

Wounded at War Answer Sheet

INJURY 1: A private, found in a shell hole in No Man's Land. He is unable to speak or stand and is unresponsive. That aside, there are no physical wounds on him at all.

ANSWER: *Treat and return*

What is this man suffering from? Shell shock - treat and return. He needs to be kept warm and given fluids, but other than that, there is little that can be done for him. Back to the battlefield as soon as possible.

Thousands of soldiers suffered psychological wounds from the horrors they experienced. Today we understand this condition as Post-Traumatic Stress Disorder (PTSD) but in WW1 shell shock was not widely recognised. Many officers thought of it as cowardice or malingering. Even those officers and medics who did recognise the condition were often placed under pressure to ignore it and ensure the men continued to fight.

INJURY 2: A German prisoner, who was severely beaten by rifle butts before he surrendered. He has a broken nose, has lost several teeth and has deep bruising to the eyes. He complains of dizziness and has been sick several times.

ANSWER: *Base hospital*

This man is has a fractured skull and is suffering from potentially fatal swelling of the brain. There is, however, little a front line doctor can do for him. He must be transported as quickly as possible to a base hospital and undergo cranial surgery to reduce the swelling. The fact that he is German doesn't matter.

INJURY 3: A private, who was recovered from near the British front line. He has a gunshot wound to the forearm. The wound is clean but the skin around the entrance wound is badly burned with cordite.

ANSWER: *Treat this man, but you would not return him to front lines. You would have him arrested.*

This is a self-inflicted wound. The cordite indicates the gun was fired at very close range. He has shot himself in what was called 'blighty wound' in the hope that he will be sent home. He will be arrested by the military police and face court-martial for cowardice.

INJURY 4: A Lieutenant Colonel, serving with the Royal Engineers Signal Section. He has a badly sprained ankle after falling on uneven ground running between two trenches and is unable to stand.

ANSWER: *Treat and return*

Though his injury is not severe this man is very important. He is in the Royal Engineers Signal Section so what does he do? Communications. The success of an attack and therefore the survival of soldiers may depend on his being there to supervise signals.

INJURY 5: A Lance Corporal who has been shot in the thigh at long range. He has a gunshot wound and a broken bone and is in considerable pain. He has no other wounds.

ANSWER: *Base hospital*

This man has two medical issues:

1) He has been shot so he has an open wound. What is he at risk from, particularly as he is fighting on the fertilised fields of the Western Front? Sepsis - inflammation that spread from an infected wound to the rest of the body. Penicillin (antibiotics) to treat infection wasn't discovered until 1928 by Alexander Fleming. War medics were experimenting with antiseptics like sodium hypochlorite, putting it straight onto damaged tissue. But this didn't reach deep wounds where bacteria hid and antiseptics would often weaken patients' immune systems, with fatal results.

2) He has a broken femur (thigh bone). His chances of survival depend on whether he was injured before or after 1916. At the beginning of WWI, 80% of soldiers with a broken thigh bone died, because it's such a large bone and if the femoral artery is severed when it breaks a patient bleeds to death very quickly. The Thomas Splint was invented before the war by Welsh surgeon Hugh Owen Thomas. It began to be widely adopted to hold broken bones in place and by 1916, 80% of soldiers with broken femurs survived.

INJURY 6: A corporal who has a severe head wound. The skull has evidently been fractured by shrapnel and he has lost a lot of blood. He is not conscious and his breathing is shallow and irregular.

ANSWER: *Cease treatment*

This man has severe blood loss. It is not good news that he is unconscious and his breathing is shallow and irregular. There is nothing that can be done for this man here, and he will die if you try to transport him to a base hospital. There is no point in taking up a place on an ambulance. This man will be given a massive shot of morphine so the inevitable conclusion is reached much faster.

That said, if it is after 1917, you might be able to save him. In 1917, US doctor Captain Oswald Robertson learned how to store blood. He recognised the need to stockpile blood before casualties arrived; before this, blood transfusions were made directly from one person to another. Captain Robertson discovered that you can use sodium citrate to prevent the blood from coagulating and

becoming unusable. Blood could be kept on ice for up to 28 days and then transported to casualty clearing stations for use in life-saving surgery, where it was needed most.

INJURY 7: A lieutenant who has been bayoneted in the abdomen. The wound is neat, closed and not bloody. Though tired and drowsy, he seems to be in no pain and is quiet and compliant.

ANSWER: *Cease treatment*

This man has serious internal bleeding. His lack of pain and sleepiness indicate that he is very near death.

INJURY 8: A private who is vomiting profusely. He is coughing and choking, and is unable to speak. His lips are blue and his face is drawn.

ANSWER: *Treat and return*

This man has gas poisoning. He must be given milk to bind the fluids accumulating in his stomach and attempt to neutralise them. He must be placed in a reclined (but not lying) position with his head and chest elevated so his lungs don't collapse.

INJURY 9: A private that has sustained three severe gashes to the head from machine gun bullets. He is covered in blood and is screaming in pain.

ANSWER: *Treat and return*

It sounds like a terrible injury, but the man is still conscious and the head bleeds a lot when cut. He has a split scalp. He can be quickly dressed and given a warm drink and rest for shock, but although he has had a very narrow escape, he is not otherwise injured. The key thing is to calm him down and then move him back to the front line.