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Medical Facilities

On the Western Front

Getting Injured

In the field there was often little that could be done for a man who was injured. Every man carried a field dressing pack which could be used for minor wounds. This consisted of a mixture of small and large gauze pads impregnated with Acroflavin and long bandages. They were all given very simple instructions in case they were hit. The most common first treatment was simply to clamp a gauze pad to the wound to stem the flow of blood. The man often had to lie in the open or cowering in a shell hole for hours on end before he could be rescued. Many men were injured when crossing barbed wire and were left hanging on the wire to die of blood loss or exposure.

There were a few doctors of the RAMC but they were more likely to be at a dressing or casualty station than treating men where they fell. Their medical kits would seem more like those of a butcher to someone nowadays.

Advanced Dressing Stations

The battalion medical officers supported by a few orderlies were in the front line with the men but could dispense first aid only. They usually established a dressing station close to the front line sometimes in a trench but more usually in a tent a few hundred yards back from the fighting line at either Company or Battalion HQ. On the whole men were expected to find their own way to them, but such was the reluctance to leave their comrades in battle conditions, men often had to be carried there after they had endured their injuries for some time and could go on no longer.

Stretcher bearers were available to carry the wounded on stretchers if one was available or often on a ground sheet or improvised sling between two orderlies. One particular design, known as the 'Furber' allowed two men to be carried at a time. This was important because the faster a man could be got to the casualty station, the more likely he was to survive. The stretcher bearers were part of the establishment of the battalion and usually had an alternative role, often as a bandsman. Many were conscientious objectors who, although they would not fight themselves, were quite prepared to endure the sufferings and the dangers to help their comrades.

At the dressing station a man would have his wounds patched up as best as possible under the circumstances. They were often given injections of morphine or other pain killing drugs and this was marked on their forehead. Usually however the only anaesthetic available was novocaine which was injected to numb the flesh where a wound was to be stitched up.

Later in the war they began to realise the importance of fluid replacement where blood loss had been severe and sterile fluids, usually saline based could be administered. These were prepared at Base Hospitals and shipped in batches to the field. There were also blood transfusions but such was the ignorance about blood groups that this was likely to be more hazardous than life saving. Later when the problems had been recognised a simple group test was devised and transfusions made from pre-grouped packs rather than donor to patient direct.

Casualty Clearing Stations

After the wound had been dressed at the dressing station the man would be taken to a casualty clearing station. When he arrived he was assessed in the manner known as triage. They were divided into three categories. :-

First men whose injuries were not critical and could wait awhile for treatment.

Second men who were likely to survive their wounds but who needed immediate treatment.

Third, men who were unlikely to survive their wounds.

Men in the third category would be placed aside and given as much comfort as could be spared but the priority was treatment of second category men.

At the casualty stations wounds would be cleaned and dressed as well as possible under the circumstances but apart from the occasional stitching there was little else that could be done. Emergency surgery such as amputation or for extraction of bullets was sometimes carried out but generally the aim was to stabilise the patient so that he could be brought alive to one of the Field Hospitals.

Private H Harding (10402) was himself a stretcher bearer He was engaged in resuing the dead and injured at Carnoy Valley in 1918 when

'... the next thing I remember was being stretchered from an ambulance and placed amongst many others on the floor of a large marquee, examined by a doctor, labelled and forwarded to Blighty? - No such luck!. No 6 General Hospital at Rouen was my destination that September day.

Pte HT Chandler of Reading described his treatment after being buried in his trench by a shell. He was taken first to the Dressing Station, then to 'another place' where he was given an injection against septic poisoning and then by motor to a large 'station' where four pieces of shrapnel were taken out. He stayed the night there and next day there was a motor drive to the railway station and out on a Red Cross ambulance train. He finished up in a hospital in Southampton. [RM 17/6/16]

Field Hospitals

The next level of treatment was at a field hospital which was generally attached to a Division. They were provided variously by the RAMC, The Red Cross and St John's Ambulance. They usually consisted of tents and would be established in advance of a major offensive in the Division's rear area, well beyond the range of enemy guns and it was there that most of the emergency surgery was carried out. They were staffed by qualified doctors and nurses supported by teams of medical orderlies, often either conscientious objectors or men recovering from wounds themselves.

Another lesson learned was that as most of the fighting took place in agricultural areas which were heavily manured, it was essential to clean out wounds very carefully and excise damaged tissue rather than run the risk of infection from tetanus, gas gangrene or the like.

