

PRIMARY SOURCE PACKET (DOCUMENT TWO)

NURSE JULIA C. STIMSON, HISTORY OF NURSING ACTIVITIES. A.E.F. ON THE WESTERN FRONT DURING THE WAR PERIOD
MAY 8, 1917 - MAY 31, 1919 (EXCERPT)
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION (RECORD GROUP 112, BOX 42)

On July 27th the report was that the "recent fighting has been so severe that the resources of the Medical Department have been practically exhausted in so far as personnel is concerned." On August 10, 1918 a cable was sent from GHQ. requesting absolute priority for medical organizations including 2,312 nurses. A thousand nurses arrived in August, but a little later the situation as regards medical personnel was described in the War Diary of September 7 as follows: "Base Hospitals have been stripped of every available officer and nurse for the purpose of forming surgical teams, and in the event of extreme activity of our troops at the front, there undoubtedly will be the greatest difficulty in taking care of patients sent back to the base hospitals in the S.O.S."

"The situation was saved only by the self-sacrificing spirit of officers, nurses and men. During the period from July 18 to November 11, the amount of work done was such that no praise would be great enough. It was not at all uncommon for nurses to work 14 to 18 hours a day for weeks at a time and some hospitals with only 70 or 80 nurses cared for patients up to the number of 2100." One hospital had 5,000 patients at one time with 70 nurses to take care of them. There were many other hospitals with equally disproportionate figures. "Officers, nurses and men worked themselves to the limit of physical endurance and that limit was beyond any which might be expected of human beings." The next two months brought very nearly three thousand more nurses, and when the Armistice was signed there was a total of 8,587 nurses. At this time there were approximately 6,925 nurses short of actual needs. (p.59, Rep. Med. Dept.) On that date there were 184,421 American soldiers occupying hospital beds in 153 Base Hospitals, 66 Camp Hospitals and 12 Convalescent Hospitals.

"Peak"
Days

It is of interest also to note how many nurses were on duty
It may be of interest to show in the Centers where the largest numbers of patients were grouped at this time, how many nurses were on duty. At Mesves Center on November 16, the Center's "peak" day, there were 20,186 patients in the ten hospitals, cared for by 394 nurses. At Allerey, on the 17th, in their six hospitals there were 17,140 patients, cared for by 360 nurses. At Mars, on the 16th in six hospitals had 14,302 patients, cared for by 493 nurses. And at Toul on the 28th of November in seven hospitals there were 10,963 patients, cared for by 320 nurses. The maximum number of nurses at these Centers at one time was: Mesves 650 on January 4; Mars 642 on December 4; Toul 438 on February 1.

Beginning of Return
With the exception of casual nurses who were returned to the U.S. for various reasons, the first group to leave France was Base Hospital No. 2 (Presbyterian, N.Y.) which sailed early in January, 1919. From that time the return has been gradual, averaging from January thru April about 250 nurses a week. During the last week of April over 800 nurses sailed.

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It is to be noted that the failure of nurses to arrive in France was not due to the fact that nurses were not available and ready but was due entirely to lack of transportation for them. The need of bringing over combat troops put all other needs in the background. The shortage of nurses during the Summer and early Fall was great. Those already in France were pushed to their limit but no complaints were made and each woman devoted her effort to finding out how she could do the work of two nurses or even three instead of one. The following paragraph from the report of Colonel Wadhams, Chief, Group B, G-4, General Staff, GHQ., may be of interest at this point.

"It is unfortunate, but certain, that the Army and people at large will never be able to realize the debt of gratitude which they owe to the splendid and self sacrificing personnel of these units. (Bases.) Owing to the chronic shortage of sanitary personnel for duty at advanced sanitary formations (Evacuation and Mobile Hospitals) it was necessary in times of active operations to draw upon the Base Hospital. It was at just these periods that the burden carried by the Base Hospitals was heaviest and personnel could least well be spared. Surgeons and nurses literally dropped at the operating tables from fatigue, but complaints were almost never heard. It was a splendid manifestation of magnificent devotion to duty." ^a _B

Between the signing of the Armistice and the time of our greatest number of nurses, on January 25, 1919, nearly 1,500 nurses arrived, more than came over in all of 1917.

