

Chapter 1 : Is It "In Hospital" Or "In The Hospital" For British Vs American English?

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In many parts of the country, like the Midwest and Louisiana, they were the founders of some of these villages, cities, and first state inhabitants. French is the fourth most-spoken language in the country, behind English, Spanish, and Chinese. Historically, the French Canadians in Canada had among the highest birth rates in world history, which is why their population was large even though immigration from France was relatively low. Many of the early male migrants worked in the lumber industry in both regions, and, to a lesser degree, in the burgeoning mining industry in the upper Great Lakes. Louisiana [edit] Map of New France about in North America Louisiana Creole people refers to those who are descended from the colonial settlers in Louisiana, especially those of French and Spanish descent. The term is now commonly applied to individuals of mixed-race heritage. Both groups have common European heritage and share cultural ties, such as the traditional use of the French language and the continuing practice of Catholicism; in most cases, the people are related to each other. Those of mixed race also sometimes have African and Native American ancestry. They were overwhelmingly Catholic, spoke Colonial French although some also spoke Louisiana Creole French, and kept up many French social customs, modified by other parts of their ancestry and Louisiana culture. The free people of color married among themselves to maintain their class and social culture. The French-speaking mixed-race population came to be called "Creoles of color". The Cajuns of Louisiana have a unique heritage. Thousands refused to take the oath, causing them to be sent, penniless, to the 13 colonies to the south in what has become known as the Great Upheaval. Over the next generation, some four thousand managed to make the long trek to Louisiana, where they began a new life. The name Cajun is a corruption of the word Acadian. Many still live in what is known as the Cajun Country, where much of their colonial culture survives. French Louisiana, when it was sold by Napoleon in 1803, covered all or part of fifteen current U.S. states. The Houma Tribe in Louisiana still speak the same French they had been taught years ago. For nearly a century they fostered a distinctive French Protestant identity that enabled them to remain aloof from American society, but by the time of the American Revolution they had generally intermarried and merged into the larger Presbyterian community. Paul, Minnesota; St. Louis, Missouri; and Sainte Genevieve, Missouri. The forts were serviced by soldiers and fur trappers who had long networks reaching through the Great Lakes back to Montreal. It became part of the Province of Quebec in 1763, and was seized by the United States during the Revolution. In the same period, Francophones from Quebec soon became a majority of the workers in the saw mill and logging camps in the Adirondack Mountains and their foothills. Others sought opportunities for farming and other trades such as blacksmiths in Northern New York State. Some migrants became lumberjacks but most concentrated in industrialized areas and into enclaves known as "Little Canadas". French Canadian women saw New England as a place of opportunity and possibility where they could create economic alternatives for themselves distinct from the expectations of their farm families in Canada. By the early 20th century some saw temporary migration to the United States to work as a rite of passage and a time of self-discovery and self-reliance. Most moved permanently to the United States, using the inexpensive railroad system to visit Quebec from time to time. When these women did marry, they had fewer children with longer intervals between children than their Canadian counterparts. Some women never married, and oral accounts suggest that self-reliance and economic independence were important reasons for choosing work over marriage and motherhood. The Grey Nuns struggled to establish their institution despite meager financial resources, language barriers, and opposition from the established medical community. The French Canadian community in New England tried to preserve some of its cultural norms. This doctrine, like efforts to preserve francophone culture in Quebec, became known as la Survivance. The predominantly Irish hierarchy of the 19th century was slow to recognize the need for French-language parishes; several bishops even called for assimilation and English language-only parochial schools. In the 20th century, a number of

parochial schools for Francophone students opened, though they gradually closed toward the end of the century and a large share of the French-speaking population left the Church. At the same time, the number of priests available to staff these parishes also diminished. By the 21st century the emphasis was on retaining local reminders of French American culture rather than on retaining the language itself. This pattern of assimilation increased during the 19th and 20th centuries as many Catholic organizations switched to English names and parish children entered public schools; some parochial schools closed in the 19th century. Kerouac was the child of two French-Canadian immigrants, and wrote in both English and French. French-American politicians from New England include U. The exact number is unclear, but thousands of French Americans appear to have served in this conflict. Union forces did not keep reliable statistics concerning foreign enlistments. However, historians have estimated anywhere from 20, to 40, French Americans serving in this war. In addition to those born in the United States, many who served in the Union forces came from Canada or had resided there for several years. Beauregard was a noted French American from Louisiana. Politics[edit] Walker examines the voting behavior in U. From 1800 to 1860, French Americans typically supported the Republican Party because of its conservatism, emphasis on order, and advocacy of the tariff to protect the textile workers from foreign competition. In 1860, with Catholic Al Smith as the Democratic candidate, the French Americans moved over to the Democratic column and stayed there for six presidential elections. They formed part of the New Deal Coalition. Unlike the Irish and German Catholics, very few French Americans deserted the Democratic ranks because of the foreign policy and war issues of the 1940s and 1950s campaigns. In many French Americans broke from the Democrats but returned heavily in 1960 Census Bureau of 1960, 5. In the number of people living in the US who were born in France was estimated at 1,000,000. Population wise, California has the greatest Franco population followed by Louisiana, while Maine has the highest by percentage 25 percent. States with the highest percentage of Francos State.

Chapter 2 : Hospitalization in World War II - Mobile and Fixed Hospitals

Get this from a library! Hospitals, British, French, and American: to which is appended, A glance at the British Islands, France, and America: ethnological, climatic, and general.

