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NEBRASKA'S BASE

HOSPITAL NO. 49 IN

WORLD WAR I

BY MARILYN IRVIN HOLT



A month after the United States declared war against Germany in April 1917, the *Nebraska State Medical Journal* observed: “The growing realization that America is at war and is into it to the finish calls for serious consideration of the part the physicians of Nebraska are to play in the struggle.” The article went on to note that doctors in private practice were enlisting. So too were students and faculty at the medical schools of Creighton University and the University of Nebraska. The Army, Navy, and Marines desperately needed medical personnel. The army, for example, had only 440 medical officers in 1915. An additional 2,750 doctors were enlisted in the army reserves or National Guard. The number had barely increased by 1917 when the U.S. War Department estimated that at least 20,000 physicians were required for service overseas, at U.S. military installations, and aboard hospital ships. The need for doctors went hand-in-hand with an urgent demand for more military hospitals. During peacetime, The U.S. Army prepared plans for setting up overseas hospitals in case of war. The plans called for only one base hospital, four 216-bed field hospitals, two 423-bed evacuations hospitals, and as many front-line dressing stations as needed. Considering the breadth of trench warfare, changes in military tactics and the lethal effects of modernized weaponry, the plan was woefully inadequate. There was no doubt that the number of hospitals, and their types, had to be expanded and that doctors must be found to staff them. The demand, as well as the wave of patriotism sweeping the country, encouraged medical schools to volunteer their services. It was within this charged environment that the University of Nebraska’s Medical College at Omaha announced that it would form a base hospital for overseas duty.¹

At the time, there were already a small number of base hospitals in Europe. Staffed by Americans, these hospitals were Red Cross-supported and working under the British military until the United States joined the Allied armies and assumed command of the American medical units. The first overseas base hospital was established by Lakeside Hospital, Cleveland, Ohio, and headed by Dr. George W. Crile who, with a few other American doctors, had earlier taken small surgical units to Europe. The Cleveland-sponsored hospital and five other base hospitals were in place before U.S. troops landed in Europe. Another forty-four were added after the American Expeditionary Forces (AEF) arrived. Additional base hospitals in

Europe, a total of 188, were later established by the military with officers and enlisted men from U.S. training camps, but the first fifty hospitals were unique. Organized by the American Red Cross under authority of Secretary of War Newton D. Baker, they were funded by private individuals and organizations. Eighteen were created by medical schools, including Base Hospital No. 49, sometimes known as Nebraska’s hospital.²

Plans for Base Hospital No. 49 began in September 1917, the same month in which Harvard University’s Base Hospital No. 5, one of the first to go overseas, was attacked by enemy aircraft, killing University of Kansas School of Medicine graduate Lt. William T. Fitzsimons, three other officers, three enlisted men, and wounding twenty-eight others, including patients and a nurse. These were the first AEF deaths due to enemy action. If this gave the Nebraska planners pause or made them more determined, their thoughts have not been captured for history. The planning went on. The Omaha Ambulance Company was tapped as the organizational committee. Established at University of Nebraska’s medical school in March 1917 “to be ready for active service in case of need,” the ambulance company seemed the logical choice. To this core group, thirty physicians from around the state were added in the hopes of gaining statewide interest and support. Dr. Olga Stastnay, who later served in France but not with Base Hospital No. 49, was noted by the *Daily Nebraskan* as “working with prominent business men of the state to establish a hospital unit from Nebraska.” Dr. August F. Jonas, University of Nebraska Medical College professor and one of the organizers of the Omaha Ambulance Company, was named chair of the organizational committee. Dr. Charles A. Hull, an instructor in surgery at the college, was secretary. The “burden of the organization of the unit,” said the *Nebraska State Medical Journal*, “will fall upon Dr. A. C. Stokes who has been named director.” He was responsible for reviewing applications from those wishing to serve in the unit, which was expected to consist of 230 members but would eventually be “nearly 400 strong” when nurses, enlisted men, and officers were calculated together.³

Arthur C. Stokes, an associate professor of surgery at the University of Nebraska’s medical school, the medical director for the Guaranty Life Insurance Company, and a lieutenant in the U.S. Army Medical Reserve Corps, was born in Canada. When he was fifteen his family moved to Iowa where he later attended Iowa State College at Ames. He then studied at the College of Physicians and

Left: Nurses of Base Hospital No. 49, Allerey, France. U.S. National Library of Medicine, National Institutes of Health

Surgeons in Chicago, spent two years at Omaha Medical College where he graduated in 1899, and studied abroad before returning to Omaha in 1904 to establish a surgical practice. His responsibility of evaluating and enlisting personnel was completed in early 1918, and after meeting with officials in Washington, D.C., Stokes announced that he believed the hospital unit would be “called into active service within the next few weeks.”⁴

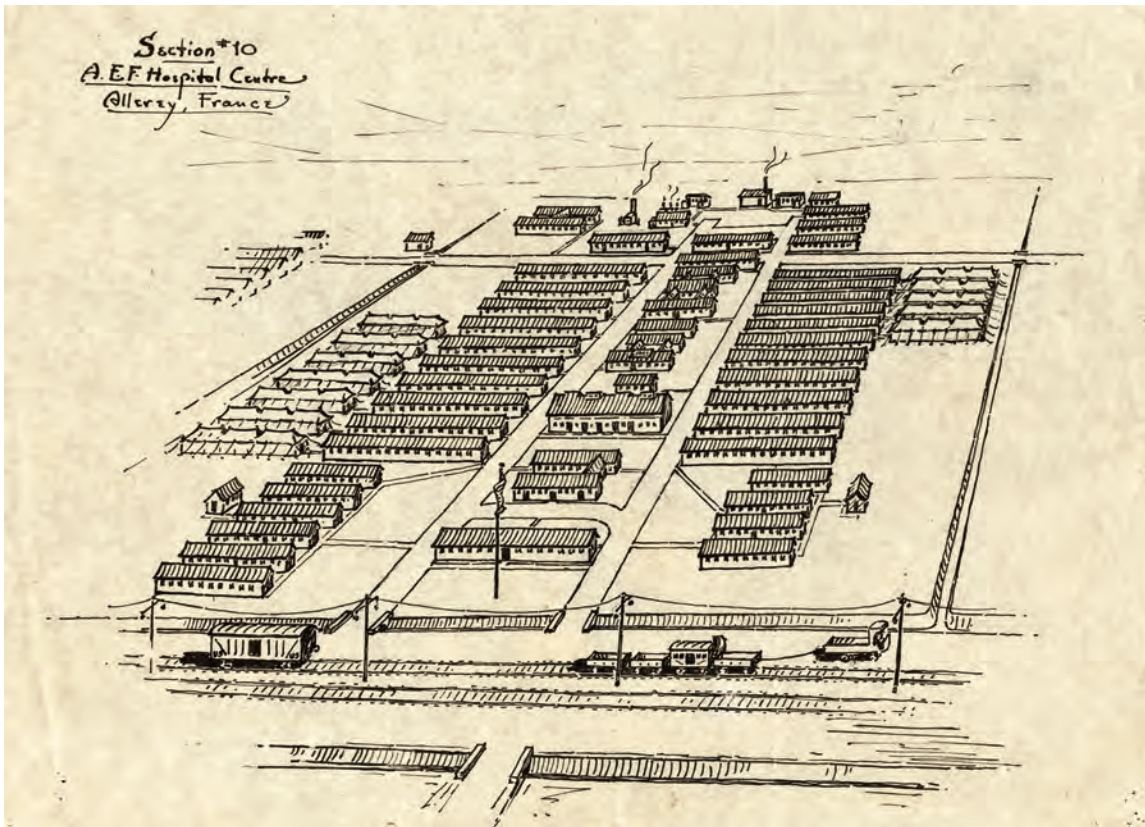
The unit was commanded by Stokes, who received the rank of lieutenant colonel. Dr. Charles A. Hull was chief of surgical services, and Dr. Edson L. Bridges, an 1896 graduate of Omaha Medical College and professor of clinical medicine at the University of Nebraska, was chief of medical services. The majority of physicians, enlisted men, and civilian personnel were Nebraska natives. Among the civilians, for example, were Eva O’Sullivan and Patricia Naughton, University of Nebraska graduates, serving as laboratory technicians; Anne Gifford, from Omaha, stenographer and French interpreter; Irene H. Jess, from Omaha, job not specified in the extant records; and Muriel Rusland, from Omaha, the hospital’s dietician. (The Red Cross insisted that a dietician be included, despite grumblings among Red Cross dietitians that army mess sergeants ignored their recommendations.) The majority of officers were either graduates of the University of Nebraska Medical College or Omaha Medical College, which affiliated with the University of Nebraska in 1902 to form the University of Nebraska College of Medicine. Some were faculty or students; not all of the enlisted men were medically trained but served in a variety of capacities such as corpsmen and orderlies.⁵

