



MEDICINE

WW1



'In their diaries and letters home, the nurses' characterizations were not only patronizing but sometimes unkind: shock patients, often incontinent, were "very pathetic"; they formed "one of the most pitiful groups" of soldiers. Dorothea Crewdson referred to them as "dithery shell shocks" and "old doddering shell shocks." A patient who without warning got out of bed and raced down the hall clad only in his nightshirt was a "dotty poor dear." "It is sad to see them," wrote Edith Appleton. "They dither like palsied old men, and talk all the time about their mates who were blown to bits, or their mates who were wounded and never brought in. The whole scene is burnt into their brains and they can't get rid of the sight of it.'

Sourced from adoseofhistory.com

Who created this source: _____ their job, role or position: _____

Who is it for / audience: _____

When was it created: Year: _____ Century: _____ BCE CE Primary Secondary Tertiary

Where is the person who created the source from? _____

What type of source is it: Letter / Speech / Diary / Other : _____

What is the content of the source. Summarise this in your own words rather than just copy out lines.

Firstly the source says: _____

Furthermore it reveals: _____

Additionally it illustrates : _____

Finally it shows us : _____

Why was the source created. Is there a special reason or motive? _____

Use the bias indicators below to help decide if the source is reliable or not. Think about 1: **Provenance**, the origins or where the source came from . 2: **Content**, what the source says 3: **Corroboration**, is the content supported by other sources or your own knowledge?

C O N T E N T	Unreliable	What	Reliable	P R O V E N A N C E	Who	When	Where	Why
	Uses opinions One sided Strong Language Emotional Confused Boastful Exaggerates Subjective Not Corroborated	Softer Language Calm Clear Modest Understates Objective Corroborated	Could the person know things others do not? Do they have an important job? Is the person trustworthy? Could their 'audience' influence what is said or written?		Primary sources from a good eyewitness may be truthful, <u>but</u> they can also be confused or emotional. Primary sources may be recorded a long time after the event so the person may have forgotten some details. Secondary sources may get changed over time. The person was not there, <u>but</u> they can be written with less emotion and using information that was not available at the time..	Where a person comes from may influence the reliability of a source. For example, a German in 1942 may be biased towards a Jewish person and a Jewish person may feel angry towards Germans even today.	Does the person have a motive or a reason to lie? Does the person have a reason to tell the truth? Could it be propaganda?	

Unreliable 1 2 3 4 5 6 7 8 9 10 Reliable

1: Source provenance may may not make the source reliable because: _____


Example from the source : " _____ "

2: The source content may may not make the source reliable because: _____

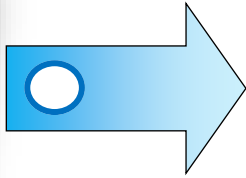
Example from the source : " _____ "

3: Any other ideas why the source may or may not be reliable. Is the source supported / corroborated?

Trench Life: disease, illnesses and dangers.

 **Mission** : to complete the tasks outlined bellow!

Task : 1: colour code or label (1-4) each of the four circles below. **2 :** Match with the sources provided **3 :** Write a few sentences about each category below.
4 : Answer questions provided.

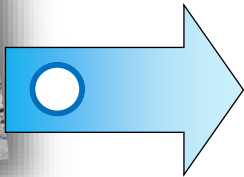


Shellshock



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Possible Causes ?

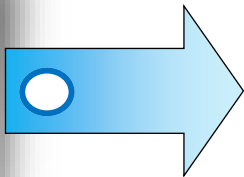


Gas Attacks



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*
*

3 Types of Gas

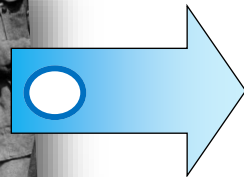


Trench Foot



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Cures for Trench Foot



Other



*
*
*
*

Irritating Animal ?

The most widely used, **mustard gas**, could kill by blistering the lungs and throat if inhaled in large quantities. Its effect on masked soldiers, however, was to produce terrible blisters all over the body as it soaked into their woollen uniforms. Contaminated uniforms had to be stripped off as fast as possible and washed - not exactly easy for men under attack on the front line.

