

What happened to the wounded?

One of the most important parts of WWI was the movement of the wounded soldiers. In order for this to take place effectively there had to be a **chain of evacuation**.

This process relies on lots of parts working together to try and save a mans life...





RAMC: ROYAL ARMY MEDICAL CORPS

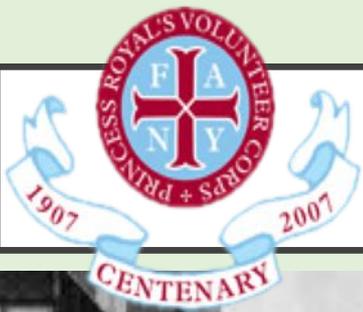


- This branch of the army was responsible for medical care and was founded in 1898.
- To deal with the large numbers of casualties in WWI, the number of medical professionals increased dramatically!
- More than half of Britain's doctors were serving with the armed forces, most of them on the Western Front

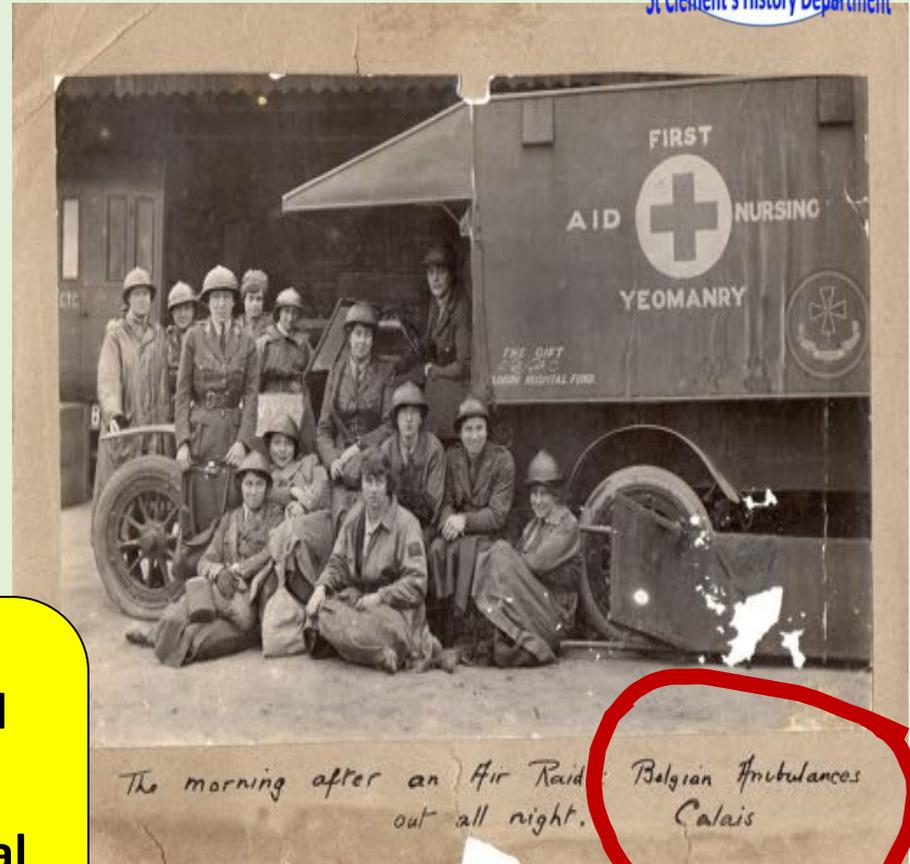
	1914	1918
Medical officers	3,168	13,063
Other ranks (e.g. private)	16,331	131,099



Complete your Features Log for the RAMC



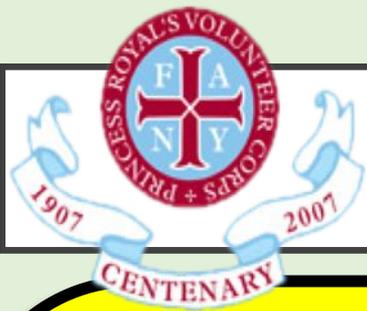
FANY: FIRST AID NURSING YEOMANRY



FANY was founded in 1907, the first women's voluntary organisation to send volunteers to the Western Front.

It provided front line support for medical services e.g. driving ambulances and giving emergency first aid

Anything interesting about this little note...?

