



# Armed forces consultants remembered at 50

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**Editor's note:** *Throughout the history of the American College of Surgeons, many of its members have served the nation through its military forces. When the Society of Medical Consultants to the Armed Forces recently celebrated its 50th anniversary, Dr. Robert M. Hall of Raleigh, NC, called the Bulletin's attention to the many Fellows of the College who provided leadership roles in the society.*

*The following article recalls the society's founding and purpose, and reviews its half-century of service to the nation. Unless otherwise noted, all physicians mentioned were Fellows of the American College of Surgeons.*

**W**orld War II had recently ended when the Society of Medical Consultants to the Armed Forces (SMCAF) was founded on February 19, 1946, by 14 of the nation's leading medical educators. They had served in the army as consultants in the medical, psychiatric, and surgical specialties, and founded the society as a means whereby they and the army's other professional consultants could help its medical department cope with the problems it faced at the war's end. The most pressing of these, they knew, was the need to continue the provision of optimum professional care to patients in the army's hospitals.<sup>1</sup>

As the nation had mobilized, the army's workforce increased from less than 200,000 to 8 million. Its medical corps strength had increased proportionately, reaching 47,000. The war's end brought with it a widespread clamor for the immediate discharge of these physicians. This was done despite the protest of the Surgeon General that they were needed to care for the patients in the army's hospitals throughout the world.

The SMCAF founders knew that the hospitals of the Veterans Administration were unable to care for these patients. They were aware of other problems, too. The army's career medical officers had carried out the essential administrative functions of the greatly expanded army during the war, while physicians now being discharged had provided most of the patient care. The career officers would need refresher training before returning to professional work. In addition, physicians now entering the army for their period of

obligated service would require additional training and supervision, since they had received a compressed medical education during the war. The four years of pre-war medical education had been reduced to two and one-half years during the war, and the internship that followed had been shortened to nine months.

Finally, the founders knew that the army would need to offer opportunities for postgraduate training, specialization, and professional work if it was going to attract capable physicians and eventually be able to train its own personnel.

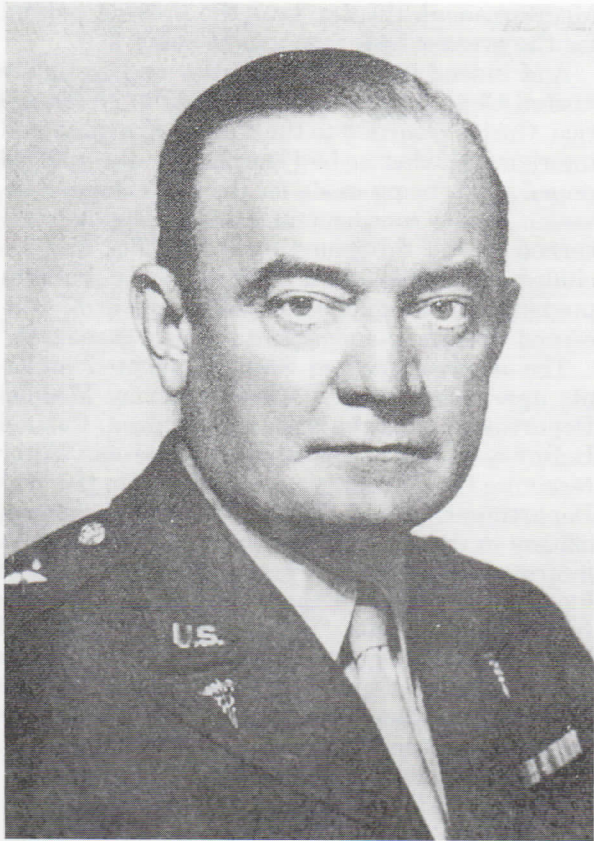
The army's professional consultants were leaders in their respective fields who had been assigned to all of the major headquarters and field armies within the U.S. and each of the overseas theaters of operations. Their functions were broader than suggested by their title, and extended beyond clinical matters into other fields. They were problem-solvers, and the founders believed that they could continue to assist the army medical department if they remained together as a society after returning to civilian life.

Surgeon General Norman T. Kirk encouraged the formation of such a society, and later welcomed its assistance, as did other agencies of the federal government.

