

VI. THE MEDICAL DEPARTMENT

EVACUATION and early treatment of men wounded in action, care and restoration to duty of the normal sick, precautionary measures to prevent the spread of disease, – in a word, everything necessary to preserve in fit condition and to return to duty the maximum number of men, – such was the task of the wearers of the caduceus in the 90th Division.

The story of their activities is a chronicle of the fearlessness of the first-aid men, who, following the assaulting waves, risked their own lives to save their comrades; of the devotion and daring of the battalion and regimental surgeons, who pushed their first-aid stations forward under continuous fire; of the nonchalance, courage, and hardships of the ambulance men; of the unending hours of toil and nervous tension, at personal risk, on the part of the personnel of the field hospitals; and of the coolness, foresight, and professional skill of the directing officers.

At the head of the Medical Department was the division surgeon, a position held by Colonel Paul S. Halloran from the time the Division was organized until after the armistice, when Lieutenant-Colonel E. L. Parmenter became acting division surgeon until the arrival of Lieutenant-Colonel N. L. McDiarmid. Colonel Halloran's assistants were Captain (later Major) C. M. Beck, assistant division surgeon; Major (later Lieutenant-Colonel) C. M. Hendricks, division medical gas officer; Captain (later Major) George A. MacIver, division psychiatrist; Captain (later Major) Paul V. Woolley, division urologist; and Lieutenant (later Captain) R. K. Ghormley, division orthopedist. The regimental surgeons during the battle period were Major Curtis Bland, 357th Infantry; Major Karl T. Brown, 358th Infantry; Major Frank W. Van Kirk, 359th Infantry; Major Willard A. Phares, 360th Infantry; and Major R. D. Alexander for the St. Mihiel offensive and Captain (later Major) Joseph A. Livingston for the Meuse-Argonne offensive, 315th Engineers. Under each of the regimental surgeons were six battalion surgeons. The dental service of the Division was in the hands of Major Richard Kiebler, division dental surgeon. During the battle activities dental surgeons assigned to regiments acted as assistant battalion surgeons, rendering invaluable aid in this capacity. The dental assistants acted as first-aid men. Major Kiebler and Captain (later Major) Carver R. Brown acted as day and night regulating officers at the Triage.

At the time of the organization of the Division the field hospital section and the ambulance section operated separately, but on October 16, 1917, the two sections were put under one command, and Lieutenant-Colonel (then Major) Parmenter was placed in charge of the combined 315th Sanitary Train. During operations Major H. G. Garwood was director of field hospitals, and Colonel Parmenter personally directed the ambulance companies.

When the 90th Division entered the line in relief of the 1st Division, headquarters of the sanitary train and of the ambulance and field hospital sections were established at Rosieres-en-Haye; but prior to the attack of September 12 all headquarters moved to Griscourt, where the Triage was operated by Field Hospital No. 357, under the command of Major W. H. Hengstler. Field Hospital No. 359, under the command of Major T. J. Strong, operated a semi-permanent hospital for sick at Rosieres-en-Haye; Field Hospital No. 358, under command of Captain (later Major) Frank N. Gordon, was established at Rogeville to treat gas cases; and Field Hospital No. 360, under command of Captain (later Major) Jesse Ingram, was set up to treat contagious cases until September 13, when its personnel was assigned to duty with No. 357 at the Triage.

The Triage was a central “clearing house” to which sick, wounded, and gassed cases were brought to be registered and treated, and from which they were evacuated to another hospital handling the particular type of case. Splint cases were examined and necessary changes made, wounds were classified as serious or slight, and each patient was tagged with the number of the hospital to which he was to be sent. Cases of shock were retained and treated in the shock ward especially fitted up for this work, the attendants being specially trained. During this period of waiting, patients were given hot nourishment, their wet clothing and shoes were removed and replaced by dry garments, and the patients were then wrapped in blankets, in order to keep them warm and comfortable.

The chain of evacuation during action began when the wounded were picked up by company stretcher-bearers and regimental first-aid men and carried to the advance dressing station. Under the direction of the regimental surgeon, each battalion surgeon established one of these stations as near the firing-line as possible. Operating under shell and machine gun fire, the activity of these men, of necessity, was confined to first-aid work. Hemorrhages were controlled, wounds cleansed, bandages applied, splints adjusted in case of broken bones, an injection of anti-tetanic serum given and the patient tagged and sent to the rear as soon as possible – on foot, if he were able to walk; by ambulance, if the drivers were able to reach the aid station; or by ambulance stretcher-bearers, if the ambulances were some distance away.