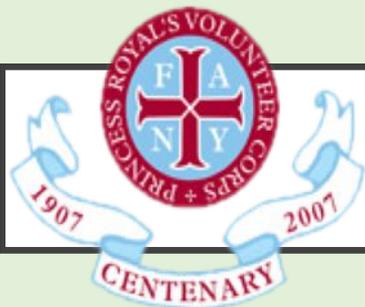


FANY: THE ROLE OF THE FANY

- The first six FANY's arrived in France on 27th October 1914, however the British would not make use of them so they devoted their energies to helping French and Belgian troops.
- Finally in January 1916, the British army decided to allow FANYs to drive ambulances, replacing the British Red Cross male ambulance drivers.
- The FANY drivers transported wounded troops by ambulance in the Calais region
- There were never more than 450 FANYs in France, but they did open the way for other women in other organisations to participate in the front line.
- They drove supplies such as food and clothes to the front line
- They had a mobile bath unit
- They set up cinemas to help the morale

Complete your Features Log for the FANY





FANY: THE ROLE OF THE FANY



Stick your Source F into your book and complete a NOPCAT analysis of it...

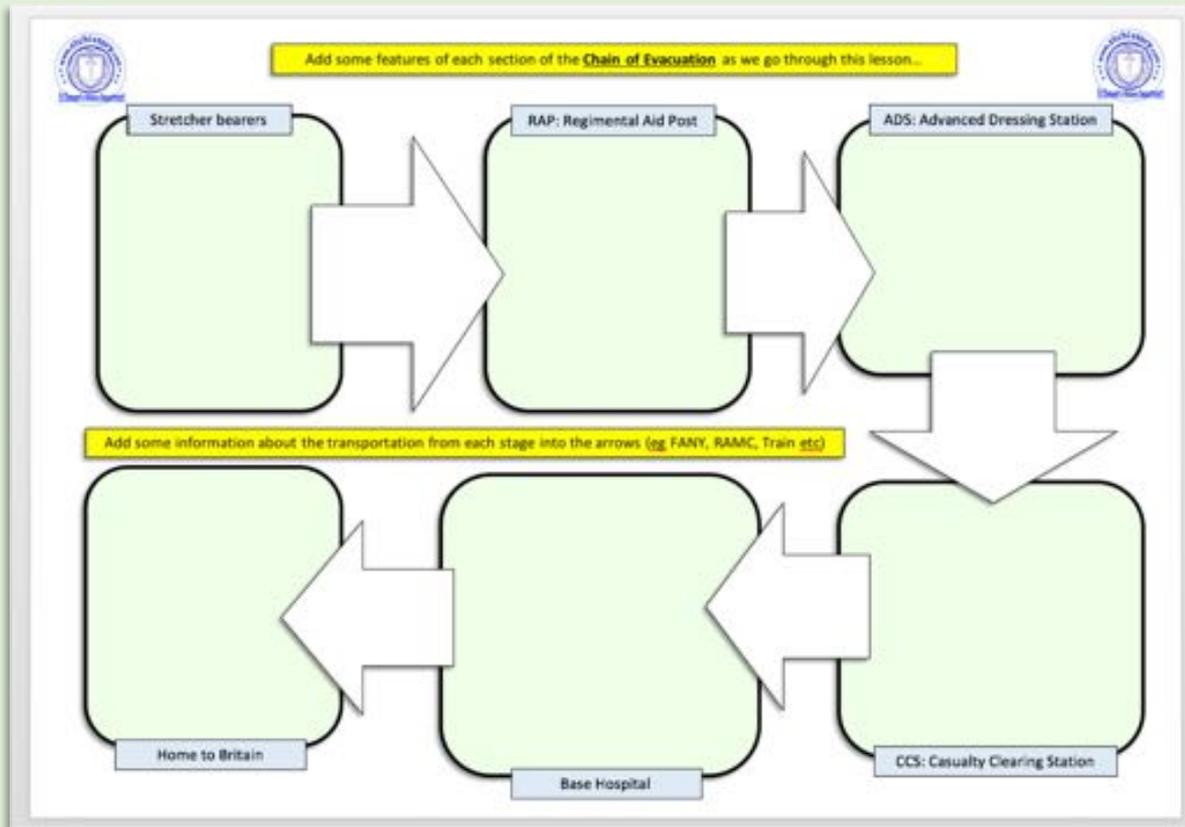
Source F

From Pat Beauchamp's autobiography, *Fanny Goes to War*, published in 1919. Beauchamp first worked as a nurse, bringing in the wounded from the trenches, and from 1916 as an ambulance driver. Here she is writing about an account of FANYs from an English newspaper.

