Wounded
REP Insight Resource Pack
WOUNDED
REP Insight

Welcome to the REP Insight Resource Pack for Wounded.

Kings Heath Territorial Army Field Hospital
30 October to 10 November 2012

Birmingham Repertory Theatre Company present
Wounded
By Jenny Stephens

1917: wounded soldiers injured in the Great War are nursed in a Birmingham hospital. How times have changed and 94 years on, the injured soldier being treated in the same military hospital is Kate Mulligan, a Combat Medical Technician. Wracked with guilt that she caused her own injuries and life threatening injuries of another soldier who tried to save her, Kate begins to experience strange goings on. Perhaps it’s the shock or maybe, just maybe Kate really can see and hear Private Alfred Seddon.

The two soldiers, a century apart, remember and revisit their experiences, allowing them to explore their traumas and help each other recover. Emotional, heartfelt and intriguing, Wounded is a ghostly story, of two people coping with the aftermath of trauma.

This site-specific new play will be performed at the Territorial Army Field Hospital in Kings Heath, providing audiences with an unbelievably authentic experience of war time care and history unlike no other theatrical experience.

Wounded is supported by the Wellcome Trust Arts Awards Engaging Science grants - a programme which funds projects that explore biomedical science and its social contexts.

Acknowledgments
With thanks to:

Prof. Derrick Ball
Dr Emily Mayhew
Dr Jonathan Reinarz

For their contributions to this resource pack.
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This Resource Pack has been designed for use with students studying a variety of subjects at Key Stage 3. Each section contains a number of tasks for the students to complete. It can also be adapted for use at A Level.

The Pack is composed of ten sections, each relating directly to a National Curriculum topic. They can be used in any order, either independently or by integrating the various elements.

Each section contains background information for both the history and production of the play. Within the sections are TASKS, PROJECTS and ACTIVITIES for the students. TASKS are short exercises, requiring research and a small amount of writing. PROJECTS require greater commitment, with the option of group and inter-disciplinary work. ACTIVITIES are live exercises, to be done as a group in class, such as acting out scenes from the play and commenting on them.

The play and pack focus on two battles from the Great War: Passchendaele (3rd Ypres) and the Battle of Messines. Both take place in 1917. It examines cases of physical wounding, rather than psychological. Writing about shell shock dominates much of the medical history of the Great War so Wounded takes another perspective.

SECTION ONE – ALFIE
National Curriculum: History/Science (Medicine)

Two fundamental scientific principles are examined through the character of the wounded soldier from the Great War. These are: INFECTION, and X-rays. The story of Marie Curie on the Western Front is told. Change and continuity of medical practice; impact of the Great War on medicine and science. Task requires development of a sense of period across a range of representations.

SECTION TWO – GEORGE
National Curriculum: History
This section is based around authentic stretcher bearer’s map from 1917. Students follow George’s journey on the map and learn about front line medical care. Source description of the battle is from a work of fiction: students examine and comment on a modern interpretation of a Great War battle. Task: to describe a different route using the map and fill in details from both history and text of Wounded.

SECTION THREE – KATE
National Curriculum: Science (Medicine) Haematology Physiology
How combat medicine influences civilian medical practice.

SECTION FOUR – LOCAL HISTORY: BIRMINGHAM
National Curriculum:
History/Citizenship
Using an article from The Times of December 1914, the student compares
the reality of the war with contemporary news reporting. The student finds a range of local points of connection to the Western Front. The student uses their local knowledge to create short comparisons of Birmingham in 1914 with 21st century Birmingham.

SECTION FIVE - ICT and the THEATRE
National Curriculum: ICT/DT/English/Drama
This section allows students to explore thoroughly the role of ICT in all aspects of theatrical productions. It explains the use of a digital Resource Pack. TASK: students are asked to conceive an ICT-based production based on a story of their choice. They collaborate with other students to write and design the project. Students are asked to demonstrate their ideas to others in the class and defend their interpretations. Students create a web-based resource to accompany their project.

SECTION SIX – WOUNDED: THE PLAY
National Curriculum: English
Sets Wounded in the context of other writing about the Great War: poetry, fiction, mystery fiction, drama. Tasks: analysis of dramatic device of time travel; review of Wounded. Creative writing task: the student imagines they are a casualty of a future war. Literary criticism task: the student reads the section from A Whispered Name about the Battle of Messines, then analyses it as a piece of poetic dialogue.

