Death

The American Graves Registration Service reported approximately 81,067 overseas war deaths by the armistice. However, casualty figures vary considerably, making it difficult to precisely determine actual combat fatalities. The figure often quoted, approximately 50,510, reflects combat fatalities and does not include influenza or accident victims. A total of 30,902 casualties were buried in European cemeteries, and 46,304 bodies were returned to the United States.

"Members of the Army Nurse Corps who died during their Army service were buried with military honors. In November, 1918, a plot in Arlington National Cemetery was assigned for the burial of Army nurses and since that time nurses have been buried there if their families so desired." *(The Medical Dept in the World War, Vol. XIII p. 311)*

"On the whole the health of nurses in the American Expeditionary Forces was very good. The influenza epidemic of 1918 affected members of the Nurse corps as it did the men of the Army. Only two nurses were wounded at all seriously, and none were killed by the enemy. By the time the first nurses in France had been there a year only six deaths had occurred among them, and at this time there were 2,500 nurses in the AEF. Up through August, 1918, there were 15 deaths, but in September there were 8 more, October, 41, and in November, 12. One was killed in an airplane accident, another was run over by a train, another was thrown from a horse, and a number were killed in automobile accidents." *(The Medical Dept in the World War, Vol. XIII, p. 350)*

"In the case of death among the nurses, upon the chief nurse fell the duty of writing to the parents and describing the details as best she might, of readjusting the duties among already overworked women, of assisting at funeral ceremonies, of keeping up morale, and also of arranging for the nursing of other sick members. It takes but little imagination to picture the frame of mind of a chief nurse who had gone through this process twelve times in one month, as once happened during the period of the influenza epidemic. The cumulative effect of so many funerals would have had serious consequences under normal conditions, and 3,000 miles from home, in a foreign land without the usual means of diversion, it took strong character to withstand the pressure." *(The Medical Dept in the World War, Vol. XIII, p. 345)*

(Opposite) *Graveside service in 1917 showing women of the Army Nurse Corps wearing the uniform first authorized to nurses going overseas.*

Jane Delano sailed to France at the end of December 1918 on official Red Cross business. In February 1919, she and Julia Stimson traveled throughout the country speaking to nurses until she fell ill with a middle ear infection at Savenay. The infection progressed into mastoiditis and later required surgery. By March she developed a brain abscess, which required further surgery from which Delano never regained consciousness. She died on April 15, 1919, and was buried in Savenay. In 1920 Delano's body was exhumed, returned to the United States, and reinterred in the nurses' plot at Arlington National Cemetery in Virginia. *(Sarnecky, p. 133)*

The U.S. government awarded Delano the Distinguished Service Medal posthumously.

(Opposite) *Casket of Jane Delano in the morgue of a base hospital in Savenay, France.*

(Above) *Funeral procession for an Army nurse who died in France, date and location unknown.*

Mary C. Burke
Army Nurses Corps
Died Oct. 5, 1918
48786

(Opposite) *Nurses' graves at a hospital cemetery at Mars-sur-Allier, Nievre, France. January 1919.*

(Above) *View of the American Expeditionary Forces Cemetery at Quiberon, situated on a peninsula on the French coast in Brittany.*

Army nurse Helen Fairchild, from Pennsylvania, volunteered to go overseas with 63 other nurses from Pennsylvania Hospital just one month after the United States declared war in April 1917. She was 32 years old when she served with Base Hospital No. 10, stationed at Le Treport, France.

Fairchild had had a history of abdominal pain before she left for France, and during November 1917 she suffered from a recurrence. By Christmas she was vomiting after every meal, and in January X-rays and exploratory surgery revealed a massive gastric ulcer, caused or worsened by exposure to mustard gas used by the enemy. She underwent a gastro-enterostomy on January 13, 1918, and initially did well but became jaundiced on the third day postoperative and deteriorated rapidly. She died in a coma on January 18, 1918.

