

TOPIC 6: The Wounded

BACKGROUND INFORMATION

The great majority of the wounds sustained by the men of the Australian Imperial Force (AIF) on the Western Front were the result of flying metal of one sort or another. More than 50 per cent of the wounded were hit by shell fragments or shrapnel bullets from German artillery fire. A further 40 per cent suffered wounds from high velocity bullets from rifles or machine-guns, and 2 per cent were hit by bombs or grenades. Only 0.28 per cent suffered bayonet wounds. Mustard and chlorine gas was also a major cause of wounds, accounting for 12 per cent of casualties. Of the 215, 585 World War I Australian battle casualties, 179, 537 — approximately 83 per cent — were sustained on the Western Front.

To deal with these thousands of casualties, many with extreme wounds, the Allied armies in the field developed an elaborate system of battlefield evacuation and treatment. In the front line were the stretcher bearers of the Australian Army Medical Corps or 'battalion' bearers. Their job was to bring an incapacitated man back out of the battlefield, often under appalling conditions, to a Regimental Aid Post or ambulance. There, men were classified according to their wounds and sent on further behind the lines.

Survivors eventually reached Casualty Clearing Stations, located as close behind the lines as possible, where doctors and nurses of the Australian Army Nursing Service attended to them and operated if necessary. Those whose battle days were over, or who at least needed a lengthy period of treatment and rest, were evacuated by rail to Australian military hospitals in France or England. Those wounded beyond further service were, when ready, sent back to Australia for recuperation and discharge. Men likely to recover stayed in hospital until strong enough to be sent to a convalescent depot and then back to their units at the front.

Those who saw much of the horror of these wounds were the nurses of the Australian Army Nursing Service. Sister Edith 'Queenie' Avenall, who worked in many hospitals, summed up her experiences:

I am sorry for Australia for it will be nothing but broken down men after the war.

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AIMS

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| Students at Level 1/2/3: | <ul style="list-style-type: none">• Know how the wounded were treated on the Western Front• Empathise with the wounded soldiers and the medical staff who treated them |
| Students at Level 2/3: | <ul style="list-style-type: none">• Consider the nature of courage |

CLASSROOM STRATEGIES

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| Level 1/2/3 | <p>Students can 'tap into' the main concept in this section by thinking about what they would do if they had to organise for a wounded soldier to be taken from battle. How would they get to them and move them? Would they take the lightly wounded and the badly wounded all to the same place?</p> <p>Ask students to devise their own system, and then they can compare it to the one that was actually implemented.</p> <p>Discussion of the difference between their system and that of the battlefield will bring out insights about triage, technology, equipment, terrain, etc.</p> |
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An Australian Army nursing sister reading a newspaper to a wounded AIF soldier at No 4 AGH Randwick Military Hospital, Sydney, NSW, c 1916.

Many soldiers were wounded during battle. The army had to get them off the battlefield and back to places where they could receive first aid and medical treatment. This was done in stages.

- Here are eight stages in moving and treating the wounded, from the battlefield to a hospital ship to England (for the most seriously wounded).

They are not in the correct sequence. Read the descriptions, then number them 1 to 8 in a logical sequence that treats the wounded soldiers in the most appropriate way.

Casualty Clearing Station

A number of kilometres from the front was a Casualty Clearing Station, where wounded were first treated by surgeons. Here, also, the wounded first encountered nurses of the Australian Army Nursing Service. As soon as possible, wounded were again transported, often by hospital train, to a General Hospital.

Advanced Dressing Station — stretcher cases

Advanced Dressing Stations, staffed by field ambulance units, were located as far forward as possible. Patients were given anti-tetanus injections and treated for the shock which many suffered after being wounded. Only urgent operations were performed. From the Advanced Dressing Station, wounded men were taken by ambulance to the Main Dressing Station.

Stretcher-bearers on the battlefield

Stretcher-bearers in the infantry battalions collected the wounded, bandaged their wounds and carried them to the Regimental Aid Post for treatment by the battalion's medical officer. The soldiers admired the stretcher-bearers. Unarmed and protected only by their 'SB' armbands, they often worked under fire, carrying wounded men to safety.

Hospital Ship

Most seriously wounded men were evacuated by hospital ship to Britain to face perhaps months of treatment and convalescence. Those who recovered eventually returned to the front, perhaps to be wounded again. Those badly injured — men who had lost arms or legs, been blinded or maimed, or badly shell-shocked — eventually returned to Australia, to be discharged and pensioned off.

