American Red Cross Base Hospital No. 38 in the World War - VIII: Surgical Division

Let us know how access to this document benefits you

Follow this and additional works at: http://jdc.jefferson.edu/american_red_cross_base_hospital

Part of the History of Science, Technology, and Medicine Commons

Recommended Citation

"American Red Cross Base Hospital No. 38 in the World War - VIII: Surgical Division" (1923). 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. Paper 19.
http://jdc.jefferson.edu/american_red_cross_base_hospital/19
WHETHER fallen from Edenic bowers, gorgeous with primeval foliage and flower and perfumed by the rose and the jasmine, or risen from the repulsive slime of protozoal wallows, man, in his course, has been wounded by the sharp stones and broken thorns of many paths, scratched by briar and bramble, bones broken and joints dislocated by beasts of prey and by perilous falls, flesh bruised and torn by wild animals and into his veins venomed fangs have injected revolting death.

Naturally primeval man must have acquired crude skill in treating wounds, but through aeons his methods were often quite as barbarous as the vulnerating forces that caused his injuries. His mind dominated by the supernatural, superstition supplanting reason, myth and distorted tradition his guides, he ate the flesh and wore the skins of lions and tigers, hoped to induce fear by painted and distorted features, sought strength, endurance and bravery by taking the powdered teeth of nature’s fiercest beasts and hunted the herbs upon which he believed venomous serpents fed, thinking that from
such a source he might obtain some protecting or curative antidote. Herein was born his surgery and even within authentic history he treated serpent bites by the red-hot iron and stopped bleeding by plunging the living stump of a freshly amputated limb into boiling pitch. From this desolate quagmire of ignorance, cruelty and superstition, sprang surgery, at first a revolting, cruel, inefficient, almost worthless proceeding which, quite within the memory of men still living, has become the leafed, blossomed and fruited giant in the fertile forest of medical science and healing art. From barber surgeon and bonesetter to the modern accomplished practitioner of surgery, has been a long and perilous journey with its variegated story of disaster and death to success and victory written in trial, tribulation, heroism and glory.

Peace had its victories, but war has long been the surgeon's own; from first-aid dressing station on the shell-swept field or in foul and muddy trench, through clearing station, mobile unit, field hospital, back by way of stations for the care of nontransportables, upon hospital trains and ships, in base hospitals, civilian hospitals and in the later period of post-war reconstruction, surgery became a veritable ministering angel. Never before in all the crimson history of combative strife was so much demanded or so much achieved. Surgery well may wear her laurels; they have been nobly won and richly merited.

Even before "38" was fully prepared to receive
patients some of the officers were proceeding to or had reached the front. They traveled on trains all but lightless, over roads that by night were often without effective protecting signal systems, through perilous tunnels and over bridges that were sometimes unsafe. Often long journeys were necessary, rest infrequent, brief and inadequate; food scanty, picked largely by chance, rarely attractive, and sometimes unwholesome or even dangerous. Stations were without lights, forbidding and foreboding, and once beautiful towns of radiant France were often deserted, desolate, cheerless and forlorn. Even Paris, that queen of transcendent art, once gay and joyous, seemed like a huge deserted village; nights hideous; here and there a miniature purplish-blue light; often one could not see the face of a companion; windows darkened, frequently boarded. Business suspended at dark, few conveyances, often none available; silence of the tomb. "Abri" (shelters from aeroplane bomb) indicated here and there and, for many weeks, one could follow the speeding time by the sound of exploding shells from "busy Bertha," the long distance cannon that practically always hit the huge target, about 20 to 25 miles square, formed by the City of Paris. Monuments, statuary, arches and columns, part of the beauty and grandeur of the world's first city, protected by huge piles of sand bags around which men and women scampered by day or stealthily crept through the still night like ants and bugs. Moonlight helped greatly, but
made more weird the sepulchered city. War's withering touch on field, flower and fane; women, weary and haggard, in the habiliments of mourning working at stations, repairing road-beds, lugging baggage, freight and mails; here and there an armless or otherwise mutilated "poilu" and old men—one often felt that this was a land of old men—trying to do the work of youth. Small towns were worse than large, and the latter worse than Paris. Some Victor Hugo may come to paint a word picture of the devastated regions and of the battlefields and the zone of combat as the great master did of Waterloo, none other need try.