Fairchild's cause of death was initially attributed to acute atrophy of the liver, but a post-mortem examination showed the final cause of death to be hepatic complications of the chloroform used for her general anaesthetic.

Fairchild received a full military funeral attended by an entire garrison of English, Canadian, French, and American officers, nurses, and troops. She was buried first in Mont Huron Cemetery, Le Treport, and later reburied in the American Cemetery at Bony (Somme), France. (*Rote, Nurse Helen Fairchild, WW1 1917-1918)*

"The bodies were taken to the military cemetery in ambulances driven by women from the motor convoy. Sometimes, always in the case of American burials, the chaplain headed the procession from the mortuary, and sometimes he met the funeral cortege at the entrance of the cemetery. The burial party consisted of the chaplain, one or more officers and an escort of men under a non-commissioned officer. The men carried the coffins from the cemetery gate to the grave on their shoulders and then stood at attention during the service until taps or the last-post had been sounded. . . . One of the most impressive funerals in our experience was that of nurse Helen Fairchild who was buried on January 19, 1918. Every officer, nurse, motor-driver and enlisted man that could be spared from duty attended the service. Every hospital in the group was largely represented." *(Pennsylvania Hospital Unit in the Great War, 1921)*

(Opposite) *The final salute.*

(Above) *The American Cemetery at Bony, France.*

Hospital Centers

Soon after the arrival of American troops in France, the Medical Department recognized the need for economizing on the transportation of medical supplies and the movement of sick and wounded from the battlefront, as well as the benefits of combining personnel. It was decided to concentrate hospitals into groups. After taking numerous factors into consideration, such as French and English examples, the American lines of communication, French ports available for use by the American Army, and potentially available sites for hospitals, recommendations were approved by the commander in chief for the erection of "hospital centers."

Hospital centers were of two types:

1) those established in French buildings and
2) newly constructed barrack hospitals. When the armistice was signed, five centers were in operation in French buildings and fourteen in constructed barrack hospitals.

The design scheme called for these centers to have between two and twenty independent base hospitals and a convalescent camp operating under one administrative head. The larger centers were planned to accommodate between 30,000 and 36,000 patients. Each center included its own auxiliary activities such as Quartermaster and Medical Department depots, laundry, bakery, motor transport, electricity plant, military police, and headquarters detachments.

This system allowed for specialization among hospitals, including a center for tuberculosis and an orthopedic and psychopathic hospital, in addition to those used for general surgery and medicine. Highly skilled specialists were detailed as consultants on the staffs of the commanding officers to supervise the proper care of the sick and wounded. These specialists were reportedly "of the most skilled that America ha[d] produced, including many of the leading and most prominent surgeons, neurologists, orthopedists, internists, and bacteriologists, of our country." *(Surgeon General Report, 1919, pp. 1340–1341)*

(Opposite) *Sterilizing room at Base Hospital No. 23.*

"By 1917 the French and English had almost exhausted the supply of available buildings in France for hospitalization and the large influx of French and Belgian refugees from the devastated areas had made heavy demands upon any remaining reserve. The buildings which could be turned over to the Americans by the French at this time were not well suited to American hospital organization and methods. In many cases the offerings were inaccessible, in a condition of bad repair, without modern sanitary plumbing, and too small and scattered to be operated to advantage under the American system of hospitalization. School buildings, hotels, casernes, and French hospitals, while not well suited to hospital purposes, were operated as military hospitals with more or less success.

Hotels as hospitals had not only the objections of being hard to administer, extravagant in the requirement of personnel, but were otherwise not generally suited for hospital purposes because of the numerous halls, small rooms, and many stairs. Those available were very largely summer hotels without heating facilities, with insufficient water and very limited plumbing, were expensive to operate in that the rental was high, many alterations had to be made, damages were sustained to the furniture in being removed, and, when returned to the owners, complete restoration was required to be made under the French law.

