Columbus in September 1926. Once again a drive was initiated to immunize all post residents, both military and civilian.

A roster of permanent officer personnel in October 1926 listed the following medical department officers:

Lt Col Paul S Holloran, MC., Surgeon  
Major Daniel L Card, MC  
Major Harvey L Dale, MC  
Major Jarvis H Bauer, MC  
Major George D Chunn, MC  
Major William A Squires, DC  
Major Edgar E Horne, MC  
Major Patrick F McGuire, MC  
Capt Benjamin F Fridge, MC  
Capt Jarrett M Huddleston, MC  
Capt Herbert W Taylor, MC  
Capt Arthur E Brown, MAC  
Capt Clarence C Harvey, MC  
Capt Adolph T Gilhus, MC  
Capt Frank W Young, MC  
Capt James L Olsen, DC  
Capt Walter F Tolson, MC  
Capt Joseph R Darnell, MC  
Capt George P McNeill Jr, MC  
Capt John M Tamraz, MC  
Capt Henry A Winslow, DC  
Capt Carlton C Starkes, MC  
Capt Barton W Johnson, MC  
Capt Daniel H Mallon, VC  
1/Lt Wade H Johnson, MAC  
2/Lt Douglas Hall, MAC

Also listed among the permanent officers of Fort Benning at this time was Major Dwight D Eisenhower, Infantry. Among the officers attending the Infantry Company Officers Class starting in 1927 was Captain Joseph I Martin, MC.

Early in 1928 Fort Benning was plagued with an epidemic of influenza. Medical facilities were greatly overtaxed, and most of the resources of the post were required to care for the patients. The extent these resources were used is best described in the following General Order:

General Orders, No 6:

Fort Benning, Ga  
March 6, 1928

1. Organizations of this command are commended for their hearty and efficient cooperation in assisting the medical department during the recent epidemic of influenza. The spirit shown by all members of the command in complying with suggestion of the medical department in the effort to limit the spread of the disease and to care for convalescents treated in quarters was most satisfactory. Without this valuable aid the epidemic might and probably would have reached serious proportions.

2. In particular this commendation is directed to the following organizations:

(a) The School for Bakers and Cooks, under the direction of Capt H. C. Johansen QMC, a detachment of cooks and mess attendants, under a non commissioned officer, organized and equipped a hospital mess in temporary buildings turned over for hospital use and operated the mess for both patients and for enlisted attendants with economy and efficiency. Another mess was organized by Capt Johansen in the 29th Infantry tent area but this area was not required for hospital use.

(b) The Utilities Section of the Office of the Quartermaster: This section converted certain buildings assigned for use of the hospital into wards with gratifying promptness and efficiency and responded in a very satisfactory manner to the many demands for repairs and installation requested.

(c) The Property Section of the Office of the Quartermaster: With the least practicable formality all necessary property for equipment of the temporary wards was made available and delivered where needed. The cooperation of this office was so satisfactory that the Medical Department was enabled to increase the hospital capacity by over two hundred beds within a few hours of its request for service.

(d) Company "C", 15th Tank Battalion: On February 14, 1928, this organization was detailed to assist in the care of the sick and in operating the temporary hospital and for duty in the old hospital area. Both

officers and men performed every duty required in a most satisfactory manner and with a willing and painstaking spirit that reflects the highest credit on the discipline and spirit of this organization.

3. This order will be read to each company or detachment at the first formation after receipt.

BY COMMAND OF BRIGADIER GENERAL COLLINS:

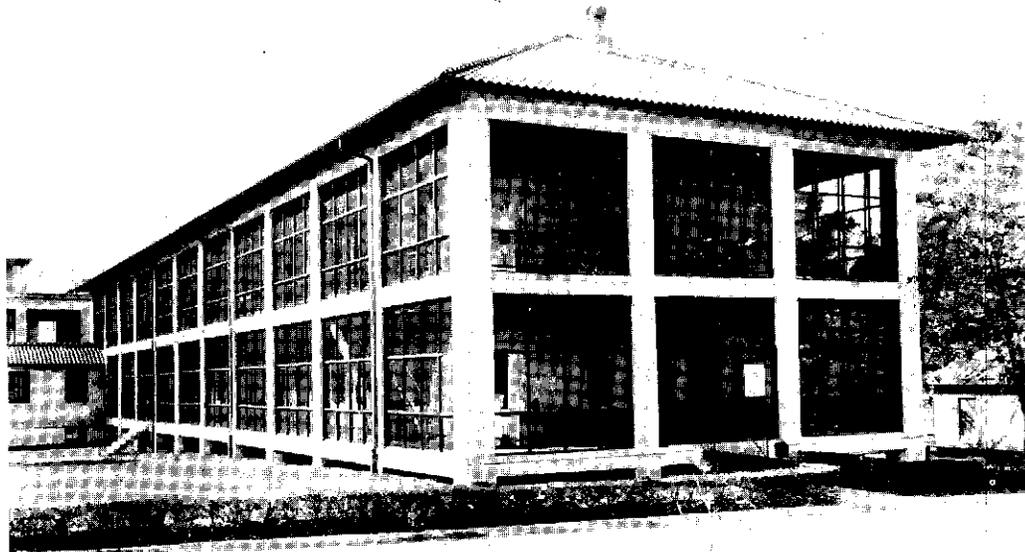
D. H. TORREY  
Major, AGD  
Adjutant

In the aftermath of the epidemic it was easy to convince command that there was a great demand for more bed space in the area of the new hospital. By April 1928, work had begun on two separate ward buildings. These buildings when completed would increase the inpatient capacity to 200 patients. The basement of the new hospital contained the Attending Surgeon's office, eye, ear, nose and throat clinic, the x-ray department, the pharmacy and storerooms; the first floor contained two large medical wards, a dental clinic, the medical library, and the administrative and records offices; the second floor housed the surgical wards and the offices of the Chiefs of Surgical and Medical Services; the third floor contained the wards for women and children and the operating rooms. The laboratory service occupied its own building to the rear of the main hospital and was reported to be better equipped than the average Corps Area laboratory.

The general division of professional services was medical, surgical, dental and laboratory services. The obstetrical service was a part of the surgical service. Its workload for the year 1927 was used as part of the justification for more ward space. In that year, 110 babies were born in the crowded third floor of the hospital, an average of about 2 per week. Also in 1927, Fort Benning had the lowest sickness rates in the US Army. Hospital deaths were lower than those from automobile accidents on the post.

The 1928 strength of the Medical Detachment included 17 MC, 3 MAC, (Medical Administrative Corp) 4 DC, 2 VC, 17 ANC, and 169 EM.

In September 1928 the staff of the Academic Department of The Infantry School lists the name of Major Morrison C Stager, MC. It is not known if he was the first medical officer to serve on the academic staff; however, he was certainly among the first. He had been on the staff since August 1927, and was promoted to Lt Col prior to his departure for Carlisle Barracks, Pennsylvania early in 1932.

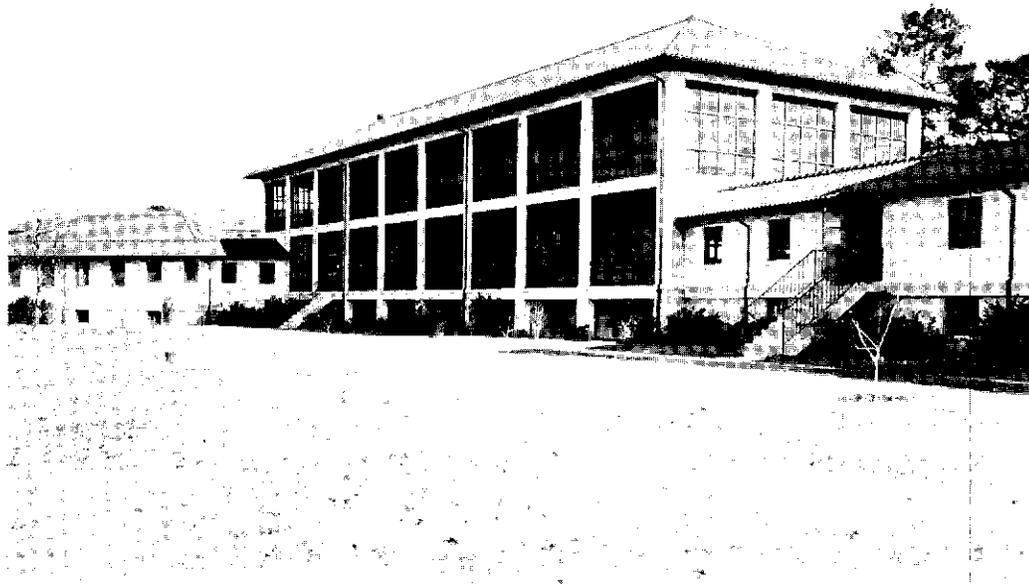


This is the first ward to be added to the main hospital.

The two new wards were completed in February 1929 at a cost of \$140,000. This permitted the centering of all medical activities on Richie Hill except the Outpatient Department, two wards, and the medical inspector's office.

In March 1929 a severe wind and rain storm severed the power lines between Columbus and Fort Benning. Electric power was supplied to the hospital from the auxiliary power plant in the post laundry.

As a tribute to the memory of three former surgeons of the Fort Benning Station Hospital, wards were named in their honor in May 1929. Ward A was renamed Ward Conrad E Koerper in honor of the first commander, Lt Col C. E. Koerper; ward B renamed Ward James W Van Nusen; ward C renamed Ward Frank C. Baker in honor of Colonel F. C. Baker who had been commanding officer since August 1927 and died April 12, 1929 at Fort Benning.



One of the two ward buildings completed in February 1929.

Funds were received and work begun on a third ward and the nurses' quarters in July 1929. The nurses' quarters will house a total of 28 members of the Army Nurse Corps. The completion of ward #3 will increase the inpatient capability by about 50 beds.

Other happenings at Fort Benning in 1929 which had medical significance were:

Captain Henry F Luckney, MC, graduated from the Infantry Advanced Class.

Major Edgar E Hume, MC, Medical Inspector attended the 5th International Congress of Military Medicine in London.

Series entitled "Here's to Your Health" started in the post newspaper. Articles authored by the Medical Inspectors appeared weekly.

Colonel Clarence J Manly, MC, arrived in October and assumed command of the hospital. Colonel Manly was the step-father of Major General Charles Billingslea.

Construction for the improvement of the medical facilities at Fort Benning continued during 1930. The nurses quarters and the third ward were completed. In addition, a dispensary was constructed on Wold Avenue across from the Tank Barracks. The Batson-Cook Company of West Point, Georgia was the contractor and the cost was \$54,354. Military sick-call, the Office of The Attending Surgeon, and the Medical Inspectors office were moved to this building. A dental clinic was also opened here. The porches on the wards in the main building and on Ward #1 were closed in to provide more space for patients. Separate steam and power lines were run to the porch areas. This separation from the main lines continually plagued the maintenance engineers. The most common complaint was that the radiators on the main ward were hot, while on the porches they were cold.

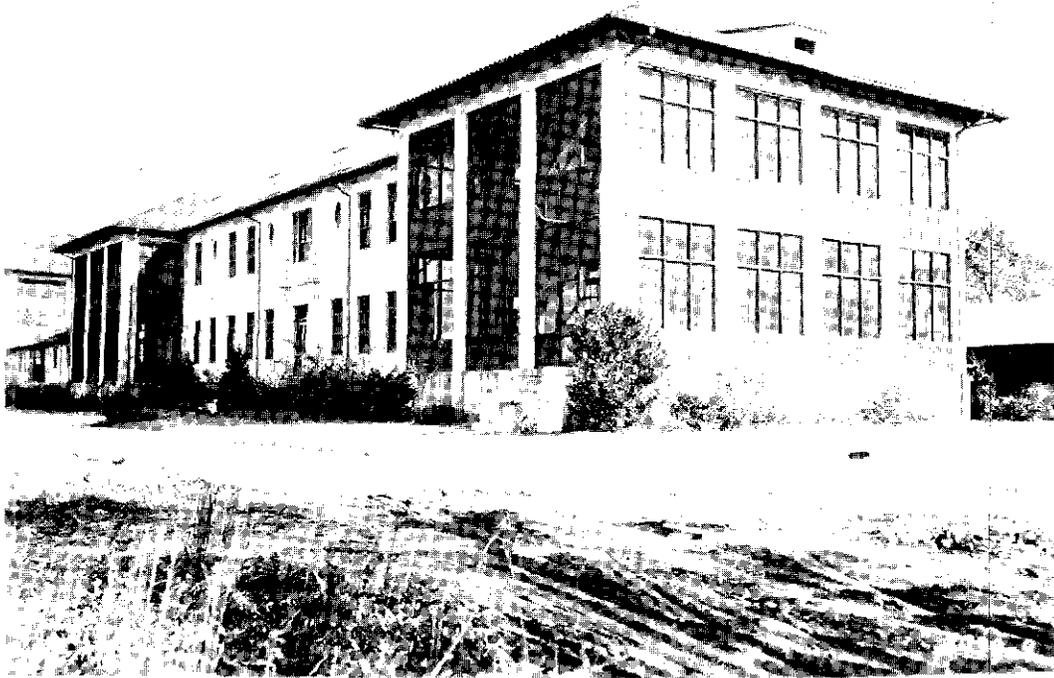
Construction began on 27 July 1931 on the enlisted barracks to the rear of the mess hall. The Medical Detachment office, unit supply rooms, and barracks space for 156 enlisted men were included in the plan. Prior to the completion of this barracks, the enlisted men lived in tents with concrete floors further to the rear of the mess hall. \$75,000 was allocated for this project, and it required six months to complete.

One of the most interesting medical feats of 1931 involved a man who had an attack of appendicitis while at Maxwell Field. As the Fort Benning Hospital was the nearest Army Hospital, the patient was rushed here by airplane and, two hours after he was stricken, he had been operated on and safely out of danger. This may not have been the first instance of a patient evacuated by air; however, instances of this type were certainly cited when the program for aeromedical evacuation was presented.

The greater number of new personnel arrived in the fall for attendance of The Infantry School courses. The following article appeared in the post newspaper on 28 Aug 1931 and was written by Major Homer L Conner, MC, Medical Inspector.

#### NOTES FOR NEWLY ARRIVED PERSONNEL

Following a custom of preceding years it seems advisable to begin our talk on disease prevention with notes to newly arrived personnel. These apply to all members of the command, those living in Columbus as well as those having quarters on the Post.



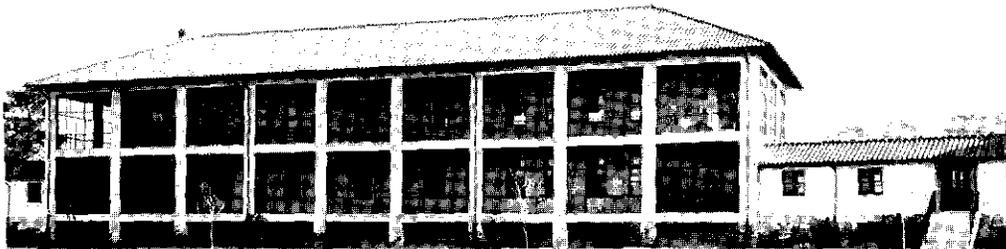
The permanent nurses' quarters as they appeared in 1934.  
The third permanent ward constructed at the same time  
appears to the far left of the picture.

CLIMATE: Subtropical. About eight months of the year are hot. Humidity is high. Plenty of sleep is the best method of preventing mental and physical breakdowns.

WATER: The post and city water supplies are both excellent. Water from any other source should not be drunk before it has been examined and declared safe.



Dispensary "A" located on Main Post on Wold Avenue



The second ward building to be completed in the permanent hospital area.

FOOD: All food products of animal origin sold at the Commissary or Post Exchange are examined by the Veterinarian.

Dairy products sold on the Post are from inspected sources and are believed to be safe.

Be sure you know the quality of these products if you buy from other places.

MILK: Only pasteurized milk is safe. Only pasteurized milk is delivered at Fort Benning. If you can not obtain the post supply, the Foremost Dairy in Columbus is the only other concern that sells pasteurized milk.

ICE CREAM: That sold on the Post is made from pasteurized milk and cream. It is the only kind authorized for sale.

VACCINATION: All vaccinations or protective inoculations are done by Attending Surgeon.

a. SMALL POX: Fairly common in this vicinity. Vaccination is therefore important. All persons should be revaccinated immediately on arrival here if it has not been done within a year.

b. TYPHOID: This disease is also common. Persons between the ages of 2 and 45 should receive preventive inoculations. Two courses of injections within three years are required for military personnel and are recommended for all others.

DIPHTHERIA: Parents are urged to have their children tested (Schick Test) to see if they are susceptible to this disease. They should be immunized and each year tested by "Schick Test" to see if this treatment should be repeated.

HOOKWORM: The soil in this vicinity is contaminated by the eggs of hookworm and other parasites. It is inadvisable for children to go barefooted.

CHILDREN'S SCHOOL: Parents are advised not to send their children to school when ailing. The school teachers are advised to send pupils home when there is any suspicion of illness or common cold or skin disease.

SERVANTS: A permit is required to work on this post. This permit will only be issued after an examination by the attending Surgeon. This examination serves to protect your family from communicable disease. On the post these examinations are made on Tuesdays and Thursdays from 9 to 9:30 A.M. Military personnel not living on the post are entitled to have their servants examined by the Attending Surgeon in Columbus.

DOGS: All dogs are required to be registered. They must also be protected against rabies.

SNAKES: Poisonous snakes are more or less common. A protective serum is kept at the Hospital for the treatment of snakebite.

MEDICAL ATTENTION: The Office of The Attending Surgeon at the Post is in the new Dispensary. Office hours 8 A.M. and 1 to 2 P.M., except Saturdays, Sundays and holidays. Saturday hours 8 to 10:30 A.M. Sunday and holiday hours are 11 to 12 A.M. Inoculations and vaccinations (Women and children only) are given on Mondays and Saturdays at 9:00 A.M.

Baby Clinic Wednesday at 9:00 A.M. Colored servants are examined on Tuesdays and Thursdays at 9:00 A.M.

Request for visits to persons unable to come to the office for treatment should, if possible, be made before 9:00 A.M.

Attending Surgeon, Columbus.

Office - Doctor's Building, 1310 Broadway. Telephone 255.

Office Hours - Morning hours 11 to 12 daily except Sundays and holidays.

On Sundays and holidays the hours are 10 to 11 A.M. A nurse is in attendance. Wednesday afternoon is reserved for a children's clinic.

EMERGENCY CALLS: Post--call Telephone 572. Columbus--call Telephone 255 between hours 8 A.M. and 4 P.M.--at other hours call Columbus 4173.

DENTAL CLINIC: Located at the new dispensary. Appointments should be made for either examination or treatment.

HEALTH NOTES: Each week this column is devoted to short discussions on topics relating to health and prevention of disease. Suggestions are welcomed.

HEALTH OFFICER: The Medical Inspector corresponds to the Health Officer in a city. He is always ready to advise on matters relating to sanitation and prevention of disease.

In October 1931 Colonel Manly received orders to the post of Ninth Corps Area Surgeon at San Francisco. He sailed from New York on November 4th. Colonel Manly was a very popular commander and many of the improvements in the medical facilities at Fort Benning are attributed to his tour of duty. Only because of his continued efforts to complete the hospital construction were additional buildings programmed in 1930 and 1931. The depression had virtually stopped all military construction; yet Colonel Manly was able to convince the Surgeon General and the Quartermaster General that the project started in 1924 should be completed.

The new Station Hospital Commander, Colonel Charles F Morse, MC, reported for duty at the Infantry School on Friday, 13 November 1931. For three and one-half years prior to this assignment he was the Surgeon at Jefferson Barracks, Missouri. During World War I, Colonel Morse was on duty in the Office of the Surgeon General where he organized the Veterinary Division of the Medical Department, which expanded from a small force of about 45 officers to about 3,000 officers and several thousand enlisted men.

Christmas 1931 was bleak in many homes throughout the United States. However, the Field Director of the Red Cross played Santa Claus to the more than 100 patients who spent the holiday in the Station Hospital. The wards were decorated with wreaths, holly and tinsel. Each patient was presented with a Christmas box containing cigarettes, matches, playing cards, soap, wash cloth, lead pencil and a package of peanuts donated by the Tom Huston Peanut Company. The ladies on the women's ward were given a bouquet of tea roses.

Major William L Starnes, MC, was assigned to duty with the pilgrimage of mothers and widows to the World War I cemeteries of Europe. Major Starnes' specialty was neuro-psychiatry. He reported to the USS President Harding on 13 April 1932 for travel.

The depression years were relatively insignificant as far as the medical history of Fort Benning is concerned. A small Veterinary Hospital was built in 1933. The medical service supported a large contingent of Civilian Conservation Corps members who worked at Fort Benning building roads and bridges on the reservation. There were tragedies, such as a six year old child dying from the bite of a rattle snake in Sept 1933. This was the first death from snake bite since 1930. The Surgeon General, Major General Robert U Patterson, inspected the hospital early in December 1933. The Hospital Mess was routinely in first or second place in the ratings based upon regular monthly inspections. The 'Medicos' baseball and basket ball teams were equally hard to beat. One of the scrappy forwards on the basketball team was Pvt Heath (now M/Sgt William Heath assigned to the Registrar Division). Personnel changes were infrequent. Some of those who arrived or departed are as follows:

Major George F Aycock, MC, graduated from the Infantry School in 1934.

Lt Col Henry C. Michie, MC, Chief of the Medical Service since Sept. 1931 was reassigned to Fort McClellan, Alabama in Nov. 1933.

Major Charles R Lanahan, MC, was assigned to the post in early 1934 following a tour of duty at Manila, Philippine Islands.

Pvt James T Helms was selected to attend the Veterinary School at the Army Medical Center in Washington, DC, in 1933.

Major Walter A Rose, DC, arrived 7 Jan 1934 for duty in the hospital dental clinic following a tour of duty in the Canal Zone.

Captain L Holmes Ginn, Jr, MC, was a student in the regular course at the Infantry School in 1934-35.

Major Lucius K Patterson, MC, was reassigned to Fort Bliss, Texas in June 1934. He had been Attending Surgeon at the dispensary since March 1929.

Captain Richard H McElwain, MAC, was reassigned to Fort Bliss, Texas in July 1934. He had been personnel adjutant since 1932.

The years from 1935 through 1937 are not represented in the medical writing. Colonel Lloyd L Smith was the Commander of the Station Hospital during the period. He was replaced by Brig Gen (then Colonel) William R Dear in 1938.

## WORLD WAR II EXPANSION

War clouds were forming in both the east and the west. The isolation concept and the slogan of World War I, "The war to end all wars", were still dominant in the minds of most Americans. This, coupled with the struggle to live during the depression years, made the thought of war unpopular. Even so, by 1939 the military leaders felt the need for a build-up. The troop strength at Fort Benning was increased during the period 1939 through 1941. The problems inherent to the medical service when the troop strength is increased will be related through the summation of several of the Annual Reports from the Station Hospital to the Surgeon General.

The Station Hospital served the garrison of Fort Benning which during 1941 had at times attained a strength of over 52,000. In addition to the greatly expanded Infantry School, Fort Benning was the home of the Second Armored Division and the station of the Fourth Motorized Division until the last week in December when the Division moved to Camp Gordon at Augusta, Georgia. Also stationed at Fort Benning were a number of Third Army and VI Army Corps troops, the Parachute Group and the most recently organized Air Borne Infantry Battalion, the 88th. Hospitalization was provided also for C.C.C. patients from several companies located on the Reservation as well as a number of other companies located from 50 to 100 miles distant from Fort Benning. Until the opening of Lawson General Hospital in Atlanta, the hospital frequently received more serious cases from small posts and air fields in Georgia and Alabama.

The permanent hospital buildings served to meet the needs for hospitalization until the latter part of 1939 when the First Division arrived at Fort Benning for winter training. Even with the increase in the strength during November and December of 1939 following the arrival of the First Division the average daily number of patients in hospital for 1939 was about 200.

