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26
G.S. Pubns.
124



ANGLIA TOURS AIDE MEMOIRE.
SURGERY AND TREATMENT ON THE
WESTERN FRONT



THE WAR OFFICE

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STRETCHER BEARERS

Duties of a Regimental Stretcher Bearer

Many of the stretcher bearers were bandsmen or infantrymen from the battalion detailed for the job – a dangerous job requiring service under fire, usually in no-man's-land, as the bearing of arms by medics was expressly forbidden in war.

From: *Field Service Regulations Part II Organisation and Administration, 1909, (reprinted with amendments 1914)*

A. When the action begins, the regimental stretcher bearers, without their arms, will be placed under the medical officer's orders. Stretchers and stretcher bearers' armllets (to be worn on the left arm in lieu of the Red Cross brassard) form part of the medical equipment.

B. The duties of the regimental medical establishments in action are:

- (i) To afford first aid to the wounded.
- (ii) To carry cases not able to walk over to the nearest and most suitable cover.
- (iii) To throw up some sort of cover to protect serious cases that cannot be moved.
- (iv) To assist the medical units after an action, if required, and if available.

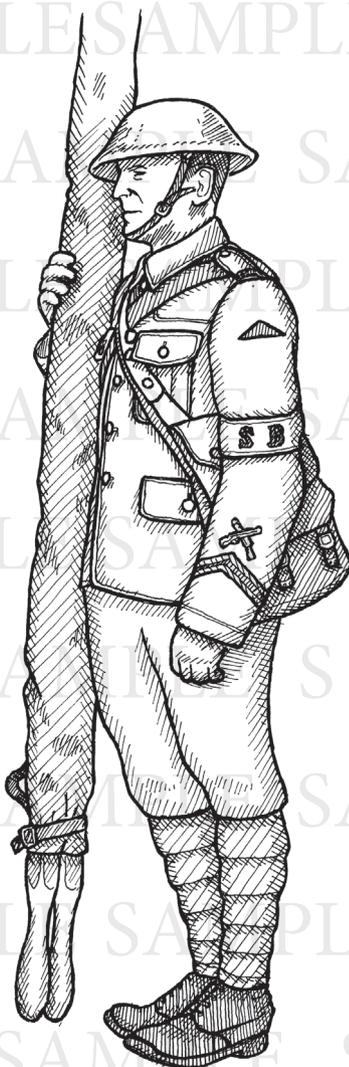


FIG 6.

SURGICAL HAVERSACK

Weight about 7 lbs. Dimensions 13" x 5" x 9 1/2"

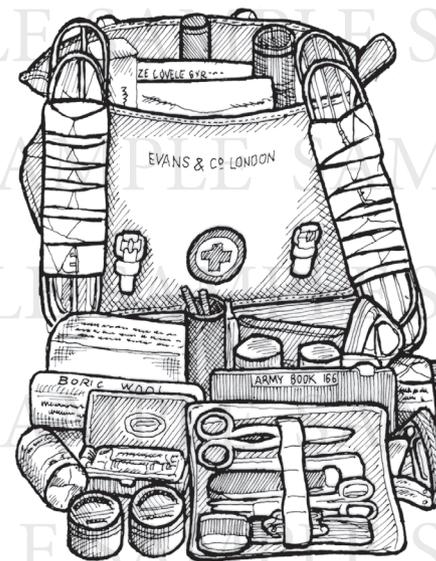


FIG 7.

From: *Manual for the Royal Army Medical Corps, War Office, 1904*

Stretcher bearers would enter no-man's-land following the aftermath of an attack and subsequent counter attack by the enemy, which could be within hours of the casualty being wounded.



