



EDX.WF1 Trench Foot, Trench Fever and Frostbite: Illness on the Western Front

EDEXCEL 1HI0 · Calculators not allowed · about 40 minutes

Total Marks

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Name: _____ Date: ____ / ____ / ____

Answer ALL questions. Write in full sentences for Questions 12, 13 and 14. You are advised to spend about 40 minutes on this pack.

- 1** Give the term for the condition caused by prolonged exposure of the feet to cold, wet and muddy trenches, often leading to numbness and skin damage.

(Total for Question 1 is 1 mark)

- 2** Name the tiny parasitic insect that spread trench fever among soldiers on the Western Front.

(Total for Question 2 is 1 mark)

- 3** Give one immediate symptom soldiers suffered when taken ill with trench fever.

(Total for Question 3 is 1 mark)

- 4** Name one prevention measure introduced to reduce trench foot among British soldiers.

(Total for Question 4 is 1 mark)

- 5** State two ways that standing water and mud in the trenches contributed to frostbite and trench foot.

(Total for Question 5 is 2 marks)

6 State two items issued to soldiers to help prevent trench foot.

(Total for Question 6 is 2 marks)

7 Give the term for the severe tissue death that could result from untreated trench foot or frostbite.

(Total for Question 7 is 1 mark)

8 Name the wooden strips placed in trenches to help men keep their feet out of standing water.

(Total for Question 8 is 1 mark)

9 State two ways that tight boots increased the risk of trench foot.

(Total for Question 9 is 2 marks)

10 Give one treatment or first-aid response used when a soldier showed early signs of trench foot.

(Total for Question 10 is 1 mark)

11 Name one organisational measure used to reduce cases of trench fever among troops.

(Total for Question 11 is 1 mark)

- 12** Describe two features of how British commanders and medical officers tried to prevent trench foot and frostbite among men in the front-line trenches.

(Total for Question 12 is 4 marks)

- 13** How useful are Sources A and B for an enquiry into the causes and prevention of trench foot and trench fever in the British sector of the Western Front, 1914-18?

Source A: From a letter written by Private T. Mason, 9th Battalion, describing life in a frontline trench near Ypres, November 1916. 'Our boots are wet day after day. We march out on duckboards when we can, but at times the boards sink and we stand in water. I have seen men with swollen, black toes and the doctor told them to rub oil into their feet. The men who never change their socks seem worst, and the lice are everywhere, making us itch and feel ill.'

Source B: From a memo written by a regimental medical officer to his commanding officer, January 1917, reporting patterns of illness. 'Trench foot cases are rising where troops remain in the line for long periods. Causes identified include constant damp, ill-fitting boots and failure to change socks. Trench fever, spread by lice, is also common. I recommend compulsory daily foot inspections, extra issue of dry socks and a rotation scheme to move men out of the front line more frequently.'

Use details of the sources and your knowledge to reach a supported judgement about their utility. 8 marks

(Total for Question 13 is 8 marks)

- 14** How could you follow up Source B to find out more about how effective the recommended measures were in reducing cases of trench foot and trench fever? Give four linked elements: the detail you would follow up from Source B, the question you would ask, the type of source you would look for, and how that source would help answer the question.

(Total for Question 14 is 4 marks)

Mark scheme · EDX.WF1 Trench Foot, Trench Fever and Frostbite: Illness on the Western Front

Question 1

- **B1** trench foot
- **Answer: Trench foot**

Question 2

- **B1** body louse or lice
- **Answer: Body louse or lice**

Question 3

- **B1** high fever or severe headache or muscle pain
- **Answer: High fever (other acceptable answers: severe headache or muscle pain).**

Question 4

- **B1** daily foot inspections
- **Answer: Daily foot inspections**

Question 5

- **B1** water and mud kept feet constantly wet, reducing circulation and causing tissue damage
- **B1** cold water reduced body heat at the extremities, increasing risk of frostbite and freezing of tissue
- **Answer: Standing water and mud kept feet wet, reducing circulation and damaging tissue; cold water lowered heat at the extremities, increasing the risk of frostbite.**