SECTION SEVEN – DRAMA AND LANGUAGE ACTIVITIES
National Curriculum: Drama/Theatre Studies
English
A selection of drama and language activities relating to the production for teachers to use in class.
INTRODUCTION
Wounded compares and contrasts the nature of wounds and their treatment in the Great War with the current war in Afghanistan. It examines the relationship between war and medicine. It explores how wounded individuals can develop their hopes and aspirations despite their disabilities. It examines changes in medical practice. It analyses the physical and psychological effects of injury sustained on the battlefield.

THE GREAT WAR
The Great War began in August 1914. At that time, none of the combatants were equipped to manage huge numbers of casualties. Often there were only two stretcher bearers for each one hundred troops. The treatment of wounded and sick soldiers was the responsibility of the Royal Army Medical Corps (RAMC). The RAMC was aided by the Queen Alexandra Imperial Nursing Service, which provided nurses for the medical facilities and hospitals.

The medical infrastructure within the battle zones started with the Regimental Aid Post. The wounded often had to start their own treatment with a field dressing. They would then have to walk to the Aid Post or in more serious cases be transported by stretcher bearers. The terrain and the mud often resulted in it taking several hours to go three to four hundred yards. Sometimes, when conditions were very bad, stretcher bearers gave the wounded large doses of morphine before moving them so they wouldn’t feel too much pain from being jolted. The shortage of stretcher bearers often resulted in hundreds of wounded waiting in shell holes for days without food or water. (See section on GEORGE the stretcher bearer.)

Where the wounded came from infantry that was advancing, they were in a position to be treated by medics from their own side. Where the infantry was in retreat, the wounded were often left behind. They could be captured by the advancing army and be treated by their medics. Often the medics from both sides spoke each other’s language so they could deal with captured casualties.

The Regimental Aid Post was very basic. It usually consisted of a simple shelter constructed close to the area of conflict. It was normally staffed by a RAMC doctor and several orderlies or stretcher bearers. The main task was to patch up the wounded soldier to keep him alive for the next stage of the journey. As each day ended many bodies left in No Mans Land appeared to come to life, as wounded men from shell holes struggled to get back to their lines under cover of darkness.

The next stage was to get the wounded to a larger medical facility where they could get more advanced treatment. Sometimes they were
moved by stretcher bearers or ambulances, motor or horse-drawn. This larger facility was either a Field Dressing Station or a Casualty Clearing Station (CCS). They were usually several miles behind the front, away from the fighting.

The CCS was normally a well-equipped hospital, often in a large tent. Here surgeons could perform operations on the casualties who needed them. After a few days the casualty was returned to his unit if he had recovered. If he was more seriously injured and needed more treatment, he was sent by train or other transport to a larger hospital. Many of these larger hospitals were in towns on the French coast such as Calais and Boulogne. Some of the casualties who faced very long periods of recovery were sent home to British hospitals. Wherever possible, they were sent to hospitals near their home towns so their families could visit. *(This is what happened to ALFIE in the play.)*

During the early stages of the war the hospital in Silver Street in Birmingham became the Edmonton Military Hospital for Wounded Soldiers. It was a great centre of interest for local people with its two large red crosses on the front door. Children were excited when a convoy of wounded was expected and they would gather at the entrance to cheer the casualties home. Having been brought back by ship and transferred to ambulance at a London terminal the wounded in their ambulances were conveyed to Edmonton very slowly. This prevented unnecessary jarring since many of the soldiers were very badly wounded and by now very tired.

**1916 – “THE YEAR OF BATTLES”**

Even when the combatants got better at treating the wounded, there were still terrible problems. The main reason for this was the enormous numbers of casualties that were caused in the fighting. For example, on the first day of the Battle of the Somme (July 1st 1916) 20,000 British troops were killed and 37,000 wounded.

During the Somme, the doctors and medical orderlies at the front struggled to cope with the numbers of casualties bought to them. Because of the shortage of hospital trains, many of those who had received some treatment had to wait several days before they could be moved to a hospital on the French coast. During this waiting period many of them became very ill indeed or even died.

For those reaching the hospitals on the French coast, some were so severely wounded that the opportunity was given to parents or wives to cross the Channel to see their loved ones. This travel was financed by the Government. About three thousand family members of casualties took up the opportunity.

**THE WOUNDS**

The majority of wounds sustained during the Great War were to the head or upper body. About 40% of these wounds were from bullets fired by rifles or machine guns. The remaining came from shells or mortar fire. Early in the war, the doctors tried to remove shrapnel fragments using
magnets. However, much of the shrapnel was not made of iron and therefore this method was not very effective. Eventually doctors removed shrapnel fragments by hand on the operating table, guided by X-rays. (See Section on ALFIE, on Marie Curie and the Great War.)

