



WWI: US Army 1st Division and Sanitary Corps Training in the Western Front, Eyewitness Notes by Col. B.K Ashford 1917-1918

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Col. B.K Ashford

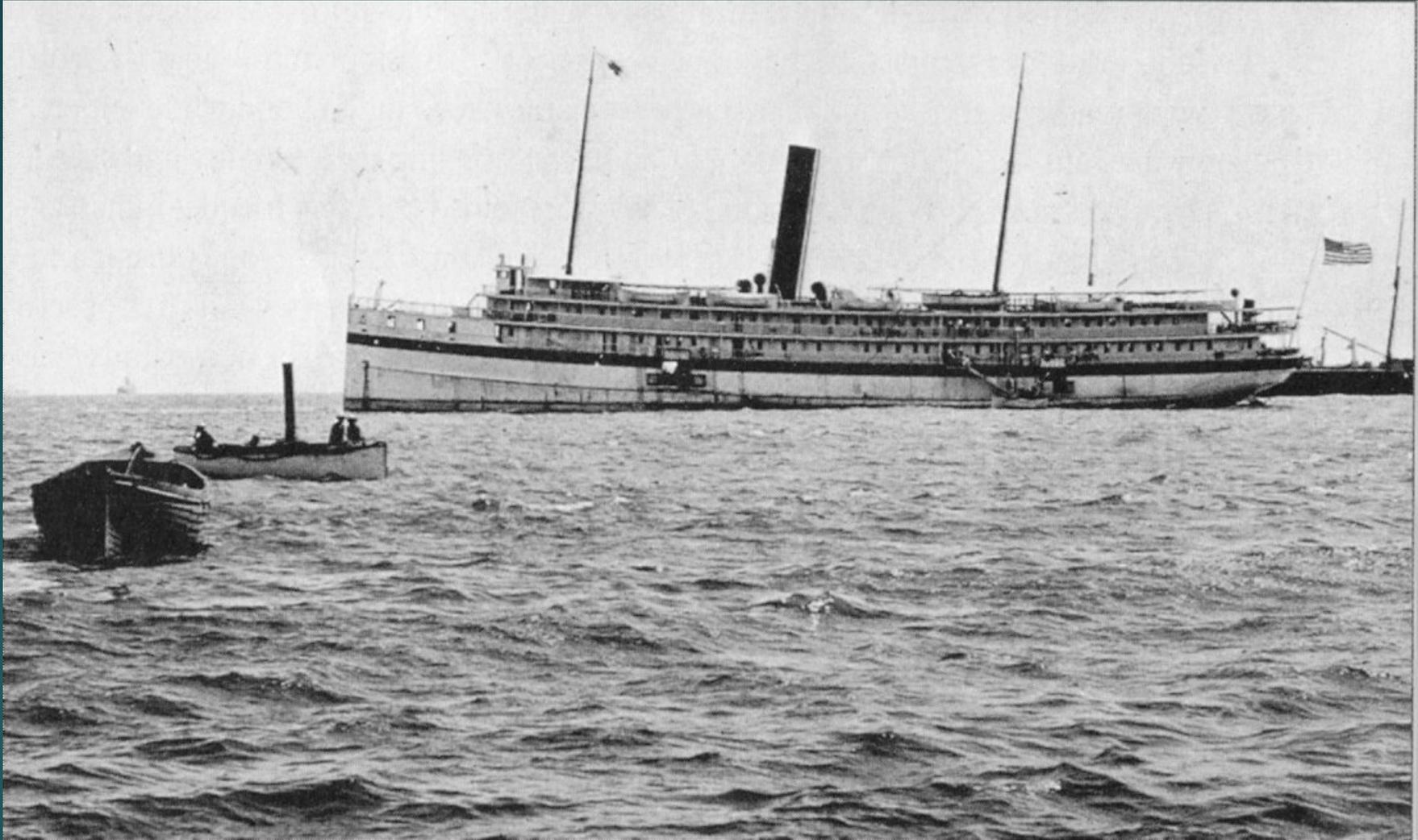


Col. Bailey K Ashford

- ▶ Born in Washington DC 1873
- ▶ Completed Medical School at Georgetown in 1896
- ▶ Passed Oral Commission Examination and entered Army Medical Corps as a Lieutenant in 1897 stationed in the Army Barracks in DC
- ▶ His first field assignment, at the beginning of the Spanish American War was Fort Saint Phillip. The entrance to the Mississippi River Delta
- ▶ Transferred to Tampa FL as Medical Officer, embarked with General Nelson Miles Caribbean Expeditionary Force.

