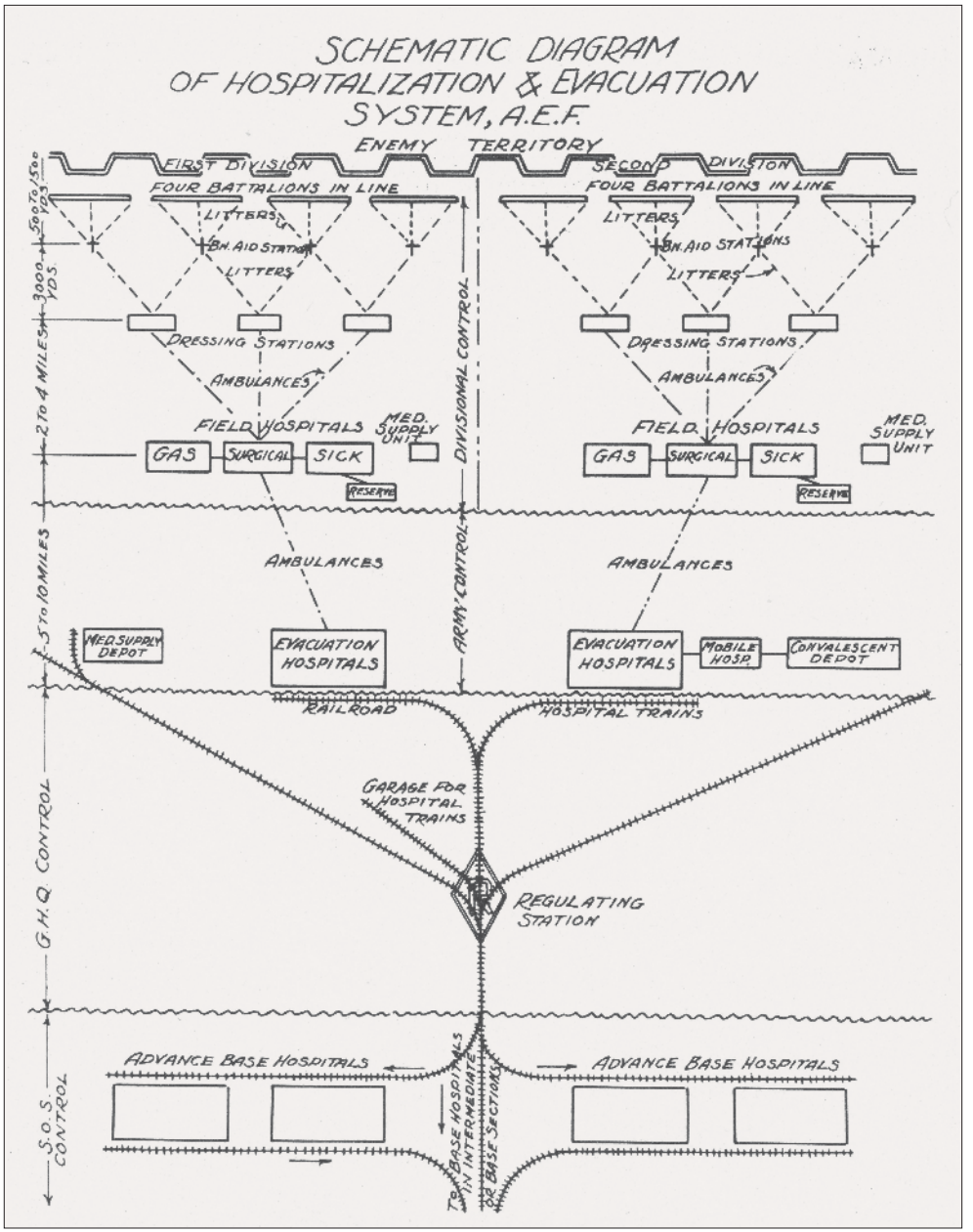
On the Battlefield



A schematic of doctrinally ideal evacuation from the battlefield. In practice, the American Expeditionary Forces (AEF) deviated from this model when the situation warranted.
(The Medical Dept in the World War, Vol. VIII, p. 262)

Buddy Aid

(Above) *Private John C. Jones, 61st Supply Company, giving a drink to a wounded comrade.*

Litter Bearers

Wounded at first aid dressing station, Boureuilles, France.