Main Dressing Station

Wounded from several Advanced Dressing Stations converged on one Main Dressing Station. Here serious cases could be resuscitated and gassed men could be treated, but most of the wounded were passed through to the Casualty Clearing Station.

Advanced Dressing Station — walking wounded

A few kilometres from the front an Advanced Dressing Station for walking wounded might be dug into a slope. Wounded men would be treated and then board a 'GS' [General Service] wagon to be taken to a Main Dressing Station or direct to a Casualty Clearing Station.

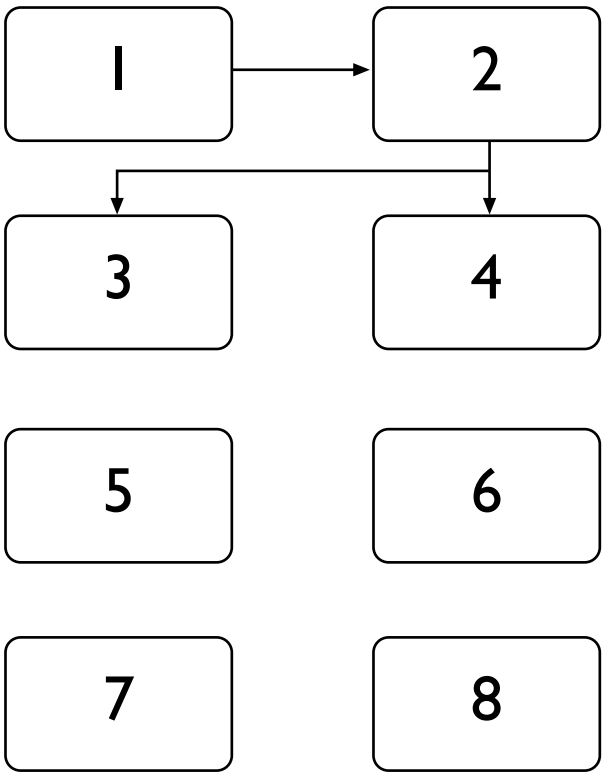
Regimental Aid Post

At the battalion's Regimental Aid Post, the medical officer changed dressings and gave morphine (pain killer), before sending men to the rear. Sometimes stretchers were carried by German prisoners. The 'walking wounded' would make their own way back. Blankets above the dugout entrance would be lowered during a gas attack, to prevent gas seeping into it.

General Hospital

General hospitals could house around one thousand patients. They held wounded men until they were able to be evacuated to Britain or return to their units. One example was the No 2 Australian General Hospital at Wimereux, overlooking the English Channel near Boulogne.

1) Create a diagram to show the flow of this system. Some stages have been done to help you.



- 1) Here are four photographs showing casualties on the Western Front. Match the photographs with the stages shown on the previous page (not all stages will be represented by the photographs, and several photographs may suit one of the stages).
- 2) How do you think the wounded and the medical staff were able to deal with the horror of the casualties on the Western Front? Explain your reasons.



AWM E00481

An Australian stretcher-bearer assisting a wounded German prisoner towards a field dressing station.



AWM E00714

A stretcher case being attended to at an advanced dressing station near the Menin Road, Ypres, Belgium, 20 September 1917.



AWM E04852

Gassed Australians waiting for medical attention at a dressing station.



AWM E00049

Stretcher-bearers bringing out wounded from the front line near Delville Wood, Longueval, France, December 1916.

In worksheets 6.3 and 6.4 are the experiences of two people. One is a nurse who described her experiences at a variety of the stages associated with treating the wounded. The other is from a recommendation for the award of a Victoria Cross to a soldier. Read them and answer the questions that follow.

SISTER MAY TILTON

A When I commenced my work, I hardly knew where to begin. My first patient was a dear Scotch lad with his skull and right leg fractured, his left leg and one arm amputated. Minor wounds covered his body. He talked to me as I attended him, but never uttered a word of complaint. When the ordeal was over, I stood for a moment, feeling his pulse. He said:

‘How is it, sister?’

‘Fine. How do you feel now, laddie?’

‘I feel fine, too, thanks, sister.’

Next morning he died.

B Conditions were primitive, compared with the ordered life of hospitals in England, but the sense of adventure, of being at the forefront of things, with the possibility of meeting one’s own loved ones, more than compensated for the hardships endured.