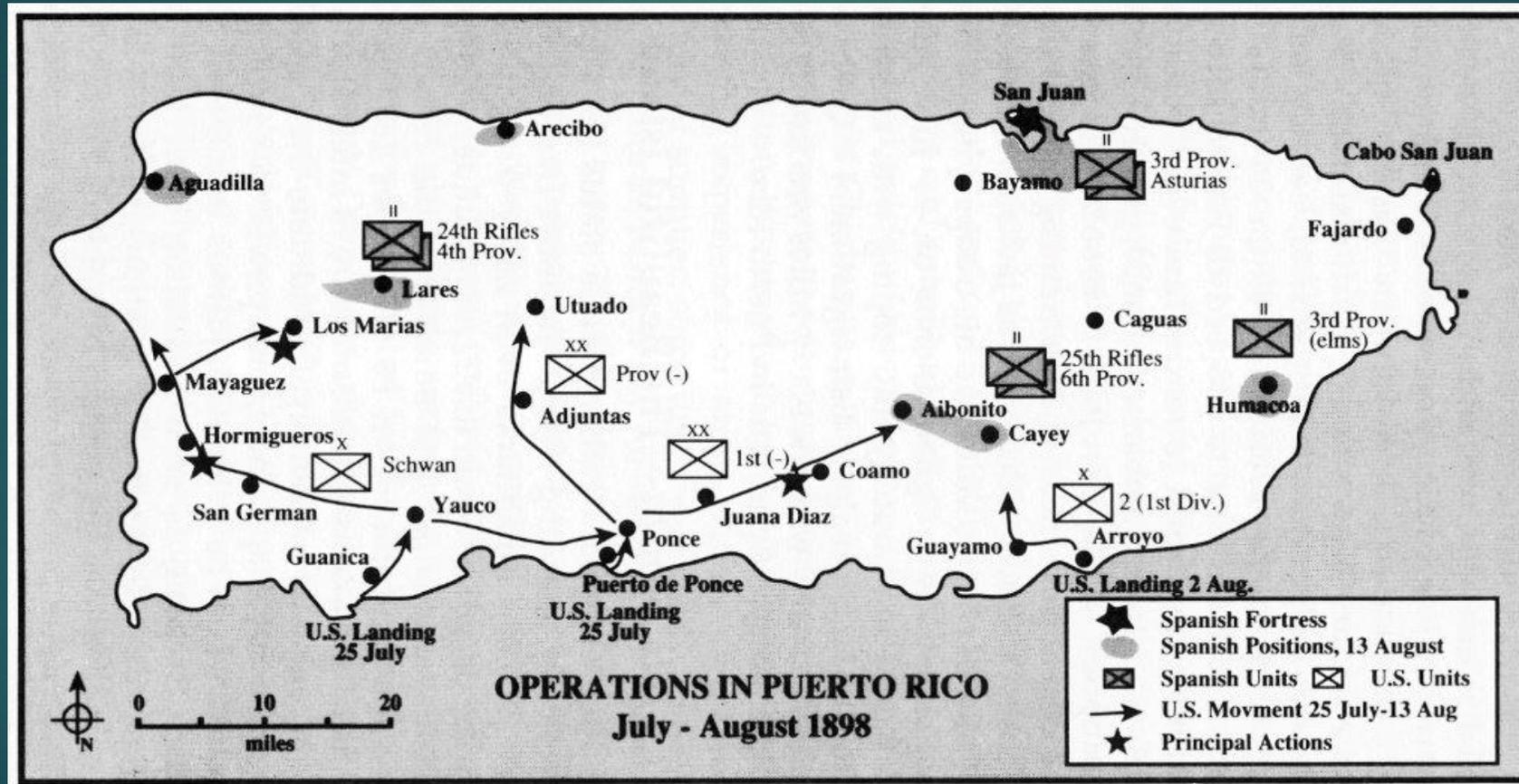
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- ▶ Attached to Gen. Schwann's Independent Army Brigade earmarked for the invasion of Puerto Rico.
- ▶ Tended to invasion force typhoid infected Soldiers prior to the landing in the U.S.S. Relief.
- ▶ Landed and joined Schwann's consolidated Brigade and participated in Puerto Rico's South West Campaign.
- ▶ Participated in the "Silva Heights Firefight", taking of Mayaguez and the skirmish at Las Marias.
- ▶ Commanded the Mayaguez and Ponce Military Hospitals 1898-1901