Inasmuch as construction was unavoidably delayed, it was necessary to lease hotels in large numbers and operate them as hospitals in order that the sick and wounded of the fast arriving troops could be cared for, notwithstanding the many objections to their use." *(Surgeon General Report, 1919, p. 1338)*

Base Hospitals 23, 36, 32, and 31 were assigned to the towns of Vittel and Contrexeville, and were originally equipped by the American Red Cross. These units arrived between November 1917 and January 1918, and formed the Vittel Hospital Center.

(Opposite) *Dressing room on the second floor at Base Hospital No. 23, Vittel, France.*

BASE HOSPITAL

(Opposite) *Operating room No. 2 of Base Hospital No. 23, Hospital Center at Vittel. June 1918.*

(Above) *Aerial photograph of Evacuation Hospital No. 20, a component of the Beau Desert Hospital Center.*

"Beau Desert was selected as a hospital center for the AEF during the latter part of 1917 and work begun in December of that year. The site is a nearly level tract of land of approximately 550 acres and shaped something like a keystone." Beau Desert was formerly a hunting ground and had also been used for training horses and for races, and in some of the old buildings were found racing programs dating back many years. The area is nearly due west and approximately five miles from Bordeaux.

"Beau Desert was originally selected as the site for 10 base hospitals of 1,000 beds each, with an emergency expansion to 1,500 each, but enough land was reserved to increase the number of hospitals to 16. As the war progressed, it became necessary during the summer of 1918 to complete an entire 17 units. As the center enlarged, a cemetery was added at the extreme southeastern portion of the reservation, and land was requisitioned for a convalescent camp of about 4,500 beds. In the fall of 1918, a farm and garden were also established." *(Surgeon General Report, 1919, p. 1855)*

In June 1918, Base Hospital No. 22, a Red Cross unit from Milwaukee, Wisconsin, and Base Hospital No. 114, organized at Allentown, Pennsylvania, arrived in France. On January 23, 1919, Base Hospital No. 22 ceased to function, and was ordered back to the United States to be mustered out of service. Evacuation Hospital No. 20, newly arrived from the Marne, where it had had only a few days' experience at the front, was ordered to take the place of No. 114. At the close of the war, the majority of the sick and wounded were evacuated through Beau Desert, thus changing the function of the hospital center to an evacuation center. Thereafter, Evacuation Hospital No. 20 was charged with the entire duty of evacuating patients and the hospital enlarged correspondingly to 2,500 beds. *(Surgeon General Report, 1919, p. 1858)*

(Top Left and Above) *Views of Evacuation Hospital No. 20, showing the mud problem at Beau Desert. From here, all patients were evacuated from France to the United States.*

(Bottom Left) *Nurses' mess hall at Beau Desert Hospital Center, France.*

"The origin of the Riviera hospital center was an urgent need for a location for hospitals that would give the maximum hours of sunshine and clear skies, even temperature, and the most stimulating atmospheric conditions within practicable distance of the advanced areas. This was found in that strip of coast line extending from Marseille to Menton, called the Cote d'Azure, or Riviera." Here, facing the Mediterranean Sea and sheltered by the Maritime Alps, rainfall was limited and the climate mild rather than hot.

"It was too far from the scene of active operations to receive cases of recent injuries or acute illness, and therefore all cases received were patients who had so far recovered as to be able to stand a long journey. The center comprised all the hospitals along the north coast of the Mediterranean from Toulon to the Italian border, and functioned as a group of convalescent hospitals." *(Surgeon General Report, 1919, p. 1853)*

"Until shortly after the signing of the armistice there was no local member of the Nurse Corps who had supervisory control over all the nurses at one center. In order that the director of nursing service might keep more closely informed as to the nurses and their living and working conditions the plan was adopted of assigning center chief nurses to 11 of the large hospital centers. These center chief nurses were regarded as assistants to the director." Center chief nurse duties included assisting the commanding officer in matters involving the center's nurses "as he may see fit to assign to her" and "to act as hostess of the center." *(The Medical Dept in the World War, Vol. II, pp. 333–334)*

