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## The Tigers and the Army: The LSU School of Medicine During World War II

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The Tigers and the Army: The LSU School of Medicine During World War II

A Thesis

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Master of Arts  
in  
History

by

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## Abstract

The art of medicine has long found its most difficult challenges on fields of battle. During World War II, medical schools like the Louisiana State University School of Medicine were forced to play a larger role in total warfare. They served the medical needs of both civilians and soldiers by providing more doctors for the homefront and sponsoring medical units that served abroad. LSU sponsored the 64<sup>th</sup> General Hospital, which served in both the North African and Italian theaters. Clearly, then, the story of the LSU School of Medicine during World War II provides a glimpse into the intricate collision between medicine and war.

## Introduction

The Second World War put enormous stress on the medical services available to Americans in the Army and on the homefront. From 1941 onward, the vast majority of the medical schools in the United States set out on a mission to produce more doctors to meet these needs. In New Orleans, the Louisiana State University School of Medicine accepted a twofold challenge. Not only did the school adopt an accelerated curriculum, but members of its faculty also formed part of a medical unit that served in the Mediterranean Theater of Operations. Until 1945, then, the School of Medicine was fully engaged in the war effort, participating in the care of civilians and soldiers alike.

In many ways, the mission of the medical school during the Second World War was the same both overseas and at home. At the most basic level, doctors strove to care for all of their patients to the best of their ability. The patient population was widely diverse, conditions were not comfortable, and budgetary constraints were rampant. Still, the medical school's service during World War II was seen as a patriotic duty, and the School wholeheartedly threw itself into the war effort.

True, the art of medicine had long found its most difficult challenges on fields of battle. But the era of mechanized warfare made it even harder for doctors to save and heal the soldier and the citizen simultaneously. Aside from participating in active military service, professional schools like the LSU School of Medicine were forced to serve the medical needs of both civilians and armies. The story of the LSU School of Medicine during World War II provides a glimpse into the intricate collision between medicine and war.

Many wartime medical students during World War II were actually student soldiers—enrolled in the Army Specialized Training Program and the Navy’s V12 program. At LSU—as at other medical schools—war, medicine, and medical education became intertwined in a complicated process that combined patriotic fervor and professional obligation. Even before the United States entered the conflict, therefore, Dean Beryl I. Burns and his senior faculty adapted the school to wartime conditions.

Faculty members also began considering their own service in the armed forces. On November 5, 1940, the faculty of the School of Medicine met at the insistence of the Dean and Department of Surgery chairman Urban Maes to discuss the formation of a general hospital which would be affiliated with the School of Medicine.<sup>1</sup> As in World War I, school-sponsored field medical units would be the expeditionary extension of permanent Army hospitals. Why did the doctors at LSU take steps so soon, however, to participate in the pre-war mobilization efforts?

Had war been declared in the United States in 1939, the armed forces’ medical structure would have seriously hampered military strategy and operations. Lieutenant General Richard Taylor, a military medicine historian of the World War II era, wrote, “the Medical Department’s training program was adapted to meet the needs of a small garrison army and would have to be restructured to function efficiently in a period of mass mobilization.”<sup>2</sup> As a result, the Surgeon General realized that the strategy of allowing medical schools to sponsor and send off medical units in support of armies would be an efficient way of ensuring that cohesive, well-educated medical units could be inserted into combat areas with relative speed.

From 1939 to 1941 the Surgeon General of the armed forces put in place several key programs that allowed the Medical Department to grow and buttress the military medicine

structure. The Army's plans relied on the strength of professional civilian resources. Taylor writes, "Within 120 days after receiving mobilization orders, the Medical Department was required to expand more than tenfold to a strength of over 140,000 officers and enlisted men .... To achieve this strength, it was necessary to strain facilities to the limit and, in some instances, omit the luxury of formal training ...."<sup>3</sup> Because the Army's training resources were so limited nationwide, the Army hoped that graduates from civilian institutions would be the core of their professional staff, commissioned for service. Fortunately for the Army, schools across the country readily volunteered to meet the military's needs. By 1942, LSU School of Medicine Dean Beryl I. Burns could reasonably argue, "The faculty of a medical school at the present time is imbued with the spirit of war."<sup>4</sup> By February 1942, about 500 students had left their studies at LSU in Baton Rouge to join the military.<sup>5</sup>

In New Orleans, the School of Medicine was also bracing for war. Howard Buechner, Class of March 1943, remembered, "Teams of recruiters from the Armed Forces began to appear at the Medical School with increasing regularity."<sup>6</sup> Students could apply for commissions in the army and finish medical school or be drafted into the infantry immediately.<sup>7</sup> Most chose to stay in school. By February 9, 1942, 65 students of an 81-member senior class at the School of Medicine had applied for their commissions in the Army, Navy, or Public Health Services. Ninety percent of juniors followed their example.<sup>8</sup>

From 1943 until 1945, the LSU School of Medicine trained students under the Army Specialized Training Program (ASTP) and the Navy's V-12 program.<sup>9</sup> "What it means is that the army actually will take over about 55 per cent of the school's facilities and that the students will receive army pay and expenses," Dean Burns explained.<sup>10</sup> By September 1943, 262 students

were enrolled in the Army and Navy Specialized Training Programs, constituting approximately 70 percent of the school's enrollment.<sup>11</sup>

The LSU School of Medicine was supposed to teach students how to be effective military doctors, but it was supposed to do it in less time than would normally be afforded and without some of its most talented faculty. There were also no guarantees that these doctors would return to civilian practice in Louisiana after the war. The mandate for the LSU School of Medicine, therefore, temporarily changed from one of providing the state of Louisiana with qualified doctors to one of participating in a nationwide effort against foreign enemies.

When the Specialized Training Programs began in 1943, it was not at all clear how long the war would last, and, consequently, how long the schools would be forced to keep up the breakneck pace. Dean Burns made it clear, nonetheless, that the LSU Medical School was another willing cog in the wartime machine. "It is your assignment in the national emergency," Burns wrote to students. "To fail to carry out that assignment to the best of your ability would be a very grave matter indeed."<sup>12</sup> The student soldiers would be expected to sacrifice themselves to the war effort through their medical education if not in immediately joining the armies in battle.

Summer vacations were cut out of the school calendar, and a new freshman class was admitted every nine months. After completing a shortened internship period, new doctors would be ready to enter either the civilian or military medical professions in just over four years. As of July 1942, Burns noted that, "all but five medical schools in the United States are entering upon an accelerated program."<sup>13</sup> Clearly, these trainees were needed in medical service fast. In late February 1942, the School of Medicine graduated the first medical students in the country under an accelerated program.<sup>14</sup>



Students keenly aware of the sacrifices needed for the war effort played their part as well. In the new age of total war, their enthusiastic efforts were an extension of the obligation everyone felt to support the nation. Government officials strictly limited non-essential professional activities, and faculty members and students alike suffered the consequences. “We have just received word from Mr. R. H. Clare, Secretary, War Committee on Conventions,” reads one announcement, “that permit is denied to hold the ninth annual meeting of The New Orleans Graduate Medical Assembly, April 9-12, 1945.”<sup>15</sup> At other times, students were forced to give up their recreational activities. As a Navy official wrote to the School of Medicine dean in the fall of 1945, students enrolled in the Navy’s specialized training program would not be able to violate a forty mile travel limit. “This ruling,” he wrote, “prevents medical trainees from attending football games in Baton Rouge.”<sup>16</sup> Tellingly, students often made these sacrifices willingly. The Phi Lambda Kappa Medical Fraternity, for example, cancelled their formal dance and contributed the money reserved for that event to the United Community War Chest.<sup>17</sup> These were just a tiny fraction of the efforts that the country put forth in the name of wartime solidarity.

