

A Brief History of the Medical Corps



Doctors are the core of the Army Medical Department. When the Continental Congress authorized “a Hospital” on 27 July 1775, they implied a range of medical support, but the head was a physician.

For roughly their first century, Army doctors treated troops as best they could, but had few effective therapies. Medical science barely existed, although the Army was looking for better answers. William Beaumont, the post surgeon at Fort Mackinac, performed his famous experiments with Alexis St. Martin that enlightened the world about digestion. Joseph Lovell, the first titled Surgeon General, directed surgeons to record weather data so it could be correlated with disease data to see if the miasmatic theory of disease was valid. Thanks to entrance examinations, Army physicians were better qualified than the average civilian practitioner, but because force structure did not match missions, there were never enough of them.

Physicians served gallantly in the Mexican War, earning military rank. Previously they had titles like Post Surgeon or Regimental Surgeon, but now those ranks were correlated with line ranks, and the Surgeon General would rank as a colonel. The Army recognized that doctors needed assistants, and had provided hospital stewards, to whom the surgeons provided on-the-job training. Later in the 19th Century the Hospital Corps would be organized, so trained stewards would not be transferred back to non-medical duties, but the Hospital Corps would be abolished when the Army began the system that has turned into MOS.

By the Civil War there was little more science, although Surgeons General collected data and specimens to analyze. Instead, outcomes were improved through better systems. Jonathan Letterman, Medical Director of the Army of the Potomac, got command support for:

- Ambulance evacuation under medical control
- Echeloned resuscitation and surgical care
- Centralized medical supply system
- Preventive medicine inspections
- Field medical records.

All this was intended to keep troops healthy and return them to duty sooner, providing a more capable force to commanders.

In the later 19th Century, medicine became more scientific, with Army doctors in some leading roles. George Sternberg wrote the first American textbook of bacteriology. When Sternberg became Surgeon General, he established an Army Medical School, the first post-graduate medical school in the U.S., largely focusing on preventive medicine. (It would later develop into the Walter Reed Army Institute of Research.) Major Walter Reed deployed from the Army Medical School, and discovered the etiology of typhoid and then yellow fever. A generation of Army doctors advanced public health by operationalizing sanitation, developing effective field and garrison water purification, and developing typhoid vaccine.

In the early 20th Century medicine grew increasingly specialized, with numerous Boards forming in the 1920s and 30s. The Army struggled to balance clinical specialization with the military needs of small posts and staff positions. Surgeon General Merritte Ireland tried to have Regular Army doctors focus on command and staff positions, while reservists would bring the bulk of clinical expertise. Ireland organized a Medical Field Service School (now the AMEDD Center & School) to train both officers and enlisted soldiers and develop new medical units and field equipment.

The AMEDD also recognized medical professionalism alongside physicians through creation of other corps: Nurse Corps (Female) in 1902, Dental Corps in 1908, Veterinary Corps in 1916, Sanitary Corps in 1916, and Medical Administrative Corps in 1920. There would be some reorganization in 1947, but just as doctors did not do everything in civilian medicine, they did not do everything in the AMEDD.

After WWII, the AMEDD realized its doctors could not be clinically less proficient than their civilian counterparts, and Army GME started. Army doctors would have to be the clinical equals of their civilian counterparts, and have military responsibilities as well. AMEDD research and development continued, but as overall medical research grew, the Army's efforts could focus on needs outside mainstream American medicine.

In recent years the details have changed, but Army doctors have continued their long-standing commitment to bring the best healthcare possible to soldiers. They deploy where needed, they develop new therapies, and their leadership orchestrates the full range of health service support.