By day, as trains entered the advanced sector and often before, the discerning traveler could observe antiaircraft stations, occasionally camouflaged but usually in the open, and could recognize the fierce little cannon and the alert, active, faithful band that stood ever on guard. One fancied there might be some special hazard in the detail but probably there was little danger. The good accomplished was largely protective in that flight was driven high and thereby accuracy of bombing made most uncertain. About war-stricken and deserted Nancy, especially near the railroad station, bombs had wrecked many structures, but the depot and the road-bed had escaped direct hit. Where bombs fell often the destruction was complete; great trees would be uprooted, buildings blown to fragments and secondary projectiles, composed of pieces of brick, stone, steel or other solid
body, spread disaster and death in every direction. Five men standing in an open square in Paris were all found dead after an aeroplane bomb had fallen and exploded nearly one block distant; not one showed a wound; all had been killed by the concussion alone.

These air-raids came mostly at night; as is well known, hospitals clearly marked did not escape; as a matter of fact, and to the eternal shame of the barbarian, they were frequently purposely attacked. Often far back of the battle lines, nights were peaceful and still, but air-raids might come at any hour; the nearing hum of motors, the whir, and in the darkness the unseen, often brought to man that apprehensive fear one sees manifested in animals when sensing danger they cannot comprehend; something uncanny, weird, unspeakably depressing, bringing an overpowering apprehensiveness, crept over every sentient thing; with man even the animals shared the feeling; possibly it was fear but never quaking cowardice. Then out of the heavens fell devastating death and disaster; the song of the motors passed and returned, and all must be lived over again. The night raid was the constantly recurring climax of the "big show," as the combat zone was frequently termed.

Into this land of unknown terrors went officers, nurses and enlisted men of the hospital corps. Fortunately all from "38" lived through those memorable scenes, some returning to the base, others, especially nurses, going on with the victorious invaders and serving
with the American Forces in Germany—the A. F. G. Details from “38” served in many capacities; some, like Major Stellwagen later joined by Captains Hays and Hustead, and Major Forst, were with mobile units; Majors Nassau, Lowman and Hoyt, and Lieutenants Englerth and Williamson were first on observation details and later formed operating teams; Major Musser also served on one of the details. Captains Mohler and Tyson were on shock duty. Some of the nurses and enlisted men also participated in this advanced sector work. The detail of heads of services, noted in the general history of the organization, dealt a severe blow to the surgical division, Majors Nassau, Stellwagen, Hoyt, Lowman, Musser and Forst, Captains Hustead and Hays, and Lieutenants Tyson, Englerth, Williamson and Bailey got away; Majors Nassau, Stellwagen and Hoyt were on details throughout the entire period of military activity, returning long after the Armistice, the others came back at varying periods; Major Lowman was ill for several weeks and later became Commanding Officer. Captain Owen, at first on a local detail at “34,” returned to take charge of the Surgical Division over which he presided during the absence of others which included practically all of the period of military activity during which “38” was busiest. Those who worked with him, helped bear the real burden of the Base, were Major Musser, Captains James, Mauney and Frantz, and Lieutenants Williamson, McConaughey, Davidson
and Lull. Captain Hustead had charge of wards before he received orders to the front. The untimely death of Captain Mauney further crippled the Surgical Division.

