

Wounded at War: Medicine and Medics in World War I

World War I was fought on an industrial scale like nothing experienced before, with both sides using and developing increasingly lethal weapons. Artillery shells and machine guns that fired 600 rounds per minute wreaked industrial havoc on the body; wounds often became infected from contact with the heavily manured agricultural soils of northern France, and the effects of gas and shell-shock were devastating but poorly understood. Conditions in field hospitals were tough and, with so many injured men and few resources, medics had to take decisions quickly.

This resource explores the difficult decisions made by medical staff in a WW1 battlefield situation and advancements in medical technology in WW1 through role play and discussion.

The resource is designed to develop communication, literacy and critical thinking skills through role play and discussion.

Set the Scene

Nearly 10 million soldiers died in World War I – the majority from gruesome wounds inflicted on the battlefield. Machine guns tore through lines of advancing soldiers. Artillery shells exploded in trenches and jagged fragments of metal lodged in bodies. Poison gas spewed into trenches and burned men's lungs as they breathed it in. And during battles, soldiers heard and saw horrific things happening around them, often to men who were their friends.

Henry Souttar was a surgeon on the Western Front. He described what it was like:

In four days we admitted 350 patients, all of them with injuries of the most terrible nature. Arms and legs were torn right off . . . ghastly wounds of the head left the brain exposed. For four days and four nights the operating theatre was at work continuously, till one sickened at the sight of blood.

Military units were overwhelmed by the number of casualties. In order to work out which people to treat first when so many needed medical help, a system called *triage* was used to sort the injured into three groups:

- Injuries are relatively minor and can be treated at a first aid post or clearing station. The patient will be patched up and returned to the battlefield to carry on fighting.
- Severe injuries and needs more medical attention. Send the patient to a base hospital by motorised or horse-driven ambulance. (You wouldn't waste this resource if the patient might die en route.)
- Too badly injured to save. Make the patient as comfortable as possible, but all treatment will be suspended and priority will be given to others.

Third and Fourth Level

Tasks



1. Ask for two volunteers to be medics (or more in a larger group; there are nine 'wounded' roles).
2. The medics move away from the rest and form a triage station where they mark out three areas with signs (activity sheet 1):
 - Treat and return to front lines
 - Send to field hospital
 - Withdraw treatment
3. Ask the medics to imagine they are in a field hospital behind the front lines. They can still hear shells exploding and they could be in danger themselves. Lots of men are being brought in on stretchers. Some are screaming, some aren't making any noise at all, some are bleeding heavily and some appear dazed. There is noise and confusion everywhere.
4. Give out 'wounded' cards to the others, which they will read and then hang around their necks or hold (activity sheet 2).
5. The wounded must present themselves one by one to the medics, say who they are and read out (or act out!) their symptoms. The medics then decide which category to put them in and the patients should move into the area marked by the appropriate sign. Tell the medics to remember that they are in a high pressure situation. They must act quickly and decisively; people's lives depend on this! At this point, it doesn't matter if they choose the correct triage category; the correct one can be discussed as a class during the reveal.
6. When all the wounded have been sorted into their categories, tell the medics that they were very effective; they made decisions quickly and with certainty - but did they make the correct decisions? Use the answer sheet (Activity Sheet 3) to reveal and discuss with the class the decision that would actually have been made on a WWI battlefield.

Some discussion points

- In WWI, what do you think were the priorities for medics making triage decisions? Was treating the most seriously injured the most important thing, or was it making sure there were enough men to fight in the trenches, or something else? Where might triage be used today? Are the priorities different now than they were in WWI? What categories would doctors put people into instead of the ones used in WWI?
- First World War medical manuals usually set out the main objective as the greatest good for the greatest number - so the badly injured who needed intense treatment (which would use lots of resources) were not the priority because many others would then have to wait for the treatment they needed. In practice, the main objective was often to conserve manpower - so those with minor injuries were treated first so they could return quickly to the front and carry on fighting. The second objective was to tend to the needs of the wounded and sick. Either way, it was the less badly injured who were usually treated first.
- The main objectives of triage have changed over time. In the Napoleonic Wars of the early 1800s (when the system was first used), the most severely injured were treated first and the rest had to

wait. In WWI the main objective was first to treat those who could be treated quickly, and sometimes conserving fighting men was considered the most important.

- It's not so different in dealing with natural and manmade disasters today. Modern triage works on this same principle: the best for the most when it's impossible to do everything for everyone. People who have a low chance of survival and serious injuries that need complex treatment (and lots of resources - equipment, medicine, staff, etc) have to wait or they receive minimum care. Modern doctors put victims of disasters into these categories:
 - **RED:** can be saved and needs immediate treatment
 - **YELLOW:** needs urgent treatment but is not in immediate danger
 - **GREEN:** needs minor treatment
 - **NO CATEGORY:** has psychological trauma, needs reassurance but not medical treatment
 - **BLACK:** cannot be saved by emergency care, or not without diverting resources from other patients who could be saved more easily

Curriculum Experiences & Outcomes

Second Level

I can compare and contrast a society in the past with my own and contribute to a discussion of the similarities and differences. **SOC 2-04**

Third Level

I can describe the factors contributing to a major social, political or economic change in the past and can assess the impact on people's lives. **SOC 3-05a**

I can discuss the motives of those involved in a significant turning point in the past and assess the consequences it had then and since. **SOC 3-06a**

Core Skills

- Thinking
- Communication
- Literacy
- Working with others

Approaches & Methods

- Creative learning

Materials & Resources

Wounded at War Activity Sheet 1 Triage station cards

Wounded at War Activity Sheet 2 Injury cards

Wounded at War Activity Sheet 3 Answer sheet

