Instructions

• Use black ink or ball-point pen.
• Fill in the boxes at the top of this page with your name, centre number and candidate number.
• Answer all questions.
• Answer the questions in the spaces provided – there may be more space than you need.

Information

• The total mark for this paper is 53.
• The marks for each question are shown in brackets – use this as a guide as to how much time to spend on each question.
• Questions labelled with an asterisk (*) are ones where the quality of your written communication will be assessed – you should take particular care on these questions with your spelling, punctuation and grammar, as well as the clarity of expression.
• The marks available for spelling, punctuation and grammar are clearly indicated.

Advice

• Read each question carefully before you start to answer it.
• Try to answer every question.
• Check your answers if you have time at the end.
**Answer ALL questions.**

Look carefully at Sources A to F in the Sources Booklet and then answer Questions 1 to 5 which follow.

1 **Study Source A.**

   What can you learn from Source A about the problems of surgery in dealing with wounded soldiers?

   (6)
2 Study Source B and use your own knowledge.

What was the purpose of this representation?

Explain your answer, using Source B and your own knowledge.
3 Study Source C and use your own knowledge.

Why was blood loss a major problem for surgeons during the First World War?

Explain your answer, using Source C and your own knowledge.

(10)
4 Study Sources D and E and use your own knowledge.

How reliable are Sources D and E as evidence of Gillies' work?

Explain your answer, using Sources D and E and your own knowledge.

(10)
*5 Study Sources A, D and F and use your own knowledge.

Spelling, punctuation and grammar will be assessed in this question.

Source F suggests that there was little development in surgery during the First World War.

How far do you agree with this interpretation? Explain your answer, using your own knowledge, Sources A, D and F and any other sources you find helpful.

(16)
Historical Enquiry: The First World War (1914–18) as a catalyst for developments in surgery

Source A: From *A Frenchman in Khaki* by Paul Maze, published in 1934. Maze was an artist who was with the French and British armies during the First World War. Here he is describing the treatment for wounded soldiers.

All the wounded men on the ward are in a bad way. I see how nervous they are, as the nurses prepare for the surgeon’s visit. Some of the men have to be anaesthetised to have their wounds dressed. One patient has gangrene and has to be operated on every other day to have a bit more of his leg cut off. One boy had both his legs cut off and the nurses watch him constantly – he smells terribly of infection, which spreads through the ward. Sometimes a wounded man will die because he has lost the will to live, even though his condition shows an improvement.

Source B: A 1918 painting by Henry Tonks. He was a British war artist who was also a qualified surgeon. It is a representation of a surgical dressing station close to the front line.
Source C: From the diary of Oswald Robertson written on 30 November 1917. He was a surgeon working with the British army during the First World War.

Men were horribly wounded – many were dying when brought into the ward. The beds were quickly filled and we began putting stretchers on the floor. Blood everywhere – clothes soaked in blood, pools of blood on the stretchers, streams of blood dropping from the stretchers to the floor.

All we could do was to stop the bleeding and get patients as comfortable as possible. I could only transfuse a few patients. The majority had to take their chance and go through the operation as best they could.

Sources D and E are on page 4
**Source D:** From *Plastic Surgery of the Face*, a surgical textbook by Harold Gillies, published in 1920. The photographs show a wounded soldier before, during and after surgical work in 1916 and 1917.

![Photographs of a wounded soldier before, during, and after surgical work in 1916 and 1917.](image)

**Source E:** From *Gillies, Surgeon Extraordinary: A Biography* by Reginald Pound, published in 1964. Here Gillies is remembering a case he treated in 1917.

The soldier said to his nurse 'I don’t want my girlfriend to come until I get rid of these bandages. It would scare her to death to see me lying here, looking like an Egyptian mummy'.

We had done a reasonable repair job, considering the amount of flesh and skin he had lost. Mirrors were banned from the ward but he had a small shaving mirror in his locker. When he saw himself after the bandages had been removed he collapsed. All hope of allowing his girlfriend to visit him ended. From then on he insisted on being hidden from the rest of the patients on the ward. When at last he went home it was to live a solitary life.
There was little development of surgery during the First World War. The general level of knowledge was Victorian*. The unskilled use of chloroform was doing much liver damage. Apart from gaps in knowledge there was also little development in technology. Since there were no practical X-rays for hospital use, shrapnel was likely to remain in the body and cause septicaemia later. Nearly all field wounds were septic within six hours.

* Victorian – belonging to the reign of Queen Victoria which ended in 1901
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**Source B:** © Imperial War Museums (ART 1922)

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