"Early in the year 1917 the 1st Division was assembled in the United States ready for duty overseas, or wherever the United States needed Regular Army men. In June, 1917, they embarked for France, landing in St. Nazaire, and from its personnel of men and officers came the first patients to Base Hospital No. 101.

"On the 5th of June, 1917, some 37 nurses—members of the Nurse Reserve Corps—assembled in New York City. They came from many states in the union. They were soon attached to Base Hospital Unit 18, composed in the main of Johns Hopkins men.

"Embarking at New York on the *Finland* they landed in France on June 28 and went immediately to Savenay. After a few days they were ordered to St. Nazaire to join forces with the medical officers and medical department soldiers who had reached St. Nazaire at about the same time. The latter, numbering about 14 soldiers were ordered to make up the personnel of the hospital. Not having any official designation, the officers and men voted to call the hospital 'No. 1,' later the name being officially changed to United States Army Hospital No. 1." *(Surgeon General Report, 1919, p. 2004)*

(Opposite) *Operations on shrapnel wounds in the operating room, Base Hospital No. 6, 26th Division, Sebastopol, France, May 2, 1918.*

(Opposite) *Operating room with surgical staff, Base Hospital No. 101, St. Nazaire, France.*

(Above) *Dressing room at Base Hospital No. 101, St. Nazaire, France.*

"In round numbers Base Hospital No. 101 has cared for about 20,000 patients. Statistics compiled from June 27 until the present time [1919] show that over 10,000 medical cases have been cared for and over 8,000 surgical cases. The latter include those orthopaedic cases, battle casualties, and minor cases evacuated from the advance hospital, and include the operative cases receiving attention in our surgery." *(Surgeon General Report, 1919, p. 2004)*

St. Nazaire was one of the main ports used by Allied forces. During the influenza epidemic, ocean transports arrived laden with great numbers of ill, many of whom had died at sea. Medical staff at hospitals in the St. Nazaire area were exhausted from overwork and nightly vigil as they struggled to cope with so many cases of severe pneumonia. The number of deaths was "quite appalling." (*Surgeon General Report, 1919, p. 2004)*

(Opposite) *Ward No. 4 ("A"), used for mastoid cases at Base Hospital No. 101, St. Nazaire, France. June 25, 1918.*

(Above) *Base Hospital No. 101, St. Nazaire, France.*

(Above) *Rear views of Base Hospital No. 101, St. Nazaire, France.*

(Opposite) *Front headquarters building, Base Hospital No.101.*

HEADQUARTERS
CAMP 91 HOSPITAL

"The first train of wounded battle casualties arrived on June 11 [1918] from the Chateau-Thierry sector, and consisted of about 60 mildly gassed cases, 77 wounded stretcher cases, and the remainder of the 250 walking cases." By August, numbers rose to 412 wounded arriving by train from Chateau-Thierry. "By using seven Quartermaster Corps ambulances, three Ford ambulances, and a number of 3-ton trucks (patients in double tier), all were transported a distance of a mile and in the hospital within two and one-half hours." *(Surgeon General Report, 1919, p. 2005)*

(Opposite) *Ward 11 (medical), Base Hospital No. 101, St. Nazaire, France.*

(Below) *Nurses of Base Hospital No. 101.*

(Opposite) *Sterilizing room, Base Hospital No. 101, St. Nazaire, France.*

(Above) *View of the "new" operating room at Hospital Unit No. 116, which opened just days before this photograph was taken on June 15, 1918. Lieutenant Colonel Wolkes and Major Hold in charge. Aulnois-sous-Vertuzey (near Commercy, Meuse, France).*

Central Medical Department Laboratory

"This laboratory was established at Dijon, January 1, 1918, by officers from Army Laboratory No. 1, Neufchateau. The building for the purpose was donated by the University of Dijon at a nominal rent of 1 franc per year. At the time, with the exception of two laboratories in use by the university, the interior of the building was unfinished. Authorization was obtained and early in February the entire interior was reconstructed into a modern laboratory building and completely equipped with material brought from the States.

In March, 1918, the staff consisted of 16 officers, 35 enlisted men, and 12 civilian employees. The buildings then consisted of the large laboratory building, four barracks donated by the Red Cross which housed the office of the director of laboratories, a large lab for instruction of student officers, five well-equipped research labs, an operating room for experimental surgical research on animals, a complete X-ray installation and photographic darkroom, space for the art museum section, and a mess and quarters for the enlisted personnel." Other buildings were later added. *(Surgeon General Report, 1919, p. 1317)*

"The supply division of this laboratory was charged with assembling, equipping, and issuing transportable lab equipment to mobile units; replenishing expendable items and replacing those that had become unserviceable; issuing to mobile units and camp hospitals various culture media and reagents required for bacteriologic work in the field; and issuing to all Medical Department units in the geographic region served by the Central Medical Department laboratory the various biological products used in the diagnosis prevention and treatment of infectious diseases.