## ACS Fellows

Several notable Fellows of the ACS were among the founding members of SMCAF. The society was proposed by one of them, Brig. Gen. Fred W. Rankin, who had left his position as clinical professor of surgery at the University of Louisville to become the Chief Consultant in Surgery in the Army Surgeon General's Office. Rankin had served in France during World War I, following which he had been one of the leading surgeons at the Mayo Clinic, a professor of surgery at the University of Minnesota School of Medicine, president of many of the nation's leading surgical organizations, and president of the American Medical Association.

Brig. Gen. Elliott C. Cutler, the society's first president, had resumed his positions as Mosely Professor of Surgery at Harvard and surgeon-in-chief at the Peter Bent Brigham Hospital. Cutler had served in France twice during the First



Brig. Gen. Fred W. Rankin



Brig. Gen. Elliott C. Cutler

World War, and during the Second World War had been Chief Surgical Consultant and then Chief of the Professional Services Division in the Office of the Chief Surgeon, European theater of operations. The recipient of numerous honors from the U.S. and Allied governments and professional societies, his numerous contributions to the nation and to the Allied cause during both world wars were recognized in 1971 when his name was given to the Army's new hospital at Fort Devens, near Boston, MA.

Col. Edward D. Churchill served during the war as Chief Surgical Consultant to the North African and Mediterranean theaters of operations, and had returned to his positions as John Homans Professor of Surgery at Harvard and chief of the general surgical services at the Massachusetts General Hospital.<sup>2</sup>

General Rankin had returned to civilian life by this time, and been replaced as Chief Consultant in Surgery by Col. Michael E. DeBakey.

Many other notable ACS Fellows who had served as consultants with the Army and the Army Air Corps had become members by the time of the society's first meeting, October 18 and 19, 1946. Among them were Col. Ashley W. Oughterson, who had been Chief Surgical Consultant in the Pacific theater of operations, Col. Herbert B. Wright, Chief Surgical Consultant to the Eighth Air Force, and Lt. Col. J. Engelbert Dunphy and Lt. Col. Robert M. Zollinger, who would become Presidents of the ACS. Maj. R. Gordon Holcombe, Jr., who had been Colonel DeBakey's assistant in the Surgeon General's Office, would accompany him to the anniversary meeting of the SMCAF, 50 years later.

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Physicians who had been consultants with the Navy soon became members, and shortly thereafter Australian and British, as well as Canadian, consultants became honorary members.

During the half-century since its founding, the society has continued to grow, and now consists of more than 1,000 physicians, representing every medical specialty and most of the nation's medical institutions. The society continues to encourage the participation of civilian physicians in the development of the military medical services.

## Innovations

The founders and others who soon became members had been instrumental in the development of many of the surgical advances made during the war. Churchill and others had used an investigative approach as they developed more rational and effective methods for the management of wounds during the North African and Sicilian campaigns.

One new concept was preoperative resuscitation of the wounded.<sup>3</sup> This was developed by Lt. Col. Henry K. Beecher and colleagues "in a clinic that stretched 2,000 miles, from Casablanca to Trieste."<sup>4</sup> Cutler, in his Hunterian Lecture to the Royal College of Surgeons, June 14, 1945, declared "the resuscitation of the wounded man" to be "the one item in professional care" that distinguished care in World War II from that in World War I, "as well as the single factor most directly contributing to the improvement of morbidity and mortality statistics."<sup>5</sup>

Another innovation was the placement of a field hospital platoon, augmented with one or more auxiliary surgical teams, immediately adjacent to the division clearing stations for the treatment of first priority casualties such as those with penetrating wounds of the thorax and abdomen. This was the precursor of the mobile army surgical hospital of the Korean War. Other wounded casualties were transferred to evacuation hospitals farther to the rear.

In the September 1944 issue of *Annals of Surgery* Churchill, with a foreword by Rankin, presented the concept of phased wound management that had been developed in the Mediterranean theater.<sup>3</sup> As he wrote later, the

Mediterranean theater "was the proving ground for the greater task that was to come."<sup>6</sup>

And indeed it was. Both Cutler and DeBakey visited Churchill and the hospitals in North Africa. Cutler returned to the United Kingdom and incorporated what he had learned into the medical preparations being made for the cross-channel invasion of the continent of Europe. DeBakey returned to the Surgeon General's Office and included his observations in a technical bulletin prepared for the guidance of all in the army concerned with the management of battle casualties.<sup>7</sup>

The newly-organized SMCAF adopted multiple approaches for assisting the Army Medical Department with the problems it faced. Colonel DeBakey solved the most immediate one. After receiving the necessary permission from the War Department, he telephoned 100 of the medical officers in the most critical specialties. Each was informed of the army's problem and its need of his services and told that, if he would agree to remain on active duty for another year, he would be promoted one grade and every effort would be made to station him near his home. Although every one of these individuals was eligible for immediate discharge, each agreed to remain on active duty for an additional year.