Treatment within:
Minutes / Hours / Days

Contents

Bandages, loose-woven
 Bandages, triangular
 Clasp-knife, long bladed
 Forceps, dressing, pair
 Pin-cushion, emery
 Pins, common
 Pins, Safety
 Probe and director, plated
 Scissors, strong, pair
 Thread, sewing, tablet
 Vulcanite case, containing
 Needles, sewing
 surgeon's plated
 Gauze, double cyanide
 Hypodermic case, containing
 Syringe
 Needles in glass tube
 Cocaine tablets
 Morphia tablets
 Glass mortar
 Medicine-cup and mortar
 combined, Vulcanite with
 2 pestles
 Plasters, rubber, adhesive,
 Plaster isinglass, transparent
 Silk, twisted, (S & M size)
 in aseptic solution
 Specification tallies (Army
 Book 166)
 Splints, wire, arm, japanned
 with tapes and buckles
 Spirit Ammon: Aromat
 Tin containing candle and
 wax vestas
 Tourniquets, screw, small
 Wool, boric, in 2-oz packets
 Wool double cyanide
 Waterproof canvas bag (to
 contain above)
 Water-bottle, with felt cover,
 drinking cup and straps

REGIMENTAL AID POST

RAP

When a battalion went into the front line, a Regimental Aid Post (RAP), sometimes referred to as a Battalion Aid Post was set-up by its Medical Officer, (doctor).

The RAP was usually established in a shelter, dugout, cellar or a sunken lane – anything that would give protection from enemy fire.

The Medical Officer (MO) was a member of the Royal Army Medical Corps (RAMC), but most wore the cap badge of the battalion they were attached to.

The MO was assisted by two medical orderlies from RAMC and sixteen stretcher bearers from within the battalion.

The primary role of the MO was to stabilise the wounded and to try and prevent them dying before reaching the next stage of the treatment. There was not much time other than to bandage the wounds and administer morphine.

Captain Noel Godfrey Chavasse, VC & Bar, MC was the most famous MO to have served during the Great War. He was one of only three to be awarded the Victoria Cross twice.



Treatment within:
Minutes / Hours / Days



Straps were used to spread the load and make it easier for the bearer to carry the stretcher. Bearers' hands were often rubbed raw by the stretcher's handles.

REGIMENTAL MEDICAL OFFICER

RMO

These bearers are from one of the Scottish Highland battalions.



FIG 8.

ADVANCES IN MEDICAL TREATMENT

During the Great War

Major medical advances were made during the Great War, some of which included:

The Thomas Splint (*Fig 14*) The splint as invented by the Welsh surgeon Hugh Owen Thomas. At the beginning of the war the management of femoral fractures, which were usually compound ballistic injuries, was such that 80% of soldiers with these injuries died. Following the introduction of the Thomas Splint, fatalities from femoral fractures by 1916 had fallen by 80%.

The X-ray These were already used in hospitals at the beginning of the war. By 1915, the BEF deployed with one X-ray unit per Army, eventually increasing to one per CCS.

The French were lucky to have Marie Curie working for them as the director of the army's radiological services. She was the first woman professor of the Sorbonne and the recipient of Nobel Prizes for her work in physics and chemistry. By 1918 her twenty mobile X-ray units had taken over a million X-rays.

Inoculations An inoculation for typhoid was given to all British soldiers. Anti-tetanus serum was given to all wounded soldiers to prevent a potentially deadly infection after injury. The serum reduced fatalities from tetanus in 1914 from 63% to 38% by 1918.