The British and French asked for immediate medical support because their medical systems were severely taxed. While mobile war characterized the Eastern Front, barbed wire, machine guns, and the increased accuracy and rate of fire of weapons had created a static front in the west. The combatants would suffer over 34 million casualties, including nearly 8 million deaths from wounds and disease. Great battles used up manpower at an incredible rate. During the Battle of the Somme, in seven days British artillery threw 1. Yet when the British attacked, surviving Germans manned their machine guns and inflicted 60, casualties on the attackers during the first day alone. The battle lasted five months, during which there were some , British, , French, and , German casualties. British artillery preparation for the Third Battle of Ypres the following summer devoured the entire production of 55, British ammunition workers for a year, and a victory of very limited value cost them 8, casualties per square mile. Gorgas, presided over an enormous expansion of the Army Medical Department. When the United States entered the war his department consisted of less than 1, personnel, but it numbered over , when peace returned in November The Medical Department was authorized physicians at the beginning of World War I, but it had 31, when the war ended. Nearly 24 percent of all American physicians served in the Army. In addition, there were two new precursors of the Medical Service Corps. Army Ambulance Service, formed in , had officers, and the Sanitary Corps, Map of Europe, 38 formed the same year, had 2, The department was rounded out with , enlisted soldiers and 10, civilian employees. Sulfa drugs and antibiotics were yet to come, and some medical problems remained intractable. Measles and influenza were the most significant diseases for the Army in World War I because of respiratory complications, principally the scourge of the pneumonia which followed. The influenza epidemic of killed over 24, soldiers. Of the listed, 41 died of pneumonia. They received short orientation courses and wore uniforms patterned after those of the U. When deployed, they served under the command of the French or Italian Army units to which they were attached. Volunteer ambulance organizations preceded U. Army ambulance units in Europe, and their officers were predecessors of Medical Department commissioned ambulance officers. By the spring of it had forty-six ambulance units supporting the Allies. He likened his left leg to the hide of an old horse that had been branded and rebranded by fifty owners. Herman Harjes, a French banker. Norton-Harjes affiliated with the American Red Cross, and its members incurred a six-month obligation with the Red Cross when they joined. By July Norton-Harjes units had over six hundred 39 Ernest Hemingway convalescing at a hospital in Italy, April ; below, Inspector General Andrew American ambulance drivers and three hundred ambulances. The organization dated from the earliest days of the war, when the American colony in Paris outfitted a rudimentary ambulance service to support the French Army. In May of the American Field Service was operating 60 ambulances organized in 3 sections; by late it had 1, ambulances in 31 sections supporting 66 French divisions. Piatt Andrew, former director of the mint and a future congressman, served as its director. The volunteers paid for their own transportation, clothing, uniforms, and personal equipment. As one put it, "the Americans not only had to be willing to risk their lives, they also had to pay to do it. Army when it entered the war. Army for thirty years. The Ford Model "T" could climb narrow mountain roads where patient movement previously was possible only on mules or in horse-drawn carts. The Ford put new meaning in "fording. Indeed, French soldiers accused the Americans of painting water lines on their vehicles as depth gauges, and some calls for evacuation would request the ambulance "boats. It was light enough that three or four soldiers could pick it up and move it if it stuck in a ditch or shell hole. Its gravity gasoline feed did not work on steep grades, compelling drivers to back their vehicles up the hills. Another problem was that prolonged driving in low gear caused excessive and uneven wear on the transmission bands. To equalize the wear, drivers in mountainous terrain used the low-speed band during climbs, the reverse band to assist in controlling descents, and the foot brake on corners and the steepest parts of hills. Transmission bands would last ten to fourteen days with this technique. Mountain driving was further complicated by brakes

that could not handle the steep grades. Drivers kept an eye peeled for strategically placed trees that could stop them if necessary. Sometimes patients had unforgettable rides. The nails raised havoc with the tires, which, in turn, raised havoc with the drivers, since this was before demountable rims. The crews were further tested by the hazardous conditions of the combat zone. William Seabrook, an American Field Service volunteer, described how it was. Its doctrine for wartime medical support, built on the lessons learned in previous wars, rested upon the work of the staff of the Field Service School for Medical Officers at Fort Leavenworth, Kansas. Setting forth medical doctrine in landmark field manuals, Maj. Munson, MC, and other officers at the school formed a vibrant group of medical planners whose foresight during the years of peace paid dividends when the United States again went to war. At the time of the Armistice, American soldiers were hospitalized in base hospitals and camp hospitals in France and England, backed up by 7 medical laboratories and 28 medical supply bases, depots, and stations. In addition, the Medical Department operated, beds in 92 hospitals in the United States. Each Army division contained 40, soldiers, combat soldiers and 12, support troops. General Pershing insisted on extensive training of the divisions prior to their commitment to battle, and the first committed did not go into combat until the latter part of April, a year after the United States had entered the war. The zone of the advance was the first echelon. It extended from the front lines through the division area of operations. The second echelon, the line of communications, was the area of the field armies that supported divisions. The third echelon, the service of the interior, constituted the continental United States support base for overseas operations. Under wartime conditions Medical Department doctrine was adapted to the exigencies of combat, and the structure and procedures employed varied with the type of combat trench or open warfare, the intensity of the fighting, and such other factors as terrain and weather. Initial medical attention was concentrated on the immediate group, and the evacuation system was based on the movement of serious cases to the rear for definitive treatment. Medical personnel, equipment, and supplies were under Medical Department control. Two enlisted medical soldiers were customarily attached to each rifle company where they established a company aid post. Wounded soldiers were brought there for first aid treatment, carried from the front line by company bearers. Most divisions detailed soldiers from the line companies to supplement the number of litter bearers. The battalion aid station was normally to yards to the rear of the front line, close enough to be able to render prompt treatment. It was staffed by 43 Officers of the th Sanitary Train in Bertricamp, France, April one or two physicians, a dentist if available, four to six medics, plus two runners and one or more litter squads supplied by the supporting ambulance company. Battalion aid stations with two medical officers could split into two sections that leapfrogged to keep pace. Litter squads consisted of four bearers. The th Ambulance Company, supporting the 77th Division during the Meuse-Argonne offensive, had relays operating over routes as long as three and a half miles. This organization had been made a part of the force structure in and formed an integrated medical support capability under unitary medical control that was flexible enough to be task-organized to meet changing conditions. If needed, all ambulance companies in a division could be consolidated. Depending on the combat situation, the litter bearers might be under the control of the ambulance companies or under the regimental or battalion surgeons. If a battalion surgeon became a casualty, an ambulance company medical officer could replace him. Of that number, were in the sanitary train. The length of time required to transport wounded soldiers from the front lines to the field hospitals was affected by a variety of factors including road conditions, visibility, and traffic. Overall, in the AEF the time from wounding until the arrival at the first triage point was five to six hours. The field hospitals were on the order of more sophisticated dressing stations. Patients were stabilized there-as they were at earlier points in the evacuation chain-so that they could either be returned to their units or evacuated farther to the rear for more definitive care. Each hospital had a normal capacity of beds, expandable to, thus providing a bed bed expanded capability for a division in combat. In addition, this section operated eight dispensaries for routine medical care. Patients evacuated to the United States entered the third echelon of medical support, the service of the interior and its network of general hospitals and supporting facilities. AEF evacuation hospitals essentially served as clearinghouses. Surgery was performed only as necessary to enable further evacuation of the casualties, and patients were held only until they could be safely moved. The larger facilities provided definitive care for the wounded earlier in the evacuation chain. However, their large, immobile hospitals

