Medicine through time, c1250-present

Exam Practise Workbook
Describe two features of aseptic surgery in the early 20th century.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
Explain one way in which people’s reactions to the plague were similar in the 14th and 17th centuries.

Explain one way in which ideas about preventing the plague were different in the 14th and 17th centuries.

(Total for Question 3 = 4 marks)
Explain one way in which approaches to the treatment of disease were different in the 13th and 17th centuries.

(Total for Question 3 = 4 marks)

Explain one way in which treatments for illness were similar in the 14th and 17th centuries.

(Total for Question 3 = 4 marks)
Explain one way in which ideas about the cause of disease and illness were similar in the 14th and 17th centuries.

Explain one way in which people’s reactions to epidemics of disease were similar in the 17th and 19th centuries.

(Total for Question 3 = 4 marks)
Explain one way in which people’s reactions to epidemics of disease were different in the 17th and 19th centuries.

(Total for Question 3 = 4 marks)

Explain one way in which ideas about the causes of disease were similar in the 17th and 19th centuries.

(Total for Question 3 = 4 marks)
Explain one way in which ideas about the causes of disease were different in the 17th and 19th centuries.

Explain one way in which ideas about the treatment of disease were different in the 17th century from ideas in the 13th century.
Explain one way in which understanding of the causes of disease and illness was different in the c1750 from the present day.

(Total for Question 3 = 4 marks)
Explain why some changes took place in medical knowledge during the period c1500-c1700. You may use the following in your answer:
- Vesalius
- Printing press
You must also use information of your own. (12 marks)
Explain why there was little change in methods of treating and preventing disease during the period c1500-c1700. You may use the following in your answer:
- the Great Plague
- attitudes in society
You must also use information of your own. (12 marks)
Explain why there was continuity in ideas about the cause of disease during the period c1250-c1500. You may use the following in your answer:
- the church
- attitudes in society
You must also use information of your own. (12 marks)
Explain why there was continuity in the way disease was treated in the period c1500-c1700. You may use the following in your answer:
- the Great Plague
- attitudes in society
You must also use information of your own. (12 marks)
Explain why there was little change in the care provided by hospitals in the period c1250-c1500. You may use the following in your answer:
- ideas in the church
- herbal remedies

You must also use information of your own. (12 marks)
Explain why there were changes in understanding of the cause of disease during the period 1700-1900. You may use the following in your answer:
- spontaneous generation
- Louis Pasteur

You must also use information of your own. (12 marks)
Explain why there was both continuity and change in treatments for sickness during the period 1700-1900. You may use the following in your answer:
- cholera
- patent medicine
You must also use information of your own. (12 marks)
Explain why there was rapid change in surgical treatments in the period c1700-c1900. You may use the following in your answer:
- chloroform
- Joseph Lister

You must also use information of your own. (12 marks)
Explain why there was rapid change in the prevention of small pox after 1798. You may use the following in your answer:
- inoculation
- the government
You must also use information of your own. (12 marks)
Explain why there were changes in the way ideas about the causes of disease and illness were communicated in the period c1500-c1700. You may use the following in your answer:
- the printing press
- the Royal Society
You must also use information of your own. (12 marks)
Explain why there was rapid progress in disease prevention after c1900. You may use the following in your answer:
- government intervention
- vaccinations
You must also use information of your own. (12 marks)
‘Individuals had the biggest impact on medical training in the 16th and 17th centuries.’ How far do you agree? You may use the following in your answer:
- Vesalius
- the printing press
You must also use information of your own. (16 marks)
Vesalius’s work on anatomy was a major breakthrough in medical knowledge during the period 1500-1700. How far do you agree? You may use the following in your answer:
- dissection
- attitudes in society
You must also use information of your own. (16 marks)
Harvey’s discovery of the circulation of the blood was a major breakthrough in medical knowledge during the period 1500-1700. How far do you agree? You may use the following in your answer:
- dissection
- attitudes in society
You must also use information of your own. (16 marks)
‘Louis Pasteur’s publication of Germ Theory was the biggest turning point in medicine in the period c1700-c1900.’ How far do you agree? You may use the following in your answer:
- Edward Jenner
- Robert Koch  You must also use information of your own. (16 marks)
There was rapid progress in methods of preventing disease between 1700 and 1900. How far do you agree? You may use the following in your answer:
- Edward Jenner
- attitudes in society
You must also use information of your own. (16 marks)
'Simpson’s use of chloroform as an anaesthetic was a major breakthrough in surgery during the period 1700-1900’. How far do you agree? You may use the following in your answer:
- Joseph Lister
- nitrous oxide
You must also use information of your own. (16 marks)
There was rapid change in ideas about the causes of illness and disease in the period c1700-c1900. How far do you agree? You may use the following in your answer:
- Louis Pasteur
- Cholera
You must also use information of your own. (16 marks)
'There was little progress in medicine in the Middle Ages 1250-1500'. How far do you agree? You may use the following in your answer:
- St Bartholomew's Hospital
- the Theory of the Four Humours
You must also use information of your own. (16 marks)
'The role of the church was the main reason why there was so little change in medicine in the Middle Ages'. How far do you agree? You may use the following in your answer:
- the Great Plague
- attitudes in society  You must also use information of your own. (16 marks)
‘Treatment of diseases and care of the sick completely changed after c1800’. How far do you agree? You may use the following in your answer:
- Florence Nightingale
- vaccination
You must also use information of your own. (16 marks)
The Theory of the Four Humours was the main ideas about the cause of disease in the Middle Ages. How far do you agree? You may use the following in your answer:
- university training
- Galen’s ideas