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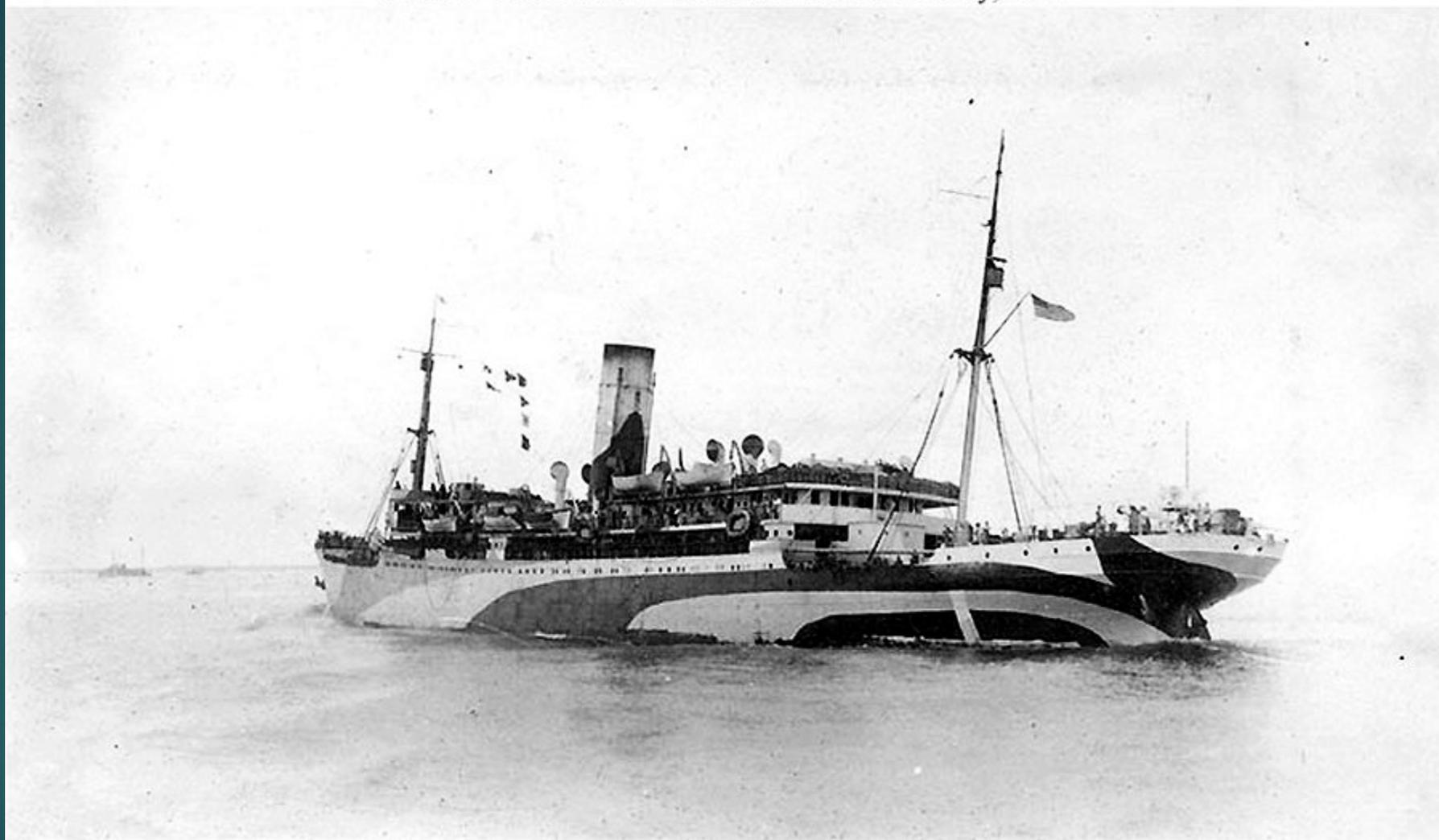
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- ▶ Sets to study the “failure to thrive” conditions of the locals.
- ▶ Following the 1899 Hurricane; sets to study anemia, discovers parasite, sets to treat.
- ▶ Head of the Anemia Commission
- ▶ Tropical Sprue
- ▶ Creation of the School of Tropical Medicine