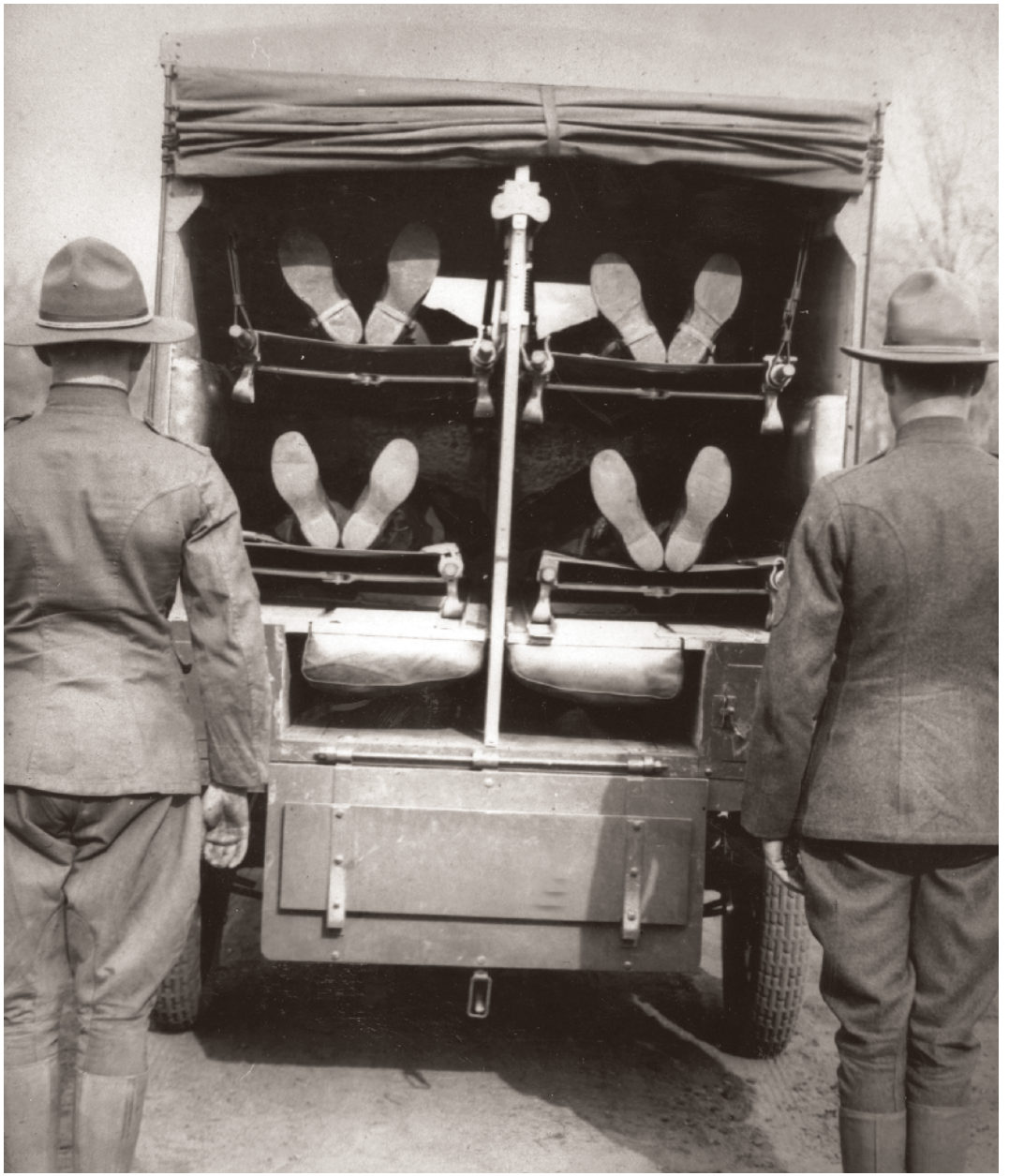
Ambulances

(Opposite) *Ambulances stuck in the mud. This is typical of ambulances driving between the front and evacuating stations. 5th Division, Meuse, France, October 13, 1918.*

(Above) *The 27th Ambulance Company of the 3rd Division receiving wounded on the outskirts of Nantillois, France. These men were gassed and wounded by shrapnel and machine gun fire. During the battle a constant stream of wounded were carried or helped to this station, where they were put in ambulances and rushed to hospitals. Many of these men are members of the 5th Division, which relieved the 80th Division, Nantillois, Meuse, France.*

