

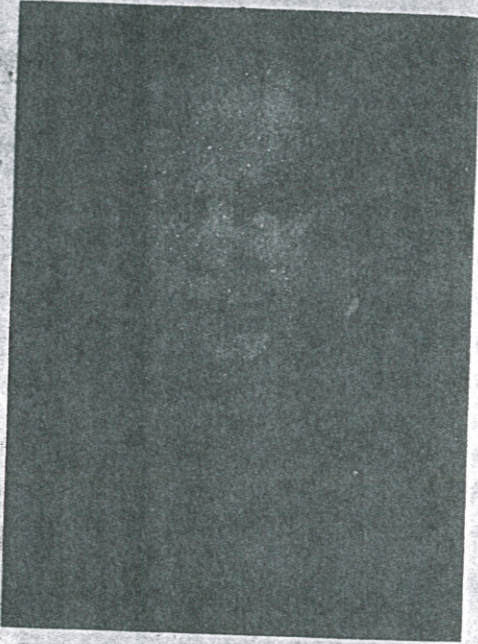
WILLIAM CLARENCE BRAISTED, SURGEON GENERAL OF THE NAVY (1914-20)

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WILLIAM CLARENCE BRAISTED, the nineteenth Chief of the Bureau of Medicine and Surgery, and the fifteenth in succession to hold the office of Surgeon General of the United States Navy, was born in Toledo, Ohio, on October 9, 1864, less than a year before the assassination of President Lincoln. Of equal or more interest is the fact that he was the first Surgeon General of the Navy to come from west of the Allegheny Mountains, all others before him having been from one of the

original thirteen colonies. In 1883, when but 19 years of age he graduated from the University of Michigan and, in 1886, he received his degree of Doctor of Medicine from the College of Physicians and Surgeons, of Columbia University, standing first in his class. He served 2½ years as a house surgeon at Bellevue Hospital, and practiced for 2 years in Detroit, Michigan, before entering the Navy as an assistant surgeon on September 26, 1890. His first commission was signed by President Cleveland. His first duty

in the Navy was at Hot Springs, Arkansas, at the Army and Navy Hospital there. Doctor Braisted was asked to



William Clarence Braisted, Surgeon General,
U. S. Navy, 1914-26.

make a complete analysis of the waters used both for baths and internal medication at this hospital and his report on the chemistry of these medicinal waters is still valid and interesting.

His first sea duty was on the celebrated dynamite gun ship, appropriately named the *Vesuvius*, the only ship of its kind ever operated in full commission in any navy. It carried three pneumatic guns extending nearly the whole length of the ship and designed to hurl huge charges of dynamite at an enemy. The vessel was unsuccessful and after many trials was finally given up. While serving on the *Vesuvius*, Doctor Braisted was deco-

rated by the President of Venezuela for caring for the wounded after a battle at Puerto Cabello during a revolutionary outbreak. Altogether he had 9 years of sea duty on various vessels, including the *Vesuvius*, *Detroit*, *Topeka*, *Massachusetts*, *Connecticut*, *Utah*, and *Wyoming*. He was operating surgeon at New York Naval Hospital and twice instructor in surgery at the Naval Medical School, Washington, D.C. One of his most interesting experiences was during the Russo-Japanese War when he served as an observer with the Japanese. His report on the medical and surgical features of this war is a model of what such reports should be and is a most interesting as well as informative narrative.

From 1906 to 1912, he served with Surgeon General Rixey as an attending physician to the White House. From the latter date until 1914, he was fleet surgeon of the Atlantic Fleet. He was appointed Surgeon General on February 7, 1914, by President Wilson. He was thus Surgeon General during the trying times just before, during, and after World War I, and faced the tremendous tasks thrown on the naval medical department when the expansion of the Navy from 55,000 officers and men, to over 600,000 took place. The problems of the war including the great influenza epidemic of 1918 had to be met by the Medical Corps under his leadership. Due to the influenza pandemic and casualties killed in action, the death rate for the Navy rose to 18.47 per 1,000. For diseases only it was 11.78 per 1,000. Excluding influenza it would have been but

3.53 per 1,000 and excluding pneumonia which was so frequent a complication of "flu" it would have been but 1.80 per 1,000.

