Knowledge Organiser: Paper 1 Medicine in Britain.
Part 5 – The Western Front.

Key events:

August 1914 – First World War begins. Britain declared war on 4/9/1914 following the German invasion of Belgium.
September 1914 – First Trenches following the Battle of the Marne near Paris. As neither side back down they 'dig-in' creating trench warfare.
Oct – Nov 1914 – First Battle of Ypres. British stop the Germans taking Calais. Allows for reinforcements to arrive.
April – May 1915 - Second Battle of Ypres. Germans used chlorine gas but failed to take Ypres. 60,000 allied casualties and 35,000 German.
Feb – Dec 1916 – Battle of Verdun. Germans carry out a long campaign at Verdun against the French. French hold out but with 160,000 killed.
Jul – Nov 1916 – Battle of the Somme. British and French attack the Germans to relieve attack at Verdun. 58,000 casualties on day one for Britain. 400,000 by the end of the battle. Britain gained 5 miles.
April 1917 – USA agree to join the war
April – May 1917 – Battle of Arras. Allied assault on German positions. Some ground captured but at a cost of 158,000 lives.
July – Nov 1917 – Third Battle of Ypres. Plan was for the British to capture Passchendaele ridge. Completed with 245,000 casualties.
Oct 1917 – Russia revolution resulted in their withdrawal from the war.
Nov – Dec 1917 – Battle of Cambrai. British attack on German line using tanks. Eventually forced back with 40,000 casualties.
Spring 1918 - Spring Offensive. Germans launched an attack over 50 miles before the US could arrive. Made huge gains but could not **sustain the attack.**
Summer – Autumn 1918 – Final months. Allies, now with US troops, launched attacks along the lines and broke through. Germany had few resources left to fight with.
11th November 1918 – War ended.

Base Hospital	Converted civilian hospitals normally near railway lines providing specialised facilities. From here patients sent back to Britain.
Casualty Clearing Station	7 – 12 miles behind trench line a well-equipped medical hospital with operating rooms, x-rays and wards for 50 men. Planned to deal with 1,000 men at a time but demand exceeded this.
Dressing Station	Large mobile medical unit about a quarter mile behind the trench line. Sorted men using TRIAGE system – treat first, could wait and not likely to survive.
Dysentery	Bacterial infection of the intestines causing severe diarrhoea. Caused by contaminated water – shell holes. Chloride of lime was added to purify the water.
FANY	First Aid Nursing Yeomanry. Founded in 1907 they were professional nurses and also volunteers who worked as ambulance drivers, supplied food and nursed.
Gangrene	Infection of dead tissue in the body resulting in amputation to stop the spread. Gas Gangrene creates a foul smell.
Gassed	Excessive exposure could lead to death by drowning from the fluid built up in the lungs. In most cases the symptoms of blindness and coughing would go after 2 weeks of treatment.
Infection	Fragments of muddy soil on clothing could enter the body from bullet wounds and shrapnel causing infection from bacteria. This led to gas gangrene and often death.
Regimental Aid Post	200 metres behind the front line trench where the medical officer would sort out the wounded. One officer and 30 men per battalion.
RAMC	Royal Army Medical Corps. Organised and provided medical care from doctors to ambulance drivers and stretcher bearers.
Shell Shock	Known as PTSD (Post Traumatic Stress Disorder). Understanding developed as the war progressed, initially commanders thought it was contagious and it created great fear. Treatments changed from being sent home to specialised centres.
Shrapnel	Fragments of shell. These became lodged in the flesh and caused infection.
Trench Fever	Symptoms included fever, shivering, pains in bones and joints lasting 5 days and returning. It originated from lice in the clothing leading to a focus on hygiene and disinfecting as soldiers had to be sent home.
Trench Foot	Caused by standing in waterlogged trenches. The feet went numb, swollen and blisters formed. The boots would become tight restricting blood flow, resulting in amputations.
Wounds	More high powered weaponry and explosives causing shrapnel created new types of wounds. Tiny fragments from the blast impact could not be seen and could kill a patient. X-rays become essential in identifying such fragments for their removal.

Concept: Change and Continuity