The following is an extract from an account by Mr. Beach Thomas in a leading daily:
“Our Yeomanry nurses who, among other work, drive, clean, and manage their own ambulance cars... have done prodigies [wonders] along the Belgian front. One of their latest activities has been to devise and work a peripatetic [travelling] bath.. Ten collapsible baths are packed into a motor car which circulates behind the lines. The water is heated by the engine in a cistern in the interior of the car and offers the luxury of a hot bath to several score men.”

Chain of evacuation

You have been given a copy of this flow chart, you should fill it in as we go through the next couple of lessons, this will then allow you to understand the **'FEATURES OF.'** the RAMC, FANY and Evacuation Chain

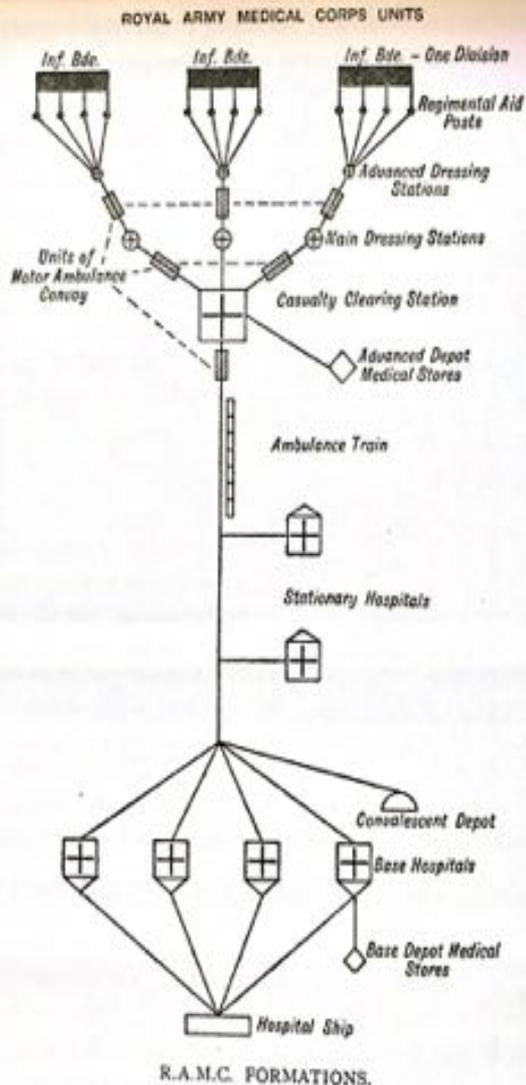


Main Stages of the Evacuation Chain:

- Regimental Aid Posts (RAP)
- Dressing Stations (ADS / MDS)
- Casualty Clearing stations (CCS)
- Base Hospitals

Source A

From F. S. Brereton, *The Great War and the RAMC*, published in 1919. Brereton served as a Lieutenant-Colonel in the RAMC on the Western Front. This is a diagram showing how the chain of evacuation might operate in theory.



Source B

From Ward Muir's *Observations of an Orderly*, published in 1917. Muir was a Lance Corporal in the RAMC and worked in a hospital in London that received patients from the Western Front at the end of the chain of evacuation.

We orderlies meet each convoy at the front door of the hospital. The walking-cases are the first to arrive – men who are either not ill enough, or not badly enough wounded, to need to be put on stretchers in ambulances. They come from the station in motor-cars supplied by the London Ambulance Column. The few minutes which the walking-case spends in the receiving hall are occupied in drinking a cup of cocoa, and in 'having his particulars taken'. Poor soul! – he is weary of giving his 'particulars'. He has had to give them half-a-dozen times at least, perhaps more, since he left the front. At the field dressing-station they wanted his particulars, at the clearing-station, on the train, at the base hospital, on another train, on the steamer, on the next train, and now in this English hospital.



