Transporting patients in holding area, date and place unknown.

Evacuation Hospitals

AEF EVACUATION HOSPITALS had between 1,000 and 1,500 beds. Under ideal conditions the hospitals were located at a rail head within from eight to ten miles of the front, so that the wounded could arrive rapidly by ambulance and either be operated on immediately or sent by train to hospitals to the rear. From the nursing point of view, however, little functional difference existed between evacuation and base hospitals, except that the turnover of their patients was generally more rapid. *(The Medical Dept in the World War, Volume VIII, p. 334)*

"These hospitals are the backbone of all combat hospitalization." *(Surgeon General Report, 1919, Vol. II, p. 1465)*

> "Tell Papa that living in these Evacuation Hospitals at the front has camping in the Maine wood skun a hundred way [*sic*]. It is so much worse. In Maine woods you can cut enough wood to keep warm where over here if you cut down any trees the French have a fit about it, and the coal they have isn't any good. It is just like dust." *(November 30, 1918, Elizabeth Lewis, Vichy, France)*

"I don't know hardly what to write about up here as there isn't [*sic*] any French people or any stories or in fact we are the only women around here. I will be glad when I get back to civilization so I can have some where to go, all there is here is a shell torn village which has been desserted [*sic*] for a long time. All there is here is soldiers. It seems so queer to be in a place where no one lives around. This trip has been a great experience to me, and also a great sight seeing trip, I am glad I have had it but one of these is enough for me. If I ever get back to the base they will never get me on another operating team. I will tell them to send some one out that hasn't had a trip. They are living at the base [Base Hospital No. 15] in a swell hotel and having their pay and mail regular, and a fine city to live in. Our base is really in best place I have been in France. Here we are out on these teams never getting any mail or never have been payed, [*sic*] and are pounced around from place to place. Never knowing from one meal to the next where we will be." *(Elizabeth Lewis, Army Nurse Corps, attached to American Red Cross Hospital No.110 on night operating shift.)*

"I have had the privilege of being with the nearest Evacuation hospital to the lines. This is the nearest nurses have ever been to the front. I didn't want to tell you while the war was on for I knew you would worry. I will tell you now though. We had to have our gas masks with us all the time, and there [were] a few nights I wore my helmet back and forth to midnight lunch. When you see the shells whizzing all around you that is as near the front as I want to get. I must admit I was crazy to get near the front but I have had my desire satisfied here. Fortunately no one was injured at the hospital, but in the village a few yards from us two men were injured one day and in the city the Germans were always throwing over gas as shells, and I tell you this has been quite an exsighting [*sic*] place here." *(November 13, 1918, Elizabeth Lewis)*

(Left) *Army nurse Elizabeth Lewis, attached to Evacuation Hospital No. 15.* (Photograph courtesy of the Army Heritage Center Foundation)

(Opposite) *Destruction of Ward No. 2, Bussy-le-Chateau, Marne, by six-inch shell, killing two men. American nurses survived unscathed. July 17, 1918.*

"My children at the front are having such wonderful times. They are working terribly hard, sleeping with helmets over their faces and enamel basins on their stomachs, washing in the water they had in their hot-water bags because water is so scarce, operating fourteen hours at a stretch, drinking quantities of tea because there is no coffee and nothing else to drink, wearing men's ordnance socks under their stockings, trying to keep their feet warm in the frosty operating rooms at night, and both seeing and doing such surgical work as they never in their wildest days dreamed of, but all the time unafraid and unconcerned with the whistling, banging shells exploding around them. Oh, they are fine! One need never tell me that women can't do as much, stand as much, and be as brave as men." *(October 9, 1917, Stimson, Finding Themselves, p. 134)*

"We are very busy, all beds are filled and every staff member is working the limit. The stretcher bearers are working very hard, they have to carry the patients up the 8 flights of stairs, then down 7 flights to operating rooms and back up the 7 flights to bed. I surely pity them. Also we need more orderlies, the sickest patients are kept on the lower floors but we have plenty who are very sick and we have more to do then [sic] we can get done, our census today is 130 on my floor, I shudder where I have time to think of what they have been through, the patients are all cheerful and so glad to have such a 'swell place,' many are lying on straw ticks on the floor, much better than lying out on the battlefield waiting for some one to rescue them, they say. Last night 14 of my patients went to surgery, three surgical teams worked all night, my patients were all back from surgery by 11 PM and it meant a busy night for me and my one orderly, all patients had eaten red beans for supper, and had ether anesthesia on full stomach, so we had some really sick boys until the red beans were eliminated." *(July 24, 1918, Maude Frances Essig)*