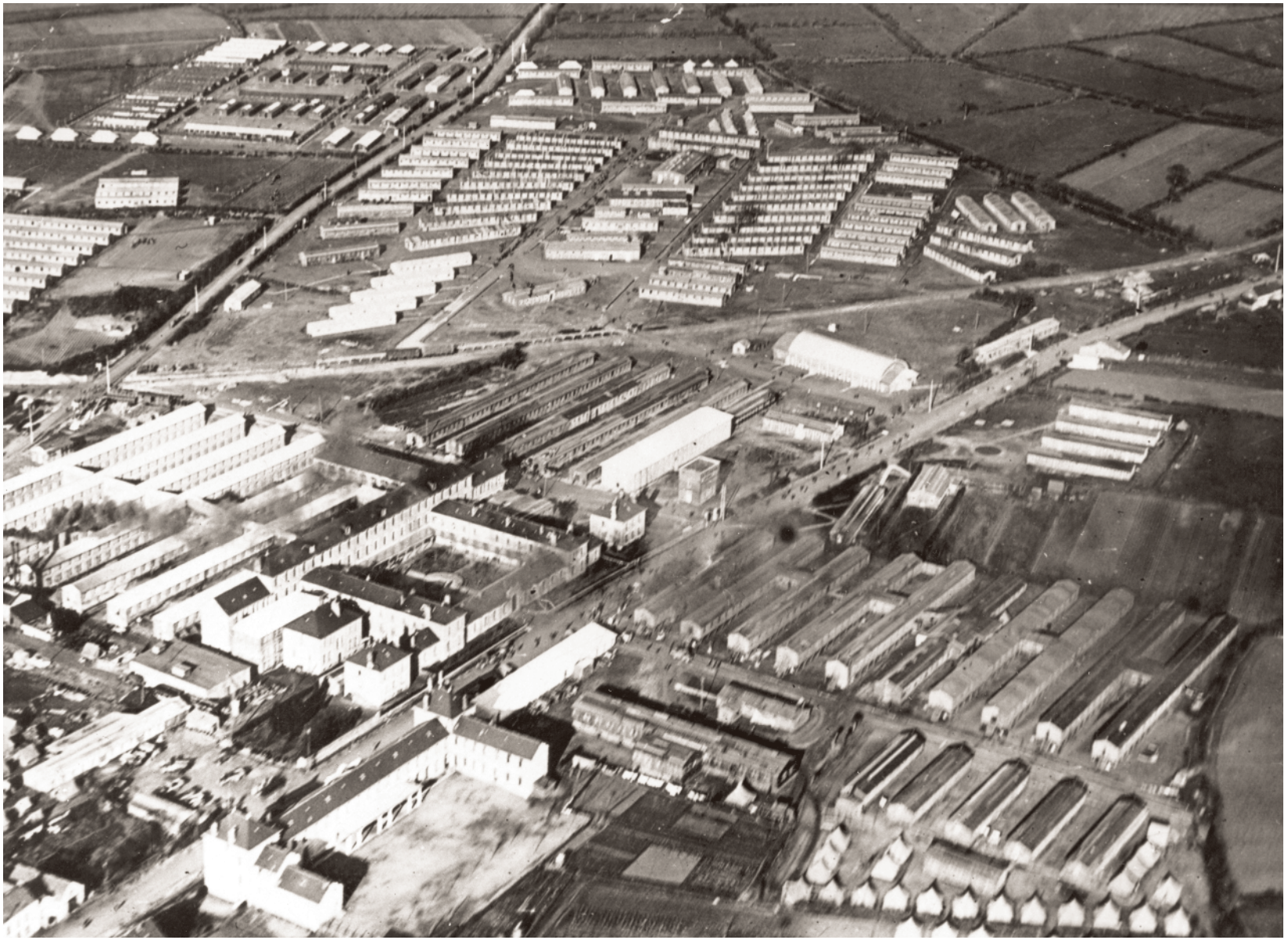
(Opposite) *Le Golf Hotel Hospital Center, Riviera. Group 1, Hyeres, consisted of nine hotels, with a total capacity of 3,600. This group was first designated Convalescent Hospital No. 1, but on arrival of Base Hospital No. 99, on November 26, 1918, its designation was changed to that of a base hospital.*

