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
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.
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
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.
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-Grâce 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.
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.
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**.
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
The principal cause of mortality in transit during these levels 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 an 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 of 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
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