

A sepia-toned photograph of soldiers in World War I uniforms, showing their lower bodies and legs. They are wearing puttees and holding rifles. The image is partially obscured by a large, light-colored rectangular area on the right side.

Auxiliary Personnel of the First World War



Auxiliary Personnel of the First World War

HISTORY LAB

OVERVIEW

In this lab students learn about the devastating effects of new technology on human life during the First World War. The lab is designed for students in World History courses to examine primary sources detailing the experiences of the auxiliary medical personnel involved in the war. Students work in groups to interpret a set of documents, share their findings with each other, and complete the lab by writing a short dedication to the auxiliary personnel for the World War I Museum.

ESTIMATED TIME

One to three days, dependent on what work is assigned outside of class

RELEVANT TEKS

- WH.10 History.** The student understands the causes and impact of World War I. The student is expected to: (B) identify major characteristics of World War I, including total war, trench warfare, modern military technology, and high casualty rates.
- WH.28 Science, technology, and society.** The student understands how major scientific and mathematical discoveries and technological innovations have affected societies from 1750 to the present. The student is expected to: (C) explain the effects of major new military technologies on World War I
- WH.29 Social studies skills.** The student applies critical – thinking skills to organize and use information acquired from a variety of valid sources, including electronic technology. The student is expected to: (C) explain the differences between primary and secondary sources and examine those sources to analyze frame of reference, historical context, and point of view. (F) analyze information by finding the main idea, summarizing, drawing inferences and conclusions

*Acknowledgements: Written by Renee Blackmon. Adapted from The Unsung
Heroes of WWI lesson by John Heeg presented at NCHE Conference 2018*

STEPS TO CONDUCTING THE LAB

Initiate the Investigation

Conduct a gallery walk of photos. Students should examine the photos in order to:

- record what information can be gathered from the photos as it relates to the conditions of the battlefield in the First World War.
- record what additional questions the photos raise.

Build Background Knowledge

Assign reading at <http://esc13.info/ww1medcare>. This can be done during class or assigned for homework. Instruct students to read information about the Delivery of Medical Care on the battlefield and record 3 things learned, 2 things that were interesting, and one question the reading did not address.

Divide the class into 5 groups. Each group consolidates their 3, 2, 1 lists to one 3, 2, 1 list. Post group lists and compare and discuss. Continue to provide context for students about how the use of new weapons in the First World War contributed to the stalemate that resulted on the Western Front and the challenges this presented for responding to casualties.

Introduce the Central/Focus Question

How would you best characterize the contributions of the auxiliary personnel in the First World War?

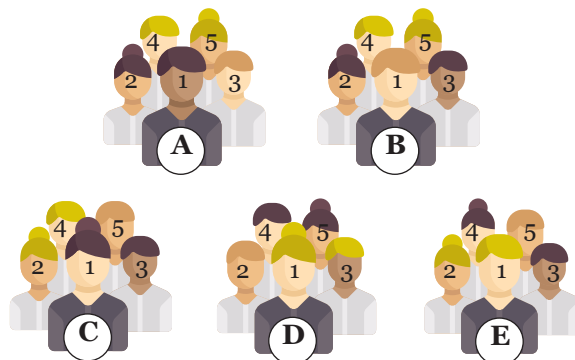
as Dutiful?
as Heroic?
as Inventive?

Provide the focus questions to the students and discuss the characteristics of dutiful, heroic, and inventive. Check for student understanding of each characteristic.

Conduct Investigation

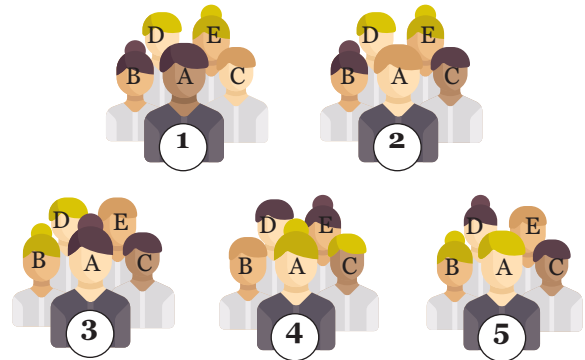
Label the 5 student groups A-E. Additionally number the students in the group 1-5. Repeat back to 1 etc. if the group has more than 5 students.

Group A – Stretcher Bearers
Group B – Ambulance Drivers
Group C – Chaplains
Group D – Nurses
Group E – Doctors



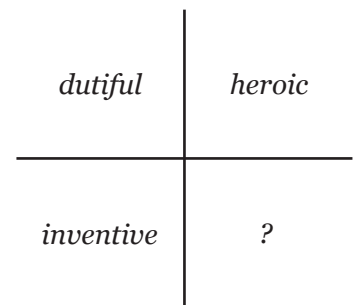
Provide each group with a set of sources for the corresponding group. Instruct students to read the sources together and prepare to inform the other groups about the information in their sources including what functions their group performed, what the conditions were like for their group, and what contributions their group made.

Reconstitute the groups by numbers so that groups now have representation from each of the auxiliary personnel groups. New groups can be constituted as 1s, 2s, 3s, 4s, and 5s. The newly formed groups will share information about each of the auxiliary groups and come to a consensus about the focus question. Students record information on the Auxiliary Personnel of the First World War Matrix sheet to prepare to defend their conclusions.



Report Conclusions or Interpretations

Divide the classroom into 4 quadrants. Label one quadrant dutiful, one heroic, one inventive, and one as something else. (The something else quadrant is intended for students who have thought of another descriptor for the contributions made by the auxiliary groups.) Direct students to proceed to the quadrant that best corresponds with their conclusion. Each quadrant picks a spokesperson who will share the group's evidence for their conclusion. Solicit quadrants to summarize what other spokespersons have said to ensure accountability for listening. Allow for students to move if they can provide reasoning for changing their conclusions.



Debrief the Investigation

Conduct a teacher led class discussion to consolidate the historical content. Discussion should focus on content learned, as well as sourcing the documents. Discuss the type of documents, the credibility of the sources, reasons for why the sources were written, in addition to the information contained in the documents. Return to the gallery of photos and address student questions and solicit students for context for the photos to gauge student learning.

Assess student comprehension of content

Assign students with the following performance:

You have been commissioned by the World War I Museum to write a short dedication to the auxiliary personnel who contributed to the fighting of the First World War. The dedication will be placed in the museum as a part of the commemoration of the armistice signed on November 11, 1918. The dedication should inform visitors to the museum about the contributions the auxiliary personnel made to the war effort. Be sure the information is accurate, and grammatically correct.

GALLERY WALK



National World War I Museum and Memorial

GALLERY WALK PHOTO 1

Catalog Number 2008.117.2.22



GALLERY WALK PHOTO 2

Catalog Number 2007.95.126



GALLERY WALK PHOTO 3

Catalog Number 2007.95.121



National World War I Museum and Memorial

GALLERY WALK PHOTO 4

Catalog Number 1981.16.64



22013 Wounded soldiers of the 1st and 5th Divisions being loaded into O. S. ambulance at field hospital No. 320. North of Royaucourt, France, August 8, 1918.

GALLERY WALK PHOTO 5

Catalog Number 1926.28.153



GALLERY WALK PHOTO 6

Catalog Number 2005.74.30



GALLERY WALK PHOTO 7

Catalog Number 2007.45.104



GALLERY WALK PHOTO 8

<https://goo.gl/2lseDL>



123. BRITISH CHAPLAIN WRITING HOME FOR "TOMMY".

"Daily Mail"
Official Photograph
Crown Copyright reserved

GALLERY WALK PHOTO 9

<https://goo.gl/sZymdU>



GALLERY WALK PHOTO 10

<https://goo.gl/8w93UF>



27-10 Wounded being treated by the 110th Sanitary Train, 137th Field Hospital, 35th Division, in an old church. Neuville, Meuse, France. Sept. 20, 1918.