<u>For Year</u> <u>Ending</u>	<u>Total Patients</u> <u>Admitted</u>	<u>Average Daily</u> <u>Census</u>	<u>Total Births</u>	<u>Total Deaths</u>
Sept. 30, 1937	4342	213	116	44
Sept. 30, 1938	4494	199	132	40
Sept. 30, 1939	4333	192	143	25
Sept. 30, 1940	12855	426	191	41
Sept. 30, 1941	23694	1001	321	37

The increasing demands for hospital beds was met and the high standard of medical care maintained in buildings and under conditions that were far from suitable for hospital use, during 1940 and 1941, was certainly a major accomplishment.

By the end of December, 1940, there were 825 patients in hospital and 1160 beds in operation. The hospital load increased steadily until the middle of March, 1941, when it reached a peak of 1904 with over 2300 beds set up. At that time, the hospital had expanded to include the permanent detachment barracks, the entire three-story barrack building formerly occupied by the 83rd Field Artillery, part of another three-story barrack building and several barracks in the 4th Medical Battalion of the Fourth Division about 10 miles from the main hospital.

Fortunately the difficulties of 1940 and the first six months of 1941 were forgotten with the completion and occupation of the new cantonment type hospital directly across Baltzell Avenue from the permanent hospital. On December 9, 1940 work was started by the Mion Construction Company of Atlanta, Georgia, on a cantonment type hospital of 1415 beds. The contract was completed May 6, 1941 at a cost of \$1,100,000.00. The new wards were immediately occupied by transferring patients from the hospital annex located in the 83rd Field Artillery barracks. Due to a reduction of patients, hospital cases from the other annexes had been concentrated in the 83rd area.

Following is a list of the buildings erected under the Mion Construction Company contract:

	<u>TYPE OF BUILDING</u>		<u>NUMBER</u>	<u>BED CAPACITY</u>
W-1	Ward Standard	33 beds	28	924
W-2	Ward Combination	26 beds	16	416
W-8	Ward Detention	25 beds	3	75
C-4	Clinic Surgical X-Ray		1	
C-1B	Clinic, Laboratory & Pharmacy		1	
DC-2	Dental Clinic		1	
C-7A	G. U. Clinic		1	
I-2	Infirmery		1	
PY-1	Physio Therapy		1	
A-3	Administration		1	
HQ-24	Nurses' Quarters		9	
M-18	Patients' Mess		2	
M-28	Nurses' Mess		1	
MO-4	Morgue		1	
E-1	Post Exchange		1	
SH-6	Storehouse		1	
SH-7	Storehouse		5	
HBH-19	Boiler House		1	

As a result of a recommendation made by the Surgeon under date of December 30, 1940, steps were taken to secure authorization for construction of additional wards and buildings necessary to bring the bed capacity of the hospital up to 2000 beds. A contract was awarded the Murphy Pound Company of Columbus, Georgia, on June 19, 1941 for the construction of the following buildings:

	<u>TYPE OF BUILDING</u>		<u>NUMBER</u>	<u>BED CAPACITY</u>
W-1	Ward Standard	33 beds	10	330
W-8	Ward Detention	25 beds	1	25
HQ-24	Nurses' Quarters		3	
HQ-18	Officers' Quarters		1	
SH-13	Store House		1	
HR-5	Patients' Recreation Building		1	
SP-9	Hospital Utility Building		1	

This contract was completed and accepted on September 17, 1941 at a cost of \$202,000.00. All of the additional wards were equipped and some of them occupied. The quarters, warehouse, utility shop and recreation building were also occupied.

The constructed bed capacity of the cantonment type hospital was 1770. That of the permanent hospital buildings was 228 making a total of 1998. This total could be expanded to at least 2500 by the utilization of porches of the permanent construction and the solaria of the wards in the cantonment type construction.

It was believed that the number of available beds would be sufficient to meet normal needs of Fort Benning during World War II.

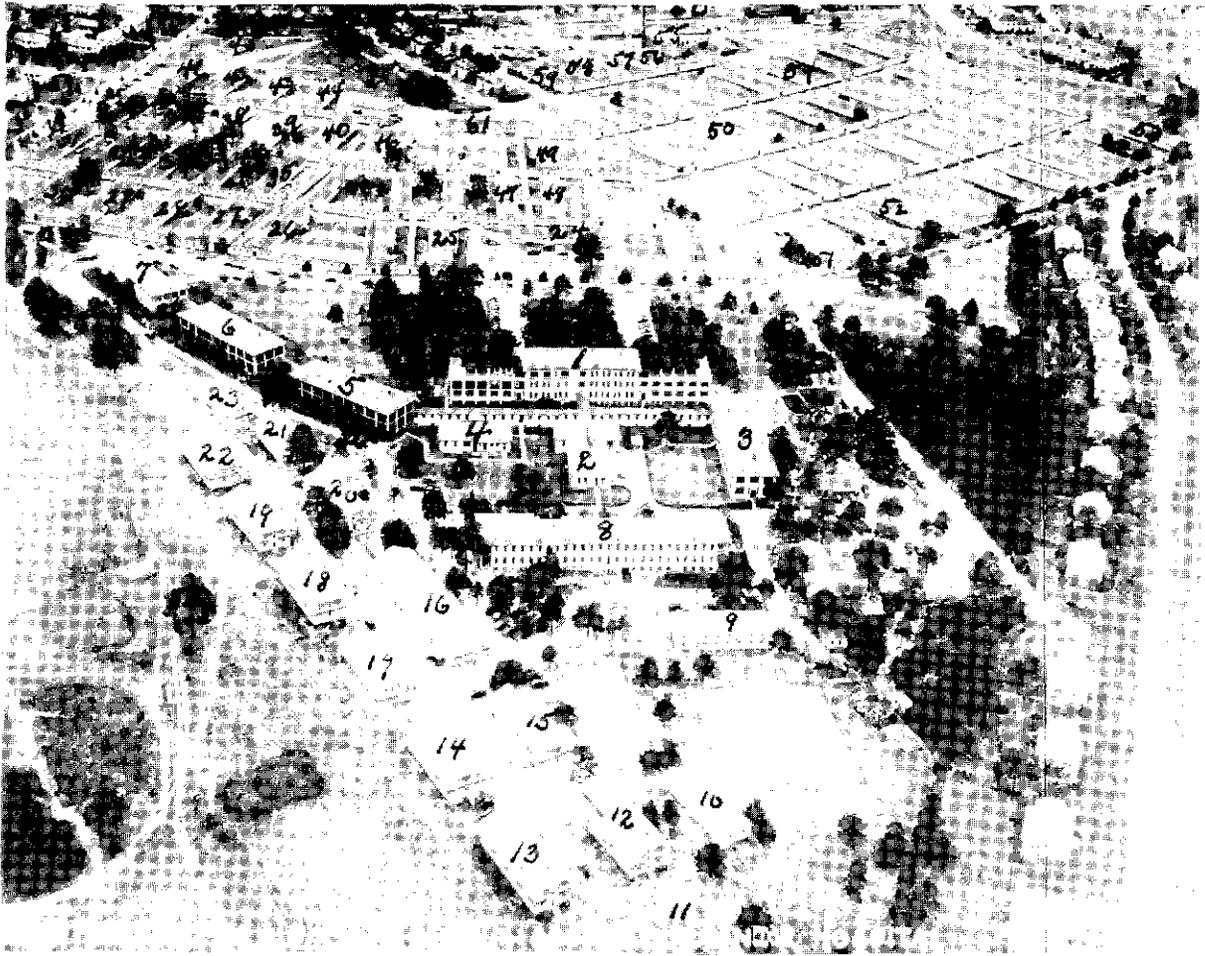
In addition to the hospital buildings, eleven (11) two story, 63-men barrack buildings and three (3) day rooms for the Detachment in rear of the permanent barrack building were constructed. Another temporary barrack building was built in rear of the Main Post Dispensary to house enlisted men on duty in the Dispensary and in the Induction Station.

The permanent hospital buildings were devoted exclusively to the Surgical Service, since the third floor of the main building had three large air-conditioned operating rooms, with adequate work areas, sterilizing facilities, etc. The C-4 building which is the standard surgical and x-ray clinic building for a 2000-bed cantonment type hospital was inadequate to handle the surgical service and certainly must have proven to be inadequate in other 2000-bed cantonment hospitals not having permanent buildings as those in existence at Fort Benning. Many of the inadequacies of other administration and clinic buildings in the standard 2000 bed hospital plant were reported and corrected by the conversion of ward buildings to other purposes or the construction of additions to existing buildings.

The ward buildings of the new construction were satisfactory for the purpose for which intended. The hardware used on doors was of the cheapest quality, and within a short time all had to be replaced. Doors to private rooms in W-2 wards were too narrow to permit a bed to pass. Due to green lumber used

in the construction, floor boards, screen doors, windows, etc., warped and required constant maintenance. Innumerable leaks in the roofs appeared after heavy rains. Attempts to control leaks were made by applying a tar compound to the seams in the roofing paper but this method was not entirely successful. The floors of the wards presented a very difficult maintenance problem. The sealer applied to the floor by the contractor evidently was of a poor grade, and it did little to protect the floor. The hospital was unable to obtain any of the water soluble floor wax recommended for use on these floors. The floors of the corridors, which under the terms of the contract were not treated with a filler, were rapidly becoming stained, warped and splintered. No satisfactory method of cooling the new wards during the long and excessively hot summer months had been worked out. In 1941 this matter was the subject of considerable correspondence with the Corps Area Surgeon's Office and the Surgeon's Office. From experience gained during the previous summer, it was believed that the simplest and least expensive method and one which would give a reasonable amount of relief was the use of two large air circulators (Emerson) in the large wards, with small 12" fans in the private rooms. However, requests to purchase such circulators from medical funds or the Hospital Fund were all disapproved, and the hospital faced the prospect of another hot season without any provision for relief from the heat in the wards. The installation of exhaust and circulating fans in the attics of the ward buildings could also correct the condition. If any corrective measures to relieve the unsatisfactory conditions existing in the wards were to be undertaken, work should be started at once as the type of equipment required was becoming more difficult to obtain.

It was difficult to control the heating system in the wards particularly in the W-2 type wards with the 10 private rooms, because the steam distributing lines were uninsulated and ran through the ward rather than under the floor of the ward. Even though the valves on all radiators in a ward were closed, there was at least 450 feet of uninsulated steam lines in the building which could not be controlled other than by shutting the steam off entirely. There was, therefore, either no heat or too much heat. Even in summer time with all heat turned off in the heating system, the high pressure steam line to the hot water generators runs down the central corridor of the ward to the latrine where the generator was located. Even though the steam line in this section was insulated under the terms of the contract, it still gave off an excessive amount of heat. This could have been eliminated by running the line under the ward rather than through the ward. With the steam distributing lines all running overhead through the ward, all valves, gauges and connections were located in the corridor directly over the entrance doors to the ward. These valves and connections required excessive maintenance because they were constantly developing leaks which dripped on the corridor floors. Had these steam lines to the wards with the valves, gauges, etc., been placed under the buildings as was done in some of the other cantonment type hospitals, these difficulties could have been eliminated. Investigation was made as to the possibility of insulating these lines as it would be prohibitive in cost to relocate the lines under the wards.



Aerial view of both Permanent and Cantonment hospital buildings. The Legend appears on the following page.

## LEGEND

1. Main Building - permanent hospital
2. Mess Hall
3. Two-story Ward building
4. Laboratory
5. Two-story Ward Building
6. Two-story Ward Building
7. Permanent Nurses quarters
8. Permanent Detachment Barracks
9. Temporary two-story Barracks
10. Day room
11. Temporary two-story Barracks
- 12 - 13 - 14 - 15. Temporary two-story Barracks
16. Mess Hall Detachment, Medical Dept.
17. Day room
- 18 - 19 - 20 - 21 - 22. Temporary two-story Barracks
23. Day Room
24. A-3 building used as office C.M.S. Hospital and Patient's Fund, message center, library, hospital inspector.
25. Receiving Office
- 26 - 27 - 28 - 29 - 30. Officers Ward.
- 31 - 32 - 33 - 34 - 35. Nurses Quarters
- 36 - 37 - 38 - 39. Nurses Quarters
40. Nurses Mess M-28
- 41 - 42 - 43 - 44. Officers Quarters
45. Nurses Recreation building
46. Mess M-18
47. Clinic, Surgery and X-ray C-4.
48. Laboratory E.E.N.&T. Clinic C-1B.
49. Physiotherapy Clinic.
50. Recreation building
51. Infirmary I-2
52. Dental Clinic DC-2
53. G.U. Clinic C 7-A
54. Mess M-18
55. Heating Plant
- 56 - 57 - 58 - 59. W-8 Wards
60. Storehouses
61. Post Exchange.

Messes in the new hospital construction were excellent as regards kitchen equipment and cafeteria service facilities. The storage space was inadequate for food supplies, other than cold storage. During the summer, the kitchens were unbearably hot. Steps were taken to remove the masonite ceiling and install a cupola type ventilator along the entire ridge line of the kitchen in hopes to relieve the heat.

The Nurses' Quarters built under the first contract were unsatisfactory because of inadequate bathing facilities and the location of the Reception Room on the side of the building. In the quarters built under the Murphy Pound contract these conditions were corrected by the conversion of one bedroom into an additional shower room and by locating the Reception Room on the end of the building. This provided a larger room and one much more accessible and more suitable for visitors. The 3 W-8 type wards constructed under the first contract were converted by the Quartermaster according to plans furnished and were believed to be entirely satisfactory. The W-8 ward constructed under the Murphy Pound contract was built according to latter plans and specifications. One defect noted in this type of ward, however, was that the radiators in the individual rooms were not provided with a shut-off valve. The only way that these radiators could be turned off was by crawling under the ward building.

When the contract for additional buildings was awarded, authority was obtained to make certain changes in these buildings which made the last wards constructed more suitable. The walls of these wards were covered with wood wainscoting to a height of approximately 5 feet and with masonite over the balance of the wall and the ceiling. The wainscoting was painted but the masonite was left in its natural color. This greatly improved the appearance of the ward. The doors under this contract were not painted but were stained and varnished. This was a great improvement over the painted doors throughout the other wards. In these wards the steam lines ran under the building and the hot water generator was placed in a small lean-to outside of the building, thus correcting one of the most unsatisfactory construction defects in the original wards, namely, the location of hot pipes and generator in a latrine within six inches of the urinal. The location of the generators in the new wards proved to be such an improvement that the generators in all the other wards were moved outside the building.

The original plans for the cantonment hospital provided no roads through the area. The only buildings that could be reached by ambulance, truck or fire fighting equipment were those situated on the periphery of the area. After completion of the buildings and before the Surgeon would move patients into the wards, the Constructing Quartermaster built a road in the rear of each row of wards. In building this road it was necessary to cut through all of the vertical connecting covered corridors. The clearance in these openings was not over nine feet in most instances; or less than the height of a truck with the top up. This condition was corrected by raising the steam lines and the roof of the corridor over the road way to give a clearance of eleven feet.

Another serious defect in the original plans was the absence of doors in the covered corridors connecting the wards. This was corrected by installing a double door in the corridor in front of each ward.

Bermuda grass was planted along the roads in the new area and between the wards where the original sod was removed. The entire area was covered with compost during the winter months. A great deal of shrubbery and many small trees were planted in the new area. The permanent hospital had a spacious bermuda lawn in front, with many long leaf pine trees, large oak and hickory trees providing shade. Other than upkeep, the grounds of the old hospital required no beautification, permitting all efforts to be expended on the new area.

Patients admitted to Station Hospital in 1941 comprised the usual types expected from a command of from 40 to 50 thousand troops. During the year there were two motorized divisions on the Post, the Fourth Motorized Division and Second Armored Division and the Provisional Parachute Group, thus the number of orthopedic and injury cases was proportionately larger than would normally be expected. This hospital continued to admit obstetrical cases and dependents of military personnel for emergency medical and surgical conditions. The obstetrical service grew tremendously and required the entire time of two medical officers. There were 372 births during the year 1941. The opening of Lawson General Hospital at Atlanta modified the clinical character of patients in the hospital. The more chronic medical cases and many fracture cases were transferred to that hospital.

With the establishment of the Post Surgeon's Office in 1941, the outpatient services were placed under the control of that office. An outpatient service for officers and dependents living on the Post and staffed by four medical Officers was maintained in Dispensary "A". To provide medical service for the military personnel and their families living in Columbus, an outpatient service located in the Doctors' Building at 1310 Broadway Street, Columbus was established January 20, 1941. Four officers were on duty in this Dispensary; two being furnished by the Station Hospital and two by the tactical units. A dispensary known as the Enlisted Section, Dispensary "A", serving the units without attached medical personnel, was operated in two large wooden buildings located in rear of Dispensary "A". The number of officers on duty in this dispensary varied from 4 to 10 depending on the volume of work and on the number of inductees examined. Prior to the completion of the new induction station in December, all physical examinations were accomplished in the enlisted section of Dispensary "A". With the expansion of the Infantry School, it was necessary to operate three additional dispensaries for student officers. The further expansion of the Infantry School, in the area vacated by the Fourth Division, made it necessary to open three more dispensaries for officer students and students attending the officer candidate school. The volume of work performed in the various dispensaries is shown in the following table:

NO. OUTPATIENTS

46,131  
 43,635  
 51,950  
 61,042  
 71,727

NO. OF VISITS TO OUTPATIENT SERVICE

100,713 For year ending Sept 30, 1937  
 92,640 For year ending Sept 30, 1938  
 109,977 For year ending Sept 30, 1939  
 129,228 For year ending Sept 30, 1940  
 130,453 For year ending Sept 30, 1941

The Station Hospital in 1942 served the garrison of Fort Benning, which, at times attained a strength of over 85,000. In addition to the greatly expanded Infantry School, which was primarily an officer candidate school for the Infantry, Fort Benning was the home station of the Tenth Armored Division, activated on July 15, 1942. The Second Armored Division was stationed at Fort Benning for the first six months of 1942. The Fourth Motorized Division, which for the year 1941 had been stationed at Fort Benning, left during the first part of January, 1942.

On May 28, 1942, the Williams Lumber Company of Columbus, Georgia was awarded a contract for eleven ward buildings and one 63 man, two-story barrack building, at a cost of \$290,000.00. This construction was completed on September 1, 1942.

The cantonment type hospital, with its barrack buildings and quarters represented a construction cost of \$1,592,000.00.

On September 15, 1942, the following theater of operation type and modified mobilization type buildings for housing an evacuation hospital were completed. These buildings were located approximately one-half mile south of the hospital area and were being used for the housing of numbered hospital units assigned to this station for organization and training.

Admin. Bldg.	T/O	1
Barracks	T/O 32-M	10
Co. Admin. & Storehouse	T/O	1
Lavatory	L-7	1
Mess Hall	T/O M-320	1
Nurses' Quarters	HNQ-32	2
Officers' Quarters	T/O	5
Officers' & Nurses Mess	T/O M-136	1
Officers' Lavatory	L-2	1
Recreation Building	T/O	1
School Bldg.	BKS-63, Mod.	1
Warehouse	T/O	1

On August 27, 1942, a contract was let to the Williams Lumber Company, of Columbus, Georgia, totaling \$1,113,000.00 for the construction of Unit No. 2, Station Hospital. This hospital was a self contained unit, located in the Harmony Church Area, approximately six miles southeast of the present hospital. It was a 557 bed unit on the standard 1,000 bed plan. It was ready for occupancy early in February, 1943. It contained the following number and types of buildings:

<u>Item</u>	<u>Type</u>	<u>Plan No.</u>	<u>No. Required</u>
Admin. Bldg	HA-3	800-1417	1
Clinic & Surgery	C-3D	800-1550	1
Clinic, Medical	C-8	800-1564	1
Clinic, EEN&T			
Clinic, Dental	DC-2	700-472	1
Clinic, G. U.	C-7A	700-284	1
Laboratory	LAB-1	800-1556	1
Infirmery	I-2	700-279	1
Ward, Standard	W-1	700-462	13
Ward, Combination	W-2	700-463	3
Ward, Detention	W-8	800-1424	2
Physiotherapy	PY-1	700-438	1
Patients' Recreation	HR-4	800-1480	1
Post Exchange	HPX-4	800-1412	1
Patients' Mess	HM-336G	800-3131	1
Morgue	MO-4	800-1454	1
Storehouse	SH-6	700-461	1
Nurses Qtrs,	HQ-24	700-1240	2
Nurses Qtrs.	HQ-18	700-1240	1
Nurses Mess	HM-106	800-3119	1
Off & Nurses Rec	SCOS-1	800-1120	1
Officers' Qtrs	OQ-A-T	T.O. 700-5505	4
Officers' Mess	M-C-T	T.O. 700-6400	1
Med. Det. Bks.	B-A-T	T.O. 700-5500	8
Lavatory	L-C-T	T.O. 700-6603	1
Lavatory	L-F-T	T.O. 700-6606	1
Lavatory	L-A-T	T.O. 700-6601	2
Supply Office	OB-E-T	T.O. 700-5201	1
Mess Office	OB-D-T	T.O. 700-5201	1
Med. Det. Adm.	OB-E-T	T.O. 700-5201	1
Med. Det. Mess	M.U.T.	T.O. 700-6402	1
Med. Det. Recr.	RB-A-T	T.O. 700-5800	1
Storehouse	SH-A-T	T.O. 700-6003	1
Garage (4-car)	T/O	11.11 24'x68	4
Hospital Shop	T/O	11.4 20'x120'	1
Steam Distribution	As required		1
Boiler House	As required		

The type of construction of Unit No. 2 was better than the construction of the first cantonment hospital. The exteriors of all ward buildings and clinic buildings were covered with asbestos shingles. This improved the appearance of the buildings and reduced the fire hazard, at least from fire from adjacent buildings. It should be stated that in the last eleven wards built in Unit No. 1, the same type of exterior construction was used. The roofs of all wards and clinic buildings in Unit No. 2 were shingled with asbestos strip shingles. All steam lines for the wards ran underneath the wards, thus correcting the serious defect in the first 1415 beds, built in Unit No. 1.

A concrete firebreak through the center of the hospital was built. No such firebreak was included in Unit No. 1. The clinic buildings in Unit No. 2 also had better interior design. In Unit No. 1, the EENT clinic and laboratory were included in one building; in Unit No. 2, each had a separate building and the excessive crowding was eliminated.

Commissioned personnel assigned to duty in the hospital were inadequate throughout the year. The professional service was augmented by officers of numbered hospital units in training. Otherwise, it would have been impossible to have maintained the standard of professional treatment expected and required of the Medical Department. As of December 31, 1942, with approximately 2200 patients in hospital, the officers assigned to duty in the hospital, exclusive of officers under training from numbered units, was as follows:

<u>MC</u>	<u>DC</u>	<u>MAC</u>	<u>SnC</u>
70	9	16	2

Starting with an enlisted strength of 495 on January 1, 1942, the Detachment, Medical Department, passed through various and frequent alterations in strength, gradually increasing, however, until as of January 1, 1943, the strength was 1335. Of this number, 559 were limited service enlisted men. Relatively few of the enlisted men transferred to this Post for duty in the Medical Department received their basic military training before arriving. During the year, 655 enlisted men had to be given this training.

Intensive technical training was also conducted. This training was both didactic and applicatory. A total of twenty-two (22) enlisted men attended courses of instruction at Medical Department technical schools in 1942.

Cadres of varying strength were furnished for 25 Medical Department units. During the year, personnel of the following units received training at the hospital:



21st General Hospital  
24th General Hospital  
53rd General Hospital  
32nd Station Hospital  
708th Medical Sanitary Company  
21st Hospital Train  
23rd Hospital Train  
24th Hospital Train

The basic military training of newly appointed officers at a large and busy Station Hospital presented a difficult problem. The ever present need to place a newly arrived officer in charge of one or more wards to take care of the sick occupied his entire time and prevented the carrying out of any sustained and definite program of basic training. It was unfortunate that all newly appointed officers, without prior military training could not be given a course in basic military training before assignment to a hospital where they must immediately be placed on professional duty. The number of Medical Corps officers assigned to this station had, at all times during the past year, at least in the opinion of the Post Surgeon and the Commanding Officer of the Station Hospital, been below the minimum requirements. There was a heavy turnover of officers. Sixty-two medical officers, seven dental officers, two Sanitary Corps officers, and six medical administrative corps officers had, after varying periods of duty at this station, been transferred away. Replacements were almost invariably officers without previous military experience. Five officers attended the basic course at Carlisle, and five attended courses of instruction at the Army Medical Center. Half of these were transferred to other stations.