Other changes in American society at this time were far more ominous. Howard Buechner remembered one classmate, Kay Kohara, who was an American-born Japanese woman and as such considered suspect by many after Pearl Harbor. As the federal government began to set up containment centers for Japanese-Americans in the western United States, some at the Medical School feared that Kohara would be forced into one of them. Buechner comments, “We were told that Kay would be pulled out of medical school and interned in a relocation camp ... but luckily this never came to pass.”<sup>18</sup> War fears reached far into the American consciousness, a relatively new experience for the American public.

Meanwhile, accelerating the School of Medicine's educational program caused many difficulties. First, the strain on the faculty as a result of shortened and continuous school terms was intense. This pressure was increased as more faculty members from the medical school went off to war. As of July 1, 1943, 38 members of the School of Medicine's faculty were already on military leave, and 20 more full-time and part-time faculty had resigned. Those who stayed behind were saddled with additional teaching duties and would probably see their research activities interrupted. This was a major change in the traditional view about what faculty members should practice. But that was not the only change in traditions surrounding medical education.

While medical schools certainly achieved their objective of producing doctors faster, the quality of their educational programs was inherently suspect. Such an extensive program of specialized, accelerated training had never before been attempted. Willard Rappleye, dean of Columbia's medical school, argued, "[The] condensation of our college and professional education is producing graduates ... who are lacking in maturity and the broad educational qualifications which in the long run must be preserved for the long-term successful prosecution of the war and the responsibilities that will follow."<sup>19</sup>

Still, the LSU administration remained confident that they were providing an adequate education to all their students, despite the challenges inherent in the accelerated programs. William Postell, the School of Medicine's librarian, wrote, "The army and navy, as well as the civilian population, need doctors badly, and the Medical School is glad to make this adjustment [to an accelerated curriculum] to help supply the shortage."<sup>20</sup> The School of Medicine joined the war effort conscious of the challenges but eager to fulfill its role as a training ground for

physicians serving both armies abroad and civilians at home. Ultimately, what was more dangerous than accelerating the curriculum was not having doctors at all.

In his commencement address to February 1942 graduates at the LSU School of Medicine, C.S. Boucher, chancellor of the University of Nebraska, “stressed the need of education for the success of the country and contrasted the American ideals with those of the Nazis which ‘condemn universal education and advocate illiteracy for the masses.’”<sup>21</sup> Students clearly shared these feelings of professional obligation to the war effort. The realities of the war were immediately pressing. Leaving the School of Medicine meant getting one step closer to the shores of the South Pacific or the battlefields of Europe. A group of faculty members from the LSU School of Medicine, meanwhile, had already begun preparations for overseas service.<sup>22</sup>

LSU officials apparently hoped that the military would allow LSU to staff the 64<sup>th</sup> General Hospital.<sup>23</sup> But as early as October of 1940, doctors from LSU were called for military service as reserve officers. Dr. Oscar Blitz, a member of the Department of Internal Medicine and head of the Tuberculosis Service at Charity Hospital, was one of the first to be commissioned.<sup>24</sup> School administrators tried to defer their faculty members’ service.

This was not always possible. Claude Craighead, one of the School’s brightest young surgeons, was simply instructed to comply with orders to join the Medical Reserve until the 64<sup>th</sup> General was ordered to active duty.<sup>25</sup> Assigned to the 344<sup>th</sup> Medical Regiment in Ireland and Northern Europe,<sup>26</sup> he was never able to join up with the 64<sup>th</sup> General.<sup>27</sup> Despite the depletion of the School of Medicine’s faculty, most faculty members who were eligible for military service, nonetheless, formed the nucleus for the 64<sup>th</sup> General Hospital.

No one could say which task was more daunting: that of patching up soldiers in the field or holding a medical school together in the midst of a worldwide conflict. For a relatively young

school from a poor state, having a military hospital in the field presented an enormous challenge. The School lost the core of their most talented young faculty for the duration of the war. The formation 64<sup>th</sup> General was nonetheless particularly important for the LSU School of Medicine. It served as a symbol of the nation's goal, to wage war abroad against the enemy and support the armed forces in any way possible. The School was already proving its patriotic support producing more doctors at a quicker pace. With the birth of the military hospital, however, LSU was essentially split in two—the instructors and students at home while much of the faculty served overseas.

It would be more than a year before the doctors from LSU found themselves in the thick of military service overseas. On July 15, 1942, the 64<sup>th</sup> General Hospital was finally called for active duty.<sup>28</sup> The 64<sup>th</sup> General Hospital was originally organized as a 1000-bed hospital.<sup>29</sup> Its staff was first assigned for training at Fort Jackson in South Carolina, where the doctors were joined by the rest of the hospital's staff, including nurses, technicians, and enlisted men assigned to them by the Army.<sup>30</sup> The staff of the hospital unit was immediately acquainted at Fort Jackson with the tangled web that was the Army's mobilization process.

Men and women who made up many of the medical units during World War II quickly found that their medical expertise alone would not carry them through the war. That is, war service would require a great amount of flexibility and patience. Similar to what Army and Navy students at home experienced throughout the war, the personnel assigned to the 64<sup>th</sup> were asked to be two different types of the soldier—the kind that could manage the war's medical challenges, and the kind who could conform to Army life. Many of the most odious tasks were administrative in nature, tedious but necessary for maximum effectiveness in the bloody conflict.

Although plans had been instituted to provide more Medical Administrative Corps (MAC) support, the supply of these officers lagged behind the mobilization of hospital units. As a result, as military historian Albert Cowdrey writes, “When World War II began, hospital administration was a recognized profession in civilian life, but there were only a few dozen medical administrative officers in the entire army.”<sup>31</sup> At Fort Jackson, the 64<sup>th</sup> was only one of the units weighed down with unfamiliar organizational functions.

Officers in the 64<sup>th</sup> General had a number of logistical problems as a result of the shortage of administrative officers. “There was much confusion and loss of time in processing ... as there was no one present familiar with the procedure and the work had to be done by inexperienced medical officers,” complained Colonel Thomas Reagan, the 64<sup>th</sup>’s commanding officer.<sup>32</sup> Forms were incorrect and personal equipment was sometimes inadequately inspected before being given to the men and women for use.<sup>33</sup> There was added confusion as personnel were added to the unit’s roster in piecemeal fashion. “It was not until the latter part of September 1942, that the enlisted personnel was brought up to T/O [Table of Order] strength,” the unit’s official account relates. “As they dribbled in, it required new training schedules for each group. This leads to great confusion and added work.”<sup>34</sup> This early period was a rude awakening to the vagaries of Army procedure for the hospital.

