

History, Medicine through time

Lesson 29 of 30

**Worksheet:**

# **How were wounded soldiers helped on the Western Front?**

Miss Holland



# Transporting injured soldiers

Soldiers that had been injured while fighting would have to get from the frontlines to the beginning of the **chain of evacuation** as quickly as possible as staying in no-man's-land was dangerous, with both the risk of being hit by bullets and exploding shells, and also wounds becoming infected.

Men could help themselves and each other away from the frontline, if they were able to walk or even crawl. However, men who were badly injured would have to wait for **stretcher bearers** to retrieve them. Due to the uneven and often muddy **terrain** this could take some time and would also be dangerous for the stretcher bearers who were exposed to enemy fire.

At the beginning of the war, **horse-drawn ambulances** were used to move wounded soldiers but this was met with difficulty as they couldn't cope with the amount of wounded and were shook too much, putting injured soldiers at further risk. So, **motor ambulances** were used from the end of 1914 to transport wounded soldiers to different parts of the chain of evacuation, but even these struggled to move through the muddy terrain.

When soldiers were being transported to **base hospitals**, they would be moved via **ambulance trains** or **barges** which could transport greater numbers of soldiers in an effective way. Ships would be used to transport soldiers from France back to Britain.



# The role of RAMC

RAMC stands for **Royal Army Medical Corps**. This was part of the army that was responsible for medical care.

The RAMC consisted of everything from doctors, stretcher bearers, orderlies, and ambulance drivers and they ran the different sections of the evacuation chain. The RAMC also had **sanitation** units which were responsible of overseeing the hygiene of men in the trenches, e.g. carrying out foot inspections.

The number of RAMC went from around 9,000 at the start of the war to 113,000 by 1918.



# The role of FANY

FANY stands for **First Aid Nursing Yeomanry** and a women's voluntary organisation set up to support the medical care of the RAMC on the frontlines.

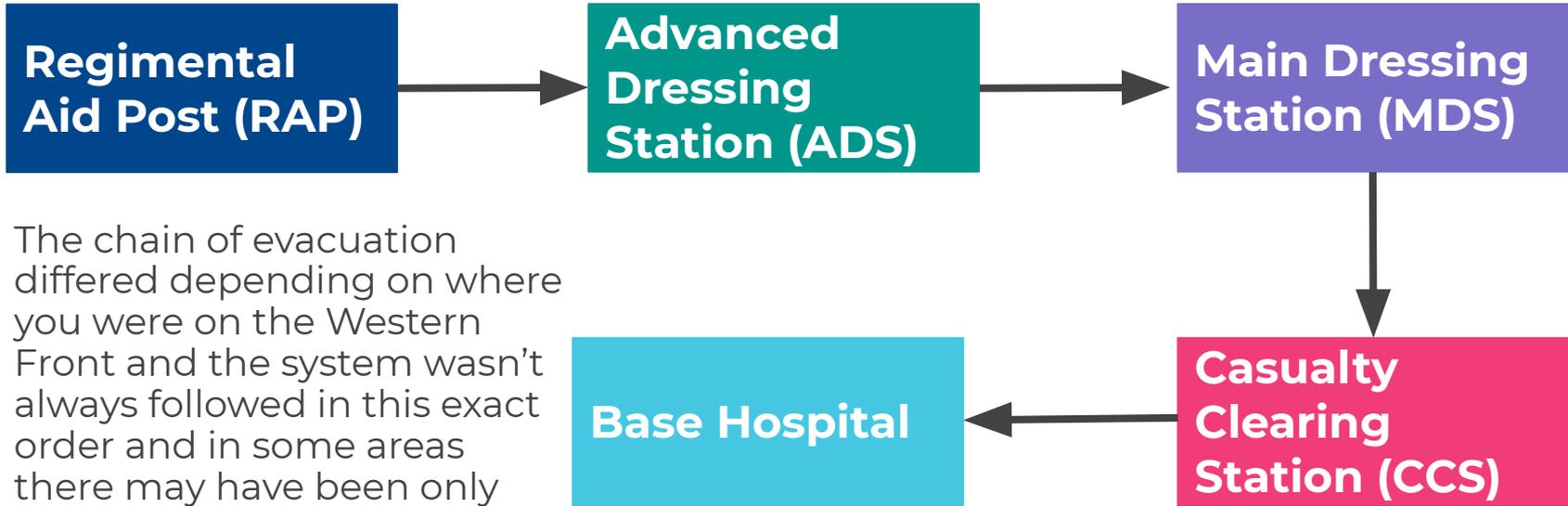
The first FANYs arrived in France in October 1914 and consisted of only 4 women. By the end of the war this number had increased but only to around 450.