The ambulances carried on the work from the point where the first-aid men left off. Usually the ambulance drivers went right to the aid station, thus relieving the stretcher-bearers of the long and tedious work of carrying the wounded great distances. The ambulance companies also established dressing stations at which the wounded made their second stop on their way to the rear. Here dressings and splints were examined and readjusted when necessary, gas cases were stripped and mustard gas cases bathed. To the satisfactory manner in which this was done must be credited the small number of cases of shock and extensive mustard burns arriving at the field hospitals. From the ambulance dressing stations the wounded were transported by ambulances to the Triage.

During the St. Mihiel offensive, Ambulance Company No. 357, under command of Captain (later Major) Daniel Jones, operated a dressing station at Camp Jonc Fontaine, serving the 179th Brigade. Ambulance Company No. 359 under command of Captain (later Major) Will S. Horn, operated a dressing station at Jezainville, serving the 180th Brigade. Ambulance Company No. 358, under command of Captain W. W. Phillips, was charged with the evacuation from the Triage to the various field hospitals and the evacuation hospitals in and near Toul. Ambulance Company No. 360, under command of Captain Van D. Barnes, which was horse drawn, was held in reserve. Early on the morning of September 12 the litter-bearer sections of Ambulance Companies Nos. 357 and 359 were supplemented by eighty men from Ambulance Company No. 360 joining the battalion aid stations. On the second day of the drive, Ambulance Company No. 357 advanced its dressing station to Fey-en-Haye, and Ambulance Company No. 359 moved its station forward to Montauville. On September 20, when the sector had been stabilized, Ambulance Company No. 357 put an advance dressing station in Vilcey-sur-Trey, and Ambulance Company No. 358 established a station at Viéuville-en-Haye when the division sector was extended westward. As the 357th Infantry could be reached by motor vehicles only by means of a long detour, four horse-drawn ambulances were used for evacuation duty between the sector of the 357th Infantry and Fey-en-Haye.

Both during and after the offensive the ambulance men manifested a calm disregard for personal danger that won them universal praise. Three ambulances were put out of action by direct hits by enemy shells. Particularly noticeable was the action of the ambulance men evacuating wounded after the raids made in the Puvenelle sector. During the night of September 23 the ambulances made four trips each

way from St. Marie Farm to the ambulance dressing stations, over roads which were wet, slippery, and under constant shell fire. Before crossing Vilcey hill it was often necessary to await the lifting of the enemy artillery fire and push forward again during the lull. Following the heavy action of September 26, casualties were evacuated from the stations near Huit Chemins and at other points in the Bois des Rappes and over roads under direct enemy observation and constantly subjected to harassing fire.

Early in the offensive the commanding officer of Ambulance Company No. 359 was severely wounded, the command then passing to Captain James F. Cadenhead. This company evacuated all the casualties from the Bois-le-Pretre. 1st Lieutenant Neshit, of Ambulance Company No. 357, was also severely wounded during the St. Mihiel offensive. The casualties in the personnel of the ambulance companies during this action were three killed and fourteen wounded.

The work of the battalion surgeons, the first-aid men, and the stretcher-bearers affords individual examples of continuous devotion to duty. In order to give a comprehensive idea of the work of these men it is interesting to quote from a diary of one of the battalion surgeons: "The night of September 11, 1918, the medical detachment of my battalion moved forward from its position in support to the front line trenches. The night was very dark, there was a continuous downpour of rain, and we were compelled to advance under a most terrific shell fire. We reached our position about four o'clock on the morning of September 12. As the battalion went over the top in the early morning hours we established our first-aid station in the trench from which they advanced. The first-aid men and stretcher-bearers went over with the first wave, these men being continuously on the field with the infantry. Many times the first-aid men would drag men to shell-holes and administer first aid, being compelled to leave them there until nightfall before being able to litter them to the advance dressing station, on account of sniping, as they were under direct observation of the enemy. This first day we had great trouble in getting our wounded to the rear on account of the endless barbed wire entanglements, and also on account of continuous shell fire all day long, making it impossible for ambulances to push near the station. For this reason the ambulance-bearer section was compelled to litter wounded from my station over the worst possible sort of terrain and under heavy fire a distance of two kilometers."

What has been set down by this battalion surgeon was the experience of all the battalion surgeons and their detachments throughout the offensive. One battalion surgeon, Lieutenant Morris Finkleberg, 360th Infantry, was killed while in the performance of his duty, and several men of the regimental medical detachments were killed and many more wounded.