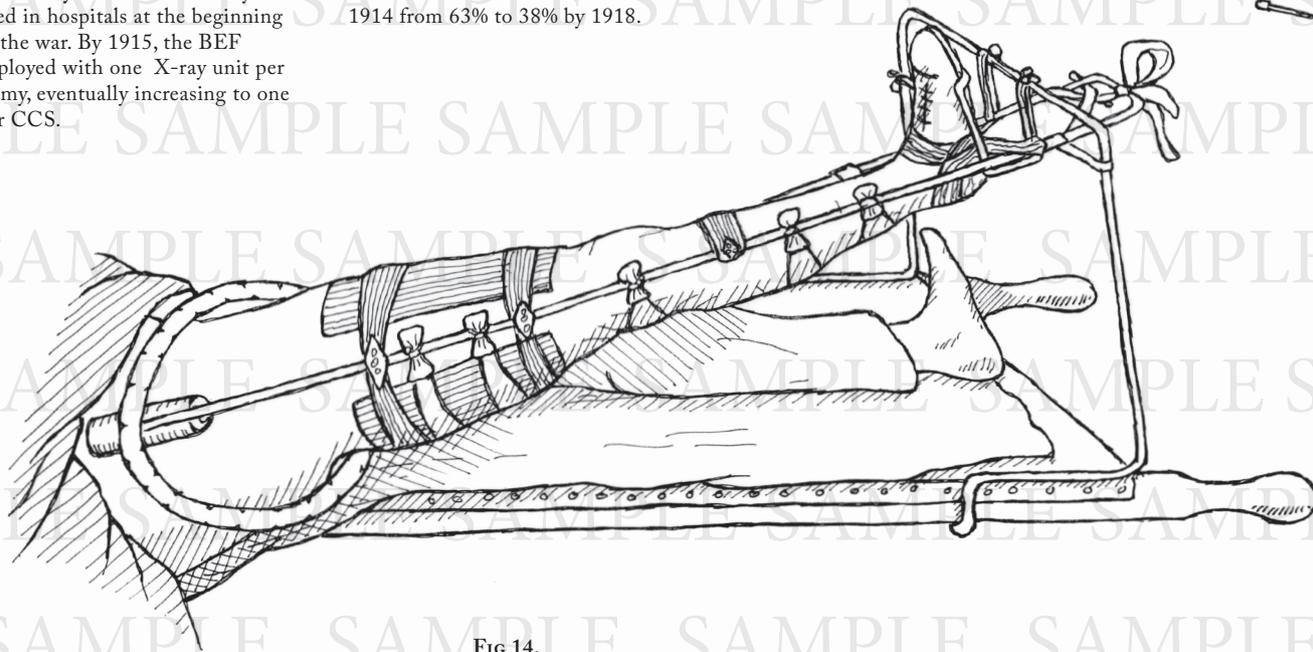


FIG 14.

ADVANCES IN MEDICAL TREATMENT

During the Great War

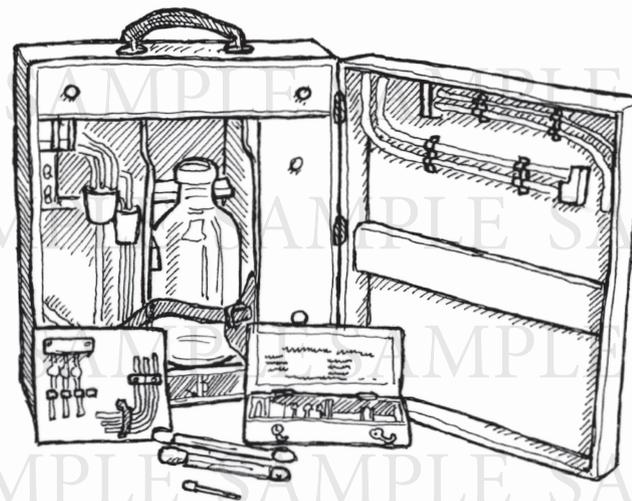


FIG 15.

Blood Transfusions (*Fig 15*)

Prior to 1910, owing to the problem of coagulation, blood was transfused directly between donor and recipient. The science of refrigeration and storage of blood was in its infancy and the nature incompatibility between blood groups was not fully understood. It was not until the last two years of the war that the RAMC, together with US Army doctor Captain Oswald Robertson, established blood banks using sodium citrate to prevent blood coagulating and becoming unusable. Blood was kept on ice for up to 28 days before being transported to a CCS for use in life saving operations as well as preventing shock.