would be at a disadvantage if trench warfare turned into a war of movement. Doctrinal differences between the Allies extended to the operation of the ambulance system. The Americans, based on their lessons learned from previous conflicts, kept ambulances under medical control and attempted to integrate treatment and resuscitation during evacuation. The French ambulance service was under the automobile service, divorced from medical control. Its focus was patient transport, and its personnel were not expected to have medical training. It depended for its success upon evacuation over shorter distances to a definitive treatment facility. France, fearing the loss of ambulance volunteers, requested that the United States ensure the uninterrupted continuation of the vital service. The Army organized a new ambulance corps for that purpose. War Department General Orders No. Like the Sanitary Corps, which followed it by a week, it was a temporary expedient made possible through the special wartime powers given President Woodrow Wilson in the Act of 18 May. Its officer authorization was set at , and it was organized into sections known as sanitary squad units. It soon increased to officers in sections. Sanitary squad units supported divisions on the basis of 1 per 10, combat soldiers.

Chapter 3 : British Vs. American Health Care, Through One Trainee Doctor's Eyes | CommonHealth

*Hospitals, British, French, and American. To which is appended, A glance at the British Islands, France, and America. Ethnological, climatic, and general [Edwin R Maxson] on calendrierdelascience.com *FREE* shipping on qualifying offers.*

Sciatic nerve severed in one. Radiograph showed presence of shell fragments; evacuated to American Ambulance: Appendicitis; residual condition after operation. Stump having to be removed through gas gangrene supervening. Mary Lambert At 8 a. The patients had already breakfasted, their beds made and the Night Sister had given her report of each patient under her care to the Matron. Preparations were now made for the visit of the doctors and surgeons, who made their rounds every morning at 9 a. The visit of the doctors over, those patients who were able to walk, even if only on crutches, made their way into the grounds, some to stroll about under the trees, others to sit and play dominoes or cards, whilst smoking the inevitable cigarette. The French poilu, not being provided with a hospital uniform, is a somewhat nondescript, if, at times, picturesque individual, during his hospital life, clad as he is in a medley of garments amongst which occasionally it would be difficult to find anything regimental besides his cap. Those to whom walking was forbidden or too painful to be indulged in, found a continual pleasure in the strains of an ancient gramophone, the gift of a kind visitor, upon which the "Long, Long way to Tipperary," accompanied by the poilus, not in French, but in a wonderful jargon in imitation of the English version, and the Marseillaise, were easy favourites. So that one might be listening one moment, to laughter and merriment in the larger wards, and within a few yards, so to speak, patients were sleeping or resting quietly in silence broken only by the warbling of birds or the rustle of wind amongst the trees, whose leaves gently brushed their windows. Looking up at the hospital when it was bathed in sunshine, or on wintry days when the trees bowed their snow-clad branches, there was always an air of well being, always a hum of contentment or a restfulness that could be felt. In wards where amputations were slowly healing, men employed themselves for hours making baskets and nick-nacks of raffia, working steadily and happily for days to make some little return for the present of a few cigarettes, some bon-bons perhaps, or only for kindly words spoken from the heart and taken to the heart, with no material gift to enhance their meaning. Dinner was served at For two hours there was a regular babel of voices in the wards where the cases of lesser injury and sickness were housed, and the sound of pattering feet as children ran merrily from bed to bed. In the other Paris hospitals visits were allowed only once a week, but at Neuilly greater latitude was given, and every afternoon the poilus might look forward to a visit from their friends. Animals were of course forbidden, but for all that an Algerian succeeded in secreting his pet, a tiny chinchilla monkey, hidden away-in the ample folds of his tunic for a fortnight before he was surprised with it on his shoulder. He was shortly to be discharged to depot and his little pet about six inches long and with a long bushy tail was permitted to remain with him until that time; so wrapped in a shawl, this charming little creature with its wee pathetically human face, sat quietly on his bed, or perched confidently on his shoulder the while his master worked assiduously as orderly, stretcher-bearer, or any other work to which he could and always willingly lend his aid. The matron also made her final round, and after the evening meal the wards were prepared for the night. The hospital day begins so early that "sunset and evening star" finds the patients ready and willing to settle down. The busy tongue stilled, quietly the hospital lapses into silence, and once more the night sisters, with their noiseless tread and hushed voices, resume their duty for another night. One day especially stood out in the hospital "memories " as of greater interest and happiness, when two men received the "Croix de Guerre. The two, patients of Neuilly, however, were unfit for this exertion, and a high official came to the hospital with his suite to perform the ceremony. Preparations were begun early in the morning of the "great day," and the vestibule and salon leading therefrom were transformed into a bower of flowers, whilst the tricolour and the Union Jack were intertwined over the seats apportioned to the visitors. After the ceremony the two men were carried into the dining room where the General, visitors and staff drank their health, and chatted with them, the while the other patients were holding high fete in other parts of the hospital. Speaking of heroes, perhaps, it will not be amiss to mention here one other of our Neuilly patients, an

