

**History of the Medical NCO  
(1775-1975)**

**By**

**SGM Jairo R. Gallego**

**SGM Steven Murphy**

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A soldier is severely wounded; blood pours out of his right upper femur from a gunshot wound. He lies on the ground in pain and screams for help but his call goes unanswered. He rips a sleeve from his shirt and attempts to control the bleeding by placing it on the wound. He needs medical care soon otherwise he will die. He looks around and there are several other young soldiers lying wounded or dead.

Everything is blurred; several hours have passed and he can hear voices above him. He feels the most excruciating pain he ever experienced. He looks down and sees his right lower leg separated from his body, being thrown to the side with other limbs. He sobs and everything goes black.

He feels cold and shivers go down his spine. He tries to touch his right leg, but cannot find it. He thinks about his young wife and baby daughter, he wants to see them. He will never see them again.

Another soldier dies from infection caused after amputation of a limb; he is another casualty to unorganized and primitive medical care. The year is 1775.

The history of the Medical Noncommissioned Officer (NCO) started before the birth of the Republic. It is a rich and proud one. Many factors caused up and downs in the Army, which directly affected the Medical NCO evolution.

Prior to 1775, the Army was primarily made up of militiamen. There was no medical structure. Trained medical personnel were scarce and treatment and prevention of diseases was almost nonexistent. To make things worse, there was inadequate medicine and medical equipment available. Soldiers wounded in the battle were on their own until after the battle, when it was up to other soldiers, wives, or volunteers to take them to the surgeon's tent for treatment (Haller 21).

Washington frustrated with the status of the medical care available for his troops addressed the issue to Congress. On 27 July 1775, Congress authorized the Medical Service. The authorization included the following positions: a Director General and Chief Physician (known now as the Surgeon General), four surgeons, one pharmacist, 20 surgeons mates, one clerk, and two storekeepers. It also authorized one nurse per every 10 patients (Haller 20).

In December of 1775, when the British followers evacuated Boston, Dr. Morgan who was the Director General at the time, ordered his not yet authorized "Hospital Stewarts" (Medical NCOs), to collect all the blankets, pillows, and other supplies left behind for use of the Army. Around this time a famous Hospital Stewart, member of the Army General Hospital in New York, named Thomas Carnes, was responsible for collection of herbs such as balm, hyssop, wormwood, and mallow for care of patients. He also procured linen sheets and rags to make bandages and tourniquets (AMEDD NCO).

On July 17, 1776, Congress officially authorized the positions of Hospital Stewarts, which were the forerunners of what is known today as the Army Medical Department Medical NCO Corps (AMEDD NCO).

In April 1777, one of the responsibilities of the Hospital Stewart was to manage all articles of diet obtained from the commissary. One Hospital Stewart supported every hundred sick or wounded soldiers. He earned thirty dollars a month and two rations per day. Less than three years later, his responsibilities increased, he was in charge of purchasing whatever was necessary to support the care of the sick and wounded. He also handled all the major administrative and logistical functions of the hospital (AMEDD NCO).

The end of the Revolutionary War brought a reduction on size of the Army. From 1784 to 1789 the Medical Department was very much inactive (Haller 22).

In the early 1800s, Hospital Stewards were regular soldiers removed from the lines to provide healthcare for the sick and wounded. They had no official rank. The requirements to serve as a Hospital Stewart included: be able to write and read, have background in mathematics, chemistry, and/or pharmacy. These requirements made the pool of candidates very small (AMEDD NCO).

The first publication on military hospital administration written by Dr. Edward Cutbush in 1808, describes the Hospital Stewart as an honest and above reproach individual. It also covers the duties of the Stewart, which included the discipline of staff and patients, personnel management, medical supply, and overall administration of the hospital (AMEDD NCO).

In the early 1810s a major reorganization took place in the Army, which it had a major impact on the Medical Stewart- his salary was decreased to twenty dollars and two daily rations. In order to meet the demand of Stewards to care for the sick, the Secretary of War authorized the enlistment of individuals in a temporary status but without approval from Congress. Some Stewards still came from the line units but now they were predominantly NCOs (AMEDD NCO).

Hospital Stewart John Bemrose wrote his memoirs describing his duties during the Second Seminole Indian War in 1835. He described cases of wounded soldiers he personally treated. His written case histories were as detailed as any surgeon of the period (AMEDD NCO).

During the Mexican War some Hospital Stewards started to accompany the Surgeons into battle; they dressed wounds and dispensed medicine (AMEDD NCO).

Until 1851 the Hospital Stewart wore no rank, the Army issued an addendum to the Regulations for the Uniform and Dress of the U.S. Army that authorized a "half chevron" consisting of a green background with yellow trim and a caduceus to denote the rank of the Hospital Steward (AMEDD NCO).

In 1864, Congress authorized the Secretary of War to appoint as many Hospital Stewards as needed in the Army. This action permanently assigned the stewards to the Medical Department (Gillet 19).

The true test of the Hospital Stewart came with the Civil War. Wounded soldiers arrived at the field and general hospitals by the thousands and the Stewarts treated many of them in an exemplary manner. Hospital Stewards received orders to report from one hospital or post to another and unlike most soldiers that moved as a unit, they traveled alone. Some Hospital Stewards were physicians in civilian life but had no desire to serve as surgeon. Some surgeons treated their Stewarts as equals during the war (AMEDD NCO).