During the period of active participation of our troops at the front, the greater portion of these supplies was delivered by courier service, necessitating the constant operation of numerous camionettes, trucks, and motor cycles." *(The Medical Dept in the World War, p. 1319)*

(Opposite) *Central Medical Laboratory set up in Dijon, France. September 1918.*

TRANSPORTABLE LABORATORY
U.S.ARMY
Chest No 2
TRANSPORTABLE LABORATORY
U.S.ARMY
Chest No 7
TRANSPORTABLE LABORATORY
U.S.ARMY
Chest No 8
Chest No 1

28141

(Opposite) *Captain Gray, X-ray room, Central Medical Laboratory, September 1918.*

(Above) *Chest number one ready for transport, Central Medical Department Laboratory.*

(Above) *Lieutenant Bitterman and eight laboratory chests, Central Medical Department Laboratory.*

(Opposite) *Laboratory store room, Dijon, France*

(Above) *Nurses performing laboratory work somewhere in France.*

(Right) *Interior of field laboratory car, Central Medical Laboratory, Dijon, France. September 1918.*

Disease

In the United States

"THE HEALTH OF TROOPS WAS EXCELLENT up to the latter part of September, when the epidemic of influenza-pneumonia appeared in our eastern camps. At the beginning of July 1918, the annual death rate for disease was 3.1 per 1,000. During the latter part of September, with the appearance of the influenza/pneumonia epidemic, mortality rates soared. All previous records for mortality from disease among the troops in camps were shattered. During the peak period of the epidemic, reached in mid-October, the rate was 206.4 deaths per 1,000.

The influenza-pneumonia epidemic was a world-wide calamity. The number of deaths caused by the disease throughout the world in 1918 is variously estimated. It is certain that deaths were numbered in the millions, one estimate stating that 6,000,000 fatalities occurred within the period of the last six months of 1918." *(Surgeon General Report, 1919, p. 1033)*

Overseas

"Early in September cases of influenza and pneumonia began to arrive on the transports. During this period very few ships arrived without cases of either of these diseases. The total number of cases of influenza arriving during the months of September and October were [*sic*] 4,187, and of pneumonia 913. Too much stress can not be laid on the exactness of these figures; for many of the cases called influenza later proved to be pneumonia; nor do they give an adequate idea of the number of cases actually occurring on the ships, for many cases of influenza went to duty before they reached port. Nor do these figures include those that died en route, of which there were no less than 479, nor those that, having been infected on board, developed the disease in Pontanezen rest camp and either recovered or died. The total number of deaths occurring after landing here, from pneumonia alone, has been about 1,217." *(Surgeon General Report, 1919, p. 2050)*

"October 9th [1918]: Haven't written in this diary from Sept 25. Had an epidemic called Spanish grip. It has been awful. The hospital was increased to several thousand more beds. Barracks used also. So that they accommodated over 7,000 patients. In the beginning ten nurses were called to NY. . . . The death rate has been awful. Up to this date their [*sic*] must have been over 700 deaths. Some awful and depressing. Was all in myself but kept up. On duty until 12 every night. Six boys in the wd [ward] to help out and two night nurses. Supplies ran low. People of Rockford [Illinois] helped in every way. The boys slept in tents with a stove & electric lights. Some of the old boys that I know passed away." *(Diary of Jocobina R. Riecke, R.N., ANC, Camp Grant, Illinois)*

The influenza epidemic spread throughout the training camps in the United States, demanding new levels of patient care. The Red Cross worked to recruit enough emergency detachments to fill the camps' requirements. Nursing personnel of the base hospital units waiting for deployment overseas were reassigned to the camps. This gave them preliminary training in a military hospital and also gave hospitals an adequate nursing staff.