Unlike the rest of the staff, the nurses, whose numbers varied between eighty-seven to one hundred due to transfers, and in one case death, represented not only Nebraska but Idaho, Illinois, Iowa, Kansas, Maine, Massachusetts, Minnesota, Missouri, New York, Oregon, Pennsylvania, South Dakota, Utah, Wisconsin, Wyoming, Canada, and one woman recently arrived from Ireland. The major factor for this diversity was the Red Cross which was instrumental in recruiting women, including Red Cross nurses, for service in the U.S. military. Once enlisted, however, all nurses gave up any previous affiliations with hospitals, public health work, or with relief organizations such as the Red Cross. They became members of military units and subject to military orders. They wore the uniforms of the service in which they were enlisted—Army, Navy, or Marines. The military

required that they be unmarried and state-licensed, although these requirements were waived as the war went on and the need for nurses remained high. Initially, military nurses received fifty dollars a month if serving in the States, and sixty dollars if overseas, but the amount was increased to sixty and seventy dollars, respectively, by the 1918 Army Appropriation Bill. The fifty dollars a month was on par with the amount paid to a man in the U.S. Army Medical Corps with the rank of sergeant first class, although the women served without rank and would do so until ranks were instituted in 1920. Many nurses had specialized training. Base Hospital No. 49 nurse Anna Amgwert from Murdock, for example, had trained as an orthopedics nurse at Orthopedic Hospital in Lincoln. Special training or not, women joining the military went where they were assigned, which explains why Nebraska women also served in other overseas base hospitals. Katherine P. Roche from Wood River, for example, served at Base Hospital No. 29 in London; Frances Wilkinson, from Lincoln, was at Base Hospital No. 76 at Vichy, France; Edith Mullen, from Elmwood, was at Base Hospital No. 114, Beau Désert, France; and Mary R. Swann, from Lincoln, was assigned to Base Hospital No. 117, La Fauche, France. As for Base Hospital No. 49, the chief nurse was Ida L. Gerding. Originally from Missouri, Gerding would return to Nebraska after the war and become superintendent of nurses at Lutheran Hospital in Beatrice.⁶

While the organizational component for Nebraska’s base hospital seemed to be well in hand by early 1918, the essential need was money to equip the hospital. It would have space for one thousand beds, with the capacity to expand to two thousand if necessary. Besides supplying the wards with basics such as bedding, basins, and wash tubs, the unit required surgical tables and instruments, stretchers, wheelchairs and orthopedic “appliances,” drugs and anesthetic, laboratory equipment, and much more. The American Red Cross gave a small amount towards furnishing base hospitals, but it expected the organizing group, local businesses, and private citizens to contribute most of the money. The total cost for equipment was an estimated \$150,000, but a “reasonable” amount of equipment could be had for only \$50,000 to \$75,000. It was up to Nebraskans to raise the funds by subscription. The Red Cross urged Omaha and Douglas County specifically, as well as all of the state’s Red Cross chapters, to lend their support.⁷

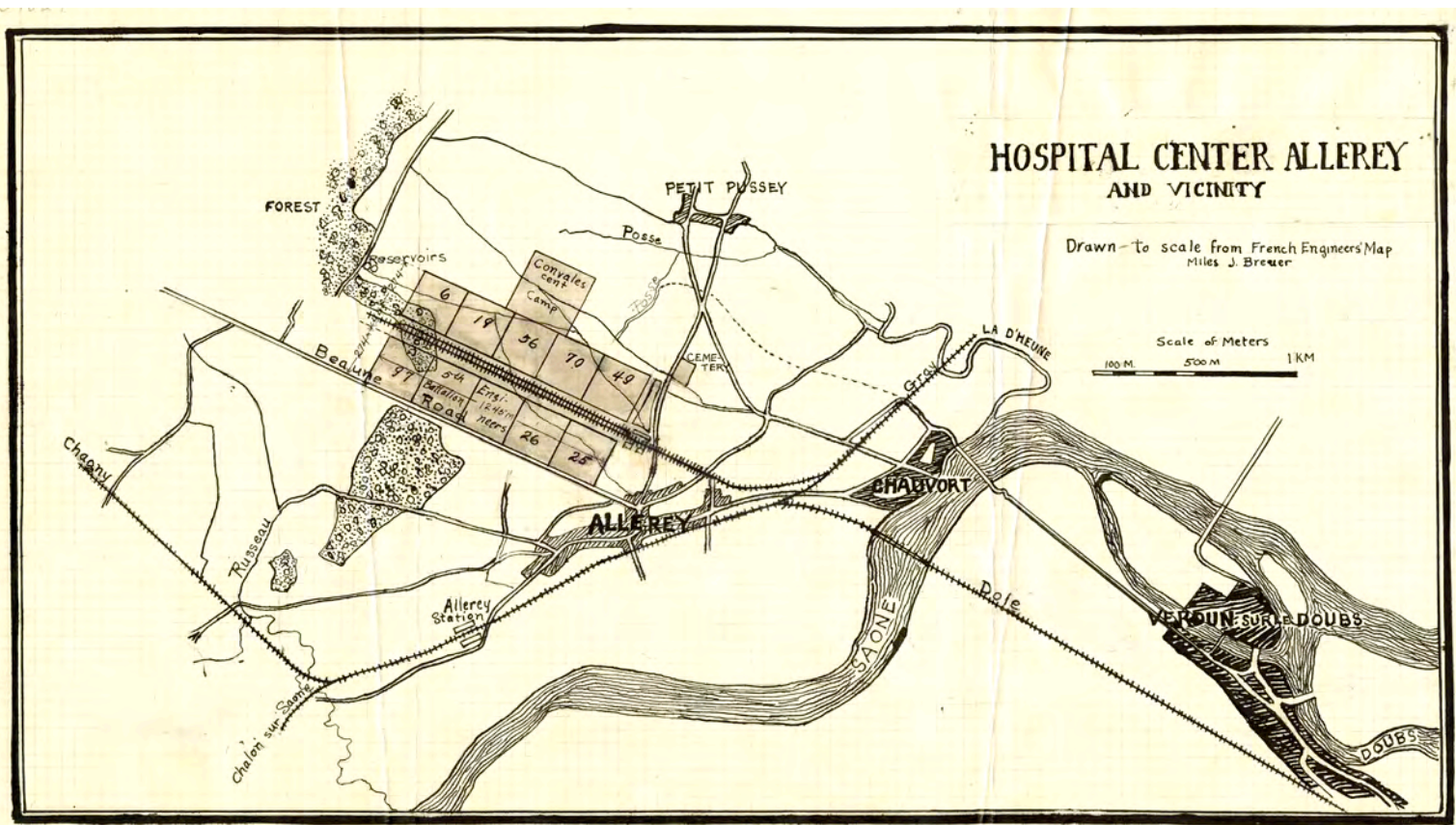
This presented a problem. The only Red Cross chapter in Nebraska before the declaration of