GALLERY WALK PHOTO 11

Catalog Number 1926.28.431



22012 Gassed patients of 12th and 59th Divisions. The 325th field hospital was not large enough to accommodate the enormous number of patients. North of Royaucourt, France, August 8, 1918.

GALLERY WALK PHOTO 12

Catalog Number 1926.28.431



2015 First of the 328th field hospital bathing the eyes of the gassed patients from the 82nd and 89th Divisions. North of Royaux, France, August 8, 1918.

GALLERY WALK PHOTO 13

Catalog Number 1926.28.157

GROUP A

Stretcher Bearers

STRETCHER BEARERS

This account of the conditions faced by stretcher bearers is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 23, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

In deep mud after heavy rain one of the team had to lead the way so that they wouldn't fall or become trapped. Some shell holes were big enough to bury a bus and, when they got wet, their edges could easily **subside**. If one of the bearers slipped and fell, he could drag everyone down to the bottom. Then they had to gather themselves, **disentangle** the stretcher straps, reload the patient and crawl out again. Douglas had to focus hard on listening to the leader call each step on their journey. It took a huge effort to remain calm while you crawled along like a big muddy tortoise. What he didn't tell his father was that stopping could mean death. At Arras, one entire team and their patient were killed after they became stuck in the mud and were blown to pieces by enemy shelling—the last bearer falling over the stretcher as if to protect the man they had been carrying.” But stretcher bearers didn't always mind the rain. If there were no carries, they went outside and held up their faces and their **callused** hands so that the rain could wash away the grime.

VOCABULARY

subside – become less intense, violent, or severe

disentangle – free (something or someone) from an entanglement; extricate

callused – (of a part of the body) having an area of hardened skin

STRETCHER BEARERS

This account of a stretcher bearer's experience is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 24-25, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

One of his first jobs was to bring back a wounded man lying in a deep shell hole when Young ran over, he was spotted by an enemy sniper, who began to fire at him. It was now too dangerous for his teammates to join him so Young stayed in the hole with the casualty with the sniper pinning him down for hours, firing every time he moved. All Young could do for the man was slowly turn his head so that he faced him, and hold his hand. He whispered a few words, told the soldier his name and that everything would be all right: eventually the bloody sniper would get bored and move on. He tried to smile, but he wasn't sure the man could see his expression through the mud on his face when he saw that the soldier was crying, Young squeezed his hand and tried to comfort him. The soldier shook his head almost **imperceptibly** and then looked away. It wasn't the pain, he whispered. He was so sorry he didn't deserve to be saved. He'd been one of those who had **ridiculed** the bearers while they waited to go over the top. The man was sobbing openly now, and Young was worried about the snipe, hearing them. He shushed the wounded man firmly. It didn't matter anymore he whispered- the bearers understood.

Finally the soldier calmed, but the sniper had heard him and started firing again. The men lay together in fear and silence for what felt like hours, the bearer holding his patient's hand. Then the sound of the shots drifted away. The sniper had found another target carefully Young got up onto his elbows and started dressing the soldier's wounds, giving him water and morphine. He now saw that the man was small and light, so he could probably carry him on his own. By now it was dark and it was getting cold. Young felt he couldn't wait any longer. **Hoisting** the patient up onto his back, he climbed out of the crater when the sniper saw them and began firing it was too late to go back so Young ran for their lives. Shots followed him all the way back to the British lines, but he ducked and weaved and managed to keep them both safe. At the aid post, he laid the soldier down and re-dressed his wounds. He had spent so much time with him, in such danger that he was **reluctant** to let him go. Most bearers felt like that about their patients, particularly after a long carry. As one bearer put it, sometimes their going was like that of an old friend, who shared the rigours of the journey.

VOCABULARY

imperceptibly – impossible to perceive

ridiculed – speech or action intended to cause disrespectful laughter at a person or thing

hoisting – raise (something) by means of ropes and pulleys

reluctant – unwilling and hesitant; disinclined

STRETCHER BEARERS

This excerpt of a diary by Sergeant Robert McKay was made during his service in the Battle of Ypres in August, 1917. The detailed transcription, including this account largely in diary form, was compiled from original notes taken by Sergeant McKay while he served in the 109th Field Ambulance, 36th (Ulster) Division, Royal Army Medical Corps.

6 August: Today awful. Was **obliged** to carry some of the wounded into the graveyard and look on helpless till they died. Sometimes we could not even obtain a drink of water for them.

7 August: Bringing the wounded down from the front line today. Conditions terrible. The ground is a **quagmire**. It requires six men to every stretcher. The mud in some cases is up to our waists.

14 August: One party of stretcher-bearers was bringing down a wounded man when an airman swooped down and dropped a bomb deliberately on them. The enemy shells the stretcher-bearers all the time.

16 August: The infantry took a few pill-boxes and a line or two of trenches from the enemy in this attack but at a fearful cost. It is only murder attempting to advance against these pill-boxes over such ground. Any number of men fall down wounded and are either smothered in the mud or drowned in the holes of water before we can reach them. We have been working continuously now since the 13th. The stretcher-bearers are done up completely.

19 August: I have had no sleep since I went on the 13th. The 109th Field Ambulance alone had over thirty casualties, killed, wounded and gassed - and this out of one hundred men who were doing the line.

VOCABULARY

obliged – to bind or constrain (someone to do something) by legal, moral, or physical means

quagmire – a soft boggy area of land that gives way underfoot

STRETCHER BEARERS

This letter, written by Harold Chapin to Alice Chapin on February 26, 1915, details his experience as a stretcher bearer. Chapin was an American citizen and dramatist enlisted with the Royal Army Medical Corps in September of 1914. Chapin died on September 26, 1915 at the Battle of Loos.

My news is - I have done my second week as Hospital Orderly (We do one in three). A fearful field day covering 30 miles and lasting (without a meal) from 6.45 a.m. till 8.25 p.m. The last four hours in soaking rain through which we (a small detached band of Stretcher Bearers - not the whole 6th) marched the ten miles home at a pace which left the shorter legged several paces in the rear, until a staff-officer overtaking us blew the Lieutenant in charge of us up severely. The Lieutenant in question had been previously thrown from his horse and was covered with mud. We had to march down a road - a bad side lane really - along which all the Artillery of the Division had **preceded** us. It was a muddy road at best and flooded in places. You can only faintly imagine the foot deep surface of clay we had to splash through for over a mile. Every footstep flung mud higher than our waists. Some times higher than our heads. It was a creamy job. The whole day - wet and muddy and tiring, (we were in full marching order all the time) was most fascinating though. It ended by the stretcher bearers, of whom I was one being marched straight into the sergeant's mess and there served with dinner (rabbit stew) and a glass each of the sergeants' beer, the Sergeant Major himself presiding and forcibly preventing any of the over **weariest** of us from turning from the food and slipping off to his **billet** and turning in unfed, and the rest of the Sergeants acting as waiters and bar keepers. I believe our little party did as hard a day's work, as has been done in this part of the country, and not one fell out. Of course it was an accident that landed such a task upon us. We should have either gone to the concentration point by train as the Battalion did or returned from St. Albans by train and motor as the rest of the Field Ambulance did, but - true to the conditions of actual warfare - (by chance) - we went out as a Field Ambulance Stretcher bearers sub division and returned as auxiliary stretcher bearers to a battalion of infantry, a change of character which may easily occur in a real engagement if the S.B. sub div. follows the Batt. reserves until they become supports and still further until they become first line and the rest of the Field Amb. being threatened or otherwise compelled to move off, the communications between S. B.s and Tent sub divisions are broken.

VOCABULARY

preceded – come before (something) in time

weariest – extreme tiredness; fatigue

billet – a place, usually a civilian's house or other non military facility, where soldiers are lodged temporarily

STRETCHER BEARERS

This journal entry by Charles Hudson provides details into the service of stretcher bearers. Hudson served as a commander in the British army during the First World War.