Question 6

- **B1** dry socks
- **B1** spare boots
- **Answer: Dry socks and spare boots.**

Question 7

- **B1** gangrene
- **Answer: Gangrene**

Question 8

- **B1** duckboards
- **Answer: Duckboards**

Question 9

- **B1** tight boots restricted circulation to the toes and feet
- **B1** restricted circulation made it harder for wet, cold feet to recover, increasing tissue damage risk
- **Answer: Tight boots restricted circulation to the feet, and this reduced blood flow meant wet, cold feet could not recover, raising the risk of trench foot and tissue damage.**

Question 10

- **B1** rubbing whale oil or similar grease into the feet
- **Answer: Rubbing whale oil or similar grease into the feet**

Question 11

- **B1** regular delousing and issuing of clean underclothes or changing billets to reduce lice
- **Answer: Regular delousing and issuing of clean underclothes**

Question 12

- **B1** feature 1 identified, e.g. compulsory daily foot inspections
- **B1** supporting detail for feature 1, e.g. officers and medical staff examined soldiers feet to spot early signs and remove those affected from the line
- **B1** feature 2 identified, e.g. provision of dry socks, spare boots and whale oil
- **B1** supporting detail for feature 2, e.g. men were issued with spare socks and told to rub whale oil into their feet to repel moisture
- **Answer: Compulsory daily foot inspections were used to spot early signs and remove men from the line, and men were issued dry socks and spare boots and told to rub whale oil into their feet to repel moisture.**

Question 13

- **Level 1** (1-2): Simple assertions about utility, using surface detail from one source or general knowledge with little reference to provenance or context.
- **Level 2** (3-5): Analysis of usefulness based on content and some consideration of provenance and context, with support from both sources and own knowledge.
- **Level 3** (6-8): A well-supported judgement that evaluates the usefulness of both sources, using precise references to content, clear consideration of provenance and purpose, and relevant contextual knowledge to explain strengths and limitations.
- **Indicative content:**
 - Content strengths: both sources give direct detail linking constant damp, wet boots and unchanged socks to trench foot, and identify lice as the cause of trench fever. Source A provides eyewitness description of conditions and symptoms. Source B gives an official, medically informed summary and recommendations, naming specific causes such as ill-fitting boots.
 - Provenance and limitations: Source A is a private soldier's letter, valuable for showing lived experience and symptoms seen, but it may be limited by the writer's personal view and possible exaggeration; its purpose was to describe life to a friend or family member, not to record systematic medical evidence. Source B is a medical officer's memo, intended to advise commanders, and so is likely to be accurate about causes and prevention, but it may emphasise measures the officer believes will be accepted and may underplay wider logistical problems such as supply shortages.
 - Contextual knowledge: knowledge that duckboards, extra socks, whale oil and rotation were introduced supports both sources and explains why the medical officer recommends inspections and rotation. Knowledge that lice spread in close, dirty conditions supports the identification of lice as the vector for trench fever. Understanding supply and command constraints explains why recommendations were not always fully implemented.
 - Judgement: Both sources are useful. Source A is particularly useful for illustrating the everyday experience and symptoms, while Source B is more useful for authoritative identification of causes and practical preventative recommendations. However, neither source on its own gives a full picture of how widely recommendations were implemented or their effectiveness, so they are best used together and alongside other records such as medical statistics and supply logs.

Question 14

- **B1** identifies a specific detail from Source B to follow up, for example the recommendation for compulsory daily foot inspections
- **B1** gives a linked question, for example How widely and regularly were daily foot inspections carried out in this regiment and did they reduce cases?
- **B1** suggests an appropriate source type, for example regimental medical records or casualty returns showing numbers of trench foot and trench fever cases over time
- **B1** explains how that source would help, for example medical records would show trends in illness after inspections were introduced, indicating effectiveness or otherwise
- **Answer: E.g. follow up the memo's recommendation for compulsory daily foot inspections. Ask how widely and how regularly inspections were carried out and whether trench foot cases fell afterwards. Look for regimental medical records or casualty returns showing cases before and after the measure. These records would show trends in case numbers and help judge whether the inspections were effective.**