Other problems resulting from the Army’s lackluster administrative apparatus were more serious. “Immunizations and inoculations not being given or recorded or both,” unit commanders complained. “Typhoid shots given at intervals of two to four weeks, necessitating whole new series being started. Smallpox vaccinations not given or recorded.”<sup>35</sup> Infectious diseases were a major concern for the military because close combat conditions could be a serious threat to the

health of every soldier. For this reason, medical units used new methods to fight commonly troublesome wartime maladies.

For the first time during World War II, vaccination and pre-testing programs would help doctors practice preventive medicine. Military physicians could therefore address risk factors that hurt units in combat. Increased tuberculosis (TB) testing, for example, could reduce the number of TB cases in combat units. The 64<sup>th</sup> General's report recommended: "By this method, the early asymptomatic case could be detected and a break in the chain of spread would be made."<sup>36</sup> Similar recommendations were made about other illnesses, such as diphtheria and venereal diseases. Preventive medicine would enhance manpower efficiency, conserve resources, and aid hospital units in fighting contagious diseases that could spawn major epidemics overseas.

Limited training space provided another set of trials. The 64<sup>th</sup> was at Fort Jackson, for instance, for more than a year before its deployment to North Africa. In that time, the unit was rotated in and out of medical service at the Post Station Hospital at Fort Jackson for quite a while. When the base hospital was too full to accommodate the unit, the 64<sup>th</sup> had to improvise training procedures.<sup>37</sup> Daniel Faust, the 64<sup>th</sup>'s commander, observed in the unit diary, "We do have journal clubs, twice a week, to keep from getting too rusty."<sup>38</sup>

Another part of the Army's predicament was outfitting their medical units for overseas service. Part of the problem was that the United States was busy providing equipment and medical supplies for the Allied nations before the U.S. actually entered the war. Though it often took some bureaucratic wrangling, medical units were properly outfitted by the time they were deployed overseas and, at the end of the war, the equipment chain had vastly improved. In either case, as the time approached for deployment, medical units concentrated more and more on their medical duties.

By the time it went overseas, the unit had been thoroughly schooled in Army life. The unit's members learned that Army life was about conforming to regulations and carrying out orders irrespective of one's opinion or preference. There were many training requirements that had little to do with the function of a hospital. As Louise Holland Bick, the head of the hospital's physical therapy department, realized, however, one had to accept realities in joining the military, and these new realities included following, and not questioning, orders.<sup>39</sup>

Most patients on the medical service began their stay with the 64<sup>th</sup> as surgical cases, but battle casualties did not come directly to the hospital from the front. General hospitals were largely situated in locations far from the front lines. Their main purpose was to serve as a post for more advanced medical treatment for the sick and wounded. Primary emergency management of wounds or illness could be found in field aid stations, where a doctor triaged the injury and sent the wounded man along the evacuation chain if needed. Later, at a clearing station a medical or surgical unit treated the injury while the soldier was still within a reasonable distance from the fighting. If the wound warranted more advanced management, an evacuation hospital cleared the soldier for travel to the Zone of the Interior, the sector of communications and materiel behind the front. From there, a soldier could either be dispatched to a station or a general hospital, depending on the soldier's condition and the availability of beds.<sup>40</sup> By dividing the duties among various levels of medical care, the military saved time and resources in transport and treatment.

As part of the military medicine chain, the staff members of the 64<sup>th</sup> General Hospital were also confronted with the vital differences between military and civilian medicine. This was a point in which their medical training and their military preparations would radically differ/ Doctors would have to adapt to the special conditions of wartime medical practice—namely,

operating under the stress of battle conditions or treating wounds much more traumatic than those regularly seen at home.<sup>41</sup> A civilian doctor, especially a family physician in a largely rural state such as Louisiana, was expected to bond with his patient over time, listening to them attentively and to getting to know them as individuals. A military doctor, however, did not have enough time to do that with each patient. Instead, he was part of a larger military structure that emphasized general health care in furtherance of winning the war.

Nurse Lou Peveto remembered one young patient who stayed with the 64<sup>th</sup> longer than usual because he was suffering from a fever. As he got closer to being discharged, Peveto tried to find other reasons to keep the young man hospitalized. When the doctor sent the patient back to the field, he said, “Miss Peveto, how can we ever win this war if we don’t discharge the boys because they look too young to be on the front lines.”<sup>42</sup> It was a harrowing, if necessary, process for a military professional.

As Albert Cowdrey writes, “Whether [a doctor] was commander or staff officer, he ... accepted responsibility for the health of men and women he would never know as individuals.”<sup>43</sup> Military procedure often meant sending soldiers back to the dangers of battle, even though the medically logical thing to do would be to help save a man’s life by sheltering him from battle. That their mission as doctors changed radically while at war was a difficult thing for the doctors and staff of the 64<sup>th</sup> General Hospital to accept.

The 64<sup>th</sup> General Hospital departed the United States on August 21, 1943.<sup>44</sup> The unit only realized they were heading into the Mediterranean after recognizing the telltale land formation of Gibraltar.<sup>45</sup> One night on their journey, the unit was treated to an impressive display of airpower by the Allies escorting the convoy. “Our ship didn’t give the alarm until after the fireworks started,” Lou Scott wrote. “An aircraft carrier began shooting and put on a beautiful show with a



shower of tracer bullets prettier than any Fourth of July celebration I have ever seen.”<sup>46</sup> Joe Obertin, an enlisted man who was assigned a spot on deck during the trip, was quickly ordered below deck during the attack along with the rest of the enlisted men. “Our brave defenders upstairs fired a gun or two that rattled every bolt in the ship,” he writes, “and convinced us that either a bomb or a torpedo had just concluded our military career—the whole thing was just no fun!”<sup>47</sup> Another air raid followed a few days later, but the 64<sup>th</sup>’s troop transport, the *USAT Thomas Barry*, reached Tunisia on September 4, 1943.<sup>48</sup>

In North Africa, the members of the 64<sup>th</sup> were stunned by the war’s physical destruction among communities. Thomas Reagan wrote, “Bizerte is nothing but ruins—shell and shell of buildings.” The refuse of weaponry routinely littered the landscape. Troops were instructed to stay on the roads, lest they become victims of Axis mine fields.<sup>49</sup> Upon reaching the town of Maddaloni, Italy, the unit’s annual report for 1944 states: “The hospital was set up in two (2) buildings, about one (1) block apart, in a populated part of town among almost unbelievable unsanitary conditions.”<sup>50</sup> It was only with the help of the mayor of Maddaloni and numerous civilians that the hospital’s facilities were made ready.<sup>51</sup>

On October 23, 1943, the unit formally opened as a General Hospital six miles south of Ferryville, Tunisia, near the coastal town of Bizerte. From this position, the 64<sup>th</sup> General Hospital served troops in the North African and Sicilian campaigns until February 1944.<sup>52</sup> There was a large concentration of hospital facilities in the Bizerte area, which included the 24<sup>th</sup> General Hospital formed by the Tulane University School of Medicine. All of these units were kept busy. In its first nine days of operation, the 64<sup>th</sup> General Hospital admitted 363 patients to the Medical Service, an indication of the heavy patient load to come.<sup>53</sup> This admission rate

remained constant throughout the early period of the hospital's operation and grew as the 64<sup>th</sup> gained more experience.