I was sitting in my company headquarters, a corrugated-iron topped shelter cut into the sandbagged **parapet**, when heavy shelling was concentrated on the remains of a **derelict** building incorporated in our company sector. One of my platoon commanders, a lad of about 19, was with me. Odd shells were bursting in our **vicinity**, and the platoon commander, obviously hoping I would advise against it, said, "I suppose I ought to go to my platoon."

This was the first time of many that I had to face the unpleasant responsibility of telling a **subordinate** to expose himself to a very obvious odds-on chance of being killed. I told him he ought to join his platoon. He had no sooner gone than I heard that haunting long drawn-out cry "stretcher-bearers", to which the men in the trenches were so addicted.

I followed him out, glad of the spur to action. It is so easy to find sound reasons for keeping undercover in unpleasant circumstances. Three company stretcher-bearers were hurrying down the trench.

Stretcher-bearers were wonderful people. Ours had been the bandsmen of earlier training days. They were always called to the most dangerous places, where casualties had already taken place, yet there were always men ready to volunteer for the job, at any rate in the early days of the war. The men were not bloodthirsty. Stretcher-bearers were unarmed and though they were not required to do manual labour or sentry-go, this I am sure was not the over-riding reason for their readiness to volunteer.

VOCABULARY

parapet – a low protective wall along the edge of a roof, bridge, or balcony

derelict – in a very poor condition as a result of disuse and neglect

vicinity – the area near or surrounding a particular place

subordinate – lower in rank or position

GROUP B

Ambulance Drivers

AMBULANCE DRIVERS

This personal account from ambulance driver Leslie Buswell was included in his book Ambulance #10: Personal Letters From the Front, published in 1916. Buswell's book includes a series of letters written home to his friends in Gloucester, Massachusetts. He was involved in many battles including the Battle of the Marne.

About ten o'clock I had a call to go to Auberge St. Pierre for two seriously wounded, and when I arrived there, the medicine chef told me that if I got them to the hospital quickly, they would have a chance of living. So 'No. 10' tooted off down the hill — at what the plain warrior would term — 'a hell of a pace....'

[O]n turning to go to Dieulouard where we take the wounded I saw a huge shell explode two hundred metres down the road I was to drive along. Had the ambulance been empty, or with only slightly wounded, I should have waited, of course, but under the circumstances my duty was to go on as fast as I could. I noticed ahead of me three large motor-trucks and the thought struck me: 'What if those are hit and contain ammunition.' I was ten yards away when — bang! — I was half blown out of my seat — a shell had landed on the motor-truck. Hardly believing I was not hit, I increased my pace and **emerged** from the smoke and blackness, going at a good clip, safe and sound, but shaken....[W]hen I arrived at Dieulouard, I noticed that everybody was pointing at my car. I supposed it was because we looked so smoke-**grimed**....I then got down to discover what was troubling them. One of the poor fellows had thrown himself off the stretcher and all of his bandages had slipped and a trail of red was flowing from the car and leaving a pool on the ground.

VOCABULARY

emerged — move out of or away from something and come into view

grimed — blacken or make dirty with grime

AMBULANCE DRIVER

Private Ralph Heller served as an ambulance driver and medic in the First World War. He suffered through a year of relentless trench warfare transporting wounded and sick French soldiers on the Marne and Somme battlefields. This description is taken from Private Heller and the Bantam Boys: An American Medic in World War I by Dr. Gregory Archer, pg. 142-144, published in 2015.

Most of the first men they carried were sick. They'd sit the malades in the back of the ambulance, side by side. Having no way to isolate them, the men swapped germs. If they had to throw up, Ralph requested they tap on the rear wall. He would stop for them to leap out. He said, "Pas de vomissements dans ma voiture. No puking in my car."

As Bill and Ralph loaded the sick, the ill men coughed and hacked. Bill and he soon ended up with a general **malaise** they thought was fatigue. In reality it was likely another low-grade influenza but not the virulent "Spanish flu." They had lost count of how many times they had been ill. Aspirin chased by red wine was their only reliable medicine. Ralph forced himself to eat even though he had no appetite. He drank all the clean water and hot British tea he could get his hands on. "Tea is good."

The boys worked steadily, splitting the driving load so neither got too worn out. Ralph and Bill then received a spate of night runs. They could be up all hours of the night. The **nocturnal** drives soon evolved into a new exciting amusement. Every drive was fraught with unpredictable dangers and near lethal consequences.

Most of the Bantam Boys' primary roads were **encumbered** with artillery and ammunition convoys... A standard six-gun French battery, therefore, needed seventy-two wagons per day of combat. This did not include food and water for the men and horses, shovels, sandbags, mail, or spare parts. Or ambulances.

A musketeer in an 1800s skirmish fired an average of twenty rounds of ammunition in total... A modern infantry column required 120 wagons with six hundred thousand rounds of rifle and fifty thousand rounds of machine-gun ammunition per battle, minimum. Having this many horse-drawn or mechanical transports on inadequate roads caused incredible traffic jams.

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Tired soldiers clogged the roads as well, sometimes stumbling around as if they were drunk. Some were. Others struggled with wounds, trench foot, and frostbite.

Close to the front, no driver used headlights because Hun artillery spotters could range on the lights with optical equipment, then rain holy hell on them. Snipers were a problem as well. When obstacles appeared, if they had not already been hit, a flashlight was used to see around them. The Bantam Boys had to develop a form of nighttime **clairvoyance** to avoid destroying themselves and their wounded. How more men weren't injured or killed was a divine wonder. Ralph once wryly said, "Absence of vision is a hindrance to good driving practices."

A further exhilarating complication was French colonial drivers had a habit of driving on the wrong side of the road. Ralph never figured out why. A number of these drivers came from African villages that sported single lane roads or none at all. A few colonials had never seen a truck before. A donkey with a cart was a luxury in their world. An ox made a man rich. A truck was nothing short of "magic."

Bill was at the wheel one night in mid-December when a battered Latil cargo truck driven by a French colonial magically appeared before him: smack in his lane. It looked like a dusty brown Rock of Gibraltar rolling toward him. Bill screeched like a night owl. He swerved off the road as the Latil took his left fender as a souvenir.

VOCABULARY

malaise – a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify

nocturnal – done, occurring, or active at night

encumbered – restrict or burden (someone or something) in such a way that free action or movement is difficult

laden – heavily loaded or weighed down

clairvoyance – the supposed faculty of perceiving things or events in the future or beyond normal sensory contact

AMBULANCE DRIVERS

Private Ralph Heller served as an ambulance driver and medic in the First World War. He suffered through a year of relentless trench warfare transporting wounded and sick French soldiers on the Marne and Somme battlefields. This description is taken from Private Heller and the Bantam Boys: An American Medic in World War I by Dr. Gregory Archer, pg. 100-104, published in 2015.

Ralph was grateful that the machine gun's "spiteful volley" didn't hit him. When well behind the front trenches, he was not in fear of bullets. He thought rear driving was relatively "safe." That was a premature judgment. Ralph discovered artillery was not the only enemy back of the trenches. **Avions** could be anywhere. German aircraft harassed him on several frightening occasions.

Ralph couldn't hear planes while driving. His hearing impairment combined with the noise of his engine masked sounds around him. With his car bumping down the potholed roads, he couldn't hear. To make the situation worse, the **Boche** avions would unsuspectingly swoop in with the sun at their tails making them difficult to see.

When driving back to Suippes, a raggedy, single-seat German Fokker D-II fighter flew down on Ralph's car. The pilot let loose with his twin machine guns. One gun may have jammed, saving Ralph's life. All the while Ralph was happily daydreaming about Edyth while driving alone in his vehicle. Just taking a little drive in the country!