(Left) *Rear view of ambulance with four wounded soldiers.*

(Opposite) *Wounded soldiers being transferred into ambulances.*

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Field Hospitals

"Nurses were not intended for assignment to field hospitals, but there were occasions in which nurses found themselves on duty with such hospitals after having been assigned to duty on special surgical teams which were moved about as the need arose. Under such conditions formal reports of this service were never submitted, as there were no chief nurses on duty with these teams, but the nurses' individual records indicate that a number of nurses had varying lengths of service in connection with field hospitals." *(The Medical Dept in the World War, Vol. VIII, p. 335)*

American Expeditionary Forces Medical Specialty Teams—One method whereby Army nurses moved from the rear areas to the front lines was as members of special teams. These five- or six-person teams were a new doctrinal concept that enabled the AEF to quickly move highly specialized health care providers to specific areas of the battlefield where they were most needed. Typical teams included shock, surgical, gas, and orthopedic teams.

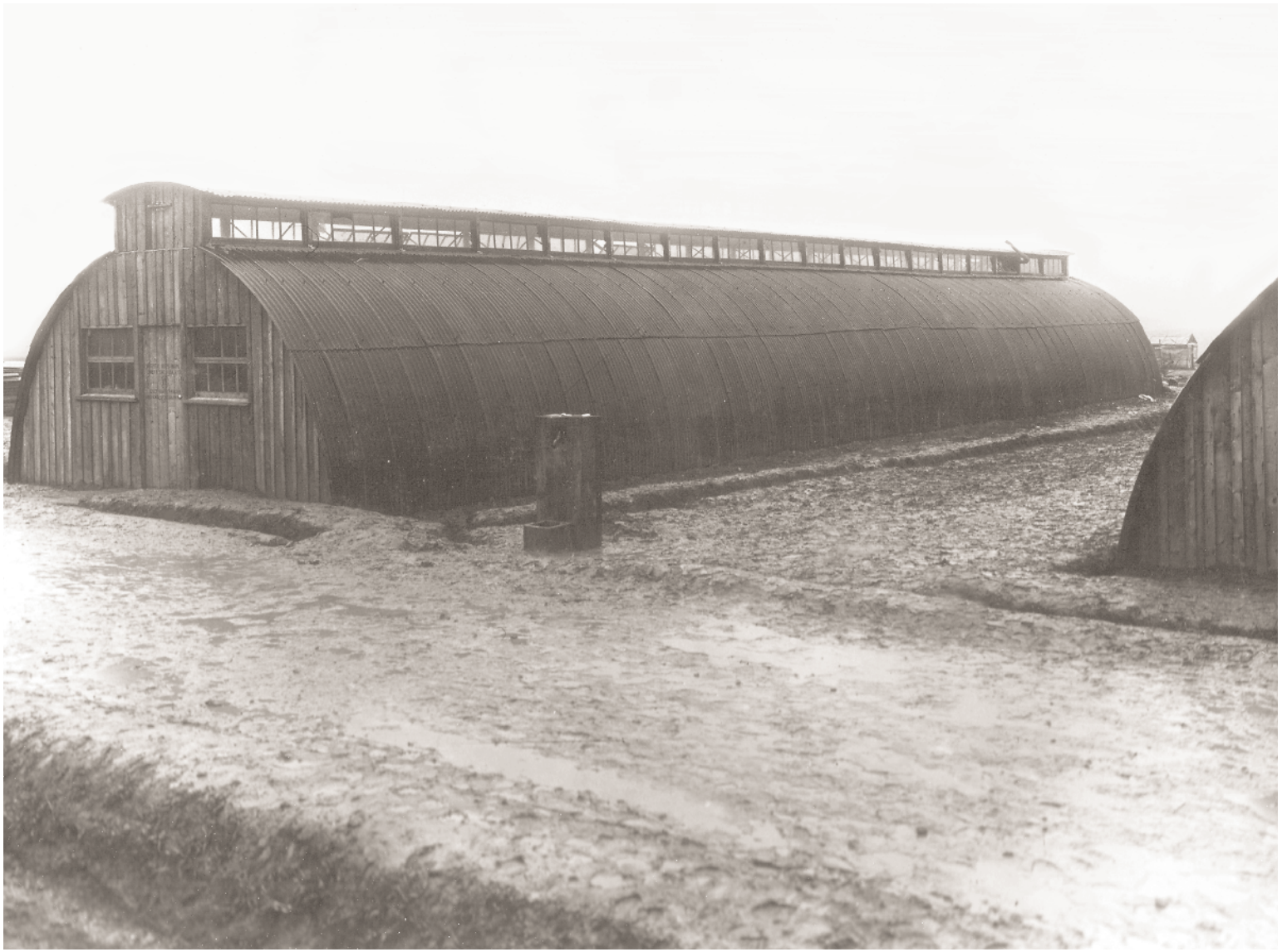
The primary function of shock teams was the resuscitation of wounded soldiers who were unstable due to blood loss, usually as a result of a femur fracture or multiple trauma, and therefore too ill to survive immediate surgery. Treatments typically consisted of intravenous administration of whole blood and fluids.