Above: Part of the hospital center at Allerey, France. NSHS RG784

Below: Officers of Base Hospital No. 49, Allerey, France. U.S. National Library of Medicine, National Institutes of Health



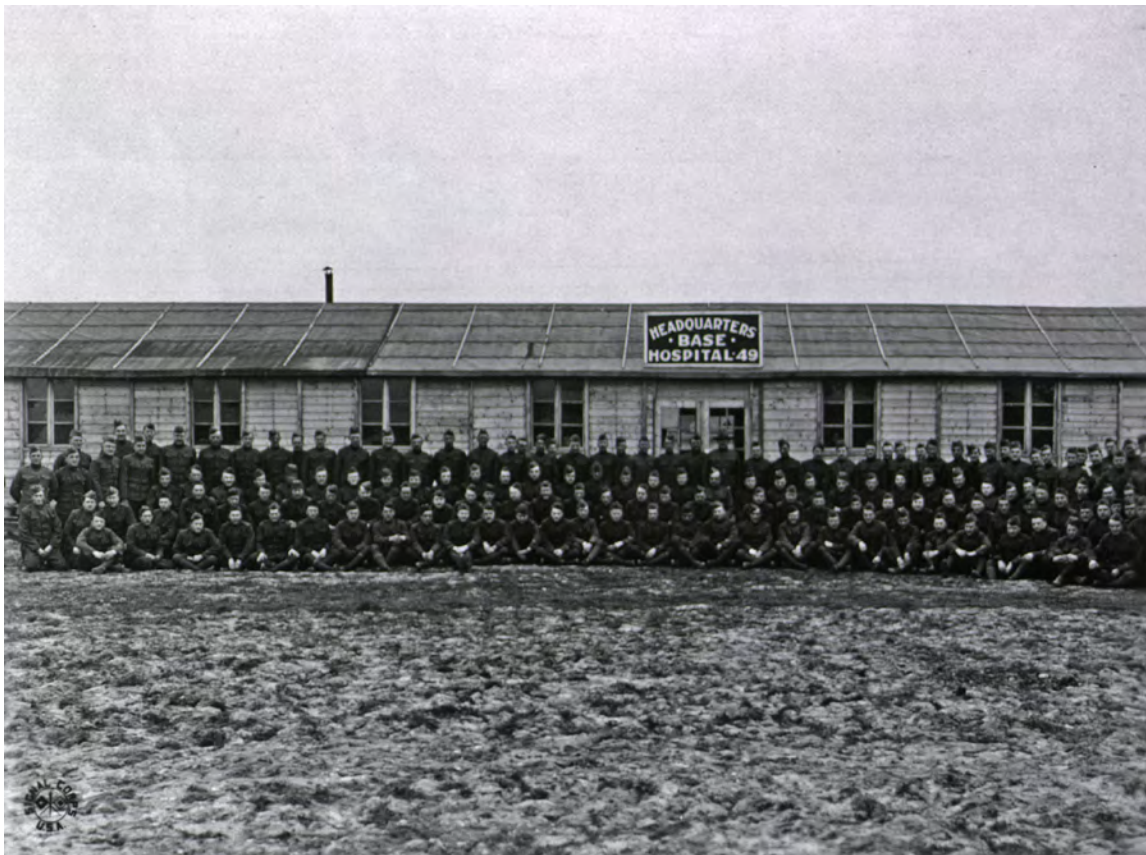


Map of Hospital Center at Allerey, France, showing the location of Base Hospital No. 49. NSHS RG784

war was a chapter in Beatrice, and it had been in existence for only one month. This was not unusual. Less populous states and U.S. territories without large metropolitan areas on the scale of a New York or Chicago had few, if any, local chapters. Before the war, there were just 272 Red Cross chapters in the entire country. Within the first five months of America's entry into the war, however, the number quickly grew to over two thousand. This was largely the result of a national campaign to create local chapters, helped along by civic leaders, women's groups, and the media. A May 1917 edition of the *Lincoln Star*, for instance, featured a full page devoted to the Red Cross with a headline that urged readers, "Do Your bit by joining the Red Cross tomorrow!" Meanwhile, the American Red Cross used several means to promote new chapters, including a column in its national publication that highlighted state activities. Nevertheless, Nebraska's response seemed slow. Between April 1 and April 30, 1917, only three chapters were established—in Alliance, Grand Island (an auxiliary chapter for all of Hall County was later formed), and in Omaha. By

comparison, with the exception of South Dakota which had no new chapters during the same time period, Nebraska's neighbors were slightly more responsive: Iowa had nine new chapters; Kansas, six; and Colorado had five.⁸

In the following months, however, Nebraska saw a significant increase. Thirty-one new chapters were organized in May and June 1917. At least one, the chapter in Custer County, was in process of being formed before war was declared, but it was not officially organized until after. Most chapters were county wide, and in some cases existing chapters helped new ones get started. The president of the Alliance chapter, for instance, attended Morrill County's organizational meeting where, noted a county history, people turned out "despite perverse weather" and seventy-five immediately enrolled in the new chapter. Each chapter was expected to hold first aid classes, roll bandages for field packs, and knit scarves, socks, and gloves for servicemen. They were also asked to contribute to Base Hospital No. 49. This was not an easy task, considering that chapters also raised funds for relief work in Belgium, France,



Enlisted men of Base Hospital No. 49, Allerey, France. U.S. National Library of Medicine, National Institutes of Health

Italy, Serbia, and Russia, as well as for Red Cross-supported canteens, libraries, and “convalescent huts” overseas. (The “huts” freed up space in hospital wards by housing convalescent patients in either tents or more commonly long, narrow wood-frame barracks.) Added to these fundraising projects, chapters regularly asked local citizens to make donations for the purchase of material needed to make bandages and knitted items. Still, considering their individual county’s population numbers and levels of income, the Red Cross chapters did an admirable job in raising funds for both national Red Cross campaigns and for local use. How many chapters contributed to the base hospital cannot be determined, but a number did. The Grand Island and Hall County chapters, for example, each donated \$500 while the Burt County chapter gave \$1,000.⁹

In Lincoln, University of Nebraska students and faculty initiated their own fundraising campaign. In April 1918, a campus carnival was held to raise funds. The goal was \$500 to be used toward the purchase of equipment since, said the school newspaper, “the unit is provided with very little

more than is absolutely required.” In fact, reported the paper, the hospital was the most “poorly equipped” among other such units. Although private individuals, businesses, and Red Cross chapters had managed to raise \$95,000, this amount was “but \$5,000 more than the minimum for any hospital under the Red Cross. Most units have equipment amounting to from \$200,000 to \$250,000.” With the help of local merchants who contributed goods and services as prizes, the carnival brought in \$250. Another \$150 was raised when May 7, 1918, was designated Nebraska Base Hospital Day on campus. Eventually, the goal was reached, and \$513.48 was forwarded to the base hospital after it reached its overseas destination of Allerey, France. Receipt of the money was announced in the university’s student newspaper through a published letter written to the university’s dean of women, Amanda Heppner, by Capt. Edward W. Rowe (the paper incorrectly identified Rowe as Edward W. Rouse). Rowe wrote: “Later I can send word to the donors of the fund to what use the money has been put. Just now it is a question of what is the most pressing equipment

Operating room at Base Hospital No. 28, Limoges, France. National World War I Museum and Memorial, Kansas City, Missouri



we should buy. It is like spending missionary money. . . . [We] are drawing on the supplies here and improvising.”¹⁰