As the bullets smacked the ground, he pulled a daredevil stunt and drove headlong into a two-foot irrigation ditch. Not knowing what was happening, Ralph jumped out of his car. He hid behind an earthen **berm** wondering where the hell the shots were coming from. Overhead an aeroplane gracefully rose and turned east toward German lines.

He was furious that Huns would shoot at a clearly marked ambulance. (Red crosses on a white background were painted on the sides and back.) Ralph complained that Hun pilots would shoot at anything that moved, especially if it couldn't fight back. For the first time he thought about acquiring a personal firearm. Ralph, the formerly semi-**pacifist** (influenced by his **vehemently** antiwar Aunt Bea) thought, I could kill that bastard and carry on with a clear conscience.

VOCABULARY

avions – a plane

Boche – a German, especially a soldier

berm – a flat strip of land, raised bank, or terrace bordering a river or canal

pacifist – a person who believes that war and violence are unjustifiable

vehemently – showing strong feeling; forceful, passionate, or intense

AMBULANCE DRIVER

Private Ralph Heller served as an ambulance driver and medic in the First World War. He suffered through a year of relentless trench warfare transporting wounded and sick French soldiers on the Marne and Somme battlefields. This description is taken from Private Heller and the Bantam Boys: An American Medic in World War I by Dr. Gregory Archer, pg. 154-156, published in 2015.

Ralph and the boys had more driving problems the week between the two holidays than in recent memory. Drivers were getting serious crash injuries. Ralph was afraid somebody was going to get killed. He was right. Ralph fatally wrecked his Lizzie, re-designated Lizzie #1 (there would be three more). He had just survived a crash into Lloyd Haupt. Later that same day an exploding artillery shell caused him to lose control and hit a house.

The impact crushed the radiator, knocked the engine off its mounts, and ended Lizzie #1's transmission woes forever. She was dead. He was aghast at her demise. It was like killing the family's favorite horse. Ralph didn't get away **unscathed** either. He found himself thoroughly bruised as if he had been a tackling dummy for the Princeton football team. His legs were black and blue. His head hurt. Ralph's cuts, in his dirty uniform, soon **festered** despite the cold. I look worse than bully beef, he thought. Safety devices did not exist in any motor vehicle of the era. Fenders prevented tire and vehicle damage at low speeds. Despite this so-called protection, a speedy fender bender could cause a serious driver or passenger injury. The driver could get thrown onto the hood or impaled by the solid steering column. Ambulances did not have windshields. Rain and snow made it difficult to see. Wind **perpetually** dried out the boys' eyes. Some of them wore aviator goggles if they could buy or steal a pair. Safety glass had just made its way into the eye ports of military gas masks. It would be 1927 before reinforced glass windshields were required in civilian motorcars. After acquiring Lizzie #2, Ralph took hurry calls with Bill to Suippes. They were forced to drive around in a powerful snowstorm. They practically froze to death. That fun little spree nearly ended in a disaster as well:

Monday, 31 December 1917. Suippes

We made the trip in less than an hour. Coming back, Bill got to going pretty fast and attempting to turn a corner skidded and we landed in the ruins of an old house. It was another close one but no one was hurt and the Ford wasn't damaged to any extent. That is the third "close one" I've come through.

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Lloyd Haupt knocked me clean off the road the other day. A stone pile saved me from climbing a tree. Now a stone pile is no cushion. But if the stones are small it's preferable to hitting a tree or a telephone post.

*One day at Suippes we—I have a new car now—took four **maladies** to Croi Champagne. The load held the Ford to the road going and although the road was covered with ice. The sleet cut my face and blinded me. Even froze ice sickles to my eyebrows and froze my eye lashes together.*

I made the trip fast enough. But returning I was forced to creep all the way. It was so slippery that I couldn't hold back on the hills. But we got back safe.

VOCABULARY

unscathed – without suffering any injury, damage, or harm

festered – become worse or more intense, especially through long-term neglect or indifference

perpetually – continuing or continued without intermission or interruption

maladies – a disease or ailment/ patients in this context

AMBULANCE DRIVER

Private Ralph Heller served as an ambulance driver and medic in the First World War. He suffered through a year of relentless trench warfare transporting wounded and sick French soldiers on the Marne and Somme battlefields. This description is taken from Private Heller and the Bantam Boys: An American Medic in World War I by Dr. Gregory Archer, pg. 171-172, published in 2015.

Friday, 15 February 1918. Poste Suippes

Time goes fast. The winter has been quiet, the spring is opening up and so is the war.

*We've had several **coup de mains**. The French have been successful as a whole and have taken many prisoners. Most of which seem young. A few days ago the division next to us made an attack and took a small hill near Capron. They also took a hundred or more prisoners. A battery of American heavy artillery (the guns were French) came up to bombard the **Boche**. Last night a gasoline explosion made six blessés for me to carry to Mt. Frenet.*

The six soldiers injured by the explosion had hideous, painful burns. Their moaning was particularly gut-wrenching for Ralph. He always made an effort to keep his wounded comfortable at all times. He stole many blankets for that purpose. But burns and mustard gas were the worst sorts of wounds to contend with during transports.

Ralph heavily wrapped their wounds in gauze until the burns stopped leaking serum. He then **cocooned** men in blankets to keep them warm.

No matter what Ralph did, when his ambulance set off on those bad roads, the men in the back got pounded by the ride. All Ralph could do was to drive as fast as possible and get them to an aid station before they died. He did not want any more men to die in his car. For Ralph, deaths on his drives were "bad luck for sure." He tried to forget how many men died in his Lizzies.

Large area burn injuries were generally rare compared to artillery wounds. But burns grew more frequent because of flamethrowers. Huns used them for the first time against the French at Malancort on February 26, 1915. As expected, it caused a major panic. Six hundred and fifty-three flame attacks followed throughout the war. Fortunately, early types of man-portable fuel tanks had a short duration and limited range. Known to the Germans as the Flammenwerfer, it was so devastating a man could never hope to survive a direct blast with the ignited fuel oil pressurized by nitrogen gas.

Like dying victims of flamethrowers, the six men from the gasoline dump looked like lost deer caught in a forest fire. Ralph marveled how some of them were still alive. He knew that most would never see home again.

VOCABULARY

coup de mains – a quick surprise attack

Boche – a German, especially a soldier

cocooned – envelop or surround in a protective or comforting way

GROUP C

Chaplains

CHAPLAINS

This account of a chaplains assistance to the medical personnel is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 125-126, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Chaplain Ernest Crosse considered himself lucky, getting a frontline posting from the outset with the 7th/8th Battalion of the Devonshires. And he got what he most wanted: the opportunity to work with the battalion doc and make himself useful. For his part, the doctor was delighted to have a competent and professional man at his side – and Crosse never said no to anything. He tagged along with the bearers, an extra pair of hands and a strong back to bring in a casualty. Sometime he walked in front, directing them away from broken duckboards and shell holes. He was particularly useful at night, when he took charge of the torch and its batteries and found them a path in the pitch dark. When he wasn't helping them with their carry, he was out on the battlefield, trying to get to know their sector. He scouted out new routes from the front to their aid post and made notes of any trenches that needed repairing. He also got himself a whistle so that he could alert the bearers if he came across a casualty that he couldn't bring in himself.

Crosse wasn't the only padre who made himself useful with the bearer teams. Chaplains had enough organisational skills and authority to round up volunteers either from the troops or, as they often spoke German, from newly captured POWs. They became so expert at organising and helping bearers that, if there was no medical officer available, padres were often given overall command of the battalion's bearer teams." One chaplain, who would later win a VC for his service with bearers at the Somme, created an entire team from scratch after all the original members had been killed. When they got stuck in shell holes trying to retrieve the wounded, he ran back between them and the line to bring up supplies, seemingly ignoring the **incessant**, murderous shellfire. On one occasion the bearers saw him creeping towards them in an odd crouched posture. At first they thought he might be wounded, but then they realised that he was carrying a canteen of hot tea for the group, covering its top with one hand to protect it from flying mud."