Many of the wounds inflicted in the Great War were very serious and potentially life-threatening. About a third of wounds to the arm or leg resulted in death, mainly from infection. Up to 40,000 deaths resulted from complications after amputation due to contaminated bullets or shrapnel. (See Section on ALFIE, Tetanus infection.)

Half of the men wounded in the head died as there was not enough known about treating traumatic head injury at this time. For those wounded in the body, blood loss was the greatest danger. Blood transfusion was very limited in this period as blood could not be stored in the right conditions. This meant it coagulated and could not be used.

Although much press coverage was given to gases such as mustard gas the result was usually temporary blindness or incapacity rather than death. Some of those whose eyes were damaged by gas were still receiving treatment to help sustain their sight as late as 1960.

THE WAR IN AFGHANISTAN
Since the Great War there have been massive changes in technology and in medical science. For example, helicopters, blood transfusions and antibiotics are regularly used as part of the treatment for the wounded in transit.

War can often inspire people to think of new ways of doing things. Medicine is one of the things that has benefited from innovations in war. Many of the medical practices developed for the battlefield have transferred to the treatment of the civilian population at home, especially in the areas of A&E departments and the Ambulance Paramedic services. This transfer is helped by the fact that the military doctors and surgeons go out to Afghanistan for limited periods and work in the National Health Service during their periods in the UK. (See Section on KATE.)

In the First World War soldiers spent much of the time facing each other in trenches. Therefore the gunshot injuries were concentrated on the upper body and head. In contrast, most of the British casualties in Helmand Province are not the result of gunshot wounds. Instead the wounds are caused by IEDs (improvised explosive devices) which are hidden in the ground. They explode when trodden on or driven over.

The IEDs are powerful explosive devices with blasts capable of disabling military vehicles and causing devastating injury. Most of the injuries sustained involve loss of limbs with additional wounding from shrapnel and ball bearings. Since 2006 IEDs have been responsible for 80% of British killed and wounded. By mid-September 2011, 380 British troops had died from IED-related wounds, and 1700 had been seriously wounded.
The retrieval of the wounded in Afghanistan is undertaken by the Medical Emergency Response Team (MERT). MERT teams are usually brought to the wounded in helicopters. Their Chinook helicopter can be at the site of the explosion within eight minutes of being called out.

Emergency treatment is administered within the helicopter by members of MERT. There is always one doctor on the team and at least three nurses. These teams are highly skilled and can give blood transfusions whilst in flight and perform small operations. MERT teams were first used by the British Army in Bosnia in the 1990s.

Once MERT has reached the casualty, the initial treatment is called “the golden hour.” This is because the medics have one hour from the time of wounding to try to save the life of the casualty and keep the damage to a minimum. So they work very hard in the MERT helicopter until it arrives at the main hospital for injured British soldiers in Afghanistan, the Field Hospital at Camp Bastion. While they are in transit, they send signals ahead to prepare the hospital for the kind of wounded that are incoming.

Camp Bastion, built in 2006, is the main British military base in Afghanistan accommodating 21,000 military personnel. It is about the size of Reading. Within its grounds is the Field Hospital where wounded military personnel from British and other forces nearby are evacuated from the battlefield and treated. Local civilians are also treated here for accidental injuries and traffic accidents.

Just like in the Great War, the wounded in Afghanistan are in great danger from loss of blood. Typically the body contains five litres of blood which in the case of severe bleeding may be replaced several times. The emergency medical teams at the Field Hospital in Camp Bastion are now very experienced at preventing blood loss. The new blood transfusion innovations they have made are now in use in five casualty departments in the UK.

In addition to the innovations used by staff in the hospital, soldiers are trained to quickly deal with blood loss themselves. Soldiers in the field are all issued with a new design of tourniquet which can reduce the loss of blood. Soldiers are trained in applying these tourniquets to themselves and also to wounded comrades. This new design is one of the innovations that has been transferred to the UK as the tourniquets are carried by ambulance crews and paramedics every day on Britain’s streets.

**COMING HOME**

Many of the wounded are flown back from Camp Bastion to the UK in special aircraft adapted to accommodate the seriously injured. Most of these are received at the Royal Centre for Defence Medicine (RCDM), based at the University Hospital Birmingham Foundation Trust. In the Birmingham area, military casualties benefit from five specialist hospitals to receive the appropriate treatment. This includes
the Queen Elizabeth Hospital which is at the leading edge in the treatment of many kinds of traumatic injury. Most casualties from Afghanistan are treated at the Queen Elizabeth Hospital.

Other casualties may be transferred to another hospital if that is where the best medical care can be given. Although the number of casualties is very much less than in the First World War the medical infrastructure within the UK still faces considerable pressure when there is a sudden influx of military casualties.

