The First World War (1914–18) cost millions of lives and millions more were injured. Much of the fighting took place in France and Belgium in an area known as the Western Front. It was estimated that 56% of those who fought became battle casualties and 12% of those casualties died. This put surgical and nursing staff under enormous pressure especially at times when there were major battles. During the war, new technology and new surgical methods were developed.

This paper presents you with sources about the treatment of the wounded and gives you the opportunity to decide for yourself how far surgery improved during the First World War.

Source A: From the memoirs of a nurse who worked at Clacton-on-Sea Hospital during the First World War.

The wounded soldiers came straight to us, travelling by boat from France, on to a train in Britain and then to hospital. Headquarters would be notified that a convoy of ninety or a hundred wounded would be arriving at a certain time, so that all the beds would be made ready. Stretcher cases were placed downstairs, with walking-wounded upstairs. Oh, some soldiers were simply dreadful, splattered with blood and dirt and mud. They were still in their khaki uniforms, very muddy, very bloody and terribly, terribly tired. Some had been gassed. Some were angry that they had gone through all they had, and were rather disturbed mentally.

Source B: A wartime painting showing the treatment of wounded soldiers by the Royal Army Medical Corps during a battle in 1917.

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The only tools the medical officer had on the battlefield were knives, bandages and morphine, a painkiller. Behind the front line of the battle were the casualty clearing stations. These dealt with surgical cases and were run by the Royal Army Medical Corps, who did an efficient job. During the war they dealt with 9 million wounded cases, providing over a million doses of drugs, over 1.5 million splints, over 100 million bandages and 22,386 artificial eyes. Two and a quarter million were so severely wounded as to require treatment in England but over half of these cases were patched up sufficiently to be returned to France.

Source D: From a recent exhibition at the National Army Museum about the treatment of the wounded during the First World War.

Infection was the great killer in the First World War. Much of the Western Front stretched across farmland, the soil fertilised by animal manure. The trenches were unhealthy, so battle injuries were always contaminated with dirt and other material from the moment of injury. Jagged shell fragments forced pieces of uniform and bacteria deep into open wounds. Many injuries resulted in deadly infection, requiring medical staff to develop new ways to repair them and fight infection.

Source E: From an account by Henry Percy Pickerill, a pioneer of plastic surgery. He is recalling surgical techniques used in 1917 to rebuild the faces of the wounded.

During the First World War, the techniques of skin grafting were only just being developed. Tin masks were still in use in severe cases to replace lost parts of the face and sometimes to replace missing eyes. These masks were painted as best as possible to blend with natural colouring. They were much hated by the men and surgeons alike. The alternative required the sort of skin grafting which no surgeon thought possible at that time.
Source F: A photograph of tin masks and attachments for covering facial injuries during the First World War.

Source G: A photograph showing x-raying for shrapnel during the First World War.

Edexcel Limited gratefully acknowledges the following source used in the preparation of this paper:

Source A: All Quiet on the Western Front: An Oral History of Life in Britain During the First World War, Steve Humphries and Richard van Endem, © Pearson Education