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**Weaver, E. Elizabeth (Emma Elizabeth), 1878-1966.:**

**Journal of E. Elizabeth Weaver, Army Nurse Corps, World War I, 1917-1919.**

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July 17, 411 patients arrived, many gassed with phosgene, mustard & chlorine gas. Many acute surgical cases that had to be operated on. These patients came directly from the Chateau Thierry Front & were among the early casualties of the 2<sup>nd</sup> Battle of Chateau Thierry July 25, 587 cases all from Chateau Thierry front, most all surgical cases, suffering from various types of gun shot wounds. Many required operations, Foreign bodies to be located, & debridements. (Infectious wounds enlarged drainage provided)

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The maximum number of patients in the hosp. at one time was 2275 Oct 10. 1918.

Grand total of pts. admitted to B.H. #20 was 8703. Deaths 65.

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29 French buildings were taken over for B.H. #20 for hospital use, one of which the International was used for Nurses Qts. Princes (sic) Hotel, Officers Quarters. One was used as a garage. Base Hosp #20 was originally planned as a 500 bed hosp. but it gradually grew in size until at one time we had 2275 pts. The nursing force however was not increased at any time, consequently the work was extremely heavy at times & certainly most difficult as the patients were housed in so many different buildings...

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After June 15 the hospital was well filled & work became more strenuous for the nurses. On Oct 10, 1918 we had 2275 patients & only 49 nurses, some of the nurses being on Emergency teams, several sick & several at Camp # 44 The mail from the States at this time was very irregular. I sometimes would not hear from home for a month, some of the boys had not received mail for 4 or 5 months. One of our boys run over a Chinaman with a motor cycle. He was admitted to our ward & could not speak one word of English. He had a fractured leg but endured pain stoically. I call him "Chinois" That makes him grin. In June we had delightfully bright, sunshiny weather. Wild strawberries & roses. In July the work was very heavy in Ward A. I had charge of the dressing room & assisted the Surgeon all day long doing dressings. It takes an inexhaustible amount of dressings, gauze sponges, large & small bandages, binders, slings. We simply could not get along without the assistance of the Red Cross Workers at home for we are busy all day long in the wards & have no time to make supplies. The courage & heroism of the boys is marvellous (sic). Our food is good we have plenty of it but sometimes I get just a little tired of "messes" & chow & long for fresh pie or cherry pudding etc.

July & Aug. We are terribly busy, patients coming in from all fronts, many direct from the battle-field, many terribly mangled & shot to pieces. Now 2200 patients – 38 nurses. You can imagine the nature of our duties. We certainly need more nurses. We have mustard phosgene & chlorine gas cases. The mustard gas causes horrible body burns. A patient was brought in one day wrapped

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in a blanket, no clothing his body burned black & literally raw, face black, eyes completely swollen shut & he was suffering agonies. This was a case of mustard gas burns. Another patient, gasping & coughing, blue in the face, intense pain in his chest on every respiration. This, of course was a case of phosgene gas poisoning. The wounds are caused mostly by high explosives, machine-gun bullets & shrapnel. A Kansas farmer boy was brought in half of his abdomen was shot away & intestines protruding. Bishop Israel gave him the last sacrificial rites before he was rushed to the Operating Room. He had been driving a soup kitchen, next thing he know both horses had been shot away, while he was still sitting with the reins in his hand then he discovered he had been wounded.

During Miss Williams absence on Surgical team I had charge of Ward A. At this time the doctors were busy in the Operating Room practically day & night, consequently the nurses had to do the dressings on the Ward. All day long from morning until night I went from bed side to bed side doing dressings. I had an orderly to assist me. He wheeled the dressing carriage, removed bandages etc. Strenuous days. These patients were rushed directly from the front. I always dreaded removing bandages for fear of hemorrhage. I never knew what I was going to find. there were many missing limbs, horrible deep wounds. The Carroll Dakin Sol. played a very important part in the treatment of these cases. The results were excellent, a wound healing in 3 weeks less time, than without. Dr. Alex Carrel French & Dr. Drysdale Dakin discovered this solution of hypochlorite of soda which killed microbes or bacilli in wounds, the wounds always having to be kept wet with same. Dr. Carrel made a clever arrangement of tubes which run down to the wound from a jar filled with the sol. which hung above the patients bed. Every two hours a nurse goes around the ward & lets the solution run into the wound thru (sic) the tubes. When the convoys came in from the front

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we worked about 20 hours out of the 24. Then too we had occasional cases of diphtheria, scarlet fever & meningitis develop. Three of the patients died within 24 hrs. on Ward A. When will the war cease? This terrible wreckage of humanity that pours in from the front is appalling...

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Lt. Carmicheal-Byron Co. C. 108 Amm. Train developed meningitis, was desperately ill & died within a week after taking sick. These were nearly all surgical cases, a few gassed cases, one patient, a very prominent man is frightfully gassed, he fairly gasps for breath. Last night after a dreadful attack of coughing he sank back on the pillows and said "What one must suffer for their country." He has 5 citations, also a Croix de Guerre & a D.S.C. No one realizes the living hell these men go through at the front, unless you are over here & see the results.