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E. Living Conditions

Food

When one considers the unaccustomed climatic conditions, the constant rain and penetrating damp cold, the crowding together in dormitories, or the sleeping in tents with no floors or just wet canvas for floor covering to which many of the nurses had to accustom themselves, and considers also the matter of food, it is surprising how generally comfortable the nurses have been. It is true that on the whole the nurses' mess has been excellent, abundant, varied, and well prepared, but there have been many periods where groups of nurses have had nothing but ration food without fresh vegetables or fresh meat and when it has been prepared and served in the most primitive way and when only real hunger and the keen appetite produced by hard work made it eatable at all. Such periods have not been long but there were few nurses who did not experience them at least several times.

Service

It has been found by experience in most of the base hospitals and indeed in the evacuation and camp hospitals whose staffs were large enough to make such an arrangement practicable that to have a separate nurses' mess was the most satisfactory plan. When such a mess was in charge of a nurse whose duty it was to cooperate with the regular mess officer and in addition to give her personal attention to the cooking and serving of meals, there has been greater economy and consequently available funds could be used to much better advantage. There has also been greater order and comfort at meals and the food served has been better balanced and more satisfactory in every way. Some nurses' messes have employed local French women to serve as waitresses and cooks. Some have had soldiers for both cooks and waiters and some have had a combination of the two. The opinion of those who have seen all these methods is that to have maids as waitresses has been most desirable as far as serving was concerned, but soldiers as cooks or a combination of men and women has been most satisfactory.

There have been times when nurses have had to line up in the "chow line" with their mess kits just as the soldiers did and there have been places where it was found desirable to have officers' and nurses' mess at the same time in the same place, but these have been exceptions to the general rule necessitated by the exigencies of the time and place.

Quarters

Most people in civilian life under normal conditions would find it hard to believe that 10,000 women could be so comfortably housed in a foreign land in a state of war, as have been the nurses. The main difficulty was the heating, especially in the cases where old French buildings had been taken over for use as American hospitals.

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The following paragraph from Colonel Wadhams' report tells a little of the difficulties of living and working conditions in these French buildings:

"French buildings acquired from the French before it was possible to construct hospitals, comprised French hospitals taken over intact, hotels, barracks, schools, and even stables. Available buildings in France at this time which could answer the purpose of providing hospital facilities were very limited. The French Government, British, Belgian and Italian Governments had all had their choice, and there were also a large number of hospitals maintained by voluntary aid societies from different parts of the work. Consequently the buildings obtained were generally of a most unsatisfactory character, very expensive to maintain, difficult to administer, and usually required an excessive number of personnel properly to operate them. Few school buildings had running water, sewer connections or toilet facilities. The hotels taken over were largely summer hotels without heating facilities, insufficient water and very limited plumbing.

"In spite of these and many other disadvantages inherent in leasing or requisitioning private buildings, no other course was open. Building was out of the question until an organization could be secured and personnel and equipment, including sawmills, transported to France."

In spite of the difficulties of the buildings, nurses adapted themselves very quickly and completely to the new conditions, whether in old buildings or later in newly constructed barracks. On the whole, the nurses who were housed in barracks that were constructed for this purpose fared the best, especially when such huts were divided into cubicles or rooms. How the plans for living quarters for nurses were finally worked out is described in the following paragraphs:

"Soon after starting their construction program, the—
General Staff faced the prospect of being unable to have transported to France or to obtain here sufficient building material to carry on the many construction projects confronting these forces. The first change in the plans prescribed by G.H.Q. was to reduce the space in the living quarters allowed to officers, nurses and enlisted men (G.O. 46, 1917, AEF.) The C.S.O. was willing to make sacrifices as regards officers and enlisted men, but strenuously opposed, without success, reducing the modest allowances that had been prescribed for the nurses in these units. a

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"Despite our protestations, and as adopted, the order prescribed that our nurses sleep in double-tier bunks, with scarcely sufficient floor space per capita to get around. This subjected these worthy women to considerable hardship that seemed unwarranted. This inconsistent attitude on the part of the authorities who reviewed our plans was later changed, largely due to the individual effort and critical reports rendered by the Inspector General of these Forces. As amended, the nurses were eventually given living quarters and the same allowances as was prescribed for junior officers." (G.O. 58, 1918, A.E.F.) (Colonel Wadhams' report, p. 927.)

There were instances where the cement floors of the barracks were constantly wet and trunks, ^{articles} bags, shoes or anything left on the floor mildewed immediately and there were ^{other} barracks that leaked, whose walls and roofs let in wind and rain. But the regulation brick or wood barrack, with separate entrance for each four rooms with an indoor wash-room and toilet with running water, with a stove in each hallway, sufficiently large to heat all four rooms made an ^{by careful arrangement} ideal plan for nurses' quarters.