Many nurses also served as members of surgical teams. These teams were specially trained to care for immediate surgical, neurosurgical, orthopedic, maxillofacial and chest cases. In addition to traditional roles, nurses served as anesthetists on the teams. By operating on wounded soldiers right at the front instead of forcing them to endure a lengthy evacuation process, these teams proved invaluable for decreasing morbidity and mortality.

Gas teams provided care to patients who survived gas attacks. Care was largely supportive and consisted of rest, morphine, oxygen, and stimulants. Removal of exudate from the lungs was accomplished by inducing vomiting and later by the use of benzoin steam tents.

These roles were revolutionary, exposing women to danger by bringing them closer to the front then ever before. Women readily volunteered to serve with these teams rather than remain back in the rear where it was safe. In the words of Julia Stimson, being chosen to move forward was "the goal and prize for which every nurse . . . longed."

Soldiers wounded in action receiving medical treatment in an old, war-battered church, by personnel of the 110th Sanitary Train, Field Hospital No. 137, 35th Division, Neuilly, Meuse, France. September 29, 1918.



One of the buildings made of corrugated iron used as bunk house, for Field Hospitals Nos. 138 and 139, near Vertuzey, Meuse, France. December 1918.

Mobile Hospitals

MOBILE SURGICAL HOSPITALS, usually established in tents, were organizations destined for activity near the front lines. These hospitals were forced to move on very short notice, so their personnel had to be skilled in rapidly erecting and taking down tents. They augmented other hospitals, especially evacuation hospitals, during major operations involving many casualties.

Mobile surgical hospitals had complete equipment for operations, their own laundries, sterilizing trucks, and electric-lighting plants. Many of them had portable equipment on trucks that could be incorporated into a tent system and function as a room. For instance, X-ray and sterilizing trucks could be attached to the operating room. All the equipment could be taken down, packed into trucks, transported a considerable distance, and set up again on the same day.

Panoramic view of Mobile Hospital No. 39 near Chalons-sur-Marne in the St. Mihiel sector, Meuse, France. This hospital handled the left sector of St. Mihiel drive, including the II and IV Corps of the Second Army. December 1918.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(Opposite) *French X-Ray truck and the generator that supplies light to the tents at Mobile Hospital No. 39, Meuse, France. December 1918.*

(Above) *Nurse staff of Mobile Hospital No. 39. Effie M. White (head nurse); Captain Grant Augustine and Lieutenant R.S. Elliston, at top of group, Meuse, France. December 19, 1918.*

Mobile hospital staff usually included 20 nurses, or 19 nurses and the chief nurse. Conditions were necessarily primitive. A special tent was used for the nurses' quarters, usually containing little more than beds and locker trunks, which held all the nurses' necessities inside and their wash basins and pitchers on top. The mess tent usually contained trestles with boards for tables and benches for chairs. If oilcloth was available it was used for table covering, and dishes consisted of easily transportable enamel plates and bowls. Because screens and mosquito netting could not be installed in these rapidly moving units, flies caused much annoyance. In some mobile hospitals recreation tents for the nurses' use were provided by the American Red Cross.

(Above) *View of 1st Mobile Hospital, III Army Corps, Fromerville, Meuse, France, October 22, 1918. The commanding officer of Mobile Hospital No. 1 also served as Director of Surgery for Evacuation Hospital No. 7.*

(Opposite) *Group of nurses at Mobile Hospital No. 2, Auteuil, Paris, July 1, 1918.*


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AMBULANCE CHIRURGICALE AUTOMOBILE
N° Type 1917 CAMION DE STÉRILISATION

(Opposite) *Sterilizer truck at Auteuil, Paris, Mobile Hospital No. 2.*

(Above) *Group of enlisted men at Mobile Hospital No. 2.*

Interior of the supply tent at Mobile Hospital No. 2.