You must also use information of your own. (16 marks)
'The greatest factor on the advancement of the treatment of disease between 1700-1900 was science and technology'. How far do you agree? You may use the following in your answer:
- Germ Theory
- vaccination
You must also use information of your own. (16 marks)
'The role of technology was the main reason why diagnosis improved in the 18th and 19th centuries'. How far do you agree? You may use the following in your answer:
- microscopes
- the role of the government
You must also use information of your own. (16 marks)
Hospital treatment in England in the period from 1250-1500 was very rare. How far do you agree? You may use the following in your answer:
- charity hospitals
- care in the home
You must also use information of your own. (16 marks)
Describe two features of casualty clearing stations. (4 marks)

Feature 1

Feature 2

(Total for Question 1 = 4 marks)

Describe two features of the support trench system on the Western Front. (4 marks)

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
Describe two features of the conditions in which fighting took place on the Western front. (4 marks)

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
How useful are Sources A and B for an enquiry into the problems faced by the medical services during battles on the Western front? (8 marks)

Source A

From an interview with Gunner William Towers in 1899. Here, he is recalling his treatment following a wound to his leg at Ypres in October 1917.

They took me to a hospital at Staplehurst, and fitted me with a Thomas splint, a round wooden ring with iron bands and a footstall. The pain from my knee was getting terrible so when I saw an officer coming up with his arm around two sisters and laughing. I said, ‘Excuse me, Sir, could you have a look at my knee?’ He came over and had a look at the splint. ‘Oh, there’s a bit above the knee. We’ll tape that tonight.’ So they came for me to go to the theatre and I thought, ‘Thank God for that.’ But when I woke up in the early hours of the morning I thought, ‘Oh God. My leg’s gone.’ They’d gulotined it off without saying a word. There had been no hint at all that I was going to lose my leg. They hadn’t even looked at it until I asked the doctor.

After that they put me on a boat and I was taken to England. A civilian doctor came to look at me and when he took the bandages off the smell was terrible. He thought I was going to die.

Source B

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 describing driving casualties to the Base Hospitals.

The battle of the Somme was in progress. Besides barges and day trains, three ambulance trains arrived each week. The whole Convoy turned out for this; and one by one the twenty-five odd cars would set off, keeping an equal distance apart, forming an imposing looking column down from the camp, across the bridge and through the town to the railway siding... Arrived at the big railway siding, we all formed up into a straight line to await the train... The ambulances were then reversed right up to the doors, and the stretcher bearers soon filled them up with four lying cases [wounded who could not walk]... Those journeys back were perfect nightmares. Try as one would, it was impossible not to bump a certain amount over those appalling roads full of holes and cobbles. It was pathetic when a voice from the interior could be heard asking, ‘Is it much farther, Sister?’ and knowing how far it was, my heart ached for them. After all they had been through, one felt they should be spared every extra bit of pain that was possible. When I in my turn was in an ambulance, I knew just what it felt like. Sometimes the cases were so bad we feared they would not even last the journey, and there we were all alone, and not able to hurry to hospital owing to the other three on board.
How useful are Sources A and B for an enquiry into the impact of the nature of the fighting on caring for the wounded on the Western Front? (8 marks)

Source A: From the diary of Sapper J. Davey, Royal Engineers, for 10 May 1915
Not many hours went by before we were shelled out of this position and had to come farther back. I don't know how we have fared in the firing line. We went out at night to put some wire entanglements in front of the trenches. The sights were too awful for words. In our advanced trench when the flares went up we could see how things really were. Numbers of poor fellows lay in the bottom of the trench, the wounded amongst the dead crying for water and the stretcher bearers. Some had been waiting a day and a half to be brought in.

