American Red Cross Base Hospital No. 38 in the World War - III: Hospitalization in the American Expeditionary Forces - Hospital Centers

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III

HOSPITALIZATION IN THE A.E.F.

HOSPITAL CENTERS

BEFORE proceeding with the history of Base Hospital No. 38 it may be well to say something of the general plan of army hospitalization operated in France; especially is this desirable because constant reference will be made to the subject and many terms will be used that would, in the absence of any introductory explanation, probably appear obscure to the uninitiated and casual reader. In approaching this war it is reasonable to suppose that at one time it was not believed that a foreign military force of vast proportions would be necessary; however, the aggressive endurance of the central powers and the terrific Allied wastage resulting from casualties, which, from battle deaths alone, amounted to nearly 5,000,000 men before the end of 1918, made imperative an overseas force of a magnitude previously never contemplated and an achievement in expeditionary mobilization and transportation unprecedented in the history of nations. In April, 1918, the Germans had a rifle superiority of 324,000; by June the Allied strength exceeded that of the central powers,
and in November this lead attained 600,000. The United States sent to France 2,084,000 soldiers; of these, 1,390,000 saw active service at the front.*

In this, the bloodiest war in history, our allies had suffered heavily, approaching in losses those of the Crimea, which held the previous mortality record; in the present conflict, combat and battle casualties for the first time exceeded losses and wastage from disease; among our allies of 100 men called to the colors, 20 to 25 were killed or died; the American loss during the period of hostilities, was 2 killed or died, for 100 who took part. There are many other and more important explanations for the enormously greater loss by our allies, but the efficient organization of relief and the elaborate and comprehensive schemes of hospitalization must be given due weight. The total overseas bed capacity of 50,000 in July, 1918, reached 250,000 by November with an easily possible crisis accommodation for 300,000 sick and wounded. The program was considered elaborate, even extravagant; such a view would appear to be further justified by the fact that the number of beds actually occupied did not exceed 200,000. If, however, one recalls that combat ceased November 11, 1918, just before the maximum capacity was attained, and if one takes into consideration the enormous demand that must have arisen had the armistice not intervened, it becomes apparent that any-

thing less broad and comprehensive might readily have been disastrously too small and certainly would have permitted no factor of safety so absolutely necessary to deal with unexpected epidemics, unforeseen and excessive casualties, building and other losses due to floods, storms, fires and possible capture; the last no American ever believed possible. The bombing and destruction of rail-lines, inordinate transportation dangers, unforeseen supply stress over some approach to the battle zone or along one pathway of evacuation might, at any time, have made unpracticable the use of a large hospital group and consequently have thrown an excessively heavy load on some other area. Any plan of hospitalization that provided no factor of safety must obviously have been deplorably insufficient. The scheme outlined and the results attained deserve every commendation; if there was one sound criticism that appeared fully justified it was that trained, equipped and mobilized units such as “38” should have been overseas months sooner, the long Armory wait to which “38” and other base hospitals were subjected must be deplored; however, the critically inclined must recall that combat groups were urgently needed, that strained lines, faced by aggressive drives, were holding by a thread, might be broken at any time, that the central powers were numerically ahead, that they were feeling out possible weak sectors, that both sides trembled with apprehension, and that military disaster might come to the heroic defenders at any
moment. It was better to strain every nerve to forestall any such calamity and to pour into France an ever-increasing combative force, trusting to sustained effort for bringing to maturity, and in time, the perfected program of hospitalization fully outlined and splendidly advanced on this side, ready for service and transportable on the shortest notice.

Therefore, while “38” fumed and fretted in the Armory, fought the battle of Stenton Field and all but mutinied at Chadd’s Ford, opportunity and facilities were maturing in the A. E. F.; new construction was speeding up in France, elaborate preparations were making and, all in good time, our call would come. The first bases to go over were, for the most part, sent directly to Allied relief, usually British, and served in buildings prepared by those whom they were detailed to help. A little later the new arrivals were assigned to permanent buildings, schools, colleges, resort hotels, monasteries, etc., taken over by the French and allotted to Americans. Thirty-eight, however, was to be a part of a “Hospital Center,” one of the large bases contemplated in the great scheme of developing hospitalization in the A. E. F.

A “Hospital Center” was planned to provide a group of Base Hospitals, varying in number from 4 to 10, or, should occasion arise, possibly 20; each was to maintain its identity, and, so far as possible, its personnel, to provide 1000 to 2000 beds and, in part, to discharge into an
attached convalescent camp having a capacity of 5000 to 10,000 men. The Center was under the general direction and supervision of a Headquarters Staff, comprising a Commanding Officer, Laboratory Officer, Sanitary Officer and other consulting members, Quartermaster, Supply Officer, Adjutant and clerical service. The individual bases, or participating units were, as stated, largely autonomous but subordinate to the H. Q. of the Center. Certain large facilities under the direct control of Officer of H. Q., served all subsidiary units; these embraced the Consulting Experts, including the Laboratory Officer, any and each of whom could visit and assist, if necessary, direct action in any base compassed by the Center. The H. Q. Supply Officer and Quartermaster issued supplies to the corresponding respective officers in the participating organizations. A common laundry, often of huge capacity, served the entire Center; commonly upon a central double track, hospital trains came in and H. Q. directed the distribution of patients; spurs and switches, sometimes miles of tracks were necessary to handle the enormous loads of incoming supplies without in any way interfering with the arrival and dispatch of hospital trains, or the reception and discharge of patients.