Equipment for the expansion of the Station Hospital was adequate. Supplies, as a rule, were promptly received and were of excellent quality. The shortage of certain critical items of medical supply did not in any way lessen the quality of the professional service rendered.

Ambulance transportation was adequate. Truck transportation was frequently inadequate, due to the shortage of trucks available in the Post Motor Pool. All trucks supplied the hospital were dispatched from this central motor pool.

Under the direction of the Assistant Field Director, American Red Cross, a very active welfare, social service and recreation program was carried out. The hospital had a HR-5 type of recreation building. In addition to the Assistant Field Director in charge of Red Cross activities, the staff consisted of six social service workers and five recreation aides. A total of thirty three Red Cross Workers were sent to the Station Hospital for training prior to their assignment to other medical installations or numbered hospital units. The Red Cross personnel assigned to the numbered general and station

hospitals which were in training at this station during the year worked in the hospital recreation building under the direction of the Assistant Field Director. For the enlisted duty personnel, adequate and varied recreational facilities and activities were provided by the Post Recreation Officer.

The professional service of the hospital serving a military population which varied during the year from approximately 45,000 to 85,000, with the additional demands made upon it by the outpatient treatment and emergency hospitalization of the dependents of this military personnel, was an extremely active service. This is most graphically shown in the following table. Some of the figures are a report of information listed earlier; however, they are shown here for comparison.

<u>Year</u>	<u>Total Admissions</u>	<u>Average Daily Admissions</u>	<u>Total Patient Days</u>	<u>Average Daily Census</u>	<u>Total Births</u>	<u>Total Deaths</u>
1938	4,831	13.24	73,365	201	144	33
1939	4,945	13.55	74,127	203	179	30
1940	14,860	40.71	185,375	508	204	49
1941	25,464	69	407,514	1,117	383	40
1942	31,651	86.86	499,619	1,369	721	55

The admissions for December, 1942 were 4,002, approximately 800 less than the total admissions for 1938.

The following table gives the number of patients treated in the various outpatient clinics during four years:

<u>Year</u>	<u>Number of Outpatients</u>	<u>Number of treatments</u>
1939	58,174	119,756
1940	64,692	115,625
1941	65,207	120,238
1942	150,830	227,885

The demands on the professional service were greatly increased by the large number of dependents living on the Post. They had always received dispensary and hospital treatment and continued to expect it. Dependents living off the Post were, as far as possible, given the same service as those living on the Post. Dispensary service was provided in the City of Columbus, as well as on the Post proper, for dependents of military personnel. Emergency medical and surgical cases of dependents were admitted throughout the year. The size of the obstetrical service perhaps illustrates best the demands on medical officers for the care of dependents. As shown above, there were 721

infants born in the Station Hospital during the year 1942. The number of obstetrical cases requesting admission to hospital increased so rapidly during the latter part of the year -- there were 74 admissions in October, 83 in November, 82 in December -- that it became necessary to limit the admissions for delivery to a maximum of sixty in any one month. Facilities and personnel did not permit the proper care of a number in excess of sixty. Prenatal and post natal clinics, and also a large and active gynecological outpatient clinic were also operated. These clinics functioned six days a week.

As another example of the increased demands on medical officers was the problem of reclassification of men considered unfit for general military service. Since the inception of this reclassification procedure, as outlined in W. D. Circular 327, September 27, 1942, the time of three medical officers for a half day, six days a week, was devoted to the examination of men referred to the Board for reclassification. The defects found in some of these men reflected adversely on the character of the examination being conducted by Induction Examining Boards. Many of these men had defects clearly incapacitating them even for limited service. On the other hand, a large number of these cases were the type which readily escaped detection by the Induction Board -- the psychopath and psychoneurotic. The disposition of these cases presented one of the most difficult problems confronting the medical staff. The answer to this problem was not found in 1942; nor is it answered in 1964. Should these men be immediately separated from the service, or should an effort be made to rehabilitate them into limited service wartime assignments? The former procedure would undoubtedly spare the necessity of seeing this type of individual repeatedly at sick call and caring for him on the numerous hospital admissions, even though the soldier was performing only limited duty. The latter procedure of attempting to keep these men in service even though the majority of them could not perform a full day of useful service, could result in establishing a basis for future claims for compensation after the termination of the war. Such was the history of World War I, and the saying that "History repeats itself", proves to be true.

The problem of maintenance and repair in connection with the Station Hospital, particularly the cantonment section of it, was an ever present problem. Since the first of July, 1942, when all repair and maintenance work at the hospital was turned over to the Post Engineer, repair and maintenance had been unsatisfactory from the standpoint of the Commanding Officer of the hospital. Prior to this change, there was at the hospital, a crew of carpenters, plumbers, steam fitters, painters and electricians sufficient for normal upkeep and repairs. Beginning July 1, 1942, the mechanics were either discharged or withdrawn from the hospital and placed in the Post Utilities' shops. To obtain repairs, even of the most minor nature, necessitated either a phone call or sending a memorandum to the Post Engineer. Emergency repairs, such as a stopped up toilet, could not be made with the promptness formerly available since it was necessary for the plumber to come from the Post Engineer's

shops, approximately a mile and a half distant from the hospital.

In spite of the foregoing, a considerable number of projects were accomplished which added to the appearance of the hospital, the comfort of the patients and the improvement of conditions in general. The majority of these projects, however, were accomplished, or the contracts were let and the money obligated prior to the consolidation of maintenance crews. A brief description of these projects follows:

In the HQ-24 Nurses' Quarters, additional bathing and wash room facilities were installed by converting one bed room into a bathroom, with three showers and three additional wash basins.

Ventilating fans were installed in twenty-five of the cantonment wards. Fans were also installed in the cantonment mess halls and in several clinic buildings and in the nurses quarters.

Work on covering approximately one-half of the wards in the cantonment area with chromalin floor began in December. Additional funds were received by the Post Engineer to provide floor covering for twenty more wards.

Additions were built to the two patients' messes in the cantonment construction, increasing cold storage facilities and food storage space. These proved inadequate in the original construction.

The steam plant in the temporary construction was connected with the heating plant in the permanent hospital construction and a stand-by crude oil conversion was added to the cantonment plant. In the event of failure of the natural gas, which had happened in the past, steam for the entire hospital could be provided from the cantonment heating plant by conversion to oil burning. Conversion time was estimated at two hours.

The lack of clearance where the roads in the temporary hospital area passed through the corridors was corrected by elevating the roofs of the corridors and the steam and water lines that were carried in the corridors. A minimum clearance at all of these corridor crossings was fourteen feet.

The automatic sprinkler system was extended to the ten wards built by Murphy Pound Company. These wards had been in use without this protection for approximately one year. The eleven wards built by the Williams Lumber Company in the last expansion were equipped with the automatic sprinkler system at the time of construction. The hospital recreation building was the only remaining building not protected by a sprinkler system. However, estimates were submitted by the Post Engineer on this project and automatic sprinklers were installed early in 1943. The electric alarm system for the cantonment area was not yet completed. The wire lines and alarm boxes were

installed, but completion delayed due to the shortage of essential parts.

A fire station had been completed in the hospital area, and a fire truck and crew are on duty there.

All of the roofs of the wards of the cantonment construction were re-covered during 1942 with asbestos strip shingles. This improved the appearance of the buildings considerably and eliminated leaks in the original roofing. Roofs of all other buildings in the cantonment area, other than wards, were patched by applying strips along the seams of the roofing paper. They still continued to leak from time to time and were not as satisfactory as those buildings which were shingled.

Among the more important improvements made in 1942 to the permanent hospital construction were the following:

The halls and corridors of the three-story main building were tiled to a height of five feet. The main kitchen, mess hall and all diet kitchens in the permanent construction also had tile applied to the walls. The old concrete floor in the main kitchen and mess hall was tiled. The walls of the operating rooms, formerly painted plaster, were tiled to a height of approximately ten feet. An additional large operating room was provided by tiling the walls and floor of a room in the Surgical Section previously used as an obstetrical and gynecological clinic room.

A large Surgical Clinic and dressing room was established on the first floor of the main hospital building in the section originally designed as the hospital Dental Clinic. It proved invaluable in the treatment of accident and emergency cases. The walls of this room were tiled and a terrazo floor installed.

In three of the large wards of the main building, the worn linoleum floor covering was replaced by rubber tile in two of the wards and by linotile in the third.

A forty-foot extension of concrete and hollow tile construction was added to the storeroom of the permanent hospital kitchen. This provided storage space for food supplies.

An extension to the ambulance shed to house the three Metropolitan ambulances, and a forty-foot extension to the hospital paint shop were also completed during the year. Both of these extensions were permanent construction.

Painting of all of the permanent hospital buildings, both inside and outside was completed during the year.

Acoustical tile was installed on the ceilings in the halls, corridors and diet kitchens of the main hospital building and the ceiling of the permanent kitchen and mess hall. The original hospital construction acted more or less as a sounding board. A door slammed in the basement or the first floor could be heard throughout the building. The rattle of dishes in the diet kitchen was extremely annoying to sick patients. The improvement in this condition could not be appreciated by one who was not familiar with the hospital prior to the installation of the acoustic tile.

The Station Hospital served the garrison of Fort Benning whose population ranged from 75,000 to 100,000 in total census during 1943. In addition to the Service Command personnel and the greatly expanded Infantry School, with its many thousands of Officer Candidates and ASTP trainees, the Tenth Armored Division was here until June 1943. In August 1943 the Tenth was replaced by the Seventh Armored Division. It had just finished several months training at the West Coast Desert Training Center. Lawson Field, the Post's Air Field and airborne and paratroop training field was located on the edge of the Post proper, with Airborne Infantry Regiments, Parachute Battalions, and the Parachute School Troops. There were also WAC Companies, the Induction Station, the Army Specialized Training Center for colored, and an Italian Prisoner of War Camp, among other small organizations to add to the total of medical responsibilities.

Unit #2 of the Station Hospital ran throughout most of the year. It was officially opened in February with a sufficient staff and enlisted personnel to prepare the unit for a reception of patients. Having decided that the unit should run as a reconditioning center, it was organized without nurses and with a minimum of professional personnel. No separate records were kept except a continuation of progress notes on patients. The Main Hospital Registrar, Personnel Officer, Adjutant, Mess Officer, Detachment Commander, etc., were represented by assistants and the entire operation was, administratively, an annex. Convalescents, mostly surgical, were received from the Main Hospital by informal transfer. This unit was located in the Harmony Church Area on a beautifully planned and terraced acreage. It received favorable comment from visitors, both from the Office of The Adjutant General and the Office of The Surgeon General. It was also described in some of the largest newspapers in the South. Many personal interest projects were developed. Courts for outdoor games were constructed; a sodded sanitary area was built for instruction purposes; a Victory Garden, a miniature golf course, rose gardens, flower beds, rustic parks, fish ponds, boarded walks, massive park and roadway entrances were made by patients who recovered their health without realizing that their play was therapeutic. An earnest effort was made to gain a definite recognition for this unit as a reconditioning center, to have more patients transferred in from nearby General and Station Hospitals, and to use it to its fullest extent of 557 beds.

None of the patients sent to reconditioning center ever had to return to the hospital because of a complication caused by retraining. Once they were returned to full duty no additional treatment was ever required. The laboratory, served by one officer of the Sanitary Corps, completed 18,887 tests, among which were 7,298 quantitative Kahns, and 2,842 malarial smears (Prisoners of War Camp survey). Its Dental Clinic, with one officer of the Dental Corps, had 1,489 admissions, with 4,352 sittings given. Dental appointments were given a high priority in an effort to put each soldier in Class IV.

Medical commissioned personnel assigned to this Post were greatly inadequate throughout the year. Only by the use of Medical Officers from numbered units undergoing training here was the work accomplished. The allotment for Medical personnel for this Service Command was: MC 89; DC 48; MAC 19; SnC 4. The large Induction Station, the Reception Center, the Medical Inspector's Office, and the many dispensaries on this Post, required personnel which presumably belong in the allotment of a hospital of this size. On duty in these activities were: MC 36; DC 36; MAC 3; SnC 3.

The basic military training of enlisted personnel was augmented by technical training in formal schools and by placing men in the various departments, offices, and clinics as understudies. Cadres were furnished as required, and enlisted men from numbered hospitals and the Seventh Armored Division were placed in all departments for training. The following units participated:

- 225th Station Hospital
- 226th Station Hospital
- 229th Station Hospital
- 24th General Hospital
- 53rd General Hospital
- 135th General Hospital
- 21st Hospital Train
- 23rd Hospital Train
- 24th Hospital Train
- 708th Medical Sanitary Company (1st Platoon)

The enlisted strength of the Detachment Medical Department, as of 1 January 1943, was 1,335, including 559 limited service enlisted men and 182 colored. The Detachment Medical Department was redesignated Medical Detachment, Section I (White) and Medical Detachment, Section II (Colored) on 25 July 1943. On 1 January 1944, the strength of the Medical Detachment, Section I, was 780, of which 581 were formerly called limited service; the strength of the Medical Detachment, Section II, was 249, of which 76 were formerly called limited service. The wide distribution of this personnel is shown by the tabulation below. Only 668 enlisted men were on duty at the hospital. This was slightly more than the number authorized for a 1000 bed hospital.

MEN ON DUTY IN OUTLYING DISPENSARIES, 31 DECEMBER 1943

	<u>White</u>	<u>Colored</u>
Dispensary "A"	28	
ASTP Training Regiment	34	
1st Student Training Regiment	15	
3rd Student Training Regiment	15	
Induction Station	26	
Attending Surgeon, Columbus, Georgia	9	
Aid Station, Columbus, Georgia	3	3
Interment Camp	6	
Aid Station, Dispensary "A"		2
Reception Center		36
Colored Service Club #4		1
Veterinarian Hospital	22	
Station Hospital, Unit No. 2	81	36

DENTAL CLINICS

Dispensary "A"	15	
Sand Hill	9	
Alabama Area	3	
Harmony Church	11	
3rd Student Training Regiment	<u>3</u>	
	280	<u>78</u>

A total of 38 enlisted men attended courses at Medical Department Technical Schools in 1943. Twenty-nine cadres, comprising 586 men, were transferred out in 1943, besides many individuals who were sent out as replacements.

The training for commissioned officers was not formal in military subjects. Clinical staff conferences for the entire staff were held weekly until mid-summer when they were reduced to bi-monthly. The weekly schedule was not resumed, due to the increase of other duties brought about by ever decreasing personnel. In addition, however, both the Surgical and the Medical Service had weekly clinical conferences and weekly staff administrative gatherings and a bi-monthly Journal Club which met at night. Since 15 December 1943, the Medical Service was on duty nightly from 7:00 P.M. until 9:00 P.M.

Civilian personnel has shown a gradual decrease during the past two years.

On 1 January 1942, there were 684 civilians on duty; on 1 January 1943, 493; and on 1 January 1944, 390. This number included those employed at the Post Surgeon's Office, Veterinarian Hospital, and outlying clinics and dispensaries.

Ambulance transportation was adequate, although usually stretched to its fullest capacity. Since the reduction in November 1943 of 20% of all motor vehicles, it was necessary for the 135th General Hospital to assign from one to three ambulances to the Station Hospital. Most of the ambulances were of the field type. Truck transportation remained a problem, as trucks were assigned daily from the Post Motor Pool based upon availability.

Manpower conservation was kept constantly in mind. All new positions, both military and civilian, were closely and carefully scrutinized by the Commander. Patients seeking medical separations were carefully examined to assure that all defects were disabling. Those who could perform limited service were reassigned in accordance with their capabilities. The recommendations in War Department Circular 293, dated 11 November 1943, and SGO Circular Letter 194, dated 3 December 1943 afforded great assistance and backing for medical recommendations.

The Food Service Department of the Station Hospital operated five Hospital Messes and one Detachment Mess during 1943. The latter went on field rations in October 1943. The personnel consisted of 3 Officers, 5 Dieticians, 2 Clerks, 8 Female Mess Attendants, 1 M/Sgt, 1 T/Sgt, 4 S/Sgts, 5 Sgts, 1 Cpl, 110 Cooks and 76 K.P.'s for a total of 215. The total meals served on the garrison ration during the year was 3,249,330, with 141,875 field rations served. Of the above number of garrison rations, 353,748 were special diets. The total expenditure from the Hospital Fund was \$942,522.75.

During 1943, the number of soldiers interviewed by Social Workers was 2,066; number of soldiers filing claims for pensions, 444; number of letters sent out and received regarding above soldiers, 13,297; and number of telegrams sent out and received regarding above soldiers, 4,405. The expanded work of this unit necessitated the building of a small one-story wing. This furnished additional space for six offices. Throughout the year there were many U.S.O. Shows, special talent from the floor shows in Columbus, Georgia, and Phenix City, Alabama, and several well directed and well performed local talent patient shows. The day rooms were considered ample, beautifully furnished and greatly used.

The professional service was very active. The tabulation over the last five years is as follows (Again for comparative purposes some of the figures duplicate previously recorded data):

<u>Year</u>	<u>HOSPITAL PATIENTS</u>					
	<u>Total Admissions</u>	<u>Average Daily Admissions</u>	<u>Total Patient Days</u>	<u>Average Daily Census</u>	<u>Total Births</u>	<u>Total Deaths</u>
1939	4,945	13.55	74,127	203	179	30
1940	14,860	40.71	185,375	508	204	49
1941	25,464	69.	407,514	1,117	383	40
1942	31,651	86.86	499,619	1,369	721	55
1943	36,445	99.85	612,450	1,673	757	92

<u>Year</u>	<u>OUTPATIENTS</u>	
	<u>Number of Outpatients</u>	<u>Number of Treatments</u>
1939	58,174	119,756
1940	64,692	115,625
1941	65,207	120,238
1942	150,830	227,885
1943	319,295	462,180

There were the same outpatient clinics for military dependents as in 1942, and only emergencies were admitted to hospital. The Obstetrical Service continued as last year, civilian nurses and maids were employed and paid for by the patients. The cost was approximately \$3.00 per day, and since the normal delivery was discharged at the end of seven days, \$21.00 was the usual charge for the lying-in period. There were 738 births, including five sets of twins, and nine deaths, six of which were due to prematurity. Other than deliveries, there were 927 operations in the Obstetrical and Gynecological Service. Because of lack of facilities, admissions were held to approximately 60 per month. Many deserving cases were refused admission. There was a crying need for an expansion of this service, and a move was made for such an enlargement of facilities. The Prenatal, Postnatal and Gynecological Clinic was crowded six days per week.

All sections of the Surgical Service functioned at full capacity. The assigned officer strength was inadequate. It was supplemented by officers from numbered units and others on temporary duty. Only then was the work of high standard and adequately performed - total hospital patients, 15,974; operations, 4,614; number of deaths, including eleven still births, 29; and the number of outpatients, 121,404. This service occupied the permanent wards of the hospital, and, in addition, some of the cantonment wards, plus Surgical Clinics.

The Medical Service occupied 45 buildings in the cantonment area, with a total bed capacity of approximately 1,500. Maximum census was 1,092 on 8 February 1943, and minimum census was 524 on 8 August 1943. Only by the aid of attached Medical Officers was this service able to function efficiently. As of 31 December 1943, however, there was a total officer strength on this service of 17, one a temporary duty officer, three were on Neuropsychiatric Service, one Allergist, and a Chief and an Assistant Chief of Service. Since 15 December 1943, this service returned for duty from 7:00 P.M. to 9:00 P.M., each night. Among the cases handled by this service were:

Pneumonia, Lobar	259 cases	4 deaths
Pneumonia, Broncho	135 cases	5 deaths
Atypical Pneumonia	1,109 cases	1 death
Meningococcic Meningitis	48 cases	4 deaths
Malarial Fever	234 cases	0 deaths
(explained by large Prisoner of War Camp)		
Measles	575 cases	0 deaths
Mumps	555 cases	0 deaths
Chickenpox	124 cases	0 deaths
Peptic Ulcer	342 cases (CDD 248)	0 deaths
Psychoneurosis	828 cases (CDD 508)	0 deaths

Among unusual cases are listed:

- Several cases of sickle cell anemia.
- Several cases of spontaneous hemopneumothorax.
- Hammond's syndrome.
- Typhus fever.
- Klippel Feil syndrome.
- Several cases of diabetic coma.
- One case of Fiedlers myocarditis.
- Phlebothrombosis and pulmonary infraction.
- Vaccinia followed by nephritis.
- Mediastinal lymphoma.
- Cushing syndrome.
- Cerebral malaria.
- Typhoid Fever.

The aim throughout all Professional Services was to encourage in the staff: (1) sincere interest in the personal well being of the patient, (2) a scientific approach to our problems, and (3) an expeditious disposition of patients.

The Laboratory Service turned out volumes of work, besides training both officers and enlisted men from the following organizations:

225th Station Hospital  
 24th General Hospital  
 53rd General Hospital  
 135th General Hospital  
 7th Armored Division

Ten young women were employed as civilian Minor Laboratory Helpers and given a three months' course at Hospital Unit No. 2. Nine of these were employed in the laboratory. All distilled water and all 50 cc. vials of sterile triple distilled water used on the Post for antiluetic treatment were prepared in the Laboratory. The Laboratory in the cantonment was badly overcrowded. Laboratory examinations performed during the year:

Main Hospital, Unit No. 1	439,769
Harmony Church Area, Unit No. 2	<u>18,887</u>
	458,656

The X-Ray Department made, in 1943, a total of 174,532 examinations compared to 115,613 examinations during 1942. There were three officers on duty in the department. Some help was received from assigned units. Besides the officer personnel, there were 31 enlisted men, 2 WAGs, 1 civilian x-ray technician, and 7 civilian clerks on duty. They operated the two main laboratories at the Station Hospital, the laboratory at Station Hospital, Unit No. 2, the PhotoRoentgen Unit at Dispensary A, the laboratory at the Induction Station and the laboratory of the Parachute Dispensary. The Phot-Roentgen unit installed last year at Dispensary A was used for routine chest x-rays. The saving during the year, resulting from the operation of this unit, was roughly \$8,000.00 - the approximate cost of the machine. The flourosopic equipment at the Main Hospital was about worn out and steps were taken to replace it.

The Hospital Dental Clinic showed the following summary of work:

Admissions, routine, military	7,932
Admissions, emergency, military	2,675
Sittings given, military	47,242

A separate dental ward was in operation throughout the year. This seemed to be an improvement over the previous method of having these patients scattered.

The Physiotherapy staff consisted of three aides and four Medical Department enlisted men. 1st Lt Dorothy Tipton, P.T.A. was in charge. The following types of treatment were given: Hydrotherapy; Radiant Heat; Diathermy; Galvanic and Faradio Current; and Ultra Violet.

The total work for 1943 was:

	<u>IN</u>	<u>OUT</u>
Patients	2,554	2,527
Treatments	40,126	16,193

The only new construction during the year was a LCT 20 by 32 foot laboratory and a RB-8-T building which was modified to be a 20 by 50 foot dayroom for colored personnel at Unit No. 2. Also, there was the small addition made to the Red Cross building mentioned above.

Painting (one coat) of all the buildings in the cantonment area in the Main Hospital, except the eleven wards of the last construction (Williams Lumber Company), was started.

The light colored chromatin covering in the wards and corridors was difficult to maintain. It was easily and almost indelibly marked by rubber heels and soles and rubber tires on all carts. The boots and shoes worn by paratroopers were the principal offenders.

An automatic sprinkler fire protection system was installed during the year in the Recreation Building of the Main Hospital. The sprinkler and automatic alarm system now covered all wards and hospital buildings in the two units.

Maintenance and repair remained a problem and a source of delay. The necessity of sending memos and letters for consideration and approval for minor repairs and small alterations delayed the work and prolonged the defect, even if the normal channels were open and response was as direct as possible. The Hospital Commander felt that the staff knew its own needs sufficiently well, that nothing would be gained by a review of requests by another branch of the service unfamiliar with the needs. The Commanding Officer of a hospital should be considered capable of the proper expenditure of the necessary emergency materials which could be kept on hand in small quantities.