For several hours each day I assisted in the acute gassed wards. Most of the poor boys died, but those who still lived, to die later, suffered intensely. This mustard-oil gas burned their bodies. Such frightened expressions met our eyes as we bent over them, working to relieve the pain, bathing their poor, smarting eyes with bicarbonate of soda and inserting cocaine to relieve the agony. We kept them dark with pads and bandages. A sister worked, one on each side of the ward, continuously. As soon as she reached the lower end, she commenced at the top again, while two more sisters endeavoured to relieve their distressed and difficult respirations by administering oxygen for ten minutes every half-hour ... We were unable to work for any length of time in these gassed wards. Stooping over our patients, we soon became affected by inhaling the gas. Our throats became sore and set us coughing, while our eyes became weak and watery. The odour of the ward was in our nostrils for weeks.

C When we switched on our torches, we found the floor literally covered with a mass of wounded; men being sick, moaning in pain, or crying out for a drink; pleading to remove their boots which, in some cases, had not been off their feet for over a week. The stretcher-bearers were carrying them in out of the pouring rain and rushing away again. We set to work, lifting the stretchers into some sort of order and searching for cases of haemorrhage, while the wounded held the torches to guide us.

As the bearers brought in patients, we lifted stretchers out ready for them to carry away again the urgent cases requiring immediate surgical attention. It was bending work, and when our backs refused to hold us up any longer, we sat on the floor and cut the boots and socks off the stone-cold and swollen feet, wrapping them in bundles of cotton wool and bandages. The patients used their boots or tin hats as pillows while they patiently and uncomplainingly waited to be attended to ... [In the operating theatre] there were twelve operating surgeons, with theatre teams, working on six tables continuously for twenty four hours. The theatre staff worked the longest hours; the routine was sixteen hours on and eight off duty.

Sister May Tilton, *The Grey Battalion*, Angus and Robertson, Sydney, 1933, pages 198-9, 254-5, 259-63.



Sister Mabel (May) Tilton

AWM C02305

- 1D What do these memoirs help you to understand about the nature of injuries on the Western Front?
- 1D Why do you think nurses joined the Army?
- 1D Why would you say they showed courage? Explain your reasons.

PRIVATE MARTIN O'MEARA

Recommendation for Victoria Cross

Private O'MEARA, Martin is strongly recommended for the highest distinction for great gallantry and devotion to duty in rescuing wounded men under intense shell fire, and for voluntarily carrying ammunition and bombs to a portion of the trenches being heavily bombarded, and which at the time was also heavily barraged.

Major P. BLACK states:- On the morning of the 11th August 1916 O'Meara was on scouting duty in 'No Man's Land'. At this time some three machine guns were firing over the section of ground which he was examining, and it was also being very heavily shelled with HE [High Explosive] shells. About 10 minutes after I saw him go over the parapet into 'No Man's Land', I saw him return carrying a wounded man whom he had found lying in a shell hole in 'No Man's Land'. Having dressed the wounds of this man he returned to 'No Man's Land' in pursuance of his duties as a Scout.

My notice was again drawn to this man on the morning of the 12th when the section of trench occupied by my Company was being heavily bombarded by HE and Shrapnel. I withdrew the garrison to either flank from one portion that was in danger of being completely obliterated which subsequently happened; one man failed to get out in time and was buried. O'Meara, despite the overwhelming fire, at once rushed to the spot, extricated the man concerned and thereby undoubtedly saved his life.

During the advance of the Battalion on the night of 9/10th, a number of men were wounded and left lying on the ground over which the advance had been made and subsequently on the 11/12th, runners and carriers who had occasion to cross this area were wounded there. I saw O'Meara on many occasions on the 10/11/12th August searching the ground for wounded to whom he rendered first aid, and whom he subsequently brought in or assisted to bring in.

P. BLACK, Major.

www.awm.gov.au/databases/awm28/index.asp?surname=o'meara

- ▮ Why did Private O'Meara behave in this way — through a sense of duty, mateship, adventure or peer pressure? Discuss your reasons.
- ▮ Many men were in the same place at the same time, but only O'Meara behaved in this way. What does that suggest about bravery?
- ▮ Private O'Meara was not a full-time stretcher-bearer, but the stretcher-bearers were much admired. Why?



Portrait of Private Martin O'Meara

AWM A02613