



## U. S. Army Field Hospitals in World War I



FIG. 50.—Church at Benouville, France, used as a ward for wounded by Field Hospital No. 1, 2d Division, June 16, 1918

Each American Division had four 216-bed field hospitals. During open warfare, these were located three to eight miles behind the front lines, ideally beyond enemy artillery range. The sites depended on roads, water, location of evacuation hospitals, and availability of buildings suitable for the hospital. During the Battle of Belleau Wood, the field hospitals were located in buildings. Tents were commonly used in later battles where the front lines were more kinetic.

Field hospital use and movement varied from battle to battle. During those where the front moved rapidly, hospitals would "leapfrog" one another in an advance. Division Medical Departments tried to cluster or co-locate field hospitals together when possible to economize on supplies and staff. They also had a degree of specialization. For example, during the Battle of Belleau Wood, they found separating Field Hospital (FH) 15 from 1 by too great a distance was a problem, and brought them closer together. They used FH-1 and FH-15 as their triage and surgical facilities, and then used FH-16 as the gas hospital and FH-23 for overflow and medical cases.

During battles where the front advanced rapidly, two hospitals would be used for surgical care of the non-transportable and triage, one for gas or medical cases, and one would be in reserve, to leapfrog the others in the advance.

The equipment and specialist staff varied based on conditions, needs, and availability. The medical side of the AEF was chronically understaffed, underequipped, and exhausted. Field hospitals had electric generators, lights, a portable x-ray unit, and operating rooms that varied considerably depending on facilities and conditions.

Upon arrival to a field hospital, casualties were triaged into three groups:

1. The non-transportable. These were men with wounds too severe or unstable to survive further transport. Some were dying, and were kept comfortable. Others required immediate surgery, and the field hospital staff did what they could with the facilities and staff available. Some arrived in shock and needed resuscitation. Typically, one of the four hospitals in a division specialized in this capacity.
2. Those likely to return to duty within 10-14 days. Typically, the other surgical field hospital took care of these cases.
3. Those ready for transport. These were casualties who would need surgery but were stable and those who would need hospitalizations longer than two weeks. The goal was to move these through as quickly as the transport system allowed.

Mobile surgical hospitals were used to augment field hospitals during times of heavy casualty flow when an MSH was available and needed. When used, the MSH was located at the field hospital caring for the non-transportable. During times of heavy patient flow the field hospital in the reserve position would send staff to the surgical hospitals. For example, FH-23 (which at the time was located in Meaux) sent staff to FH-1 in Bezu on 6/6/1918.



FIG. 51.—Evacuating wounded by truck from Field Hospital No. 15, near Montreuil, France, June 7, 1918

References:

Ireland, M.W, ed. *The Medical Department of the United States Army in the World War, Volume XI, Surgery, Part One*. 1927, Washington D.C. Government Printing Office.

Ireland, M.W, ed. *The Medical Department of the United States Army in the World War, Volume XI, Surgery, Part One*. 1927, Washington D.C. Government Printing Office.

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