Evacuating the Wounded

"Owing to the extreme congestion and violent shelling of all roads and to terrific machine-gun fire in the front lines, it was oftentimes impossible to remove the wounded until dark.

"Roads were constantly jammed with divisions taking their places in the line, and the divisions which were being relieved moving back. Some effort was made to reserve certain roads for evacuation of the wounded, but it was apparently impossible. In spite of these conditions, however, the average length of time in transporting a wounded man from the place of receiving his wound to the field hospital consumed a period between 3 to 8 hours. The evacuation hospitals . . . were so far to the rear that no average time could be calculated for the transportation of the wounded to those points. At the beginning of the Argonne drive evacuation hospitals were from 30 to 60 kilometers from the field hospitals." *(Surgeon General Report, 1919, Vol. II)*

"I have never in all my life seen such tenderness as these men show to each other. If you could see, as we so often see, men with horrible leg injuries reaching way over to feed the man in the bed next to them, who may have arm injuries and be helpless. And always the up-patients are so good to the bed-ridden ones. Our hospital simply could not run without the help of the patients themselves. They fetch and carry and bathe and scrub and hold legs and arms for dressings, and joke and jolly each other along till it would break your heart, for they themselves are sick men." *(October 14, 1917, Stimson, Finding Themselves, p. 139)*

Unloading a truck at Field Hospital No. 326, filled with gassed men of the 82nd and 89th Divisions, north of Royaumeix, France. October 15, 1918.

"Saturday—we received our first real convoy, about 300 all 42nd Div . . . I received 68 on my floor, mostly mustard gas burns, terrific suffering. The convoy arrived about 6:00 PM. I worked until 10:30 trying to get them settled." *(March 23, 1918, Maude Frances Essig)*

"Sunday—what a change from last week. 82 patients on my floor, about 20 doctors assigned to my floor. All want something, every place. Stat. We do not have supplies nor equipment to meet their demands, this type of burn is terrible and nothing seems to give relief. Eye and genitalia burns are the most painful, terrible situation. The patients are good scouts, and most appreciative. So happy to be in the hands of USA." *(March 24, 1918, Maude Frances Essig)*

(Above) *Gassed patients of the 82nd and 89th Divisions being loaded into U.S. ambulances at Field Hospital No. 326, north of Royaumeix, France.*

(Opposite) *General scene of evacuation, Base Hospitals No. 88 and No. 53. Langres, Haute Marne, France.*


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"Experience demonstrated that five different groups of bearers were necessary: (1) Four men to unload ambulances and carry patients to the bathing tables; (2) four men to carry patients to the X-ray room; (3) a supervisor and four men to handle patients in the X-ray room; (4) a supervisor and six men to remove patients from operating tables and carry them to wards; (5) eight men for evacuating patients. One supervisor and one man were required to remove soiled litters and blankets from the admission room. For a 500-bed hospital, running 6 double teams continuously, two shifts of 28 men each were required. The nature of the work was such that 8-hour periods proved better than those of 12 hours." *(The Medical Dept in the World War, Vol. VIII, p. 198)*

"The transport and hospitalization of the sick and wounded of the American Expeditionary Forces, after [they] had been evacuated from the zone of the armies, presented difficulties which differed in many respects from those which had confronted the French army during three and a half years of warfare, and also from those of the British, whose system of evacuation was similar to that of the French though modified by geographical conditions. The French and British systems involved no long lines of communications to home ports. The short route to England made it possible for British wounded to reach home bases rapidly.

The American Army, however, was compelled to hospitalize in France, and to some extent in England, almost all its sick and wounded, since it was impracticable to send home any except a relatively small number, who were permanently (from a military viewpoint) disabled. To meet the needs imposed by this situation and to economize on personnel and materiel, the American Expeditionary Forces had recourse to the use of large hospitals and hospital groups into which patients could be received by the trainload. These organizations necessarily were situated on supply lines of the American Expeditionary Forces." *(The Medical Dept in the World War, Vol. VIII, p. 261)*

(Opposite) *Unloading patients from ambulances, Camp Hospital No. 33, Brest, Finistere, France.*