(Left) *Ward "O," the fracture ward in Base Hospital No. 115, Vichy Hospital Center.*

(Opposite) *In 1919, Vichy, France, was a growing popular summer resort known as "little Paris." Pictured here is the surgical ward in Base Hospital No. 1 (Bellevue Hospital Unit). The photograph shows the ward surgeon irrigating a wound of the right inguinal region accompanied by a nurse.*

"The hospital center of Savenay was located in the city of that name, about 18 miles northeast of St. Nazaire. Its construction was authorized by the commander in chief in February, 1918. A convalescent camp was also authorized, with a capacity of 5,200 beds. The center was organized on August 5, 1918, when the commanding officer of Base Hospital No. 8 was also appointed commanding officer of the Savenay center. Several miles of standard-gauge track were constructed and spur tracks laid to connect the various units of the center and about a mile and a half of roads were built in the units. Each unit was connected by telephone with a central exchange, installed by the Signal Corps. Electric power was obtained from a French producer at St. Nazaire.

The location of Savenay, within one hour by rail of the port of St. Nazaire, and only seven hours from Brest, made it particularly important as an evacuation center. Prior to November 11, 1918, all AEF patients returned to the United States on surgeon's certificate of disability were evacuated through Savenay. Until that date efforts of the Medical Department were directed to sending men back to duty where possible, and large numbers of evacuations were made to the convalescent camp and from that camp back to duty." *(The Medical Dept in the World War, Vol. II, pp. 596–597)*



Aerial view of the Hospital Center at Savenay, France. Undated.

156677

Convalescence

On August 21, 1918, orders were received from the chief surgeon's office to establish a convalescent camp as a unit separate from the hospital at Savenay. In compliance, a site was selected where the parade ground measured approximately 1,800 by 600 feet. Fifty pyramidal tents were put up and 300 French beds placed in the tents for use by the patients. This change from hospital to convalescent camp was made in one day, and the patients were transferred from hospital to camp. *(The Medical Dept in the World War, Vol. II, pp. 596–600)*

"It is not generally realized what an important function a convalescent camp may play with regard to the return of the soldiers from the hospitals to duty. And the function is not only that of returning men to duty, but primarily is concerned with the revitalizing of troops. Consequently, the more completely that soldiers are allowed to rest their minds from the worries incident to battle, the keener the spirit they will manifest upon being thrown into battle the second time. This mental rest is best accomplished by light duties, entertainment, and interesting occupations." *(Surgeon General Report, 1919, p. 2149)*

(Opposite) *Sergeant William Waterman, Co. A, 348th Machine Gun Battalion, 91st Division, wounded in the right hip on September 27, 1918, in the Argonne. Waterman is decorating shells during his convalescence at Base Hospital No. 69, Savenay.*

(Right) *Nurse P.E. Walters cheers patients Private Tuties and Sergeant Howard, during their convalescence at a base hospital in France. Location unknown.*

(Opposite) *Group of nurses photographed at Base Hospital No. 118, Savenay.*

(Above) *Patients primarily from the 91st and 1st Divisions are shown confined to bed but engaged in what were considered "useful" activities, such as decorating shells and bead work.*

(Opposite) *Officers' recreation hut, Base Hospital No. 214 at Savenay.*

(Above) *Nurses' recreation hut, Base Hospital No. 214 at Savenay.*