

## The work of a war hospital

**FREDERIC A. WASHBURN, MD**, director of the MGH, was authorized to direct and organize Base Hospital No. 6. Doctors trained at Fort Strong, on Boston Harbor's Long Island, and nurses spent 10 days preparing at Ellis Island in New York. The 253-member unit departed for Liverpool July 1917 aboard the RMS Aurania – a commercial steam liner – and arrived in Talence, France, on July 28.

Throughout the war, MGH staff served at several war hospitals, including Base Hospital No. 5, created by Harvard Medical School and Peter Bent Brigham Hospital (now Brigham and Women's). This hospital was initially comprised of a series of tents in Camiers, France, and later moved to Boulogne.

Base hospitals offered a place for recovery and for more complicated procedures than soldiers could get at first aid posts. As with civilian hospitals, experienced staff were chosen to represent a variety of specialties. Among the nurses, specialties included medical and surgical training as well as anesthesia, orthopedics, ophthalmology, otolaryngology, mental health and public health. Unlike in a civilian hospital, all nurses had to alternate between taking charge of a ward and working directly with patients.

Away from the front lines, Base Hospital No. 6 treated wounded and ill soldiers who arrived in train convoys. If a wounded soldier arrived at a base hospital, his chances of survival were good. The majority of surgical cases were secondary wound closures, meaning wounds that needed to be cleaned and closed some time after the injury, as well as removal of bullets and shell fragments, setting of fractures, and blood transfusions. In addition to battle wounds, surgeons treated trench foot, or sores and deterioration of the flesh due to cold and wet conditions. Amputations were far more common than today, as they were the best way to treat a serious case of gangrene before it spread to the rest of the body and became fatal. Surgeons also performed a host of procedures unrelated to battle, such as appendectomies.

Beginning in September 1917, Base Hospital No. 6 expanded its existing campus across 67 acres. The original goal had been a 500-bed hospital, but large numbers of patients created a need for several phases of construction during the next year.

### INFECTIOUS DISEASE

Among the first patients sent to Base Hospital No. 6, most were suffering from acute infectious diseases. Pneumonia and influenza were by far the most common illnesses treated. Other frequent ailments included mumps, gonorrhea, tuberculosis, otitis media (ear infections) and measles. Soldiers' close living quarters were to blame for the spread of many illnesses, including lice. One report estimated that more than 90 percent of soldiers had body lice.

Base hospitals were the primary sites to address these types of illnesses. Base Hospital No. 6 had a pathologist, bacteriologist and serologist on staff. In many cases, all the hospital staff could do was treat the symptoms of an illness. Common treatments for the flu included bed rest, aspirin, hot soup and cough medicine. In addition to treating individuals, the staff made recommendations to military leaders for reducing the spread of disease.

### RESEARCH AND EDUCATION

Based on demands from their military superiors and a wartime culture that did not tolerate shirking of duty, doctors were expected to regard emotionally distressed patients with cynicism. Base Hospital No. 6 had a neuro-psychiatrist and a neurologist on staff who treated patients with injuries as well as mental illness. They defined mental and neurological health with the vocabulary of the day, including hysteria, neurasthenia and exhaustion to describe symptoms of depression, anxiety and trauma.

The demands of war also created the need for new research. Paul Dudley White, MD, and his colleagues devised tests to determine when a patient recovering from the effects of gas was ready for more rigorous physical activity, and when he was ready to return to the front. The hospital also had a Disability Board, comprised of a panel of doctors from different disciplines who determined soldiers' eligibility for light duty or return to home.

In July 1918, Base Hospital No. 6 also opened a School for Instruction for Casual Officers. Experienced members of the surgical and medical staff taught more junior staff who had been sent to Base Hospital No. 6 for temporary duty and instruction.