The duties of the Hospital Steward included: assisting the surgeon in minor surgical procedures, dispensing medicine and supervising the attendants and other civilians who worked in the hospitals. Some stewards worked in military laboratories supervising the production of medicine (AMEDD NCO).

At the time dental care for the Army consisted primarily of extraction of teeth and was done by the surgeon or his Hospital Steward (AMEDD NCO).

At the end of the Civil War, the Medical Department faced great odds during the Indian Wars and epidemics. A physician and one steward were responsible for a post and they provided care for soldiers under the most austere working and living conditions. Stewarts were now required to take a test, only individuals who served as hospital stewards for over 25 years received exemption from it. All other stewards had to take written test in order to retain their rank. It was not an easy test, as it required knowledge on solving math and chemistry problems and also their ability to write. Even though the surgeon reviewed their tests, the senior surgeon again reviewed it. This method ensured that only the best would be retained (Gillet 19).

On March of 1887, the Hospital Corps was finally established. New ranks of insignia, similar to the chevrons worn by all NCOs in the Army, replaced the “half-chevron” worn up to this date by Stewarts. Hospital stewards wore full sized chevrons: three stripes below and one on top with a Red Cross in the center. Acting hospital stewards wore the same chevrons except for the stripe on top. Privates of the Hospital Corps wore a white armband with a red cross (AMEDD NCO).

After one year of service with the Hospital Corps, privates were eligible for promotion to acting hospital stewards. After one year of probation and passing of another examination, they could be appointed permanent Hospital Stewards. In its first year some 600 privates transferred to the new corps, with only 24 passing their examinations and promoted to acting hospital stewards (Gillet 20).

In 1891 the Hospital Corps formed companies of instruction to ensure the privates of the newly formed corps had the necessary skills to perform their duties. The training included: anatomy and physiology, nursing, pharmacy and first aid. The hospital corps knife became a standard issued item; Stewarts used the knife to make litters or small triage areas in the field (Gillet 100).

Under the supervision of Dr Walter Reed in 1900, the Hospital Stewart played a major role in the study of the causes and transmission of Yellow Fever. They volunteered to be bitten by infected mosquitoes to prove that it was the main culprit in the transmission of Yellow Fever. They also slept on bedding that was soiled with urine, feces and vomit of yellow fever patients to disprove the theory that the disease was transmitted by fomites. Walter Reed in his report to Congress said he had never "witnessed greater acts of bravery" than those of the "medical soldiers" who volunteered to participate in study (Gillen 242).

On 2 March 1903, the Hospital Corps was disestablished. Sergeant and Private replaced the ranks of Hospital Steward and Privates of Hospital Corps with an exception for the Master Hospital Sergeant, which remained until 1920 (AMEDD NCO).

During World War I, enlisted personnel of the Army Medical Department began training at Fort Oglethorpe, Georgia. Laboratory, radiology, dental, veterinary, and psychiatric classes were some of the subjects covered during training. Specific training was in place for NCOs to ensure that they could perform their duties on and off the battlefield. World War I clearly established the need for well-trained soldiers in each new specialty that resulted from the evolution of military medicine (AMEDD NCO).

The first formal course of instruction for Noncommissioned Officers of the active, National Guard and Reserves took place at the Medical Field Service School, Carlisle Barracks, Carlisle, Pennsylvania in 1924. The Medical NCOs not only worked in field and post hospitals, they supported the training of new medical officers and were an integral part of the test and evaluation program for new medical equipment (AMEDD NCO).

Although the Geneva Convention gave medical personnel some protection, when they volunteered to stay with the wounded, they also became Prisoners of War. They received inhuman treatment from the enemy. In some cases the enemy executed the medics along with the wounded.

In 1946, Fort Sam Houston, Texas became the home for the Medical Field Service School (MFSS) and all specialized training for enlisted personnel was consolidated with the exception of the line medic. In 1950, the Surgeon General directed that a 48-week course in practical nursing (91W2M6) for enlisted soldiers be established at Walter Reed Army Medical Center (AMEDD NCO).

In 1950, the Medical Readiness Training Centers increased their training capacity to meet the needs of the Korean Conflict. During the "Bloody Battles" in Korea, frontline Medics had to be prepared for the mental challenge of removing the dead Killed in Action (KIA). There was no time for proper handling and moving the dead. Bodies were thrown into the back of vehicles or over the edge of the road. This was necessary to preclude new reinforcements coming up the hill from seeing dead. The major concern was that soldiers who have never been in battle would become refuse to go any further or even run back to a safe area (AMEDD NCO).

In Vietnam, personnel who volunteered to become Flight Medics received on the job training, gaining experience with each mission. Faster and larger helicopters were available and flight medics played a major role in saving lives of wounded being evacuated from the field (Flight Medic).

There was an initial plan for medics to spend six months as platoon or company aidman with combat elements and the rest of their tour assigned to rear medical units. Personnel shortages precluded this from happening and they often spent their entire tour at the front. In a few cases, line soldiers after proper training were available to fill the shortages. The Senior NCO of the Battalion Aid Station was responsible for ensuring that new medical personnel were capable of performing their duties prior to accompanying line units by themselves (AMEDD NCO).

This article covered 200 years of the history of the Medical NCO. Major changes took place, which started with the ingenuity of the Hospital Stewart during the Revolutionary War and continued with the major sacrifices of the Combat Medic in the jungles of Vietnam. The Combat Medic of the United States Army will continue to evolve as will carry on the motto of the Army Medical Department, "to conserve the fighting strength."

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