STATISTICS
Many of the wounded surviving today would not have done so a year ago. War injury survival rate now approaches 90%. This is the highest rate in military history. Doctors have even classified some of the wounded as “unexpected survivors.” These are casualties who no-one expected to live. Currently there are more than seventy patients in this category.

The recovery rates for amputees has also increased because of the growing expertise at Headley Court, the armed forces rehabilitation centre. There is also close communication between the Camp Bastion Field Hospital and the military medical facilities in the UK. Every week there is a feedback teleconference to discuss medical issues and to share expertise.

During the period October 2007 to November 2011, 1260 wounded UK service personnel were flown back to the UK. Of these, 1102 (including 9 servicewomen) were primarily treated within the RDCM in Birmingham. Of the remainder, 40 were treated at a Military Regional Rehabilitation Unit elsewhere in the UK. 104 were returned to their unit under the care of their medical officer. There is no data available for the other 14.

As 1st December 2011, from the original 1102 casualties treated in Birmingham, 142 were no longer in service. Of these, 22 had died as a result of their wounds, 19 had been discharged on medical grounds and the remainder had left the service, some for retirement.

Personnel with medical conditions or fitness issues which affect their ability to perform their duties are referred to a medical board. Some may be recommended for discharge but in many cases the patient will be downgraded to allow for treatment, recovery, and rehabilitation. In the absence of a total recovery the patient may be medically discharged or retained with limited duties. For those discharged on medical grounds, the Ministry of Defence has the Career Transition Partnership programme which offers comprehensive assistance to prepare for civilian life.
The play opens in Afghanistan where KATE, a Combat Medical Technician, is accompanying a Close Combat Unit as they fight against snipers in a small village. After initial success in the operation, Kate is told to take cover while an IED is detonated to make it safe. As she runs to safety, she drops some of her medical kit and goes back outside to retrieve it. She comes under sniper fire and is hit. JACK, a young soldier from the unit, goes out to rescue her and is also hit and badly injured. Both Kate and Jack are taken by a MERT helicopter and treated on board. Kate has a bad wound to her arm. Jack has been hit in the chest and has lost a great deal of blood.

The story moves back a century to Birmingham in 1917. It is the middle of the night and Private ALFIE SEDDON is in a hospital ward, having been badly wounded and blinded at Passchendaele. Alfie is having a nightmare about his wounding and GERTIE, his nurse, is trying to calm him down. Alfie realises he recognises Gertie’s voice as she nursed him in France. Her presence helps him be calmer but he is still angry and disoriented by his circumstances. He shouts at Gertie to give him the bag of possessions he bought back with him from the Front. He rummages in the bag and finds a button. He clutches the button but won’t tell Gertie why it is so important to him. She chats to him and they share their memories of the Casualty Clearing Station. Gertie found the work in France fulfilling and Alfie is puzzled why she came back.

The scene is interrupted as 2012 meshes with 1917. Kate is wheeled into the ward by a hospital orderly. Her bed is very high tech and in sharp contrast to Alfie’s basic bed and furniture. Alfie is confused as he can hear something has changed in the ward but can’t identify it. He calls out to Gertie who can’t see or hear anything. Alfie continues to register Kate’s presence as she asks ROSS, the orderly, how Jack is doing. He has been bought to the same hospital but remains in critical condition. Ross agrees to go and check on Jack. Kate also begins to register Alfie’s presence but neither can focus completely on the other. Gertie thinks Alfie is imagining it all.

To distract her patient, Gertie asks Alfie about his family who live near the hospital in Kings Heath. But this only makes Alfie even angrier. There is clearly an unresolved issue between him and his wife. At the same time, Kate reveals her distress and guilt about Jack’s injuries and she cries out. Alfie hears her and shouts at Gertie, which Kate hears in turn.

At the same time, a century apart, DOCTOR CARTER (in 1917) and Ross the orderly (in 2012) enter the ward and try to calm their patients. They examine their injuries and as they do so, Alfie and Kate simultaneously describe the moments of their wounding. Although the environments were very different, both had the same concerns, about losing too much blood. They reflect on the medical advances that saved their lives and it becomes clear that Kate saved Jack’s life by preventing his bleeding out, despite her own injuries.
By now, both of them are calmer and ready to sleep and their medical staff leave the ward.

