



Battle of the Somme

- Resources and Answer Sheet

Year 8 and Above

Discussion

1) How advanced do you think the medical care was for British soldiers?

Answer: The treatment was remarkably advanced and set the standard for military medical support. Complex medical treatments were available to the soldiers, although often the treatment was provided in very basic circumstances. A surgeon might be conducting brain surgery in a cellar of a ruined building within a couple of miles of the frontline.

2) What sort of modern treatments do you think were available during the war?

Answer: Medical innovations in the war included:

Blood Transfusion. At the beginning of the war transfusions were conducted through a tube person to person. Many of the wounded died of anaphylactic shock because the doctors had not yet learned about blood type matching. By the conclusion of the war it was possible to store blood for a short time allowing the doctors to prepare for a major offensive. Plus it became possible to match blood types.

X-Rays. The usefulness of X-Rays was established at the end of the previous century. The Army had mobile X-ray theatres that assisted surgeons treating major wounds.

Plastic Surgery. Pioneered by Harold Gillies, the art and science of reconstructive surgery made the post-war lives of many badly wounded soldiers bearable. The work included both skin and bone grafts. More information is at www.gilliesarchives.org.uk and in his book <https://archive.org/details/plasticsurgeryof00gilluoft>. (Obviously the use of this resource should be selective as both sites contain images of surgery – black and white before and after photography, and colour portraits made for the surgeons to record the nature of the injuries).

Surgery. Most modern surgeons and theatre nurses would be familiar with the medical instruments used by medical staff during the First World War. Anesthetics and antiseptics were available to the medical staff. The greatest problem was the lack of antibiotics to fight bacteriological infections. Penicillin would not become available until after the war and was introduced onto the battlefield in the Second World War.

3) How close to the front were the doctors, nurses and hospitals?

Answer: Every battalion of soldiers (900-1,000 men) had its own Medical Officer (MO) and up to 12 Royal Army Medical Corps orderlies who assisted the MO. The MO and orderlies served in the trenches with the battalion. The students might wish to learn about the life of Capt Noel Chavasse, double Victoria Cross and Military Cross winner who was the MO for the Liverpool Scottish Regiment. He died of wounds after being injured rescuing a soldier.

Doctors and professional nurses in Casualty Clearing Stations (CCS) were based 3-5 miles from the frontline, often at transport hubs. The transport hubs were natural targets for enemy artillery fire and bombing from air raids. Consequently many medical staff became casualties whilst working in the CCS.

The major military hospitals were further behind the lines. However, like the CCS, some were subject to bombing in air raids. The air attacks were not deliberate attempts to bomb hospitals – they were protected under the Geneva Conventions of 1906 – but they were often close to legitimate military targets. Aircraft bombing was not accurate and as a consequence medical staff were killed.

Ambulance drivers – male and female - were also vulnerable to artillery fire as the guns fired on roads, but the gunners were not able to distinguish between ambulances and ammunition trucks from a distance.



4) How easy was it to evacuate the wounded to hospitals and subsequently home to the United Kingdom?

Answer: A staged evacuation system that has endured to modern times was developed during the war. At each stage doctors would evaluate the wounds, treat the injured where possible, and move the injured onto better care. Some soldiers with minor wounds could return to their battalions. Others too badly wounded were often untreatable and died. Many of the Commonwealth War Grave Commission cemeteries are in the former location of CCS.

It was possible to move a wounded soldier from the frontline in France to Charing Cross station, near Trafalgar Square in central London, in 24 hours. From this location the wounded could be sent to the major London teaching hospitals where they would receive the most advanced treatment.

The film will show the different types of transport used to move the injured from the front to the United Kingdom.

Photographic and Other Resources

Imperial War Museum. The Imperial War Museum was established in 1917 for the purpose of recording and preserving material linked to British and the Empire's experience of the Great War. The collections website can be found at www.iwm.org.uk/collections and the main site has a wealth of resources on multiple aspects of the war at the front and back at home.

The collections site search engine is straightforward. Enter a simple search term such as 'Medical'. Once the search results have been returned, it is possible for students and teachers to filter the results:

Select 'Filter Your Results' (below the search term box).

Select media to choose 'Images', 'Audio' or 'Video'.

Select 'Filter Your Results' again.

Select 'Subject Period' and then 'First World War'.

It is then possible to trawl through the material to select items of interest. It is often possible to listen to veteran's recordings or watch contemporary film on the site. Many pictures are available to download for non-commercial use.

Other Sites

First class sites for students conducting research are The Western Front Association www.westernfrontassociation.com the 'Long, Long Trail' www.longlongtrail.co.uk and 'Scarlet Finders' www.scarletfinders.co.uk

Students looking for details of relatives killed in the First World War should start with the Commonwealth War Grave Commission site www.cwgc.org The site also has school resources for Primary and Secondary aged children.



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