Base Hospital No. 6 used X-rays – then still an emerging technology – to locate fractures and foreign objects and to diagnose pneumonia and the effects of mustard gas on the lungs. ■



## Ready to take the field: Words from the war

### At a glance:

- Throughout the course of the war, Base Hospital No. 6 would treat 24,112 patients.
- Nurses were a part of the Army Nurse Corps but were not given military ranks until World War II; Chief Nurse Sara E. Parsons, RN, helped advocate for this change.
- A core team of 64 nurses, plus 109 more who were sent as reinforcements later in the war, served at Base Hospital No. 6.
- 3,597 operations were performed at Base Hospital No. 6 between 1917 and 1919. Many of these operations aimed to treat potentially fatal war injuries, but only 434 surgical patients did not survive.
- Base Hospital No. 6 saw 1,966 patients who had been gassed – about 8 percent of the hospital's total patients.
- Not all of Base Hospital No. 6's patients were human – some were horses, which were used to move artillery at the front. A third of the 7,000 to 8,000 horses at Camp de Souge, 18 miles from Base Hospital No. 6, became infected with an unknown disease. Physicians led a campaign of quarantining the sick horses, shooting those that could not recover and disinfecting the stables.
- On Nov. 11, 1918, the Allies and Germany declared an armistice. The fighting was over, but the work of the base hospitals was far from done. On Nov. 12, there were 4,319 patients in Base Hospital No. 6, the largest number at any time during the war. By New Year's Eve, there were only 1,500 patients. In contrast, back in Boston the MGH had 322 patients in the hospital on Jan. 1, 1919.

“Then of course there were in the hospital men of every religious faith as also no faith. An American base hospital was not only a cross section of the American Expeditionary Force, but of the whole United States as well. Within those hospital walls were all the component parts which go to make American Democracy.”

— Rev. Henry Knox Sherrill, a Red Cross chaplain at the MGH who later became an Army chaplain at Base Hospital No. 6. He served as a trustee of the hospital and chairman of the board from 1934 to 1946.



“Dare we confess that, as members of Massachusetts General Hospital – the home of the discovery of ether – we used chloroform freely to induce anesthesia? This was due to untold delays in obtaining orderlies to present at the time of beginning anesthesia, and the lack of nitrous oxide. Perhaps we were fortunate that in over two hundred anesthetics included in this way, there was not a single accident or any incident to cause us uneasiness.”

— Harold G. Tobey, MD, was a part of the Ear, Nose, and Throat Service at Base Hospital No. 6 and held the rank of first lieutenant. During his time at Base Hospital No. 6, he was the subscription officer for “Stars and Stripes,” the official newspaper of the American Expeditionary Forces. He later served as the admitting officer at Base Hospital No. 6 and then as a detrainning officer, coordinating receiving patients from train convoys.

“To sum up my impressions; The advantage of knowing one's personnel is tremendous, both from a professional and physical standpoint. Many valuable women who can work in an understanding and sympathetic environment, could never stand the strain in an uncongenial situation, but in this respect we were fortunate, as there was an unusual spirit of cooperation and congeniality among the nurses of our Base Hospital.”

— Sara E. Parsons, RN, an 1893 graduate of the MGH Training School for Nurses and chief nurse at the MGH who worked closely with Washburn and Cabot during the Spanish-American War. In 1917, Parsons served as chief nurse for Base Hospital No. 6 and later campaigned to get full military rank for Army nurses.

“As one of the few large American hospitals to prepare for military action long before the United States declared war on Germany, the Massachusetts General Hospital was ready to take the field when the call came in April, 1917.”

— Paul Dudley White, MD, a recognized physician and cardiologist known as “the father of American cardiology.” In 1913, he worked with Thomas Lewis to create the electrocardiograph as a possible diagnostic tool. White became chief of the MGH Cardiac Unit – the first of its kind in the U.S. – and helped establish the American Heart Association in 1924.

“We were on the ground long before American casualties began. We had months in which to equip it with every device of a modern hospital. There was absolutely nothing lacking in our equipment. It was not necessary to wait hours for the attendance of a specialist at a consultation, as is the case sometimes at hospitals on this side. A consultation over a serious case could be called in five minutes.”