Source B: From the letters of Reverend John Walker, an army chaplain, who worked at a Casualty Clearing Station at the Battle of the Somme in 1916
1 July. We have 1500 in and still they come, 300-400 officers, it is a sight - chaps with fearful wounds lying in agony, many so patient, some make a noise, one goes to a stretcher, lays one's hand on the forehead, it is cold, strike a match, he is dead...
2 July. Saddest place of all is the mortuaries ward, two large tents laced together, packed with dying officers and men, here they lie given up as hopeless, of course they do not know it.
3 July. Now I know something of the horrors of war, the staff is redoubled but what of that, imagine 1000 wounded each day. The surgeons are beginning to get sleep, because after working night and day they realise we may be at this for some months.
How useful are Sources C and D for an enquiry into the impact of the terrain on caring for the wounded on the Western Front? (8 marks)

Source C: Gunner Sydney White. Royal Artillery. His memories were recorded later for the Imperial War Museum.

The only way up from Ypres was by a plank road fifteen to twenty feet wide. All munitions had to travel a considerable distance up this plank road, and the mud was so deep that on one occasion, with drag-ropes on the wheels and something like a hundred men on the drag-ropes, it was still impossible to pull the guns out of the mud. You saw fellows coming down from the trenches badly wounded, covered from head to foot in blood, and perhaps an arm missing. You saw some of the fellows drop off the duck-boards and literally die from exhaustion and loss of blood.

Source D

A wounded Canadian soldier being carried back from the front at Passchendaele near Ypres in 1917
How useful are Sources C and D for an enquiry into the treatment of the wounded at ADSs on the Western front? (8 marks)

**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.

**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.
How useful are source A and B for an enquiry into the treatments that were available for wounded soldiers on the Western front?

**Source E**

From *A Surgeon's Journal 1915–18*, by Harvey Cushing, published in 1936. Here he is describing the conditions under which he is working during the battle of Passchendaele on 19 August 1917.

My prize patient, Baker, with the shrapnel ball removed from his brain, after doing well for three days suddenly shot up a temperature to 104 last night about midnight. I took him to the operating theatre, reopened the perfectly healed external wound, and found to my dismay a massive gas infection of the brain. I bribed two orderlies to stay up with him in the operating room, where he could have constant thorough irrigation over the brain and through the track of the missile [passing a warm saline solution along the path taken by the shrapnel to prevent infection]. No light except candles was permitted last night.

**Source D**

A photograph of a mobile x-ray unit, taken in 1917. Notice how the equipment has been laid out.
How could you follow up source C to find out more about X-rays on the Western Front? (4 marks)

Source C

From Radiography and Radiotherapeutics, by Robert Knox, published in 1917. This was a textbook on the use of x-rays written by a British doctor.
The need for portable outfits in connection with the war has led to a great development in the provision of motor wagons containing complete x-ray apparatus with all accessories. The mechanism used for driving the wagon i.e. the motor is coupled with a powerful dynamo which delivers a continuous current.

Detail in Source A that I would follow up:

Question I would ask:

What type of source I could use:

How this might help answer my question:
How could you follow up source E to find out more about X-rays on the Western Front? (4 marks)

Source E

From A Surgeon's Journal 1915–18, by Harvey Cushing, published in 1936. Here he is describing the conditions under which he is working during the battle of Passchendaele on 19 August 1917.

My prize patient, Baker, with the shrapnel ball removed from his brain, after doing well for three days suddenly shot up a temperature to 104 last night about midnight. I took him to the operating theatre, reopened the perfectly healed external wound, and found to my dismay a massive gas infection of the brain. I bribed two orderlies to stay up with him in the operating room, where he could have constant thorough irrigation over the brain and through the track of the missile [passing a warm saline solution along the path taken by the shrapnel to prevent infection]. No light except candles was permitted last night.