## Training programs

At the same time, individual society members began establishing training programs and serving as consultants at nearby army hospitals. The society's advisory board assisted the office of the Surgeon General as it developed the graduate medical education (GME) program (established in 1947) that enabled the army to offer physicians postgraduate training and specialization, and ensured the delivery of optimum health care.

The society established similar relationships with the air force and navy soon after its formation. It was not long before military residency programs were considered equal to the finest civilian programs, and the quality of care furnished patients in military hospitals was recognized as meeting the highest standards. The society has emphasized that "graduate medical education is the chief guarantor of quality medical care and an unmatched incentive for the recruitment and retention of active duty medical



Col. Edward D. Churchill



Col. Michael E. DeBakey

officers. It is the essential prop supporting the entire voluntary military medical structure."<sup>8</sup>

Society members began assisting the hospitals of the Veterans Administration (VA) at the same time. Maj. Gen. Paul R. Hawley, who later would become Director of the American College of Surgeons, had been appointed Medical Director of the Veterans Administration. Hawley had been the Chief Surgeon of the European theater of operations, and immediately called upon Cutler and the others who had been consultants with him in Europe to act in a similar capacity to the Veterans Administration.<sup>9</sup> Eventually, some 90 percent of the society's members became associated with the VA, serving as consultants and developing the necessary programs as the VA hospitals became affiliated with the nation's medical schools.

The American College of Surgeons was also

actively involved with the postgraduate education of the physicians who were leaving military service, and participated in this program with the VA.<sup>10</sup> The residency training programs of the VA have grown steadily in importance since that time, and now approximately 50 percent of all residents are trained in the hospitals of the Veterans Administration.

A summary of the society's major accomplishments and the additional roles that have been conferred on it with the passage of time was written to observe its 50th anniversary.<sup>11</sup> Mention here will be made only of a few.

### Accomplishments

The society was involved with the establishment of the National Library of Medicine from its

51

inception. Dr. DeBakey was secretary of the Medical Task Force of the "Hoover Commission," the Commission on Organization of the Executive Branch of the Government. Asked by President Hoover which recommendation of the Medical Task Force he would choose if only one could be implemented, Dr. DeBakey chose establishment of the National Library of Medicine. This was the only medical recommendation approved by the Hoover Commission. Later, a committee of the SMCAF testified before the Armed Services Committees and the Bureau of the Budget, urging provision of the necessary funds.

With the outbreak of the Korean War in June 1950, and the passage of the Doctor Draft Law in September 1950, a reasonable possibility existed that almost all physically qualified male medical school graduates would serve in the military for many years to come. Accordingly, the Medical Education for National Defense (MEND) Program, with which members of SMCAF were actively involved, was instituted in the nation's medical schools in 1952. This furnished instruction at the medical undergraduate level in subjects of importance in civilian disasters as well as in wartime.

The Armed Forces Physicians' Appointment and Residency Consideration Program (Berry Plan) was established in 1954 and named for the SMCAF's third president, Frank B. Berry, who instituted the plan while serving as Assistant Secretary of Defense for Health Affairs. The Berry Plan allowed physicians to be deferred from military service while they acquired training in civilian institutions in specialties in which they would fulfill their two-year military obligation.

The need for an institution such as the Uniformed Services University of the Health Sciences was emphasized by members of the society during its second meeting in 1947, and efforts of the SMCAF and its individual members were instrumental in its ultimate establishment in 1972. Two presidents of the society were involved: Louis M. Rousselot was influential in securing its approval while serving as Assistant Secretary of Defense for Health Affairs; Anthony R. Curreri was its first president.

One of the stated purposes of the SMCAF is the preservation and dissemination of the experience and knowledge of military medicine gained during wartime experiences.