BBC New Magazine



Nurses were unconcerned with the animated debate among physicians on the nature of shell shock. Was it a kind of brain concussion that resulted from the blast force of exploding shells? A physiological response to prolonged fear? A psychological reaction to the impact of industrial warfare?

adoseofhistory.com

Trench fever was an unpleasant disease caused by body lice during World War One. The fever was easily passed between soldiers, causing them to suffer from high fever, headaches, aching muscles and sores on the skin. It was painful and took around twelve weeks to get better from. For many soldiers, it was an illness that struck them more than once.

BBC Schools



Victims of a **chlorine** attack would indeed choke. The gas reacts quickly with water in the airways to form hydrochloric acid, swelling and blocking lung tissue, and causing suffocation.



Some soldiers suffered from a condition called trench foot. This was caused by standing in water and mud for a long time and losing blood circulation. In some cases, soldiers' socks started to grow on to their feet. In severe cases, soldiers had to have their feet or legs amputated .

BBC Schools



By 1917, chlorine (gas) was no longer being used alone. Another, more dangerous "irritant", phosgene, was the main killer. But phosgene is slow to act - victims may not develop any symptoms for hours or even days.

"... and then I smelt gas and realised that these were gas shells. I had my respirator on in a hurry and most of our men were as quick. The others were slower and suffered for it. One man was sick all over the sandbags and another was coughing his heart up. We pulled four men out of the debris unharmed. One man was unconscious, and died of gas later. Another was hopelessly smashed up and must have got it full in the chest."

H S Clapham, a British soldier on the Western Front

"If you have never had trench foot described to you, I will explain. Your feet swell (grow) two to three times their normal size and go completely dead. You can stick a bayonet into them and not feel a thing. If you are lucky enough not to lose your feet and the swelling starts to go down, it is then that the most awful pain begins. I have heard men cry and scream with pain and many have had to have their feet and legs amputated (cut off) . I was one of the lucky ones, but one more day in that trench and it may have been too late." **Harry Roberts.**

"If a soldier wouldn't climb the ladder when ordered to go over the top an officer would come down and shoot them for being a coward. The man was no more of a coward than you or I. He just could not move. That's shell shock."

'The Last Tommy', Harry Patch.



YouTube search ...
'Verdun Shellshock'



How Were Soldiers Injured in WW1?

Task: match statements to each part of the body ('Google' 'BBC iWonder How Were Soldiers Injured ' for information



Trench foot

Many soldiers hit here never made it to hospital

Most common form of injury here

High number of these wounds

More or less every gunshot wound more or less is infected upon the moment of infliction

Often needed to be amputated

12 % of recorded wounds here

Mud and water in trenches caused this injury

Brodie

Often caused by shrapnel or explosive shells

This helmet ' became standard hit in 1915

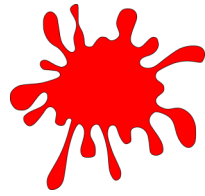
Infection caused the flesh to decay and die

Write up notes into the table

Head <input type="radio"/>	
Torso <input type="radio"/>	
Arm <input type="radio"/>	
Leg <input type="radio"/>	
Foot <input type="radio"/>	

Blank lined area for notes on Injuries.

Injuries



**WW1
Injuries
and
Illnesses**

Blank lined area for notes on Shellshock.

Shellshock

Blank lined area for notes on Gas Attacks.


Gas Attacks

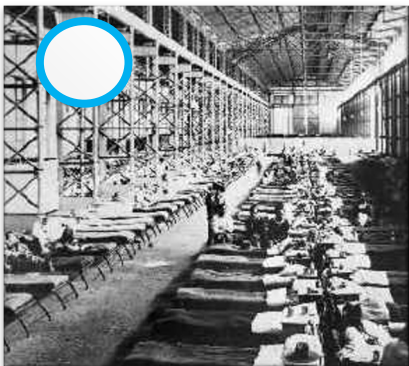
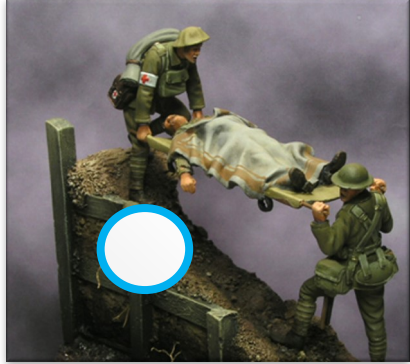


Blank lined area for notes on Illnesses.


