Q1 *Describe two features of……*



**Marks**: 4

**Time**: 5 minutes

**What is the question asking me to do?**

- 4 sentences: there is a writing frame to help you!

- This is simple question; if you have revised you should score full marks.

- Give **two** pieces of information / aspects about the topic given in the question (*e.g. the effects of poison gas*)

- Then support each point you make with a specific fact / detailed description.

- Include **specific facts and key words:** names, dates statistics and places etc.

**How do I get the marks?**

Identify (point) and describe (example) **two** features. 1 mark for identifying each feature and 1 for the supporting detail for each. **(1-2 marks x 2)**

**e.g.** *Chlorine gas affected the victim’s breathing* ***(1)****. The victim died quickly from suffocation* ***(1).***

**How do I structure my response?**

**Feature 1**

Point - *One feature of….. was*….

Evidence – *For example ….. / This was….. / It affected / meant that….*

**Feature 2**

Point - *Another feature of….. was*….

Evidence – *For example ….. / This was….. / It affected / meant that….*

**What should it look like? [4/4]**



The support trench system consisted of support trenches as its main feature. These support trenches were so metres back from the frontline trenches and could be connected to the frontline via communication trenches. These were made for soldiers to retreat into if the frontline was under attack.

Another feature of support trenches was that due to their distance from the frontline they were much safer and could be used to store artillery or even for the mobilisation of larger reserve troops thanks to this safety feature.



**Model Answers:**

**Describe two features of Casualty Clearing Stations**

Casualty Clearing Stations needed to be close enough to the frontline to be able to deal quickly with the wounded, but far enough away to have at least some protection from the shelling.

A triage system was used to divide the wounded into groups in the clearing stations. Those who were not likely to survive would only be made comfortable but not treated.

**Describe two features of the trench system on the Western Front**

There was the front-line trench, which was closest to the enemy and is where soldiers would re and mount an attack from. The reserve line trench was the furthest away from the front line. It was here that soldiers would be mobilised from for a counterattack should the enemy make it into the front line trenches.

**Describe two features of gas attacks on the Western Front**

Chlorine gas was used in the Western Front by the German army in 1915. Chlorine gas to led to death by suffocation after attacking a victim’s lungs. Mustard gas was used by Germany from 1917; it was an odourless gas. Mustard gas caused internal and external blisters and could burn the skin through clothing, killing the victim within 12 hours.

**Describe two features of the treatment of wounds on the Western Front**

The Thomas Splint was used in surgery on the Western Front. After its introduction men with a gunshot or shrapnel wound had an 82 per cent chance of survival. Six government-funded mobile X-ray units were also used on the Western Front. They were used to locate shrapnel and bullet wounds.

**Describe two features of the nature of wounds from explosives**

High explosive shells and shrapnel were responsible for 58% of wounds. When a shell exploded, it could kill or injure immediately, and the shrapnel would travel at fast speeds through surrounding victims too. Shrapnel wounds often caused infection. This was because the soil along the Western Front had been heavily farmed before the war with fertiliser that contained the bacteria for tetanus and gangrene; penetrating metal would therefore take bits of soil and clothing fabric with it when it pierced through the body, causing infections.

**Describe two features of the evacuation route on the Western Front**

The wounded were first collected by a stretcher bearer. Each battalion had sixteen stretcher bearers and it took four men to carry a stretcher. There were also Casualty Clearing Stations on the Evacuation Route. These were located in tents or huts about 10 miles from the fighting.

**Describe two features of the underground hospital at Arras**
The hospital was located in tunnels underneath the town of Arras. British and New Zealand miners had linked existing tunnels to create a secret underground network where 25,000 soldiers could live.

The underground hospital was large and well supplied. There were 700 beds in the hospital and it had an electricity supply, water supply, and operating theatre and a mortuary

**Describe two features of medical workers on the Western Front**

At first, all medical workers on the Western front were from the Royal Army medical Corps (RAMC). There around 3000 Army medical workers in 1914, and this figure increase to around 13,000 by 19 18. Later, volunteer medical workers were allowed, including first aid nursing Yeomanry (FANY). Volunteers were mostly used to drive ambulances and for cooking and cleaning.

