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.

American Red Cross Base Hospital No. 38

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MEDICAL DIVISION

The history of the Medical Division of Base Hospital No. 38 is indissolubly linked with that of the entire organization. The Staff consisted of one major, as Chief, and nine junior officers; a distribution of the officers to the various services—medical, surgical or special—was or seemed to be, necessary for the purposes of organization; it was not long, however, before it became obvious that such arbitrary arrangements broke down before new conditions encountered in France, and a surgeon or an internist had to be chameleon in his adaptability to the changing state, as the hospital trains bearing medical or surgical patients poured in their precious burdens from the Front.

Under Major Henry this smoothly running division soon established its efficiency, and shortly after arriving at Nantes settled down to the steady tread of professional endeavor. The work done embraced, most if not all, the activities of a large civil hospital; it included the usual run of medical cases coming into hospital wards, and, in addition, the newer problems incident to modern war, such as gassing, and the host of complications and
sequels, some of which are rare or quite unknown in peace times. Only occasionally, in a civil hospital, does a surgeon find that he needs the counsel of his medical colleagues; the wounded coming to a base hospital are not only surgical patients with trying problems, but often—one is tempted to say constantly—require the expert diagnostic and therapeutic skill of the highly trained medical officer. They have been exposed to the rigors of climate, to gassing, to long hauls under trying conditions, to hunger and to thirst or at least to improper food and to unsafe water; they have hidden in shellholes and drunk the stinking water that accumulated at the bottom; they have crept into inundated trenches and cellars, inhaled the dust of arid, wind-swept, upturned fields or wallowed in the mud, and rested in the slush, so they are ripe for every ill to which flesh is heir, from vermin to pneumonia and dysentery. Consequently although there were wards entirely medical, none remained exclusively surgical. Officers of the medical service visited every ward, were called in at all hours, and aside from rounds made twice daily in their own wards, they often made rounds in wards commonly designated as surgical or special.

The first professional work was about two weeks after arrival in France, when a number of more or less convalescent patients were sent over from Base Hospital No. 34, situated about two miles distant. The majority of these cases were surgical, a few only were medical.
At the end of a month 900 or more patients had been admitted to the hospital; for the most part these cases were not very acute. At this time but a few nurses, possibly 12, were available; the enlisted men, ward masters and their helpers, were doing a large part of the nursing.

Each medical officer was assigned to one, two or three wards as occasion arose; the Chief of the service made rounds daily, or twice daily, and saw those patients who were seriously ill, as well as patients in the surgical wards who were border-line cases, or had medical features or complications that required medical attention.

There was established also, as a part of the Medical Service, a ward for the treatment of nervous cases under the care of Captain, later Major M. A. Burns, and there were seen and studied the various cases of functional and organic diseases of the nervous system incident to modern warfare. Later this ward became a part of the general hospital center at Nantes, that is to say, it was managed by medical officers contributed from more than one hospital there stationed, and drew its special cases in the same manner from any of the base hospitals constituting the Center. Here all the psychoneuroses and other mental diseases were studied and treated.

There were not many patients with organic cardiac disease; very few were admitted with symptoms of broken compensation. "Effort syndromes" included a most unsatisfactory group to treat from the point of
view of returning them as Class "A" for combat duty, and they were usually retained for S. O. S.

In general, the respiratory infections nowise differed from the classical types observed in civil practice. There are a few exceptions to this statement; hemolytic streptococcal infections were often insidious, of undefined symptoms and signs, and almost constantly hopelessly fatal. Bronchopneumonia showed, in fatal cases, a particular tendency to coalescent massive types simulating lobar. Any pneumonia superimposed upon lesions due to gassing, was extremely fatal, the secondary infection probably being the determining factor. In acute pulmonary affections complications were not unusual; empyema was of ordinary incidence. Pneumonia in some form caused 21 deaths, about 85 per cent. of the deaths in medical cases, 26 per cent. of all deaths from all causes, occurring in this hospital. It was impossible to obtain complete typing of organisms in all cases, in the large number in which it was done, however, the clinical results conformed to the accepted statements of their relative virulence. The case mortality was about 23 per cent.

Influenza did less harm than in many centers elsewhere in France and in America; 630 patients were admitted with this diagnosis; it was not a large number considering the epidemic. Pulmonary complications, tracheobronchitis or pneumonia, approached 90 per cent. to 95 per cent. of all cases, bronchitis being so common
as to constitute an almost constant feature. A mild epidemic involving about 40 per cent. of the command, occurred in September and October, 1918. The recurrence of the epidemic noted in the States was not conspicuous in this hospital. Relapses and probably true second attacks were observed. The bacteriology of these cases disclosed no single predominating organism; pneumococci, streptococci and staphylococci, Bacillus of Pfeiffer, Micrococcus catarrhalis, colon bacilli and even gas organisms were encountered; the infections were quite constantly polymicrobic.

