

REPORT

OF

THE PRESIDENT OF THE U. S. ARMY MEDICAL SCHOOL,

WASHINGTON, D. C.

TENTH SESSION:

OCTOBER 1, 1905, TO MAY 31, 1906.



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REPORT

OF

PRESIDENT OF THE ARMY MEDICAL SCHOOL.

SEVENTH AND B STREETS SW.,
Washington, D. C., July 15, 1906.

SIR: I have the honor to submit the following report of the work of the Army Medical School during the past scholastic year.

The tenth session began October 1, 1905, and closed May 31, 1906.

The number of student candidates admitted was 18 and that of militia medical officers 1. No student medical officers attended.

On October 4, 1905, the contract of one of the student candidates was annulled by the Surgeon-General upon the recommendation of the faculty of the school.

On account of illness Contract Surgeon John R. Hicks has not yet taken the final examination.

Contract Surgeon Albert H. Wilton during the examination contracted pneumonia, which resulted in death May 22, 1906.

The remaining 16 students completed the course, past their graduating examination, and were awarded certificates of proficiency.

The following table shows the subjects taught, the hours of instruction in each subject, and the names of the instructors:

	Number of hours.	Subject.	Name of instructor.	Valuation.	
				Maximum.	Minimum.
1	104	Duties of medical officers, medical department administration, and customs of the service.	Maj. W. H. Arthur and Capt. H. L. Gilchrist.	1,000	800
2	20	Military hygiene	Maj. W. D. McCaw	800	640
3	280	Clinical microscopy, bacteriology, and pathology.	Lieut. Jas. Carroll	800	640
4	22	Military surgery	Maj. W. C. Borden	800	640
5	20	Tropical diseases	Maj. W. D. McCaw	600	480
6	170	Sanitary chemistry	Capt. C. R. Darnall	600	480
7	93	Hospital-corps drill and field work.	Capt. H. L. Gilchrist	500	400
8	48	Operative surgery	Capt. C. R. Darnall	400	320
9	68	Ophthalmology and optometry	Maj. J. D. Glennan	400	320
10	10	Military medicine	Col. C. L. Heizmann	300	240
11	30	Roentgen ray work	Maj. W. C. Borden	300	240

In addition to the above the following instruction was also given: Twenty-two hours in equitation at Fort Meyer, Va., by First Lieut. Louis R. Ball, Thirteenth Cavalry. Three lectures each on "military law," by Gen. George B. Davis, Judge-Advocate-General, U. S. Army, and Maj. John B. Porter, Judge-Advocate-General's Department. Three lectures on "transportation," by Maj. Chauncey B. Baker,

Quartermaster-General's Department. Two lectures and a series of demonstrations on "mosquitoes," by Miss Clara Ludlow.

During December and January Col. John Van R. Hoff, Assistant Surgeon-General, U. S. Army, gave a series of five lectures on the sanitary organization and work of the medical department of the Russian army in Manchuria.

Col. Valery Havard, Assistant Surgeon-General, U. S. Army, lectured to the class on the same subject on February 16, 1906.

Maj. Charles Lynch, General Staff, during February and March, 1906, gave a series of four lectures on the work of the medical department of the Japanese army in Manchuria.

The class during the session also attended a series of surgical clinics given by Maj. W. C. Borden, surgeon, U. S. Army, at the general hospital, Washington Barracks.

The conduct and bearing of the students were excellent, and their attention to duty and industry, with one or two exceptions, highly commendable.

The graduating examination began on May 14, and the closing exercises, including the award of diplomas, were held May 31.

The marks attained in each subject and the final aggregate is shown on the merit roll inclosed herewith.

Two of the students, Drs. Albert G. Love and Harold W. Jones, graduated with honor, having attained a percentage exceeding 90. To Doctor Love, who stood first in the class with a percentage of 94.1, was awarded the Hoff medal.

The final or qualifying examination for commission in the Medical Department began June 1 and closed June 12. Of the 15 student graduates examined, 2 were found physically disqualified and 2 professionally disqualified. Eleven were found qualified in every respect and recommended for appointment as assistant surgeons.