— Richard Cabot, MD, an MGH physician who believed it was not only the body that had to be treated, but the whole person and their environment. In 1905 he co-founded the MGH Social Service Department, the first of its kind affiliated with an American hospital. This controversial move cost him promotions on the home front, but during the Great War he became chief of Medicine at Base Hospital No. 6.



## The Spirit of Devotion: MGH in World War I

“I would like to record here my appreciation of a splendid organization which went out from the Massachusetts General Hospital. Whatever demands were made, there was always a trained person ready with the knowledge and ability to carry out the task. The hospital itself cared for many patients and was, I firmly believe, one of the real sources of strength of the Medical Department of the American Expeditionary Forces. ... I am aware, when we compare the offering of men and women of this unit with that of those who gave their lives to the cause, that it is but little. In the presence of the dead we stand humble and reverent. Nevertheless, Base Hospital No. 6, like many others, did what it was called upon to do, and did it in a spirit of commendable devotion and sacrifice.”

—Col. Frederic A. Washburn, MD, then-director of the MGH

**A CENTURY AGO**, when the United States entered the Great War, there already were signs the war would challenge and change medicine in new ways. Trench warfare was increasingly dangerous as both sides developed new heavy artillery and began using poison gas.

Hospitals along the east coast – including the MGH – began preparations a full year in advance of the April 6, 1917 declaration of war to discuss how to help and what to do if battle came to U.S. shores. Frederic A. Washburn, MD, director of the MGH, met with the U.S. Army surgeon general and leaders from Johns Hopkins and the American Red Cross and determined hospitals should create reserve medical units: teams trained and ready to go in the event of war.

Several MGHers had already gone to Europe well before the U.S. entered the conflict, serving with French or British army hospitals. A Harvard Medical School group – including MGH staff members –

deployed in early 1916 as part of Base Hospital No. 5. It was Base Hospital No. 6, however, that would become the MGH's largest contribution to World War I. Nurses, physicians and other clinical and support staff from the MGH, stepped up to join in the fight and to care for the country's soldiers.

This special edition of *MGH Hotline* is an introduction to the MGH's participation in WWI, and highlights just some of the hospital's contributions to the war effort. Throughout the next two years, the Paul S. Russell, MD Museum of Medical History and Innovation will commemorate the hospital's role with a series of rotating exhibits and displays in the museum display case in the main campus at the corner of the White lobby and the Lunder Building and at its 2 North Grove Street location. Programming also will include several events as part of the museum's evening lecture series and a video projected to debut this fall. The museum is free and open weekdays from 9 am to 5 pm. ■

# WWI timeline

**WORLD WAR I** (1914 - 1918) involved all major economic powers of the day. It was marked by slow trench warfare, new weaponry such as tanks and automatic guns and the first widespread use of chemical weapons. The United States joined WWI in April 1917, after Germany attacked a number of American ships and sought an alliance with Mexico against the U.S. While isolationist and pacifist groups rallied against the war, many others supported U.S. involvement. The global political climate after WWI set the stage for World War II just over 20 years later. More than 500 MGH employees provided care to Allied troops overseas, and beginning in September 1917, MGH operated Base Hospital No. 6 in Talence, France.

**1913**  
Frederic A. Washburn, MD, director of the MGH, initiates a meeting with U.S. Army Surgeon General William C. Gorgas to discuss organizing a military hospital in the event of a war.



WASHBURN

**1916**  
*March 17*  
Washburn is authorized to create a mobile hospital unit.



**1917**  
Several MGH departments temporarily close due to "war conditions."

*May 17*  
MGH's Phillips House receives its first patient. Two buildings, the Phillips House and the Moseley Memorial Building, were completed in 1917. The Phillips House featured luxury wards to attract new patients at a time when most wealthy people avoided hospitals.



