American Red Cross base hospital no. 38 in the world war. United States army base hospital no. 38, organized under the auspices of the Jefferson Medical College and Hospital, stationed at Nantes, France, 1918-1919, by W. M. L. Coplin.

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American Red Cross Base Hospital No. 38 in the World War - II: American Red Cross Hospitals - Problems in Hospitalization

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II

AMERICAN RED CROSS
HOSPITALS

PROBLEMS IN MILITARY HOSPITALIZATION

DEMOCRACY, though highly developed and relatively efficient, is rarely, if ever, prepared for anything that requires forceful and effective organization. Organization is a quality of autocracies; modern military organization is exclusively the property of an autocracy and must ever so remain; civilian organization rarely reaches any considerable success except it partakes, at least to some degree, of the finality of power that hedges the king. So, when the clouds of war rose on the American horizon, the small medical organization of our regular army was not adequately provided with facilities for large schemes of hospitalization. Funds were not available and no regular officer or corps of officers, such as the Medical Corps, possessed or could obtain authority to anticipate needs clearly obvious and equally clearly unobtainable through regular military channels. This could be no fault of the Medical Corps, or of any department; it rested upon and was part of the inherent weakness of the system, of
any system where all rule, few have vision, and none is omnipotent. An autocracy such as Germany, could, by decree, create; a republic could not. Congress, rarely impetuous, was, in a hesitating manner, struggling with what seemed more urgent and even as the country swept toward the cataclysm of war and medical officers saw all too clearly the needs and the pressing urgency of the situation, their helplessness was unrelieved; men, intellectually, professionally, and technically equipped, were being driven into combat with disaster, disease and death, unprepared, unarmèd, without adequate equipment or the resources with which to prepare, and with no organization possessing the authority to do what many saw must be done if any manifestation of preparedness in the way of hospitalization was contemplated. It is a long story, one not pleasant to contemplate, one dealing with tentative preliminary experiments—disappointing activities of well-meaning, ephemeral, independent groups and hastily assembled organizations without government authorization or recognition; honest endeavor and sincere effort, decentralized, immature, unsatisfying, and worst of all, assuredly doomed to failure.

Finally, however, the American Red Cross was recognized as the only channel through which might be piloted a possible scheme of preliminary and at least preparatory hospitalization that, when the government was ready, could be made useful. The vision of a group of organizers made possible, and the American Red Cross
created a Department of Military Relief within which further details were worked out. The new activity of the American Red Cross was fortunate in securing as Director General the efficient guidance of Colonel Jefferson R. Kean, of the Medical Corps, U. S. A., a trained, accomplished officer admirably fitted to assume charge of so large an undertaking. As a part of the activities of the newly created department it was proposed to organize and to equip 50 base hospitals on the basis of 500 beds each. These units were developed in various centers, the idea being that groups of medical men could be assembled around some local hospital of established position and repute, largely from its staff, thereby giving to the body the elements of mutual knowledge of each other, the spirit of institutional enthusiasm and patriotic loyalty, the experience and guidance of a foster mother and such association with the parent institution as might best facilitate assured success. Although commonly organized on the basis of 500 beds sooner or later practically all became 1000-bed hospitals and most of those that functioned in France again doubled their re-rated capacity, often exceeding 2500 beds. The personnel of each base hospital included 36 officers, 100 nurses, 6 civilian employees, 200 enlisted men. Of the 50 hospitals originally contemplated four were organized in Philadelphia, No. 10 from the Pennsylvania Hospital, No. 20 from the Hospital of the University of Pennsylvania, No. 34 from the Episcopal
Hospital, and No. 38 from The Jefferson Medical College and Hospital.

The scheme provided that the organization would be perfected under the American Red Cross and, after mobilization, each base hospital would be transferred to and become a part of the hospitalization provision of the Medical Department of the U. S. Army, and under the operation, direction and control of the appropriate regularly constituted governmental authority. The plan and its results have been criticised and, no doubt, many details might have been improved, but it is hard to see how anything better could have been more efficiently and more promptly brought into action.

The 50 base hospitals brought to the service of the nation a personnel in excess of 15,000 and cash and equipment totalling something like $5,000,000. Among the officers were many of the ablest men in the country, and, as all were volunteers, every officer and enlisted man, every nurse and civilian employee brought to duty that will to serve, that desire to help, that enthusiasm, that urge to conscientious endeavor, that noblesse oblige which always means so much and without which nothing great is likely to be attained. There was much of the spirit that strode the decks of the tiny convoy that sailed from Spain on its epoch-making voyage more than four centuries before, something of the pilgrim's stolid, purposeful determination that landed on Plymouth Rock; a touch of the cavalier of the Carolinas; many were imbued with at
least some of "the spirit of '76," the patriotism of Lexington, of Concord, of Yorktown and of Appomattox and Gettysburg. Disciples of Florence Nightingale were going to a new and greater Crimea, to horrors transcending those of Sebastopol and Scutari; other noble women, like the cherished benefactress of "38," were giving their fortunes and their lives to the cause, leaving homes of comfort and even luxury for the stress, suffering, sorrow and death of war, perhaps, alas, never to return. It was all worth while, surely those who served, those who came back, and those who remained behind can never forget, and will never be forgotten.