The magnitude of the tasks imposed on the Medical Department during World War I may be appreciated by the fact that the Navy, including the protection of convoy lanes across the Atlantic, by which the American Expeditionary Force was transported to France together with vast quantities of supplies, antisubmarine warfare, air stations in England and France, naval forces with the Grand Fleet and in the Mediterranean, the maintenance of naval patrols in all oceans, and the considerable number of medical units to serve with Marines fighting on the Western Front with the Army.

A part of the task included the operation of three hospital ships, two of which were taken over in 1917. These were the *Comfort* and *Mercy*, both 10,000 ton Ward Line ships, which with the *Solace* did important work with the fleet and in carrying wounded and sick to the United States from the war theaters.

The war time hospitals included the creation of new ones at Charleston and Parris Island, South Carolina, and great enlargements of existing facilities at all older stations. Beyond the seas there were a number of naval hospitals whose part in the war has never been fully told. These included:

U.S. Navy

- No. 1—Brest, France
- No. 2—Stranraer, Scotland
- No. 3—Leith, Scotland

- No. 4—Queenstown, Ireland
- No. 5—Brest, France

There were also smaller naval hospitals at London, Gibraltar, Genoa, Lorient, Cardiff, Pauillac, Plymouth, Corfu, and in the Azores.

Also as yet untold, though there is an unpublished manuscript by Chief Pharmacist Mate George G. Strott, giving a history of the subject, in the part played by the officers and men of the Medical Department of the Navy in France with the A.E.F. and eastern Siberia.

The naval medical personnel who served in the 4th Brigade, U. S. Marine Corps, 2nd Division, U. S. Army, American Expeditionary Forces, 1917-1919, acquitted themselves with exemplary honor, and they won for their branch of service a record of war-accomplishment ranking high in the annals of naval history.

A glance at the record of casualties and honors given to naval medical personnel with the 4th Brigade, compiled by Strott and hitherto unpublished, gives a record of their achievements. Out of 331 men of the Medical Department during the period of actual fighting the following table gives the casualties and the list of honors received:

18	Killed or died of wounds
165	Wounded or gassed
183	Total casualties (55%)
62	Citations and awards (207%)—among these were—
1	Medal of Honor (1917-1920)
1	Navy Cross
42	Unpublished Service Cross (U. S. Army)

- 2 Distinguished Service Medal (U. S. Navy)
- 215 Silver Star Medal (U. S. Army)
- 165 Purple Heart Medal (U. S. Army)
- 39 Letter of Commendation (U. S. Navy)
- 118 Croix de Guerre (France)
- 223 Fourragere awards (France)—color of the Croix de Guerre
- Misc. Several other complementary high awards from Allied Nations
- 2 Destroyers (named for members of the Medical Department), i.e., *U.S.S. Litchfield*, *U.S.S. Osborne*

In addition to this many decorations were received by medical personnel with other naval forces ashore in Europe such as the Naval Railroad Battery, Northern Bombing Group and various Base Hospitals.

One of the most interesting naval organizations in France during World War I was the famous "U. S. Naval Railroad Battery." This was made up of 14-inch naval guns mounted on railroad trucks. The best railroad and ordnance talent was employed to create this unique force and the personnel were probably the finest body of men, as respects physique and intelligence, to land in France. Nearly all were college men and included were many famous college athletes. The achievement of the officers and men of the Navy in carrying these landgoing turret guns to the German frontiers was aided by the work of the Medical Department personnel who went with them.

Another force which made history was the cruiser and transport force which patrolled the North Atlantic in one of the worst winters in twenty years and who "Took them over and brought them back" in the face of

storm and submarines. The medical departments cared for the sick and maintained sanitary standards on the crowded ships, and met every professional emergency with skill and courage.