Base Hospital No. 49 was not the only unit that had to learn the art of improvisation. An account from Base Hospital No. 26, organized by the University of Minnesota and in the same medical complex assigned to the Nebraska group, provides an inside look at what personnel faced when they arrived ahead of their hospital equipment:

Of supplies, aside from beds and bedding, ranges and kitchen utensils, there was almost nothing, all we had was the very simple so-called “crisis expansion” outfit that came with the tents. . . . So the resourceful corps built out of biscuit tins, tubs, sinks, and distills . . . out of empty barrels, a sterilizing plant, while refrigerators were improvised from gunny sacking stretched on frames and kept wet by dripping water.¹¹

Base Hospitals No. 26 and No. 49 were both located in Allerey, France. The village of Allerey, with a population of about four hundred, was approximately 150 miles southeast of Paris

in the Burgundy region, and about 180 miles from Argonne on the Western Front. The army categorized the location as “intermediate,” a safe distance from changing battle lines. It is not clear when the Nebraska group learned of its destination, and Captain Rowe, mindful of the censors deleting any reference to it in his letter, only hinted at the location. “We are in one of those wide villages that Caesar mentions in one of his commentaries,” Rowe wrote. “On clear days we can see a range of mountains. . . .”¹²

Unlike Base Hospital No. 21 staff who “were too surprised to be scared” when deployed to Rouen, France, only two months after America’s declaration of war, the Nebraska unit had months to contemplate what lay ahead. Base Hospital No. 49 was mobilized at Omaha on March 25, 1918, and sent to Fort Des Moines, Iowa, for training. The unit remained there until July 4 when it left for the embarkation facility of Camp Mills on Long Island, New York. On July 14, the unit sailed for Europe. After docking at Liverpool, England, the unit traveled by train to Southampton, England, where it crossed the English Channel bound for Cherbourg, France. Arriving on August 3, they then traveled by train to Allerey, arriving on August 5. Base Hospital No. 49 was the third hospital contingent to arrive at the medical center designed to accommodate several units. By war’s end the complex included Base Hospital No. 25, organized at General Hospital, Cleveland, Ohio; Base Hospital No. 26, organized at the University of Minnesota; Base Hospital No. 56, formed at Camp Greenleaf, Georgia, from enlisted personnel; Base Hospital No. 70, established at Fort Riley, Kansas, from officers and enlisted men; and Base Hospital No. 97, formed with officers and enlisted men at Camp Newton D. Baker, El Paso, Texas.¹³

Not all base hospitals were set up in groups, but the army believed that centers, like the one at Allerey, were more efficient for bringing in supplies and casualties. Centers also allowed for specialization at each hospital, although the plan sometimes faltered when large numbers of sick and wounded arrived within short time frames. At Allerey, Base Hospitals Nos. 25, 26, 49, were assigned “grave surgical cases.” Influenza and pneumonia cases went to Numbers 25, 26, 49, and 70; complicated dental cases, particularly those requiring surgery, were treated at No. 26; patients with infectious skin diseases or venereal disease were assigned to No. 56; psychiatric patients went to Nos. 25 and 49; and No. 49 was responsible for all otolaryngological cases (a surgical specialty dealing

with the ear, nose, and/or throat). Since many patients suffered from more than one condition, “a sorting of them was effected in such a manner as to give the graver condition preferential consideration.” Base Hospital No. 26 also took “practically all of the German prisoners [numbering 322] coming to the center.” After they were sufficiently recovered, the Germans were transferred to a prisoner-of-war camp, but there were still sixteen serious cases in the hospital when it began to close down in early January 1919. These men were moved to Base Hospital No. 49 which was still operational. Considering the specialized assignments given to each of the center’s base hospitals, Base Hospital No. 49 had more than any of the others.¹⁴

The citizens of Allerey and the surrounding area had known since February 1918 that the Americans were coming. A local newspaper reported: “For sometime now, we have been informed that the town of Allerey has been chosen for the installation of a vast American medical health service camp. After several visits to the site by Franco-American commissions, the project is allegedly on the verge of being carried out. . . . The land chosen is . . . along the road to Beaune, near the Châteaux and not far from the woods.” A number of civilians were hired to haul materials and to work on constructing

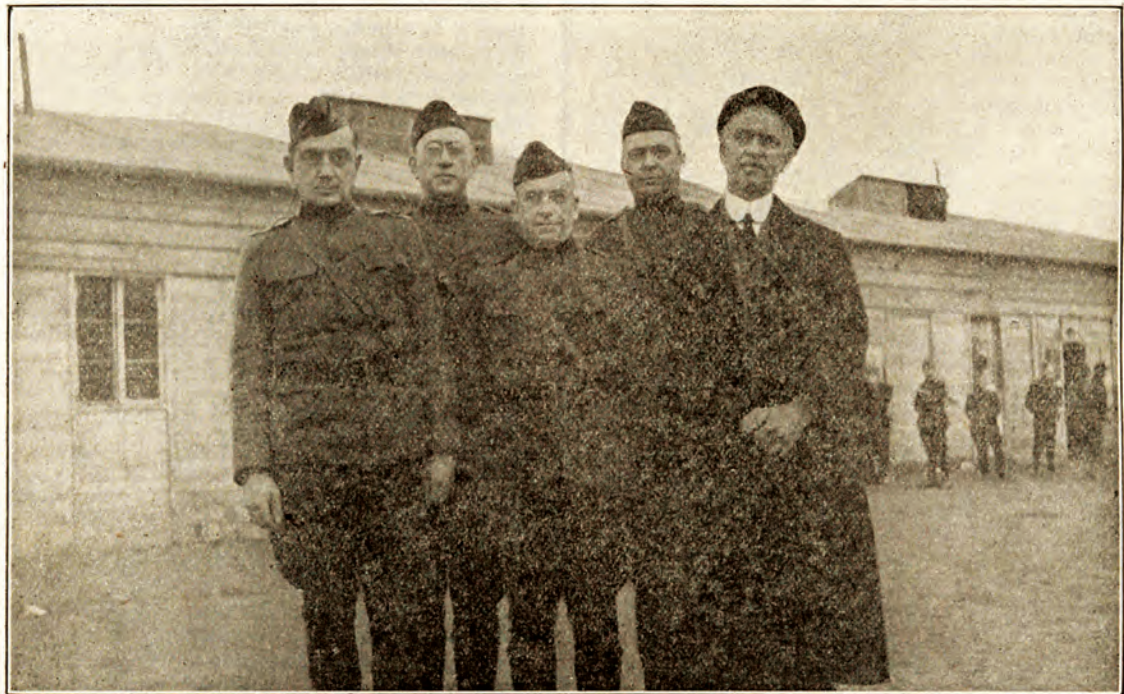
the complex laid out by the U.S. Army Corps of Engineers. Besides the hospitals and surgical areas, the complex had a telephone and telegraph office, a bank, a chapel, a section for the quartermaster and another for motor transport. There was housing for personnel (tents and wooden barracks), as well as dental facilities, centralized kitchens and dining halls. Each base hospital had a small clinical laboratory, but one larger laboratory was available to the entire complex. A section of the Paris, Lyon, & Mediterranean Rail Road ran through the center of the complex, and the water supply came from three recently dug wells and constructed pump stations near the Saone River about three-quarters of a mile away. There was also a morgue and a cemetery that, by war’s end, had 445 burials. (After the Armistice, 323 remains were returned to the United States at families’ requests; 122 were removed to the St. Mihiel American Cemetery near Thiaucourt, France.) In Allerey, Base Hospital No. 49 was under the command of Lt. Col. Leopold Mitchell, a graduate of Tulane University’s medical college and a member of the U.S. Army Medical Corps since 1912.¹⁵

Besides treating the wounded and physically ill, Base Hospital No. 49 was also designated as one of the hospitals to receive soldiers suffering



Convalescent ward at Base Hospital #17, Dijon, France.
Library of Congress Prints and Photographs Division

NSHS Superintendent Addison Sheldon, right, visited Base Hospital No. 49 in December 1918. From *Nebraska History* 2, No. 2 (April-June 1919): 4.



