



EDX.WF3 The Western Front, 1916-17: The Somme and Passchendaele as Medical Context

EDEXCEL 1HI0 · Calculators not allowed · about 65 minutes

Total Marks

Name: _____ Date: ____ / ____ / ____

Answer ALL questions. Questions 12 and 13 refer to Source A and Source B. Write in full sentences for Questions 12, 13, 14 and 15. You are advised to spend about 65 minutes on this pack.

Source A and Source B: A Casualty Clearing Station During a Major Offensive, 1916

Source A and Source B were written for Revision Library as original, representative teaching material. Source A is an account in the style of a Royal Army Medical Corps medical officer's diary, written to represent the kind of first-hand experience described in verified historical accounts of Casualty Clearing Stations during the opening of the Battle of the Somme; it is not the testimony of a real, named individual, and no genuine wartime document has been reproduced or quoted. Source B is an illustrative log-style table styled on historical research into casualty flow during a major offensive; its figures are representative estimates for teaching purposes, not an authentic official record.

SOURCE A: from a diary written in the style of a Royal Army Medical Corps medical officer at a Casualty Clearing Station near the Somme, 1 July 1916.

Nothing prepared us for this morning. The barrage lifted a little after seven and within the hour the first ambulances were already coming down the road from the Advanced Dressing Stations, and by midday they had not stopped once. We have beds and tents for perhaps four hundred, and by evening we had taken in closer to a thousand, with more arriving every hour. Every surgeon in the station has been operating since noon without a proper break, and the orderlies are sorting the wounded on stretchers laid out across the grass outside because there is nowhere else to put them. The walking wounded, at least, can be sent on by train once their dressings are checked, which frees a little space, but the stretcher cases needing surgery are backing up faster than we can take them. We were told to expect heavy casualties today. I do not think anyone expected quite this many.

SOURCE B: an illustrative log showing the approximate number of wounded soldiers received at a single Casualty Clearing Station over four days during a major offensive.

Day of the offensive | Approximate wounded received that day | Note

Day 1 | about 950 | far above the station's planned capacity of around 400

Day 2 | about 600 | still well above planned capacity

Day 3 | about 350 | close to planned capacity

Day 4 | about 200 | flow easing as the advance slowed

Note: these figures are illustrative estimates for teaching purposes, representing the kind of surge and gradual easing typically described in accounts of Casualty Clearing Stations during a major set-piece offensive, not the recorded totals of a genuine, named station.

1 Give the month and year in which the Battle of the Somme began.

(Total for Question 1 is 1 mark)

2 State the approximate number of British casualties suffered on the first day of the Battle of the Somme, 1 July 1916.

(Total for Question 2 is 2 marks)

3 Name the battle, fought around Ypres between July and November 1917, remembered for extremely muddy, waterlogged conditions.

(Total for Question 3 is 1 mark)

4 Give two reasons why the ground conditions at Passchendaele in 1917 made the recovery of wounded soldiers especially dangerous.

(Total for Question 4 is 2 marks)

5 Name the type of medical unit, positioned close enough to the front for surgery but far enough back to be safer than the trenches, that came under severe strain from mass casualties during a major offensive such as the Somme.

(Total for Question 5 is 1 mark)

6 Give two reasons why the sheer scale of a major offensive, such as the Somme, created particular difficulties for the medical services.

(Total for Question 6 is 2 marks)

- 7** Give one way in which the medical services prepared in advance for the heavy casualties expected during a major offensive such as the Somme.

(Total for Question 7 is 2 marks)

- 8** State one reason why casualties from artillery bombardment were especially common during major set-piece battles such as the Somme and Passchendaele.

(Total for Question 8 is 2 marks)

- 9** Describe two features of the fighting conditions during the Battle of the Somme, 1916, that created particular difficulties for the medical services.

(Total for Question 9 is 4 marks)

- 10** Give two reasons why casualty numbers at Passchendaele put extra strain on the chain of evacuation.

(Total for Question 10 is 4 marks)

- 11** Name two types of medical unit that would have been involved in treating and moving casualties during a major Western Front offensive.

(Total for Question 11 is 2 marks)

- 12** How useful is Source A for an enquiry into the pressure placed on Casualty Clearing Stations during a major offensive such as the Battle of the Somme? Explain your answer, using Source A and your own knowledge of the historical context.

(Total for Question 12 is 8 marks)

- 13** How could you use Source A and Source B to find out about the pressure placed on the medical services during a major offensive on the Western Front? Explain your answer, using Source A, Source B and your own knowledge.

(Total for Question 13 is 8 marks)

14 Source A suggests one possible line of enquiry into the strain placed on medical services during the Battle of the Somme. Complete the table to explain how you could follow this up.

(a) Detail in Source A that I would follow up: (1)

(b) Question I would ask: (1)

(c) What type of source I could use: (1)

(d) How this might help answer my question: (1)

(Total for Question 14 is 4 marks)

15 Explain why the scale of a major offensive such as the Battle of the Somme created particular challenges for the medical services on the Western Front.