Maj. Gen. Paul R. Hawley

The need for this was emphasized by Dr. DeBakey during his Distinguished Visiting Professor lecture to the SMCAF members in November 1995, on the occasion of the society's 50th anniversary. In his lecture, "History: The torch that illuminates," Dr. DeBakey quoted Santayana's dictum that "those who cannot remember the past are condemned to repeat it," and cited examples of "lessons unlearned from military experience." One of the examples was the enormous number of preventable casualties from cold injuries that occurred during the Second World War because attention had not been paid to the well-documented lessons learned during World War I.<sup>12</sup>

He also quoted Edward D. Churchill, who spoke to students at the Army Medical Service Graduate School in Washington, February 11, 1951. Churchill referred to the mass of recorded experience relating to military medicine and surgery that is not read "since it is the general view

of the medical profession that anything over five years old is out of date." As a result, Churchill continued, "Surgeons in a current war never begin where the surgeons in the previous war left off, they always go through another long learning period. All military medicine, insofar as civilians are concerned, is a discontinuous specialty. Consequently, in every new war the same stupid mistakes are made again and soldiers lose their lives or limbs because the doctor was ignorant of past experience. I cannot overemphasize the need to study military medicine and surgery."

Dr. DeBakey then added, "On the basis of our own experience, I certainly concur with those words."

Earlier, while speaking of a consultant's responsibilities, Dr. Churchill has said, "It is also the duty of the consultant or of some special group to identify problems—particularly those to which some practical solution may be found."

New problems have been identified, such as military medicine's need for an institutional memory, and others will become apparent with time. These problems will require the practical solutions spoken of by Dr. Churchill. With this in mind the Society of Medical Consultants to the Armed Forces reaffirmed recently, on its golden anniversary, the desire and readiness of its members to assist their colleagues in the military services in every way possible. Ω

## Endnotes

1. The founding members, who met at the Army-Navy Club in Washington, DC, on February 19, 1946 were Doctors Norman Q. Brill, Edward D. Churchill, Elliott C. Cutler, Michael E. DeBakey, Francis R. Dieuaide, Perrin H. Long, William C. Menninger, William S. Middleton, Hugh J. Morgan, Maurice C. Pincoffs, Fred W. Rankin, Lauren H. Smith, Douglas A. Thom, and Lloyd J. Thompson.
2. In the August 1995 issue of the *ACS Bulletin*, Dr. Francis D. Moore introduced the Edward D. Churchill Lecture of the Excelsior Surgical Society, presented by Dr. Joseph E. Murray. Dr. Moore had succeeded Dr. Cutler (who had succeeded Dr. Harvey Cushing) as Mosely Professor of Surgery at Harvard. Dr. J. Hartwell Harrison, a key figure in Dr. Murray's paper, was an original member of SMCAF, and the first Elliott Carr Cutler Professor of Surgery at Harvard.
3. *Surgery in World War II. General Surgery, Vol II.*

Washington, DC: U.S. Army Medical Department, 1955.

4. Beecher HK: *Resuscitation and Anesthesia for Wounded Men. The Management of Traumatic Shock*. Springfield, IL: Charles C Thomas, 1949. After the war, Beecher returned to his position as Dorr Professor of Research in Anesthesia at Harvard and anesthesiologist-in-chief at the Massachusetts General Hospital.
5. Cutler EC: Military surgery—United States Army—European theater of operations, 1944-1945. *Surg Gynecol & Obstet*, 82:261, 1946.
6. Churchill ED: The surgical management of the wounded in the Mediterranean theater at the time of the fall of Rome. *Ann Surg*, 120:269, 1944.
7. *Management of Battle Casualties*: Technical Bulletin TB MED 147, March 1945.
8. Custis DL, et al: *Military Graduate Medical Education under Stress*. A white paper prepared by the Society of Medical Consultants to The Armed Forces, October, 1987.
9. The European consultants organized an intramural club within the society and named it The Hawley Club. As was the case with the Excelsior Society, described by Dr. Claude E. Welch in the August 1995 issue of the *ACS Bulletin*, the Hawley Club was eventually dissolved.
10. Zollinger, RM: *Elliott Carr Cutler and the Cloning of Surgeons*. Mount Kisco, NY: Futura Publishing Company, 1988.
11. Hall RM: *The Society of Medical Consultants to the Armed Forces on its Fiftieth Anniversary*. Available on request: SMCAF, Box 2700, Kensington, MD 20891-2700.
12. Dr. DeBakey was the co-author, with Col. Tom F. Wayne, MC, USA, of the definitive volume, *Cold Injury, Ground Type*, published by the Medical Department, United States Army, in 1958.

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