Patients who had been gassed constituted a most tragic group. Those having only conjunctivitis resulting from contact did well and usually recovered promptly without local after effects. Gas inhalation cases were treacherous, uncertain, manifested prolonged symptoms and signs, and often were fatal even after several weeks; they comprised 10 per cent. of all deaths in the hospital and usually came to autopsy with a pathology widely divergent from what had been expected from physical examination during life. The postmortem findings in these cases included catarrhal, ulcerative, hemorrhagic, suppurative or even gangrenous laryngo-tracheobronchitis, fibrinous bronchitis, peribronchial infiltration and pneumonia; pneumonia of several types, pulmonary suppuration, gangrene, atelectasis, emphysema and edema were observed in fatal cases. It is to be recorded that no other deaths were preceded by more distressing
symptoms than those observed in gassed soldiers; sometimes for as long as two weeks they were slowly asphyxiated by hypersecretion and exudation and finally literally drowned by a flooded respiratory tract. Often death was tortuously delayed. Gas contact, causing skin burns, was frequent and aggravated the seriousness of inhalation. Two inhalation cases developed typical attacks of bronchial asthma including the presence of eosinophilia. They denied ever having had asthmatic attacks previously.

Kidney disease was not common; less than six cases of acute or sub-acute nephritis were admitted; they varied in no way from this condition as observed in civil practice. Chronic nephritis was not encountered.

Mumps was an annoyingly common disease, orchitis frequent. One case of what appeared to be submaxillary mumps occurred without parotid involvement; fatalities and unusual complications did not occur. Diphtheria, scarlet fever, measles, Vincent’s angina and erysipelas, were infrequent. In these cases isolation was always attempted. Tents helped to solve the problem and in a tent extension of the hospital there were at times 450 patients; not all of these were suffering from contagious maladies, and fortunately the hospital was singularly free from epidemic outbreaks; it was indeed a matter of frequent comment how little pneumonia, influenza and other contagious diseases spread within the institution. No special credit is assumed for this good fortune; it
seems likely that most cases of influenza and pneumonia had passed the very acute stage before reaching us, far in the rear as we were. Be that as it may, however, the fact remains that the death rate in the medical service was not large and the uncontrollable spread of epidemics so disheartening elsewhere in some areas in France and at home, fortunately was not manifested here.

No deaths from tuberculosis came to autopsy, although old lesions were frequently found. Active tuberculosis was infrequent but cases were often misdiagnosed as such, the confusion arising from residual influenzal changes and alterations of pulmonary structure due to gas inhalation. The X-ray was of extreme value in the diagnosis of chest conditions, often clearing up confusing phenomena.

Gastroenteric symptoms were very common, frequently of short duration, and usually without serious consequences; one case was proven to be a specific dysentery. Most of the patients attributed intestinal outbreaks to food, water and living conditions; fatigue and exhaustion no doubt played a large part. An uncontrollable fly nuisance probably caused many of the mild cases developing within the hospital. Screening was not available except for the kitchen, and not for that building until August, 1918.

Beginning with the overflow from “34”—mostly convalescents—soon trains began delivering to “38” directly so that day by day the number of patients increased,
often slowly, the number evacuated almost constantly falling below the number admitted; occasionally large accessions greatly exceeded discharges, at which times the population rose rapidly. The maximum of 2412 patients on the daily census was reached in November, 1918. At this time the work was made somewhat lighter by the establishment of another hospital in the Center, but as the Staff of this new hospital was drawn from others in the center, including "38," the relief was more apparent than real.

Practically all drinking water in France being contaminated with organic matter, including colon bacilli, it was necessary to use chlorinated water for drinking purposes, which, even when properly prepared, is not palatable and when prepared by the inexperienced and unskilled frequently becomes a most uninviting beverage.

No provision had been made to combat the fly pest and before a week all felt very sympathetic toward the Egyptians under a like visitation. At first none of the wards, latrines, kitchens, dining-rooms or operating rooms were screened, and wire screening was to be had only at a prohibitive cost. No doubt much of the prevalent intestinal affections was due to the hyperactivity of the Gallic fly. At any rate the number of these cases lessened coincidently with the disappearance of the fly in the colder weather of the autumn. Swamps, open drains and neglected pools afforded superior facilities
for mosquito breeding, and these pests also came to harass and endanger patients, officers, nurses and the command in general; consequently an active anti-mosquito campaign was constantly maintained throughout the summer.

An officer of the Medical Division was designated to serve as a member of the Disability Board of the Hospital. Major Henry was the first to act in this capacity and after he was ordered to the advanced sector was succeeded by Captain Mohler. The Disability Board met at least three times weekly, and for some of the time, daily, to pass on questions that pertained to a patient's fitness to resume active service, to be assigned to duty in the rear, heavy or light, according to his condition, or to be returned to the United States as no longer of use to the A. E. F. The work of the Disability Board was often trying, time consuming, and the results not always satisfactory. Nevertheless, conscientious effort was always directed to the administration of justice as the workers saw it, with the ever-present leaning toward the individual rather than toward the State.

Major Henry was ordered to the Army Sanitary School at Langres, August 19, 1918, subsequently to Toul, and thence to Headquarters of 89th Division "for the purpose of studying the problems of a Division in action." On his return on October 1st he became Commanding Officer; Captain Henry K. Mohler, who had been Chief of the Medical Service during Major
Henry's absence, remained so until the latter part of November, when Lt.-Col. Lowman returned and became Commanding Officer, Major Henry again resuming direction of the Medical Division.

After the Armistice, the work became merely a question of clearing up the cases that remained over. A very few hospital trains came in; two of these were the result of a mistake. Gradually the hospital developed into a convalescent camp in function, and in January the organization was relieved, Evacuation Hospital No. 31 assuming charge.

The professional work of "38" came to an end; however, "reports" were still in order and through several weeks junior officers and many "non-coms" and others spent wearying hours in putting on paper what had been accomplished. To most of us it all lies behind like an almost forgotten dream which perchance these sketchy reports may help us to recall.