American surgeon, "Baird Wheeler," serving in the Foreign Legion, and who came to Neuilly suffering from a lacerated wound in the leg with muscular hernia. Wheeler, by his cheery good nature endeared himself in an extraordinary manner to the four other occupants of his room. They could not converse with him, he knowing no French, and they no English, but for all that they loved him. He was asked by the American Ambulance to join their staff, but he was too much of a "sportsman," he wanted to fight for France-fought and ultimately gave his life on the battlefield. Colonel Elkington, in his memories of the Foreign Legion, mentions his death as a "special loss," and speaks of him as he appeared to the writers as a "splendid fellow. The Anglo-French-American Hospital being under the aegis of the French Red Cross, two members of this body, Monsieur de Valroger and Monsieur Basquin, were deputed and voluntarily devoted their time to the necessary lay administrative detail in connection with the purely military side of the work at Neuilly. Bernard Arnulphy, who had for several months unweariedly discharged lay duties as Administrateur, and Professional duties as Consulting Physician, resigned the former office in November, Thereafter, at the instance of the French authorities, Mons. Verde Delisle was appointed to the vacant post. Arnulphy remained in office as Consulting Physician up to the conclusion of the work at Neuilly, and special record must be made of the continuous and unstinted labour given by this gentleman, both in lay and professional capacities, in the interest of the hospital. Particularly at the time of its institution, and also later in its daily activities, the negotiations and conferences with the French authorities were mainly conducted by Dr. Arnulphy, and his close personal relations with Admiral Touchard, the chief of the Paris Centre of the Croix Rouge Francaise were of great value in solving many problems of administration. The services of Monsieur Delisle as an eminent financier were unreservedly placed, by this gentleman, at the disposal of the Committee, and proved of conspicuous value in the many-sided negotiations incident to the conclusion of the activities of the hospital. It was mainly due to the sound advice of Monsieur Verde Delisle that the Committee, on reviewing the situation in March , resolved to recommend the meeting of subscribers to bring this successful work to a termination. During the active life of the Hospital the French military provision for the reception of medical and surgical cases had undergone sweeping changes in the distribution of patients; many of the lesser auxiliary hospitals had been closed down, and the mass of the cases was being concentrated in larger institutions or transferred to towns distant from Paris. Concurrently the Homoeopathic imbalance previously existing in England had become to some extent rectified. The War Office and Admiralty respectively had ultimately accepted the offer of beds made by British Homoeopathic institutions early in the war, and an increasing number of patients from the Army and the Fleet were being sent to the Homoeopathic hospitals in England. Thus Homoeopathy had the opportunity of making its public service known and appreciated in this country. The extra work necessarily thrown upon medical staffs of the Homoeopathic hospitals, as well as the number of Homoeopathic doctors called to the colours in the R. It was deemed therefore advisable not to continue the work for an indefinite period after the original insistent call for its necessity had lessened. This view was confirmed at the Meeting of Subscribers, held at the London Homoeopathic Hospital on 25th January, , when it was decided that the work of the Hospital might properly be terminated, and that, if the patients under treatment could be moved, the hospital should be closed on the 15th March. Beds, bedding, household linen and effects, hospital requisites of every description, drugs, dressings and whatever stores were in the hospital were transferred to the Service de Sante and to the French Red Cross who received them very gratefully, and expressed much regret at the termination of the activity of a hospital which had been such a material and efficient aid to their necessities. The greatest care and precaution were taken alike by the Matron at Neuilly and the Committee in London to ensure that every detail of the hospital equipment provided by the subscribers and friends in England was thus transferred to the responsible official organizations appointed for the purpose. The Neuilly Committee considered itself fortunate in that all the stores, as well as material in actual use which had been entrusted to its keeping, were thus turned to similar account by the French official management. Late in the history of the hospital it had been the wish of the French military authorities that the whole institution should be reserved for officers. This suggestion did not meet with the approval of the Committee of Management, not only on account of the extra expense entailed, but by reason of the consequent limitation in the grade of patients admitted for treatment. For this limitation the Committee had no warrant. Created on 17th April,

Chapter 4 : Base Hospital 21 During World War I

Hospitals, British, French, and American. To which is appended, A glance at the British Islands, France, and America. Ethnological, climatic, and general.

Based in Neuilly-sur-Seine, today the hospital is renowned for high quality personalized care and the latest technology. The History of the American Hospital of Paris

â€” Beginnings The beginning of the 20th century finds many American tourists, students, travelers, and expats in France. During the summer months, their numbers reach up to , in Paris alone. Magnin and one of his American friends, Harry Antony van Bergen, create an association whose name reveals an ambitious project â€” the American Hospital Association of Paris. This first association aims to offer expatriates access to American-trained doctors. Thanks to initial donations, the chairman of the Board of Governors, John H. Harjes, signs the deed to a property in Neuilly-sur-Seine. This status allows the Hospital to accept donations and bequests. Hospital opens its own nursing school, which remains open until Classes are taught in English to nursing students from all over Europe and America. Recognition of public benefit - The Hospital establishes a volunteer ambulance service staffed by American doctors, surgeons and nurses. The ambulance service helps over 10, allied soldiers. With only 24 beds, the hospital quickly became too cramped. New buildings, upgrades and improved medical equipment were needed. Thanks to numerous American and French donors, a new hospital was built, equipped with beds. The American Hospital of Paris was converted into a military hospital once again. Under the banner of the Red Cross, it provided care to civilian and military patients. It was mentioned in the despatches of the French Army and awarded the French Croix de Guerre war medal. Joint Commission accreditation - After the war, the hospital again needs upgrading. American assistance through the Marshall Plan, as well as private donations, allow the Hospital to make radical improvements in its medical facilities. A pathology department, a laboratory and a radiology service are introduced, and nurses join the staff. We are the only civilian hospital outside of the U. The generosity of a number of private and corporate donors makes possible the construction of the Eisenhower wing. The radiology department is also modernized at this time. Development continues

March 30, The Hospital opens several departments and invests in new medical equipment: Cutting-edge technology through generous donations â€” The Hospital launches 2 major projects: Purchase of latest generation MRI scanner Creation of an ultra-modern Imaging Center dedicated to early diagnosis of breast cancer Complete update of cardiology imaging equipment The Board of Governors adopts a new strategic plan for the American Hospital of Paris that defines the 5 major development priorities for the Hospital over the next ten years. The American Hospital of Paris celebrates its Centennial year. A state-of-the-art Dialysis Center opens its doors and the new Maternity Unit is inaugurated. The Hospital opens a new wing of 14 fully renovated premium comfort rooms on the 5th floor of the main building.

