



EDX.WF8 Gas Attacks and Their Medical Treatment: Chlorine, Phosgene and Mustard Gas

EDEXCEL 1HI0 · Calculators not allowed · about 30 minutes

Total Marks

Name: _____ Date: ____ / ____ / ____

Answer ALL questions. Write in full sentences for Questions 12, 13 and 14. You are advised to spend about 30 minutes on this pack.

- 1** Give the year of the first large-scale German chlorine gas attack at Second Ypres.

(Total for Question 1 is 1 mark)

- 2** Name the gas introduced by the Germans from December 1915 that was harder to detect and caused delayed symptoms.

(Total for Question 2 is 1 mark)

- 3** State two physical effects of mustard gas on soldiers.

(Total for Question 3 is 2 marks)

- 4** Give the improvised protective measure troops first used against gas, involving cloth and urine.

(Total for Question 4 is 1 mark)

- 5** Name the first standard issue British helmet respirator, developed as a response to gas, known by the initials PH.

(Total for Question 5 is 1 mark)

- 6** State one later respirator issued from 1916 that improved protection compared with improvised cloths.

(Total for Question 6 is 2 marks)

- 7** Give one reason why phosgene was more dangerous than chlorine for medical staff diagnosing gas casualties.

(Total for Question 7 is 1 mark)

- 8** State two treatments gas casualties commonly received on the Western Front.

(Total for Question 8 is 2 marks)

- 9** Give the year in which mustard gas was first used widely by the Germans on the Western Front.

(Total for Question 9 is 1 mark)

- 10** Name the medical facility at the front where seriously ill or wounded gas casualties were first stabilised before being sent to base hospitals.

(Total for Question 10 is 1 mark)

- 11** State two limits of medical treatment for gas casualties on the Western Front.

(Total for Question 11 is 2 marks)

- 12** Describe two features of how medical services organised treatment for gas casualties on the Western Front.

(Total for Question 12 is 4 marks)

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- 13** Source A: From a letter written by a Royal Army Medical Corps officer serving at a casualty clearing station near Ypres, May 1915. He is describing the first large-scale chlorine attack and the casualties he treated.

"The gas came over in a greenish cloud that rolled down the enemy trenches and into ours. Men arrived coughing and with foam at their mouths. We used whatever cloths we could get at first, but many needed to be sent back to hospital for serious breathing trouble. We had no special wards yet, and the smell lingered in tents for days."

Source B: From the diary of a British infantryman who witnessed a later gas bombardment near the Somme, March 1917.

"At dawn they released a strange smell and a man next to me went blind, his eyes streaming. The officers gave out small leather cups with a mouthpiece and straps, and the men who could still move helped carry the worst cases to the aid post. Some were sent back in wagons for more treatment."

How useful are Sources A and B for an enquiry into the immediate medical response to gas attacks on the Western Front?

(Total for Question 13 is 8 marks)

14 Source B: From the diary of a British infantryman who witnessed a later gas bombardment near the Somme, March 1917.

"At dawn they released a strange smell and a man next to me went blind, his eyes streaming. The officers gave out small leather cups with a mouthpiece and straps, and the men who could still move helped carry the worst cases to the aid post. Some were sent back in wagons for more treatment."

How could you follow up Source B to find out more about the medical care given to gas casualties after a bombardment in 1917? In your answer give: the detail you would follow up from the source, the question you would ask, the type of source you would use, and how that source would help answer the question.

(Total for Question 14 is 4 marks)

Mark scheme · EDX.WF8 Gas Attacks and Their Medical Treatment: Chlorine, Phosgene and Mustard Gas

Question 1

- **B1** 1915
- **Answer: 1915**

Question 2

- **B1** phosgene
- **Answer: Phosgene**

Question 3

- **B1** blistering of the skin
- **B1** temporary or permanent blindness
- **Answer: Blistering of the skin, and temporary or permanent blindness.**

Question 4

- **B1** urine-soaked cloth pads or dampened cloths over the mouth and nose
- **Answer: Urine-soaked cloth pads or dampened cloths held over the mouth and nose.**

Question 5

- **B1** the PH helmet
- **Answer: The PH helmet**

Question 6

- **B1** the Small Box Respirator (SBR) or small box respirator
- **B1** supporting detail, e.g. it used a mouthpiece and filter and was issued from 1916
- **Answer: The Small Box Respirator (SBR), which used a mouthpiece and filter and was issued from 1916.**