(Total for Question 15 is 8 marks)

Mark scheme · EDX.WF3 The Western Front, 1916-17: The Somme and Passchendaele as Medical Context

Question 1

- **B1** July 1916 (accept 1 July 1916)
- **Answer: July 1916**

Question 2

- **B1** approximately 57,000 casualties (accept 57,470 or any figure in the range 55,000 to 60,000)
- **B1** including around 19,000 killed (accept 19,240 or any figure in the range 18,000 to 20,000)
- **Answer: About 57,000 casualties, including around 19,000 killed.**

Question 3

- **B1** the Battle of Passchendaele (accept the Third Battle of Ypres)
- **Answer: The Battle of Passchendaele (Third Battle of Ypres)**

Question 4

- **B1** heavy and sustained shelling destroyed the land drainage across the low-lying Ypres Salient
- **B1** this churned the ground into deep mud, so wounded soldiers could become trapped, or in the worst cases drown, in flooded shell craters before stretcher-bearers could reach them
- **Answer: Shelling destroyed drainage and turned the ground to deep mud, so wounded soldiers could become trapped or drown in flooded shell craters before rescue.**

Question 5

- **B1** the Casualty Clearing Station (CCS)
- **Answer: Casualty Clearing Station (CCS)**

Question 6

- **B1** very large numbers of casualties arrived within a short time, far beyond the planned capacity of Regimental Aid Posts, Advanced Dressing Stations and Casualty Clearing Stations
- **B1** this overwhelmed the medical staff and equipment available at each stage, delaying treatment and evacuation for many casualties
- **Answer: Casualty numbers far exceeded planned capacity, overwhelming staff and equipment at each stage of the chain of evacuation.**

Question 7

- **B1** additional Casualty Clearing Stations, ambulance trains or hospital capacity were arranged ahead of the planned attack
- **B1** extra medical staff, equipment and supplies (for example dressings, blood and anaesthetic) were moved forward in advance of the attack beginning
- **Answer: Extra Casualty Clearing Stations, ambulance trains and medical staff and supplies were arranged and moved forward before the attack began.**

Question 8

- **B1** both battles opened with, and were sustained by, extremely heavy and prolonged preliminary and ongoing artillery bombardment
- **B1** shell and shrapnel fragments from this bombardment were the leading cause of wounds during these battles
- **Answer: Both battles involved sustained, heavy artillery bombardment, and shell/shrapnel fragments were the leading cause of wounds.**

Question 9

- **B1** feature 1 identified, e.g. an extremely high number of casualties in a very short time, especially on the first day
- **B1** supporting detail for feature 1, e.g. Casualty Clearing Stations designed for around 400 wounded received closer to a thousand within a single day
- **B1** feature 2 identified, e.g. sustained heavy artillery bombardment caused a very high proportion of wounds
- **B1** supporting detail for feature 2, e.g. this meant large numbers of complex shrapnel and blast wounds requiring surgery, adding further strain to already overstretched surgical teams
- **Answer: Any two features, e.g. the sudden mass surge of casualties overwhelming planned capacity, and the high proportion of complex shell/shrapnel wounds needing surgery.**

Question 10

- **B2** the mud and flooded ground made it far slower and more dangerous for stretcher-bearers to carry casualties back to the Regimental Aid Post and Advanced Dressing Station
- **B2** the battle continued over several months, so casualties arrived in continuous large numbers rather than a single surge, keeping every stage of the chain under prolonged pressure
- **Answer: Mud slowed and endangered stretcher-bearing, and the months-long battle kept casualty numbers continuously high, unlike a single-day surge.**

Question 11

- **B1** the Regimental Aid Post (RAP), or Advanced Dressing Station (ADS)
- **B1** the Casualty Clearing Station (CCS), or Base Hospital
- **Answer: Any two of: Regimental Aid Post, Advanced Dressing Station, Casualty Clearing Station, Base Hospital.**

Question 12

- **Level 1** (1-2): Makes a simple comment on the content of Source A, with little or no reference to its nature, origin or purpose, or to own knowledge.
- **Level 2** (3-4): Describes the content of Source A and begins to comment on its value, with limited reference to its nature, origin, purpose or own knowledge.
- **Level 3** (5-6): Analyses the content and the nature/origin/purpose of Source A, using own knowledge to support a developing judgement about how useful it is for the given enquiry.
- **Level 4** (7-8): Analyses the content and the nature/origin/purpose of Source A in a well-supported and convincing way, using precise own knowledge to reach a sustained judgement about how useful it is for the given enquiry, considering its limitations.
- **Indicative content:**
 - Content: Source A shows a Casualty Clearing Station receiving far more wounded than it was designed for, with surgeons operating continuously and orderlies sorting stretcher cases outside for lack of space.
 - Content: it shows the distinction between walking wounded, who could be moved on quickly by train, and stretcher cases needing surgery, who backed up faster than they could be treated.
 - Nature/origin/purpose: as an account written to represent an RAMC medical officer's diary, it reflects the kind of first-hand testimony historians use, but because it is written for this pack rather than a genuine wartime diary, it cannot be used as direct primary evidence for a specific date, unit or CCS.
 - Own knowledge: contextual knowledge of the true scale of casualties on 1 July 1916 (around 57,000, including around 19,000 killed) can be used to assess whether the account's description of being overwhelmed is consistent with verified historical evidence.
 - A full answer weighs the source's plausible, typical content, consistent with verified historical knowledge of the Somme's opening days, against its limitations as illustrative rather than archival material, before reaching a judgement on its usefulness for the stated enquiry.