Detail in Source A that I would follow up:

Question I would ask:

What type of source I could use:

How this might help answer my question:
There was no progress in understanding the cause of disease between 1250 and 1800. How far do you agree? Explain your answer.
‘Pasteur’s germ theory was the most important turning point in understanding the causes of disease and illness’. How far do you agree? Explain your answer.
Describe two features of the methods used to reduce the risk of trench foot on the Western Front.

**Feature 1**

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Describe two features of the methods used to reduce the risk of trench fever.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)

Describe two features of the support trench system on the Western Front.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
Describe two features of Regimental Aid Posts.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)

Describe two features of Casualty Clearing Stations.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
Describe two features of the methods of transporting the wounded on the Western Front.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)

Describe two features of the work of nursing units such as the FANY.

Feature 1

Feature 2

(Total for Question 1 = 4 marks)
Jenner’s vaccination against smallpox was a major breakthrough in the prevention of disease in Britain during the periods 1700-1900. How far do you agree?
Study Sources A and B. How useful are Sources A and B for an enquiry into the problems the medical service faced transporting injured soldiers? Explain your answer, using sources A and B and your own knowledge of the historical context.

**Source A:** From the recorded memories of William Easton, East Anglian Field Ambulance. He was 18 in 1916. Here he described conditions near Ypres in 1917.

Up at Ypres we used to go up the line and we’d be waist deep in mud. We were carrying the wounded down near a place called Hooge, where had been a terrific amount of fighting. One trip down a trench in those conditions and you would be all in – exhausted. If you got two or three wounded men down in a day, that was all you could expect to do. We had to carry men in fours there and we had to be very careful because you could do more damage to a man than the shell if you jolted him too much or he fell off the stretcher. To make carrying easier we had slings which we put round our shoulders and over the stretcher’s handles.

**Source B:** An extract from an article in the *Journal of the Royal Army Medical Corps*, 1915.

Admirable as was the organization of the large base hospitals, the transport of the wounded from the fighting line seems to have been very badly managed during the advance of the Germans through Belgium and northern France. The supply of motor ambulances proved totally inadequate and the slightly wounded had to shift for themselves and squeeze into goods trains.
How could you follow up Source B to find out more about the problems the medical service faced transporting injured soldiers?

Source B: An extract from an article in the Journal of the Royal Army Medical Corps, 1915.
Admirable as was the organization of the large base hospitals, the transport of the wounded from the fighting line seems to have been very badly managed during the advance of the Germans through Belgium and northern France. The supply of motor ambulances proved totally inadequate and the slightly wounded had to shift for themselves and squeeze into goods trains.

Detail in Source A that I would follow up:

Question I would ask:

What type of source I could use:

How this might help answer my question:
Explain why there was rapid progress in preventing illness in Britain during the period c1750-1900?
Explain one way in which understanding of the causes of illness was similar in the late nineteenth and twentieth centuries.

(Total for Question 3 = 4 marks)

Explain one way in which understanding of the causes of illness was different in the late nineteenth and twentieth centuries.

(Total for Question 3 = 4 marks)
Explain why there have been changes in understanding the causes of illness during the twentieth century.
Explain why there have been changes in methods of preventing illness during the twentieth century.
Explain why there have been changes in methods of treating illness during the twentieth century.
‘The development of penicillin was a major breakthrough in the treatment of illnesses during the twentieth century’. How far do you agree? Explain your answer.
‘The discovery of DNA was a major breakthrough in medicine during the twentieth century’. How far do you agree? Explain your answer.
What enquiries could the following sources be useful for and how useful are they?

**Source A**
A 19th-century x-ray machine in a hospital.

**Source B**
A British trench during the Battle of the Somme, July 1916.

**Source C**
Photograph of a wounded British soldier being carried on a stretcher by German prisoners of war, 15 September 1916. This followed a battle that was part of the Somme campaign.

**Source D**
From 'The General', a poem written by Siegfried Sassoon in 1918. Sassoon served as an officer on the Western Front from 1914. He was treated for shellshock (a psychological condition caused by prolonged exposure to bombardment) in 1917, after which he returned to fight on the Western Front.