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- ▶ A Major by 1916; secures transfer to New York City, where the 1st U.S. Army Expeditionary is being formed
- ▶ Starts gathering supplies and personnel for what will become the 1st Infantry Division Medical Battalion
- ▶ The Medical Battalion set out on the Ship S.S. Tenadores in the very first U.S. Army American Atlantic Troop Convoy 14 June 1917
- ▶ The convoy intended to make their landing in Brest but diverted to St. Nazaire after coming under U Boat Attack, arriving 24 June.

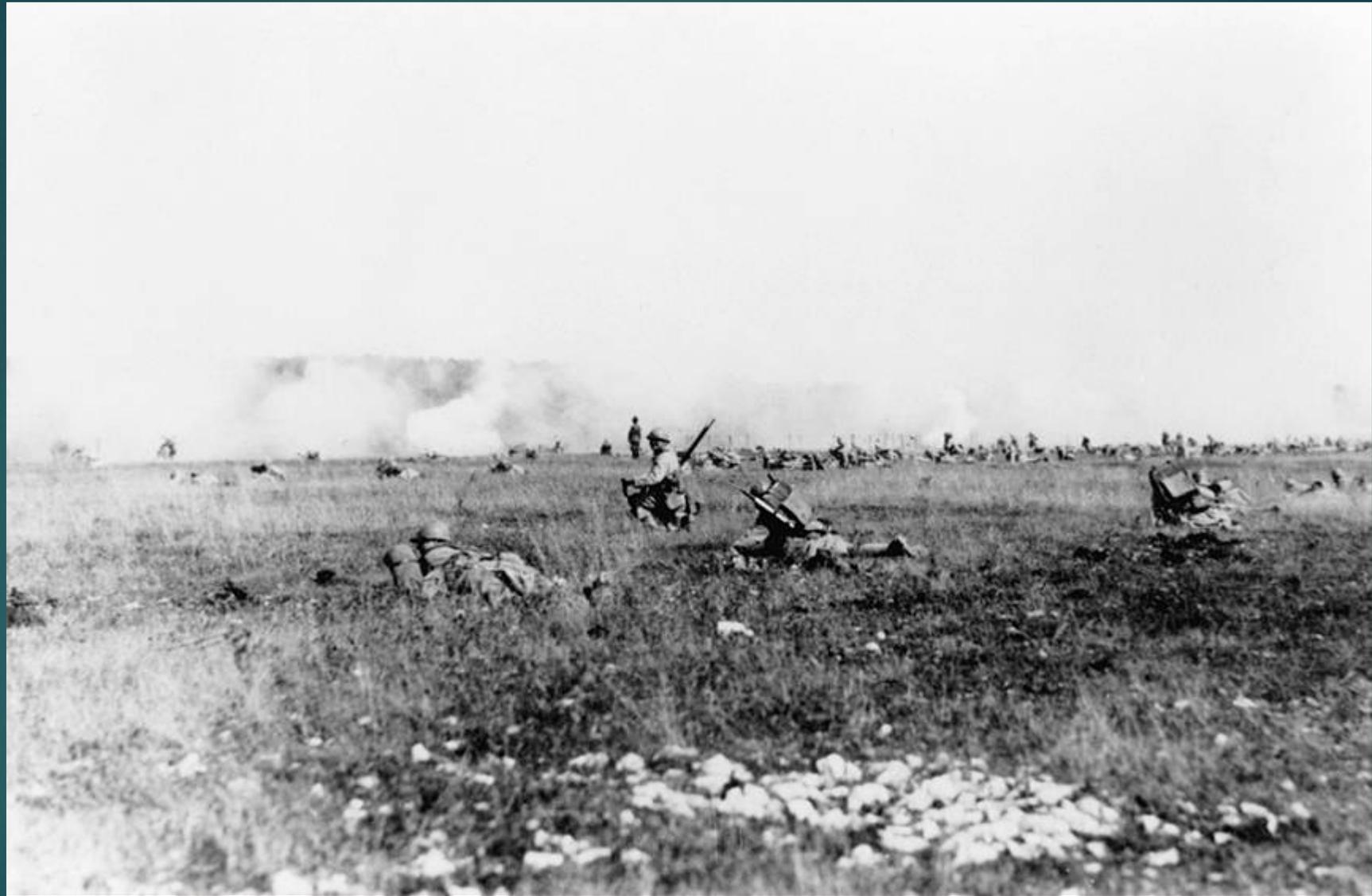
Photo # NH 103627 USS Tenadores underway, 1918