The experience of our Allies had taught us that during the last few months preceding the offensive 50 per cent of all casualties had been gas casualties. For this reason the division surgeon had seen to it that the organization of the medical gas defense had been brought to a high standard of efficiency. Regimental and battalion surgeons, the enlisted personnel and litter-bearers were instructed in first aid to the gassed. This was done while the Division was holding its sector, and instruction was kept up during and after the St. Mihiel drive. The terrain of this sector was particularly well adapted to gas warfare, and many casualties resulted.

At the Division gas hospital mustard gas cases were again bathed with alkaline solution. In the case of other gases the men were made warm and comfortable, and in many cases the continuous administration of oxygen was practised. The total number of cases treated at the division gas hospital in the St. Mihiel sector was 1390; of these cases 450 were known to be mustard and 920 lachrymators, sternutators, and diphosgene. The number of men returned to duty from the division gas hospital was 884, while 529 were evacuated to base hospitals in the rear, and 17 died.

The Triage of the 90th Division handled in the St. Mihiel sector, from all sources, a total of 7417 wounded, gassed, and sick, of which number 4758 were 90th Division battle casualties.

Upon being relieved in the St. Mihiel sector, the ambulance and field hospital companies were assembled at Blenod-les-Toul for a week of rest. The medical detachments of various regiments accompanied their organizations to various towns and villages in the vicinity of Toul for the same purpose. After moving to the Meuse-Argonne front, the Triage was established on October 19 at Béthincourt. Field Hospital No. 357 assisted by two officers and sixty men of Ambulance Company No. 360, was combined with Field Hospital No. 358, which acted as a gas department, and the divisional Triage. This was a change in procedure, in compliance with corps orders, from that followed in the St. Mihiel sector. Field Hospital No. 359 was established at Sivry-la-Perche to receive the sick and to act as relay station to the rear for the slightly wounded. Field Hospital No. 360, on October 20, reported to the 179th Brigade and opened an advance rest station at Nantillois, with a dressing station at Madeleine Farm.

In the Meuse-Argonne sector all four field hospitals were established under tentage, as no buildings were available, and the rapid advance necessitated the use of mobile equipment.

Owing to the narrowness of the Division front, only one ambulance dressing station was established. On the night of October 21 Ambulance Companies Nos. 357 and 359 established a joint dressing station under tentage at Nantillois. On the following day Ambulance Company No. 357 moved to Romagne and established a dressing and gas treatment station. On November 3 Ambulance Company No. 358, which had been at Septsarges, joined Ambulance Company No. 359 at the main dressing station at Nantillois. All companies furnished details to the battalion aid stations. All motor ambulances, thirty-eight in number, were pooled and operated from one "ambulance head." The "ambulance head" was first established at Nantillois and on November 5 was moved to Cunel. On this same date Ambulance Company No. 359 moved its dressing station to Villers-devant-Dun, and Ambulance Company No. 357 jumped from Romagne to Halles.

The problem of transportation in this sector was a very difficult one. Owing to the condition of the roads and the length of the haul, only two round trips could be made in twenty-four hours. All available substitutes had to be used to give the drivers an opportunity to snatch a bit of sleep. Here again the ambulance men displayed great courage and devotion to duty. One driver, Wagoner Shely, while driving an ambulance loaded with wounded from the advance dressing station to the ambulance dressing station, had his left leg shattered by shrapnel; and though in great pain and weak from the loss of blood, he continued with his load of wounded many kilometers to the dressing station. Upon reaching his destination, he collapsed.

Regimental and battalion surgeons, together with their detachments, pressed forward with the advance of the infantry. A paragraph from the diary of another battalion surgeon may give an impression of what their work was like:

"On the night of October 30, 1918, myself and detachment moved up in support into the front line position, my battalion going in on the right flank. I established my aid station behind the embankment of the road leading from Bantheville to Andevanne, about two kilometers northwest of Bantheville, holding this position through the night and all of October 31 under a terrific shell fire, with no protection whatever. On November 1 the first wave had gone over, and with the second wave my stretcher-bearers and first-aid men advanced. My assistant, Lieutenant Morrissey, D. C., was killed. About noon the same day I advanced my aid station two kilometers farther north, the infantry having halted for the night at this point. With nightfall came rain, making it very difficult to care for the

wounded. There was no available shelter, and the casualties were very heavy. On November 2 the advance was so rapid that we were compelled to move our aid station twice during the day. Our last aid station established this day was just north of Andevanne, and on account of the terrible condition of roads the wounded had to be littered from my station about four kilometers to the ambulances. A direct hit was made on our station, wounding three of the medical detachment and killing five Signal Corps men. To date the medical detachment of my regiment has had 60 per cent casualties."