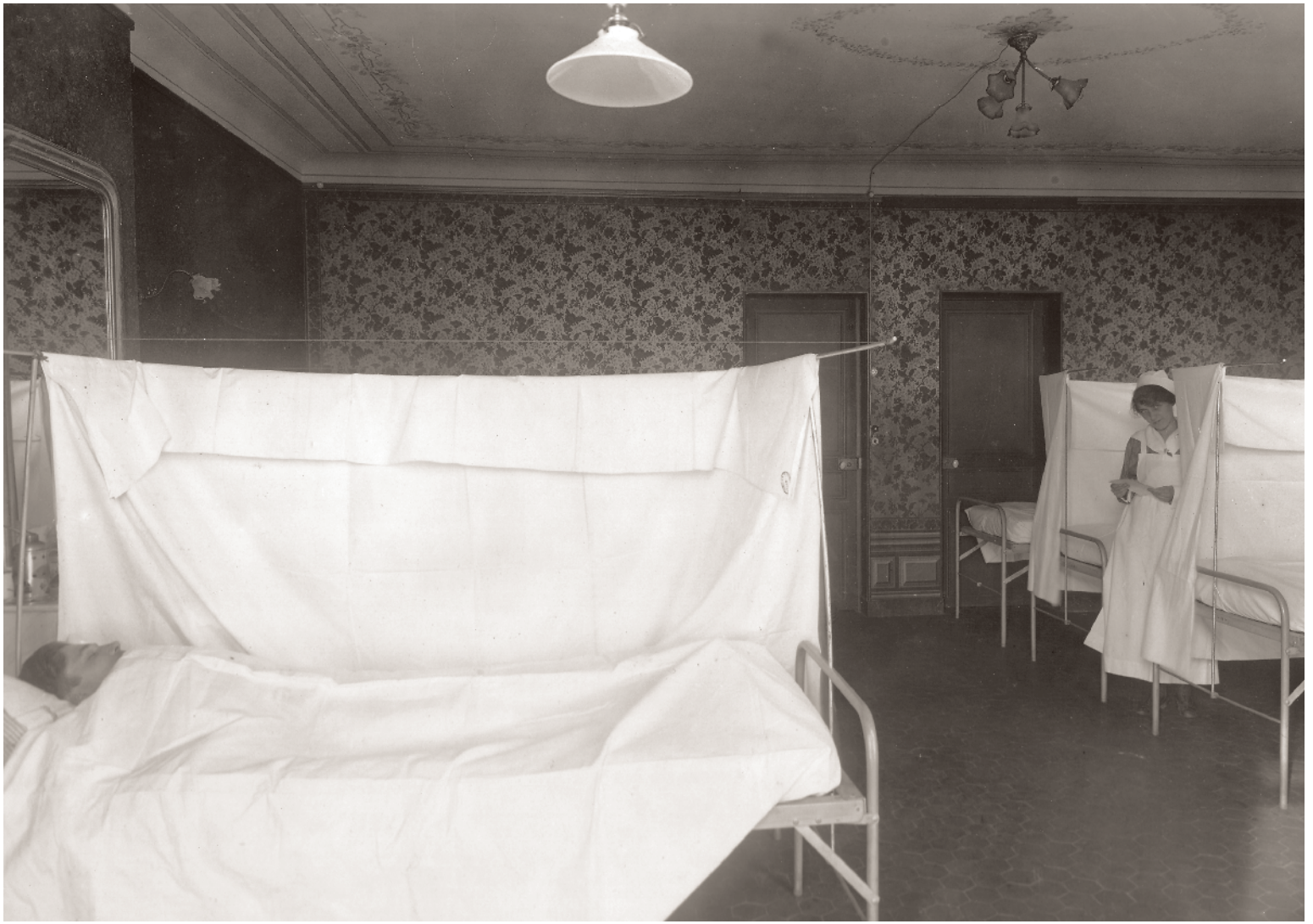
In the United States, 127 Army nurses died as a result of influenza. *(Sarnecky, p. 121)*

(Opposite) *Pneumonia Ward at Walter Reed Army Hospital, circa 1919.*

(Right) *Infectious Disease Ward, Base Hospital No. 59, Rimacourt, France.*

"Following negotiations with the French, on July 8, 1918, the Leon Blanc hospital, built on the outskirts of Aix-les-Bains in 1912, was officially transferred to the American Expeditionary Forces as Camp Hospital No. 45. The three large porches accommodated the pneumonias and were doubtless responsible to a large degree for the low death rate here, which averaged about 17.5 per cent. It was noticed that most of the fatal cases were of a peculiarly rapid and virulent mixed infection, resulting in a very massive form of pneumonia." (*Surgeon General Report, 1919, p. 2117)*

(Opposite) *Medical Contagious Ward, Base Hospital No. 64, Rimacourt, France, 1919.*



(Above) *Influenza patient in the Observation Ward, Hotel Costebelle, Base Hospital No. 99, Hyeres, France.*