The integration of maintenance and utilities was prescribed by higher authority. The Post Headquarters and the Post Engineer, like the Medical Department, were handicapped by lack of personnel. Delays in certain requested projects were frequently attributable to the requesting officer failing to differentiate between ordinary maintenance, alteration and new construction. Requests were received in which projects of all three of the above classifications were included. Ordinary or emergency maintenance was sometimes delayed due to shortage of material in the hands of the Post Engineer. Alteration or any new construction was obviously delayed until it could be definitely established as in accordance with current directives concerning non-recurrent projects.

The closing of Hospital Unit #2 early in 1944 contributed to the over all war effort by conserving personnel and the expense of operation. During the time that this unit was in operation, it contributed greatly to the War Effort by returning soldiers to their respective units physically and mentally qualified to take their places in their unit combat team. The unit was ideal in that it was entirely separated from Hospital Unit #1 by a distance of several miles. Soldiers transferred to Unit #2 were thus completely removed from a hospital atmosphere. These soldiers were not considered patients. They trained as companies of soldiers. The routine was that of military discipline, ceremonies, and combat training. Relaxation was assured by group games and opportunities for the pursuit of individual talents and hobbies. Recovery was attained by natural stimuli to muscles and joints incident to active and voluntary use. The esprit de corps of the members of this unit was of the highest. An opportunity was afforded for the correction of all dental defects. Two medical officers conducted the program. The remainder of the staff was composed of Medical Administrative, Sanitary, and Infantry Officers. The Infantry officers were loaned from The Infantry School. Once weekly the soldiers undergoing training were checked by medical officers from the Orthopedic and Medical Services of Hospital Unit #1. The military training, training films, the use and care of the individual weapon as given by Infantry officers fully conversant with their branch, were the backbone of the success of the Unit. The evolution and progress of the Unit showed the soundness of the basic principles of entirely separating soldiers from a hospital environment, of handling these soldiers as soldiers and not as patients, of filling the entire day with a program aimed at returning each individual to his unit physically and mentally qualified to do his full share. All this was accomplished. The physical structures of the Unit remained. The only requirement would be the personnel necessary to staff the unit if the war effort so indicated.

The Hospital Staff by cooperation and diligent effort, met and successfully solved the demands for ever increasing medical care. This increase is indicated by the greater number of total admissions, average daily admissions, total patient days, average daily census, total outpatient visits, total births and total deaths for 1943 as compared to 1942 and previous years.

Full, wholehearted and prompt cooperation was given by Colonel Sanford French, M.C., Director Medical Branch, Fourth Service Command, Atlanta, Georgia. Brigadier General William L. Sheep, M.C., cooperated fully in providing the necessary bed space for the transfer of cases requiring General Hospital treatment. The sympathetic cooperation of the Commanding Officer of Fort Benning, and his Headquarters Staff, aided materially in the smooth, successful and efficient operation of the Hospital during these critical years.

As soon as the war was over, demobilization began. The heavy workloads previously experienced at the induction stations were now transferred to the

separation points. The separation physicals were given in a temporary building complex to the rear of Dispensary "A". Only those who required extensive hospitalization turned themselves in on sick call. The overseas sick and wounded were processed out of the service with medical disability as rapidly as possible, then, the return to the routine of peacetime medical service.

The US Army Hospital, after the closure of Lawson General Hospital and other similar facilities, was the major Army Medical Facility in the Army Area. Unusual cases, beyond the capability of the smaller area hospital, were evacuated to Fort Benning. Likewise, cases requiring specialized care or equipment not available at this Station Hospital were transferred to the General Hospitals. Air evacuation of patients which had proven itself so well in World War II was used almost exclusively.

This was also the period when medical officers who had trained under the ASTP (Army Specialized Training Program) were finishing their pay back time. This resulted in a large turn-over of professional personnel.

From 1947 until 1950 the post strength averaged slightly over 14,000 troops. The year 1948 is relatively characteristic of this period. There were 8240 admissions, an average daily census of 264, 1044 births, and 89 deaths. A total of 101,531 outpatients were treated. Five mules were also treated at the Veterinary Hospital resulting in 285 days lost.

Remodeling and redesigning the main and cantonment hospitals was a continual task. Unfortunately, the greater need was resolved and usually on a piecemeal basis without considering the entire plant. Brigadier General Robert B Hill, the Surgeon in 1948 believed that a medical center should be developed and built at Fort Benning. This was discussed with the Commanding General and was presented to the Post Planning Board. The personal interest of General Hill probably instigated the formal planning for a new hospital.

## THE KOREAN WAR

Just five short years after the end of World War II, the Korean conflict called for another expansion. The Surgeon General authorized an increase to 3,000 beds. The Harmony Church Unit #2 which had been inactive gave the hospital this capacity but there was never a requirement for this number of beds.

With a mean military strength of 36,509 there was an average daily admission rate of 67 and a total of 24,410 hospital admissions. During 1951 the average period of hospitalization per individual was slightly less than 12 days and the average daily census was 789. As compared with the Calendar Year 1950, the military strength of Fort Benning was about doubled in 1951 but the percentage incidence of certain type diseases was almost identical with that of the previous year.

There were 1672 births (including 24 stillbirths) and 107 deaths, 19 of which were recorded as dead on arrival.

During the year a total of 303,338 outpatients were seen and these patients received 395,717 treatments. In addition, a total of 306,157 immunizations were administered.

In the late summer, the U. S. Army Hospital was designated a research center for the purpose of using new type drugs in the treatment of malaria. This project started on 25 July 1951 and continued into 1952. There were three schedules of treatment for malaria used in this project, the first of which consisted of chloroquine alone in a dose of  $2\frac{1}{2}$  grams over a period of three days; the second consisted of chloroquine in the same dosage, plus plasmachin, 9 mgm, three times a day for 14 days; the third treatment consisted of the same amount of chloroquine, plus primaquine, 15 mgm, once a day for 14 days. After treatment each patient was followed for six months, with malaria smears taken every six weeks. The findings showed that none of the above treatments caused any toxicity. Approximately 130 patients were treated with chloroquine alone and of these, 23 had relapses on one or more occasions and were re-treated with the same treatment. Of approximately 270 patients treated with the other two schedules, there were no cases of any relapses.

The number of personnel assigned during the year always exceeded the number authorized by the T/D. This was especially true at the beginning of the year, however, the authorized T/D gradually approached a more desirable allocation, even though the authorized strength as of 31 December 1951 was still inadequate, especially in officers. Since the assigned hospital

strength always exceeding the authorized strength, it was difficult to maintain a numerically sufficient staff to retain efficiency in each activity. With the system of bulk authorizations and "automatic requisitioning", it was impossible to obtain key specialists as long as the assigned strength exceeded that authorized. To clarify this an example is shown: The laboratory performed 481,629 clinical procedures during 1951. A considerable number of trained specialists were required to accomplish this volume of work. Overseas levies and other losses continually drained the hospital of laboratory personnel. It was impossible to get replacements because the automatic requisitioning system, as stated above, did not permit requisitioning of personnel until the assigned strength drops below that authorized.

The Surgeon, as Commanding Officer of the Provisional Medical Group, and also of the Hospital, was responsible for the training of all separate Medical and Dental units at this station. This was not in the capacity of the Surgeon as a staff officer but was a direct command responsibility. In addition to the Hospital and Dental Detachments (TD Units), 14 General Reserve Medical Units were trained under the ATP Program, five of these units were trained and sent to Exercise Southern Pine; eight of these units were activated or reorganized at this station during 1951 and five were processed and shipped overseas. In addition there were two ROTC Camps (Medical and Dental Service) during the summer for which the Surgeon had full responsibility in activation, administration, training and deactivation. All training was conducted in accordance with current DA, OCAFF, Hq Third Army and Hq TIC directives. Considerable on-the-job training for personnel of General Reserve Medical Units was conducted at the hospital. The presence of these personnel aided in alleviating the shortage of personnel.

A program of rehabilitation of the U. S. Army Hospital was carried out during the 1951 Calendar Year. The Hospital Cantonment Area was rehabilitated. The cost of this rehabilitation was slightly in excess of \$152,000. This rehabilitation included modernization of the Outpatient Department, expansion of the OB Service, air conditioning of four wards and three clinics, installing kitchen equipment and other modern conveniences in all of the wards, expanding and modernizing the Physical Examination Center and EENT Clinic and painting the interior of all wards and corridors. Exterior painting was also done.

The permanent buildings of the hospital were rehabilitated at a cost of \$248,582. The major improvements consisted of installing floor coverings, fluorescent lights, interior painting of most wards and administrative offices. The X-ray facilities and some diet kitchens were rearranged or relocated and additional storage facilities and an office added in the operating room area. An Orthopedic Brace Shop was opened and completely equipped. Construction was started on additional parking areas to accommodate

approximately 220 cars. These parking areas were finished except for paving which was completed later.

Five unnumbered buildings were removed from the hospital area and the hospital grounds improved. The latter consisted mainly of a vigorous program towards establishing better lawns and flower beds.

Advanced planning for a new hospital was completed. These plans were submitted through channels to the DA for such consideration as may be warranted.

At the early part of the year there were 11 military dispensaries in operation. More efficient use of locations and better concentration of troops reduced this number to six by December 1st. These six dispensaries were able to furnish adequate outpatient service to all field and station units. Due to the shortage of Medical Officers and enlisted personnel, every effort was made to operate these dispensaries with personnel from General Reserve Units and by using medical personnel assigned to line units. This system was beneficial, not only in alleviating the shortage of personnel assigned to the Surgeon for this purpose, but in affording General Reserve Medical personnel an opportunity to obtain on-the-job training for their mission in the field.

The work load in The Physical Examination Section was heavy during the year and the biggest problem encountered was the fluctuation of the load. This resulted in certain periods of virtual inactivity and, at other times, a concentration of work required sudden expansion in the number of personnel assigned or a delegation of the work to be absorbed in other hospital departments. A total of 33,922 physicals were given in this section during the Calendar Year 1951, of which 6,244 were pre-induction physicals and of this number 11.579% were disqualifications for induction.

A Blood Donor Center at this station was activated on 24 September 1951 and a complete ward building in the cantonment area was used for this activity. The initial quota was 600 pints per week but on 6 November 1951 this was reduced to 240 pints. With few exceptions this quota was met. In the beginning there were considerable rejections because the donors were not properly screened before coming to the Center. The greatest problem was proper feeding of the donors before reporting to the center.

In addition to furnishing blood for plasma processing, the center furnished whole blood for use by the blood bank of the hospital. It used approximately 25 pints a week. It was estimated that the cost of furnishing one pint of blood was slightly over \$1.50. This did not include salaries of personnel connected with this work, but included costs as follows: Bottle - 50¢; taking set - 41¢; transportation - 51¢; ice - 2¢; and feeding of donor - 14¢.

The Visiting and Public Health Nursing Service began at this station in May 1949 and gradually increased in scope. There were two civilian registered nurses employed and their salaries were paid from Army Community Chest Funds. This Visiting Nurse Service played an important part in maintaining follow up of pediatrics and newborn infants. Classes were conducted each Monday for new prenatal patients. On Wednesday a Well Baby Clinic was operated in the Dependents' Dispensary. Cases where the child did not require hospitalization but needed medical attention were visited in the home. These nurses also had liaison with the Muscogee County Crippled Children's Clinic and the Speech Clinic and accompanied patients who required the services of these clinics. They also assisted the Preventive Medicine Officer in the control of communicable diseases by instruction in quarantine measures, etc. The primary purpose of this service was to aid dependents of Army personnel in the three lower grades.

Medical service for dependents and other non-military personnel was available in two outpatient dispensaries, Dispensary A-9 located in the Main Post Area and Columbus Dispensary located in the Martin Building. Medical care of dependents was the largest and busiest activities at this post. It was estimated that upwards of 50,000 dependents reside in the area. It was not surprising that about 200 patients were seen every day in these two dispensaries. It was necessary to increase the number of doctors on duty after normal duty hours in an attempt to cope with this load. Dispensary A-9 was open at all times. There were never less than three doctors on duty at any time. It was difficult to maintain a staff large enough to accommodate all these patients, especially Medical Officers. The number of Medical Officers assigned varied from a low of three to a high of seven. It was estimated that ten Medical Officers would be required to furnish adequate outpatient service. To illustrate the volume of work performed by these two dispensaries, a few statistics are shown as follows: Total visits - 70,396; total number of treatments given - 91,305; in addition, there were 17,502 immunizations administered and 65,088 prescriptions filled. The above figures do not include patients referred to other clinics for more specialized treatment.

The inpatient load was correspondingly heavy and seven wards of the hospital were devoted entirely to dependent medical care and on occasion other wards were utilized. Retired personnel, veterans and male dependents were often placed on wards designated for military patients. The clinics in the hospital devoted a large portion of their time to dependent work. At least 50% of the time involved in furnishing medical service was occupied with dependent care.

The Laboratory Service experienced its busiest year since World War II. 481,629 laboratory procedures were performed. This was in addition to the work accomplished in the tissue pathology service, which included 97 autopsies, 1,020 surgical specimens and 950 surgical microscopic examinations.

Approximately 400 specimens were sent to the Third Army Medical Laboratory during a period when no Pathologist was assigned to the hospital.

The Provisional Medical Group continued as a major command with the mission of command and administration of all separate General Reserve Medical Units at Fort Benning. At the time of its organization on 1 Feb 49, it consisted of the hospital and four General Reserve Units, which had completed training and were supporting The Infantry School or receiving on-the-job training in the hospital. The mission of the Provisional Medical Group, as noted from the organization order, was "to effect the maximum utilization of Medical Department personnel assigned and attached to The Infantry Center." Since that time, both the hospital and the Provisional Medical Group have more than tripled in size and received added missions. The T/D contained no authorization for personnel to operate the Headquarters, Provisional Medical Group. In order to maintain an operating headquarters, personnel of the hospital continued in a dual function. Since the hospital itself had expanded to a point where its census remains continually at around 1,000 patients and added missions (disability retirements, patient evacuees from overseas and other stations, increase in number of patients assigned to the Medical Holding Detachment, designation as a Specialized Treatment Center, etc.) increased the administrative work load, it became increasingly difficult for these personnel to devote the time required to administer the General Reserve Units. It was necessary to place several of the hospital officers on DS with certain of these units to compensate for the shortage, or even complete absence, of assigned officers. An average of three officers were absent from the hospital during the entire year. Two other hospital officers were assigned to training and operational activities of the TO&E units. A revision of the operational functions of the Surgeon's activities was indicated. Considerable thought was given by the Surgeon to this problem and recommendations for changes in organization, as far as personnel were concerned, were submitted.

At the beginning of 1952 all of the Surgeon's activities were consolidated under one major headquarters, known as the Provisional Medical Group. This headquarters controlled operations and administered the hospital, Dental Detachment, TIC, all separate medical and dental TO & E units and other medical functions. The Surgeon commanded the Provisional Medical Group.

When SR 40-610-5 was received and reorganization of the hospital in accordance with its provisions was initiated, it became evident that continued operations under one central headquarters would entail many difficulties. The deletion of the Adjutant in the hospital (except in name only, for the purpose of authenticating hospital special orders) and the fact that a staff of S-1, S-2, S-3 and S-4 could no longer adequately serve all operations, resulted in the decision to reorganize the entire medical complement.

General Orders 29, Headquarters The Infantry Center, 7 May 1952, established two separate major medical commands; the Provisional Medical Group was given the mission of command and administration of the T O & E units and the U. S. Army Hospital designated to operate all station type medical facilities. The T/D medical and dental units were attached to the hospital for command and administration. The Surgeon retained command of both major units. The Headquarters, Provisional Medical Group, was initially operated by the Headquarters & Headquarters Detachment, 64th Medical Group. After it departed this station the Headquarter & Headquarters Detachment, 54th Medical Battalion took over these functions.

The health of the command was satisfactory in 1952, with some improvement shown from the previous calendar year. The usual seasonal upper respiratory infections, associated with the early winter months did not develop at this station until after the end of the year. The long drouth, which extended through the end of November, and the unusually mild weather during the early part of winter undoubtedly were the major factors in preventing an outbreak of these infections. A table of statistics for 1951 and 1952 are shown for comparison purposes.

<u>Type of Data</u>	<u>1951</u>	<u>1952</u>
Average Fort Benning Strength	36,509	35,495
Total Hospital Admissions	24,410	15,952
Average Daily Admissions	67	44
Average Daily Census	789	884
Births (including stillbirths)	1,672	2,412
Deaths (including DOA)	107	77
Outpatient Treatments	395,717	400,614
Outpatient Visits	303,338	330,587
Immunizations	306,157	170,274
Pneumonia	165	117
Meningitis	7	6
Measles (all types)	403	131
Mumps	87	73
Bronchopneumonia	66	35
Poliomyelitis	20	12
Mental Disturbances	1,199	306

The average military strength for the two years was the same; the slight drop in 1952 was due to a large number of separations during the last two months of the year. The above table shows that in 1952 there were far fewer admissions to the hospital, an increase in outpatient operations and an increase in the average daily census of inpatients. The increase in the census was due to two major factors; first, there was more long-term patients (to be specific, 792) transferred to this hospital and fewer transferred out (382).

In 1951 the hospital received 644 patients from other stations in the U. S. and transferred 468 to other hospitals. This was a gain of 234 patients, practically all of which were long-term cases. The above figure did not include battle casualties. The second major factor was the increase in disability retirements; in 1951 this hospital processed 322 PEB cases as compared to 480 in 1952. These patients were carried on the census even though not actually occupying hospital beds.

The decrease in admissions was a direct result of a vigorous program in the outpatient activities. This program was designed to eliminate, whenever possible, hospitalization for conditions which could be treated on an outpatient basis. Many expedients were employed to effect this program - walking casts for minor leg injuries, written instructions to patients for home treatment with planned follow-up procedures, and more definitive work in dispensaries were but a few measures which were adopted. The assistance of unit commanders lent the greatest impetus to this policy. A great deal of credit is due these officers for their interest and cooperation in utilizing soldiers with minor injuries or ailments in the unit according to recommendations of medical officers.

The malaria research program was continued and the initial conclusions received additional confirmation. The Laboratory initiated a number of special studies during the year in support of research being done in various sections of the hospital. In the August, 1952, issue of the American Journal of Obstetrics and Gynecology an article written by three officers of this hospital was presented. The article was titled "Evaluation of Antihuman Globulin Serum in the Hemolytic Disease of the Newborn." The magazine "Obstetrics and Gynecology Survey" for the month of December 1952 made reference to research being done at this hospital in hematoimmunological studies. The Parasitology section of the Laboratory was instrumental in the detection of several cases of Chinese Liver Fluke (*Clonorchis sinensis*) existing among the Korean soldiers attached to Fort Benning for training. The presence of these Koreans constituted a hazard in the form of possible transmission of non-ondemio parasitic infections to the indigenous population.

The Orthopedic Service was faced with a large number of recurrent shoulder dislocations. Many of these were treated by surgery, utilizing anterior bone blocks in addition to the usual Bankhard repair of the capsule. Records of these cases were kept for future review and follow-up.

On the whole the personnel available were well adapted to the duty requirements. There were a few instances, in specialized fields, where personnel were not entirely adequate; however this was due to shortage rather than unsuitability. The loss, by levy and separation, of trained laboratory, pharmacy, X-ray, Veterinary and dental technicians was not always alleviated by skilled replacements.

At the beginning of 1952 the personnel assigned were adequate in number and well-trained, and instruction given consisted primarily of on-the-job training. In March a Student Detachment was activated for the purpose of conducting an 8 week didactic training course for technicians enrolled to the Advanced Technicians Course, MFSS, Fort Sam Houston, Texas. These students were attached for training and on completion of the course were formally graduated and assigned to various stations throughout the country. A full time instructor nurse was assigned to conduct the training.

As levies began to drain the experienced technicians, and replacements had little or no medical training, a 4 week course in basic medical subjects and ward nursing care was established. One Hundred Thirty Seven enlisted men took the 4 week training and 105 advanced students from MFSS were graduated. Pharmacists, veterinary technicians, laboratory technicians, etc. were lost and few replacements received. Efforts to meet this situation by sending men to school met with little success because few men possessed the entrance qualifications.

On-the-job training for T O & E unit personnel was an intensive program. Towards the end of the year medical field units were so under strength that it was impossible to conduct suitable unit training. At the time the Provisional Medical Group was reorganized (May 1952) it consisted of the following units, all of which were adequately staffed and trained.

Headquarters & Headquarters Detachment, 64th Medical Group  
 Headquarters & Headquarters Detachment, 54th Medical Battalion  
 24th Evacuation Hospital (SMBL)  
 50th Medical Clearing Company  
 279th Medical Detachment  
 280th Medical Detachment  
 465th Medical Service Detachment  
 518th Armored Medical Company  
 541st Medical Ambulance Company  
 551st Medical Ambulance Company  
 913th Medical Ambulance Company  
 932nd Medical Clearing Company

As of 31 December 1952 the group consisted of the following units, with strengths as shown.

Unit	Auth strength		Actual strength	
	O & WO	EM	O & WO	EM
Hq & Hq Det, 54th Med Bn	6	21	7	18
24th Evacuation Hospital	16	180	8	132
50th Medical Company (Clearing)(Sep)	7	89	4	70
551st Medical Ambulance Company	4	65	7	67
913th Medical Ambulance Company	4	84	3	53
932nd Medical Company(Clearing)Sep)	9	117	2	78

Most of the enlisted men were separated from the Army by 31 March 1953. In addition to shortage, there was another very important factor which influenced the training of these units. Almost all replacements received were men with but a few months service remaining; men who had recently returned from service in FECOM. These men, as one unit commander expressed it, "showed a passive resistance to field training after their overseas experience." It was recommended that such men not be assigned to training units but should be permitted to complete their Army service in operating facilities, such as hospitals and dispensaries. Another disruptive factor was the lack of trained non-commissioned officers. For example, the Sergeant Major of the 24th Evacuation Hospital was a relatively inexperienced Corporal while the Personnel Sergeant Major of the Provisional Medical Group was a Private First Class.

Two Medical and Dental ROTC camps were operated during the months of July, August and September. These were conducted in accordance with training instructions received from higher authority. It was recommended that the desires of the students for a greater percentage of clinical clerkship be considered when future training programs are developed.

No foreign nationalists received medical training at this station during 1952, although one British Medical Officer was assigned, on an exchange basis, during the first half of the year.

Rehabilitation of buildings consisted of the following:

- a. Six cantonment area Nurses Quarters rehabilitated at a cost of \$60,000.00.
- b. One cantonment obstetrical ward altered to include two additional nurseries.
- c. Major repairs to floors and counters of one cantonment patients mess.
- d. The EENT Clinic received alterations to accommodate an additional optometrist.
- e. Flood lights installed around Nurses Quarters for security of occupants.
- f. Air conditioning systems in 2 cantonment out-patient facilities converted to optional use - hot or cold.
- g. All corridors and ramps in the hospital cantonment area were repainted.

- h. Construction of a fire-resistant vault in a cantonment warehouse building.
- i. Mechanical ventilation installed in all temporary buildings.
- j. Temporary troop barracks received major floor repairs and other rehabilitation to place buildings in first-class condition. Permanent barracks housing T/O & E medical units received extensive plumbing and latrine rehabilitation.

The last Army mule was retired. At the beginning of the year, 3 public animals were on hand, two of which were condemned and destroyed and the third, as mentioned, was officially retired with considerable publicity in local newspapers.

During the year, six area dispensaries were operated. A seventh was opened during the ROTC encampment. Four of the permanent dispensaries were repainted during the year and oxychlorate flooring was installed in one dispensary in the main post area.

The weekly quota of 240 pints of blood collected was met throughout the year, although an average of but 226 pints per week were shipped to the plasma processing facility, Sharpe and Dohme Company, Inc, West Point, Pa. Approximately 25 pints of blood each week were collected for hospital use. The percentage of rejections was surprisingly low (about 10%) and of these a number wanted to donate blood after too short a period since their previous donation.

The two dependent dispensaries exceeded the amount of work performed in 1951. A total of 119,282 outpatient visits were made as compared to 70,396 in 1951. This increased work-load was correspondingly felt in other hospital departments. Of the total admissions, about 45% were civilians and since the first of September more dependents were admitted than soldiers. About 20% of the hospital staff was devoted full-time to dependent care and others contributed a good portion of their efforts to this end. It is for this reason that the recommended allocation of medical officers and nurses was greater than that authorized.