Dr. Braisted also had to deal with the demobilization to peace strength after the war. He was one of the foremost workers in the Council of National Defense during the war. Dr. Franklin Martin said of him in his book in describing the work of the Council, "Doctor Braisted of the Navy, was always a joy. His Bureau of Medicine and Surgery ran along on carefully oiled wheels, and with the details of whose operation, this master steersman was in constant touch. His department was always several jumps ahead of any emergency that arose. His storehouses were full, due to the vision of himself and his associates."

Dr. Braisted was president of the Association of Military Surgeons of the United States from 1913-14 and was the only Surgeon General of the Navy to serve as President of the American Medical Association, 1919-20. He was one of the most ardent advocates of a National Board of Medical Examiners and the present National Board owes much to his labors for its establishment and operation.

Dr. Braisted retired on November 29, 1920, and was President of the Philadelphia College of Pharmacy and Science from 1920 to 1925. He received many honors, including academic distinctions from a number of universities and honorary Fellowship in the American College of Surgeons.

Decorations including the Distinguished Service Medal of the United States, the Order of Bolivar from Venezuela and the Order of the Rising Sun of Japan.

Dr. Braisted died at his home, West Chester, Pennsylvania, on January 17, 1941, and interment with full military honors was in Arlington National Cemetery.

SUMMARY OF THE PRINCIPAL ACHIEVEMENTS OF HIS REGIME

1. Compilation of a Hospital Corps Drill Book.

2. Commissioning of the naval hospitals at San Diego, California, Charleston and Parris Island, South Carolina.

3. Designing and building of the *U.S.S. Relief*, the only hospital ship designed and built as such.

4. Preparing for and solving the vast and varied medical department problems of the Navy and Marine Corps during World War I.

CONCLUSION

This series of biographies of the Surgeons General of the United States Navy is concluded with the biography of Surgeon General Braisted whose death occurred in 1941. The biographies of those officers now living who held that office and the present Surgeon General are not included. It is felt that the appraisal of the acts of living public men cannot satisfactorily be made. Partizanship, friendship, the interplay of views regarding the relative importance of contemporary historical

events, the many opportunities for controversy which might—and, in fact, would be certain to arise—make it inadvisable in the author's opinion to include any living holder of the office in the series. It is not possible to prevent personal elements from entering into the opinion formed of the acts of our contemporaries and the historical perspective is only conferred by time. Achievements like wine have to be aged before their true merits are manifest.

The first Chief of Bureau was appointed in 1842. The organized Medical Department of the Navy has therefore been in existence for a century. It is the most significant period in its history, for prior to that time the annals of the Medical Corps was little more than the work of isolated naval surgeons, many of whom did not devote their entire career to the naval service as their employment by the government was not even continuous. In that hundred years the Navy passed from wood to iron, and from iron to steel ships: from sail to steam and from paddle wheels to screw propellers. The muzzle-loading cannon was superseded by the rapid fire breach loader and the machine gun. The torpedo, the submarine and the airplane came into use, together with armor, turrets, turbines, electric lights, radio, fire control instruments and all the highly mechanical features of a modern ship of war. In 1842 the Navy had only about 7,000 total personnel. Today, in the midst of another great war, the number of officers and men have reached a figure exceeding that in all previous wars. All

these changes meant new demands on the Medical Department and new concepts in naval medicine.