FANYs carried out responsibilities such as keeping the **morale** of the troops up e.g. setting up cinemas, driving supplies, cleaning clothing and wards, cooking meals, run mobile baths, redress wounds. However, as the demand and number of wounded soldier increased FANYs were allowed to drive ambulances from 1916 which took them right up to the frontlines.



# The Chain of Evacuation

The chain of evacuation was the term given to the organised system of medical care on the Western Front. It consisted of the following:



The chain of evacuation differed depending on where you were on the Western Front and the system wasn't always followed in this exact order and in some areas there may have been only one Dressing Station.



# Regimental Aid Post (RAP)

The RAP was very close to the frontline and would often be in the communication trench or closeby. The RAP was not designed for dealing with serious injury and the men who came to the RAP were either patched up and sent back to the frontline, or they either walked or were carried by stretcher bearers to the Dressing Station.

The RAP would be run by the **Regimental Medical Officer** (RMO) and would be assisted by stretcher bearers, all of who were RAMC. The RMO could dress wounds and administer pain relief but nothing more as they lacked the equipment to do so, and it was also too close to the fighting.



# Dressing Stations (ADS and MDS)

Dressing stations were still close to the frontline but further away than the RAP. The **Advanced Dressing Stations** (ADS) were roughly 400m from the RAP and the **Main Dressing Station** (MDS) was a further mile back. However not all areas of the Western Front had two Dressing Stations.

The Dressing Stations were run by 10 medical officers, stretcher bearers and other men which meant it could accommodate more men for up to a week. However, like the RAP, no operations were carried out at the Dressing Stations unless it was absolutely necessary.

Dressing Stations were located in abandoned buildings or wherever there was some form of shelter; if not, tents would have to be used. The Dressing Stations were a division of the **Field Ambulance**, a unit that helped deal with wounded men.



# Casualty Clearing Stations (CCS)

Casualty clearing stations were located further away from the frontline and were originally designed to be where soldiers would be accommodated and sorted into those that needed to be sent to Base Hospitals, making sure that soldiers were ready to be transported e.g. bandages were changed.

At casualty clearing stations, wounded soldiers were assessed and categorised (**triage**) into the walking wounded, those who needed treatment at a base hospital and those who were so severely wounded that they either needed immediate treatment or they couldn't be treated. They could accommodate around a 1000 men when needed.

However, as the war progressed it was realised that some soldiers couldn't wait to get to a base hospital to be treated, e.g. if they had a severe infection, so CCS began to undertake more operations and treatments, acting more like a Base Hospital. This continued up until 1918 when CCS were forced back by the fighting and Base Hospitals took over the majority of operations once again.



# Base Hospitals

Base Hospitals were located close to the **coast** so that wounded soldiers could be more easily transported back to Britain on hospital ships. Soldiers would arrive at Base Hospitals by ambulance trains and barges.

Base Hospitals were much larger than the CCS and could accommodate around 2500 men. They were usually set up in civilian hospitals or converted buildings like schools or hotels. They would have **specialist wards** for different injuries and illnesses, and doctors that specialised in different areas and experimented with new techniques and treatments. They had operating theatres, x-ray machines and laboratories.

Soldiers would be treated at Base Hospitals until they were well enough to return to fighting or were sent back to Britain, e.g. those who required further specialist facial reconstructive surgery.



# Glossary

- **Barges** - Canal boats
- **Chain of evacuation** - The process used to help wounded soldiers on the Western Front
- **Terrain** - Ground
- **Triage** - Prioritising patient treatment based on their likelihood to survive
- **Morale** - A person's mental/emotional state



# Comprehension and Source Questions

1. Can you describe 2 problems with transporting injured soldiers on the Western Front?
2. Can you describe the chain of evacuation in your own words?
3. Can you explain 2 changes to the system in place to help wounded soldiers on the Western Front as the war progressed?
4. Read source A. Explain 2 things you can learn about how wounded soldiers were helped on the Western Front and support with quotes.
5. Challenge question: Why is source A **useful** for finding out about how wounded soldiers were helped on the Western Front? **HINT**: Remember the questions we ask when analysing the utility of sources.
  - **What does Source A tell you about how soldiers were helped on the Western Front?**
  - **How can you support source A with your own knowledge?**
  - **Where does the source come from and how does this affect the usefulness of the source?**