Illnesses

Injured Soldiers: pathways to treatment

 **Task:** match each image, with the heading and the text.






Regimental
Aid Post


Motor
Ambulance


Stretcher
Bearer


Hospital
Train


Base
Hospital


Casualty
Clearing
Station

They could be used as mobile hospital along the Western Front. They were organised by the Royal Army Medical Corps with surgical wards and essential medical supplies. Trains were used to evacuate over 100,000 British casualties from the battlefield at Flanders in one month of 1914 alone .

This was usually position within 200m from the frontlines. Wounded men would walk in or be carried in by stretcher-bearers.. It was led by a Regimental Medical Officers but could not cope with serious injuries.


Located near the French and Belgian coasts. They contained 2500 beds by 1917. Wounded separated according to injuries by specialist doctors. Once here a wounded soldier stood a good chance of surviving. Would be sent back to fight or to Britain for further treatment.

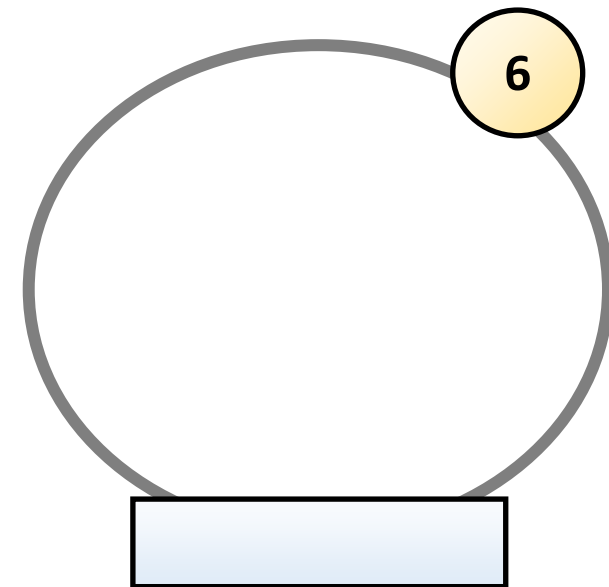
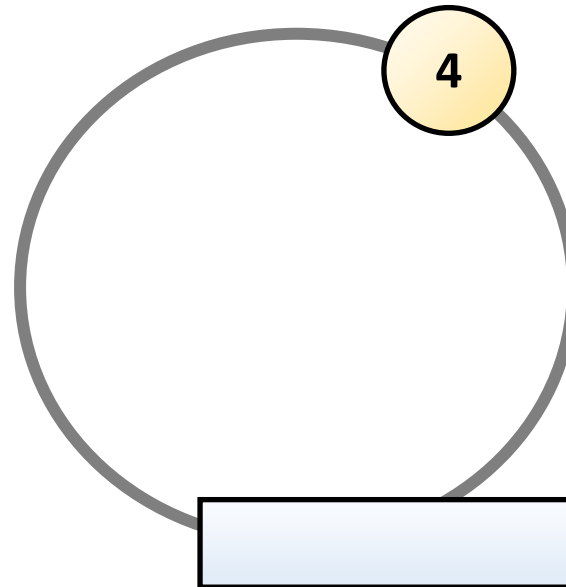
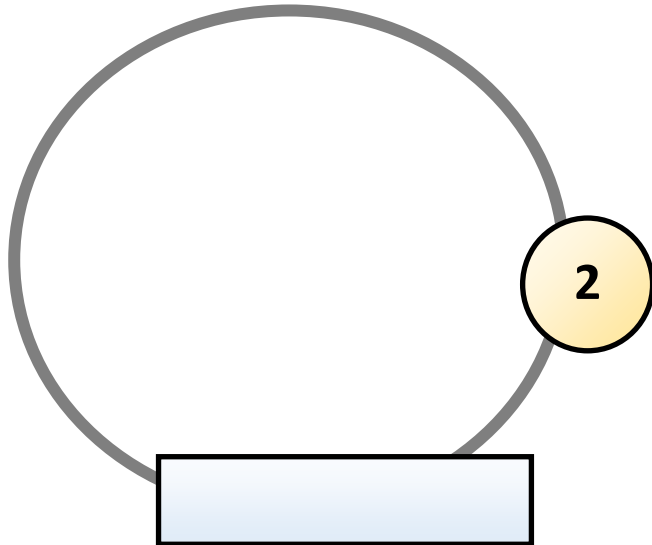
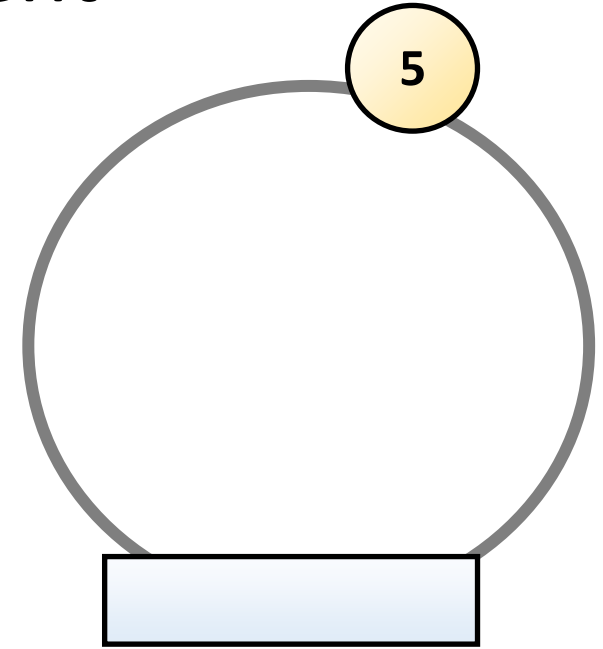
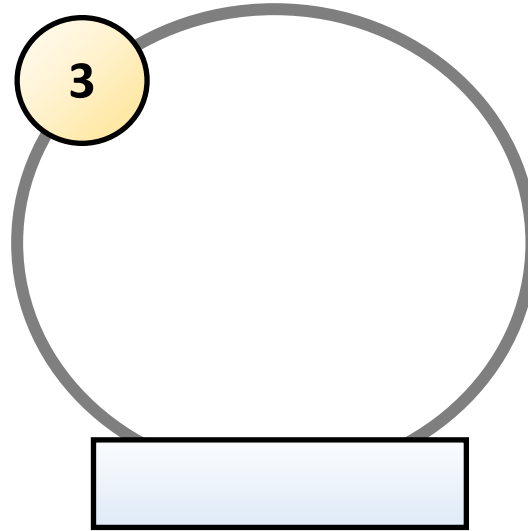
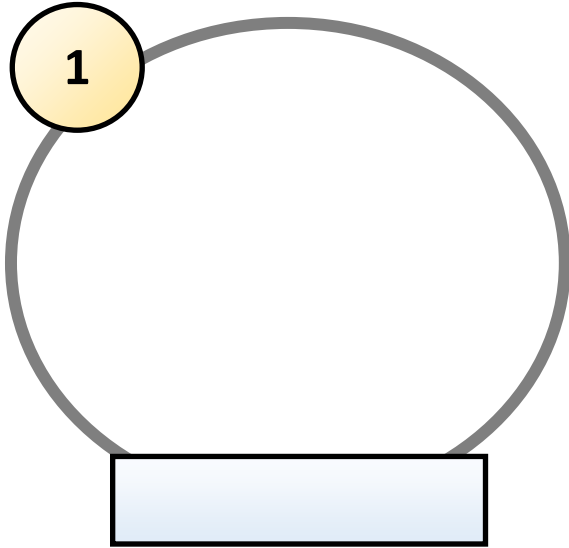
The first, large, well-equipped care for a wounded soldier. Close enough to the front lines to save the seriously injured but far enough away to be safe from artillery and attack. Often in schools or factories and close to or on to railways. They specialised in critical injuries to the chest and head. When soldiers arrived the were triaged. Could hold about 1000 men.

The first motorised versions of these were used during the First World War and began to replace horse drawn versions. They delivered more seriously injured to the CCS. Traction splints were used to help stabilise soldiers with leg injuries.

Soldiers involved in combat were not allowed to stop and care for their soldiers. An injured soldier had to wait until the _____ arrived. There were usually four of these for each company of soldiers (about 250 men).

Injured Soldiers: pathways to treatment

 **Review:** write a short summary of each stage of the pathways to treatment ensuring they are in the correct order



WW1 MEDICINE

THE FULL Pack Includes ...

THE Nature OF Warfare ON THE WESTERN FRONT

THE WORK OF RAMC and FANY

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SOURCES and SKILL WORK

PUZZLE and REVIEW

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