(Opposite) *Officers' convalescent ward, American Evacuation Hospital, No. 2, Baccarat, France. May 10, 1918.*

"Our census increases day by day. We receive and evacuate every other day, more arrive than are sent away, my floor is fairly quiet after mid-night. Most of the patients sleep through Dakin irrigations, yet when they are awake they fuss considerably about treatments. Last Thursday we received a large convoy at an early morning hour and we stayed on duty until after our evening meal. That evening 16 of our patients went to surgery, no operating done after 11 PM. These are busy nights and busier days . . . our patients are coming directly from The Front and they say it is terrible, lying there waiting for help to come. All come in awful condition, no previous care has been given to their wounds. It takes a lot of soaking to clean their wounds, dried blood, filth and dirt and lice. The bath house is not able to cope with the situation and neither can our limited staff and walking patients. Four of our nurses left for the Front, conditions are worse there. We do have a roof, a floor and everyone is fed after a fashion. No one works less than 12 hours in 24 and most of us do more. I see no one these days but my patients. I am happier than any time since in France, I feel I am really needed." *(July 29, 1918, Maude Frances Essig)*

"Battle casualties with open wounds required yet another plan of care in the preantibiotic era of World War I. Their treatment included extensive wound debridement and irrigation through perforated red rubber tubes with Carrel-Dakin solution (sodium hypochlorite) to deal with the inevitable infection. Staff administered tetanus antitoxin to all such patients routinely. Nurses cared for those with orthopaedic injuries in Bradford frames and extension devices for traction." *(Sarnecky, p. 96)*.

(Opposite) *Irrigation of patient wounds.*

Ward of Evacuation Hospital No. 20 showing Balkan frames.

Hospital Trains

"Hospital trains formed the connecting link between the front-line and the base hospitals. Each train unit was complete, frequently organized as such in the United States; however, nurses were not attached to the hospital trains until several months after the hospital-train service had been functioning. The duties of the three nurses assigned to each of the trains were outlined in general instructions which were issued to the officers in charge of the trains:

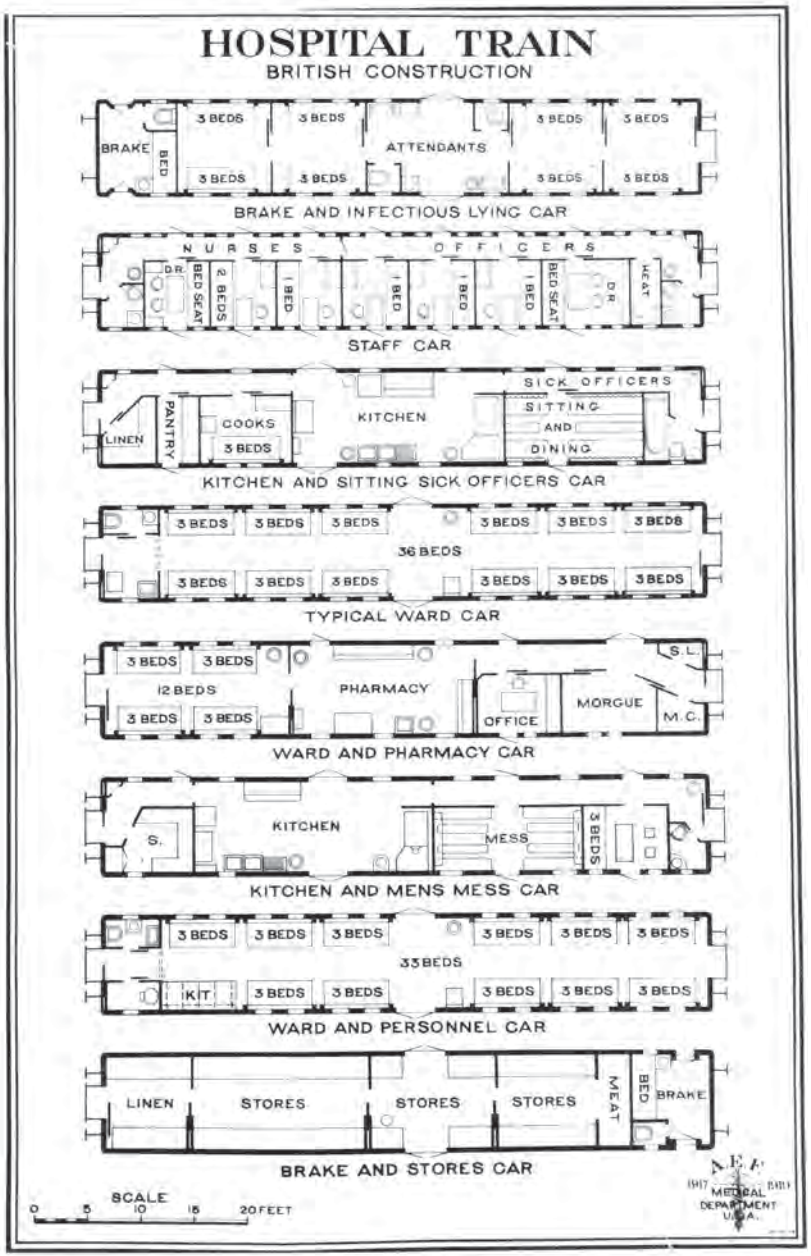
> *The senior of the three nurses assigned to the train will act as matron. Nurses will carry out the orders of the medical officers, and are to be obeyed next after them."*