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Once word arrived of the planned July offensive in the valley of the Somme, Crosse and the Devonshires' MO began to prepare medical posts and bearer routes. Then, on 30 June, they travelled together to the front-line trenches to make the final **allocations** of bearer teams. Crosse got back late that night and had only just fallen asleep when the **barrage** rang out signalling the advance. He jumped up and ran out of the dugout to say a few prayers with the men while they waited for the shriek of the whistle. It was to be the only religious duty he did all day. When the whistles blew and the men went over the top, Crosse made his way to the aid post, readying himself for the return of the wounded.

VOCABULARY

VC – Victory Cross, award given to members of the British Armed Forces for courageous behavior

incessant – continuing without pause or interruption

allocations – the action or process of allocating or distributing something

barrage – a concentrated artillery bombardment over a wide area

CHAPLAINS

This account of the experiences of chaplains is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 128-129, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

On 21 July 1916 the Devonshires were finally relieved. Their journey had taken them from the Wellington Redoubt, through Mametz into Caterpillar Wood, Guillemont and finally to Delville Wood. As the battalion headed to the rear, Crosse reflected on his work. Perhaps he should have concentrated more on his religious duties. Like many other padres at the front, weeks had gone by without services, only hurried prayers and funerals. One chaplain who moved up and down the line with a field ambulance did no religious work at all for several months. All his time was taken up looking after the walking wounded and, whenever they stopped to set up an aid post, it was his responsibility to oversee the unloading of the wagons and find supplies.” No one even thought to ask him if he wanted to conduct a service.

Instead there was often **spontaneous** religious activity. Crosse had heard of a medical officer who, having worked for days without stopping during the Somme, suddenly asked the battalion’s chaplain for a Communion service. Their medical post had been set up in a **requisitioned** farm, so the padre held the service in a stable, some distance away from the dressing rooms full of bloody bandages and wounded men. Bales of hay insulated the tiny congregation briefly from the sounds of war, and the service was witnessed by the curious farm animals. Another padre had **improvised** a service for the six bearers in his team, reading from the Gospel of John about how every man’s way in the world was lit by the coming of Christ, even if they were trudging through a bloody slough and death dogged their every step. Then they said a short prayer and went back to work.” The team had grown to like the padre, particularly when they came to understand that he wasn’t there to preach at them. If the guns were especially threatening during a carry, he led them in singing hymns, loudly and in defiance, the rhythm helping them to keep pace as they marched.

VOCABULARY

spontaneous – performed or occurring as a result of a sudden inner impulse or inclination and without premeditation or external stimulus

requisitioned – demand the use or supply of, especially by official order and for military or public use

improvised – done or made using whatever is available

CHAPLAINS

This account of the leadership given by chaplains is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 128-129, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Doudney worked for three days, treating an endless stream of casualties arriving at the CCS. At the end of the third day the old hop-house grew dark and cold, like a cave, and the voices of the medical staff and cries of the wounded echoed up into the eaves. Wherever the lanterns that were strung up along the beams threw their light, Doudney could see blood, splashed up the walls and soaked into the strings of dried hops still hanging from the beams. He would now always think of blood when he saw garlands of hops, not of harvest festivals. He was aching and exhausted, his spirits low. But then the patient on the stretcher in front of him recognised the padre: he had been one of his parishioners in Bath. They chatted briefly, exchanging the little local news that each had from letters home, and Doudney cleaned and dressed his wounds. He started to feel more cheerful, healed by the man on the stretcher.

Finally it was his turn to sleep and he stumbled to the small cot setup for him in a corridor. He was woken several hours later by the sound of engines and went out to the driveway to see who had arrived. It was the medics of the field ambulance, who were also stationed in the hop-house. They had been working in aid posts at the front for days on end, and Doudney could see the exhaustion crushing them as they climbed down from the vehicles. They walked towards the hop-store to treat the wounded waiting there, but Doudney stopped them: get some sleep, he told them, then have breakfast, and then go back to work. Grey but grateful faces turned towards him. If the padre says so, he knows best.

Doudney and the other chaplains were coming to understand something very important: someone needed to tell medics when they had worked long or hard enough. Their work at medical posts and hospitals all over the front was earning the padres a very particular authority. Medical staff came to trust them implicitly, so when men like Doudney or Abbott told them to rest, sleep, eat or pray, they did as they were told. Telling them that they had worked enough became the most important and useful thing that chaplains could do at their post. They looked out for the nurse with dark circles under her eyes. They showed the surgeon working during a battle his red and swollen hands, and told him to get some rest.” They waited up for medical staff working late and made sure there was some warm dinner for them, keeping them company while they ate. There was an MO who manned an aid post entirely on his own, night after night, in case casualties crawled in from the dark battlefield. When his chaplain heard about it, he took a chess set and joined the officer in his dugout every night, the two men playing games and listening out for the cries of the wounded.

VOCABULARY

CCS – Casualty Clearing Station

CHAPLAINS

This account of a chaplain's experience is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 144-145, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

He received letters from the families of the men he had **absolved** and noticed that, in many cases, the death of their loved one had come as a complete shock. Should they have been warned, very gently, of the patient's deteriorating condition? But how to find out who was close to the end? He could have talked to the nurses, but he was reluctant to have any more than the minimum of contact with them, and he didn't have enough medical knowledge to understand the patient charts. So he **devised** his own system during his nightly rounds of the ward. He would stop by each bed and lightly touch, with the palm of his hand, the nose of the patient sleeping there. If their nose was very cold, he knew the end could not be far away, and he would write that very night to the man's family to prepare them. Horsley-Smith was almost always right. Night after night he made his inspections, walking carefully and quietly in the dark around each bed in the ward, his hand outstretched; and each cold touch to his hand filled him with dread. Only once did a soldier wake as Horsley-Smith's palm touched his nose. Sitting up, he swore at the padre: "This bugger says I'm going to die." He wasn't going to die, he shouted, waking the other patients. Then he sank back and, with his eyes still on the padre, he died.

A full moribund ward meant many burials, and the thought of more funerals was often too much for Horsley-Smith. One thing above all came to symbolise death for him and the other chaplains: the brown army blanket." Once, midway through a funeral service, he realised how short the bag was in the grave in front of him. He continued with the ceremony, but soon worked out that he was burying a man who had been torn in half. Another chaplain was called to perform a funeral service and realised that it was for the entire bearer team with whom he had been working. Fifteen men lay before him wrapped in brown blankets, fifteen men with whom he had spent months carrying in the mud."

VOCABULARY

absolved – set or declare (someone) free from blame, guilt, or responsibility

devised – plan or invent (a complex procedure, system, or mechanism) by careful thought

CHAPLAINS

This account of a chaplain's experience is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 147-148, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

A friendly and practical man, Bere had been a **curate** for sixteen years in a Docklands parish in London and had seen plenty of hardship. No. 43 **CCS** had already had a couple of Anglicans and a Roman Catholic chaplain, so when Bere arrived, staff expected him to hold a service to introduce himself – and then probably not do much else. But Bere wasn't like his **predecessors**. He was sharing a tent with some of the MOs and, instead of announcing his first service, he set out to build some bookshelves and bedside tables for them all, making use of some packing cases he had found. Within a day or two of his arrival the tent was fully furnished. By that time he had also fixed the broken stove in the mess anteroom, without being asked.