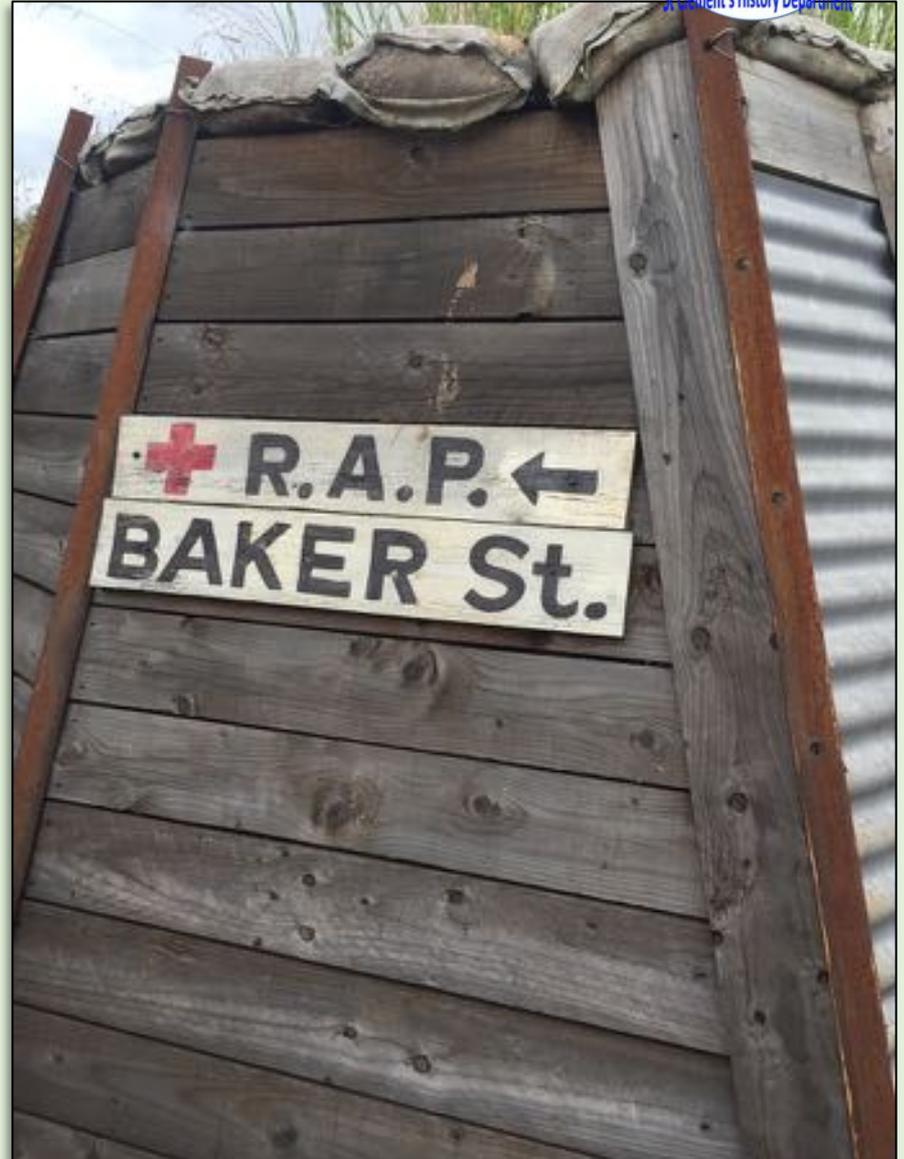
Stick in and study sources A & B...

- 1) Why do you think the first thing that happened to the new arrivals was that they were given a cup of cocoa and had their 'particulars' (personal details) taken?
- 2) How useful are these 2 sources in helping to establish the key stages in the chain of evacuation? ***NOPCAT Analysis sheets***
- 3) What other sources would give you useful information on the chain of evacuation? think of as many as possible.

