



AMBULANCE DRESSING STATION TRIAGE

The ambulance dressing station was set up at the closest point ambulances could park with reasonable safety, 3,000-8,000 yards behind the front. If the distance between the battalion aid station and the ambulance dressing station was more than 1,000 yards, litter-bearers set up relay stations to allow the litter-bearers to rest in their labor. Since this was the ambulance head, casualties were sorted according to type of problem and then sent to the appropriate field hospital. A medical officer and his staff did the patient sorting, and later in the war this staff grew to include a surgeon, “neuropsychiatrist” (as psychiatrists were referred to in that era), and an orthopedist. Personnel included 2-6 officers and 12-25 men. These were managed by the US Army Medical Department.

The number of ambulance dressing stations varied from one to three depending on operational tempo and the width of the front. When the need arose, an advanced station was set up 1,500-2,000 yards from the front, staffed by 1 medical officer and 8-16 men.

The development of a formal triage system was new idea in WWI medicine. Military physicians probably triaged cases in earlier conflicts, but the term and formalities were developed in WWI. Wounded men arriving at company and battalion aid stations were directed to either the regimental aid station if their wounds were relatively minor and they were expected to return within a few days to a week. If the wounds were more serious, they evacuated to the ambulance dressing station. During the Battle of Belleau Wood, the triage decision was between the two field hospitals, since the only evacuation hospital was too distant for direct travel in many cases. Later, the triage system became more refined. Some divisions did not use this system, however this appears to be the way the 2nd Division operated.

Casualties would either walk or be carried by litter to the ambulance dressing station. It was dangerous for ambulances to evacuate the battalion aid stations since they were so close to the front and the danger of artillery. This was especially true during the day, when enemy observation balloons and aircraft would call in artillery strikes on vehicles moving toward the front. At night, their headlights were targets, so the ambulances had to go with

lights out, which was difficult, slow, and hazardous.

The ambulance dressing station was not equipped for surgery. Like the battalion aid station, it was equipped to revise dressings, adjust splints applied at the battalion aid station, give anti-tetanic serum, morphine, and perform simple hemorrhage control.

The departments in the station included:

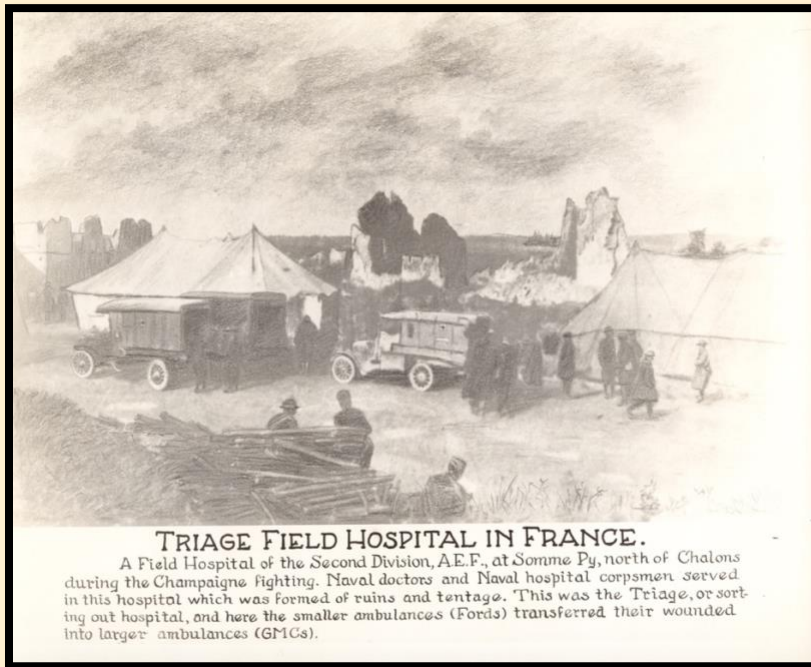
1. Receiving and forwarding department, run by a transportation officer.
2. General dressing room, with 2-4 medical officers (physicians).
3. Orthopedic department with one physician.
4. Gas department, supervised by the division gas officer.
5. Kitchen, since hot food and drink were important to prevent shock.
6. Medical supply. This served to coordinate resupply to stations forward.
7. Salvage department. To collect equipment no longer needed by patients.

Many of the “slightly” wounded or suspected malingerers were directed to walk to the regimental aid station. As the war wore on, there were an increasing number of suspected “shell shock” cases that led the Army to include psychiatrists at these stations.

Each ambulance company included 12 ambulances. It was not uncommon to locate more than one ambulance company in a given location. Combining ambulance companies became more common during the Aisne-Marne offensive and the battle of Soissons. Organization of litter bearers evolved early in open combat operations. While bearers were initially drawn from regimental bands, these personnel were soon dead, wounded, or exhausted. By Soissons, larger units of litter bearers were organized and supervised by officers and NCOs (though this organization was prone to breakdown). By the battle of Blanc Mont, 12 men from each infantry company were made litter bearers.

In some cases, litter bearers carried casualties from the battalion aid station to a relay point, where other litter bearer teams would pick up the casualty and transport him to the ambulance dressing station. At times these collecting points and dressing stations moved forward rapidly, the dressing station advancing and taking care of the men in the collecting point.

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TRIAGE FIELD HOSPITAL IN FRANCE.

A Field Hospital of the Second Division, A.E.F., at Somme Py, north of Chalons during the Champagne fighting. Naval doctors and Naval hospital corpsmen served in this hospital which was formed of ruins and tentage. This was the Triage, or sorting out hospital, and here the smaller ambulances (Fords) transferred their wounded into larger ambulances (GMCs).

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Photos are from the Office of Medical History, Communications Directorate, US Navy Bureau of Medicine and Surgery and from Ireland, 1925.