The Laboratory expanded its services and at the same time considerable research activity was initiated. The volume of work is shown, again in comparison with that of 1951.

	<u>1951</u>	<u>1952</u>
Clinical Procedures	481,629	674,427
Surgical Specimen	1,020	1,834
Microscopic Examinations	950	1,713
Autopsies	97	92

It was difficult to accurately evaluate or to determine the degree of increased hospital efficiency since revision under the provisions of SR 40-610-5. The physical layout of the plant was not conducive to any particular centralization of activities. In order to obtain maximum benefits, as anticipated by the reorganization, it was believed that areas of administrative operations should be as concentrated as was physically possible. There were no particular difficulties encountered in the transition to the new organization; the most obvious adjustments required were concerned with the deletions of the Special authority was granted by the Surgeon General to establish a separate Orthopedic Service. This was a great help, since it prevented the overburdening of the Surgical Service with the care and administration of 70% of the patient load. In general, the Surgical, Orthopedic and Medical Services operated at about the same level in number of patients and volume of work during the year.

After the close of the Korean War, the hospital remained the major medical installation in Third Army Area. Most of the medical and surgical specialities were available. Because of this and the excessive costs of maintaining the cantonment buildings, the planners devoted more and more time toward establishing a new hospital plant.

On 11 September 1956 the hospital was fully accredited by the Joint Commission on Hospital Accreditation. Considering that the operation was in cantonment buildings which were at least 15 years old and in permanent buildings at least 28 years old, this was a great accomplishment. The hospital has remained accredited since the original evaluation.

## MARTIN ARMY HOSPITAL

Another plateau in the constant development and expansion of the hospital was reached in July 1955 when ground was broken for the construction of a standard 500 bed hospital. The site selected for construction was Houston Hill about four miles from the main post. Lt Col Samuel C. Allison was the Medical Project Officer. He retired from the service prior to the completion of the construction, but he was retained on the job as a civilian employee. Many modifications were made in the original plans to incorporate the very latest medical equipment into the plant. Since the Fort Benning hospital was the third Class I hospital to be started under the same plan, many of the same modifications had already been approved at the other sites. This materially helped the construction.

The policy had already been established to name the new hospitals in honor of deceased officers of the Army Medical Service whose contributions to the service were of a distinct character. AR 40-600 contained the details. The names considered at Fort Benning were,

Brig General William R Dear, MC who had commanded the Fort Benning Hospital from 1938 to 1940,  
Colonel James W Duckworth, MC who was Chief of OB-Gyn at Fort Benning from 1936 to 1938. He was also in the Bataan Death March,  
Major General Joseph I Martin, MC,  
and Major General Leonard Wood, who helped organize the "Rough Riders" and was awarded the Congressional Medal of Honor for his service against Geronimo in the Apache Wars.

The name selected was Martin Army Hospital. General Martin had graduated from the Infantry School Advanced Course in 1928. He was closely associated with the field medical service which supports the infantry during most of his career.

In the spring of 1958, construction of the new hospital was completed. Painting had been completed and all the equipment furnished by the contractor installed to include all type fixtures. Elevators, heating and air conditioning units were completed, streets and parking lots completed and initial basic landscaping finished. The hospital, one of several new hospitals being constructed throughout the Army, is a 500 bed hospital on a 1,000 bed chassis. The ground had been broken for construction on 15 July 1955, and the

completed building accepted by the Government from the Contractors on 8 April 1958. The final cost of construction was \$6,380,891.

Landscaping of the hospital was started in January and completed in March. The Symmes Nursery of Atlanta had the contract for \$10,890.50.

The style of architecture is contemporary. It is constructed of concrete and reinforced steel. The outside surface is waterproofed but not painted. The building is 163 feet high measured from the ground level. Concrete building blocks were used for all fill-ins for the outside walls. The exterior window frames are made from treated pine and the window panes are double for insulating purposes.

The building has five wings that are, in fact, five separate buildings joined together. They are designated "A", "B", "C", "D", and "E" wings. The "C" wing is the main stem of the building. It houses the elevator hoistways, service shaft, and elevator machine rooms. The 40,000 gallon water tank is on the 10th floor of this wing.

The floors are of asphalt tile in the wards, clinics, corridors, and administrative areas. Bath and utility floors are of ceramic tile. Floors in the kitchen areas are of Quarry (non-skid) tile. In the operating pavilion area and obstetrical delivery area, the floors consist of ceramic tile (static-proof).

The doors, counters, moulding, handrails, booths, and other interior trim, are made from natural birch.

Metal shelving, lockers, mop and broom racks are standard for all wards, janitorial areas, food service and supply division. Stainless steel cabinets are in clinics, operating rooms, and treatment rooms.

In general, the hospital building is completely air conditioned. The units providing this air conditioning total 1108 tons. This is accomplished by a Carrier Air Conditioning System consisting of five hundred fourteen Carrier 36 K Weathermaster Units served by a high pressure air distribution system. The refrigeration machines, each to chill 1035 GPM of water from 54.9 degrees Fahrenheit to 44 degrees Fahrenheit when supplied with 1410 GPM of condensing water entering at 85 degrees Fahrenheit and leaving at 90.7 degrees Fahrenheit. Secondary water is distributed through one side of the three way control valve, secondary water pumps, converter and the coils of the Weathermaster Units. Another complete system of piping provides the distribution of steam to the preheat and reheat coils of the primary air apparatus and to the secondary water heat converters. A system of electric, pneumatic and manual

controls provide the temperature and humidity control in the various systems of the building. Each unit is equipped with an economizer which partially cools the condensed refrigerant before passing it on to the evaporator. The cooling of the refrigerant liquid is effected by its partial evaporation. The vapor thus formed is passed to the second stage of the compressor.

Approximately 75 percent of the ceiling within the hospital consists of accoustical tile. The specialty clinics and emergency room do not have accoustical tile. The gross working area, including walls and partitions, is 318,429 square feet.

The normal bed capacity is 500, however, it can be expanded to 1000 beds by construction of two additional 250 bed wings. Supporting services such as X-Ray, Laboratory, Central Materiel, Surgery, Pharmacy, Food Service Division, and Administrative Areas are supposed to be adequate to accomodate the expansion to 1000 beds. However, this is only true of the following:

Surgery  
Central Materiel  
Food Service Division  
Administrative Areas

The X-Ray Clinic is barely adequate for 500 beds and the Laboratory Service and Pharmacy are very cramped for space at the present time. To alleviate the crowded conditions in the Pharmacy, three storage areas were allotted elsewhere in the Hospital and every possible space is utilized in the Pharmacy proper by providing additional shelving and keeping slow moving items in these storerooms. The Laboratory was given storage space elsewhere and considerable adjustment of space utilization has been necessary. Any expansion of the Hospital will necessitate a sub-laboratory section somewhere in the new addition.

There are parking facilities for 803 vehicles.

The water and electric supply system are tied in to the Main Post system with Kelly Hill as an alternate. Should both systems fail, the 40,000 gallon water tank on top of the roof will last for three days if rationed, and emergency power can be secured from the 175 KW generator. The 40,000 water tank weighs 160 tons.

The heating system is basically operated on natural gas. Should a gas shortage occur, there is available three 9,000 gallon underground tanks of fuel oil in reserve which will last approximately three weeks.

There are four self-operated passenger elevators and one service elevator. The elevators were installed by the General Electric Company at a cost of \$267,739.

All the drinking fountains have chilled water.

There are 22 outlets for colored television sets. At present, there are a total of 50 television sets; 20 color, 20 black and white, and 10 portable sets. In FY 1960 program, there were plans for procuring 75 more black and white sets which will make a total of 125 sets that will be available.

The hospital has its own radio station which allows patients to listen to incoming radio broadcasts as well as local live programs. There are 611 radio outlets and 10 loud speakers.

There are three inter-communication systems; one serving the Chiefs of Departments, Services, and Divisions; one serving the Outpatient Clinics; and one serving the Food Service Division.

A pneumatic tube system is installed for carrying messages, correspondence, and items of a similar nature between the various activities of the hospital. Briefly, the system is composed of 43 tube lines which carry transitube carriers between a like number of tube stations. The carrier travels at 25 feet per second and operates by sensitivity to an electric eye. By setting a combination of numbers, material can be sent directly to any one of the stations. There are five miles of tubing within the system.

A central typing pool system was installed, consisting of 37 dictation stations on a thirty circuit system terminating in a control room. The control room contains eleven recording devices and nine secretarial units for transcription purposes. The supervisor monitors and relays dictation traffic by means of a master control switchboard.

There are two portable electric static meters to record static electricity of personnel plus a permanently installed static meter in Surgery, Delivery Room area, and the Emergency Room area.

The large, medium and small sterilizers in Central Materiel are fully automatic. A record is automatically recorded during the processing, indicating the temperature reached and length of time involved. This record can be checked to insure that proper sterilization was effected.

Central Materiel has an Ultrasonic Instrument Cleaner for surgical instruments, hypodermic syringes and suture needles, and related surgical equipment.

It operates by a generator and cleans the instruments by means of ultra sound waves passing through the cleaner solution. The equipment is being tested and evaluated in terms of improved techniques, cleaner instruments, and savings in labor and time.

The building is basically equipped for use of Radio Active Isotopes and for deep therapy. However, in 1958, only superficial therapy equipment was being utilized. A fluoroscopic Image Intensifier is available which will reduce the amount of radiation in studies of the stomach and chest.

An electro-encephalograph unit for recording brain waves is available. The unit is an eight channel encephalograph located in an isolated area to protect the equipment and recordings from other high frequency equipment.

Each major operating room, delivery room and the laboratory has an elapsed electric timer system which starts and stops by operation of a switch similar to a stop watch.

Oxygen supply is piped to 147 outlets from a central supply location, eliminating the need for individual oxygen tanks. A like number of suction outlets are available.

A doctor's silent numerical paging system is installed at 45 locations throughout the hospital. When this audio paging system had been in full operation for one month, experience showed that less than fifty per-cent of persons paged actually saw and answered their call. For the small percentage of successful pagings, it is necessary to flash the numbers for long periods and the small success obtained is usually the result of some nurse or ward attendant remembering the doctors number and then contacting him and telling him that he is being paged. As the doctors became more familiar with the paging system, a great percentage of successful paging was noted.

A nurse call audio system was installed throughout each nursing unit which enables the nurse to communicate with the patient at bedside from the nurses' station centrally located on the ward. The call system operates by means of a signal light. The nurse can contact each patient individually, two way conversation; or speak to all patients as a group.

In the Pediatric Ward, there are complete facilities including bathroom, drinking fountains and furniture adaptable to children.

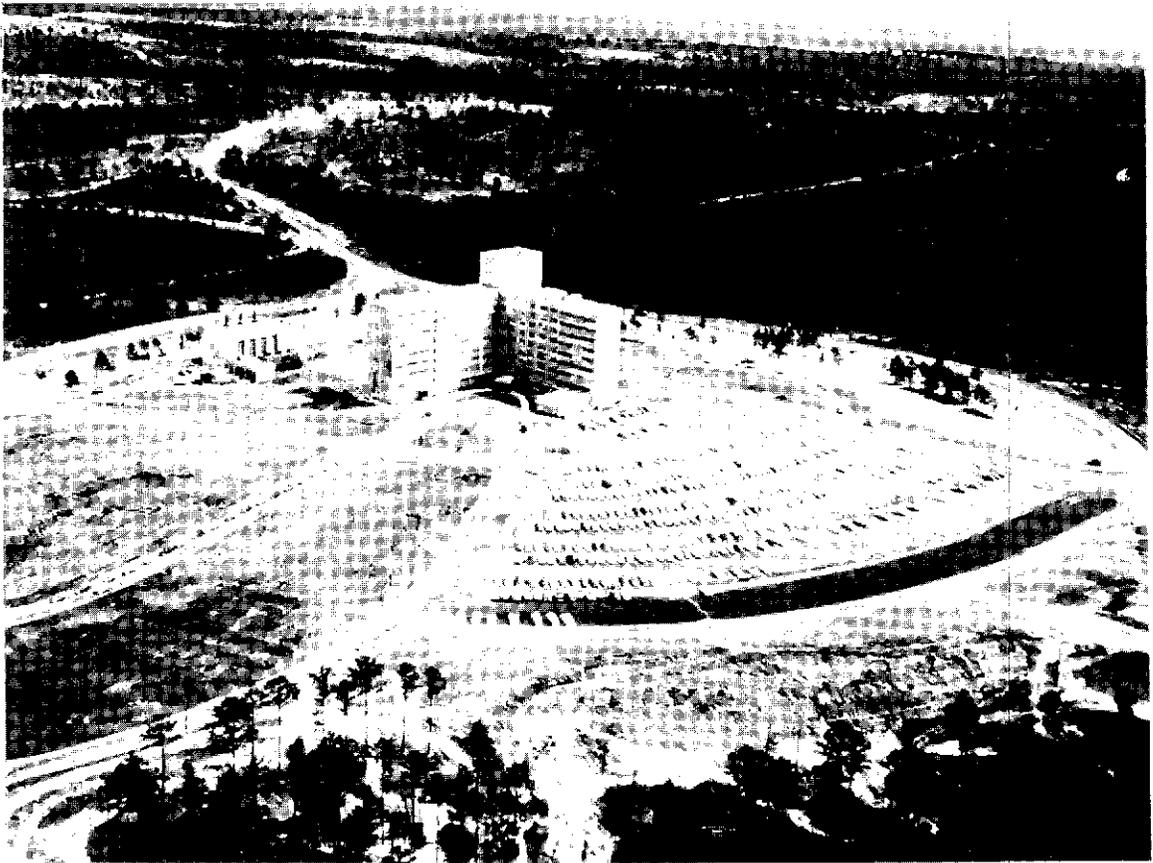
The cafeteria style dining hall will serve 610 persons at a sitting. The kitchen includes a large meat cutting room where there is a low temperature refrigerator with sufficient space to store enough carcass meat to last six weeks. After the meat is processed in the cutting room, there are two additional refrigerators for storage of the processed meat. There is also a separate fat rendering room.



Martin Army Hospital during construction

The Pastry Section has a walk-in-refrigerator, an ingredient room, and a holding room. It has separate cooking facilities, mixer, bake ovens, deep fat fryer, pie crust roller, and bun cutter.

There are two ice making machines in the main kitchen, and one for each of eight ward diet kitchens. These have a 300 pound daily output capacity. In addition, the kitchen has a flaking ice machine with a one ton flaking capacity per 24 hour period.



Martin Army Hospital shortly after completion.

An incinerator is located on the 9th Floor. All infectious material and anatomical specimens from wards, sections, services and departments are disposed in this incinerator.

During the calendar year 1958, the health of the command at Fort Benning was excellent. The average post military strength was 29,990. The total hospital admissions were 10,821. This represents a decrease of 7 percent of total admissions over last year with a corresponding decrease in population served. The daily average admissions in 1957 was 32 and in 1958 it was 30. Decrease in admissions can be attributed to the emphasis placed on providing treatment on an outpatient basis during the year. There were 297,319 outpatient visits.

The daily average patient census for 1957 was 478 and for 1958 it was 371, a decrease of 22 percent. Increased emphasis was placed on reduction of the length of patient stay. During the second quarter, the patient census was reduced to the minimum commensurate with good medical care in order to facilitate the move to the new hospital on 2 July 1958.

Control of Fire Ants (genus solenopsis) continued throughout the year at Fort Benning and surrounding area. Coordination with the United States Department of Agriculture and the Georgia State Department of Agriculture was very effective. During April, one L-20 Aircraft was acquired. There were 11,117 acres sprayed utilizing approximately 222,350 pounds of 10 percent heptachlor insecticide. In May, two U.S. Department of Agriculture Jeeps were received, equipped to apply granular insecticide. From May until December, approximately 24,000 acres were sprayed. There were 78 cases treated for fire ant stings during 1957.

On 27 June 1958, the Hospital graduated its first Intern Class. There were fourteen graduates. A new class of thirteen interns began their training on 1 July 1958.

A Dental Intern Program was established on 1 July 1958.

A program was initiated in July 1958 to give all military dependent school children a medical evaluation designed to reveal gross physical abnormalities or deficiencies. The examination would include a chest x-ray and urinalysis. A screening program of vision, hearing, tuberculosis skin testing, etc., was accomplished as separate programs and the findings entered on the individual's physical examination form.

Dedication of Fort Benning's new hospital was held at 1000 hours Tuesday, 1 July 1958 at the hospital's scenic site, Houston Hill, approximately four miles from the main post. The new hospital was named Martin Army Hospital in honor of Major General Joseph I. Martin who was an outstanding contributor to military medicine throughout his Army career.

Dignitaries attending the Dedication Ceremony:

FAMILY:

Mrs. Joseph I. Martin (Widow)  
Lt Colonel & Mrs. O. H. Tackett (Daughter)  
Lt Colonel G. W. Martin (Son)  
Captain Joseph I. Martin, Jr. (Son)  
Sp-2 Robert E. Martin (Son)  
Mrs. P. R. Smith (Daughter)

SURGEON GENERAL'S OFFICE:

Major General James P. Cooney, Deputy Surgeon General,  
Department of the Army

Colonel T. M. Paige, Chief, Medical Plans and Operations Division

THIRD UNITED STATES ARMY:

Brigadier General R. J. Werner, Chief of Staff, Third U.S. Army  
Colonel J. W. Howard, Third Army Surgeon  
Colonel R. C. Bahr, Dist. Engineer, USA Engineer District,  
Savannah, Georgia

FORT BENNING:

Major General Paul L. Freeman, Jr., Commanding General, USAIC  
Brigadier General John F. Ruggles, Deputy Commanding General, USAIC  
Brigadier General Stanley R. Larsen, Asst Commandant, USAIS  
Colonel R. H. York, Chief of Staff, USAIC  
Colonel (Chaplain) Albert C. Wildman, USAIC Chaplain

2D INFANTRY DIVISION:

Brigadier General Miller O. Perry, Commanding General, 2nd  
Infantry Division  
Brigadier General John E. Leary, Asst Commanding General, 2nd  
Infantry Division  
Colonel C. G. Van Sickle, 2nd Infantry Division, Chief of Staff



During the benediction of the new Martin Army Hospital, given by Lt. Col. Joseph Morrell, Chaplain, USAIC

FORT RILEY, KANSAS:

Colonel Milford T. Kubin, Commanding Officer, Irwin Army Hospital

HOSPITAL:

Colonel Robert B. Skinner, Commanding Officer, Martin Army Hospital

RETIRED PERSONNEL:

Brigadier General R. B. Hill (Former Commanding Officer, U. S.

Army Hospital, Ft Benning, (1946-1950)

Colonel Paul L. Freeman, Sr. (Father of CG, USAIC)

Colonel Charles S. Mudgett (Former Commanding Officer, U. S.

Army Hospital, Ft Benning, (1950-1951)

CIVILIANS:

Mayor B. F. Register (Columbus, Ga)

Mayor Leonard Coulter (Phenix City, Ala)

Mr. Ed Konvalinka, Cicero, Illinois

Dedication ceremonies were held in the area immediately in front of the main entrance to the new hospital. The area was shielded from a hot sun by canvas draped over a wooden frame. Music was furnished by the U. S. Army Infantry Center Band and the Infantry Center Honor Guard assisted as ushers.

The Invocation was given by Colonel Albert C. Wildman, Chaplain of the United States Army Infantry Center, and the Welcome Address presented by Major General Paul L. Freeman, Jr., Commanding General.

The Dedication Address was delivered by Major General James P. Cooney, Deputy Surgeon General, Department of the Army, who praised the memory of General Joseph I. Martin, in whose honor the hospital was named. He spoke of the magnificent military medical career of the General and lauded the capabilities of the new hospital.

Major General Joseph I. Martin was a graduate of the Infantry School's Advanced Officers Course, class of 1928 and was best known for his work in field medicine and his long and intimate service in medical military education and training. A native of Chicago, Illinois, he was educated in the city's public schools. In 1918, he received his medical degree from the Chicago Hospital College of Medicine. Later in that year, he was appointed a First Lieutenant in the Army Medical Corps Reserve.



Mrs. Joseph I Martin and Portrait of General Joseph I Martin after dedication ceremony.

In addition to the Infantry School, his Army Education included the Army Medical School, The Medical Field Service School, The Command and General Staff College, and The Army War College. In a span of over 36 years of active duty, he saw service in three wars, gaining wide military experience which well qualified him as one of the outstanding authorities in military education and training. At the Medical Field Service School, then at Carlisle Barracks, Pennsylvania, he served as instructor and department director from 1928 to 1932 and from 1936 to 1939. He became commandant of the Medical Field Service School in 1947 at Fort Sam Houston, Texas, remaining in this capacity for more than six years.

General Martin's influence and efforts in field medicine are reflected in the modern system of training, management and employment of medical personnel, units and installations in peace and war. Many of the modern practices in field medicine are the result of his foresight and acumen, which brought the development and integration of the medical auxiliaries into the Army Medical Service.

On his retirement in November 1955, he had completed a tour as Chief Surgeon, United States Army in Europe. He died 13 April 1957.

Following the dedicatory address, official opening ceremonies were conducted with the presentation of the keys by Colonel R. C. Bahr, District Engineer, U. S. Army Engineer District, Savannah, to Major General Freeman who in turn made the presentation to Colonel Skinner, Commanding Officer of the Hospital and Post Surgeon of Fort Benning. General Freeman held the ribbon as Mrs. Joseph I. Martin cut the tape marking the opening of the lobby and also unveiled a portrait of General Martin.

After the ceremonies were over, a group of key Noncommissioned Officers trained as Tour Guides conducted the people who attended the ceremony through the hospital.

The Methods Improvement Officer, under the direction of the Executive Officer, was responsible for coordinating the movement of all activities to the Martin Army Hospital. During May, detailed plans were completed to include exact space utilization and equipment and furniture to be placed in each area. A Hospital Movement Plan was prepared in order to insure a smooth movement of patients. All activities were directed to move as much of their equipment and supplies as possible in advance of the actual move. No equipment, furniture, or supplies were moved into the new building without being closely supervised. There was a responsible supervisor for every six men to prevent damage to walls, floors, and furniture. In June, a Hospital Movement Schedule was published and some of the activities started to move supplies and equipment on 16 June.

During the month preceding dedication, there were numerous instructional classes held at the new hospital to acquaint personnel with the new equipment and to insure proper utilization.

During 1958, improvement and renovations were held to a minimum in view of the move to the Martin Army Hospital. Some of the improvements made to the Post Surgeon Activities were as follows:

The old hospital headquarters building was renovated and painted during July, August, and September.

The Deputy Post Surgeon, Preventive Medicine Division, Physical Examining Branch and Physical Evaluation Board were moved from the cantonment type buildings to the old hospital headquarters building in October.

Two eye lanes were constructed in the old hospital headquarters to augment the two lanes at Martin Army Hospital. This was necessary for refracting military personnel. The two lanes at Martin Army Hospital are only sufficient to service dependent and patient personnel. The optometry service in the old hospital greatly aids the Physical Examination Section.

In May, the heating system in the old hospital headquarters building was converted from coal burners to gas with thermostatic control.

Dispensary "D" was painted.

As noted above, the completed Martin Army Hospital did not contain sufficient space for all of the activities of the Surgeon. Many of the cantonment buildings were still required. This fluctuation between approved plans and current needs also existed in 1925 when the first permanent hospital building was opened. In addition to the activities already mentioned, space outside of the new hospital was required for nurses quarters, male bachelor quarters, enlisted detachment and Medical Holding Detachment barracks, medical storage, utilities and a mess hall. The initial requirement was for 223,787 square feet which included 54,108 square feet for standby wards, buildings 322,323, and 324.

In accordance with General Order Number 292, Headquarters, Third United States Army, dated 4 August 1959, the Post Surgeon Activities (Including Post Surgeon, Preventive Medicine, Veterinary, Physical Examination, Mental Hygiene Consultation Service, and Dispensaries) were transferred to and established as components of Martin Army Hospital effective 1 September 1959. The Post Surgeon continued to act in a dual capacity as Hospital Commander.