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| Plan and practice every possible Q1 (and revise Section A more efficiently at the same time!): |
| ***Describe two features of……..*** | **One fact / point:** | **Explanation / detail about this fact:** | **One fact / point:** | **Explanation / detail about this fact:** |
| Aseptic surgery  | Lister first used Carbolic Acid to prevent infection in 1865 based on Pasteur’s Germ Theory. | By the late 1890’s, Lister’s methods had laid the foundation for aspect surgery. | Medical staff had to wash hands, faces and arms BEFORE entering. Rubber gloves & gowns. | However it was not possible to carry out aseptic surgery in the western front due to the unsanitary conditions |
| The development of X-rays. | Discovered in 1895 by Roentgen. X-rays were difficult to use in the Western Front. | Taking an x-ray took a long time, 90 minutes for a hand that had to stay still.  | Mobile X-rays were provided but difficult to move around. | 6 mobile units. They were heavy to carry and the glass tube they were made from could easily break. |
| Blood transfusions on the Western Front |  |  |  |  |
| The trench system along the Western Front |  |  |  |  |
| The organisation of the trench system along the Western Front  |  |  |  |  |
| The construction of the trench system along the Western Front |  |  |  |  |
| Conditions in the Ypres salient |  |  |  |  |
| The First Battle of Ypres |  |  |  |  |
| The Second Battle of Ypres |  |  |  |  |
| The use of mines at Hill 60 near Ypres |  |  |  |  |
| The expansion of tunnels, caves and quarries at Arras. |  |  |  |  |
| The Battle of the Somme 1916 |  |  |  |  |
| The Battle of Arras  |  |  |  |  |
| The Third Battle of Ypres |  |  |  |  |
| The Battle of Cambrai, 1917 | - first large scale use of tanks - tactics changed; less artillery barrage  | - Nearly 500 were used to launch a large attack against the Germans. They could easily cross across the German barbed wire and the machine guns were very effective- less warning of coming attack given to the Germans | The first ever blood bank / depot | - Led by Oswald Hope Robertson - He stored 22 units of blood in glass bottles and packed with ice and sawdust, up to 28 days before the battle. Of the 20 severe shock patients treated, 11 survived. |
| Problems in transporting injured soldiers for treatment. | Constant shelling left landscape full of craters and destroyed many roads |  | Horse-drawn wagons couldn’t cope with numbers of casualties |  |
| The work of stretcher bearers  |  |  |  |  |
| Problems for horse-drawn and motor ambulances |  |  |  |  |
| The use of trains, barges and ship ambulances  |  |  |  |  |
| The nature of wounds from rifles and explosives | Shells and Shrapnel |  |  |  |
| Problems with infections on the Western Front. | Gangrenous soil |  | Trench Foot |  |
| Problems of ill health arising from the trench environment | Trench Foot |  | Trench Fever, caused by lice  |  |
| The nature of the terrain along the Western Front  | Gangrenous soil |  |  |  |
| Problems with gas attacks on the Western Front. | Chlorine and Phosgene |  | Mustard  |  |
| The experience of shell shock |  | Estimated at least 80,000 sufferers |  | The Craiglockhart Hospital in Edinburgh treated 2000 men |
| The work of the RAMC in transporting and treating patients |  |  |  |  |
| The work of the FANY in transporting and treating patients |  |  |  |  |
| The Chain of Evacuation on the Western Front  |  |  |  |  |
| Regimental Aid Posts (RAP) |  |  |  |  |
| Dressing Stations (ADS and MDS) |  |  |  |  |
| Casualty Clearing Stations (CCS) |  |  |  |  |
| Base Hospitals |  |  |  |  |
| The underground hospital at Arras |  |  |  |  |
| New techniques in the treatment of wounds and infections |  |  |  |  |
| New techniques in the treatment of broken and fractured bones |  |  |  |  |
| The development of the Thomas Splint |  |  |  |  |
| Developments in blood transfusions in the Western Front |  |  |  |  |
| The development of the first blood depot in 1917 |  |  |  |  |
| Developments in blood storage on the Western Front |  |  |  |  |
| Treatments of head injuries on the Western Front | Brain injuries were likely to prove fatal in 1914 |  | Harvey Cushing |  |
| Developments in brain surgery on the Western Front |  |  |  |  |
| Developments in aseptic surgery on the Western Front |  |  |  |  |
| Development of plastic surgery on the Western Front  | Harold Gillies interested in facial reconstruction.  | By 1918, nearly 12,000 plastic surgery operations  | severe disfigurement. | Queen’s Hospital in Kent.  |
| The use of mobile X-ray machines along the Western Front  |  |  |  |  |