NEBRASKA BASE HOSPITAL 49 STAFF AT ALLEREYE
Left to Right: Colonel Mitchell, Major Hull, Major Bridges, Major Stokes, A. E. Sheldon

from the mental and nervous disorders that were variously referred to as “shell shock,” “war nerves,” or “war trauma.” In World War I, the psychological breakdown of troops was considered a new disorder. Most noticeable during and after big military pushes and battles, the number of cases was staggering. To address the problem, the U.S. Army Medical Corps created a Division of Neurology and Psychiatry. By studying the British, which had a reported eighty thousand cases by war’s end, it concluded that treating soldiers far away from the front only seemed to ingrain symptoms rather than alleviate them. Colonel Thomas Salmon designed a treatment program for AEF troops that consisted of three tiers. The first was treating soldiers at clearing stations close to the front. If that was unsuccessful, the patient was moved back to a designated base hospital such as Base Hospital No. 49, and if that had no effect, the last tier was placement in a “special treatment” hospital far from the front.¹⁶

Putting this plan into action meant that neurologists and psychiatrists were with hospitals in England and in France. Doctors often were assigned to more than one. Dr. Otto G. Wiedman, for example, associated with the Boston Psychopathic Hospital and the New York

Neurological Institute before the war, worked for a time at Allerey’s Base Hospital No. 25, as well as Base Hospital No. 49 where Dr. Gustave W. Dishong was in charge of psychiatric patients. Described as a specialist in neuropsychiatry, Dishong was a graduate of Creighton University’s medical school. He had studied and practiced at several institutions, including a psychiatric institute in London, England. For three years he was a pathologist and an assistant superintendent at the State Hospital in Norfolk, Nebraska. By 1917, he was a professor of “nervous and mental diseases” at Creighton’s medical school, and late in the year, after joining Base Hospital No. 49’s roster, the army sent him to New York for “intensive training in nervous diseases.” Presumably, this prepared him for the types of cases he could expect and introduced him to Salmon’s three-tiered program.¹⁷

Base Hospital No. 49 personnel arrived at Allerey on August 5, 1918, not long after the Germans had launched the July offensive that became known as the Second Battle of the Marne. The Germans intended to draw French forces away from the British front, but unlike the German victory at the First Battle of the Marne in 1914, the Germans were now facing nine American divisions, twenty-three French divisions, and two Italian divisions. The

Germans were driven back. Allied troops kept up a counter offensive that included taking the German stronghold of the St. Mihiel Salient. This was followed by the decisive Meuse-Argonne offensive. As a whole, the medical complex at Allerey received over forty thousand casualties after the wounded received initial treatment and evaluation at front-line aid stations and hospitals. Of the forty thousand that came to Allerey, Base Hospital No. 49 treated almost five thousand.¹⁸

Major Edson L. Bridges recounted this period in a letter published in the *Nebraska State Medical Journal*:

The first part of our stay dragged a little due to the incompleting condition of the hospital and the consequent lack of patients. Some of the staff, especially on the surgical side, became considerably disgruntled because they had nothing to do, but the past few weeks they have been too busy to even peep. . . . Since the big drive started (the Meuse-Argonne offensive) they (surgical cases) steadily gained on us, and now lead (the medical cases) by a good big margin which is increased with each train that comes in. At the present moment we have 800 surgical and 600 medical cases with 3 more trains due in tonight.¹⁹

In the beginning, medical cases were kept separate from the surgical, and there was a "distinct segregation of surgical cases" in the hospital wards. One ward was for fractures and joint injuries that affected muscles and nerves; two were set aside for "clean surgical" cases; one was for cases with active infections; and two held patients with open wounds but no infections. As the number of arriving wounded increased, however, "it became apparent that all ideas of segregation" had to be abandoned. "In fact," said a report from the U.S. Army Surgeon General, "a great number of surgical cases were spread here and there throughout the hospital, wherever a bed could be found."²⁰

One of the surgical cases was Clarence Olsen, from Farwell, Nebraska. On November 5, 1918, he wrote his mother:

I just got through writing a letter to Henry on October 28th and telling how safe we are, but

Fritz got the best of me that same evening. I am now in hospital minus one leg just above the knee and a shrapnel hole through the other one just below the knee. From present indications I am getting along as well as can be expected and lately have not suffered very much. This may be a shock that I should put it as plainly as I do, but you might as well know how things are now. Then you won't worry if recovery seems slow later on.²¹

A month later, Clarence died. Dr. Justus E. Olsson, from Lexington, Nebraska, wrote from Base Hospital No. 49 to the young man's mother. In the letter, Olsson explained that when gangrene affected Clarence's other leg, it had to be amputated above the knee. He very well could have recovered from the amputations, but Clarence did not survive the bronchial pneumonia that set in. "He put up a most wonderful fight against the inevitable," wrote the doctor. "The tragic part of it all is the fact that he should fight through the war and be cut down when victory was in sight."²²

Of the medical cases, Edson Bridges wrote that the four most prominent were men who had been subjected to the Germans' use of mustard, chlorine, and phosgene gases (430 gassed cases were reported); gastro-intestinal problems; pneumonia which was of "a very virulent and unusual type of broncho-pneumonia"; and influenza. The last two were indicative of the influenza pandemic that spread around the world, appearing in three main waves. The first occurred in the spring of 1918. The second arrived in late summer and continued through the fall. The third appeared in the early months of 1919, and with the exception of relatively few cases in 1920, the epidemic ended and did not reappear. Base Hospital No. 49 saw its first influenza patients at the beginning of the second and most destructive wave. On August 26, eight cases arrived among a trainload of wounded. These could be chalked up to the fact that contagious diseases such as the flu, the "common cold," and the measles were fairly common, but the weeks ahead proved that this was no ordinary influenza. By September 10, the hospital had 52 cases; by the end of September, there were 110; and by October 6, there were 242. All along the Western Front, influenza spread and just at the time the Meuse-Argonne push was underway. Dr. Albert Franklin Sarver, who was with the 355th Regiment, 89th Division, and at the front, later wrote in his reminiscences that when exhaustion and

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influenza made it impossible “to go any farther,” he was evacuated with about two hundred sick or wounded to Base Hospital No. 49 where he spent five days in bed.²³