From sixty members the Medical Corps has expanded to many thousands. During the period of the World War I it reached thirty-five hundred. The Hospital Corps, the Nurse Corps, and the Dental Corps have been created. Splendidly built and equipped naval hospitals have been erected. Supply depots for the purchase, testing, inspection, and the storage, and distribution of medical and surgical supplies have been established. Larger and better arranged spaces for the care of the sick on board ship has been planned and a number of hospital ships commissioned and operated and the only hospital ship ever designed and launched as such has been built. The rank, the pay, and the prestige not only of the Medical Corps but of all branches of the Medical Department have been enhanced. Specialized training has been developed, the first and for many years the only school of naval medicine and the only journal of naval medicine in the New World established. Many of the problems of naval hygiene and naval medicine including aviation medicine, and duties with expeditionary forces have been studied and solved. Many contributions to tropical medicine have been made. The introduction of smallpox and typhoid vaccines made those diseases practically nonexistent in the Navy. Specialization in the various fields of medicine and surgery in civil life was paralleled in the Navy.

The sick rate and the death rate of Navy personnel declined as the mod-

ern knowledge of preventive medicine was applied and thousands of lives and millions of sick days were saved. The general health conditions of the Navy have been so much improved that they are now as much above the level of the efficiency of the scurvy ridden crews of the old wooden navy as the modern cruiser is superior as a military weapon to the sailing frigate.

The reports and articles which describe these developments, some in the reports of the Surgeons General and others in the Naval Medical Bulletin constitute an important contribution to medical knowledge of great value to society.

Not the least remarkable of these changes that have taken place are those concerned with evolution of the naval medical officer himself and the requirements as to his training and abilities. It has been said that in civil life the specialty of the general practitioner is obstetrics. In the same way one hundred years and even fifty years ago, surgery, particularly emergency and traumatic surgery was the specialty of the naval surgeon. With the rise of bacteriology and other medical sciences and their application to the knowledge to disease prevention the naval surgeon may be said to be a general practitioner whose specialty is public health. Finally the increasing complexity of the modern navy with the problems presented by aircraft, the submarine, chemical warfare, expeditionary duty, and the new features of naval hygiene necessitated by modern ship construction has made the naval medical officer a general practitioner specially

trained to deal with these problems. In other words the naval medical officer is a specialist in naval medicine.

It may be of interest to ask ourselves which of these Surgeons General we may consider the most able and to have contributed most to the development of the Medical Department of the Navy.

Opinions of this character are arbitrary and open to doubt and discussion; but the first Chief of Bureau, Barton, his immediate successor, Harris, Foltz, Beale, Tryon, and Rixey are the ones elected by the author as the outstanding Surgeons General of our Navy. Tryon and Rixey were perhaps the two greatest. Beale is a man who has been overlooked. He was a farsighted and vigorous administrator whose work has not been sufficiently appreciated. Another man who deserves more praise than he has received is Harris. One of the eminent American surgeons of his day (he operated on Andrew Jackson), he was the father of the idea of post-graduate instruction in naval medicine. Following immediately after Barton, he built wisely on the foundation prepared by the first head of the Bureau.

BIBLIOGRAPHICAL NOTE

The source of information which the writer has used in preparing these biographies of the Surgeons General of the Navy have been numerous and varied.

There are only three biographies in print, Captain F. L. Pleadwell's, *Barton*; Rear Admiral Bell's, *Rixey*; and Foltz's, *Surgeon of the Seas* (Foltz), and these have been used in preparing the sketches of these three. The records of service in the Bureau of Navigation and in the Bureau of Medicine and Surgery give the important events of the naval life of each one. The printed reports of the Surgeons General of the Navy are the best record of administrative events in each regime. Letters of the various Chiefs of Bureau, the Secretaries of the Navy, medical journals, General Orders and the Navy Regulations and Uniform Regulations of different periods have been consulted. Mrs. Constance Lathrop of the Naval Records and Library of the Navy Department and Mrs. A. R. Lawrence of the Historical Section has contributed many interesting facts regarding Dr. Harris of whose career she has collected many facts. Many of the older medical officers have given reminiscences, anecdotes and impressions of a number of the Surgeons General particularly, Bates, Tryon, Van Reypen, Wales, Gunnell and Palmer. The table of facts regarding the Surgeons General was prepared by the author. Rear Admiral Amen Farenholt, (MC) U.S.N. Retired, prepared the table of Assistant Chief of Bureau.