"Good morning, good morning," the General said,
When we met him last week on our way to the line. 
Now the soldiers he smiled at are most of 'em dead,
And we're cursing his staff for incompetent swine.
"He's a cheery old card," muttered Harry to Jack
As they slogged up to Arras with rifle and pack.
But he did for them both by his plan of attack.
Source E
From Edward Munro’s Diaries of a Stretcher Bearer. This entry comes from 7 November 1916, when Munro was in the Somme.

We commenced to carry down the wounded of whom there were a considerable number. The 7th Brigade had made an attack on the German line the previous night and had suffered many casualties. The country over which we have to carry is most difficult to traverse [walk across], being pitted with shell holes, mostly waterlogged. Fritz [a reference to the Germans] keeps up a fairly constant shelling. Yesterday he caught some of the 6th Ambulance bearers, killing two. In this area was started the system of carrying the stretchers shoulder high – four to a stretcher, this being much less fatiguing than the old method of two carrying with slings... The carrying at night is very trying as there are no clearly defined tracks. The landmarks that serve to guide one in the daytime are not visible at night.

Source F
Stretcher bearers carrying a wounded man to safety at the third battle of Ypres in August 1917. This photograph was taken by Lieutenant John Brooke, an official photographer for the British army on the Western Front.

Source G
From a speech made by Walter Roch in Parliament, 23 June 1915. Roch was a Liberal MP and was taking part in a debate on how the government should spend its money.

I want to bring to the notice of the House information in connection with the treatment of the wounded in Flanders. The information is not my own personal knowledge, but from several very close personal friends who have been connected with this, although I cannot give their names. I am told that it is of the utmost importance that the men who are wounded should be treated as quickly as possible, and that their wounds should have the best possible attention as soon as may be. The suggestion I have to make is that there should be many more of these evacuation hospitals than there are in France at the present moment, that they should be much better equipped with operating theatres and other appliances, and that they should be more sanitary and hygienic in their nature.

Source A
From an interview with Captain Maberly Esler in 1974. He was a medical officer. Here he is recalling events at Hooge, in the Ypres salient, in June 1915.

We’d never attempt any major surgery or anything like that in the trenches – one couldn’t do it. The only thing you could do was to cover a wound to keep it from getting infected, or stop a haemorrhage by compression if they were bleeding to death. Several people got tetanus afterwards from an infection in the ground which was carried in shelled areas. The ground had been shelled for such a long time it was in rather a septic sort of condition.

Source D
From a 1919 painting by John Singer Sargent. Sargent was commissioned by the British War Memorials Committee to paint this in 1918 and researched the painting by visiting both Arras and Ypres before the end of the war. These soldiers have experienced a mustard gas attack.
**Source B**

From ‘Dulce et Decorum Est’, a poem written by Wilfred Owen in 1917 whilst he was being treated for shellshock. He served on the Western Front in 1916–17 and returned in 1918, where he was killed in action shortly before the end of the war. The text in the title and the end of the poem is in Latin and means ‘It is sweet and fitting to die for one’s country’.

Gas! Gas! Quick, boys! – An ecstasy of
Fumbling,
Fitting the clumsy helmets just in time;
But someone still was yelling out and
stumbling,
And flound’ring like a man in fire or lime...
Dim, through the misty panes and thick green
light,
As under a green sea, I saw him drowning.
In all my dreams, before my helpless sight,
He plunges at me, drowning, choking, drowning.
If in some smothering dreams you too could pace
Behind the wagon that flung him in,
And watch the white eyes writhing in his face,
His hanging face, like a devil’s sick of sin;
If you could hear, at every jolt, the blood
Come gargling from the froth-corrupted lungs,
Obscene as cancer, bitter as the cud
Of vile, incurable sores on innocent tongues,
My friend, you would not tell with such high
zeal
To children ardent for some desperate glory,
The old Lie; Dulce et Decorum est
Pro patria mori.

**Source C**

From the notebook of Lance Sergeant Elmer Cotton, who served in the 5th Northumberland Fusiliers in 1915. He is describing the effects of a chlorine gas attack.

It produces a flooding of the lungs. It is the equivalent to drowning, only on dry land. The effects are these – a splitting headache and a terrific thirst (but to drink water is instant death), a knife-edge pain in the lungs and the coughing up of a greenish froth off the stomach and the lungs, finally resulting in death. It is a fiendish death to die.

**Source D**

Photograph of a man wearing a cotton wool pad respirator, April 1915. This was a simple form of gas mask. The Second Battle of Ypres also began in April 1915.