The hardships endured by these men and the difficulties under which they labored in their efforts to assist their wounded comrades were thoroughly appreciated, and many were cited for their bravery and devotion to duty. One of these was Lieutenant (now Captain) James C. Hall, who was awarded the Distinguished Service Cross. His citation is as follows: "In spite of severe wounds, including two broken ribs, Lieutenant Hall continued at his post for three days, administering aid to the wounded throughout the combat. Numbers of lives were saved by his heroic devotion to duty."

A medical supply dump was maintained at the Triage by the medical supply officer, and battalion surgeons received from ambulances evacuating their patients such supplies of litter, blankets, anti-tetanic serum, and other supplies as had been expended on patients evacuated. In this manner there was never a shortage of medical supplies at the front.

The Triage continued to operate at Béthincourt until November 3. While at Béthincourt it was subjected to several air raids at night, and high explosive shells fell in the immediate vicinity practically every day. On November 3 the Triage was advanced to Septsarges, occupying a site previously prepared by Field Hospital No. 360, which had been moved from Nantillois on account of its being shelled on October 25, the shells falling directly on the hospital, instantly killing four men, fatally wounding a fifth, and severely wounding fourteen others, including the dental officer attached to this hospital. Happily, none of the patients in the hospital at the time were injured

The Triage continued to operate at Septsarges from November 3 to November 8, Field Hospital No. 360 taking over the gas department, while Field Hospital No. 358 was pushed forward to prepare a Triage site at Bantheville. In the late afternoon of November 5 the Triage was subjected to severe shelling, shells falling within a few yards of the hospital. However, there were only two casualties among the enlisted personnel. On November 8 the Triage joined Field Hospital No. 358 at Bantheville and operated there until the morning of November 11, Field Hospital No. 360 having moved to Dun-sur-Meuse to prepare a new Triage site. At Bantheville the Triage was again subjected to nightly air raids. On the morning of November 11 the Triage was established at Dun-sur-Meuse. At eleven o'clock of that date the steady stream of wounded and gassed that had been flowing back from the front during the campaign in the Meuse-Argonne sector ceased, 5622 cases, of which 3530 were 90th Division battle casualties, having passed through the Triage during the twenty-one days of continuous fighting. The gas admissions were 785, of which number 59 were known to be mustard. Of the total number of gassed cases, 39.27 per cent, were returned to duty from the division gas hospital. The medical department of the Division hung up the A. E. F. record for low mortality rate from gas. Of the 2175 men actually gassed and treated at the division gas hospital, only 17 died, making the remarkably low mortality rate of .78 per cent.

Following the signing of the armistice, the entire sanitary train was reunited at Blanc Fontaine barracks, near Stenay. Here Field Hospital No. 359 established a hospital for the treatment of normal sick.

When the Division began its march into Germany ambulances were assigned to each regiment. Field hospitals were established as the Division moved forward, leap-frogging one another and occupying the following towns in order: Iréle-Sec and Longwy, France; Hesperange, Luxemburg; Konz and Hetzerath, Germany. When the Division was established in its area of occupation, headquarters of the 315th Sanitary Train, together with all ambulance companies and Field Hospitals Nos. 359 and 360, were established at Manderscheid. Field Hospital No. 357 was established at Gerolstein to receive the sick from the 179th Infantry Brigade. This hospital evacuated its patients, when necessary, to Prüm. Field Hospital No. 358 was established at Cues and cared for the sick of the 180th Infantry Brigade, 165th Artillery Brigade, 315th Sanitary Train, 315th Engineers, 315th Signal Battalion, Division Headquarters, and all auxiliary units. This hospital evacuated, when necessary, to Trier.

During the period from January 1 to May 1, 1919, the Medical Department set up another new record, having the lowest mortality rate from disease of any division in the A. E. F. – 5.9 per thousand. It also had the lowest mortality rate for pneumonia of any Division in the A. E. F., the field hospitals in the Division besting the evacuation and base hospitals both in the Army of Occupation and in France by setting up the remarkably low mortality rate of 9.1 per cent for pneumonia.



A field hospital established near Béthincourt