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- ▶ The Division is paired with the *Chasseurs Alpines* in the Gondrecourt area for 6 months to train, arm and become acclimatized to the battle zone.
- ▶ Area comprises about 15 miles and approx. 10 towns and villages
- ▶ Sets up Division Hospital site, "Camp Hospital #1" taking into account "high ground, and breeze"
- ▶ Early mission, basic hygiene and infectious disease prevention
- ▶ Lack of proper housing, barracks, troops were "billeted" spread among local populace
- ▶ Medical unit paired with Col. Cultin, medical officer of the *Chasseurs Alpines*.





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- ▶ Staging of Battalion and Regimental size medical mobilizations and evacuations
- ▶ Soldiers identified as “walking wounded, seriously wounded, killed in action”
- ▶ Use of evacuation techniques, medical and evacuation trenches
- ▶ “Local knowledge” treatment of trench foot with whale oil
- ▶ Use of “wheel litter”
- ▶ Arrival and integration of medical detachment troops
- ▶ Need for accelerated medical training is identified

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- ▶ Promoted to Lieutenant Colonel tapped to lead Army Sanitary School
- ▶ Mission is to train incoming medical personnel in the combat and non combat related medical care of the American Expeditionary Forces
- ▶ The School is operational October 1917, relieved as 1st DIV Surgeon to take over the Army Sanitary School.
- ▶ Essentially/ 6 week course with an initial 2 week “brick and mortar” classroom didactics followed by balance of the course “shadowing” British/French medical units.