Some of these "Centers" attained pretentious dimensions and still larger ones were in progress of construction or extension when hostilities ceased. Nantes might have reached a capacity of 10,000 to 12,000, possibly
under stress 15,000 beds; Allery more than doubled Nantes, and the Center at Beaune, Côte d'Or, was extending to a rated capacity including convalescent camp, exceeding 30,000 with, in a monastery nearby, a department for carriers of communicable disease, the size of which could not be foretold, but it is quite possible that an additional 5000 would have been included.

In addition to the more general administrative and other advantages accomplished by centralization, it was possible better to classify and segregate certain cases; one hospital, in part or almost as a whole, would receive communicable disease which could be still further subdivided; to another unit could be assigned nervous and mental patients; one group could be largely devoted to medical cases, another to surgical, or either of these major divisions could be further split up into, for example, assignments for head cases, mouth surgery, eye patients, bone injury and disease, gas gangrene, etc.; on the medical side, wards could be devoted to pneumonia and other pulmonary diseases, to heart patients, gastrointestinal affections, tuberculosis, acute fevers, and so on. Such classification of patients also rendered possible a corresponding grouping of the most experienced officers and the attending nursing staff most highly skilled along particular and more or less special lines.

The plan also provided for an individual clinical laboratory for each unit, and a large central laboratory
doing the bigger, more difficult or more complex work and often specializing in epidemiologic studies, wound bacteriology, morbid histology, the preparation of media on an enormous scale and exerting a controlling and directing or guiding influence on all the subsidiary units, 5 to 20 in number. In this Central Laboratory were brought together those officers and technicians most highly trained, often along more or less special lines, under the direction of an experienced senior, known as the Laboratory Officer of the Base, whose duty it was to co-ordinate and direct the assembled specialists. In the better equipped and adequately manned Central Laboratories everything possible in the largest of our metropolitan laboratories could be as readily done, often under most skilled direction, for not infrequently talent of an exceptional order was available.

Centralized hospitalization also permitted welfare organizations to do their best work; the Red Cross, the K. of C., the Y’s, Christian and also Hebrew, had large “Huts,” trained and amateur talent, the latter often cleaner and better, provided music, reading matter, smokes and in many ways helped bring life back to men often glum, bitten by war-dogs and homesick beyond words. Athletics, entertainments and relaxation could be organized on a larger scale. It all helped, and the soldier was not the only one who sought recreation if not dissipation, just a bit of a fling, which the welfare people
greatly tempered, and, no doubt, frequently made innocuous.

The vision that created these previously unheard-of programs was wise, comprehensive, and constructive; that the country was unprepared to fill the order was not the fault of the planners, but to elaborate a scheme that matured to 399,510 hospital beds—1 for every 9 men in the army—and to provide the personnel, equipment and erect accommodations for 287,290 men, 3000 miles from the primary base of supply, across a hostile sea frequented by every possible source of marine danger, and successfully to operate some 200,000 of the beds provided, stands today the supreme achievement in military relief attained by any nation in the world's history; in accomplishment it exceeds the combined results of all efforts of all time antecedent to 1914. The U. S. Navy deserves the eternal gratitude of all beneficiaries for completing the difficult and hazardous transportation, and the Medical Corps of the Army and its advisers the distinguished honor of having perfected the program and carried it through to successful and honorable consummation.

Base Hospital "38" constituted a part of the Hospital Center at Nantes; it was the first hospital on the general field; No. 34 was earlier on duty and receiving patients some time previously, was a part of the Center but not in the group functioning on the Grand Blottereau; in Nantes "38" was the first completed on the temporary
barrack plan which was really an American improvement on the British organization made possible by the experience of predecessors who so gladly and fully gave of their accumulated knowledge acquired through failure or disappointment as well as attained success. Fortunately hostilities ended before the Center at Nantes, as well as many other similar provisions, reached anything like completion; however, so far as it went, everything was well done and “38” led in the end attained.

In the preceding and present chapter an effort has been made to present certain preliminary data without which much that follows might not be clear. Now that a foundation has been laid, the necessary approach, at least in part, prepared and detailed, the reader may, in the next chapter, begin to learn of “38,” its organization, mobilization, and participation in the Red Cross and Army programs hastily outlined in the preceding pages.
Though I have been trained as a soldier, and participated in many battles, there never was a time when, in my opinion, some way could not be found to prevent the drawing of the sword.

*Ulysses S. Grant.*
U. S. A. Base Hospital No. 38
Base Hospital 38—Officers and Men Before Armory, Philadelphia

Hospital Center
Grand Blottereau, Nantes, France