From the foregoing it is seen that before receiving their commission the successful candidates past three examinations: (1) The preliminary, before admission; (2) the graduating, to obtain the school certificate of proficiency; (3) the final, for commission. The final examination necessarily included three subjects not comprised in the preliminary examination nor in the school course, namely, practice of medicine, principles of surgery, and obstetrics. It also included two subjects of the school course, namely, hygiene and bacteriology, altho the students had already been examined therein for their graduation.

I see no sufficient reason for these three examinations and believe it will be in the interest of the school to reduce them to two, the preliminary and the final. With that end in view I would respectfully recommend that the preliminary examination be made to comprize the following professional subjects: (1) Anatomy and histology; (2) physiology; (3) chemistry and physics; (4) materia medica and therapeutics; (5) practice of medicine; (6) principles of surgery; (7) obstetrics.

These, it will be noticed, are the fundamental branches taught in all medical schools, and in all of which candidates for the army school may be assumed to be well grounded and ready to be examined. They form no part of the course of the school, and as our students have but little, if any, time during the busy school session to devote to outside subjects, it follows that they are no better prepared to pass an examination in any of these preliminary branches at the end of the session than at the beginning. Were these branches disposed of at the pre-

liminary examination the students could then exclusively devote themselves, and with freer mind, to the school course.

The final examination, in my judgment, should simply be the graduation examination, and therefore only include the subjects of the school course. It should determine the proficiency of the students and those who are entitled to a certificate of graduation.

For students wishing to enter the Medical Corps one further test is necessary, namely, a clinical examination in a hospital, as has been done since the establishment of the school.

The aggregate marks of the preliminary, final, and clinical examinations, together with those for aptitude, should determine the relative standing of the student candidates and decide which of them are to be recommended for commissions.

It is to be noted with regret that only one medical officer of the militia attended the school during the last session. This suggests the following remarks:

Militia medical officers are generally practising physicians who can not conveniently afford to spend a year at the Army Medical School, altho recognizing the advantages of the special instructions given therein and their need of it. The difficulty is further increased by the necessity they are under of partly supporting themselves during the school session, for it is a fact that the pay, allowances, namely, \$54 a month for a lieutenant and \$66 for a captain, is barely sufficient to cover their expenses. As this objection can only be removed by act of Congress it is needless to dwell upon it at this time.

Another probable reason which deters these officers from applying for admission is, I believe, the preliminary written examination required. There was at one time a reasonable apprehension that unless such examination was required the number of applicants would be larger than could be accommodated and that some of them would lack the necessary qualifications to profit by the school course. But I believe past experience has shown that (at least until the pay allowances are increased) there need be no fear of too many applicants. Many, if not most, of the militia officers who would make suitable students are several years distant from the graduation as M. D., and do not feel inclined to brush up again their anatomy and physiology for admission to our school. A certain proportion of them are specialists, perhaps oculists, dermatologists, etc., and have naturally neglected their practise of medicine and principles of surgery.

It is true that such physicians may be indifferent material out of which to make efficient medical officers, but we must accept them as they are with the hope that they are desirous to improve themselves in the special knowledge which they need and that whatever they learn will be clear gain to the military service. Therefore I do not think that, under the present conditions, militia medical officers should be subjected to the preliminary examination provided for them in General Orders, No. 39, 1905. It is probable this examination could be entirely omitted with advantage to all concerned. The applicant, however, should comply with all the other requirements of the general order above quoted and, besides, produce a diploma from a medical school in good standing. He should be directed to report as heretofore to a post in the vicinity of his home for preliminary examination. This would simply consist of the physical examination, an examination of his diploma and other papers and testimonials bearing upon his

professional attainments, and lastly of such questions as the board may find necessary to ask, in an informal way, to ascertain the extent and nature of his education, general and professional, as well as any peculiarity of manner or character.

These remarks are respectfully submitted in a tentative way. I do not think it would be expedient to attempt any change in the present system at this time, but another session will show what value they may have and to what extent it will be desirable to carry out the suggestions made therein.

During the final examinations two practical questions, needing an authoritative decision, presented themselves: (1) The minimum refractive error of vision which should be accepted for admission to the school; (2) the reexamination of candidates who fail, either mentally or physically, in their final examination.