During the calendar year 1959, the health of the command at Fort Benning was excellent. The average post military strength was 30,031. The total hospital admissions was 12,450. This represents an increase of 15 percent of total admissions over last year with a corresponding decrease in population served. The daily average admissions in 1958 was 30 and in 1959 was 34.

The total admissions during 1959 included dependents, other nonmilitary personnel, and military. Of this total, approximately 62 percent represented admissions of dependents and other nonmilitary personnel as compared to 44 percent in 1958.

The daily average patient census for 1958 was 371 and for 1959 was 379, an increase of 2 percent. Increased emphasis was placed on reduction of the length of patient stay.

On 11 February 1959 a special meeting was held in the office of the Commanding General to discuss policies concerning the eventual construction of a complete sewage treatment facility at Fort Benning. The Savannah District Engineer stated that Headquarters Third United States Army had proposed to insert this project in the FY-61 MCA Construction Program and if the normal course of events transpired the sewage treatment facilities could be expected to be completed by FY-63, which will be about the time the Fort Gaines Dam will be completed and the waters of the Chattahoochee River impounded. The representatives of the Post Surgeon stated the health viewpoint, indicating that the construction of complete sewage treatment at Fort Benning was long overdue and should have been accomplished in 1949 in which the district engineer soundly concurred. The completion of the Fort Gaines Dam would impound a vast body of grossly polluted river water which would be a potential health hazard to Fort Benning. It was concluded from this meeting that every effort should be used to secure complete sewage treatment for Fort Benning to protect the health of all those who live along the banks of the Chattahoochee River. This project is nearing completion in 1964.

During 1959 the Outpatient Clinic of the Pediatric Service had a workload almost double that of 1958. Pediatric sub-specialties developed in the previous year (in Dermatology and Psychology) continued to care for a difficult segment of the clinic population. The Pediatric Allergy Clinic was de-emphasized, but patients who had been undergoing desensitization or who were referred from other stations continued to receive desensitization. (This curtailed service was caused by shortages of personnel.)

A second Mental Hygiene Consultation Service was organized in the Second Infantry Division. This clinic uses Division personnel who work exclusively with the problems of the Division; however, they maintained close professional liaison with the Chief of the Department of Neuropsychiatry. This reorganization made it possible to offer better service to Division Personnel,

primarily trainees, eliminating time consuming travel from the Division area to the Post Mental Hygiene Consultation Service.

Some of the improvements for the year 1959 were as follows:

Hoods and exhaust fans were installed over the grills on the cafeteria serving lines at Martin Army Hospital. Milk dispensers were also installed in all dining rooms.

Four new window screens were installed on the patient's recreation area on the 4th Floor making the area totally usable for all neuropsychiatric patients for outdoor exercise and recreation.

A system of issuing and accounting for pharmacy non-controlled items that are given to outpatients without a prescription was initiated on 1 April 1959. Personnel do not have to see a doctor to secure a prescription which in turn helps to lessen the workload in the clinics.

One dental unit was connected to the emergency power system to enable the dental surgeon to continue treatment and prevent suffering to patients undergoing dental surgery in the event of a power failure.

A public address system was installed in the emergency waiting room which eliminated the need for the emergency room technician walking to the waiting room to call for patients.

The addressograph graphotype machine for plastic cards was received during the latter part of 1959. This machine provides a durable plastic, self-writing patient's recording card which includes the patient's name, year of birth and sex, name, rank and service number of sponsor. The dependent brings this card to the Outpatient Clinic and it is utilized to transcribe this basic information on the outpatient records, laboratory reports, radiographic reports, prescriptions and other papers prepared on each outpatient visit. This procedure will expedite patient processing by eliminating present manual methods of typing or handwriting on medical records. In addition, this assures complete accuracy, legibility, and uniformity of all records, thus reducing the time required for filing and obtaining of records. The system was implemented in 1960.

Colonel Bryan C. T. Fenton, MC, assumed command of Martin Army Hospital and as Post Surgeon effective 28 September 1959, succeeding Colonel Robert B. Skinner, MC, who was transferred to command Brooke Army Hospital, Fort Sam Houston, Texas.

Colonel Robert M. Hardaway, MC, Martin Army Hospital, continued in 1959 a research program dealing with the significance of Disseminated Intracapillary Thrombi begun in 1958 under a special grant from the Office of the

Surgeon General. Six articles by Colonel Hardaway dealing with this project were published in 1959.

By the end of 1959 Martin Army Hospital had functioned for 18 months. The staff had the opportunity to observe the relative adequacies and inadequacies of the design, construction and equipment. The comments of each activity are recorded in Annex I of 1959 Army Medical Service Activities Report of Fort Benning. Because these comments are extensive, they will not be duplicated here.

Construction of new nurses' quarters, apartment type, commenced on 23 July 1960. The new quarters will accommodate eighty officers (20 field grade and 60 company grade). Estimated completion date was set as 18 July 1961, however, the prime contractor, Jordan Company of Columbus, Georgia, predicted completion of the structures by 1 May 1961. Construction progressed rapidly due to favorable weather conditions. The Army Engineer, Savannah District was responsible for overall supervision of the project. The accepted bid was \$689,494.

During calendar year 1960, the health of the command at Fort Benning was excellent. The average Post military strength was 30,165 and total hospital admissions were 12,944. This represents an increase of 4% in total admissions over the preceding year with the strength remaining approximately the same. The outpatient visits totaled 339,132.

Some of the improvements made in 1960 were as follows:

A stainless steel cover was installed on the x-ray developing tank thereby eliminating frequent removal of the cover for painting.

A three pole double throw switch was installed on 1 June 1960. By use of this master switch, it is possible to manually transfer the source of electric power to the emergency power system. This arrangement eliminated a calculated risk in case of a malfunction in the automatic transfer switch during an emergency.

Metal plates were installed on doors leading to the basement of the hospital to eliminate daily cleaning of hand marks from the doors.

A thermo-plastic patching machine was installed in the hospital for patching linens which permitted the closing of the repair shop in the old hospital area. The time required for making repairs was reduced from 7 - 15 minutes to 15 - 25 seconds. The huge backlog of items for repair was eliminated. The thermo-plastic patch is neat in appearance, flexible and does not come off during repeated washings and autoclaving. The patch is more acceptable for sterile procedures as it eliminated the needle holes made with the sewing machine.

A crosswalk was constructed in the area between the Specialty Clinics and Hospital Headquarters which eliminated the safety hazard for patients going to the parking lot. A sign was also installed to instruct drivers to stop for pedestrians in crosswalk.

The helicopter landing pad was relocated on the east side of the hospital. Five red clearance lights were installed on the hospital roof adjacent to the landing pad to eliminate the possibility of aircraft hitting the building during landing and take-off at night or during inclement weather. Seven white ground lights were installed to mark the heliport area and drop off of terrain.

Embossed tape is used for labeling supply shelves, utility cabinets, and instrument containers in wards and clinics. The tape is uniform in type and size, and is self-adherent.

The Pharmacy changed its operating hours to 0800 - 2200 hours, Monday through Friday, and 0800 - 1200 hours on Saturday. The Emergency Room was stocked with emergency medications approved by the Chiefs of the Departments of Medicine, Surgery and Neuropsychiatry. Prescriptions for nonemergency medications were filled by the Pharmacy only during regularly scheduled hours. This change has improved operations and provides for better pharmacy service during normal duty hours.

Hospital Commanders Martin Army Hospital during 1961:

Colonel Bryan C. T. Fenton - 1 January thru 3 July 1961  
Colonel David G. Eisner - 4 July thru 14 August 1961  
Colonel William A. Todd, Jr. - 15 August 1961

Construction of the new nurses' quarters was completed in May 1961. Furnishings for the quarters were supplied by the Post Quartermaster as initial issue after DCSLOG had disapproved procurement of non-standard items. Disapproval of non-standard furnishings delayed occupancy until July 1961.

The roof of Martin Army Hospital was repaired to eliminate numerous leaks which occurred during heavy rainfalls. This project cost \$50,000.

The health of this command during the year 1961 was considered excellent.

The total Martin Army Hospital admissions for all causes were 12,052 with an average strength of 30,773 as compared with 12,944 admissions with an average strength of 30,165 for the previous year. This is a decrease of 7% in total admissions. Total outpatient visits increased to 382,963.

During March 1961, an intensified poliomyelitis immunization program was instituted in an effort to immunize every person against poliomyelitis prior to the disease season. To promote the program, information was published in the Post newspaper, "The Bayonet", and in the Daily Bulletins. Including dependents, 20,258 immunizations were administered during March.

The following improvements were made in 1961: A contract was made locally to furnish undershirts, pads and blankets in addition to diapers that were previously furnished the pediatric service. The items were packaged and ready for use when they arrived at the hospital.

Regular Quartermaster OD blankets have replaced the white medical blankets used for air evacuation of patients.

Two additional air ducts were added to the air conditioning system which greatly improved the working conditions and increased the efficiency of personnel in the Stenographic pool and Medical Records File Room.

Construction was started in early 1961 on the Regimental Dispensary and Dental Clinic in the Kelly Hill Area and continued throughout the year with a completion date tentatively of 1 March 1962.

During the year 1962 the health of the command was considered excellent. The total admissions for all causes were 13,054 with an average post military strength of 32,971. This represents over 1000 more admissions than in 1961 from a population increase of about 2200. Of this total, however, about 900 more civilian dependent admissions were recorded than during 1961. In addition, patients transferred to Martin Army Hospital increased by 40 over 1961. The outpatient visits were 447,952 as compared to 382,963 in 1961 and 339,132 in 1960. The average patient census was 390.

Pursuant to Regulations No 40-59, Headquarters Martin Army Hospital, dated 4 September 1962, the organizational structure was changed to include a separate Outpatient Service consisting of the Office of the Chief, Outpatient Service, General Outpatient Clinic and Emergency Room, Troop Dispensaries, and Physical Examination Section. The Specialty Clinics of the hospital are furnished logistical and administrative support by the Outpatient Service.

The Regimental Dispensary and Dental Clinic in the Kelly Hill area was completed on 15 February 1962.

Existing emergency power circuits were extended to provide emergency power to operate refrigerators in medical supply.

An independent battery power supply was installed in surgery for emergency use. Three new ambulances were received, two of which were air conditioned. Ambulance service to dispensaries was started. This provided transportation for patients to and from the hospital clinics. Lighting of the outdoor recreation area near the Red Cross lounge for patients was completed. Air conditioning was added in nursery and formula area.

Installation was completed of Diebold Automatic Filing Equipment in Registrar Division. This provided additional space for filing of dependent outpatient records.

Building 323, in the old hospital area was renovated. This included painting, installation of fluorescent lights, venetian blinds, and adequate partitions to block two stairways leading to the second floor area. The central air conditioning system was made serviceable. On completion of these renovations, the Well Baby and Immunization Clinics were moved into the area which gave these clinics space to operate efficiently.

The year 1963 was characterized by a general increase in the workload of all the activities of Martin Army Hospital. The total patients admitted increased to 14,400 from 13,054 in 1962. The outpatient visits were 500,178 compared to 447,952 in 1962. The increases in some of the specialty clinics were General surgery, 20.3%; Orthopedic, 74%; Gynecology, 52.7%. The average inpatient census only increased to 398 from 390. The reason for the increase workload was the increase in the post military strength by almost 10,000 troops. The activation and buildup of the 11th Air Assault Division caused this increase in troops. A 22% increase in the post military strength increased the outpatient visits 11% and the inpatient census only 2%.

The general overcrowding of the outpatient facilities cannot be attributed wholly to the increase in post strength in 1963. An analysis of the vital statistics since 1958 establishes the trend toward more outpatient care. The method of treatment of certain diseases also made it possible to treat more conditions on an outpatient basis.

Because of the trend toward increased outpatient services, plans were prepared and submitted through medical channels to The Surgeon General for a clinic addition to Martin Army Hospital. Both The Surgeon General and the Third Army Surgeon recognize the need for expanded outpatient facilities. The Surgeon General recommended that this project be included in the installation plans and programs for further study. On 29 January 1964 the project with the indorsements of The Surgeon General and the Third Army Surgeon was forwarded to the Post Planning Board. The initial plan calls for the construction of a 55,000 square foot addition to Martin Army Hospital and alteration of 35,000 square feet in the existing clinic area.

A project for the building of Hospital Detachment Billets in the immediate vicinity of Martin Army Hospital is on the list of Installation Military Construction Appropriation for Fiscal Year 1965.

Another project to expand one of the permanent warehouses by 43,000 square feet for medical supply storage is priority 58 on the list of long range projects proposed by the Installation Planning Board.

The need for increased clinic facilities, detachment billets and medical supply storage were recognized even before Martin Army Hospital was opened. These needs and the addition of a 250 bed wing to the building were enumerated in a letter from Major General Herbert B. Powell, then the Fort Benning Commander, to Lieutenant General William S. Lawton, Comptroller of the Army in 1958.

A continual build up of the 11th Air Assault Division in 1964 increased the hospital workload. Through March, the average inpatient census was 414. For a short period in January and early February, it was necessary to house minimal care patients in building 323 of the Hospital Annex. It was fortunate that the expected influx of patients with upper respiratory diseases did not materialize. The largest number of patients occupying beds was reached on 22 January 1964. The census that day was 464. Six years after the completion of Martin Army Hospital, space in the old hospital area is required to house The Preventive Medicine Division, Pharmacy Manufacturing, Optometry Section, Physical Examination Section, Outpatient Administrative Offices, Dispensary Supply, and the Offices of the Army Health Nurse. Standby ward space is also maintained in this area. Before the end of 1964 some of the clinics in Martin Army Hospital may relocate in building 396.



Colonel William A Todd, Jr., Surgeon, U S Army Infantry Center, and  
Commanding Officer Martin Army Hospital from 15 August 1961 - 18 June 1964.

# FORMER COMMANDERS



LT. COLONEL C. E. KOERPER  
1920-1923



MAJOR CHARLES CONNER  
1923



COLONEL J. W. VanDUSEN  
1923-1924



LT. COLONEL H. S. HANSELL  
1924



LT. COLONEL P. S. HALLORAN  
1924-1927

# FORMER COMMANDERS



MAJOR D. P. CAID  
1927



COLONEL D. F. BAKER  
1927-1928



COLONEL CLARENCE J. MANLY  
1928-1931



COLONEL CHARLES F. MORSE  
1931-1932



COLONEL LLOYD L. SMITH  
1932-1938

# FORMER COMMANDERS



BRIG. GEN. WILLIAM R. DEAR  
1938-1940



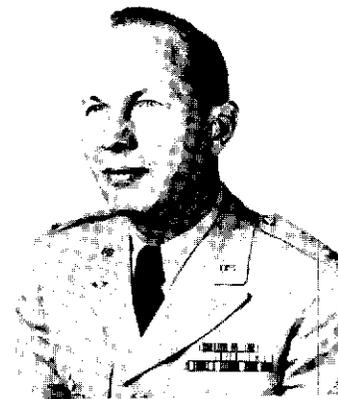
BRIG. GEN. EDWARD A. NOYES  
1940-1942



COLONEL CHAUNCEY E. DOVELL  
1942-1946



BRIG. GEN. ROBERT B. HILL  
1946-1950



COLONEL CHARLES S. MUDGETT  
1950-1951

# FORMER COMMANDERS



COLONEL MACK M. GREEN  
1951-1953



COLONEL NORMAN H. WILEY  
1953-1956



COLONEL ALBERT H. ROBINSON  
1956-1957



COLONEL ROBERT B. SKINNER  
1957-1959



COLONEL BRYAN C. T. FENTON  
1959-1961



40985 Army-Ft. Benning, Ga. 25 May 64

## TELEPHONE DIRECTORY

### MEDICAL DEPARTMENT

Surgeon, Lt. Col. Halloran, Phone 144.	Nurses Reception Hall Phone 326
Adj. Capt. Albert A. Roby Phones 144 and 373-R2	Nursing Service. Lt. Maude Bowman, Phone 312
Officer of the Day Phone 127	Surgical Service, Lt. Col. Hansell Phones 130 and 113
Sergeant Major Phone 144	Veterinary Service, Lt. Dimphy Phones 139-R1, and 149
Mess Officer, Capt. Sands Phones 122 and 361-R2	Operating Room Phone 130
Registrar, Capt. Sam Hardeman, Phones 27 and 253	Out Patient Department Phone 127
Sanitary Inspectors, Phones 27 and 224-R1-361-R2	Physical Exam., Maj. Bayley, Phone 134
Supply Officer, Capt. Sands Phone 129	Ward One (Surgical) Phones 131 and 331.
Detachment Office, 1st Sergt., Phone 27.	Ward Two (G.U.) Phones 132 and 355.
Attending Surgeon (City) Capt. Bretz Phones 225-City and 2488-City	Ward Three (Medical), Phones 133 and 50.
Attending Surgeon (Post) Capt. Hayes Phones 126 and 310. (After 3:30 call 127)	Ward Four (Examinations), Phone 134.
Eye, Ear, Nose and Throat Clinic, Phones 128 and 121.	Ward Five (Officer's), Phones 135 and 345-R2
Dental Clinic, Maj. Tobias Phones 128 and 44-R2	Ward Six (Women's), Phones 136 and 345-R2
G.U. Service, Capt. Campbell Phones 132 and 355	Ward Seven (Isolation), Phone 153.
Laboratory Service, Capt. Green Phones 128 and 360	Ward Nine (Prison), Phone 145
Medical Service, Maj. Cooper Phones 134 and 50	Ward Eleven (G.U.) Phones 132 and 355.
Nurses Quarters, Phones 312, 313, 314, 315 and 327.	X-Ray Department Phones 130 and 398.

In November 1923 Captain Frank W. Young, MC, replaced Captain W. S. Hayes, MC, as Attending Surgeon on the Post. In announcing this change, the Surgeon added this comment:

# ARCHIVES



## MARTIN ARMY HOSPITAL FORT BENNING, GEORGIA

MAY 1964

A HISTORY

OF THE ARMY MEDICAL SERVICE

Fort Benning, Georgia

Compiled by

Major Robert F. Haas, Medical Service Corps

1 May 1964

40985 Sig I



Major General C. W. G. Rich, Commanding General, US Army  
Infantry Center and Commandant, US Army Infantry School

HEADQUARTERS UNITED STATES ARMY INFANTRY CENTER  
FORT BENNING, GEORGIA

FOREWORD

A hospital is more than a building identified by soft-lit corridors, bedrooms, starched linen and the odor of antiseptic. It is a complicated, highly specialized, functional structure designed to house all the delicate medical apparatus so essential to the welfare of the patient. It provides an environment in which the patient's mental and physical recovery can progress at an optimum rate. It houses the operating and delivery rooms, the laboratory, x-ray, and other diagnostic aids. It contributes space for the hospital staff to carry out the organized processes which comfort and heal the sick and injured.

Since 1918, when this installation was founded as Camp Benning, various styles and types of structures have been put into service for the hospital tents, frame buildings, converted barracks, stucco buildings and, finally, the present, reinforced concrete Martin Army Hospital.

During the time the medical service has been a part of The Infantry School, many officers and enlisted men have served and trained with the "Queen of Battle." Some were the planners who have guided the destiny of the Station Hospital while others followed the trail blazed by the leaders. The deeds and accomplishments of many are recorded in the annals of Fort Benning medical history.

The men and women, military and civilian, who contributed to the medical mission of Fort Benning, inspired this history. It will serve as an inspiration to those of the Army Medical Service who may be stationed here in the years to come.



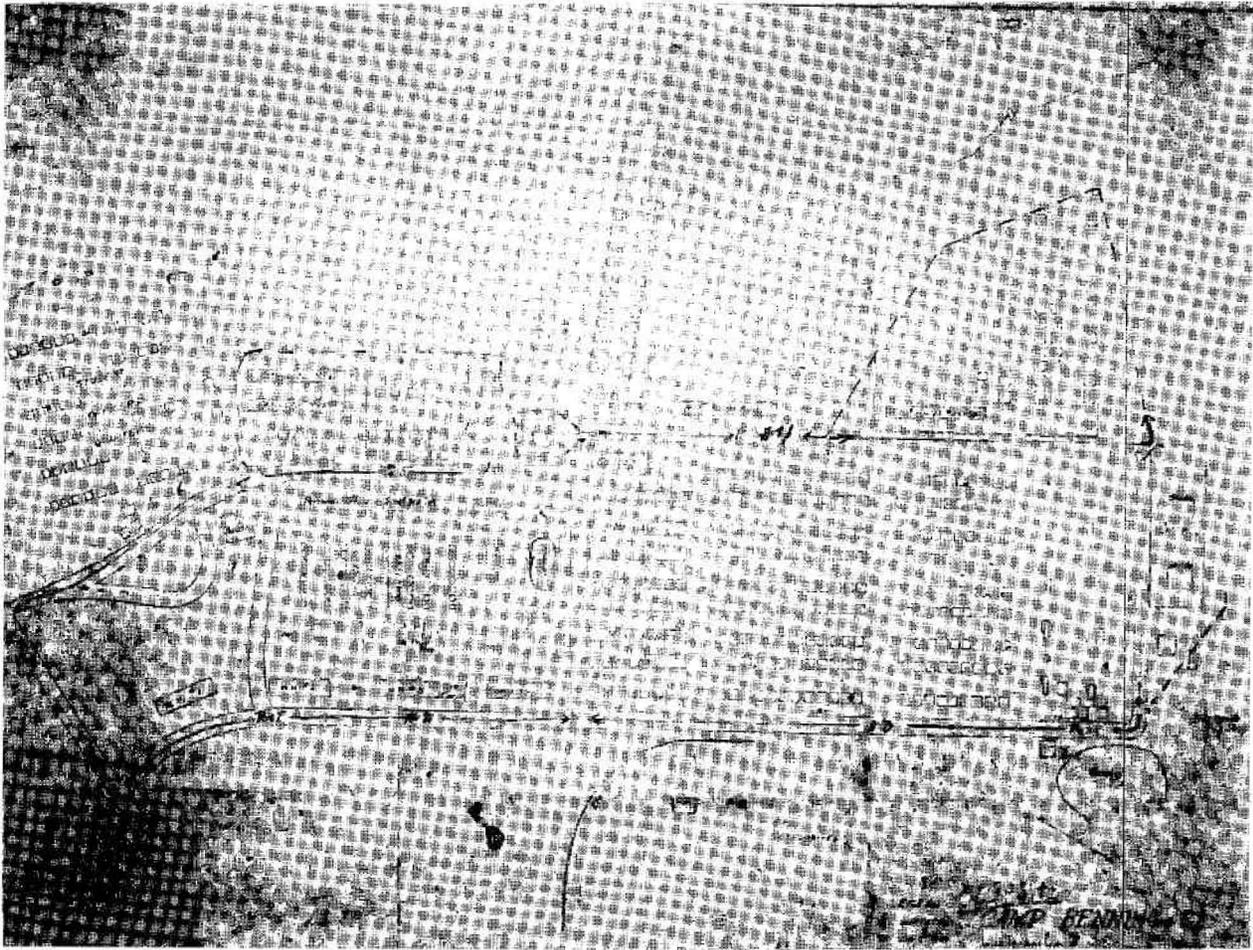
C. W. G. RICH  
Major General, USA  
Commanding

## BUILDING THE FIRST HOSPITAL

Late in May, 1918, Colonel Henry E. Eames, then Commandant of the School of Musketry, Fort Sill, Oklahoma, with a medical officer on his staff, was sent to Columbus, Georgia, to inspect a proposed site for a separate service school for the Infantry Branch. The facilities at Fort Sill were overcrowded because it was necessary to train artillerymen for immediate action in France. Other sites were also inspected, but on 20 September 1918, the Construction Division, Department of War, in Washington, D. C. was notified that the school at Fort Sill was under orders to move to Columbus and that the troops would arrive on or about October 1st.

Major J. Paul Jones, QMC, who had been selected Constructing Quartermaster of this new project, was still in Washington working on the plans and estimates of the school. When advised that troops were enroute to Columbus he completed the initial planning and estimated that it would cost \$100,000.00 to construct a temporary camp. After making a formal request for this money, Major Jones left Washington on 22nd September for Atlanta, Georgia, where he spent the afternoon and evening of the 23rd locating and purchasing materials, departing that night by automobile for Columbus.