Chapter 5 : Major hospitals in Paris and around France | Healthcare | Expatica France

In answer to your questions, Yes, it is correct British-English usage to say "in hospital" and correct American-English usage to say "in the hospital". There is no one, hard-and-fast rule beyond: pick one style, and be consistent with it.

Major hospitals in Paris and around France 3 comments This guide to French hospitals lists the major hospitals in Paris plus the major hospitals in France, as well explains what you need to visit a French hospital or in an emergency. There are around 1, hospitals in France. The healthcare system in France is highly accessible, even for foreigners, although you will be typically asked to show certain documents when visiting French hospitals. Foreigners living in France are required to show proof of their French health insurance , which is compulsory. There are two types of hospitals in France: Unlike most countries, patients are able to go directly to specialists without prior referral from a French doctor; those seeking immediate special care can expect to receive it quicker. Not all hospitals in France, however, have emergency facilities; in some cases, rather than looking for the best hospitals in Paris or the best hospitals in France, you will instead need to check whether the hospital or clinic can offer the services you need. While there are several hospitals in Paris with English-speaking staff, this is not always the case for the rest of France. Some medical staff will have at least basic conversational skills otherwise bring a companion fluent in French if language could be a problem. You can also find an extensive list of French medical terms and phrases to help when visiting hospitals in France. Visiting hospitals in France: The costs of emergency treatments in hospitals in Paris and hospitals in France are mostly covered by the French health authority but you will typically need to pay any outstanding balances upfront. You will be given a feuille de soins, which states what treatment was carried out and, if applicable, an ordonnance prescription when you are discharged from a French hospital. It is important to keep both documents and you will need them to claim reimbursement. You will be duly reimbursed any fees owed by the government at a later date. Individuals without health insurance in France who seek emergency healthcare in a French hospital legally cannot be denied medical services but must shoulder the financial burden. Healthcare costs in France, however, are considerably lower than in some other countries, for example, the United States. In a survey published by Forbes , the American Hospital of Paris was ranked not only as one of the best hospitals in Paris and France, but also the world. For all emergencies, dial or for hearing assistance For an ambulance, dial 15 For the police, dial 17 For the fire brigade, dial Click to go to the top of our guide to hospitals in Paris and hospitals in France. List of hospitals and guides to visiting hospitals abroad.

Chapter 6 : WWI Hospitals | Medical History Of WWI | Medical Front WWI

debirfan asked us "What are the rules for American versus British usage for 'hospital' and 'surgery'? It's true that British usage on these common medical terms differs from what's encountered in the United States.

Congress did not specify the relationship between the new hospital system responsible to the central government Congress and the existing regimental systems responsible to the state governments. Staff and command responsibilities for medical matters were left fragmented between the state governments and Congress, between the regimental medical staff and the Hospital, and between military and civilians physicians were not commissioned. Benjamin Church, a London-trained physician and member of the Massachusetts Legislature, was appointed by Congress as the first Director-General. One of his innovations was instituting examinations for surgeons that did not have a medical degree or certificate a type of quality assurance. The Congress appropriated insufficient funds for the general hospital and no money for the regimental hospitals. It further confused matters by eventually creating other departments theaters of operation , each with its own general hospital. Matters became more confused when a regimental hospital deployed with its regiment. Patients who were too ill to deploy with the regiment were usually sent to the nearest general hospital without notification and without adequate provision being made for their care. The attack against Montreal was successful. In November, the Continental forces surrounded Quebec, but the siege was eventually abandoned because of an outbreak of smallpox and harsh winter weather. The Continental army retreated to New York in A hospital was established in New York under Dr. Jonathan Potts to treat the soldiers returning from Canada. His work led to the only Congressional resolution praising a physician during the war. Excerpt from the Congressional resolution: Director-General Church had difficulties with the regimental surgeons. Regimental surgeons, appointed by the colonel of the regiment, wanted to keep their patients in the regimental hospitals, usually field expedient buildings. Church wanted the patients sent to the general hospital and did not give the regimental hospitals the supplies they required. Director-General Church was found to be in treasonable correspondence with the British in Boston. In October , Church was court-martialed and found guilty. He had helped found the medical school at Philadelphia. Morgan never solved the command problems. He was not a tactful person and was removed from his post in One of his supporters was Benjamin Rush, a physician who signed the Declaration of Independence and published a book on preventive medicine in the military. In his book, Rush stressed that physicians had to convince line officers to implement their medical advice for it to be effective. Benjamin Rush wrote in If it be criminal to sacrifice thousands by termidity in battle, why sacrifice twice the number in a hospital by negligence? An attention to the health of your soldiers is absolutely necessary to form a great military character. William Shippen, who also helped found the Philadelphia medical school, became the third Director-General. Shippen, however, did not do much better at running the Hospital than had Morgan. He was accused of corruption and court-martialed. Although acquitted, he eventually resigned in early The drug purchase and issue problems began to be addressed by Congress when it appointed Andrew Craigie to be the first Apothecary-General. He began to issue drug chests to both the regimental surgeons and the general hospitals. Regimental commanders complained that the chests were inadequate. John Cochran became the fourth Director-General. He had been a regimental surgeon in the French and Indian War and was the first Director-General not to have a formal medical degree from Europe. Cochran remained Director-General for the remainder of the war. Inoculation could be dangerous. Since live viruses were used, the patient could contract smallpox and die. The patient could also infect others with smallpox. Inoculation had previously proven its effectiveness when it was used to control an outbreak of smallpox in Boston during the s. At the beginning of the war, John Warren brother to Joseph Warren performed smallpox inoculations on new recruits when he served as a surgeon to a hospital in Boston. Director-General Morgan recommended to General Washington that troops be inoculated for smallpox. The Canadian campaign convinced Washington that inoculation was necessary and ordered that all Continental line troops be inoculated. This was the first time that an attempt had been made to inoculate an entire army. The results were successful. Washington wrote to Shippen from Valley Forge on 6 January