PHILLIPS HOUSE



MOSELEY BUILDING

*May 1917*  
U.S. Army Base Hospital No. 6, a medical/surgical unit of MGH physicians and nurses, is activated under the command of Washburn.

*May 1917*  
Joseph B. Howland, MD, is named acting administrator in Washburn's absence.

*May 30*  
Base Hospital No. 5 (Harvard, Brigham and some MGHers via Harvard) is stationed in Camiers, France.



BASE HOSPITAL NO. 5

*December 6*  
A munitions ship explodes in Halifax Harbour in Nova Scotia, nearly destroying the city. An MGH contingency joins the relief train that Boston sent to aid the city. Since 1971, Nova Scotia has sent the city of Boston a large tree each Christmas in recognition of this aid.



HALIFAX EXPLOSION

**1918**  
*January*  
Influenza is first observed in Kansas.



KANSAS FLU CLINIC

*January 29 - February 20*  
No patients other than emergencies are admitted to the MGH because of a severe scarlet fever outbreak. The confirmed and suspected cases requiring quarantine include 10 house pupils, 27 nurses, 21 employees and 21 patients.

*June-August*  
Influenza reaches pandemic levels.

*August - through the fall*  
More than 800 influenza cases admitted to MGH.

*October 1*  
Mary Wright is appointed house pupil to the Children's Medical Service; she is the first woman to be a house pupil at the MGH.

*October 16*  
Ether Day celebrations omitted at MGH because of the flu epidemic and the war.

*November 11*  
Armistice agreement signed.



**1919**  
*June 28*  
Treaty of Versailles is signed.

## AT HOME OVERSEAS

1913

1916

1917

1918



1919



**1917**  
*June 29*  
Base Hospital No. 6 nurses leave Boston for Ellis Island.



French nurses and patients with MGH nurses

*July 28*  
Staff arrives in Talence.



PARSONS

*July 28*  
Sara E. Parsons, RN, is appointed acting chief nurse by commanding officer.

*September 1:*  
Base Hospital No. 6 is officially turned over to U.S. control.

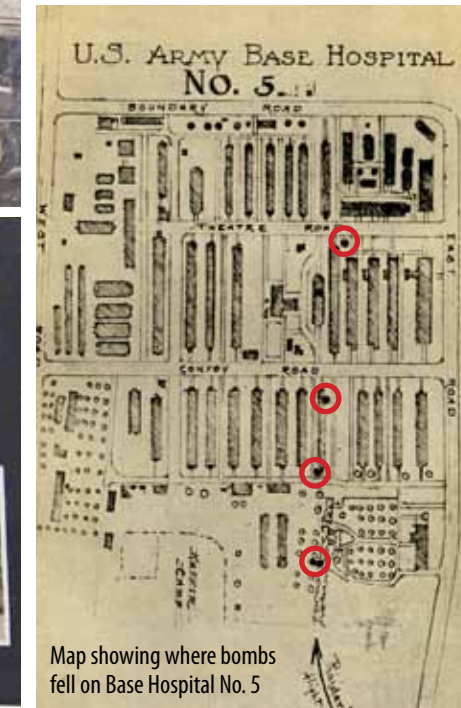


**1918**  
*May 21*  
Only birth at Base Hospital No. 6.

*September 4*  
Air strike on Camiers, France, where Base Hospital No. 5 is located.

*October*  
Highest volume month for Base Hospital No. 6: 4,378 admissions and 528 surgeries.

*October 16*  
Base Hospital No. 6 officers celebrate Ether Day with a dinner in Talence.



Map showing where bombs fell on Base Hospital No. 5

**1919**  
*January 14*  
Base Hospital No. 6 closes all hospital records and ceases functioning as a hospital at midnight. The hospital is handed to U.S. Base Hospital No. 208 and all staff are placed on temporary duty there.

*February 4*  
Orders are received for Base Hospital No. 6 to prepare for embarkation.

*April 1*  
Base Hospital No. 6 is officially demobilized.