It soon became standard practice at No. 43 to seek out the padre if a job needed doing and there was no one designated to do it. Bere spoke fluent French, so he accompanied the quartermaster into town to negotiate with the local suppliers. When French or Belgian luminaries came to inspect the **CCS**, it was Bere who walked them round the wards, laboratories and X-ray facilities. His carpentry skills were in great demand: he repaired everything from broken stretchers to the roofs of the wooden huts. When he discovered some old deckchairs, he repaired the frames and sewed new canvas backs for them, before proudly laying them out in front of the nurses' tents so that they could sunbathe in comfort. And when one of the matrons noticed that the padre could sew, she asked him whether he would help out in the linen store occasionally. Soon Bere found himself doing nothing but sewing for weeks at a time, name-taping the sheets, pillowcases and blankets that were washed at a local laundry. Then torn uniforms and unravelling socks were added to his pile, and Bere sewed and darned until his eyes and fingers were too sore to continue or the wind blew out the candle in his tent.

He turned a small patch of land at the back of the CCS into a garden, where he grew vegetables and flowers and kept a few chickens. The chickens occasionally escaped from their coop, and the padre could be seen chasing them – once all the way into a ward,

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where one of the birds flew into the Sister's headdress. The chaplain apologised profusely before hurrying from the ward, a chicken under each arm. By now he was also in charge of the payroll and the mess accounts, and he was getting so good with the French suppliers that one of them had tipped him in chocolate, which he turned into an evening's worth of good cocoa for the nurses. And if that wasn't enough, he even learned cobbling, so that he could mend the soldiers' boots. When he returned the repaired and polished pairs to the wards, their owners were surprised to see that they had been mended by the man who also prayed with them.

VOCABULARY

curate – a member of the clergy engaged as assistant to a vicar, rector, or parish priest

CCS – Casualty Clearing Station

predecessors – a person who held a job or office before the current holder

GROUP D

Nurses

NURSES

This description of the conditions nurses faced is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 90-91, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

When winter came, all the nurses had their families send extra woollens. As the temperature dropped, they gave up on nightwear and slept in their uniforms and multiple layers of socks to keep warm. There was always a sturdy stove in their quarters, which they kept going all night. Sometimes when the nurses came on duty in the morning it was red-hot and you had to be careful not to start the day with a nasty burn from brushing past it. Hot-water bottles were the best, pushed down the bottom of a camp bed to **banish** the damp, although there were never enough to go round. Then there were the nights when everything in the entire **CCS** would freeze: milk, butter, cooking oil, ink – even the chilblain lotion. Everyone gathered round the stoves, wrapped in all the clothes they could find, and waited for their world to thaw.

“Whatever time of year it was, rain always meant trouble. The paths between the tents became swamps, boots got stuck in the mud, and if they tripped, that was it for their clean uniforms. Pushing trolleys along the paths was almost impossible, so everyone waited until the rain cleared up before moving patients from one ward to another. In some places it rained for weeks on end, and nurses gave up trying to stay dry and clean. One made herself a waterproof uniform skirt out of **tarpaulin**, another mended a hole in her tent roof by pushing an umbrella through the vent and opening it up; it worked, so they left it until the summer before patching up the roof.” Rain also created a great deal of extra work in the wards themselves. Rain at the front meant mud, and mud meant long carries, trench foot and infection.” Trenchfoot, Kenyon would learn, was a wound **inflicted** by the battlefield itself. It could bring a man down as hard and long as a bit of **shrapnel** and could take just as much effort to nurse.

VOCABULARY

banish – send (someone) away from a country or place as an official punishment

CCS – Casualty Clearing Station

tarpaulin – heavy-duty waterproof cloth, originally of tarred canvas

inflicted – cause (something unpleasant or painful) to be suffered by someone or something

shrapnel – fragments of a bomb, shell, or other object thrown out by an explosion

NURSES

This description of a nurse's experience is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 90-91, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Nurse Elizabeth Boon sat up late one night catching up on her **correspondence**. It was November 1918, four years almost to the day since Jentie Patterson stayed up to write to her sister Martha. The war had finally come to an end. But Nurse Boon's hadn't finished: she still had a letter to write.

Dear Mrs Simpson

You will have heard the sad news that your son Pte Joseph Simpson passed away on Tuesday November 12th. The funeral is taking place today at Terlincthun Cemetary. The No. of his grave is 4E Plat 10. We would have liked to have you with him but when we saw he was so acutely ill there was no time to get you here before he died. He passed away peacefully at 5:52 on Tuesday 12th November.

*He talked of going to **Blighty** to see you and then before he died he thought he was with you all and put out his hands to first one and then the other with such a glad smile, he called you by name and then Ada' but we could not catch what else he said. He was a very good patient and we did all we could for him and he had everything that was possible.*

With sincere sympathy

E. Boon (for Matron)

Boon worked on the **moribund** ward at her CCS. Moribund **wards** – the last stop at the CCS for those soldiers beyond help – had been given their own RAMC regulations, and it was according to regulation that special care was taken to safeguard the belongings of the dying, and that the patient's final messages and wishes should be carefully recorded in a notebook designated for that purpose. So as soon as she could see Private Simpson beginning to slip away, Boon fetched the ward notebook and sat on a little stool by his bed, her head bent in close to hear, writing down as many of his last words and whispers as she could understand. Then, after he was gone, she found the chaplain and made sure she knew the location of his grave. Then she wrote to his mother.

VOCABULARY

correspondence – communication by exchanging letters with someone

blighty – Army slang for home

moribund – (of a person) at the point of death

wards – a section in a hospital for patients needing a particular kind of care

NURSES

This letter was printed in "Mademoiselle Miss": Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front, published in 1916. The author of the letters, "Mademoiselle Miss" was living in France when the First World War started. At that time she volunteered in a small French hospital, later studied to get a nursing diploma, and eventually severed at a French hospital near the trenches of the Marne.

October 8, 1915.

You know how it is in the trenches, load and fire most of the time. That's how it is here. During the last week, we have averaged 25 operations daily. One day we had 33, and if you have any conception of an operating-room where they are short of assistants, you may know there was not much time left over. But the struggle, and the sense that one is saving bits from the wreckage, doesn't give one a chance to be mastered by the unutterable woe.

In these days I have lost four, two **peritonitis**, one hemorrhage, one tetanus; and several others are in a desperate condition. I have never left my ward except for six hours' sleep each night, and one hour yesterday when I walked behind the **bier** in the nurse's post of honor. Every one feels the impressiveness of a military funeral, but it is tenfold more impressive if you take part in it. I wish I could make you see it. The narrow, gable-bordered street, the bareheaded villagers, the glistening bayonets, the poor trembling mourners in rusty **crepe**, and at the head, no black hearse, but a great triumphant tricolor following the cross. And the cemetery all mossy and old and vibrant with sunny **clews**, that has stretched out beyond its ancient cedar-bound limits to receive hundreds and hundreds of new little wooden crosses.

I haven't the time nor the heart to tell you the tale of my days, but I tell you this, that I shall never get hardened to last agonies and heart-broken families. And when my little No. 23 flung out his arms last night to say "Good-by" (he knew he was going) "O, my sister, my sister! kiss me!" I tell you it took control to finish giving the last of my 34 anti-tetanus injections a few minutes later.

Speaking of injections, please send me some platinum needles, big and little. I hope you will send cotton and gauze soon, and rubber gloves, too.

VOCABULARY

peritonitis – inflammation of the peritoneum - a silk-like membrane that lines your inner abdominal wall and covers the organs within your abdomen. Usually caused by bacterial infection either in the blood or after severe injury to internal organs.

bier – a movable frame on which a coffin or a corpse is placed before burial or cremation or on which it is carried to the grave

crepe – a light, thin fabric with a wrinkled surface

clews – the cords by which a hammock is suspended

NURSES

This letter was printed in “Mademoiselle Miss”: Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front, published in 1916. The author of the letters, “Mademoiselle Miss” was living in France when the First World War started. At that time she volunteered in a small French hospital, later studied to get a nursing diploma, and eventually severed at a French hospital near the trenches of the Marne.

October 27, 1915.

A record day without a death, and everything went like clockwork. I had several inspirations (impossible to live without them here on the front) for constructing important things out of nothing. Don't be surprised if I turn inventor! One has to out here.