Should the disorder infect the Army in the natural way and rage with its usual virulence, we should have more to dread from it than from the sword of the enemy. Throughout the war, medical equipment, supplies, and drugs were in short supply. In addition, most regimental surgeons were not well trained, especially at the beginning of the war. Medical officers often set to work with only what they could carry in their pocket surgical kit and performed the only useful surgery they knew--amputation. Medical treatment facilities had to be moved as the Army was fighting and retreating. The field medical treatment facility was often in some local house to which the wounded were carried, dragged, or limped into on their own. Enlisted personnel were often assigned to help in the regimental hospitals. Rather than assigning personnel who could be trained to become efficient hospital personnel, commanders usually assigned enlisted personnel who were a burden to the unit and who were not suited for military life. A hospital corps consisting of trained enlisted personnel would not be established until . The general hospitals became larger and better organized as the war went on. James Tilton, who eventually became Surgeon General during the War of 1812, believed that the large general hospital resulted in the spread of disease. Inspector General von Steuben published the first Army Regulations dealing with health care in 1775. In them he stressed the duty of the regimental commander to preserve the health of his troops and the importance of cleanliness. He also gave the regimental surgeon authority to determine when a soldier had sufficiently recovered from his illness to resume his duties. Excerpts from the first regulations published for an American force, written by von Steuben: The surgeons are to remain with their regiments, as well on a march as in camp, that in case of sudden accidents they may be at hand to apply the proper remedies. Cinchona bark from which quinine was later obtained was used with some success in treating malaria. No major advances in medicine or surgery came from the war, but smallpox control was a step forward. The war, which officially ended in September with the Treaty of Paris, still resulted in a considerable loss of life, mostly from disease. Under the rule of King Louis XVI of France, there was much corruption in government, unjust taxation, oppression, and poverty. The French people were encouraged by the success of the American Revolution. Increasing public discontent in France exploded in 1789 in a successful attack on the Bastille, a notorious fortress used to hold political prisoners. During the next few years, there were royal attempts to placate the rebels, establish a constitutional monarchy, and ease taxes, but the efforts were not successful. The French turmoil was viewed as a threat to all of the monarchies in Europe. In August 1792, mobs in Paris attacked the royal palace, arrested the King, and declared France to be a republic. Soon, however, radical elements took over the government and executed King Louis XVI, Queen Marie Antoinette, and many aristocrats and political leaders in what became known as the "Reign of Terror. The new troops were undisciplined, but ferocious fighters. Soon the invading Coalition armies were pushed back. Tactics of the time were massed musket and case shot with cannon rounds at close range followed by a bayonet charge. Much of the French military medical service had been destroyed during the revolution. The old regime had built a number of military hospitals on the northern frontier, but many were no longer usable. Those that were used were not sufficient for the large number of casualties that poured in, so nearby homes were used to billet the patients over the objections of the home owners. The medical command was divided between a physician-in-chief and a surgeon-in-chief. This split reflected the disciplinary split in civilian life. In the northern battles, the physician-in-chief was Jean Francois Coste and the surgeon-in-chief was Pierre Francois Percy. Both were career medical officers. Percy had a fine grasp of the situation and the proper mind-set of a military surgeon: Surgeons treated wounds by incising the wounds and fishing around with their fingers for the musket ball or fragment. As with other wars, it was disease, not wounds, that took the greatest toll on the military. Coste and his colleagues tried to follow the teaching of John Pringle and others on camp diseases and hospital sanitation, but without much success. The more seriously-wounded soldiers were evacuated by fellow soldiers to a collection point outside the battle area where the wounded soldiers stayed until they were loaded into an ambulance wagon and carried to a military hospital, usually located about three miles behind the army. The evacuation process resulted in the loss of healthy manpower since it might require six to eight soldiers to carry one wounded soldier, his weapon, and his equipment from the battlefield. Large, cumbersome wagons were the only ambulances the French army had. The ambulances were of limited use since there was only one ambulance for every 20, soldiers and the ambulances stayed far from the battle. Due to the cumbersome

method of evacuation, it took 24 to 36 hours for the wounded soldiers to reach medical treatment. This resulted in many deaths. Many wounded stayed on the battlefield for three or four days after a battle until they could be collected and evacuated. Percy, the French surgeon-in-chief, addressed the problem by organizing litter bearers to work on the battlefield to bring in the wounded. It was another French surgeon, Dominique Jean Larrey, who actually developed a system of rapid evacuation. Percy was driven to try to develop a system of rapid evacuation because of what he observed: They have to suffer from rain, from suffocating heat or freezing cold and often do not have aid of food of any sort.

Chapter 7 : French Americans - Wikipedia

After treatment at one of these base hospitals, the British wounded were evacuated down the Seine to England; the French, and later American wounded, were sent to Southern France. B.E.F. General No. 12, to which the St. Louis unit had been assigned, was one of the earliest British hospitals established in France.