RAP: REGIMENTAL AID POST



RAP: REGIMENTAL AID POST



RAP: REGIMENTAL AID POST



- Generally located within **200 metres** of the frontline
- Located in communication trenches or deserted buildings
- Led by a Regimental Medical Officer with some stretcher bearers (with 1st Aid knowledge)
- Wounded men would either **walk in themselves** or be **carried in by other soldiers**
- It could not deal with serious injuries – these were moved to the next stage of the **chain of evacuation**
- The purpose of the RAP was to give **immediate first aid** and get as many men back to the front as quickly as possible

RAP: REGIMENTAL AID POST



Make sure you have included the details on your evacuation chain sheet



St Clement's very own RAMC Stretcher Bearers

ADS / MDS: **ADVANCED** / **MAIN DRESSING STATION**



- In theory, there should have been an ADS about **400m** from the RAP, then a MDS a further half a mile back. In reality there may have only been one Dressing Station
- Located in **abandoned buildings, dug-outs** or **bunkers** in order to offer protection from enemy shelling. If these were not available, they would use **tents**.
- Staffed by **10 medical officers** + medical orderlies and **stretcher bearers from the RAMC**
- From 1915, there were some nurses available
- Again the men could either **walk** or be **carried** in to the Dressing Station



Summarise these points onto your sheet

ADS / MDS: **ADVANCED / MAIN DRESSING STATION**



- Those working at the Dressing Stations belonged to a unit of the RAMC called the **Field Ambulance** (don't confuse this with the vehicles, they were ambulance wagons)
- In theory each Field Ambulance Unit could deal with **150 men**, but in reality they were dealing with many more. **Hooge** in the Ypres Salient dealt with **1000 on 10/11 August 1917**
- Men who had been treated would return to their units if fit enough or they would be moved on to the next phase of the **chain of evacuation** by horse or motor ambulance



Summarise these points onto your sheet

Source C

From the diary of E.S.B. Hamilton, 19 August 1916.
Hamilton had been in France for over a year at this time, as part of the Field Ambulance. At the time of this diary entry, he was working at an Advanced Dressing Station on the Somme.

The dugout [of the ADS] is awfully overcrowded both night and day and it is impossible to get it cleaned or aired. [There were] something like 800 people through here in about thirty hours the day before yesterday. This is far too much work for the personnel [of] three officers and about 115 men. Result [is] a lot of the men are done up and the officers seedy and depressed.

Source D

A photograph of an Advanced Dressing Station. This was taken in August 1916 at Pozieres Ridge, which was part of the Somme campaign.



What can you learn from Source C about the ADS? (*CONTENT*)

How useful are Sources C and D for an enquiry into the Advanced Dressing Stations work?

NOPCAT Analysis Sheets

CCS: CASUALTY CLEARING STATION

- CCS's were located at a sufficient distance from the frontline to provide safety from attack but close enough for the ambulance wagons
- Often the CCS closest to the front line would specialise in operating on the most critical injuries (such as chest injuries)
- They were set up in buildings such as **schools** or **factories** and were often near a railway line to allow for the next stage of the **chain of evacuation**
- When the soldiers arrived they were divided into 3 groups, this was called **TRIAGE** meaning to sort or select. Triage helped medical staff make decisions about treatment



- 1) **The walking wounded** – These men could be patched up and return to fighting
- 2) **In need of hospital treatment** – These men would need to be transported to a Base Hospital once they had been treated for any immediate life threatening injuries
- 3) **The walking dead** – These men would be made comfortable as there was no chance of recovery, no medical resources were used on these men

CCS: CASUALTY CLEARING STATION

Source E

Photograph of a ward in the Casualty Clearing Station at Hazebrouck in 1915. Hazebrouck was close to Ypres.



Stats about the CCS during the 3rd Battle of Ypres:

- There were 24 CCS in the Ypres Salient
- 379 doctors and 502 nurses treated 200,000 +
- 30% of the soldiers were operated on
- 3.7% of the men admitted died

In pairs, study the statistics about the Casualty Clearing Stations during the Third Battle of Ypres and Source E.

- 1 What do you learn from the statistics?
- 2 Why can statistics be useful to historians?
- 3 What problems should historians be aware of when using statistics?
- 4 Describe the main features of the Casualty Clearing Station in the photograph.
- 5 What evidence does Source E provide that medical treatment in the Casualty Clearing Stations was effective?