There were a number of conditions and symptoms treated by the 64<sup>th</sup> General Hospital. A common one was venereal disease. The Army realized that the incidence of venereal disease would be high among men who would be overseas for so long. Military officials instituted several measures to try to stem the tide of these conditions. "A full-time venereal disease control officer ... was added to the staff ...," Charles Wiltse writes.<sup>54</sup> Soldiers were also routinely instructed to avoid sexual activity with civilians around them. Toward the end of the war, however, soldiers were less careful in their habits, and the number of sexually transmitted diseases increased steadily. Venereal disease cases especially rose when troops were reassigned away from the front after Italy fell in the spring of 1945. As the 64<sup>th</sup>'s report flatly states, "They were out for a final 'fling or two.'"<sup>55</sup> By November 1945, a month before the 64<sup>th</sup> was deactivated, the unit's commander, Henry Carstens, reported that a majority of the hospital's admissions were for venereal disease.<sup>56</sup> World War II therefore fit the pattern of other conflicts in the incidence of sexually transmitted diseases. The efforts that were implemented to try to control these conditions, however, were emblematic of a new emphasis on preventive care in the medical field.

The close quarters and primitive conditions in which soldiers had to live for months on end made the risk of communicable diseases like typhus, tuberculosis, and hepatitis very high. Even members of the 64<sup>th</sup> General Hospital were vulnerable to infection because of the bad condition of the water supply near its posting. On October 22, 1944, the unit diary mentions, "There are quite a large number of personnel being hospitalized for hepatitis." Included in this group was Oscar Blitz, chief of the hospital's Medicine department. The entry also noted, "[An]

absence [of hospital personnel] is being keenly felt as the minimum hospitalization period is 30 days.”<sup>57</sup> Sergeant Murdock Walsh, an enlisted man with the 64<sup>th</sup> General, died from hepatitis on January 9, 1945.<sup>58</sup> The spread of water-borne illnesses was consequently a serious problem that sidelined staff, reduced the efficiency of the hospital, and put lives at risk.

Immunization and other preventive measures thus became very important for the 64<sup>th</sup> General Hospital. Several procedures were very effective. Herald R. Cox, a medical researcher with the U.S. Department of Agriculture, found ways to produce substantial quantities of a typhus vaccine. Cowdrey writes, “By 1942 American fighting men bound for the typhus-harried regions of the world, including North Africa, were being routinely inoculated with a Cox-type vaccine.”<sup>59</sup> Other protocols included delousing procedures, insecticide use, and regulations that placed brothels off-limits to servicemen.<sup>60</sup> Measures like these prevented epidemics of communicable diseases that would have severely endangered the Army’s medical capabilities.

Some procedures were troublesome to implement for various reasons. Malaria was a concern, for example. Thirty-one cases of the disease were reported in the Medicine Service of the 64<sup>th</sup> in December 1943,<sup>61</sup> while twenty-two members of the 64<sup>th</sup> General staff were diagnosed the following month.<sup>62</sup> The primary prevention for malaria was atabrine, but the anti-malarial drug was unpopular. Cowdrey maintains: “Complaints against the yellow pills were legion. ... In fact, it sometimes caused headaches, nausea, and vomiting, and in a few cases it produced a temporary psychosis.”<sup>63</sup> Scott remembered, “It nauseated me so that I vomited and vomited.”<sup>64</sup> Despite its side effects, the pill was extremely effective against the deadliest type of malaria, *falciparum* malaria, but only when soldiers were persuaded to take it.

Until less taxing treatments against malaria could be developed, atabrine was the best medication the Army could offer.<sup>65</sup> In the meantime, the military took other non-medical

measures. In February 1944, Colonel Reagan reported that the 64<sup>th</sup> was on the lookout for malarial vectors in the form of adult mosquitoes and their larvae.<sup>66</sup> The 64<sup>th</sup> General also addressed drainage systems and used the pesticide DDT to maintain their area free of pest-borne diseases.<sup>67</sup> These efforts were part of an Army-wide effort in which there were also non-medical malaria control officers and anti-malaria training materials at every level of its organization.<sup>68</sup>

Doctors also used newer sulfa drugs and penicillin as antibacterial agents and preventive treatment tools. These drugs were so new that doctors and researchers did not yet fully understand how the medications worked, but their effectiveness was immediately clear. “Medicine was entering an era when it would be able to kill infections deep inside the body and defeat diseases that up to now had been almost invincible,” Cowdrey writes. “That alone would make World War II different from any that had been fought before.”<sup>69</sup> In essence, the use of antibacterial drugs was a symbol of the nature of medical research during the war.

Penicillin was developed in Britain in 1929, for example, but it was largely tested in the midst of the Second World War.<sup>70</sup> In an age when production of medicine was by no means geared toward mass production, penicillin was not widely available for civilian use until after World War II, though tests on both servicemen and civilians began in 1943 and military units were regularly using the drug by early 1944.<sup>71</sup> Penicillin and other antibiotics gave doctors more time to address and treat infections.

Still, casualties were, at times, overwhelming. The 64<sup>th</sup> General Hospital treated more than 3,100 patients in roughly four months in the North African theater. “The largest number of patients received during a [twenty-four] period,” reported Colonel Reagan, “was three hundred and forty-two.”<sup>72</sup> In North Africa, the unit only lost six patients, all of whom were in the surgical

service and one of which was a member of the 64<sup>th</sup> General Hospital.<sup>73</sup> The unit's mortality rate while stationed in North Africa was less than one percent.

There were numerous challenges for the 64<sup>th</sup> General Hospital in the last year of its service. The unit moved closer to the front lines and opened in Maddaloni, Italy, on March 17, 1944.<sup>74</sup> The 64<sup>th</sup> moved once again a few months later to a site near the town of Leghorn, Italy, officially opening on the site of a former Italian paratrooper school on August 8, 1944.<sup>75</sup> By this time, the hospital was attached to the U.S. Fifth Army and supported the Allied assault up into the Italian peninsula.

The hospital moved closer to the fighting lines and there was an increased risk of enemy attack. Military historian Charles Wiltse notes, "Leghorn was still within range of German guns when the 64<sup>th</sup> General began taking patients in that city."<sup>76</sup> Hospital staff members were keenly aware of the danger. Lou Scott remembers: "There was fierce fighting at Anzio Beach and Germans were holed up in an ancient monastery on Monte Cassino."<sup>77</sup> Despite the dangers, more hospitals crept closer to the fighting in support of the troops north of Rome.