The day has been tremendous, and the first in which I have not lost a life. Indeed, I saved one by compressing a **hemorrhage** in the nick of time. We soldiers are hard pressed these days. The wounded pour in day and night by trains, by American autos too, but I can't take a minute to run out to salute my countrymen [*footnote: This is a reference to the American Ambulance Field Service which has 120 ambulances working at the front, all driven by American volunteers.*] We discharge our patients as fast as we can, and bury dozens a week. It is all like a weird dream, laughter (for they laugh well, the soldiers) and blood and death and funny episodes, and **sublime** also, all under the autumn stars.

What a gorgeous day, all gold and blue, and all the little pine **pavilions** glimmer in the light like enchanted dwellings in a fairy play! It is impossible to realize out here all the misery and foul smells and horrid sights just behind those boards. Out here under the **burnished** skies all that seems repulsive, but once inside it comes natural and as a matter of course. Just one thing tries me eternally the *flies*! Oh, for some Pied Piper to pipe them all into the Marne! The swarms devour my poor patients, and I haven't gauze enough to cover them. Talk of the plagues of Egypt! I pray that the cold may soon come and save us, a local cold that spares the trenches!

Speaking of lack of gauze, I lack everything. For my surgical dressings room I have had to buy everything or go without, which is distinctly impossible. **Cuvettes**, glass jars, cups, oilcloth, syringes, needles, all in fact lacking but the pharmacy. *Ether is a memory here.* Please send the needles and all the other things. To-day I got another thermometer and feel rich. Imagine taking 34 temperatures twice a day with one! Now I do all my own dressings. I'm dog-tired to-night, but very well.

VOCABULARY

hemorrhage – an escape of blood from a ruptured blood vessel, especially when profuse
sublime – of such excellence, grandeur, or beauty as to inspire great admiration or awe
pavilions – a building or similar structure used for a specific purpose, in particular
burnished – to make (something, such as metal or leather) smooth and shiny by rubbing it
cuvettes – a straight-sided, optically clear container for holding liquid samples

NURSES

This account from Diary of Ella Jane Osborn, details the daily experience of a US Army Nurse serving in the First World War. The unpublished diary is in the Gilder Lehrman Collection and provides insight into the dangers faced by a nurse serving in a contested battle zone during the final year of the war.

July 15. About 11 P.M. we heard the Anti-Air-Craft guns and the Search light from St Michael Hill flashed across our window. We got up & had a very interesting time. The **shrapnel** was flying all around us—and a piece went through the roof of one of the canvas tents where the boys were sleeping but no one was hurt. The Bosh come nearer & nearer all the time.

July 16 - Tues. A **Bosh** airplane over this morning which we could see distinctly, the Anti-guns shot several times at it – they usually come over the next morning to see what damage they did the night before.

Fri. May 31st. Nearly 400 of our boys were gased last night and are at 102 field hospital. Some are very bad—some say it was **phosgene** gas and others say mustard.

June 17. Total of cases admitted yesterday 148. I went to bed & took a good sleep. The boys were very badly shot up the worst wounded yet. One boy has 16 big wounds. 12 died. Six prisoners brought in—one died later.

July 18. Thurs. Found three very sick patients on my **ward** when I went on duty. The three of them were all hurt by the same explosive shell, three others were killed & three others hurt & one killed.

May 27. Mon. I am in the officers ward but like taking care of the boys much better. Admitted Lt Lynn Harriman – he was on duty at the front in France on May 27-1918—Enemy put over a barrage followed by an attack – In the struggle he was hit by the Enemy's bullet & wounding him in the left shoulder – and passing downward the lung, he lie in the trenches unable to move (paralyzed from waist down) for two hours, while lying there a bunch of germans came along with large

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clubs & carrying bombs, realizing he could not move he made believe dead.

August 11. Chaplain Hyman of the 82 Div & the 326 Regiment came down and asked for three of us girls to go up & help them decorate the graves of the boys from his division, 12 of them buried in one day. He said we were to take the place of their mothers & sister who could not be there. We placed the wreaths on each of their graves.

Sept. 13 Fri. News exciting & very good. Allies advancing taking Tours & prisoners, three German ambulances have been taken & one is being used to transfer our patients from the field here. The boys told us they were carried in by the german prisoners, they were made to act as stretcher bearers, ... Worked 18 hours straight.

VOCABULARY

shrapnel – fragments of a bomb, shell, or other object thrown out by an explosion

Bosh - German

phosgene – a colorless poisonous gas made by the reaction of chlorine and carbon monoxide. It was used as a poison gas

ward – a separate room in a hospital, typically one allocated to a particular type of patient

GROUP E

Doctors

DOCTORS

This account of a doctor's first day on the battlefield is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, pg. 76-77, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Hayward was an experienced surgeon, but he had never seen such frightful wounds. Under the dried blood, filth and sweat were stumps where limbs had been blown off, smashed faces and dreadfully **contorted** bones. Worse sometimes were those with only a small visible wound, a nick in the stomach where the bullet had done its work, discreet and deadly. All his patients' faces were white from too much fear and too little blood. Yet it struck Hayward how quiet it was inside the tent. There was no groaning. Instead he just heard breathing, gasping and the occasional rasp of a match lighting a cigarette. Many of the men had simply fallen asleep.

Hayward could have foundered there and then, had it not been for an experienced orderly who assisted him with whispered directions. First he was to sort the patients: those who could stand or sit, and whose wounds just needed cleaning and dressing, were moved to one side so that the orderlies could work on them. Then Hayward was to go through the stretcher cases: those who had to be operated on went to the pre-op tents; those too weak to go into theatre, but with a good chance of surviving, were sent to the resus tent to be warmed up and given saline and blood transfusions by the nurses. No need to worry about them for the moment. Those for whom there was no hope were quietly moved to one side and taken to the moribund ward. The dead went to their own tent for sorting.

At 7 a.m. Hayward's reception tent was finally empty. For a very short while he allowed himself to feel relief that it was over. But there was to be no rest. At 10 a.m. he was due to begin surgery on the very men he had sent to the operating tent, now that they had been cleaned up, shaved and **anaesthetised**. He dreaded what was waiting for him, as one of only three surgeons to operate on almost a hundred patients. The orderly sensed what he was thinking and tried to reassure him. They had sent for reinforcements from nearby **CCSs**, he told Hayward, and surgeons and theatre teams were on their way. And there was time for him to have a wash and get some breakfast.

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At 10 a.m. he stepped into the operating tent. There were men laid out on every table. He had never seen so many, and their wounds looked even worse now they were cleaned up. Working alongside his colleagues he removed **septic** tissue and shrapnel fragments, set bones and repaired veins, muscle and skin. He did all Souttar had done on that first day at Furnes, but even though he had more equipment and drugs, it felt every bit as overwhelming. It was unbearably hot in the tent and it was full of noise and bustle. Everything crowded in on him. He tried not to look over his shoulder so he wouldn't see how many men were still waiting for him. He noticed how slow he was, so much slower than his colleagues, while they were clearing patients off their tables within an hour, he was taking two or three hours per man. It was the worst luck of all, he thought, for a man to end up on his table, rather than another surgeon's. He held their lives in his hands and his hands were shaking from the horror. He tried to gather himself by concentrating on every single step of the surgery he was performing but he only just held himself together.

At 7 p.m. the next day, thirty-six hours after he had gone on duty, Hayward finally finished work in theatre. As he ate his dinner and stumbled to his tent, all he could think was that he must return to England to spare both patients and colleagues his incompetence. Then he fell asleep. He slept so deeply he didn't even dream of the horrors of the day, and when he woke up it was with a new resolve. No day could be as bad as the first. He was going to stay and he was going to learn. There were a few cases left over for him and he got through them without any problems. He began to feel a little more as if he might belong here.