It had been only two weeks since the United States government had declared war. Fred Murphy, commanding officer, had just received a wire from the surgeon general: There were no men to carry stretchers, blow bugles or cook stoves, whatever variety it might be for that day. Technically, there were no officers either. Not a single commission had arrived. He did not have his commission. In fact, he had never met together with the entire group of officers. Louis, Missouri, few people had thought of military matters before. They had talked vaguely about service in Mexico where Pancho Villa had raided back and forth across the border, and they had watched a few regular troops, bound for the Mexican border, go through the city on flat cars equipped with machine guns. They seemed to be more concerned over the safety of relatives in Europe and over the Germans prodding the Mexicans to go to war with the United States than with the possibility of military service for themselves or members of their family. No one in the medical school had thought that any base hospital would ever see duty overseas, and the closest they were to come to a unit meeting prior to the U. Fred Murphy, a professor of Surgery, who would be commissioned commanding officer of the St. Proetz recalled that two dozen of the medical school faculty stepped forward: Not a man had a temperature over 97 or a pulse under. It was a leveling experience. In , a group of Americans living in Paris established a hospital at Neuilly, France. Through these experiences a few influential men in the American medical profession quickly grasped the importance of having ready, on a standby basis, efficient surgical teams composed of men who had had similar training and who knew each other well. Harvey Cushing, a member of the Harvard unit also stationed there, spearheaded a medical preparedness drive after their return home. Their ultimate goal was to organize self-contained hospital units at every possible medical school in the United States. They hoped that these units could be mobilized rapidly if or when the need arose. Gorgas, then surgeon general and head of the Army Medical Corps, reacted favorably to the idea. Gorgas also well remembered from his own experiences the problems of cooperation which dissimilarly trained doctors had faced during the Spanish-American War. They contended that since the United States was not officially at war, they alone had responsibility for organizing and furnishing volunteer aid to the sick and wounded. After considerable negotiation, the two groups reached a compromise. The Red Cross would organize the base hospitals on a strictly military basis, and the commissioned and enlisted men of the Army Medical Reserve Corps would provide the personnel. Fortunately they had acquired authority to solicit funds for the equipment since base hospitals had never received provisions from the War Department in times of peace. The British, however, had other thoughts about the matter. As soon as the United States entered the war they dispatched a mission to Washington. Acutely aware of the best ways in which the United States could help, they first requested: By spring , a serious shortage of medical officers confronted them. On Sunday evening, April 22, , the members of the British mission gathered with a group of Washington officials in the octagonal room of the White House. Have you to do with the enrollment of medical officers for your army? We have exhausted our supply. Our people at home have released more than they can spare. Our wounded are suffering. I charged my mind that my first request of your government would be "Send us Doctors. Can you do this? As Balfour requested, they would be sent ahead of American fighting forces and directly to the aid of the British. Each consisted of a fully equipped bed unit staffed by at least twenty medical officers and an even greater number of nurses. Although totally unprepared for war, the six selected units were quite proud of the honor. Common opinion in medical circles regarded these units as the best representatives of the medical and nursing profession in the United States. While relatively well prepared, it lacked only commissions, orders, uniforms and enlisted personnel. Uniform kits hastily were ordered from Indianapolis, and the local St. Louis newspapers ran full-page advertisements for enlisted men. Later, Arthur Proetz related, he did not know what blissful ignorance had kept him from jumping out of his skin as he sat around waiting for uniforms, orders and commissions. When the uniform kits

did arrive, their contents provided more than a little joking and merrymaking. They contained water bottles, shoes, blankets, candle lanterns, bedding rolls and spurs. The leather puttees puzzled everyone, especially distinguishing right from left, and some never did. Five of the regular Army Medical Corps. Five was one of the few non-local men added to lend a military atmosphere to a unit which had never suffered a drill. The unit consisted of 28 officers, 65 nurses and enlisted men. He reviewed the unit in St. Louis and presented it with several flags – American, British and French – all donated by local citizen groups. After a consecration and farewell service at St. Upon reaching the city the following evening, the unit immediately boarded ship, an old White Star liner named the St. There, it was greeted by Base Hospital No. Louis hospital unit steamed out of New York harbor toward the U-boat infested Atlantic. Armed fore and aft with a couple of cannons left over from the Spanish-American War and with the portholes screwed shut, the vessel offered no difference between the inside and outside rooms. Much to the delight of the spectators and perhaps, even to those participating, the nurses incorporated some setting-up exercises along with the military drill. The doctors found themselves trying to stand on shipboard on one foot while raising the other knee and hoping all the time a swell would not arise. Paul docked at Liverpool early in the morning of May Both the Philadelphia and St. Louis hospital units were dispatched immediately to training centers for short courses in British medical procedures. The enlisted men and a few officers were sent to Blackpool, the Royal Army Medical Corps training center. The remaining officers and nurses went on to London for a two-week conditioning course on the medical tragedies of war. Perhaps the seriousness of their situation was offset by a round of receptions, teas and theater performances. One day might have been spent discovering how 1, war-handicapped young men were learning new occupations in an attempt to return to civilian life, while that same evening officers and nurses might have attended a musical comedy performed on the London Stage. To prepare for the tasks ahead, the Washington University medical group observed the methods used in British military hospitals. Louis group, however, did not know that their unit, equipped to handle a bed hospital, had been scheduled to take over a 1,bed hospital, in tents, on a racetrack near Rouen, reputed to be the wettest spot in Europe. After two weeks of hospitals, receptions, teas and reviews, the officers, nurses and enlisted men of Base Hospital 21 met together again at Southampton. That same rainy night they crossed the channel in a large hospital ship and early the next morning steamed noisily into the harbor of Le Havre. The luggage was unloaded, but the unit remained on board for breakfast while suspense concerning their destination began to mount. The rest of the unit ate lunch and dinner and the complete round of meals the next day, still pondering their destination and wondering what had become of their nurses. After dark and without warning, but with some relief, they were ordered off the ship and experienced the dubious pleasure of their first ride on a French troop train. By morning their apprehension was finally calmed when they were welcomed by their nurses at Rouen, France. Fourteen base hospitals in the vicinity, among them B. After treatment at one of these base hospitals, the British wounded were evacuated down the Seine to England; the French, and later American wounded, were sent to Southern France. Louis unit had been assigned, was one of the earliest British hospitals established in France. It had been situated on the racetrack, the Champs des Courses, at Rouen since August , with the exception of one brief period during that first year when an advancing German army forced it to flee down the Seine River. The sandy, gravel-covered ground of the racetrack provided the best drainage in Rouen for a 1,bed hospital built in the midst of the rain belt of the Seine Valley. Louis looked about that June 12 morning they saw only an establishment of moss covered bell tents illuminated by comic candle lanterns. Only two huts of about 30 beds each and a small ward of 10 beds attached to the operating room accommodated patients not under canvas. These facilities would prove to be marvelous in spring and summer. However, the one stove in each tent hardly provided sufficient heat to keep the patients, doctors or nurses warm in winter. The water inside the tents froze every winter night despite the fire in the stoves. The medical officers had established quarters outside the pavilions in small bell tents, similar to those used for the wounded. The racing turf remained free of buildings until later in the war. With a surrounding line of trees, it gave a picturesque appearance to the hospital and served as an excellent ground for tennis, cricket and other ball games, as well as drills and parades. Grass covered the ground between the tents and flowers bloomed here and there. The British attempted to make the surroundings in all military hospitals as pleasant and attractive as possible.