In addition to taking on the pressures of the stunning casualties of the Italian campaign, the 64<sup>th</sup> General Hospital was also assigned other technical and medical services. While they were stationed near Leghorn, the 64<sup>th</sup> General's laboratory's staff members provided "laboratory service for all medical and service installations requiring laboratory units in this surrounding area." This laboratory provided sanitation and medical testing.<sup>78</sup> "Our laboratory services," the unit's annual report proudly states, "have been utilized by all units north of Livorno to the [Italian] border and by all units south of Livorno as far as Rome."<sup>79</sup> The unit's commander Thomas Reagan also reported, "Plans were also made to create a convalescent hospital for two hundred ... patients which began to function shortly thereafter under one (1) officer and (6)

[non-commissioned officers] attached to the unit for that purpose.”<sup>80</sup> As the troops advanced into northern Italy, the 64<sup>th</sup> General Hospital became an important center for long-term care. This development also began to signal the consolidation of some medical services into existing hospitals as the tide of the war turned after D-Day in June 1944.

In the last year of the war, the hospital staff assumed still more tasks. They ran a blood bank, morgue, and animal care services for the area surrounding Leghorn.<sup>81</sup> As of July 1945, it was made the headquarters’ dispensary for the Peninsular Base Section, servicing 37 other units. In addition to furnishing medical supplies, dispensary staff inspected bars, officers’ clubs, a transient hotel in the area, and Red Cross facilities within their purview. They also provided immunizations and routine exams to troops in the area.<sup>82</sup> “The total [personnel strength] of units rendered medical service by the dispensary reached 6,527 at the end of October [1945],” reported the 64<sup>th</sup>’s commander.<sup>83</sup> The hospital’s ancillary services, therefore, made up a substantial portion of its medical activity in the waning months of the war.

Adding to the tension of wartime service were the professional challenges many doctors faced. These physicians left the competitive civilian medical world to serve overseas. Their staff or faculty positions back home were sometimes taken over by older physicians who received deferments and sometimes by younger physicians who rose from the ranks to supplant those who had to go to war. Everyone’s life after the war would be shaped by how their home institutions accommodated them, but the members of the 64<sup>th</sup> were largely unable to exert great influence on the course of their civilian careers while still overseas. But hearing reports of younger doctors being promoted above them made some doctors feel that their supervisors at home were not appreciative of the sacrifice the doctors overseas were making.

Murrel Kaplan was a surgeon at the 64<sup>th</sup> from LSU. He recorded some of his frustration in letters home to his wife, bitterly commenting, “It is an outrage to see the young [doctors] at home stepped up and bypass those of us who have given up so much to do our part in the Army.”<sup>84</sup> With the sacrifices that these medical officers had made, the apparent disinterest in them from those back home cut deep. “Dr. [Urban] Maes [the head of the Department of Surgery at LSU and an Army medical consultant during World War II] tipped off Larry [another doctor] that he and I had received of appointments as Senior [Associates],” Kaplan wrote home in January 1945. “They are supposed to be retro-active, but I’ll have to wait until I get my official announcement.”<sup>85</sup>

While abroad, the 64<sup>th</sup> General’s staff enjoyed seeing the sights and various other forms of entertainment. These occasions were a welcome release from the pressure of military medicine. Louise Bick recalls, “When circumstances dictated ... we played. We went. We saw. We did.”<sup>86</sup> In March 1944, as the unit sat in the Bay of Naples awaiting disembarkation en route to their Maddaloni, the members of the 64<sup>th</sup> witnessed the 1944 eruption of Mount Vesuvius. “Such drama, such force shooting fire high into the darkness,” Bick remembers. “For hours we watched fascinated. No one will ever forget that.”<sup>87</sup> Nurse Lou Scott—née Peveto—visited numerous sites in both North Africa and Italy, including the Casbah, the ruins of Carthage, Pompei, Capri, Pisa, and Florence.<sup>88</sup> Within the confines of hospital grounds, moreover, there were several forms of recreation that helped personnel relax and develop camaraderie with each other.

Those back at home looked to support their colleagues in any way they could. Students and staff from the School of Medicine in New Orleans, for example, collected money to send a Victrola record player and reading materials to the unit after hearing from one of the LSU

officers: “I think you can definitely feel that the University could make no better contribution to the happiness of the officers and nurses than to help us in getting a nice radio and Victrola and a good set of records and books unless it were to get the war over and get us back to good old New Orleans.”<sup>89</sup>

A number of social events attracted Army personnel and civilians. On June 11, 1944, the unit’s diary reported, “This week, the first dance for enlisted men overseas was held at the Santa Maria Red Cross. Civilian girls were invited.”<sup>90</sup> Other events either hosted or attended by members of the 64<sup>th</sup> General included quiz shows and sporting events against other units. Naturally, the LSU and Tulane medical units played out some of the rivalry that had always existed between their home teams. While both units were stationed not far from one another in North Africa, games of touch football were organized. Murrel Kaplan wrote in early January 1944, “Yesterday afternoon the 24<sup>th</sup> [General Hospital, sponsored by Tulane’s medical school] was given a sound drubbing by our team in touch football.”<sup>91</sup> The 64<sup>th</sup> also organized a baseball team, known as the 64<sup>th</sup> Barons, and sponsored a basketball team while in North Africa, and even individual staffers participated in sporting events organized by the military in Italy.<sup>92</sup>

There was also a great deal of entertainment available to the troops. Several forms of films were shown regularly, including movies and newsreels. Live performances were also sometimes held. In January 1944, for example, the 64<sup>th</sup> hosted a performance by a German Prisoner of War band. “It ought to be very good, although I will reserve my judgment til [sic] later,” Murrel Kaplan wrote home, “At this stage, it is hard to say that anything the Germans do is good.”<sup>93</sup> Bingo parties, ping pong, chess, and checkers tournaments, and a craft shop for soldiers rounded out the ample recreation program.<sup>94</sup> The medical personnel therefore were



given a lot of choices for recreation as part of a program to sustain their morale and occupy their limited free time.

For some doctors, participating in social and recreational events was a painful reminder of their separation from beloved family members and the accompanying tension that this separation could create between spouses. Murrel Kaplan wrote to his wife of nearly five years almost every day, and the proof of their mutual admiration and love is poignant and abundant. Kaplan was half a world away from home for an indefinable amount of time and he wrote to Louise, "It is both our purpose to live thru [sic] each day as quickly as possible." He went on to add, "However, lest we become insanely lonesome, we must have fun ...."<sup>95</sup> Away from home, there were many opportunities for recreation, but Kaplan often expressed regret that he was having fun without his beloved wife by his side. For this soldier, leisure time was often a constant reminder that life was enormously painful without his loved ones.

Other couples met and married their spouses while overseas. Many improvised to organize their wedding because they were, of course, under severely limiting circumstances. Verne Roche, a nurse with the 64<sup>th</sup> General, married Sam Doane, a helicopter pilot with the Fifth Army, in Florence, with several members of her unit in attendance.<sup>96</sup> "Verne bought a veil at a local shop (I think it was a communion veil)," Lou Scott remembered. "She made her wedding gown out of a damaged parachute. She sewed it all by hand."<sup>97</sup> As the war in Europe drew to a close in the spring of 1945, a number of other personnel with the 64<sup>th</sup> General married both at the unit and off.