"The nurses were assigned quarters within the staff coach, and one of them was obliged always to be on duty. When it was possible for a nurse to leave, she could be gone no longer than two hours." *(The Medical Dept in the World War, Vol. XIII, p. 335)*

Mildred Brown and Ruth Lythe out for a ride, showing hospital train and Evacuation Hospital No. 8, Bazoilles, France, October 1918.

"The duties of the nurses on hospital trains were performed under difficulties. It was necessary for them to accustom themselves to the restricted quarters, the constant motion, and the uncertainty and irregularity of the hours of duty. The character of the duty on the hospital trains made it imperative that extreme care be exercised in the selection of nurses for such details. The limited space, the necessity for close association of officers and nurses, and the isolation from other groups of workers made hospital train duty a severe test of the persons assigned to it. Professional skill, great physical endurance, adaptability to unusual living and working conditions, ability to meet emergencies, and the possession of steadfast high principles were some of the qualifications found to be most desirable in a nurse on duty with a hospital train." *(The Medical Dept in the World War, Vol. XIII, p. 335)*

Interior view of the kitchen, where all meals for both the organization and patients were prepared. July 1919.



Soldiers loading evacuation train.

(Left) *Interior of a Glennon bunk car, Army hospital train, ready to receive the wounded from the transport. July 1919.*

(Opposite) *The interior of an Army hospital train showing the operating room, which may be used in case of medical emergency. July 1919.*

(Opposite) *Army nurses assess patients prior to evacuation on a hospital train.*

(Above) *Shunting engine with flat cars, used to evacuate wounded soldiers.*

Camp Hospitals

"Army nurses were assigned to camp hospitals, which in most instances were in isolated areas but which functioned much in the same fashion as base hospitals, only on a smaller scale." *(The Medical Dept in the World War, Vol. XIII, p. 334)*

The following types of cases were treated from December 21, 1917, to about May 14, 1918: bronchitis, tonsillitis, influenza, and other acute minor illnesses, venereal cases, and minor surgical cases. *(Surgeon General Report, 1919, Vol. II, p. 2063)*

The first patients were admitted to Camp Hospital No. 2 at Bassens, France, on December 21, 1917. The hospital at this time consisted of two wards with 30 beds to each ward; one ward for white and one for black enlisted personnel.