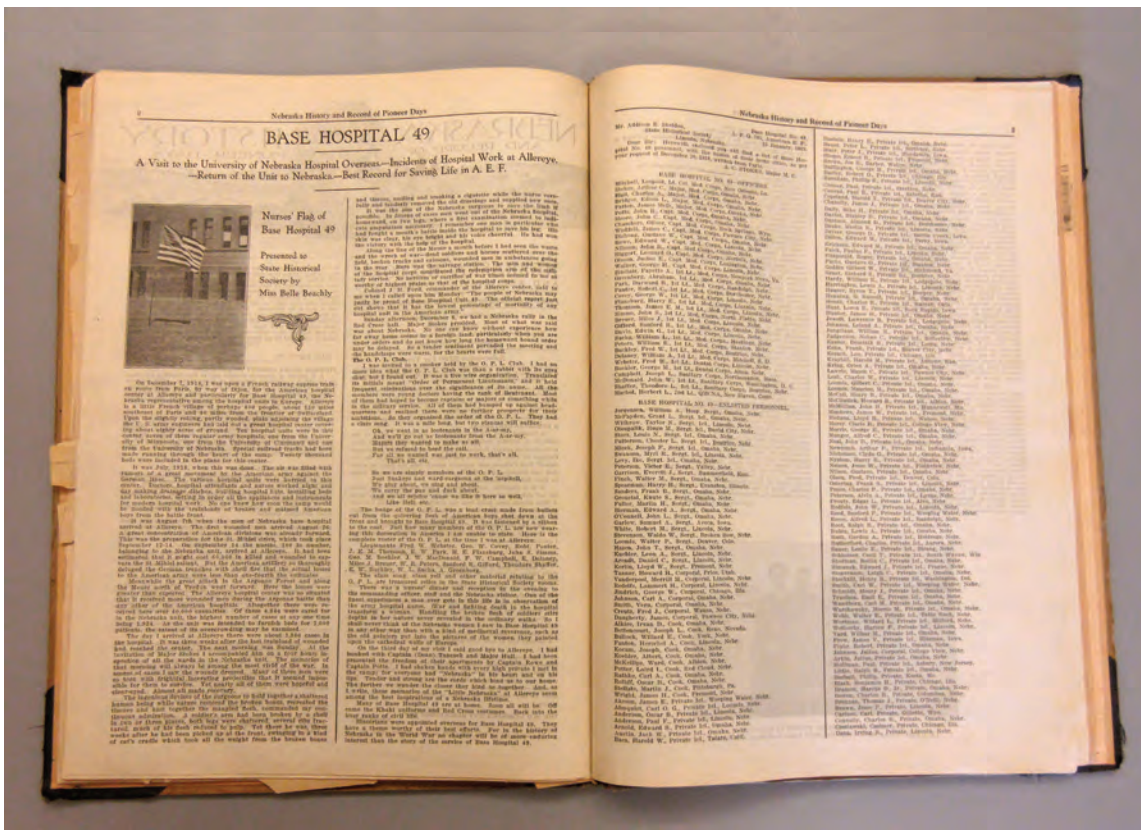
Caring for influenza and bronchial patients put medical personnel at risk for influenza or the pneumonia often associated with it. At Base Hospital No. 32, located at Contrexville, France, and formed by the Red Cross chapter of Indianapolis, Indiana, Nurse Maude Frances Essig wrote in her diary that “our men are winning” in the Meuse-Argonne drive, but at the hospital, “Never thought I could work so hard—Many of our staff are off duty sick and for a couple of days I thought I could not take it but am up and at it.” At Base Hospital No. 41, from the University of Virginia and working near Paris at St. Denis, fifteen medical officers and half of the nurses and corpsmen became ill, and four of the staff died. At the University of California’s Base Hospital No. 30, at Royat, France, about half of the medical officers contracted influenza. Three corpsmen died there. How many influenza cases occurred among staff at the Nebraska hospital cannot be determined, but there was a least one death. Nurse Orma A. Schreiber, from Alma, Wisconsin, died in October 1918.²⁴

The U.S. War Department conservatively estimated that 26 percent of the army, more than a million men, were sickened by influenza. At least thirty thousand died at camps in the United States, and during the last two months of the war, over two thousand soldiers died only days after reaching Europe. The total number of deaths among the American Expeditionary Forces in Europe between September and October 1918 has been estimated at fifteen thousand, and it is believed that influenza killed more Americans in Europe during the second phase of the Meuse-Argonne offensive than during any other period of the war. The number of nurses to die overseas, said Mary Sarnecky’s history of army nursing, was “an untold number.” The vague statement is inexplicable since the army’s Graves Registration Service made every effort to identify the dead and record their place of burial, including those of nurses. Other sources are only slightly more helpful. One states that 101 nurses died while another gives the number as 272; the discrepancy may rest on whether the source counted military nurses in both the States and overseas or just in Europe. Nevertheless, women died from influenza, received military funerals, and were remembered in professional publications such as *The American Journal of Nursing*.²⁵

After the Armistice was declared on November 11, 1918, the hospital continued to function. In early December, Addison E. Sheldon, secretary and superintendent of the Nebraska State Historical Society, “was upon a French railway express train on route from Paris, by way of Dijon” to Base Hospital No. 49. He may have intended to visit the hospital as part of his trip to France when he set sail for Europe in October, but the war was still raging and Sheldon’s goal was “to study on the western front the part Nebraska is taking in the war.” Holding press credentials that allowed him to travel to the front lines, he saw battlefields in Belgium and France. Then, when the Armistice came, he began to collect battleground “war material” such as helmets, gas masks, trenching tools, and maps. With these, he planned to build a collection for the state historical society that would “commemorate the work of Nebraska soldiers.”²⁶

After touring the Western Front, Sheldon went to Base Hospital No. 49. Of the visit, he wrote: “The day I arrived at Allereye [*sic*] there were about 1,100 cases in the hospital. It was three weeks after the last trainload of wounded had reached the center.” The number of cases cited by Sheldon was down from the record number of 1,950 recorded on November 10. Sheldon was led on a four-hour inspection tour by Arthur Stokes, and later wrote: “Many of these men were so torn with frightful lacerating projectiles that it seemed impossible for them to survive. Yet nearly all of them were hopeful and clear-eyed. Almost all made recovery.” Col. Joseph H. Ford, commander of the entire medical complex, informed Sheldon that the Nebraska hospital had the “lowest mortality rate of any hospital unit in the American army.”²⁷

Sheldon painted a hopeful outcome for the patients and portrayed the staff as hard working and amiable. The young doctors who were lieutenants and unlikely to be promoted in rank, invited him to their O.P.L. (Order of Permanent Lieutenants) Club where their badges of honor, “fastened by a ribbon to the coat,” were lead crosses made from bullets removed from patients. As for the nurses, Sheldon lapsed into the conventional image of nurses as Angels or Madonnas of the Battlefield. “I shall never think of the Nebraska women I saw in Base Hospital No. 49 in any other way than with a kind of medieval reverence, such as the old painters put into the pictures of the women they painted upon the cathedral walls of Europe.”²⁸



Sheldon's article about Base Hospital No. 49 appeared in one of the earliest issues of this journal (Volume 2, No. 2, April-June 1919) and listed the hospital's personnel.

Praise for the hospital staff was coupled with a brief description of what Sheldon had seen on the battlefield. He wanted his readers to appreciate the environment in which doctors, nurses, and enlisted men worked:

Along the line of the Meuse a month before (visiting Base Hospital No. 49) I had seen the waste and the wreck of war—dead soldiers and horses scattered over the field, broken trucks and caissons, wounded men in ambulances going to the rear. Here was the salvage station (base hospital). The men and women of the hospital corps constituted the redemption arm of the military service. No heroism or sacrifice of war time seemed to me so worthy of highest praise as that of the hospital corps.²⁹

The base hospitals at the Allerey medical complex began to close in early 1919. Hospitals Nos. 25 and 26 ended their work during the second week of January. Nos. 56, 70, and 97 closed in February. Base Hospital No. 49 ceased to function on January 20, 1919. The personnel began their journey home. After traveling by rail to Brest, France, they took sail on April 12, 1919, and arrived in New York on April 23. The unit then traveled to Camp Dodge, Iowa, where Base

Hospital No. 49 was officially demobilized on May 7, 1919. The unit received commendations from Colonel C. H. Connor, of the U.S. Army Medical Corps, and Merritte W. Ireland, Surgeon General of the U.S. Army. Physicians returned to their practices or their teaching jobs. Nurses who had been reservists in the U.S. Army Nurse Corps were released from duty, and those who were Regular Army were reassigned to base hospitals in the States or to overseas installations in such places as Hawaii, Guam, and the Philippines. The University of Nebraska's student newspaper began to report the return of recent graduates or students who would be resuming their studies. In 1921, the *Nebraska State Medical Journal* noted that "medical members" of the base hospital had recently met for a reunion. It may have been at this event that Arthur Stokes and his fellow doctors discussed reestablishing the base hospital for peacetime. They would provide the organizational structure and medical expertise, but the Red Cross would be responsible for supplying and storing the equipment that would be needed in the "event of a disaster in Nebraska or nearby states." There is no evidence that the Red Cross acted on this plan, and as people settled into their postwar lives and as years passed, Base Hospital No. 49 dimmed in the state's collective memory. There was a brief time, however, when the hospital and its staff represented, in the words of Addison Sheldon, a "Little Nebraska" in France.³⁰

NOTES

¹ “Medical Military Problems,” *Nebraska State Medical Journal* 2 (May 1917): 312; Carol R. Byerly, *Fever of War: The Influenza Epidemic in the U.S. Army during World War I* (New York: New York University Press, 2005), 25-26; Mary C. Gillett, *The Army Medical Department, 1917-1941* (Washington, D.C.: Center for Military History, United States Army, 2009), 4.