Question 7

- **B1** phosgene produced delayed symptoms, so soldiers could appear fine at first
- **Answer: Because phosgene caused delayed symptoms, so soldiers could seem unharmed at first.**

Question 8

- **B1** oxygen therapy
- **B1** eye irrigation and bandaging
- **Answer: Oxygen therapy, and eye irrigation and bandaging.**

Question 9

- **B1** 1917
- **Answer: 1917**

Question 10

- **B1** a casualty clearing station (CCS)
- **Answer: A casualty clearing station (CCS).**

Question 11

- **B1** medical staff could treat symptoms such as breathing difficulty and eye damage
- **B1** they could not reverse the underlying chemical damage or provide an antidote for gases like mustard
- **Answer: They could treat symptoms such as breathing problems and eye injuries, but could not reverse the underlying chemical damage or provide an antidote for agents like mustard gas.**

Question 12

- **B1** feature 1 identified, e.g. separate gas wards were set up at casualty clearing stations and base hospitals
- **B1** supporting detail for feature 1, e.g. these wards concentrated on eye treatment, bandaging and oxygen while keeping gas cases apart from surgical wounds
- **B1** feature 2 identified, e.g. there was a chain of evacuation from front-line aid posts to CCSs and then to base hospitals
- **B1** supporting detail for feature 2, e.g. gas casualties with delayed symptoms might be sent back to base hospitals for observation and longer-term care
- **Answer: Separate gas wards were set up at CCSs and base hospitals to treat eyes, bandage and give oxygen, keeping gas cases separate from surgical cases; and gas casualties were moved along the chain of evacuation from aid posts to CCSs and then to base hospitals for observation and longer-term care.**

Question 13

- **Level 1** (1-2): Makes general comments about the sources with little reference to content, provenance or contextual knowledge.
- **Level 2** (3-5): Makes some valid comments about the usefulness of the sources, using their content and provenance and beginning to link to own knowledge about medical responses.
- **Level 3** (6-8): Provides a balanced, well-supported judgement of the usefulness of both sources, analysing content, provenance and using own contextual knowledge about medical responses to gas (for example the use of improvised cloths, the later issue of respirators, evacuation to CCSs and base hospitals, and the development of separate gas wards).
- **Indicative content:**
 - Content: Source A describes coughing, foam and the use of improvised cloths and the lack of special wards in May 1915, which supports knowledge that early responses were improvised at Second Ypres and that specialised gas care developed later.
 - Content: Source B mentions eye injuries, the issue of a respirator with a mouthpiece and straps, and evacuation in wagons in 1917, which fits with the introduction of the small box respirator and the established evacuation chain by 1917.
 - Provenance: Source A is a RAMC officer's letter, written soon after the First Ypres gas attacks, so it is likely to be a reliable eyewitness account of early medical shortages and improvisation, though it may emphasise immediacy and distress to its recipient.
 - Provenance: Source B is a soldier's diary from 1917, giving a front-line perspective on equipment being issued and on the kinds of injuries seen, but it may lack medical detail and could reflect the diarist's shock.
 - Usefulness: Together the two sources show change over time from improvised measures to issued respirators and organised evacuation, which is valuable for an enquiry into medical response; however both are limited in that they give fragmentary, personal perspectives and do not provide comprehensive medical statistics or hospital records.
 - Own knowledge: An examiner should credit use of contextual knowledge such as the PH helmet and SBR being issued, the establishment of separate gas wards at CCSs and base hospitals, the use of oxygen and eye irrigation, and the later recognition that some gases produced delayed symptoms requiring observation.

Question 14

- **B1** a clear detail from Source B to follow up, e.g. the 'small leather cups with a mouthpiece and straps' issued to men
- **B1** a focused question linked to that detail, e.g. 'What was the official respirator issued to infantry in March 1917 and how effective was it?'
- **B1** a type of source to consult, e.g. an official War Office equipment report, an ordnance issue record or an RAMC equipment manual from 1916-17
- **B1** how that source would help, e.g. it would confirm what respirators were issued, describe how they were meant to be used and give evidence of their distribution and reported effectiveness or problems