Question 13

- **Level 1** (1-2): Makes a simple comment on the content of one source, with little or no reference to using the sources together or to own knowledge.
- **Level 2** (3-4): Describes the content of both sources and suggests, in general terms, what each could be used to find out.
- **Level 3** (5-6): Explains what Source A and Source B could each be used to find out, and begins to explain how they could be used together, supported by own knowledge.
- **Level 4** (7-8): Explains clearly and convincingly what Source A and Source B could be used to find out both separately and together, supported throughout by precise own knowledge of the historical context.
- **Indicative content:**
 - Source A shows the lived, first-hand experience of a single medical officer coping with a sudden surge in casualties, which could be used to investigate how staff experienced the pressure at a Casualty Clearing Station.
 - Source B shows the overall pattern of casualty numbers across several days, which could be used to investigate how the flow of wounded rose sharply then eased as an offensive continued.
 - Used together, Source A's individual account and Source B's day-by-day figures could be used to investigate how far one officer's description of being overwhelmed on the first day matched the wider statistical pattern of a rapid surge followed by a gradual easing.
 - Own knowledge could be used to check both sources against what is known about the true scale of casualties on 1 July 1916 and about how CCS capacity was planned and organised.
 - A full answer explains what each source could be used to investigate, and how using them together allows a more complete enquiry than either source alone, while noting that both are illustrative rather than genuine archival material.

Question 14

- (a) **B1** a relevant detail identified, e.g. the Casualty Clearing Station received closer to a thousand wounded on 1 July 1916, against a planned capacity of around four hundred
- (a) **Answer: The Casualty Clearing Station received far more wounded on the first day than it had beds and tents for.**
- (b) **B1** a follow-up question that clearly relates to the chosen detail, e.g. how did Casualty Clearing Stations along the whole Somme front cope with the number of casualties on 1 July 1916
- (b) **Answer: How did Casualty Clearing Stations across the whole Somme front cope with the number of casualties received on 1 July 1916?**
- (c) **B1** an appropriate type of source named, e.g. RAMC unit war diaries or official medical casualty returns from July 1916
- (c) **Answer: RAMC unit war diaries and official medical casualty returns from July 1916.**
- (d) **B1** a clear explanation linking the source type to the question, e.g. official returns would record how many casualties each station actually treated, letting me compare stations and check how widespread the strain shown in Source A really was
- (d) **Answer: Official returns would record the actual numbers treated at different stations, letting me compare them and check how widespread the strain shown in Source A really was.**

Question 15

- **Level 1** (1-2): Identifies one or two general reasons why the scale of the battle mattered, with little or no supporting detail or explanation.
- **Level 2** (3-4): Identifies and begins to explain one reason, supported by accurate detail.
- **Level 3** (5-6): Explains two reasons why the scale of the offensive created particular medical challenges, each supported by accurate and relevant detail.
- **Level 4** (7-8): Explains two or more reasons in a well-developed, logically structured way, supported throughout by precise and accurate detail, showing how the reasons connect.
- **Indicative content:**
 - The scale of casualties on 1 July 1916 (around 57,000, including around 19,000 killed) was far beyond anything the medical services had previously experienced in a single day, and Casualty Clearing Stations designed for a few hundred received far more.
 - Heavy, sustained artillery bombardment produced very large numbers of complex shell and shrapnel wounds, which required surgery rather than simple first aid, adding pressure at the Casualty Clearing Station stage in particular.
 - Advance planning, such as arranging extra Casualty Clearing Stations and moving supplies forward, showed the medical services anticipated heavy casualties, but the actual numbers still overwhelmed planned capacity, as shown by the fall from around 950 casualties on Day 1 of Source B's log to around 200 by Day 4.
 - Delays in treatment caused by overwhelmed stations increased the risk of casualties dying from blood loss, shock or infection before they could be operated on, connecting the scale of the offensive directly to medical outcomes.
 - Overall, the sheer number of casualties arriving in a short space of time, combined with the severity of shell-caused wounds, meant that even a well-organised chain of evacuation could be overwhelmed during a major set-piece battle.