² Gillett, *The Army Medical Department, 1917-1941*, 7-9, 31; *Secretary of War, War Department Annual Reports*, 1918, vol. 1 (Washington, D.C.: Government Printing Office, 1919), 629. For a list of all base hospitals, see Joseph H. Ford, *The Medical Department of the United States Army in the World War*, vol. 2 (Washington, D.C.: Government Printing Office, 1927), Chapter 24.

³ Ford, *The Medical Department of the United States Army*, 632, 675; “How the Germans Bombed an American Hospital,” *Red Cross Bulletin* 1 (September 21, 1917): 3; “Will Establish Hospital Unit,” *Daily Nebraskan*, September 26, 1917, p. 1; “The University of Nebraska,” *Nebraska Teacher* (March 1917), 328; *Bulletin of the University of Nebraska, Annual Catalog of the College of Medicine, 1917-1918* (Lincoln: University of Nebraska, 1917), 6, 8; “A Base Hospital for Nebraska,” *Nebraska State Medical Journal* 2 (December 1917): 532; “Surgical Pathology Display Housed in Med Library,” *Daily Nebraskan* (Lincoln), October 1, 1948, p. 3; “Capt. Edward W. Rouse to Miss Heppner,” *Daily Nebraskan*, September 25, 1918, p. 4. Fitzsimons Army Hospital, which opened in the fall of 1918 in Aurora, Colorado, was named for Lieutenant Fitzsimons; its primary purpose during and immediately after the war was treatment of men exposed to chemical weapons. Dr. Olga Stastny, who was refused an officer’s commission in U.S. military because she was a woman, joined the work of American Women’s Hospitals in France. See Stepanka Andrews Koryta, “Dr. Olga Stastny, Her Service to Nebraska and the World,” *Nebraska History* 68 (Spring 1987): 21-22.

⁴ “Dr. Arthur C. Stokes,” in *Omaha: The Great City and Douglas County, Nebraska*, vol. 2 (Chicago: S.J. Clarke Publishing Co., 1917), 797; “Notes,” *Nebraska State Medical Journal* 2 (February 1918): 69; “Base Hospital List Complete—Enlisted Personnel of Nebraska Unit Finished,” *Nebraska State Medical Journal* 2 (March 1918): 95.

⁵ *Bulletin of the University of Nebraska, Annual Catalog*, 7; Bernice M. Hetzner, “The Development of the Omaha Medical College,” *Nebraska State Medical Journal* 45 (March 1960): 111, 115; Ford, *The Medical Department of the United States Army*, 675; “Base Hospital No. 49,” *The Pulse* 12 (February 1918): 14; “University of Nebraska Base Hospital No. 49,” *The Cornhusker* (1918 yearbook), p. 99, NEGenWeb Project, <http://www.rootsweb.ancestry.com/~negenweb>; “University of Nebraska,” *Nebraska Teacher* 20 (May 1918): 418; Addison E. Sheldon, “Base Hospital 49: A Visit to the University of Nebraska Overseas,” *Nebraska History and Record of Pioneer Days* 2 (April-June 1919): 5; American Red Cross, *Department of Military Relief, Red Cross Base Hospitals* (Washington, D.C.: American Red Cross, ca. 1917), 7, 11; “Red Cross Now Supplying Trained Dietitians,” *Red Cross Bulletin* 1 (October 1, 1917): 4; Lavinia L. Dock, et.al., *History of American Red Cross Nursing* (New York: Macmillan Co., 1922), 1404.

⁶ Mary T. Sarnecky, *A History of the U.S. Army Nurse* (Philadelphia: University of Pennsylvania Press, 1999), 93; Dock, et.al., *History of American Red Cross Nursing*, 313-14;

“To Correct a Wrong Impression,” *Red Cross Bulletin* 2 (June 17, 1918): 3; U.S. Adjutant General, *Official Army Register*, December 1, 1918 (Washington, D.C.: Adjutant General’s Office, 1918), 1139; A.F. Buechler, R.J. Barr, and Dale P. Stough, eds., *History of Hall County, Nebraska* (Lincoln, NE: Western Publishing and Engraving Co., 1920), 553; Kathie Harrison, “WWI Honor Roll, Lancaster Co., Nebraska, Women in the Armed Forces,” NEGenWeb Project; Sheldon, “Base Hospital 49,” 2; “Base Hospital No. 49 Personnel,” Nebraska AHGP website, <https://nebraskagenealogy.com/ahgp>; “Nursing News,” *American Journal of Nursing* 18 (July 1918): 908; “Nebraska,” *Modern Hospital* 14 (May 1920): 54. For Anna Amgwert (later Dodge) see, *Eighteenth Biennial Report of the Board of Public Lands and Buildings* (Lincoln: Woodruff Bank Notes Co., 1912), 50.

⁷ “A Base Hospital for Nebraska,” *Nebraska State Medical Journal*, 532.

⁸ “Do Your bit by joining the Red Cross tomorrow!” *Lincoln Star*, May 21, 1917, p. 5; Joelyn Hansen, “90 Years After Its Founding the Gage County Red Cross Continues to Serve,” *Daily Sun* (Beatrice, NE), November 13, 2007, *Daily Sun* website, <http://beatricedailysun.com>; “New Chapters and Secretaries,” *Red Cross Bulletin* 1 (March 31, 1917): 4; “New Chapters and Secretaries,” *Red Cross Bulletin* 1 (April 30, 1917): 3-4; “Growth of Red Cross Chapters,” *Red Cross Bulletin* 1 (August 20, 1917): 3.

⁹ “New Chapters and Secretaries,” *Red Cross Bulletin* 1 (June 21, 1917): 6; “New Chapters and Secretaries,” *Red Cross Bulletin* (July 19, 1917): 6; W.L. Gaston and A.R. Humphrey, *History of Custer County, Nebraska* (Lincoln, NE: Western Publishing and Engraving Co., 1919), 338-39; Grant L. Shumway, *History of Western Nebraska and Its People*, vol. 2 (Lincoln, NE: Western Publishing and Engraving Co., 1921), 406; Buechler, Barr, and Stough, eds., *History of Hall County Nebraska*, 455; “Burt County Chapter—American Red Cross,” p. 83, Burt County in World War I, rootsweb.ancestry.com.

¹⁰ “Big Fund for Hospital Unit,” *Daily Nebraskan*, April 16, 1918, pp. 1, 6; “Plan Final Boost for Hospital Fund,” *Daily Nebraskan*, May 7, 1918, p. 1; “Capt. Edward W. Rouse to Miss Heppner,” *Daily Nebraskan*, p. 4. No Edward W. Rouse appears on the hospital roster, but Edward W. Rowe from Lincoln is listed. See “Base Hospital No. 49 Personnel,” Nebraska AHGP Website.