The following recommendation was accordingly forwarded to the Surgeon-General on June 22, 1906:

ARMY MEDICAL SCHOOL,
Washington, June 22, 1906.

SIR: I have the honor to recommend that the following additional regulations for the government of the Army Medical School be submitted to the honorable the Secretary of War for approval.

This action is taken upon the unanimous recommendation of the faculty of the school and is believed to be greatly in the interest of the service.

1. In the preliminary examination for the admission of candidates to the school, errors of refraction are not a cause for rejection, provided they do not fall below 20/40, and are entirely corrected by appropriate glasses.

2. Any candidate who, at his final examination, fails to qualify mentally shall not be entitled to a reexamination. Any candidate who qualifies mentally but fails physically shall, upon the recommendation of the Surgeon-General, be given an opportunity to be reexamined physically with the next class, and if then found qualified may be commissioned without further examination, his standing in the class being determined by the marks obtained in his final examination.

Very respectfully,

V. HAVARD,
Colonel, Assistant Surgeon-General, U. S. Army,
President Army Medical School.

The SURGEON-GENERAL, U. S. ARMY,
Washington, D. C.

Very respectfully,

V. HAVARD,
Colonel, Assistant Surgeon-General, U. S. Army,
President Army Medical School.

The SURGEON-GENERAL, U. S. ARMY,
Washington, D. C.

Relative proficiency of the students of the Army Medical School, session 1905-6.

No.	Name.	Medical department administration and duties of medical officers.		Military hygiene.		Clinical microscopy, bacteriology, and pathology.		Military surgery.		Tropical medicine.		Sanitary chemistry.		Hospital Corps drill and field work.	
		Max., 1,000. Min., 800.	Rating.	Points ob- ob- tained.	Max., 800. Min., 640.	Rating.	Points ob- ob- tained.	Max., 800. Min., 640.	Rating.	Points ob- ob- tained.	Max., 600. Min., 480.	Rating.	Points ob- ob- tained.	Max., 600. Min., 480.	Rating.	Points ob- ob- tained.
1	Maj. Vernon J. Hooper, surgeon, Michigan N. G.	850	9	680	9	670	10	500	15	462	14	516	7	425	5
2	Contract Surgeon Laurence P. Desmond, U. S. Army.	840	10	704	8	653	11	660	7	480	13	498	9	400	7
3	Contract Surgeon Thos. F. Duhiigg, U. S. Army.	635	16	672	10	729	4	620	11	444	16	486	10	425	5
4	Contract Surgeon Chas. E. Freeman, U. S. Army.	855	8	744	5	642	12	540	14	450	15	516	7	400	7
5	Contract Surgeon Louis H. Hanson, U. S. Army.	835	11	736	6	681	8	632	10	504	9	528	5	435	3
6	Contract Surgeon Hermon E. Hasselbine, U. S. Army.	880	6	768	2	722	6	608	12	552	4	522	6	450	2
7	Contract Surgeon Oswald F. Henning, U. S. Army.	875	7	752	4	758	1	680	4	492	11	516	7	400	7
8	Contract Surgeon John R. Hicks, U. S. Army ^a	820	-----	656	-----	672	-----	640	9	486	12	486	10	375	9
9	Contract Surgeon Lucius L. Hopwood, U. S. Army.	885	5	776	3	630	13	600	13	570	2	522	6	250	10
10	Contract Surgeon Harold W. Jones, U. S. Army.	935	2	760	3	726	5	708	2	486	12	540	3	450	2
11	Contract Surgeon Albert G. Love, U. S. Army.	940	1	776	1	756	2	748	1	576	6	552	1	455	1
12	Contract Surgeon Henry B. McInyre, U. S. Army.	745	14	720	7	674	9	700	3	384	17	510	8	415	6
13	Contract Surgeon Henry S. Nichols, U. S. Army.	880	6	760	3	756	2	460	17	546	5	546	2	433	3
14	Contract Surgeon Omar W. Pinkston, U. S. Army.	895	4	744	3	741	3	664	6	522	8	540	3	430	4
15	Contract Surgeon Mathew A. Reasoner, U. S. Army.	790	12	768	2	628	14	648	8	498	10	540	3	450	2
16	Contract Surgeon Howard A. Reed, U. S. Army.	780	13	736	6	581	16	484	16	534	6	522	6	425	5
17	Contract Surgeon Ferdinand Schmitter, U. S. Army.	720	15	704	8	718	7	436	18	558	3	510	8	380	8
18	Contract Surgeon Albert H. Wilton, U. S. Army.	920	3	752	4	613	15	676	5	528	1	534	4	450	2

^a Completed the examination July 14, 1906.