**Source E**

A photograph of a wagon belonging to the Field Ambulance service, in use in the Somme region, September 1916.

**Source F**

From the autobiography of Geoffrey Keynes, *The Gates of Memory* (1981). This account was originally published in 1968. Keynes was important in developing blood transfusions during the war.

On 6 February 1915 I was detailed for duty on an ambulance train. The numbers of patients carried on each journey varied between 100 and 400. During my turn of duty in the train we carried nearly 18,000 patients. Medical duties were usually restricted to ensuring that the wounded men, who had already been attended in a Dressing Station or Casualty Clearing Station travelled as comfortably as possible with the help of sedative and pain-killing drugs. Frequently they had to suffer violent jolts during shunting operations.

Usually the patients had been fully cared for before being sent on by train to the base hospitals, but on one occasion (12 March 1915), the train was ordered to go close to the frontline and take on casualties who had barely received first aid.
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.

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.

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 F

From Pat Beauchamp’s autobiography, Fanny Goes to War, published in 1918. 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. Beecroft Thomas in a leading daily: “Our Yeomanry nurses who, among other work, drive, clean, and manage their own ambulance cars... have some prodigies [wonders] along the Belgian front. One of their latest activities has been to devise and work a perripatetic [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.”
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Source A

From the diary of B.C. Jones, 1915-16. Jones served with the Royal Field Artillery in France from the start of the war until he was wounded in 1915.

7 December. A German shell hit the dugout of our telephone pit. I remembered no more until I woke up in Bethune Casualty Clearing Station Number 33, where I am and have been severely wounded. Left hand blown off, left arm ripped up 12 inches. Scalp wound 6 inches, wound on outer side of left knee (left) 5 inches.

9 December. Operation on upper arm for gangrene (successful).

12 December. I remain here for 8 days then removed to St. Omer by hospital barge, very comfortable. I am then removed by train to Eperies. I am sent to England on the Hospital Ship. Return to Nottingham where I am in bed until the end of February.

3 June 1916. I am eventually transferred to Brighton where I am operated on and re-amputated. Awaiting Roehampton for artificial limb.

Source H

From A Surgeon's Journal 1915-18, by Harvey Cushing, published in 1936. This work is made up of extracts from the journal kept by American surgeon Cushing during the war. Here he is describing his first impressions of medical treatment on the Western Front soon after his arrival in France on 2 April 1915.

It is difficult to say just what are one's most vivid impressions: the amazing patience of the most seriously wounded, some of them hanging on for months; the dreadful deformities (not so much in the way of amputations, but broken jaws and twisted, scarred faces); the tedious healing of infected wounds with discharging sinuses, tubes, irrigation and repeated dressings. Painful fractures are simply abandoned to wait for wounds to heal, which they don't seem to do.

Source G

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

Source I

From The Daily Telegraph, a British newspaper, 29 April 1915.

POISON BOMBS: CANADIAN'S HEROIC CONDUCT

There appears little doubt that the material used by the Germans in the "poison bombs" is chlorine. This is the only conclusion one can arrive at after hearing the graphic narrations of a Canadian who was enveloped in the fumes near Ypres.

The Canadian said, "Directly we opened fire the Germans rained shrapnel over us. We kept the guns going, wounded as some of us were. That we could stand. We had no complaints, because it was honest warfare. Then came the surprise. We saw bombs burst in the air and throw off a greenish-yellow vapour..."

At yesterday's meeting of the London Education Committee, the chairman (Mr. Gilbert) called attention to the request of the Government for respirators (gas masks) for the troops.
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.

The majority of stretcher-cases reach us in a by no means desperate state, for, as I say, they seldom come to England without having been treated previously at a base abroad (except during the periods of heavy fighting). And it is remarkable how often the patient refuses help in getting off the stretcher on to the bed. He may be a cocoon of bandages, but he will courageously heave himself overboard, from stretcher to bed, with a wallop which would be deemed rash even in a person in perfect health.

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 18th 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.
Source A:

Although people talk about communication trenches and duckboard tracks they generally weren't there, and if they were, there was every probability that the enemy was going to shell them. So going along a trench [at night] meant stumbling along a dark wet ditch with an irregular floor and a right-angled turn every few yards so that you can't see where you're going. To manoeuvre these cursed things [bundies of barbed wire] round a corner was so fatiguing it can hardly be described.