At Nantes, in the Base itself, through part of July and all of August, September, October and much of November, the pressure steadily increased until surgical wards were crowded and operating rooms busily occupied often throughout the day and until late in the night; frequently the arrival of a hospital train, the tragedy of secondary hemorrhage, and many other emergencies of one kind or another called tired officers, nurses and men from the peace and comfort of well-earned sleep. On many occasions officers, nurses and men were dog-tired, even with the shifting of details and such arrangement of calls as seemed possible to distribute work and equalize effort as best could be done. Three tables in use simultaneously made a busy operating room. Fifteen of the 21 wards, manned by the enlisted personnel, were assigned to surgical cases; as each of the wards, except those devoted to fractures, had 56 beds, it will be seen that considerably over 700 active surgical cases, exclusive of fractures, were often under observation at one time. Fracture wards, with beds surrounded by Balkan frames, looking like weird looms or machines of some kind, were busy places; when one recalls that many patients with gunshot fractures of bones of thigh or leg had fallen in charges, laid for hours in the open, in shell holes, in trenches, rough dugouts, and at various stations
along the line, the marvelous endurance and patient suffering must ever be mentioned with a sense of appreciation and of pride in our heroic soldiers.

The first operations were before the surgical equipment arrived; instruments were gathered from kits in officers' belts, and sterilized in wash basins; the latter with dressings, etc., had been boiled in washboilers or galvanized cans over oil stoves or open fires; the crude incompleted area in which the operation was done was destined later to become a sterilizing room. Improvising in emergencies, and attaining satisfactory results in the face of towering obstacles must be traits of Jefferson men; they all seemed to possess them.

When a train arrived, transportation to the hospital was rushed with utmost speed consistent with the safety and comfort of the incoming soldiers. Here the training of enlisted personnel showed best; tenderness, patience, sympathy, shared with expedition and efficiency; in rain or shine, during the day or night—no matter, ambulances must proceed with care, and rapidity must ever yield to cautiousness and to consideration of the sufferers. The wounded were given the promptest treatment possible, every effort being made to care for the most seriously injured first. Diagnosis tags must be inspected, bandages and dressings first hastily examined, and then, as time became available, removed, wounds cleansed and redressed. Much of this was done in the wards; some patients went at once to the operating
rooms. The constant shortage of nurses—how we missed our absent ones—threw much of the ward work on men of the corps; no officer recalls a single instance where any enlisted man neglected a duty or evaded an opportunity to do all within his power. Sometimes patients overflowed into an adjoining base; at one time "38" occupied ten wards not previously assigned, but awaiting the arrival of another organization; when a rush came in, often in anticipation of such an emergency, obvious convalescents and those who could be safely handled as such were transferred to tents and in this way beds were released for newcomers. This sense of ever-impending emergency kept officers and men in an enduring state of preparedness, always ready.

In addition to the care of patients properly assigned to their respective specialties, Majors Forst and Burns and Captain Hays, while with the organization, often shared laborious days and even nights on general ward duty. Special mention should be made of the invaluable assistance of Captain, later Major Gaskill and Lieutenant Stone, busy men of the Dental Corps who, in addition to the work properly belonging to their department served valiantly in the operating rooms. Anesthesia was often dangerous and always required unusual care; here men of the Dental Corps served nobly.

Operating rooms were always occupied, in preparation, or ready; when trains arrived the tables were likely to be busy and even between such rushes, during the
period of military activity, operations were practically always in progress or preparations were being made. Much that goes on in the operating room of a civilian hospital came also to the surgeon’s table; even the old surgical standby, appendicitis. Marvil and Cunningham of the motor-cycle squad ran into, but failed seriously to damage, large motor trucks, although the men acquired positions on the sick and wounded list. Many motor-cycle aviators are passing off places where the roads of France struck them, as genuine 16-inch shell injuries; some also acquired shell-shock in this manner; of course none of “38” belong with either of these groups.

Surgical experiences will never be forgotten; even details will abide. The bravery, endurance, patience in suffering, constantly manifested by the wounded, impressed everyone. When every movement meant agony, when lips were pale and bloodless, hands cold and trembling, men came to the trial of operation or dressing as only the brave can come; many of these heroes earned decorations for bravery that, in the combat zone, would have been bestowed with acclaim. Nothing was more sadly harrowing than to see some of these fine fellows broken on the rack of the high explosive, with fragmented bones and gaping wounds, always infected and often gangrenous, also gasping for breath and dying that death of hell’s own sireing due to gassing; throats afire, raw and bleeding, skin falling off from great areas,
noses swollen almost or quite shut, tongues tender as a nerve and the water of lung edema bubbling its harassing rattle even though the soldier was not yet in the blessed unconsciousness of lethe that the good God usually sends before the slowly advancing sickle strikes its final blow. How any human being short of the ferocious barbarian can condone or justify "gas warfare" seems a mystery; to die of wounds is bad enough, to die as the result of war-gas is immeasurably worse, but the summation of hellish torture, born of a devil's fiendish mania, is wound and gas; all the fertile resources of torturing demons, evolved through the ages of unspeakable cruelty, fall impotent and mild before the dragon of this agonic death.