BASE HOSPITALS

- Located near the French & Belgian coasts
- At the start, there were 2 types of Base Hospitals
 - 1) Stationary Hospital (SH)
 - 2) General Hospital (GH)In reality, both did the same work anyway
- They were **either** returned to the front or sent to Britain for further treatment
- Due to infection & gangrene, the **CCSs did more operations** than were originally planned for the BH
 - By May 1916 at Number 26 GH at Etaples, most head & chest patients had already been operated on



BASE HOSPITALS

- Base Hospitals developed then into a continuation of the treatment from the CCSs
- BH size increased after a battle, **in 1917, three new BHs** were opened with 2500 beds
- BHs **experimented with new techniques** which when successful were used in the CCSs – eg dividing patients according to their wounds (amputees, head, chest etc), this allowed for a specialised ward with a **specialist expert** doctor to treat them
- CCS retained their role as the most important place for operations until the spring of 1918 when the Germans launched a new attack which meant the CCSs were no longer as safe as during trench warfare. BH then took over the operations

Source G

A photograph of a British Base Hospital in 1916. The nurses are preparing for a visit from King George V.



Do you have any thoughts or observations about this source? You should be quite confident by now in dealing with sources

BASE HOSPITALS

Recap: summary from the Battle of Arras



- Arras was easy to tunnel through due to it being very chalky.
- Tunnels and quarries had been built here since Roman times.
- 1916 – British decided to link these existing tunnels, caves and quarries to create an underground network around Arras to act as a shelter to the Germans.
- They would also enable safe underground movement
- More than 2.5 miles were dug in 5 months
- 25,000 men could be stationed in the tunnels
- The tunnels had electric lights, running water, a light railway system and a **FULLY FUNCTIONING HOSPITAL**

UNDERGROUND HOSPITAL AT ARRAS

BASE HOSPITALS: UNDERGROUND AT ARRAS



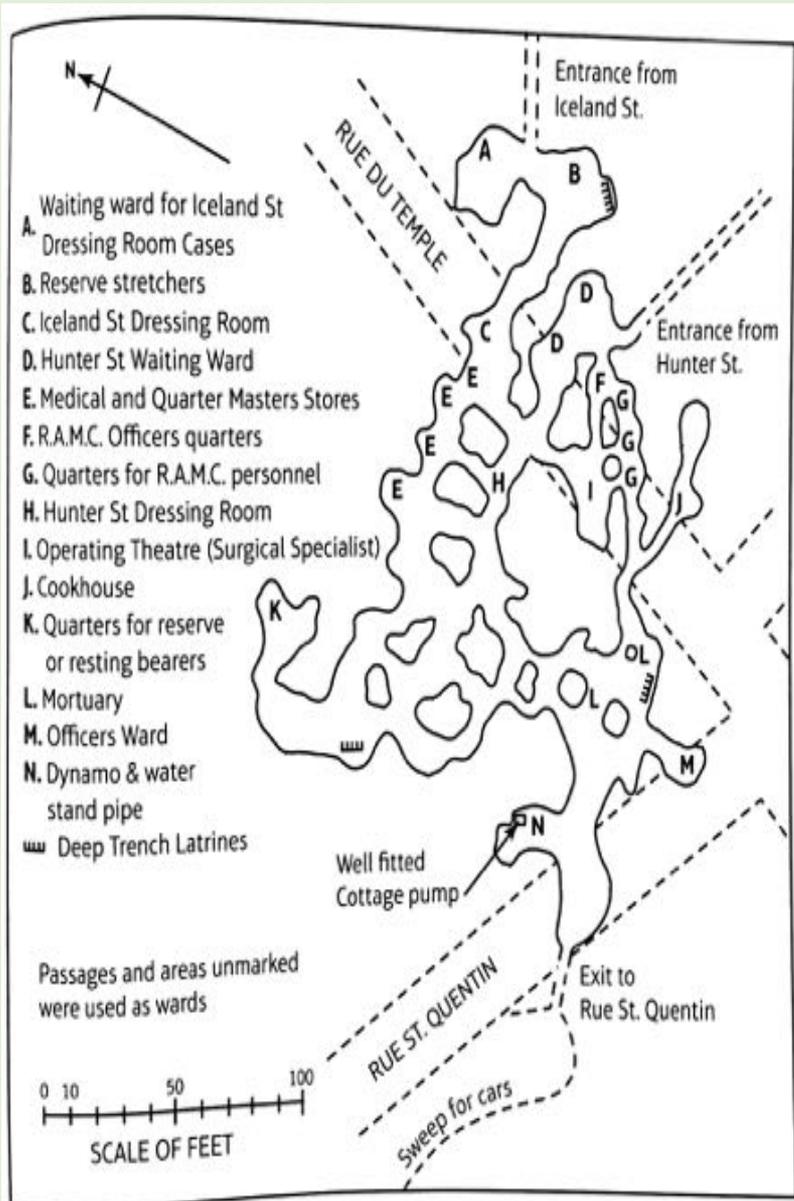
Source H

From Major-General Sir W. G. Macpherson, *Medical Services General History*, published in 1924. Macpherson was on the Western Front from 1914. From 1916–18, he was in charge of the RAMC. He wrote this history based on official records to which he had access. Here he is writing about the underground hospital at Arras.