Many soldiers and doctors paid close attention to military updates. Murrel Kaplan described himself as an amateur analyst of the war, but he clearly studied what scant information he had about troop movements and each army's successes and failures to gauge the direction of

the war. Indeed, administrators of the 64<sup>th</sup> created a “War Information Room” for both staffers and patients. This room maintained maps, press releases, and related material to keep soldiers informed.<sup>98</sup>

A lot of this information was provided by members of the Red Cross, who cooperated with the Army in furnishing war and entertainment for all those at the hospital.

The Army established an Information and Education Section in each unit to maintain good morale and support for the war effort. As part of this program, the 64<sup>th</sup>'s I&E section published a weekly newspaper called the “Roar,” which included messages from the Commanding Officer, a sounding board with complaints and updates on hospital events.<sup>99</sup> All of these efforts were made with the purpose of helping soldiers cope with feelings of homesickness and loneliness. The positive news coming in from all fronts of the European war buoyed the spirits of all the military men and women, all of whom yearned for a time when their war experience would be a memory.

In the spring of 1945, the 64<sup>th</sup> General Hospital celebrated with everyone else the defeat of Axis forces. Eventually, as the war in the Pacific Theater also ended, rumors about the hospital's possible redeployment to forces preparing to invade Japan died down. Many doctors, nurses, and enlisted personnel were now reassigned to different units on their way home. Most of the original members of the 64<sup>th</sup>, including the core group of doctors from LSU, went home in the late summer and early fall, but not before they were honored with a number of awards and distinctions for their service and valor.

Just after celebrating their third anniversary of active duty, members of the 64<sup>th</sup> General Hospital were collectively cited for their meritorious service. They had been authorized to wear the Bronze Star in recognition of their part in the Rome-Arno Campaign.<sup>100</sup> They were also collectively recognized for their hospital's service throughout the North Africa and Italian

campaigns as a hospital that efficiently provided vital medical services for ill and wounded soldiers. “The superior care of medical patients and battle casualties was consistent with the unselfish ideals of the medical service of the United States Army,” the citation read in part. “With rigid discipline, full knowledge of and devotion to its mission, the 64<sup>th</sup> General Hospital upheld the highest traditions of the United States and of the allied nations.”<sup>101</sup>

A few months later, the School of Medicine also reported on a letter received from General Joseph T. McNarney, Commanding General, U.S. Army forces. “The standards of excellence established by the Sixty-Fourth General Hospital in its overseas service,” McNarney wrote, “reflect great credit on the medical officers and nurses as individuals, and on the School of Medicine of Louisiana State University, their sponsor.”<sup>102</sup> Orthopedic Surgeon Irvin Cahen received the Legion of Merit on September 2, 1945, in recognition of his work with the hospital’s orthopedic service and “his high professional skill, intense personal interest and devotion to duty.”<sup>103</sup> Charles Miangolarra, the hospital’s chief surgeon, was also awarded the Legion of Merit on September 14, 1945.<sup>104</sup> For their care of thousands of soldiers during their service in the Mediterranean, these medical professionals received honors that rewarded their hard work and unquestioned medical skill.

These citations were also undoubtedly symbols of success for the School of Medicine. As part of the 64<sup>th</sup>, the medical officers from LSU represented the excellence in medical education and practice for which the LSU School of Medicine strove. To achieve a high level of medical care and education both at home and abroad, the LSU School of Medicine had to stretch its human and physical resources to the limit. They sacrificed a large part of their faculty to overseas service even though they committed to training more doctors for war. The alumni of the school’s accelerated curriculum graduated to medical service around the world and fulfilled the

mission that national leaders had envisioned. All the while, faculty members left their homes, families, and careers to participate in medical service abroad, providing medical care for tens of thousands of wounded soldiers in more than two years of service in the Mediterranean.

Most of the original members of the 64<sup>th</sup> General Hospital left for home and their pre-war lives before the official closing of the unit in October 1945. The School of Medicine had resumed normal operations by this time, as well, and was actually making plans to accommodate physicians who had needed to be reintroduced into the civilian medical world. The world was slowly beginning to heal its wartime scars, though true peace never came.

Like hundreds of thousands of other American servicemen and women, the members of the 64<sup>th</sup> General Hospital had a unique perspective as members of a liberating army. As part of the Medical Department, however, the 64<sup>th</sup> General had the vital responsibility of providing medical care for men and women in the armed forces. “Three facts testify to the caliber of service provided by the Medical Department in World War II,” military historian Richard Taylor contends, “The recovery of 97 percent of all hospitalized battle casualties, the control of a number of diseases which had caused high rates of noneffectiveness in past wars, and the absence of major epidemics.”<sup>105</sup> The 64<sup>th</sup> General Hospital was part of that record of efficiency and excellence. That the 64<sup>th</sup> and the rest of the American medical units were able to demonstrate such a high level of professional excellence is made even more impressive by the unprecedented scope brutality of the Second World War.

In the years after the war, the School of Medicine took stock of its own position and capabilities. The educational programs during the war, for example, deeply affected the course of medical education at LSU. Once the accelerated military programs ended, the School was able to slow its pace. Still, it was only a few years until medical students received the medical degree

after just four years. Many students opted to continue their education with a hospital internship, making advanced training standard practice at LSU after the war. The school was only following a nationwide pattern that emerged after doctors returned from the war.

The medical technologies and treatments tried and proven during World War II also impacted post-war LSU. Doctors in Louisiana had always highlighted the values of preventive medicine but they previously lacked the weapons to fight many infections. The war experience revolutionized doctors practiced their craft. Well patient care—or, the care and examinations people received as part of their regular medical routine—now included a massive arsenal of drugs that successfully kept people healthy.

Healing soldiers at war also changed the way doctors healed their patients at home. From surgical innovations like orthopaedic reconstruction of broken bones to the use of sulfa drugs to combat infection, military doctors returned to civilian service proficient in new technologies. All of these technologies soon became standard practice stateside.

By the time the war had passed from reality to history at the LSU School of Medicine, faculty and staff members at the medical school had collectively saved thousands of patients at home and overseas, kept watch over Louisiana's public healthcare system, and added to the war effort at home and overseas.

The LSU School of Medicine is emblematic of a group of institutions that formed the backbone of the American war effort. These schools provided staff and expertise to the military, along with helping to keep the homefront healthy and vibrant. Never before had civilian institutions provided so much support for the country during a war. It immediately became clear that society during the age of total warfare and mass destruction would never again be able to retreat from the ravages of battle. Thankfully for the nations involved in the war, however, they

could count on their ancillary institutions to support military efforts. It was these contributions that urged the country forward to victory.

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#### End Notes

<sup>1</sup> Urban Maes, "To Every Member of the Faculty," notice posted at the School of Medicine. 31 October 1940. LSUSOM archives, box "Dean No. 2 (1939-1945)," folder "Notices 1940-1941." Urban Maes had served in a hospital unit during World War I. His efforts, and the eagerness of the Medical School's community to participate in the war effort were apparently what led to the formation of LSU's hospital unit.

<sup>2</sup> Richard R. Taylor, Lieutenant General, *Medical Training in World War II*. Part of the series: *Medical Department, United States Army*, Col. William S. Mullins, MSC, USA, ed. in chief (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1974), 13.