Possibly death is only transition, an incident, and though we shrink from the thought of the coffin and the shroud, it may be far more merciful than to live; Dr. Keen has told us how calm is the usual approach and many have noted how often last thoughts are more of others than of self. But living—that is different; on through the days of pain and worse nights, even when science has done its all, tries men's soul. Heroes who lived and fought on to victory were not uncommon. Nurses were invaluable and so deplorably few; into this breech officers and enlisted men brought untold help; individuals, conspicuous for supreme achievement, might be mentioned but they would not wish it; everybody did his bit; the doctor and the nurse, of course, but special
mention must be made of the work done by the enlisted men; probably they had not looked forward to such duties, and the more conspicuous becomes that omnipotent will to dare and to do—to achieve; quite unused to such harrowing work, unfamiliar with its trying demands, one can but wonder how nobly they met emergencies, how quickly they grasped situations, how splendidly they served their comrades. The truly American youth—our men were all of that—is versatile and resourceful beyond all others. Men who marched through Brest announcing the arrival of the "gang," yelled "can the Kaiser" from trains, "get you Heine" on No-man's land, and who wound up the watch on the Rhine, failed nowhere, least of all in duty to their wounded comrades or to the organization with which they served.

A report, largely intended for general circulation, cannot go into technical and scientific detail. Surgery of all kinds was demanded; appendix and gall-bladder claimed their share, 17 of the former to one of the latter; even mastoid operations were found necessary; many wounds were opened for drainage or closed to hasten healing; fractured bones that did not unite required operative assistance; torn and severed nerves demanded suture; a few amputations but such occasionally necessary mutilations were conspicuous by their infrequency. Stalking foreign bodies occupied hours and hours and developed patience that would have brought new honors
to Job; these concealed sources of irritation and infection that delayed or frustrated repair, comprised almost every conceivable article from buttons to bullets, and also included fragments of shells, pieces of clothing, leather from belts and foot-gear, splinters from hand­grenades, slivers of stone hurled by exploding shell or bomb, bone fragments, and many articles of undetermined nature and unknown origin. As to size and location, a foreign body might be no bigger than a period but in the eye it could cause blindness and if infected, as practically all were, it could lead to suppuration and death; pieces of metal weighing a pound or more were sometimes buried in flesh; until disclosed by the X-ray many foreign bodies were quite unsuspected and the roentgenologic search not infrequently constituted an X-ray survey that extended from head to feet.

Infection everywhere; gas gangrene, streptococci, pus in the chest, suppurating joints and fractured bones reeking with bacteria, but not a single case of lockjaw was admitted to or developed in the hospital center through which thousands of patients passed; obviously this was due to tetanus prophylaxis—the primary immunizing use of anti-tetanic serum. What a glorious record. In the surgical division there were only 34 deaths; nearly 1200 operations were performed, many of serious magnitude, often on war-wrecked, exhausted and fevered sufferers, nevertheless, the results achieved surpassed every reasonable anticipation.
After the Armistice some reconstruction surgery was done, operations diminished in number and severity and finally the surgical service with others passed over to the succeeding organization. Men and women from "38" had done their duty, had given their best, the gods could do no more. Those who passed over the Great Divide shall never be forgotten, and those who returned will never forget. Memory, immortal, enshrines the pleasant and the revolting, the amusing and the tragic, trembling fear if such there was and the ever-present unconquerable and uncrushed heroism, the demoniac and the godlike, man in all his moods and aspects. In the midst of such scenes undying friendships were born and those who came away will ever feel the touch of hands though continents lie between.