FIG. 151.—Camp Hospital No. 22, Langres

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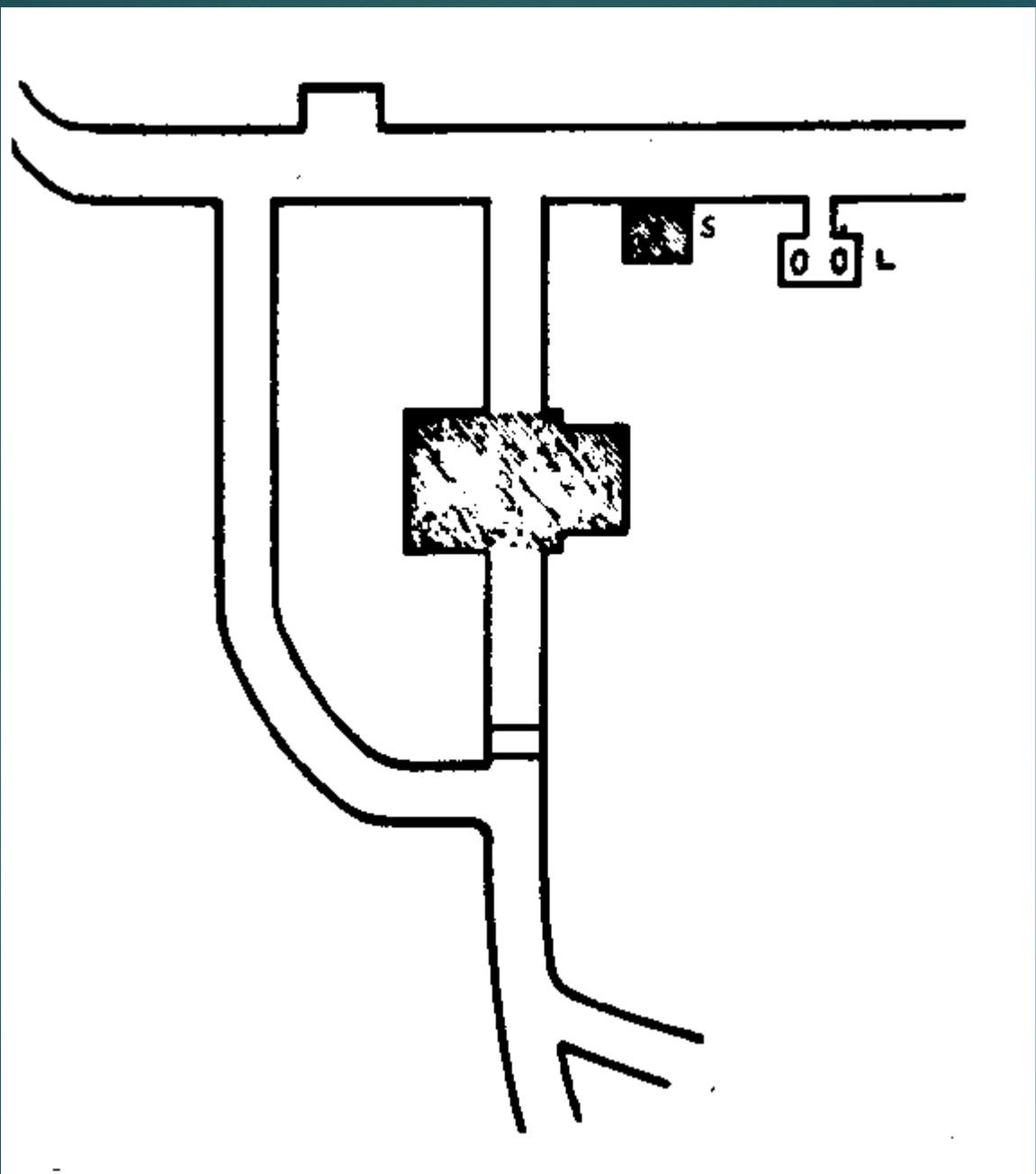
- ▶ The First “Clinical Rotation” with BEF in northern France near the Ypres-Tournai British Sector.
- ▶ The “students” would ride in ambulance to the front and would be placed on the different “levels of care” as space was available
- ▶ The **Regimental Aid Post**, would be the “first line of treatment for injured Soldiers”
- ▶ Usually the first stop for an injured Soldier, staffed by the Battalion or Regimental Surgeon, one or two NCOs and a few orderlies
- ▶ Usually in the 2nd or 3rd trench line or 500-1000 yards from the front and well within artillery fire range

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Sample of "Class Schedule"