(Opposite) *Tuberculosis Ward at Hotel Metropole, Base Hospital No. 93.*

TB
Ward

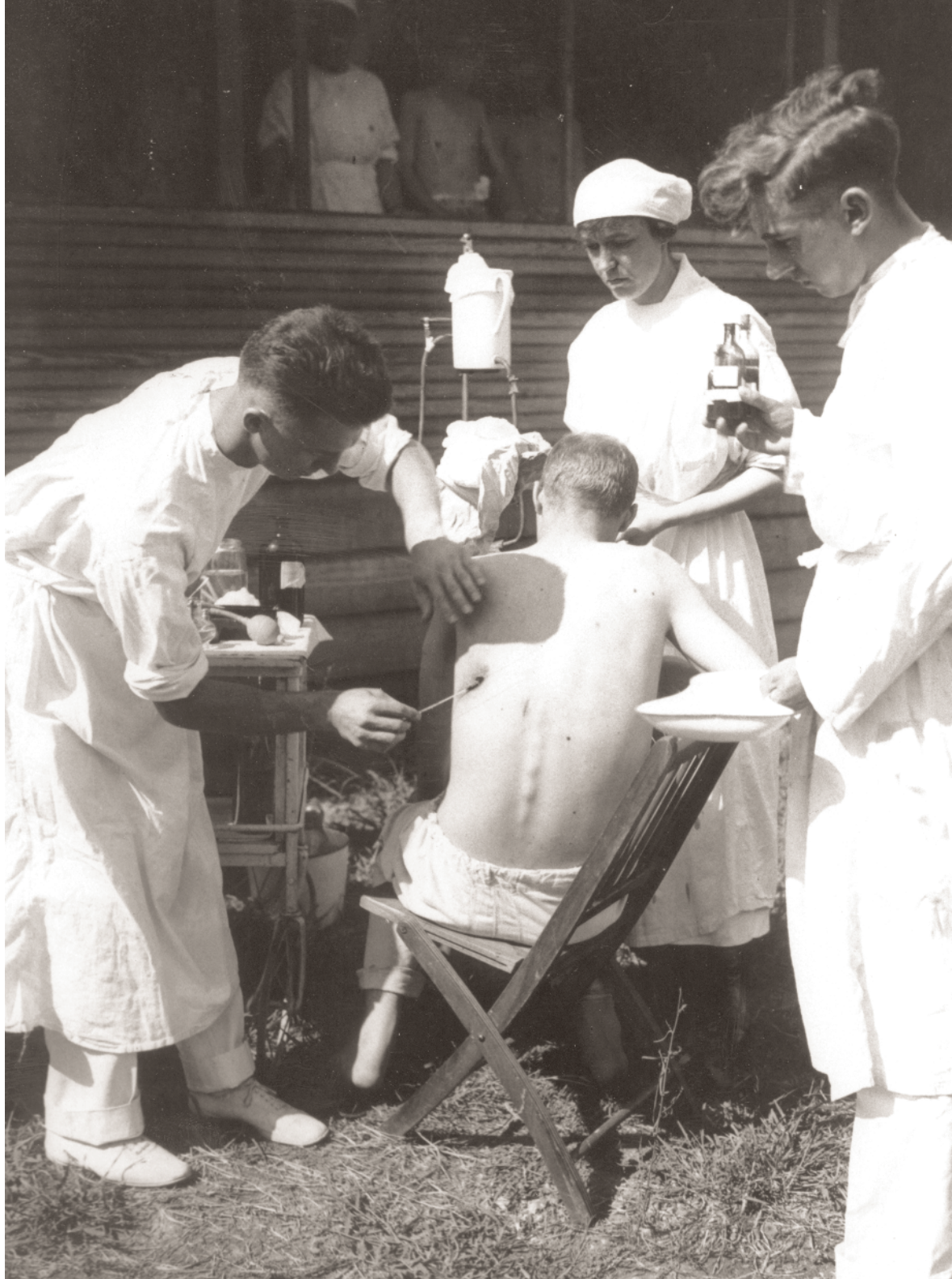
RECEIVING OFFICE
PROPHYLAXIS STATION
Spitting on the ground positively prohibited

Venereal Diseases

"Venereal diseases have been subject to control by policies, medical, educational, and disciplinary, so different from those applied in any Army heretofore. . . . It is not too much to say that the official attitude of the Government as expressed in orders from the War Department and from the commander in chief supported by a logical medical service for the prevention and treatment of venereal diseases, have resulted in a smaller loss of man power to the Army, a lower incidence rate of the diseases, and a small number of permanently disabled and invalided men from these diseases than has been recorded in any other army up to the present time. . . .

These diseases, when treated according to the information available through medical science, can be controlled, and to a greater degree than ever before have been controlled, by applying the principles of preventive medicine, namely, diminution of contact with human sources of infection, prophylactic treatment promptly after exposure, and segregation with intensive treatment for those in the communicable stages of the diseases." *(Report of the Surgeon General, 1919, p. 1312)*

(Opposite)*Exterior receiving office, which also served as the "prophylaxis station," Base Hospital No. 101, St. Nazaire, France.*

Subcutaneous emphysema occurs when air gets into tissues under the skin covering the chest wall or neck. This can happen due to stabbing, gunshot wounds, other penetrations, or blunt trauma. Air can also be found between skin layers on the arms and legs during certain infections, including gas gangrene. When a healthcare provider touches the skin, it produces an unusual crackling sensation as the gas is pushed through the tissue.

(Left and Opposite) *Mendell's application was used in conjunction with open air treatment to treat wounds for subcutaneous emphysema. Date and place unknown.*