VOCABULARY

contorted – twist or bend out of its normal shape

anaesthetized – to induce a loss of consciousness

CCS – Casualty Clearing Station

septic – a wound or a part of the body infected with bacteria

DOCTORS

This account of a doctor working at a field hospital is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 58-59, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Orderlies and drivers began to unload the stretchers and line them up in the courtyard. Then another engine was heard coming down the road. This time it was one of their **lorries** and it brought some of their supplies: dressings, drugs and **anaesthetic** equipment. Souttar mustered a surgical team and sent them to the new operating theatre. He chose the first patient from the men lined up on stretchers, put on his gown and followed him as he was carried into surgery. His staff had lined up neatly on a tray all the equipment they could find. In addition to the drugs and dressings, he had two scalpels, six artery forceps, two dissecting forceps and a finger saw. It was almost laughable, but it would have to do. Then, with the stretcher laid across a table, he set to work on his first patient.

That evening Souttar stood at the door of his new post-operative ward and looked at the results of the day's work. Men slept on the few beds and on **palliasses** – mattresses made of ticking or sheeting sewn around fresh straw-with blankets and pillows scrounged from somewhere or belonging to the nurses. A few gas lamps gave off a soft, low light and the sturdy wooden window frames were keeping the sound of the war away. Souttar listened for a while to the sounds of men sleeping, breathing, murmuring to themselves. It was hard to believe that these were the same men who had lain on filthy stretchers in the courtyard earlier, with savage abdominal injuries and dreadful bleeding, their bodies full of shrapnel and covered in half the mud of Belgium. Their lives had been reclaimed. From the first incision, the day had been a blur, but he tried to remember what he had done. It was important to turn chaos into reason.

One by one they had been brought to him, and one by one he had operated in dim light and with the most basic equipment. He repaired ruptured veins and arteries and saved lives with just a few stitches. He cleared away debris blown deep into ragged wounds. He stitched up torn faces and hands. He set broken bones and joints. He **excised** and **debrided** infected flesh so that wounds could heal cleanly. He tackled severe abdominal injuries, sometimes in utter disbelief that he was able to work like this outside a modern hospital.

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After very little sleep, Souttar returned to theatre in the morning. He worked for two more days, until no more ambulances came round the corner and no more men lay on stretchers in the courtyard. Not all of them could be saved, and every death was crushing. But Souttar tried to reassure his staff had they not opened the hospital—had they not tried—every single man now in their care would have died on the road to the coast. So despite the lack of equipment, of mattresses, of light, and despite the bodies stacked in a cool outhouse to the rear of the hospital awaiting the sanitary squads, No. 1 Belgian Field had been a success. They had saved the lives of so many men, some within an hour of their wounding. No base hospital ever saw the kind of casualty they did. What they were doing was **unprecedented**.

VOCABULARY

lorries – a large motor vehicle designed to carry heavy loads, esp one with a flat platform

anaesthetic – a substance that induces insensitivity to pain

palliasses – a straw-filled mattress

excised – to surgically remove

debrided – the usually surgical removal of lacerated, devitalized, or contaminated tissue

unprecedented – never done before

DOCTORS

This account of a doctor's experience on the battlefield is taken from the book Wounded: A New History of the Western Front In World War I by Emily Mayhew, Pg. 37-38, published in 2013 in Great Britain. Dr. Mayhew is a medical historian who serves several roles on the faculty of Imperial College London.

Neuve Chapelle provided **RMO** John Linnell with the memory that would stay with him for the rest of his life. On the second day of the battle he had led the 23rd Field Ambulance attached to the Grenadier Guards to an aid post in an abandoned farm house. There had barely been time to explore the sturdy old building although he discovered to his delight, that it had a working tap – before the courtyard and stable block filled with stretchers and walking wounded Linnell and his team worked for several hours without stopping, the bearers bringing them one grimy battered, terrified man after another (one of them was Mickey Chater). Eventually they blurred into one bloody line as the medics dressed wounds, gave out morphine and ordered men into ambulances to take them to the base hospitals. Then, at a time when Linnell was beginning to feel unable to cope with the sheer number of arrivals for much longer a young gunnery officer wandered in. It was all right, he told the RMO so quietly that Linnell had to lean forward to hear him. He didn't need much he said, but he had received a biff in the back, so he would sit down for a moment, if the doc wouldn't mind. There was something about him – a distracted calmness - so Linnell didn't call over a bearer, but helped the man sit down on a bit of wall. The young officer sighed and looked off into the distance. He made no protest when Linnell lifted up his tunic to examine his back. A piece of shell fragment had blown a hole in him front to back. When Linnell squatted down to get a better look, he could see all the way through the young man to the fields beyond. When he got to his feet, the officer got up too. He stood still breathing quietly Linnell pressed some morphine tablets into his hand, gave him a water canteen and watched as the man walked out of the farmhouse.

Linnell struggled not to let this one patient overwhelm him. He had other problems. Word had got out about the aid post and now cavalry troops, motor carriers, stray soldiers as well as an endless stream of casualties were heading to the farmhouse from all over the battlefield to shelter behind its thick walls. Soon they were becoming a target themselves. Three shells hit the exterior walls and, with every explosion, the gun aimers got closer and closer Linnell realised that they were trapped. They would have to stay in the farmhouse, even though the **bombardment** was getting so heavy that many of the casualties thought they were back on the battlefield.

VOCABULARY

RMO – Regimental Medical Officer

bombardment – a continuous attack with bombs, shells, or other missiles

DOCTORS

This excerpt by Dr. John Hayward details his experience at a Casualty clearing stations (CCS). Dr. John Hayward had 20 years experience as a general practitioner and served a brief stint at a Red Cross hospital in England when he volunteered to go to France in 1918 and was later assigned as a surgeon to the CCS at Amiens.

They come in such numbers that the tent is soon filled. Many are white and cold, and lie still and make no response, and those who do are **laconic**.... I have had no instructions how to **dispose** of such numbers, or the method of procedure, but realize that they must be examined briefly and sorted, and sent to one or other of our hospital tents....

It was 7 a.m. before I had cleared the tent...but at 10 a.m. I should have to begin to operate for another twelve hours and on cases like these!

It was extraordinary that in this **charnel** tent of pain and misery there was silence, and no outward expression of moans or groans or complaints. The badly shocked had passed beyond it; others appeared numbed, or too tired to complain, or so exhausted that they slept as they stood....

‘Resuss’ [**resuscitation** tent] was a dreadful place. Here were sent the shocked and collapsed and dying cases, not able to stand as yet an operation, but which might be possible after the warming-up under cradles in heated beds or **transfusion** of blood. The effect of transfusion was in some cases miraculous. I have seen men already like corpses, blanched and collapsed, pulseless and with just **perceptible** breathing, within two hours of transfusion sitting up in bed smoking, and exchanging jokes before they went to the operating table....

That dreadful day of my first experience of a C.C.S. rush ended... after thirty-six hours of continuous work, and somehow I had got through. I was completely exhausted with anxiety and fatigue, and felt I could never go on with it, and was not up to the task: but to give in was even more terrible.

VOCABULARY

laconic – using few words; expressing much in few words

dispose – get rid of by throwing away or giving or selling to someone else

charnel – associated with death

resuscitation – revive (someone) from unconsciousness or apparent death

transfusion – an act of transferring donated blood, blood products, or other fluid into the circulatory system of a person or animal

perceptible – (especially of a slight movement or change of state) able to be seen or notice

Activity Sheets

AUXILIARY PERSONNEL OF THE FIRST WORLD WAR MATRIX

| Auxiliary Group | Contributions | Quoted Evidence in the Text |
|--------------------------|---------------|-----------------------------|
| Stretcher Bearers | | |
| Ambulance Drivers | | |
| Chaplains | | |
| Nurses | | |
| Doctors | | |

The contributions of the auxiliary personnel in the First World War
can best be characterized as _____ because...