Here is the place to record the fact that few men who so generously gave to the Allied cause did so at greater personal sacrifice than medical officers. As a rule, they comprised two groups, one composed of mature, experienced, conscientious practitioners of medicine, surgery, and the specialties, including laboratory workers. These were men of wide knowledge, usually firmly established in their respective departments, often teachers of more than national repute, always favorably known in their respective communities, and quite frequently laying aside assured incomes, some of which were well up in five figures. Surely they had nothing to gain; they need not seek the bauble fame, and the modest remuneration received was, in many instances, quite unequal to the maintenance of families left behind. Most of this group had attained that age when the glamour of adventure no
longer appeals and when rest is sought and peaceful quiet courted about welcome firesides. Many knew hospital organization from the ground up, had long been members of distinguished staffs, or had held administrative positions of the highest order. Such men had much to contribute, little to acquire, and none can estimate their losses, financial or otherwise, or know the sacrifices that they and their loved ones made.

The second group included the more active and physically better equipped younger but fully trained professional men; for the most part they were already successful practitioners of several years’ experience and established in their respective professional fields; practically all had extensive hospital service, had been internes in larger institutions, knew emergency medicine and surgery, had highly receptive minds and were alert and fully trained in every detail; one was chief police surgeon in a large metropolitan service; another an ophthalmologist of many years’ experience; still another a neurologist holding teaching and hospital positions of responsibility; the group also included laryngologists and otologists of repute, orthopedic surgeons and genito-urinary and venereal experts who were masters in the science and art of their respective specialties. These men were thoroughly established in their professional careers, had lucrative practices, often recently acquired, and frequently were so situated financially that they must make generous sacrifices which they could ill
afford. The most critical period in a doctor's career is that when difficulties professional, social and financial have just been overcome and the struggle to attain first wins over obstacles that, formerly, seemed insurmountable. To lay down his work now means that much must be fought out again; that, when he returns to resume activities, recognition must again be won, lost patients and families, alas, sometimes friends, have proven fickle and found other advisers, or emergencies have led them to seek someone else. Again, men in this group are frequently but recently married, have young children, possibly have just purchased homes and consequently find added to other sacrifices the trying experience of leaving behind those who most need their guidance, support and love. Men in "38" left young wives and youthful mothers, sometimes quite alone. Sometimes a dear one, about to know woman's greatest blessing—motherhood—must fight it out alone, while her knight served his country, incurring dangers which she often saw greatly magnified, and which brought to her life much of the suffering of the battlefield; her days were anxious and sorrowful, her nights often sleepless from dread and apprehensive worry, beset by dreams of wounding or death or again of the coming one whose welfare now seemed to rest wholly on her weak self, sustained only by that undying love, the supremacy of which no mother ever knows and of which we have no full measure until she who gave has folded her hands forever. Surely those who lost and
know, and those who feared that they might lose, and therefore also know, must spend their years in this human struggle to lift man above the strife, suffering and sorrow of devastating war, and when at last they pass into the Beyond they must toss the torch to the women who follow. If woman, who has most suffered in all wars, can bring about universal peace, can see the arbitrament of justice supplant the might of force, can break the sword, melt the cannon and for all time furl the world’s banners of battle, she will have added new glories to those of motherhood, will have again been last at the cross of sorrow, and first to acclaim the resurrection, and her love, white handed, will have again conquered where all else has failed, will have achieved victory, before which all those of a thousand battlefields shall fade and be forgotten. As the Holy Mother attained immortality by her suffering at the foot of the Cross, and becoming mother to all sorrow, as the Lady with the Lamp became sister to all who knew war’s agony, not only in the Crimea but for all time, so may those who drank the embittered cup of experience and travail bring forth a new coronet—the white-jeweled crown of deathless peace. The day has come when humanity should reverse its accustomed process of memory by forgetting the evanescent glories of war and eternally remembering and forever perpetuating that memory of the cruelty of assault and rape, the wanton waste of men, the torture of childhood, the barbarian
with his poisoned well, the broken bodies, and the myriad horrors that feed and fatten in wartime.

But I have digressed from the proper subject of Red Cross hospitals, their uses and the objects of their creation. Whatever view may eventually prevail as to the commendable features, the objections and the final success of the plan, there can never be any doubt that the Director General and his co-workers, and his successors, gave generously from their stored experience and envisaging wisdom, and those who actively participated in the organization would neglect an obvious duty if they did not place on record their deep sense of appreciation, and tender fullest gratitude for the splendid help so freely given by workers at headquarters of the American Red Cross in Washington. In turn the Surgeon-General’s Office heartily co-operated and in the A. E. F., General Ireland, Chief Surgeon, gave every support to the organizations.

In this group of agencies the base hospital organized under the auspices of the Jefferson Medical College and Hospital found its place; numerically it was known as United States Army Base Hospital No. 38; less formally as “38”; in Philadelphia, it was brought together, financed, equipped, trained and turned over to the Government on October 15, 1917.
My first wish is to see this plague of mankind (war) banished from the earth.—Washington.

War is never a solution; it is an aggravation.—Disraeli.