Colonel Eames, who had assumed command of the Infantry School of Arms, the contractor, material salesmen and merchants were waiting for Major Jones at the hotel. Immediate conferences were held to determine the size and layout of the camp to be built. Due to the shortage of time in Washington to complete the project, it had been decided to leave the final planning to Major Jones and Colonel Eames on site. Early the next morning (September 24th) the officers and a representative from the Columbus Chamber of Commerce set out to select a site for a temporary camp which would house the troops due to arrive early in October. Surveyors were already busy making a topographic map of the 150,000 acres which was the estimated requirement for the school. Prior to the completion of the area map, the information available indicated that the Infantry School of Arms should be located some five miles east of Columbus on either side of the Macon Road. It was decided that the temporary camp should be built nearer the city to keep the construction from interfering with the operation of the school and to keep the troops away from the construction area. The site finally selected for the temporary camp was about three miles east of the heart of Columbus on the Macon Road. City water, street car service and other public utilities were less than a mile away from this acreage.



The above drawing of the camp shows the hospital building to the left of center next to the guard house. The hospital was a standard construction division structure described as an infirmary, two story, 30 by 63 feet.

The final plans for the temporary camp were completed and blue prints drawn. Skilled and common laborers were hired through the assistance of the Chamber of Commerce. After just seven days the temporary camp was ready for troops. The roads had been built, electric lights had been installed, water mains laid and the mess halls, warehouses and 300 tent frames were practically completed. The first detachment from the Infantry School of Arms arrived on October 6th. The strength was three officers and a few hundred enlisted men. Captain Kindervater, Infantry, was the detachment commander, and 1/Lt Savart, Infantry, was his executive officer. The third officer, a member of the medical corps, is unknown. Lt. Savart, reflecting about his arrival at the camp

some ten years later said, "The only thing that looked anything like a camp was a little work that had been done on the hospital building." The entire camp was completed in two weeks.

There is no medical significance to the naming of the camp. However, because of the extensive planning, protocol, and preparations which will be reported later in the naming of a new hospital, it is of interest to note the simplicity with which this was done in 1918 as reported by Major Jones.

"A few days after the completion of the temporary camp, there was held a flag raising on the temporary camp site. An elderly lady by the name of Benning had been chosen to raise the first flag on this new camp. Her father, General Benning of the Confederate Forces in the Civil War, was the greatest officer from these parts during the Civil War, and in keeping with the spirit of complete union between the North and South, it was thought by Colonel Eames and officers to be fitting to name this new camp after General Benning. After the flag raising, this matter was taken up with Washington and the name approved as Camp Benning."

Meanwhile, a school from Camp Perry with many expert riflemen assigned became a part of the Infantry School of Arms. Colonel Eames appointed some of the officers of this unit to find a suitable location for a type "A" range. A range of this type required a flat area of about 10 square miles. The officers checked the entire proposed reservation without finding a suitable site. An ideal site was found nine miles south of Columbus off the Lumpkin Road just south of Upatoi Creek and East of the Chattahoochee River. The land was owned by Mr. Arthur Bussey. The officers recommended the selection of this site for both the type "A" range and the construction of the cantonment. Colonel Eames was impressed with the report and asked Major Jones for an estimate of the delay in construction if the cantonment site were changed to the Bussey Plantation. A delay of a few months was estimated, and Colonel Eames notified Major Jones to halt construction until a meeting could be held in Washington to report the condition of the new site to the War College. The conference was held on October 14th, and the change of location was approved.

Construction began November 2nd on the Bussey Plantation. Three large dairy barns were converted into a kitchen and bunk houses, and an office for the Constructing Quartermaster was built. Plans for the camp were completed during December 1918. The following buildings were authorized under project symbol No. 6022-7 and formed the hospital complex portion of the project:

- 1 - One-story Administrative and Receiving Building.
- 1 - Two-story Nurses' Quarters with Mess and Kitchen.

- 1 - One-story Animal House. This building to be built adjoining one of the existing buildings as recommended by the Commanding Officer.
- 1 - One-story General Mess and kitchen with two (2) mess halls, one for patients and one for Medical Department Detachment. Equipment to cook for - 350.
- 1 - One-story garage or shop building.
- 3 - Two-story wards K-117
- 1 - Two-story Isolation Ward, Note: Isolated ward M-104
- M-104 and K-117 shall be built of metal lath and stucco instead of tile.
- 1 - One-story surgical and clinical building.
- 1 - Two-story Medical Department Detachment Barracks.
- 1 - One-story storehouse and linen service building.
- 1 - One-story Warehouse.
- 1 - One-story Guardhouse which may be used as a psychiatric ward for detention purposes only. Interior of this building to be lined with 7/8 x 6" tongue and grooved flooring 7' high.

Each two-story ward group was to be connected by two-story corridor with a covered ramp at each end. All other buildings were to be connected by covered walks, and the surgical and clinical buildings connected to one of the wards by an enclosed corridor.

On April 25, 1919, the construction of the hospital for a camp of 5,000 men on a 4% basis (200 patients) was authorized by order of The Adjutant General. The project estimated the cost of the hospital at \$437,491.00. These funds would permit the completion of the hospital complex according to the above plans.

The end of World War I reduced military spending. The construction of Camp Benning did not escape Congressional scrutiny. The project was ordered shut down twice. The first time, Major Jones went to Washington and was able to get the order rescinded. However, on July 2nd, 1919, Congressional action ordered the project shut down and the Constructing Quartermaster to immediately discharge all construction forces except those necessary to secure the tools and supplies. The hospital complex was about 90% completed in carpentry. Completion of the utilities was as follows:

Steam heat	85%
Water	75%
Sewers	25%
Inside electric wiring	30%

A Board of Officers was appointed by the Department of War to recommend action to take in case construction should be resumed.

Special Orders)  
No. 194-0 )

WAR DEPARTMENT  
Washington, August 19, 1919.

EXTRACT

Par. 2 A Board of Officers to consist of

Major General Charles S. Farnsworth, U.S.Army,  
Colonel Munroe C. Kerth, General Staff,  
Colonel Clarence O. Sherrill, Corps of Engineers.  
Lieut. Colonel Conrad E. Koerper, Medical Corps,  
Lieut. Colonel Donald H. Sawyer, Quartermaster Corps,  
Major George F. Baltzell, Infantry,

is appointed to meet at Camp Benning, Ga., August 21, 1919 for  
the purpose of reporting upon the Camp Benning project.

The proceedings of the Board will be submitted to the  
Adjutant General of the Army, not later than August 29th. 1919.

Upon the completion of the duty enjoined the members of  
the Board will return to their respective stations.

The travel directed is necessary in the Military Service.  
(334.7 Camp Benning)

By order of the Secretary of War:  
PEYTON C. MARCH,  
General, Chief of Staff.

Official:  
P. C. Harriss,  
The Adjutant General.

It is not known when Lt. Col. Koerper arrived at Camp Benning. It was an advantage for him to be on the Board of Officers. This gave him the opportunity to make some changes in the design of the hospital which he was to command. These changes are not specified. It is presumed that they were designed to reduce the cost without reducing the medical capability. The buildings and estimated cost to complete the hospital complex are as follows:

Building or Utility	No.	Approx. Size	Estimated cost to complete	Remarks
Aministration Building	1	1 story		Change Design
Nurses Qtrs, Mess & Kitchen	1	2 story		"
General Mess & Kitchen	1	1 story		"
Garage and Shop	1	1 story		"
Ward Buildings	2	2 story		"
Isolation Ward	1	2 story		"
Surgical & Clinical	1	1 story		"
Med. Detachment Barracks	2	2 story		"
Mens' Lavatory				
Storehouse & Linen Service	1	1 story		"
Central Heating Plant	1	1 story		"
			Total \$275,000	

The recommendations of the Board were generally approved. By a liberal interpretation of "new construction" in the congressional order to "cease all new construction", it was determined that at Camp Benning the task was one of completion rather than new construction. With this interpretation and the extensive use of troop labor, a sufficient portion of the hospital was completed to permit admitting patients late in 1919. The official opening was not until early in 1920. It was called the Station Hospital, Camp Benning. The Commander carried the dual title of Surgeon, The Infantry School of Arms and Commanding Officer, Medical Detachment, The Infantry School of Arms. The Station Hospital was located near the corner of Ingersoll Street and Wold Avenues.

By mid-1920 the hospital complex construction was completed. There was space in the two story ward buildings for nine wards. These were classified as: 1 surgical, 2 genito-urinary, 1 medical, 1 for examinations, 1 for officers, 1 for women and children, 1 isolation and 1 prison ward. In addition there were clinics and ancillary services which were prevalent in that period. These were the eye, ear and nose clinic, dental clinic, genito-urinary clinic, laboratory service, medical service, nursing service, surgical service, and an outpatient department. The buildings in the complex were similar to a late 1800 frontier setting. This is not meant to be a reflection upon anyone associated with the construction. There had been no change in the construction plans for military hospitals since the 1800s. This type of construction was

responsible for the later appropriation for hospital construction at the post. Meanwhile the post was redesignated as Fort Benning and the scope of the Infantry School of Arms expanded.

An expansion of the School meant more student officers. The shortage of quarters on the post and travel time from Columbus to the hospital led to the opening of an Attending Surgeon's Office in Columbus in the Chancellor Building. Captain R. B. Bretz, MC, was in charge of this office. He was available for both office and house calls. The Attending Surgeon provided dependent outpatient medical care. There was no pediatrician. The Attending Surgeon cared for both adults and children. The outpatient department treated mainly officers. Enlisted men were seen at aid stations near where they were quartered. There were two Attending Surgeons on duty at the post.

In September 1922 after the Infantry School classes had commenced it was necessary for the hospital Executive officer to publish the following notice concerning medical care on the post:

"It is desired that so far as possible all sick come to the hospital for treatment, Officers to the out-patient department, open 24 hours daily with a Medical Officer on duty, and families of officers and enlisted men to the Attending Surgeon's Office where an attendant is always on duty who will get a Medical Officer in the absence of the Attending Surgeon."

Within this period Lt. Col. Koerper was replaced by Lt. Col. Paul S. Halloran as Commanding Officer. Pneumonia and influenza and diphtheria vaccine were made available to dependents in the fall of 1922. The Surgeon recommended that all children receive the "Schick Test" for diphtheria and, if positive, receive the diphtheria series.

In November 1922 the scope of the operation of the Station Hospital was again extended into the city of Columbus. Another need was met by establishing a first aid station for colored troops. It was located on First Avenue between 10th and 11th streets. Sgt R. M. Farrell was in charge of the medical corps enlisted men operating the station.

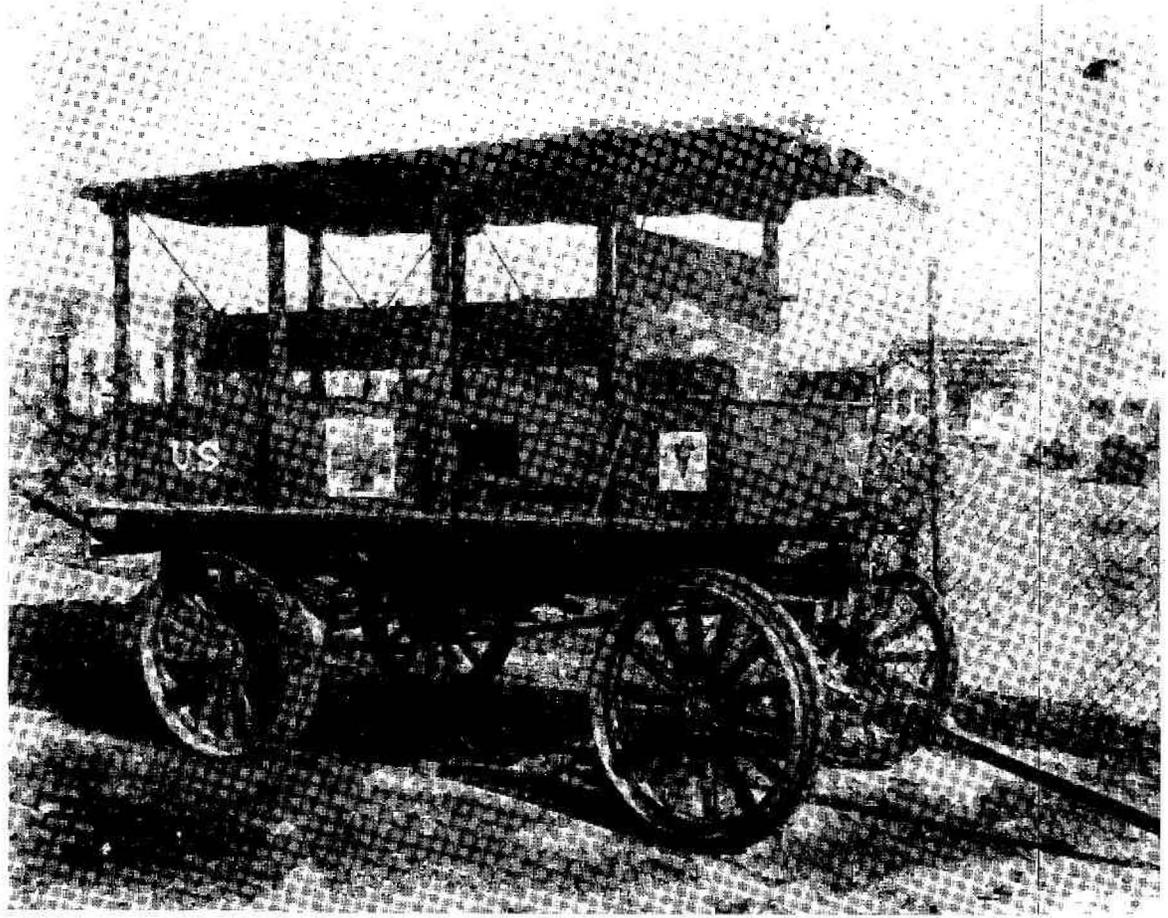
Plans were developed for the construction of a permanent hospital. The name of the planner is not known; however, the hospital was to be of brick construction and have all modern apparatus and conveniences. In late January 1923 the House of Representatives added \$275,000.00 to the Army Appropriation Bill for the construction of the new hospital. The Senate later approved the appropriation. A member of the camp made this comment about the cantonment hospital complex:



Shown are first wooden structures used for hospital facilities located on Wold Avenue in the approximate vicinity of Stillwell Field.

"The hospital facilities at this post have been anything but desirable and with conditions existing as they do, it is really remarkable that the Doctors are able to do the wonderful work that they are doing.

"Also the accommodations are not nearly large enough to take the proper care of patients and the present hospital is a huge fire trap should a fire ever happen to break out."



This horse drawn medical wagon was used to transport mainly ambulatory patients from the dispensary to the hospital.

The telephone directory of 1923 lists the activities of the hospital and the names of some of the service chiefs. A portion of the directory is listed here to show the organization of the Station Hospital.

## TELEPHONE DIRECTORY

### MEDICAL DEPARTMENT

Surgeon, Lt. Col. Halloran, Phone 144.	Nurses Reception Hall Phone 326
Adj. Capt. Albert A. Roby Phones 144 and 373-R2	Nursing Service. Lt. Maude Bowman, Phone 312
Officer of the Day Phone 127	Surgical Service, Lt. Col. Hansell Phones 130 and 113
Sergeant Major Phone 144	Veterinary Service, Lt. Dimphy Phones 139-R1, and 149
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Supply Officer, Capt. Sands Phone 129	Ward One (Surgical) Phones 131 and 331.
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Laboratory Service, Capt. Green Phones 128 and 360	Ward Nine (Prison), Phone 145
Medical Service, Maj. Cooper Phones 134 and 50	Ward Eleven (G.U.) Phones 132 and 355.
Nurses Quarters, Phones 312, 313, 314, 315 and 327.	X-Ray Department Phones 130 and 398.

In November 1923 Captain Frank W. Young, MC, replaced Captain W. S. Hayes, MC, as Attending Surgeon on the Post. In announcing this change, the Surgeon added this comment:

"Calls for the Attending Surgeon should be phones in to telephone no. 126 from 8:00 a.m. to 4:00 p.m. and from 4:00 p.m. to 8:00 a.m. to telephone no. 127. It is particularly requested that these two numbers be used rather than the Quarters number of the Attending Surgeon since if the Attending Surgeon is out on a call there may be no one at his quarters to make record of the call."

## PERMANENT CONSTRUCTION BEGINS

In December 1923 the contract was let and construction started on the new hospital. The site selected for construction was on a rise of ground known as Richie Hill overlooking the Chattahoochee River and Upatoi Creek valleys. E. A. Baehl and Company of Leavenworth, Kansas were the successful bidders.

Also in December 1923, the Department of Experiment of the Infantry School completed testing some items of individual medical equipment. The report was favorably considered by the Infantry Board. A pamphlet describing the equipment was prepared by the Medical Department Equipment Laboratory at Carlisle Barracks, Pa. Apparently the Infantry was the test agency for medical equipment at this time.

Construction of a hospital was not the only building at Fort Benning. The early 1920s were described as the second era of construction. Barracks, theater, office buildings, and the Memorial Stadium were started. Boxes in the stadium were to have the names of life members of the Officer's Club upon them. It was concerning this that the following letter was written:

11 April 1924

The President, The Officers Club:

Dear Sir:

Instead of putting my name on the box in the stadium to which I am entitled as a life member of the Officers' Club, will you please have the box marked as belonging to the hospital for the use of such convalescents or patients as the officer in charge of the hospital may from time to time designate.

Very truly yours

E. Parmalee Prentice, Major

In May 1924 there was a case of small pox on the post and in order to prevent an epidemic, it was directed that everybody living on the post be vaccinated unless they had a vaccination within the past year. The notice appearing in the post newspaper read as follows:

"The word 'everybody' means just exactly what it implies. Officers, their families, enlisted men and families, civilian employees and families who live on the post will have the medicos scratch their arm a little with the vaccine needle. Everybody's servant must undergo the same operation.

"The vaccination as administered now-a-days is not painful and is splendid health insurance. Every person should receive the vaccination at certain intervals just as a matter of precaution. A great deal of attention is being paid to this form of inoculation in civil life at the present time

and as a result, deaths from smallpox have been reduced in this country to a minimum."

Again in October emphasis was placed on the need for immunizations. Both small pox and diphtheria were offered for the protection of Fort Benning children.

With the coming of winter and rain and dampness in 1924 also came a warning from the surgeon to take certain precautions to prevent the spread of colds and grippe. Most of these were the same precautions that we take some forty years later. Proper ventilation, more floor space in barracks, sufficient bedding, reporting colds for treatment, and wearing rubber boots when it is wet are equally important now. One of the precautions has disappeared from current lists because of the parallel change in man's habits with tobacco:

"To provide receptacles for expectoration and to forbid the soiling of floors with discharge from the respiratory tract."

The annual physical examinations for all the officers at Fort Benning started the first Monday in January 1925. Traditionally, the month of January was scheduled for these exams. Three weeks were required to complete this task.

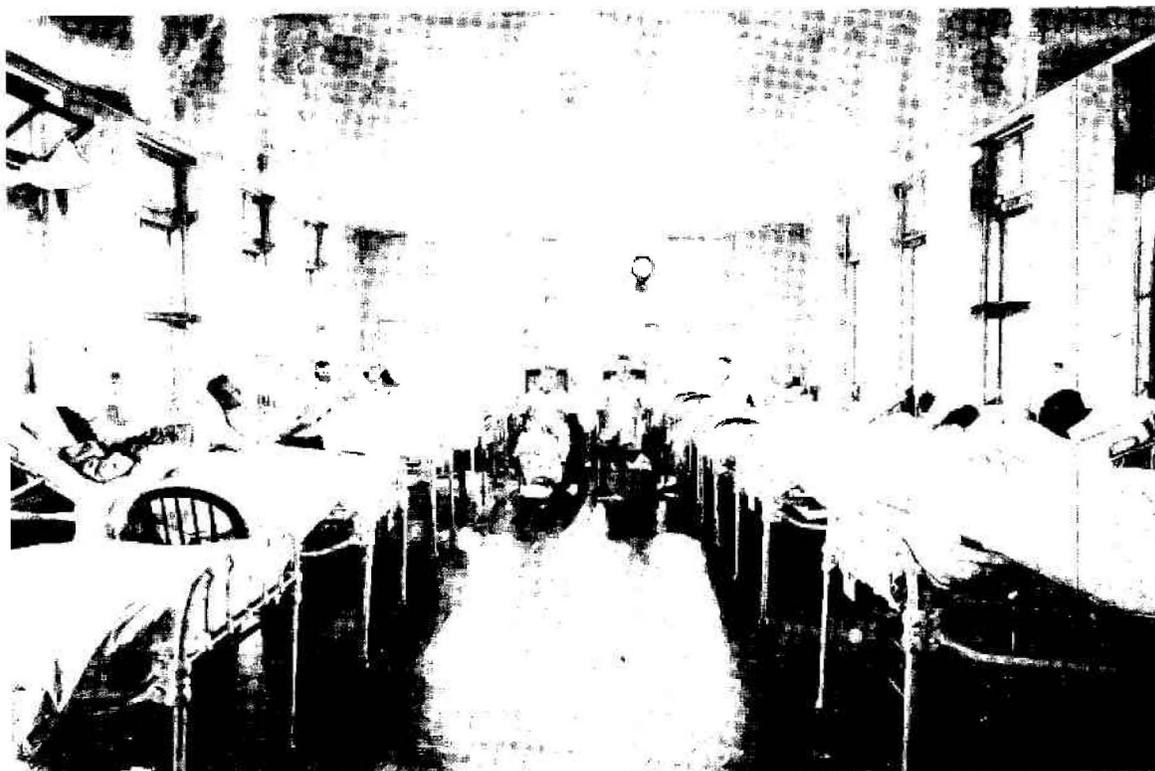
The new hospital opened on 20 May 1925 and it took three days to move the patients, clinics and equipment to the new building. Not all of the medical service could be moved into this area. Some of the old wooden buildings were used until 1929. The completion of the hospital was eagerly anticipated and marked the start of the fulfillment of a long felt need. A medical service which had functioned so well in the out-dated wooden structures was entitled to one of the finest station hospital buildings to be found in the US Army.

The building was of the most modern design and thoroughly equipped with the most modern medical equipment. It was classified as fireproof throughout. The foundation was concrete, the outside walls of hollow tile and stucco and the roof of terra cotta tile. The floors were concrete covered with either linoleum or mastic tile. The majority of the door and window frames were steel, and all of the interior trim was hardwood.

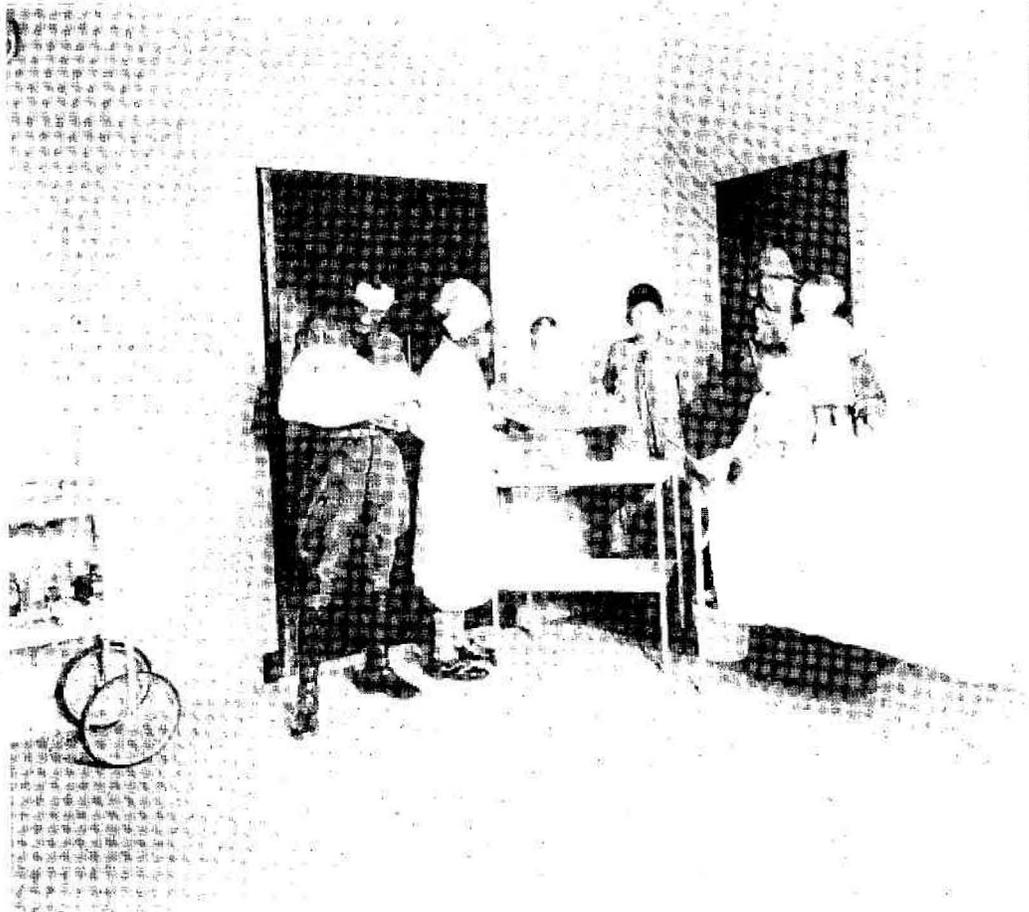
A separate mess hall building and boiler plant were also built. All buildings were heated with hot water circulated by a large pressure pump. Live steam, under pressure, was also furnished to the kitchen and throughout the hospital building for sterilizing purposes.