<sup>3</sup> Ibid, 16.

<sup>4</sup> Beryl I. Burns, "Foreword." *Tri-State Medical Journal* (1942). Found in LSU School of Medicine Archives. Box "Dean No. 2 (1939-1945), Folder "Tri-State Medical Journal 1942." LSU President C.B. Hodges announced that he expected every male student at LSU to serve in the armed forces during the war (see \_\_\_\_\_. "Says Every Man at L.S.U. to See Service." *New Orleans States*, 25 February 1942. LSU School of Medicine Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Clippings 1941-1942.").

<sup>5</sup> \_\_\_\_\_. "500 Students L.S.U. Students Leave for Services." *New Orleans States*, 10 February 1942. LSU School of Medicine Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Clippings 1941-1942."

<sup>6</sup> Howard Buechner. "A Medical Student at LSU during World War II," *LSU Medicinews*, Winter 1991-1992, 7.

<sup>7</sup> Ibid.

<sup>8</sup> \_\_\_\_\_. "81 Percent of Medics Apply for Commissions." L.S.U. News Bureau, 9 February 1942. LSU School of Medicine Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Clippings 1941-1942." *Comments made by Dean Beryl Burns*

<sup>9</sup> Taylor, *Medical Training*, 75.

<sup>10</sup> \_\_\_\_\_. "LSU Med School Gets Army Profs," *New Orleans States*, 16 June 1943. LSUSOM Archives, box "Dean No. 4" folder "Newspaper Clippings 1942-1943."

<sup>11</sup> Beryl I. Burns, Letter to Dale E. Bennett, Assistant. to LSU President C.B. Hodges, 14 September 1943. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Report to President for Annual Report to Board, September 14, 1943," 1.

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<sup>12</sup> Beryl I. Burns, "The War-Time Medical Student," *The Journal of the L.S.U. School of Medicine*, 3:1 (July 1942), 18.

<sup>13</sup> Burns, "The War-Time Medical Student," 18.

<sup>14</sup> Burns, "Foreword," 2.

<sup>15</sup> Joseph S. D'Antoni, Letter to members of The New Orleans Graduate Medical Assembly," 14 February 1945. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "New Orleans Graduate Medical Assembly 1941 - ."

<sup>16</sup> F.U. Lake, Letter to Dr. Wilbur C. Smith, 26 September 1945. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Notices 1945-1946."

<sup>17</sup> \_\_\_\_\_. "Notice," Phi Lambda Kappa Medical Fraternity announcement, undated. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Notices 1943-1944."

<sup>18</sup> Buechner, "Medical Student," 8.

<sup>19</sup> Willard C. Rappleye, "Comments of Some Effects of the War on Education," reprint from *School and Society*, 56:1458 (5 December 1942), 4. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Postwar Planning Committee, Louisiana State Medical Society 1945."

<sup>20</sup> William D. Postell, "The School of Medicine's Contribution to the Defense Program," 23 February 1942. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Articles 1941-1942," 3.

<sup>21</sup> "Medical Class is Graduated in L.S.U. Ceremony," *Times-Picayune*, 19 February 1942. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Clippings 1941-1942."

<sup>22</sup> Postell reported, "In addition to the faculty members who are on active duty there are approximately 81 graduates of the Medical School serving in the armed forces ...." (see Postell, "Contribution," 4). Lieutenant John Vernon Ward, class of 1939, for example, served in the Army Air Forces. He was shot down during the Allies' raids on Eastern Europe's Ploesti oil fields and taken prisoner by German forces. According to his wife, he was awarded the Distinguished Flying Cross and the Air Medal with Oak Leaf cluster (see "LSU Alumnus Cited for 'Most Difficult Mission,'" newspaper clipping, date unknown, found in Julius H. Mullins, M.D., *A Preface to the History of Louisiana State University Medical Center in New Orleans, Louisiana* (Julius H. Mullins, pub. date unknown), 91). Others died during their military service; eight graduates of the School of Medicine died in their service during World War II.

<sup>23</sup> Beryl I. Burns, telegram to Commanding General, 4<sup>th</sup> Corps Area, U.S. Army, 29 October 1940. LSUSOM Archives, Box "Dean No. 2 (1939-1945)," Folder "Officers' Reserve Corps & National Guard (Faculty) '40-'41."

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<sup>24</sup> Letter from Dr. Edgar Hull to Dr. J. R. Schenken, assistant dean, 28 October 1940. LSUSOM Archives, Box "Dean No. 2 (1939-1945)," Folder "Officers' Reserve Corps & National Guard (Faculty) '40-'41."

<sup>25</sup> Telegram from Mitchell, Adjutant General, to Beryl Burns, 7 November 1940. LSUSOM Archives, Box "Dean No. 2 (1939-1945)," Folder "Officers' Reserve Corps & National Guard (Faculty) '40-'41."

<sup>26</sup> Department of Surgery, list of present commissions, 15 October 1940. LSUSOM Archives, Box "Dean No. 2 (1939-1945)," Folder "Officers' Reserve Corps & National Guard (Faculty) '40-'41."

<sup>27</sup> \_\_\_\_\_. Typewritten note, unknown date. LSUSOM Archives, Box "Dean No. 2 (1939-1945)," Folder "Officers' Reserve Corps & National Guard (Faculty) '40-'41."

<sup>28</sup> \_\_\_\_\_. "Tulane and LSU Medical Units Called Up," *New Orleans Item*, 20 June 1942. Newspaper Clipping, LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Newspaper Clippings 1941-1942."

<sup>29</sup> Colonel Thomas Reagan, "Questionnaire Forms for Surgeon, PBS, APO 782, US Army" (18 September 1944), Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division, 3.

<sup>30</sup> Ibid; also Thomas Reagan, "Subject: Medical Historical Data," memorandum to Surgeon, NATOUSA, 25 October 1944, Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>31</sup> Albert E. Cowdrey, *Fighting for Life: American Military Medicine in World War II* (New York: Free Press, 1994), 14.

<sup>32</sup> Reagan, "Medical Historical Data," 2.

<sup>33</sup> "Diary of the 64<sup>th</sup> General Hospital," entry dated 13 September 1942, 7. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>34</sup> Reagan, "Medical Historical Data," 2.

<sup>35</sup> Ibid, 3.

<sup>36</sup> Ibid, 8.

<sup>37</sup> Ibid, 2.

<sup>38</sup> "Diary," entry dated 13 December 1942, 12.