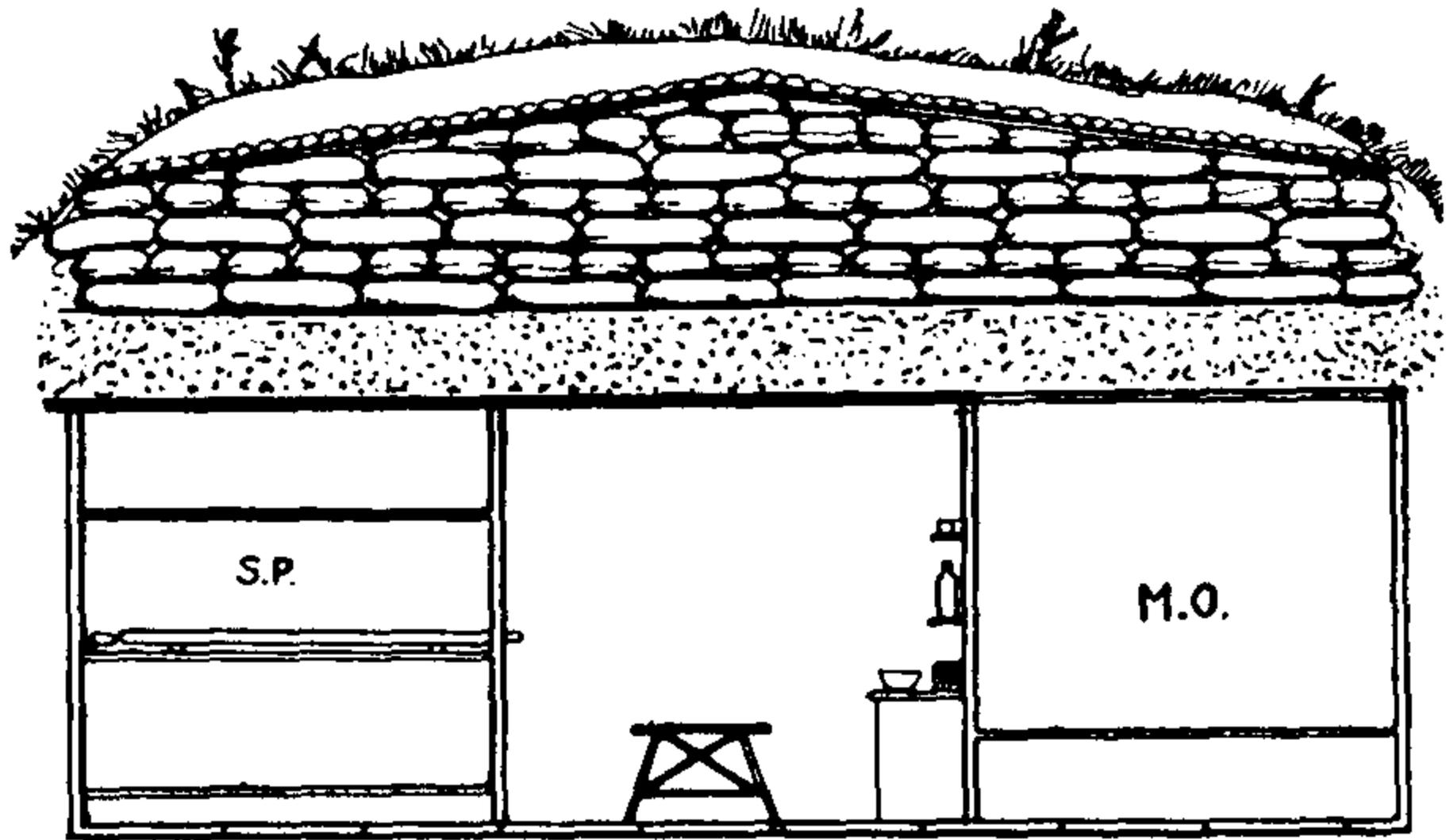
- ▶ Dec. 4:
 - 7 a. m. to 8 p.m.....Clinic and lecture and demonstrations at fracture hospital, V.R. 76, By Lieut. Col. W. L. Keller, M.C., United States of America.
- Dec. 5:
 - 9 a.m.....Ward dressing demonstration by Carrel-Dakin method. By Doctor Chutro, at Lycee Buffom.
 - 4 p.m.....Clinical lecture and demonstration of cases. By Professor Babinski, Lycee Buffom.
- Dec. 6:
 - 9. a.m.....Half of the class went to Beaugon Hospital to a lecture by Professor Tufflier on the organization of the French medical service and to see him operate thereafter. The other half to a special operative clinic by Professor Chutro, at the Lycee Buffom.
 - 2 p.m.....Visit to Val-de-Grace Medical Museum.
- Dec. 7:
 - 9 a.m.....Visit to St. Nicholas Hospital to see ambrine treatment applied and the injection of specially prepared guaicol and oil from the diminution of scar tissue.
- Dec. 8:
 - 9 a.m.....Visit to Major Blake's hospital, No. 6 Piccini.
 - 2 p.m.....Visit to American ambulance at Neuilly.
- December 9: Left for the British front.