Base Hospitals

Base hospitals at which major surgery could be performed were also established well back from the lines. The one which is most referred to was at Boulogne where a man would be treated prior to being transported home across the channel and thence to one of the military hospitals in England.

The base hospitals were very well equipped and often based upon a large hotel or pre-war

hospital.

Transport

Between the casualty stations, field hospitals and base hospitals there were shuttles of ambulances which usually went to the divisional rail heads where the men could be transferred to ambulance trains to carry them to the base hospitals. These ambulances were mainly horse drawn but motor ambulances were increasingly introduced. There were also hand ambulances which looked somewhat like a railway baggage cart and had the great advantage that they could be handled by one or two orderlies over short distances without having to wait for a horse.

Disease

When not involved in a major offensive a Battalion's medical officer would hold a daily medical parade, usually at battalion HQ to treat minor injuries and ailments.

He was supported by some of the men who would staff the casualty clearing stations and dressing stations and who would administer the treatments prescribed by the Medical Officer. Often their ministrations were more feared than going into battle and one did not attend a medical parade lightly.

As well as wounds the stations also had to deal with the many other ailments ranging from trench feet to syphilis. In the conditions that the men had to endure and their own debilitated condition diseases were easily caught. Few were free of colds or respiratory complaints, simple wounds easily became infected and the ever present damp was the source of many mould based infections. One must also remember that there were no anti-biotics nor any of the modern wonder drugs which we take for granted nowadays.

Capt Rickman of the 5th Battalion describes a slight incapacity in July 1915

"At present I am at our Battalion HQ about a quarter of a mile from the trenches whither I have repaired after a slight fever and cold to re-coup."

Pte Thomas Jennings of the 6th Royal Berks was forced by sickness to leave the trenches during the Somme offensive in July 1916. This was often a way of escape from front line duties to less onerous tasks for those who survived. He wrote

"Fortunately I didn't become a casualty by means of my body being ripped apart, but by being afflicted with one of the trench sicknesses. What with living with the dead and sleeping with them and of the rats and drinking polluted water I contracted dysentery. The Sergeant insisted that I reported sick. He got hold of a runner to take me back to HQ to report to the MO who passed me onto the Field Hospital. When I recovered from dysentery I was discharged from the Field Hospital and instructed to join my unit. I got as far as 18th Division HQ where I was informed that the 6th Battalion had returned to the front line on the 16th Jan 1917 and that I would have to wait till they returned. The authorities then decided to take me on in a temporary position initially as runner and then subsequently a batman and finally mess waiter. This was to last almost till the end of the war.

One condition that was not recognised at first was shell shock. It was not until early in 1916 that this was reported in the casualty lists. Previously the man had merely been accused of lack of moral fibre or cowardice.

Discharge

The majority of injuries treated at dressing and clearing stations were relatively minor and after a few days a man would be pronounced fit to return to his unit. He would however have been

reported as 'wounded' on a casualty return.

Men who were discharged from field hospitals again would normally be returned direct to their battalion, probably never having been taken off the establishment.

Men who had gone to base hospitals or to hospitals in England would be taken off the battalion's establishment. When he was discharged he would be given a short sick leave and then expected to report to his depot if in England or back to his battalion if overseas. However after the casualties of the Somme had exposed the terrible situations when all the men from one village had been killed together, the decision was taken to mix men up more. Thus men discharged from Base hospitals would be sent to one of the so called 'bull runs' where they would be toughened up again by NCOs whose reputation for brutality was legendary. The most notorious of these at Rouen almost triggered a collapse of discipline in the army and was contained as a local mutiny.

When a man reported back to his depot he was posted back to one of the reserve battalions, the 3rd for regulars, the 9th for Kitcheners and the 3rd/4th for Territorials. Prior to mid 1916 they would be sent to whichever battalion in the regiment needed reinforcement. However after mid 1916 the Kitchener and Territorial reserve battalions were abolished and reformed as battalions of the Training Reserve Regiment. Men reporting back to one of these units could then be posted to almost any infantry unit anywhere.

The majority of men who got a 'blighty' and needed treatment in England however were unlikely to be fit for further service. They were either given light jobs at the depot, or transferred to a Labour Battalion; but vast numbers were discharged as 'medically unfit' and returned to civilian life. They were generally awarded a Silver War Badge to enable them to avoid the zealots handing out white feathers.