WORLD WAR 100

CASUALTY CLEARING STATION GAME

TREATMENT OF INJURIES ON THE BATTLEFIELD

KS3

YOUR CHALLENGE AS A MEDICAL OFFICER

The following information has been taken from 'Memorandum on the Treatment of Injuries of War 1915'.

No surgeon can work for long in a Casualty Clearing Station or its equivalent without becoming aware of the apparent clash between the purely military point of view on the one hand and the purely surgical, or human, point of view on the other.

The former is concerned with the recuperation of the greatest number of wounded soldiers and their restoration to their units in the shortest time; the latter is concerned with giving surgical aid at the earliest possible moment to those who are most gravely wounded.

It should not be assumed that the "purely military" view is that taken by the majority of military officers and the "purely surgical" by the majority of surgeons.

The fact must be faced, however, that in the organisation of a military medical service these two views must present themselves as mutually contradictory, and that in times of stress it is impossible to adequately serve them both.

THE IMPORTANCE OF FILLING IN PATIENT CARDS

Much trouble has been caused on the arrival of cases in casualty clearing stations, stationary and general hospitals by the incompleteness of the details inscribed on the tallies (Patient cards).

The following rules must be observed:

1. **The stamp of the Unit through which the case has been passed.**
2. **An accurate description of the injury, for e.g. "Compound fracture of femur", not "Shrapnel wound of leg".**
3. **Time of last dressing.**
4. **Concise amount of any operation performed.**
5. **Amount of tetanus antitoxin detected.**
6. **Whether morphia has been administered and in what amount.**

EXAMPLES OF INJURIES YOU MIGHT DEAL WITH

1. Wounds at field ambulances and casualty clearing stations.
2. General effects of gunshot injuries.
3. Gas gangrene and gaseous cellulitis.
4. Recurrent and secondary haemorrhage.
5. Wounds of the great vessels and aneurysms.
6. Treatment of fractures.
7. Wounds of joints.
8. Head injuries.
9. Spinal injuries.
10. Penetrating wounds of the chest.
11. Penetrating wounds of the abdomen.
12. Injuries to the ear.
13. Injuries to the eyes.
14. Trench foot, Frost-bite.
15. Gas poisoning

DETAILED CASE STUDY — GUNSHOT WOUNDS

The majority of gunshot wounds do not inflict very serious injury, and so do not cause material shock or collapse, but in every convoy of wounded there are always some men in a serious state of collapse. This may result from one or more of several causes:

1. **Excessive bleeding.**
2. **Long exposure to cold, wet, and hunger, as when men cannot be rescued because of heavy fire.**
3. **Serious visceral injury to the chest or abdomen.**
4. **Extensive shell wounds, especially when associated with fracture of the long bones, and particularly of the femur.**
5. **The infliction of multiple injuries by shells or bombs.**

Whatever may be the cause or causes of collapse, the patient is always made worse by the journey in an ambulance wagon, especially if the limbs are fractured. In these circumstances it is generally best to allow him to rest quietly for an hour or two before attempting to dress his wounds, or even to examine him.

Many men who are collapsed are sick and cannot take solid food but small quantities of water or brandy should be frequently given if possible, and if hot milk and soup can be taken they are to be preferred to alcohol.

DETAILED CASE STUDY
GAS-GANGRENE & GASEOUS CELLULITIS

The most important complication of wounds in this war is their infection by anaerobic organisms derived from dung. It is evident that tightly applied bandages, infrequently changed bandages, and imperfectly drained wounds all predispose to gangrene.

In many cases of extensive shell or bullet wounds it occurs as the result of the extensive crushing of the tissues, and, if a limb dies from injury to its main vessels, gas-gangrene inevitably supervenes very quickly.

Gas-gangrene usually occurs within the first two or three days after the infliction of a wound, but it may begin with a few hours, or be delayed for several days.

YOUR QUICK GUIDE TO THE EVACUATION CHAIN

Advancing troops were not allowed to stop and care for wounded soldiers. All men carried an emergency field dressing and if possible attempted to treat their own wounds.

The wounded soldier then had to wait until the stretcher-bearers arrived. Once the injured soldier had been picked up by the stretcher-bearers, he would be taken to the Regimental Aid Post that was usually based in the reserve trenches.

The Regimental Medical Officer and his assistants cleaned the wounds, applied dressings, and gave injections. The injured man was then taken to the Advanced Dressing Station.

Wounds were again treated and sometimes emergency amputations took place. The wounded soldier was now moved to the Casualty Clearing Station where surgery, if needed, was carried out.

YOUR QUICK GUIDE TO THE RAMC

The Royal Army Medical Corps (RAMC) is a specialist corps in the British Army which provides medical services to all British Army personnel and their families in war and in peace. Together with the RAVeterinaryC, RADentalC and the Queen Alexandra's Royal Army Nursing Corps, the RAMC forms the British Army's essential Army Medical Services.

The RAMC is a non fighting arm (non-combatant), under the Geneva Conventions, and so members of the RAMC may only use their weapons for self-defence. For this reason, there are two traditions that the RAMC perform when on parade:

1. **Officers do not draw their swords – instead they hold their scabbard with their left hand while saluting with their right.**
2. **Other ranks do not fix bayonets.**

Unlike medical officers in some other countries, medical officers in the RAMC do not use the "Dr." prefix (in parantheses or otherwise) but only their rank, although they may be addressed informally as "doctor". They also do not prefix "Surgeon" in front of their ranks like medical officers in the Royal Navy.

YOUR QUICK GUIDE TO THE RAMC

The RAMC began to develop during the Boer War, but it was during the First World War that it reached its pinnacle both in size and experience. Sadly, it lost 742 officers and 6,130 soldiers in war.

During the First World War, RAMC recruits were required to be at least 5 feet 2 inches tall and could enlist up to 30 years of age. They initially enlisted for seven years with the colours and a further five years with the reserve, or three years and nine years. They trained for 6 months at the RAMC Depot, Crookham Camp, Aldershot, before proceeding to specialist trade training.

The RAMC operated the army's medical units and provided medical detachments for the units of infantry, artillery and other arms. The Corps was assisted in its work by voluntary help from the British Red Cross, St. John Ambulance, the Friends Ambulance Unit, the Voluntary Aid Detachments and hundreds of private and charitable ventures.

GAME CONTENTS

1 x Playing board

1 x Teacher's guide

1 x Booklet: 'Treatment of Injuries on the Battlefield'

2 x Students' handbooks (1 for each MO pair)

2 x Shared dice

2 x Playing pieces (1 for each MO pair)

36 x Patient cards (20 x Hard, 16 x Easy)

17 x Fate cards

2 x Blank MO dry wipe charts

2 x Dry wipe marker pens

1 x Game clock (plus 1 x battery)

ACKNOWLEDGMENTS

The Polesworth School
Lizzie Carpenter
Alex Old
Tudor Grange Academy Worcester
(Game concept & testing)

Travis R R Hurlock
www.travishurlock.com
(Designer)

MLA Science in Your World
Heritage Lottery Fund
(Funders)

WORLD WAR 100

CASUALTY CLEARING STATION GAME

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