(Above) *Operating room functioning during an operation at Camp Hospital No. 27, Tours, France.*

(Opposite) *Early in September 1918, a venereal segregation camp was established as a part of Camp Hospital No. 15.*

"Camp Hospital No. 15 was opened in October, 1917. It is part of Camp Coetquidan, an old artillery training camp taken over from the French. On November 1, 1917, when the hospital really commenced to receive patients, the personnel consisted of 1 medical officer, in addition to the commanding officer, and 37 enlisted men." *(Surgeon General Report, 1919, p. 2081)*

From December 1917 to January 1919, Florence A. Blanchfield was the acting chief nurse of Camp Hospital No. 15. By World War II Colonel Blanchfield served as Superintendent over all 56,000 Army nurses.

"Camp Hospital No. 22, situated at Langres (Haute-Marne), American Expeditionary Forces, was opened on or about November 15, 1917. The hospital was taken over January 5, 1918, with personnel consisting of a detachment from the 163rd Field Hospital. From January 5, 1918, to June 11, 1918, the hospital was operated on a basis of 100-bed capacity.

"This building is of stone, two stories and an unfinished third floor, used as a squad room for the enlisted personnel. A barrack or hut building was constructed in the rear as a kitchen and mess hall. The building was steam heated, and an electric lighting system was installed by the Engineer Corps and operated from the central station in the barracks. The water supply was originally from the French system, later supplemented by a pipe system, installed by the Americans, giving running tap water in the kitchen, operating room, washrooms, and toilets.

The general sanitation of the area was carried out by a sanitary squad, including the delousing of large numbers of troops coming through from the front. Only the sanitation of the building and grounds of the hospital was under the supervision of the hospital staff." *(Surgeon General Report, 1919, p. 2086)*

(Opposite) *Camp Hospital No. 22, situated at Langres, France.*

"Camp Hospital No. 31, *Camp de Meucon*, was situated on a narrow-guage railroad in the French Department of Morbihan, Brittany. This railroad connected the camp with the city of Vannes (12 kilometers away). The hospital occupies the site of what was formerly an old French artillery training camp, but was newly erected to serve the needs of an artillery training camp for the American Expeditionary Forces. The hospital site was about 3 kilometers from the AEF camp. The buildings that already existed on the old site were rebuilt and converted to suit the needs of the American hospital. They consisted of 12 low, stone buildings, of barracks type construction and various smaller buildings of wood and stone. The 12 buildings referred to are now being used as wards and have a capacity of 60 beds each.

A new surgical building of brick and stone houses the pharmacy, dental office, eye, ear, nose and throat clinic, pathological lab and X-ray room." *(Surgeon General Report, 1919, p. 2097)*

(Above) *Nurses quarters at Camp Hospital No. 31.*

(Opposite) *X-Ray Room, Camp Hospital No. 31, Morbihan, Brittany.*

Sterilizing laundry at Camp Hospital No. 78, 84th Division, Chateau La Roche (Dordogne, France), November 4, 1918.

"Large numbers of barracks and officers' quarters were found to be infested with bedbugs during the year. . . . The most successful treatment of these buildings consisted in the use of a portable steam sterilizer and spraying apparatus, operated by a special detail of 1 officer and 20 men. All bedding was sterilized, and all cracks and corners of the buildings were sprayed with a solution of crude oil on three successive occasions at intervals of 10 days." *(The Medical Dept in the World War, Vol. IV, p. 55)*

(Above) *De-lousing clothing from the frontlines.*

(Both views) *German prisoner ward, Camp Hospital No. 27, Tours, France.*

"Camp Hospital No. 68 is situated in a portion of the College de Jeunes Filles, No. 10 rue Littre, Bourges, Department of Cher. The portion used by the Americans is located at the rear of the court—3-story stone building, with roomy basement and a spacious, well-ventilated attic. In this building is located the hospital proper.

This hospital was established with one thought ever foremost, i.e., not to make it the largest in the American Expeditionary [F]orces, but to make it the best. To have the lowest death rate and the least suffering was the constant aim of every man and woman. The building was formally turned over to the Americans on October 1.

On December 1 the hospital was averaging about 150 patients, and every increase in bed capacity only met the demands. The necessity for increased room made it necessary to procure and erect five tents in the courtyard, bringing the total number of beds to 180." *(Surgeon General Report, 1919, p. 2127)*

(Opposite) *A festive ward 12 (medical), Camp Hospital No. 33, Brest, Finistere, France, December 1918.*

(Right) *Camp Hospital; No. 68, College de Jeunes Filles, No. 10 rue Littre, Bourges, France.*