Relative proficiency of the students of the Army Medical School, session 1905-6 --Continued.

No.	Name.	Department.		Operative surgery.		Ophthalmology and optometry.		Military Medicine.		X-ray work.		Agg- gate.	Final rating.	Remarks.
		Max., 500.	Min., 400.	Max., 400.	Min., 320.	Max., 400.	Min., 320.	Max., 300.	Min., 240.	Max., 300.	Min., 240.			
		Points ob- tained.	Rating.	Points ob- tained.	Rating.	Points ob- tained.	Rating.	Points ob- tained.	Rating.	Points ob- tained.	Rating.			
1	Maj. Vernon J. Hooper, surgeon, Michigan N. G.	500	1	332	10	328	8	270	5	240	14	5,773	12	Proficient.
2	Contract Surgeon Laurence P. Desmond, U. S. Army.	333	7	330	11	316	11	255	6	255	10	5,724	14	Do.
3	Contract Surgeon Thos. F. Duhigg, U. S. Army.	442	4	328	12	324	9	240	8	255	10	5,600	16	Do.
4	Contract Surgeon Chas. E. Freeman, U. S. Army.	500	1	332	10	334	7	246	7	246	13	5,805	10	Do.
5	Contract Surgeon Louis H. Hanson, U. S. Army.	488	2	356	3	320	10	240	8	285	4	6,040	8	Do.
6	Contract Surgeon Hermon E. Hasselbine, U. S. Army.	454	3	340	8	356	6	285	2	249	12	6,186	4	Do.
7	Contract Surgeon Oswald F. Hemming, U. S. Army.	500	1	340	8	300	13	276	4	273	6	6,162	5	Do.
8	Contract Surgeon John R. Hicks, U. S. Army ^a	413	6	304	13	280	.....	240	8	270	7	5,642	.....	Prevented from completing examination account illness.
9	Contract Surgeon Lucius L. Hopwood, U. S. Army.	500	1	348	5	328	8	288	1	261	8	5,958	9	Proficient.
19	Contract Surgeon Harold W. Jones, U. S. Army.	500	1	352	4	376	2	279	3	297	1	6,409	2	Proficient with honor.
20	Contract Surgeon Albert G. Love, U. S. Army.	500	1	368	1	388	1	240	8	288	3	6,587	1	Proficient with honor, and med- alist.
21	Contract Surgeon Henry B. McIntyre, U. S. Army.	500	1	340	8	280	14	255	6	252	11	5,775	11	Proficient.
22	Contract Surgeon Henry S. Nichols, U. S. Army.	500	1	356	3	364	4	276	4	228	17	6,107	6	Do.
23	Contract Surgeon Omar W. Pinkston, U. S. Army.	500	1	364	2	304	12	285	2	276	5	6,265	3	Do.
24	Contract Surgeon Matthew A. Reasoner, U. S. Army.	500	1	342	7	360	5	285	2	294	2	6,103	7	Do.
25	Contract Surgeon Howard A. Reed, U. S. Army.	429	5	332	10	320	10	276	4	231	16	5,650	15	Do.
26	Contract Surgeon Ferdinand Schmitter, U. S. Army.	500	1	336	9	368	3	270	5	239	15	5,739	13	Do.
27	Contract Surgeon Albert H. Wilton, U. S. Army.	500	1	344	6	.....	.....	285	2	258	9	.....	.....	Died May 22, 1906.

Highest possible number of points 7,000
 "Proficient with honor" 6,300 or 90 per cent.
 "Proficient" 4,900 or 70 per cent.

V. HAVARD,
Colonel, Assistant Surgeon-General, U. S. Army,
President, Army Medical School.
 C. R. DARNALL,
Captain, Assistant Surgeon, U. S. Army, Secretary.