Dressing Stations were established in caves, cellars and basements of buildings, protected as strongly as possible with sandbags on the outskirts of the town. The chief of these was in a large subterranean cave, from which stone had been excavated for building the town in the 16th century. It was close to the 3rd Division trenches and only 800 yards from the frontline. Two entrances for stretchers were tunnelled into it from the communication trenches, and an exit tunnelled out from the back into Rue St Quentin, where an approach was constructed for ambulance cars. This cave was fitted with electric light and a piped water supply and was able to accommodate 700 wounded on stretchers in two tiers.

What can we learn from Source H about the Underground Hospitals at Arras? (CONTENT)

UNDERGROUND HOSPITAL: ARRAS

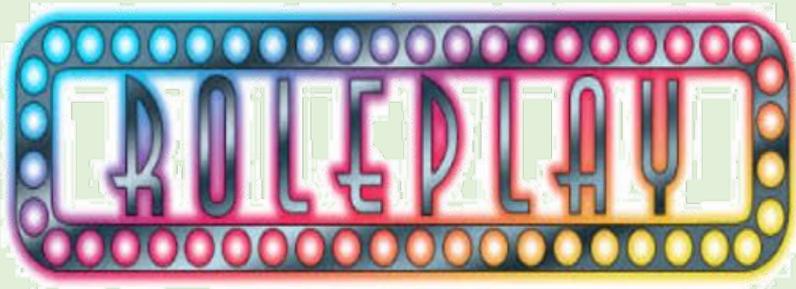


1919



Today

Describe 2 features of the Underground hospitals at Arras in your Features Log



Chain of evacuation

You will each be given a role to play and you need to organise yourselves into your part of the chain!

You have **20** minutes to plan what you will be doing

Your presentation should make each step very clear (what is going on, what stage is it, what are the issues you're facing here etc...)



ASSESSMENT NEXT LESSON:

In preparation for this assessment you can take the 2 sources away and complete a NOPCAT analysis on each.

You will be allowed your NOPCAT analysis sheets in the assessment.

You will be given the specific enquiry question at the start of the assessment



Source C

From the diary of E.S.B. Hamilton, 19 August 1916. Hamilton had been in France for over a year at this time, as part of the Field Ambulance. At the time of this diary entry, he was working at an Advanced Dressing Station on the Somme.

The dugout [of the ADS] is awfully overcrowded both night and day and it is impossible to get it cleaned or aired. [There were] something like 800 people through here in about thirty hours the day before yesterday. This is far too much work for the personnel [of] three officers and about 115 men. Result [is] a lot of the men are done up and the officers seedy and depressed.

Exam tip

Go through these steps when preparing your answer.

- Always concentrate on the enquiry – in this question, the treatment of the wounded at ADSs, and then identify points from the content.
- Think about the provenance (nature, origin, purpose) of both sources.
- Think about what you know about the context – the Advanced Dressing Stations.
- Link together the content, provenance and context in your answer and include how the provenance and context affects the usefulness of the content.

Source D

A photograph of an Advanced Dressing Station. This was taken in August 1916 at Pozieres Ridge, which was part of the Somme campaign.



Exam-style question, Section A

How useful are Sources C and D for an enquiry into the treatment of the wounded at ADSs on the Western Front?

Explain your answer, using Sources C and D and your knowledge of the historical context.

8 marks

Summary

- The Royal Army Medical Corps provided both doctors and other staff to support the medical services.
- The First Aid Nursing Yeomanry was one of many volunteer groups that provided additional support to the work being done by the RAMC.
- The process of moving the wounded from the frontline to the appropriate medical facility was known as the chain of evacuation.
- The main stages for the most severely wounded were the Regimental Aid Post, the Dressing Station, Casualty Clearing Station and Base Hospitals.
- At each stage, a key aim was that men who were successfully treated would be returned to fighting.