The wards in the new building provided for 102 inpatients. A large solarium opening off of the third floor provided a place for the convalescents to sun themselves in the open, all the while overlooking the activities of

Fort Benning. The medical, surgical, dental, x-ray and the eye, ear, nose and throat clinics were also initially moved into the new hospital. Lt. Col. Paul S. Holloran, MC, was Commanding Officer of the Medical Detachment at this time and was responsible for the planning and orderly execution of the move.



A Ward in first permanent hospital at Fort Benning built on Baltzell Avenue completed in 1925.



This is a scene showing a part of the obstetrical facilities in the first permanent hospital. Persons in the photograph are not identified.

In September 1925 school requirements both in Columbus and at the Children's school on the post included the vaccination of all pupils as a protection against smallpox. Vaccination for the families of military personnel were obtained without charge according to the following schedule of times and places:

Attending Surgeon, New Hospital: Mondays, 9:00 - 9:30 am  
Fridays, 2:00 - 2:30 pm

Attending Surgeon, Downtown : Daily, 9:00 - 12:00 am  
1:00 - 4:00 pm (except  
Sat, Sun and holidays)

Arrangements were also being made by sanitary officials on the post to give the "Schick test" for diphtheria. The material involved was of considerable value and because of the expense, large groups were tested at one time. The so-called "Schick test" for diphtheria susceptibility had passed far beyond the experimental stage and was of proven value. The criteria for administering the test were as follows:

"Children under six months of age need not take the test for they are nearly without exception immune. Between the ages of six months and six years it is practically certain that all children are remarkably susceptible to diphtheria. Between the ages of six to twelve years the susceptibility is likely, but not nearly as certain as for the younger ages. Above the age of twelve, the natural human immunity has developed against diphtheria and is sufficient to remove the necessity for the Schick test. The test is not normally given to persons in their teens or older."

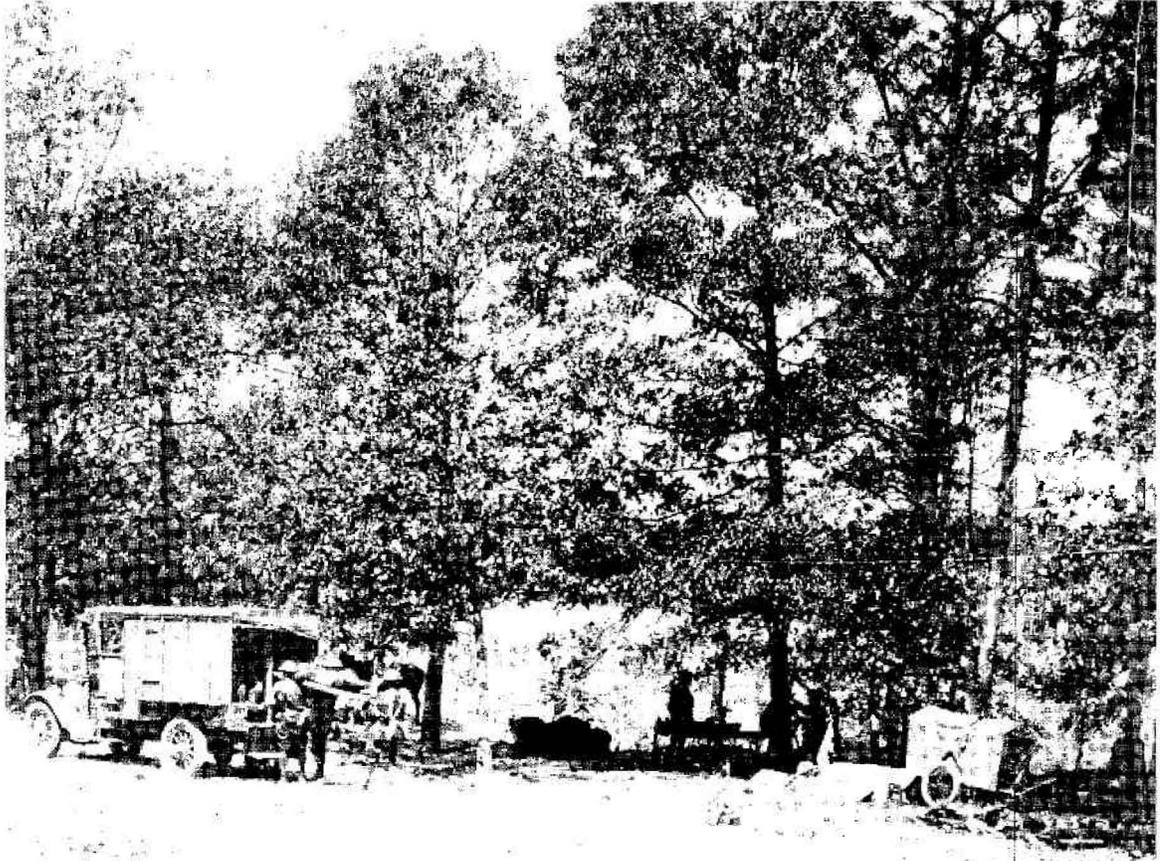
The training mission for the Medical Detachment for the year 1926 was announced by The Infantry Center in January.

"To train its personnel as qualified attendants for hospital duties, including practical training in nursing, sanitation and hygiene, first aid and minor surgery, laboratory, x-ray, cooking and clerical work.

"To further the instruction at the Infantry School by supplying men and equipment for the establishment of collecting station, aid stations and the personnel assigned to units in field problems."

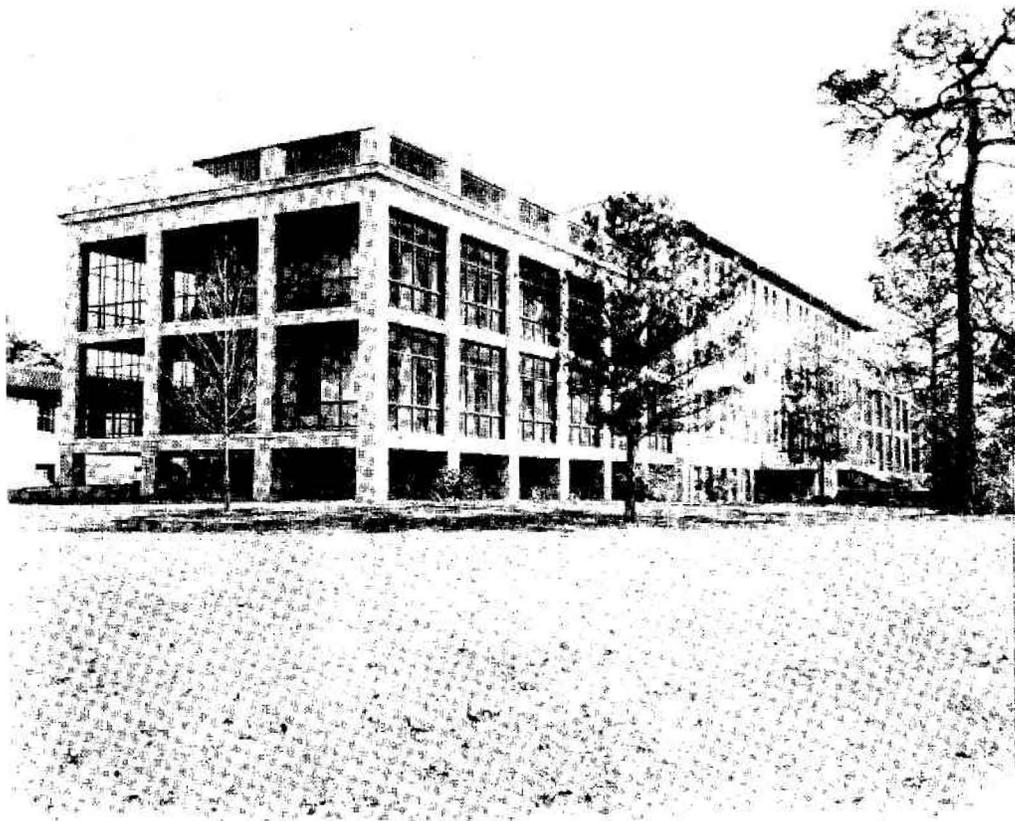
The Secretary of War referred to the construction at Fort Benning in his annual report for fiscal year 1924.

"The only project involving permanent construction of any magnitude authorized during the past fiscal year was the continuation of construction work at Fort Benning, Georgia, at which place, plans and specifications were prepared and contracts let at the beginning of the year for fourteen (14) additional sets of Officers' Quarters and a hospital group consisting of a hospital building with a separate kitchen and mess and boiler house, capable of furnishing accommodations for 102 patients. It is expected that from time to time additional wards will be added which will increase the patient accommodations."



The above picture shows the men of the Station Hospital demonstrating a field aid station in preparation for instruction in The Infantry School.

In May 1926, not long after the above report was published, the post Constructing Quartermaster, Captain Wm. McK Scott, QMC, received plans and specifications for the construction of a laboratory building to be located in the rear of the main building of the new hospital. The foundation was to be of concrete with a cellar partially excavated in which will be located an animal room, store room and gas machine room. The first floor plan showed an autopsy room, viewing room, waiting room, office and three rooms devoted to laboratory purposes. The exterior walls were to be of hollow tile covered with stucco to match the other buildings. The contract was let and because of the small size, the building was completed early in 1927.



A view of the new Hospital building from the west end.

A concrete bandstand was completed early in the summer of 1926 in front of the new hospital. Band concerts were presented twice a week. The bands from the 24th Infantry and the 29th Infantry alternated concerts. Both bands presented military, popular and classical music. The natural rivalry between the units extended to the bands the challenge of trying to out do each other.

In June 1926 Major General Meritte W Ireland, The Surgeon General of the Army, inspected the facilities of the new hospital. His report to the Commanding General of Fort Benning indicated his pride not only in the new hospital but also in its staff.

A group of seven patients from the station hospital boarded a train on 10 July 1926 for Washington to go to Walter Reed General Hospital, Takoma Park, District of Columbia, for further observation and treatment. Sgt. Edward G Schafer of the Medical Detachment was in charge assisted by Pvt. Homer Walley, an x-ray technician, who was being transferred to Walter Reed for duty. One of the transferred patients, M/Sgt Joseph T. McCloskey, died there on 24 September 1926.

Among the items being tested at the Department of Experiment of the Infantry School in 1926 were a variety of first aid pouches. Personnel of the Medical Detachment were frequently used as consultants to the Department when medical equipment was being tested.

There were three cases of smallpox on the post and several cases of typhoid fever in Columbus in September 1926. Once again a drive was initiated to immunize all post residents, both military and civilian.

A roster of permanent officer personnel in October 1926 listed the following medical department officers:

Lt Col Paul S Holloran, MC., Surgeon  
Major Daniel L Card, MC  
Major Harvey L Dale, MC  
Major Jarvis H Bauer, MC  
Major George D Chunn, MC  
Major William A Squires, DC  
Major Edgar E Horne, MC  
Major Patrick F McGuire, MC  
Capt Benjamin F Fridge, MC  
Capt Jarrett M Huddleston, MC  
Capt Herbert W Taylor, MC  
Capt Arthur E Brown, MAC  
Capt Clarence C Harvey, MC  
Capt Adolph T Gilhus, MC  
Capt Frank W Young, MC  
Capt James L Olsen, DC  
Capt Walter F Tolson, MC  
Capt Joseph R Darnell, MC  
Capt George P McNeill Jr, MC  
Capt John M Tamraz, MC  
Capt Henry A Winslow, DC  
Capt Carlton C Starkes, MC  
Capt Barton W Johnson, MC  
Capt Daniel H Mallon, VC  
1/Lt Wade H Johnson, MAC  
2/Lt Douglas Hall, MAC

Also listed among the permanent officers of Fort Benning at this time was Major Dwight D Eisenhower, Infantry. Among the officers attending the Infantry Company Officers Class starting in 1927 was Captain Joseph I Martin, MC.

Early in 1928 Fort Benning was plagued with an epidemic of influenza. Medical facilities were greatly overtaxed, and most of the resources of the post were required to care for the patients. The extent these resources were used is best described in the following General Order:

General Orders, No 6:

Fort Benning, Ga  
March 6, 1928

1. Organizations of this command are commended for their hearty and efficient cooperation in assisting the medical department during the recent epidemic of influenza. The spirit shown by all members of the command in complying with suggestion of the medical department in the effort to limit the spread of the disease and to care for convalescents treated in quarters was most satisfactory. Without this valuable aid the epidemic might and probably would have reached serious proportions.

2. In particular this commendation is directed to the following organizations:

(a) The School for Bakers and Cooks, under the direction of Capt H. C. Johansen QMC, a detachment of cooks and mess attendants, under a non commissioned officer, organized and equipped a hospital mess in temporary buildings turned over for hospital use and operated the mess for both patients and for enlisted attendants with economy and efficiency. Another mess was organized by Capt Johansen in the 29th Infantry tent area but this area was not required for hospital use.

(b) The Utilities Section of the Office of the Quartermaster: This section converted certain buildings assigned for use of the hospital into wards with gratifying promptness and efficiency and responded in a very satisfactory manner to the many demands for repairs and installation requested.

(c) The Property Section of the Office of the Quartermaster: With the least practicable formality all necessary property for equipment of the temporary wards was made available and delivered where needed. The cooperation of this office was so satisfactory that the Medical Department was enabled to increase the hospital capacity by over two hundred beds within a few hours of its request for service.

(d) Company "C", 15th Tank Battalion: On February 14, 1928, this organization was detailed to assist in the care of the sick and in operating the temporary hospital and for duty in the old hospital area. Both

officers and men performed every duty required in a most satisfactory manner and with a willing and painstaking spirit that reflects the highest credit on the discipline and spirit of this organization.

3. This order will be read to each company or detachment at the first formation after receipt.

BY COMMAND OF BRIGADIER GENERAL COLLINS:

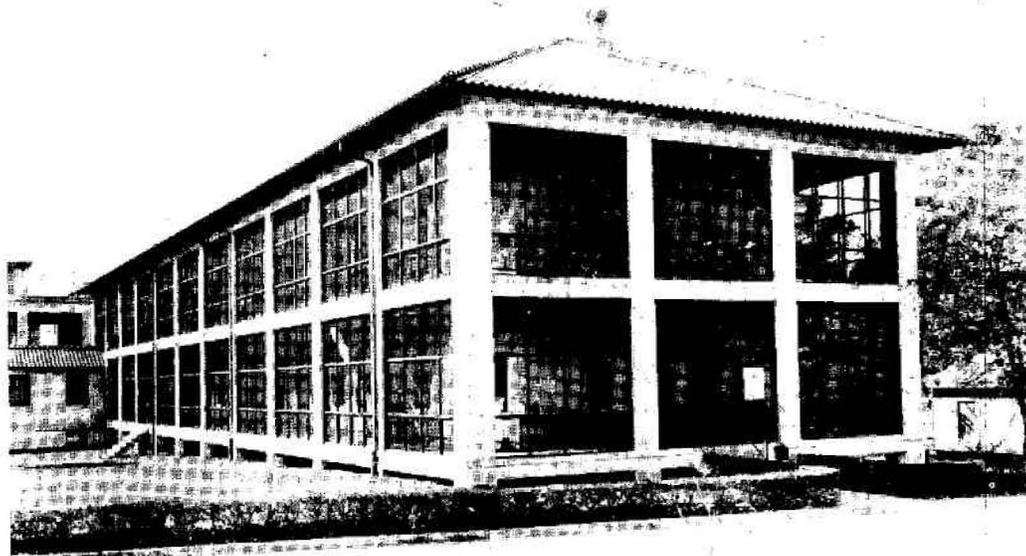
D. H. TORREY  
Major, AGD  
Adjutant

In the aftermath of the epidemic it was easy to convince command that there was a great demand for more bed space in the area of the new hospital. By April 1928, work had begun on two separate ward buildings. These buildings when completed would increase the inpatient capacity to 200 patients. The basement of the new hospital contained the Attending Surgeon's office, eye, ear, nose and throat clinic, the x-ray department, the pharmacy and storerooms; the first floor contained two large medical wards, a dental clinic, the medical library, and the administrative and records offices; the second floor housed the surgical wards and the offices of the Chiefs of Surgical and Medical Services; the third floor contained the wards for women and children and the operating rooms. The laboratory service occupied its own building to the rear of the main hospital and was reported to be better equipped than the average Corps Area laboratory.

The general division of professional services was medical, surgical, dental and laboratory services. The obstetrical service was a part of the surgical service. Its workload for the year 1927 was used as part of the justification for more ward space. In that year, 110 babies were born in the crowded third floor of the hospital, an average of about 2 per week. Also in 1927, Fort Benning had the lowest sickness rates in the US Army. Hospital deaths were lower than those from automobile accidents on the post.

The 1928 strength of the Medical Detachment included 17 MC, 3 MAC, (Medical Administrative Corp) 4 DC, 2 VC, 17 ANC, and 169 EM.

In September 1928 the staff of the Academic Department of The Infantry School lists the name of Major Morrison C Stager, MC. It is not known if he was the first medical officer to serve on the academic staff; however, he was certainly among the first. He had been on the staff since August 1927, and was promoted to Lt Col prior to his departure for Carlisle Barracks, Pennsylvania early in 1932.

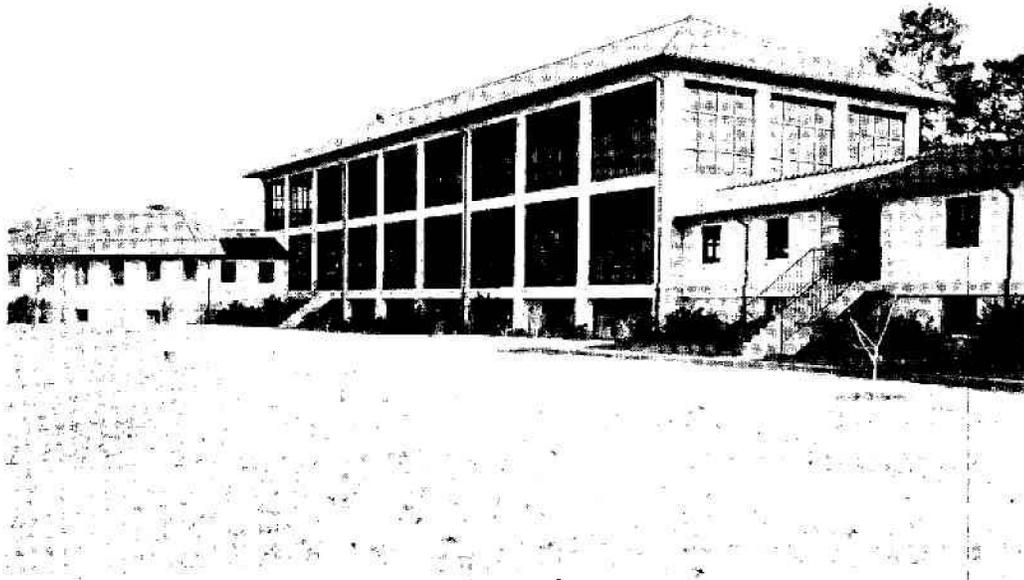


This is the first ward to be added to the main hospital.

The two new wards were completed in February 1929 at a cost of \$140,000. This permitted the centering of all medical activities on Richie Hill except the Outpatient Department, two wards, and the medical inspector's office.

In March 1929 a severe wind and rain storm severed the power lines between Columbus and Fort Benning. Electric power was supplied to the hospital from the auxiliary power plant in the post laundry.

As a tribute to the memory of three former surgeons of the Fort Benning Station Hospital, wards were named in their honor in May 1929. Ward A was renamed Ward Conrad E Koerper in honor of the first commander, Lt Col C. E. Koerper; ward B renamed Ward James W Van Nusen; ward C renamed Ward Frank C. Baker in honor of Colonel F. C. Baker who had been commanding officer since August 1927 and died April 12, 1929 at Fort Benning.



One of the two ward buildings completed in February 1929.

Funds were received and work begun on a third ward and the nurses' quarters in July 1929. The nurses' quarters will house a total of 28 members of the Army Nurse Corps. The completion of ward #3 will increase the inpatient capability by about 50 beds.

Other happenings at Fort Benning in 1929 which had medical significance were:

Captain Henry F Luckney, MC, graduated from the Infantry Advanced Class.

Major Edgar E Hume, MC, Medical Inspector attended the 5th International Congress of Military Medicine in London.

Series entitled "Here's to Your Health" started in the post newspaper. Articles authored by the Medical Inspectors appeared weekly.

Colonel Clarence J Manly, MC, arrived in October and assumed command of the hospital. Colonel Manly was the step-father of Major General Charles Billingslea.

Construction for the improvement of the medical facilities at Fort Benning continued during 1930. The nurses quarters and the third ward were completed. In addition, a dispensary was constructed on Wold Avenue across from the Tank Barracks. The Batson-Cook Company of West Point, Georgia was the contractor and the cost was \$54,354. Military sick-call, the Office of The Attending Surgeon, and the Medical Inspectors office were moved to this building. A dental clinic was also opened here. The porches on the wards in the main building and on Ward #1 were closed in to provide more space for patients. Separate steam and power lines were run to the porch areas. This separation from the main lines continually plagued the maintenance engineers. The most common complaint was that the radiators on the main ward were hot, while on the porches they were cold.

Construction began on 27 July 1931 on the enlisted barracks to the rear of the mess hall. The Medical Detachment office, unit supply rooms, and barracks space for 156 enlisted men were included in the plan. Prior to the completion of this barracks, the enlisted men lived in tents with concrete floors further to the rear of the mess hall. \$75,000 was allocated for this project, and it required six months to complete.

One of the most interesting medical feats of 1931 involved a man who had an attack of appendicitis while at Maxwell Field. As the Fort Benning Hospital was the nearest Army Hospital, the patient was rushed here by airplane and, two hours after he was stricken, he had been operated on and safely out of danger. This may not have been the first instance of a patient evacuated by air; however, instances of this type were certainly cited when the program for aeromedical evacuation was presented.

The greater number of new personnel arrived in the fall for attendance of The Infantry School courses. The following article appeared in the post newspaper on 28 Aug 1931 and was written by Major Homer L Conner, MC, Medical Inspector.

#### NOTES FOR NEWLY ARRIVED PERSONNEL

Following a custom of preceding years it seems advisable to begin our talk on disease prevention with notes to newly arrived personnel. These apply to all members of the command, those living in Columbus as well as those having quarters on the Post.

"Calls for the Attending Surgeon should be phones in to telephone no. 126 from 8:00 a.m. to 4:00 p.m. and from 4:00 p.m. to 8:00 a.m. to telephone no. 127. It is particularly requested that these two numbers be used rather than the Quarters number of the Attending Surgeon since if the Attending Surgeon is out on a call there may be no one at his quarters to make record of the call."