So you'd go cursing and stumbling along in the dark, slipping into holes and stumbling over wires. Worst of all was the traffic problem, because there would be several parties of this kind going through the labyrinth of trenches, and you could have a jam as bad as a London traffic jam.

Source A: From the diary of Sapper J. Davey, Royal Engineers, for 10 May 1915

Not many hours went by before we were shelled out of this position and had to come farther back. I don't know how we have fared in the firing line. We went out at night to put some wire entanglements in front of the trenches. The sights were too awful for words. In our advanced trench when the flares went up we could see how things really were. Numbers of poor fellows lay in the bottom of the trench, the wounded amongst the dead crying for water and the stretcher bearers. Some had been waiting a day and a half to be brought in.

Source B: From the letters of Reverend John Walker, an army chaplain, who worked at a Casualty Clearing Station at the Battle of the Somme in 1916

1 July. We have 1500 in and still they come. 300-400 officers, it is a sight – chaps with fearful wounds lying in agony, many so patient, some make a noise, one goes to a stretcher, lays one's hand on the forehead, it is cold, strike a match, he is dead...

2 July. Saddest place of all is the mortibund ward, two large tents laced together, packed with dying officers and men, here they lie given up as hopeless, of course they do not know it.

3 July. Now I know something of the horrors of war, the staff is redoubted but what of that, imagine 1000 wounded each day. The surgeons are beginning to get sleep, because after working night and day they realise we may be at this for some months.

Source C: Gunner Sydney White. Royal Artillery. His memories were recorded later for the Imperial War Museum.

The only way up from Ypres was by a plank road fifteen to twenty feet wide. All munitions had to travel a considerable distance up this plank road, and the mud was so deep that on one occasion, with drag-ropes on the wheels and something like a hundred men on the drag-ropes, it was still impossible to pull the guns out of the mud. You saw fellows coming down from the trenches badly wounded, covered from head to foot in blood, and perhaps an arm missing. You saw some of the fellows drop off the duck-boards and literally die from exhaustion and loss of blood.
Which of Sources A-D is useful for an enquiry into:

1) Gas attacks
2) Health problems in the trenches
3) The dangers from artillery
4) The dangers from infections in wounds?
Source A: H. P. Cotton was a signaller in the Royal Artillery who enlisted in 1909 and served throughout the war until wounded at the Battle of Arras in 1917. He wrote this account after the war and it is part of the Liddle Collection of records from both World Wars at the University of Leeds. He was awarded the Military Medal for bravery at Arras. Back in Britain he underwent more operations on his legs and was then discharged from the Army as 'Physically unfit for further service' and awarded 80 per cent disability pension. The 100 per cent (Total Disablement) pension was then 28 shillings per week which would be worth between £35 and £40 a week today.

... regaining consciousness after this further injury, I – and many others lying around in similar circumstances – shouted as loud and for as long as we were able to attract attention. Eventually I was located by a party of 8th Lincolns making their way to a sunken road to collect rations. Stretcher bearers arrived and conveyed me in 'fits and starts' under heavy shell fire to the Regimental Aid Post – a dugout excavated in the side of a hill. There, clothing – or remains of clothing – and boots were cut away from affected parts with an open razor, one was examined by a medical officer, a yellowish liquid poured over wounds and copious bandages applied. Various particulars – rank, name, regimental number etc. – were taken whilst awaiting to be taken rearward by ambulance – often horse drawn to a Casualty Clearing Station which was equipped with a mobile operating theatre. I was informed that I had received multiple gunshot wounds in both legs, right foot and right hand and had lost a quantity of blood due to lying out on the battlefield without attention ... Some time after my first surgical operation for the removal of the largest pieces of metal (mostly shrapnel bullets), I with many others was taken to a nearby hospital train by stretcher bearers ... After a long railway journey – or so it seemed – we were transferred to ambulances and taken to a Base Hospital at Camiers. Later I learned it was a tent hospital ... I soon discovered that I was in the Danger Ward and my parents visited me for 3 days (I think). One or two operations were performed on me at this hospital and I spent about two months there before I was fit enough to be transferred to Blighty [Britain]. Thence I was taken by ambulance to Calais. Lady drivers were then operating ambulances at the bases and I well recall lying on a very narrow stretcher with 16 tubes in my numerous wounds and the changing of gears by a not too efficient driver on very indifferent roads ... We were unloaded and the casualties transferred to a hospital ship ...
Which sources from A-H are useful for:

1) The work of Regimental Aid Posts
2) Operating theatres in hospitals
3) Transportation of the wounded
4) The work of Dressing Stations
5) The work of Casualty Clearing Stations.
Source E: An extract from the London Gazette, 30 July 1918, recording awards of the Military Medal to members of the FANY
Miss Muriel Thompson, FANY
Miss Winifred Millicent Elwes, FANY
Miss Elsie Agnes Courtis, FANY
Miss Mary Richardson, FANY
Miss Mollie O’Connell-Bianconi, FANY
Miss Hilda May Dickinson, FANY
Miss Elizabeth Beveridge Callander, FANY
For conspicuous devotion to duty during a hostile air raid. All these lady drivers were out with their cars during the raid, picking up and in every way assisting the wounded and injured. They showed great bravery and coolness, and were an example to all ranks.

Source F: From orders sent by Surgeon-General W. Pike (Director of Medical Services, 1st Army) to officers commanding Casualty Clearing Stations, 19 April 1916. Non-Commissioned Officers (NCOs) were soldiers who had been promoted to ranks such as Corporal or Sergeant.
Owing to the fact that modern battles as a rule last several days, care must be taken that NCOs and men of your Clearing Station should be divided into day and night parties, of which of course, the day party will be the larger. As far as possible, some Officers and Sisters should be also off-duty for at least six hours in the 24.

Source G: A ward in the British Red Cross Hospital in Le Touquet, France in April 1914.

Source H: An extract from an article in the Journal of the Royal Army Medical Corps, 1915
Admirable as was the organization of the large base hospitals, the transport of the wounded from the fighting line seems to have been very badly managed during the advance of the Germans through Belgium and northern France. The supply of motor ambulances proved totally inadequate and the slightly wounded had to shift for themselves and squeeze into goods trains.

Source A: Captain Geoffrey Keynes describing the development of blood transfusions in 1915. Keynes was a young RAMC doctor who later became a consultant surgeon and was knighted for his pioneering work on blood transfusions. He wrote an autobiography The Gates of Memory published in 1981.
The first thing to do was get the [blood] group of the donor and the patient matching, and we had the serum for doing that. It had just been discovered as well as the method by which we could prevent the blood from clotting. It turned out to be very simple. You simply put sodium nitrate solution in the flask, a certain amount, then ran in the pint of blood, shook it around, and gave it to the patient through a pipe. You took it from a donor into a flask and then from the flask to a patient. I spent two weeks with the Harvard Unit [an American unit based at a hospital in France] and during the time I contributed something by devising an improved apparatus ... After a fortnight studying this technique I went back to the casualty clearing station where I was working and introduced the method there. It saved countless lives of men who would otherwise have died from shock and loss of blood.

Source B: From ‘The Development of British Surgery at the Front’ by Surgeon-General Sir Anthony Bowly, published in the British Medical Journal in June 1917. This extract comes from the section on head injuries.
By careful individual observation [by doctors], and by the comparison of results, a method of treatment has been evolved which is applicable to all cranial wounds, and capable of modification in individual cases. It may be summarised as follows:
A primary cleansing of the wound. The transmission of the patient as soon as possible to the hospital where he will convalesce. The taking of x-ray pictures. The excision of the scalp and bone wound. A limited and careful removal of foreign bodies. The covering the exposed brain. The closure of the wound, with superficial drainage, and prolonged rest in bed.
Sources that you can use:

- Diaries and letters written at the time by medical staff
- The records of Casualty Clearing Stations
- Newspaper accounts of fighting during the war or letters written in to newspapers.
- Recollections by medical staff written or recorded after the war ended.
- Medical articles by doctors published during the war in the British Medical Journal and other specialist journals.
- Photographs taken before or after certain events, or of certain units of soldiers etc.
- Statistics of different types of injuries and operations collected by the army command.
- The records of individual hospitals listing admissions and types of operations
- Recollections by soldiers written or recorded after the war ended.
- Diaries and letters written by soldiers during the war, you must say when they need to have been written before or after a specific battle or from a certain unit of soldiers.
- Orders and instructions issued by the Chief Surgeons in overall charge of medical care for the British army.
- The service records of individual soldiers.