^{accommodations of this kind}
In such quarters it was the general rule not to have more than two nurses in each room. The comfort of these quarters, compared to the large bare cold dormitories in French buildings which had to be used for from twenty to fifty women and which had no conveniences and most inadequate toilet and washing facilities, was really all that could be desired. C

Lack of Laundry Facilities
It is believed that the greatest long continued discomfort that nurses had to endure in addition to dampness and cold, was the need of doing a large part of their own laundry work. Some hospitals had their own laundries; some were able to put out the nurses' laundry to the regular laundry establishments of nearby towns; some were able to secure French women to undertake it, but there were many instances in which nurses were obliged to wash and iron (if possible) all their own linen, including uniforms because there seemed no possible other way to get it done. This was a great hardship particularly during the times when the actual physical strength of the nurses was taxed to the very utmost in their care of the patients.

Night Nurses' Dormitories
In some nurses' quarters, it has ^{been} possible to have a separate hut for night nurses in addition to the regular space allotted to the total number of nurses. This is an arrangement that should always be made if ^{practicable} the greatest efficiency and comfort of the whole group is to be considered. There should be ^{permanent} room space for each nurse and in addition isolated sleeping quarters for the nurses who are on night duty, ^{when provided.}

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Unless this can be arranged, ^{if it was found that} the constant moving and shifting of belongings, necessitated by the frequent changes of night nurses causes ^{caused} continual discomfort. And to be obliged to leave night nurses in their regular rooms (even for the usual short period of four weeks night duty) means ^{been} disturbed rest ^{was disturbed} for the night nurses and restricted freedom and relaxation for the whole group of nurses. Large tents placed in ^{and the} as quiet and isolated a spot as possible make ^{made} ideal sleeping dormitories for night nurses.

^{The character of location of the toilets provided also was very poor -}
Another great hardship has been the kind of toilets that have frequently been all that were available and which for various reasons have been found necessary. It is very definitely believed that the conspicuousness of their location in many instances and the lack of privacy in them will be found ^{caused} accountable for much discomfort if not ill health and the loss of previously well established habits. In a number of places, partitions and doors ensuring privacy have been secured but it was seldom possible to have the location changed or improved. *J.*

Recreation

The matter of suitable recreation facilities for the nurses has in some places been a very serious question. In some of the centres there were times when the mud outside the quarters made walking impossible and there were places where no other form of amusement was possible. In the huts where the nurses slept, the electricity, if there was any, was too dim, to make possible writing, reading or sewing and often there was no place where it was warm enough to play cards or other games. In many instances the end of the mess hall had been converted into a sitting room but they at best were dreary places and had the same disadvantages of insufficient heat and light. The nurses whose hospitals were in or near cities were better off but gradually conditions in the centres and other mud-bound places improved. The Red Cross constructed centre recreation huts where the libraries, movies and shows were open to the nurses, but better still were the special recreation huts for nurses which the Red Cross or the Army authorities put up in many places. They were to serve the purposes of a club and were especially heated and lighted and prettily and comfortably furnished. An open fire-place was always the chief attraction and the possibility of serving tea, entertaining friends and having dances in these huts made them meet a long felt want.

The American Red Cross was almost entirely responsible for the initial equipment and furnishing of these places. At their invitation too, upon the request of Chief Nurses, the Y.W.C.A. was asked to send Secretaries to act as Hostesses of these huts and to help in every way in furthering the general welfare of the nurses. These Secretaries had funds at their disposal which they used most generously. Such Y.W.C.A. Secretaries were sent to about 30 different hospitals and what at first was looked upon as a rather doubtful experiment proved to be an unqualified success. The Secretaries were women experienced in this sort of work

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in the States and they therefore were able to start classes and courses of all sorts and were instrumental in opening community entertainments and were in general the right hand aides of the Chief Nurses and the special friends of all the nurses.

After the armistice was signed, there was little further difficulty about recreation for the nurses. On the contrary, the reaction felt by men and women alike resulted in a great surplus of different forms of entertainment which in some places required rather stringent measures to control. It must be noted here that such conditons arose only where there was not sufficient work to employ the full energies and time of the nurses. At no time when there were patients needing their care, has the devotion and enthusiastic interest of the nurses been questioned.