Thoughtfully given special attention, the nurses were ensconced in wooden huts located inside the protective barrier of the paddock fence. As soon as the Washington University unit arrived, the British hospital staff withdrew. This left the 1,bed B. Virtually the first order of business after unpacking was to send for reinforcements from Washington University via the proper channels. Temporarily, the British did leave several voluntary aids and enlisted corpsmen with the hospital, but no doctors. The British commanding officer also stayed on for a few weeks in order to familiarize the Americans with the British hospital administrative procedures. When he left, the American commanding officer, Major J. Fife, became, for all intents and purposes, a British commanding officer.

Chapter 8 : In American English, we say: I am going to the hospital. British usage seems to

March 19, To thank the hospital for services rendered to wartime France, the French Government decrees "that the American Hospital of Paris be recognized as an institution of public benefit". A second decree, signed by Raymond Poincaré, authorizes the hospital to receive donations and bequests under French law.

But I feel like a British doctor in disguise as I start work in Boston as an infectious diseases fellow. But I trained as a doctor in England. While the new surgical operating theaters and intensive care units were in an unremarkable story hospital block built in the s, the other half of the hospital was constructed in the s. Then there are the uniforms. The darker the blue, the more you know that the nurse at the desk has seen everything under the sun. Physiotherapists, fittingly, get to wear sporty polo shirts. But sometimes those uniforms are defined by what they are not. In , lab coats in the U. Doctors in the U. It is the bills sent to patients at the end of their stays. Namely, there are none. The National Health Service of the U. I am experiencing for the first time as a doctor the insurance cards, the billing department and questions of insured versus not insured. It has been a sobering experience. It was difficult for me to imagine in the U. Every country has its vices; in the U. Yet I was unprepared for the extent that the undercurrent of heroin and other opioids have affected medicine. As an infectious disease doctor, I deal with the consequences of intravenous drug use at home far more frequently than I ever did in the U. The grit and impurities of the drugs damage their heart valves as the drugs circulate through their blood, allowing bacteria to latch on and slowly chew away at the heart tissue beneath. It is a horrible illness that, in the case of injection drugs, is utterly avoidable. Still, I also deeply admire our American system. It is quick, knowledgeable and cutting-edge. When a patient needs an MRI, I was initially bewildered to find that they would get it overnight "€" compared to the U. Over the last few months, it has been difficult for me to find my place as a British-trained doctor. Part of me worries that everything I learned in the U. Another part of me wishes to drink straight from the well of American medicine.

Chapter 9 : Office of Medical History - Field Operations

French hospitals can be found in the main French cities and bigger towns by following signs saying 'CHR' (regional hospitals), 'CHS' (specialist hospitals) or 'CHU' (university hospitals). There are two types of hospitals in France: state-run hôpitaux and privately run cliniques privées.

General context[edit] Prior to the 19th century, the Chinese were concerned that European trade and missionary activity would upset the order of the empire. Strictly controlled and subject to import tariffs , European traders were limited to operating in Canton and Macao. Following a series of military defeats against Britain and France , the Qing were slowly forced to permit extraterritoriality for foreign nationals and even cessions of Chinese sovereignty over certain ports and mineral rights. Foreign trade was approved there for the British and French by the Peking Convention. Its importance increased even further when it was connected to the Tangshan coal fields by the Kaiping Tramway , the railroad that eventually connected all of northern China and Manchuria. With the overthrow of the Chinese Qing dynasty , the new Republic of China managed a restructuring of Chinese domestic and foreign relations, allowing it to recognize European states as equals. In turn, the concessions in Tianjin were dismantled in the early to mid 20th century with successful recognition of the European states of the Republic of China, which gave European property owners equality before Chinese officials. However, World War II disrupted this nascent development: Soon after the war, all foreign powers relinquished their concessions in China, including in Tianjin. Austro-Hungarian concession

” [edit] Austro-Hungarian naval corps in Tianjin c. Austria-Hungary participated in the Eight-Nation Alliance that suppressed the Boxer rebellion ” Four cruisers and Hungarian enlisted soldiers were dispatched. The Austro-Hungarian concession zone was 400 acres. Its population was around 30,000 people. Order was maintained by 40 Austro-Hungarian marines and 70 Chinese militia Shimbo. The self-contained concession had its own thermae , theatre, pawnshop, school, barracks, prison, cemetery and hospital. It also contained the Austro-Hungarian consulate and its citizens were under Austro-Hungarian, not Chinese rule. Despite its relatively short life-span, the Austrians left their mark on the area, as can be seen in the Austrian architecture in the city. The administration was done by a town council composed of local high-class noblemen and headed by the Austro-Hungarian consul and the military commander, the two of them had a majority vote. The focus of the juridical system was on smaller crimes and it was based on Austro-Hungarian law. If a Chinese person committed a crime on Chinese soil he could be tried in their own courts. The concession zone was swiftly occupied by China at the Chinese declaration of war on the Central powers and on 14 August the lease was terminated, along with that of the larger German concession in the same city. The former Austro-Hungarian concession, renamed the "Second Special District", was placed under the permanent administration of the Chinese government. They withdrew after a short while.