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- ▶ The **Regimental Aid Post** would be called a **Battalion Aid Post** in French and US Armies. Well within Mortar and Artillery Range.
- ▶ Would be about 10 feet deep and have a “splinter proof” roof. Usually meant covered with sandbags or dirt
- ▶ Rendered the most basic assistance, about 40% of Soldiers could walk to it, the rest would have to be carried
- ▶ Oxygen tank, Thomas Splints, Bandages, Wheeled Stretcher, entrance with double curtains 7 feet apart
- ▶ If not within a trench system, it could be a “cellar, or abandoned house or dug out”





Regimental aid post in Hindenburg Trench.

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- ▶ The next level of care would be the **Advanced Dressing Station**
- ▶ Although further from the front, still vulnerable to artillery fire
- ▶ Communicating trench to **Advanced Dressing Station** ordinarily named as a known thoroughfare by local unit Soldiers; **“Harley’s Street”**
- ▶ The location of the **Advanced Dressing Station**, would often be determined by its access to the Ambulance Service
- ▶ It could provide better care and could keep patient overnight, but not prepared for surgical procedures other than minor ones



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- ▶ Soldiers needing surgery or more specialized care would be transferred to the **Main Dressing Station** or **Field Hospital** in the US and French Armies
- ▶ About 4- 5 miles from the front, these would be equipped with X Ray machines, supporting laboratories and other logistics to support both the patients and the medical staff. Would have about 400 beds.
- ▶ Usually close to ambulance depot and mechanic workshops, etc.
- ▶ From here, Soldiers would be returned to the front or evacuated further to **Casualty Clearing Station** or **Evacuation Hospital**

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- ▶ The **Casualty Clearing Station** would be a *REAL* hospital, usually in more permanent building with supporting ancillary services and improved habitability.
- ▶ These could house anywhere from 500- 1500 patients
- ▶ Under ideal conditions, it would take about 6 hours to reach a Casualty Clearing Station from the front lines
- ▶ Horse drawn carriages or ambulances, blood loss, blood transfusion would often be the first action taken
- ▶ Landscape, geography seriously altered after a barrage, rain could also create dangerous water filled craters, these could delay arrival



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Miscellaneous Observations

- ▶ The principal cause of mortality in transit during these level of care would be blood loss
- ▶ Head wounds would not be operated on until arrival to the casualty clearing station.
- ▶ Battlefield conditions had an impact on transit time through the levels of care.
- ▶ GSW Soldiers would receive a anti-tetanus /AT/ and a ¼ grain of morphine /M/ (60mg) these would be written in the forehead with iodine

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Miscellaneous Observations

- ▶ Use of primary closure and delayed primary closure of GSW and Shrapnel Wounds / make “clean” wound margins / debridement of dead tissue / avoid infection and gangrene
- ▶ Use of carbolic lotion and Bismuth to treat wounds
- ▶ This surgical technique was learned by the Central Powers from POWs.
- ▶ French **Battalion Aid Stations** tended to be bigger than the British ones and could accommodate up to 30 Soldiers at a time
- ▶ The French Battalion Surgeon had a more “personal” relationship with his Soldiers. Overnight stays at the **Battalion Aid Stations** were tried after the mutinies (early acute stress management?)

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Miscellaneous Observations

- ▶ Sometimes utilized as messengers or stretcher bearers
- ▶ French would douse the dugout curtains with thiosulfate or glycerin to protect from gas
- ▶ The British Battalion Surgeon regularly would warn Soldiers not to drink water from dead/wounded or POW'ed German Soldiers, not to eat their food or "souvenir'ed them" to prevent spread of disease
- ▶ Surprised with the habitability of the French Hospitals (box spring) mattresses/tables/ flowers/ painted walls/electricity

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Concluding Remarks

- ▶ The principal contributions of the Sanitary Corps / the training of incoming medical staff in early intervention, personal and camp hygiene, especially in training and embarkation camps
- ▶ This reduced greatly the incidence of infectious diseases so prevalent in the Spanish American War
- ▶ The School also trained a large number of paramedical personnel in technical assistance and administrative duties and thus liberating physicians, nurses and dentists to perform direct care
- ▶ Lastly, it brought the Medical Corps up to par with UK and French by teaching and exposing them to the latest field techniques in field medicine