¹¹ A.A. Law, “History of Base Hospital No. 26,” *Minnesota Medicine* 2 (June 1919): 204.

¹² “Capt. Edward W. Rouse to Miss Heppner,” *Daily Nebraskan*, p. 4.

¹³ Ford, *The Medical Department of the United States Army*, 651-52, 681, 693, 715. Base Hospital No. 21 was organized by the Washington University School of Medicine in St. Louis. See, Donna Bingham Munger, “Base Hospital No. 21 During World War I—1914-1918,” Washington University School of Medicine website, <https://medicine.wustl.edu>.

¹⁴ Ford, *The Medical Department of the United States Army*, 524; “Base Hospital No. 26,” typescript, no author, University of Minnesota Archives website, <https://www.lib.umn.edu/uarchives>.

¹⁵ Antoin Guillot, *The American Camp at Allerey* (1918-1919), English translation, Historical Studies Group of Verdun-sur-Doubs, 1999, Brigham Young University, Harold B. Lee Library website, <https://lib.byu.edu/>; Lettie Gavin, *American Women in World War I: They Also Served* (Niwot, CO: University Press of Colorado, 1977), 56; Ford,

The Medical Department of the United States Army, 492, 675, and Appendix, p. 492; *Report of the Surgeon General, War Department Annual Reports*, vol. 1 (Washington, D.C.: Government Printing Office, 1920), 3036; Alex Bennet, American Battle Monuments Commission, to the author, November 28, 2016, citing “St. Mihiel American Cemetery,” in *United States Army, American Graves Registration Service* (Washington, D.C. Adjutant General Center, 1976), 51; “Deaths—Leopold Mitchell,” *Journal of the American Medical Association* 109 (October 23, 1937): 1379.

¹⁶ Thomas W. Salmon and Norman Fenton, “Neuropsychiatry in the American Expeditionary Forces,” in *The Medical Department of the United States Army in the World War*, vol. 10 (Washington, D.C.: Government Printing Office, 1929), Chapter 6; Hans Pols and Stephanie Oak, “War and Military Mental Health: The Psychiatric Response in the 20th Century,” *American Journal of Public Health* 97 (December 2007): 2132-42; Tracey Loughran, “Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories,” *Journal of the History of Medicine and Allied Sciences* website, <https://academic.oup.com/jhmas>.

¹⁷ “Report of the Committee on War Work,” in *Proceedings of the American Medico-Psychological Association at the Seventy-Sixth Annual Meeting* (np: American Medico-Psychological Association, 1920), 385; Donald C. Force, “Pearce Bailey,” in *Home Front Heroes: A Biographical Dictionary of Americans During Wartime*, ed. Benjamin F. Shearer, vol. 1 (Westport, CT: Greenwood Press, 2007), 38; “University of Nebraska Base Hospital No. 49,” *The Cornhusker* (1918 yearbook), p. 99, NGen Web Project; “Gustave Dishong,” Biographies, Douglas County, Nebraska Genealogy and History website, <https://nebraskagenealogy.com>; A. Johnson, *Twelfth Biennial Report of the Superintendent of the Norfolk State Hospital for the Period Ending November 30, 1912* (np: ca. 1913), 2; “Orders to the Officers of the Medical Corps,” *Journal of the American Medical Association* 70 (January 5, 1918): 858.

¹⁸ There are many histories of World War I battles, but specific reference to Base Hospital No. 49 and the offensives in the fall 1918 can be found in Gavin, *American Women in World War I*, 56-57.

¹⁹ “Extract from Letter from Maj. E.L. Bridges (dated Oct. 4, 1918),” *Nebraska State Medical Journal* 3 (November 1918): 355.

²⁰ *Report of the Surgeon General, War Department Annual Reports*, 1919, 3541.

²¹ “War Letters: Death—1918 France,” NET (Nebraska’s PBS and NPR Stations) website, <http://netnebraska.org>.

²² Ibid. “War Letters: Death—1918 France,” gives the name as Dr. J.E. Olson, but the letter writer was most certainly Dr. Justus E. Olsson, listed in Sheldon, “Base Hospital 49,” 3.

²³ “Extract from Letter from Maj. E.L. Bridges,” *Nebraska State Medical Journal*, 355; *Report of the Surgeon General, War Department Annual Reports*, 1919, 3539; Ford, *The Medical Department of the United States Army*, 675; “Dr. Albert Franklin Sarver, American Expeditionary Forces, WWI Diary, WWI Medical Front website, <http://www.vlib.us/medical>.

²⁴ Alma B. Woolley, “A Hoosier Nurse in France: The World War I Diary of Maude Frances Essig,” *Indiana Magazine of History* 82 (March 1986), Indiana University website, <https://www.indiana.edu>; “A Guide to the Papers of Base Hospital 41,” p. 2, Claude Moore Health Science Library,

Virginia Heritage website, <http://vaheritage.org>; Alfred W. Crosby, *America’s Forgotten Pandemic: The Influenza of 1918* (Cambridge, MA: Cambridge University Press, 1989), 163; Dock, et.al., *History of American Red Cross Nursing*, “American Red Cross Nurses Who Died in War Service or As a Result of Disability Contracted Therein” Appendix; “Nursing News and Announcements,” *American Journal of Nursing* 19 (December 1, 1918), 241.

²⁵ Frances L.P. Ayres, *The War with Germany: A Statistical Summary* (Washington, D.C.: Government Printing Office, 1919), 125-26; Crosby, *America’s Forgotten Pandemic*, 140, 163; Byerly, Fever of War, 6; Carol R. Byerly, “The U.S. Military and the Influenza Pandemic of 1918-1919,” *Public Health Reports* 125 (Supplement 3), *Public Health Reports* website, <http://journals.sagepub.com/home/phr>; Sarnecky, *A History of the U.S. Army Nurse*, 120-21; “Fighting for Causes at Home and Abroad, 1775-1918,” *VFW Magazine*, special edition (July 2011): 6; Elizabeth A.P. Vane, “Contributions of the U.S. Army Nurse Corps in World War I,” Army Nurse Corps website, <http://armynursecorps.amedd.army.mil>; Leo P. Hirrel, “The Beginnings of the Quartermaster Graves Registration Service,” Graves Registration Service, U.S. Army website, <https://www.army.mil/article/128693>. No U.S. nurses died from battle wounds, but a number suffered the aftereffects of enemy gas attacks or were injured during shellings or bombings.

²⁶ Sheldon, “Base Hospital 49,” 2; “Secretary Sheldon in Europe,” *Nebraska History and Record of Pioneer Days* 1 (November 1918): 1; “From European Battlefields,” *Nebraska History and Record of Pioneer Days* 2 (January-March 1919): 3.

²⁷ Ford, *The Medical Department of the United States Army*, 675; Sheldon, “Base Hospital 49,” 2. Ford had a long career in the U.S. Army Medical Service. When the Allerey medical complex was first established, he was in command of Base Hospital No. 26 and then promoted to overall command of the center.

²⁸ Sheldon, “Base Hospital 49,” 2.

²⁹ Ibid.

³⁰ Ford, *The Medical Department of the United States Army*, 651-52, 675, 681, 693, 715; “Letters Praise Work of Base Hospital 49,” *Daily Nebraskan*, May 7, 1919, p. 1; “About the Doctor,” *Nebraska State Medical Journal* 6 (April 1921): 127; “Plan Reorganization of Base Hospital No. 49,” *Western Medical Review* 26 (November 1921): 534; Sheldon, “Base Hospital 49,” 2. For examples of returning students, see “Personals,” *Daily Nebraskan*, May 9, 1919, p. 3, and May 12, 1919, p. 3.