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- <sup>39</sup> Louise Holland Bick, Questionnaire to author, Fall 2005, 2.
- <sup>40</sup> Cowdrey, *Fighting*, 19.
- <sup>41</sup> Taylor, *Medical Training*, 95.
- <sup>42</sup> Quoted in Lou Peveto Scott, "My Memories of the 64<sup>th</sup> General Hospital in WWII," undated. LSUSOM Archives, John P. Isché Library, New Orleans, La., 22.
- <sup>43</sup> Cowdrey, *Fighting*, 14-15.
- <sup>44</sup> Reagan, "Questionnaire forms" (18 Sept 1944), 3.
- <sup>45</sup> Obertin, Joseph, to Charles Watkins, 18 February 1972. LSUSOM Archives, John P. Isché Library, New Orleans, La., 2.
- <sup>46</sup> Scott, "Memories," 2.
- <sup>47</sup> Obertin to Watkins, 18 February 1972, 2.
- <sup>48</sup> Scott, "Memories," 3; also see Obertin to Watkins, 18 February 1972, 2.
- <sup>49</sup> "Diary," entries for 4 and 5 September 1943, 23; also Scott, "Memories," 20.
- <sup>50</sup> Reagan, "Unit Historical Report," dated 6 June 1944, 3. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.
- <sup>51</sup> Reagan, "Annual Report," 10 January 1945, 3; for civilian involvement in helping units with repairs and maintenance, see also Charles M. Wiltse, *The Medical Department: Medical Service in the Mediterranean and Minor Theaters*, part of the series *United States Army in World War II: The Technical Services* (Washington, D.C.: Office of the Chief of Military History, Department of the Army, 1965), 191.
- <sup>52</sup> Reagan, "Questionnaire forms" (18 Sept 1944), 3.
- <sup>53</sup> Thomas Reagan, "Essential Technical Medical Data Report," 10 November 1943, 1. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division. Note: the Medical Service was for patients whose illness or injury could no longer be treated primarily with surgery.
- <sup>54</sup> Wiltse, *Mediterranean and Minor Theaters*, 215.
- <sup>55</sup> William C. Sommermeyer, Capt., "Annual Report of 64<sup>th</sup> General Hospital," 20 December 1945, 36. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

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<sup>56</sup> Henry Carstens, "Monthly Unit Historical Report," dated 25 November 1945, 2. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>57</sup> "Diary," entry dated 22 October 1944, 46.

<sup>58</sup> "Diary," entry dated 14 January 1945, 53.

<sup>59</sup> Cowdrey, 123.

<sup>60</sup> Wiltse, *Mediterranean and Minor Theaters*, 215- 216.

<sup>61</sup> Reagan, "Data Report," January 1944, 2.

<sup>62</sup> Thomas Reagan, "Essential Technical Medical Data Report," 9 February 1944, 2. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>63</sup> Cowdrey, *Fighting*, 63.

<sup>64</sup> Scott, "Memories," 2.

<sup>65</sup> Ibid; also George A. Carden, Jr., "Introduction," Part Eight: Malaria, in *Advances in Military Medicine*, Vol. II, E.C. Andrus, D.W. Bronk, G.A. Carden, Jr., C.S. Keefer, J.S. Lockwood, J.T. Wearn, and M.C. Winternitz, eds. Part of the series, *Science in World War II*. Sponsored by The Committee on Medical Research. Boston: Atlantic Monthly Press/Little, Brown and Company, 1948.

<sup>66</sup> Reagan, "Data Report," 9 February 1944, 2.

<sup>67</sup> Sommermeyer, Capt., "Annual Report," 20 December 1945, 37; also Cowdrey, *Fighting*, 125: DDT would hamper spread of typhus by killing lice on body and clothing.

<sup>68</sup> Wiltse, *Mediterranean and Minor Theaters*, 259-260.

<sup>69</sup> Cowdrey, *Fighting*, 29.

<sup>70</sup> Chester S. Keefer, Introduction to "Part Nine: Penicillin", in *Advances in Military Medicine*, 717.

<sup>71</sup> Ibid, 719; also Wiltse, *Mediterranean and Minor Theater*, 253.

<sup>72</sup> Reagan, "Unit Historical Report," 6 June 1944, 3. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

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- <sup>73</sup> Reagan, "Unit Historical Report," 6 June 1944, 3.
- <sup>74</sup> Reagan, "Questionnaire forms," 3.
- <sup>75</sup> Ibid; also Reagan, "Annual Report," 10 January 1945, 3.
- <sup>76</sup> Wiltse, *Mediterranean and Minor Theaters*, 337.
- <sup>77</sup> Scott, "Memories, 11.
- <sup>78</sup> Sommermeyer, "Annual Report," 20 December 1945, 17-18.
- <sup>79</sup> Ibid, 19.
- <sup>80</sup> Reagan, "Historical Report," 6 June 1944, 4.
- <sup>81</sup> Ibid, 18-19.
- <sup>82</sup> Ibid, 10, 11.
- <sup>83</sup> Ibid, 11.
- <sup>84</sup> Murrel Kaplan to Louise G. Kaplan, letter dated 20 February 1944, p1, 2. Murrel Kaplan papers, box 1, folder 10 (February 1944). Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.
- <sup>85</sup> Murrel Kaplan to Louise G. Kaplan, letter dated 21 January 1945, p4, 5. Murrel Kaplan papers, box 2, folder 1 (January 1945). Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.
- <sup>86</sup> Bick questionnaire, 5-6.
- <sup>87</sup> Ibid.
- <sup>88</sup> Scott, "Memories," 7-9, 14-16, 19.
- <sup>89</sup> Beryl Burns, memorandum, dated 11 May 1944. LSUSOM Archives, box "Dean No. 2 (1939-1945)," folder "Notices 1943-1944."
- <sup>90</sup> "Diary," entry dated 11 June 1944, 34.
- <sup>91</sup> Murrel Kaplan to Louise G. Kaplan, letter dated 9 January 1944, page 2. Murrel Kaplan papers, box 1, folder 8 (January 1944). Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.

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<sup>92</sup> “Monthly Unit Historical Reports,” dated 24 May 1945, 1, and 24 September 1945, 1. Also see “Diary,” entry dated 24 January 1943, 14. Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.

<sup>93</sup> Murrel Kaplan to Louise G. Kaplan, letter dated 29 January 1944, 2. Murrel Kaplan papers, box 1, folder 8 (January 1944). Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.

<sup>94</sup> Sommermeyer, “Annual Report,” 31.

<sup>95</sup> Murrel Kaplan to Louise G. Kaplan, letter dated 19 January 1944, p1, 2. Kaplan papers, box 1, folder 8 (January 1944). Courtesy Tulane University Special Collections, Manuscripts Division, Manuscript 792.

<sup>96</sup> See “Diary,” entry dated 19 November 1944, 49.

<sup>97</sup> Scott, “Memories,” 20.

<sup>98</sup> Sommermeyer, “Annual Report,” 32.

<sup>99</sup> Ibid, 33-34.

<sup>100</sup> Thomas Reagan, “Monthly Unit Historical Report,” dated 19 December 1944, 1. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>101</sup> Richard A. Kimbrough, “Monthly Unit Historical Report, 22 August 1945, 2. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>102</sup> General Joseph McNarney, letter to the LSU School of Medicine, printed in *Journal of the Louisiana State University School of Medicine*, 7:5 (Nov., 1945).

<sup>103</sup> Quoted in Lawrence Strug, “Monthly Unit Historical Report,” dated 24 October 1945, page 2. Unit Historical Records, 64<sup>th</sup> General Hospital. Courtesy United States Army Military History Division.

<sup>104</sup> Ibid.

<sup>105</sup> Taylor, Medical Training, 95.

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