After a few moments, both Kate and Alfie cry out again, using the same words of guilt and regret. This time they can hear each other clearly. Kate thinks she must be hallucinating that Jack has died and Alfie thinks he is back in his nightmare. Both of them call out for help. Ross the orderly calms Kate by telling her that Jack remains in a coma but is not dead. Alfie’s doctor examines him again and assures him he is awake, not dreaming. At the same time, Ross tells Kate that Jack is doing well and that she shouldn’t worry. Kate thinks she may have PTSD but Ross assures her that she doesn’t and it is too soon for the condition to develop. Alfie’s doctor asks him about the button he is still clenching in his fist and Alfie says it is a kind of good luck charm.

The medics from each century leave their patients but Alfie and Kate can still hear each other. Kate is determined to find out who is in the ward with her so she moves towards the sound. She bumps into Alfie and startles him. He drops his button. The contact jolts them into each other’s reality. Kate can see Alfie but he can only hear and sense her. They have a short conversation and Kate finds his button and hands it to him. Alfie thinks Kate is a nurse. They are interrupted by the arrival of Alfie’s wife, ROSIE.

Rosie is surprised to find Alfie out of bed. Kate is even more surprised to find she can see and hear everything that is going on with the couple. She stands close by although none of them can see her (although Alfie can still hear her). Alfie dives back into bed and curls into a ball.

Rosie tries to talk to him, to reassure him that his injuries don’t change her feelings for him. She has brought a silk rose from her wedding hat to remind him of their wedding day. Finally she says quietly that if he no longer wants her, she will move home to her mum. Kate can hear everything that has been said and thinks she must be suffering from extreme shock.

Dr Carter enters. Kate can now hear him as well. Rosie asks the doctor why Alfie won’t speak to her. She thinks it might be shell shock. The doctor is surprised that Alfie isn’t speaking to his wife so she pretends everything is fine and he leaves. Rosie realises it is just her that Alfie won’t speak to so she makes ready to go. On her way out she remembers that she has received a letter for Alfie from someone called George. She puts the letter in Alfie’s hand and leaves.

Meanwhile, Ross comes back to see Kate in her own time. He has brought her leaflets on PTSD so she can understand the condition. Ross tries to talk Kate through what she is feeling, the dreams she thinks she is having. He tells her that all soldiers experience guilt for no good reason. Kate confides to him that she grew up in care and had no family and that all her life she has felt insignificant, just a tiny particle lost in something much bigger. She tells Ross how she had dreamed she was swimming in blood and able to see all the particles she can recognise from her medical
training. But that in her dream, no matter what she does, she is overwhelmed in the bloodstream. Ross encourages her to go to sleep and she does.

The next morning Alfie and Kate are lying in bed eating their breakfast. They can hear each other clearly now and Kate can see Alfie. Alfie is still assuming Kate is a young nurse but when he asks her about it, she tells him she is a Combat Medical Technician. He cannot understand the presence of the woman at the Great War. Kate is equally confounded when Alfie tells her it is 1917 and that he was wounded a month before at Passchendaele.

Kate finally works out what is happening and breaks the news to Alfie that they are from different times. He refuses to believe her and when she tells him she has seen Rosie, he becomes agitated and calls for Nurse Gertie. Gertie comes in and tells him firmly she can see no one else in the ward but him. Kate sings loudly during this conversation to convince Alfie he is the only one who can see her. Alfie finally accepts the situation and Gertie leaves, thinking she has calmed him.

Gradually Alfie and Kate explore their situation. Kate explains how she is a different kind of ghost, from the future not the past. Alfie’s natural curiosity and intelligence gets the better of him and he asks about her world, in particular if women ever get the vote. Kate uses his questions to ask him again about Rosie but Alfie still refuses to answer. Kate suggests he might be feeling guilty and when Alfie says she knows nothing about guilt, she begins to describe her feelings towards Jack getting injured because of her.

As she speaks, the scene is transformed back into the village where they were both wounded. Suddenly the ward is full of the sights and sounds of the war in Afghanistan and then they slowly morph into the sights and sounds of the Western Front. When these sounds grow louder, Alfie is put in a state of shock, back to 1916 where he refuses to volunteer because he has realised the war is futile. He talks about a clever plan to avoid being sent to France. Kate becomes concerned and brings him gently back to their present. She is beginning to realise how much they have in common despite the century between them. She tries to tell Alfie that he will need to come to terms with his wounding and as she speaks, he starts to relive the moment when he was hit.

As Alfie’s memories flood back, gradually the sights and sounds of a Great War battlefield bleed in to the scene. The ward itself turns into a shell hole in No Mans Land. Kate finds herself there with him and although she tries to turn them back by reminding Alfie that he survives, she cannot and is stuck there with him. He is locked in the moment of recall, of the hours of pain caused by his injuries, and it is all too strong.

Suddenly they both hear another voice. There is another wounded man in the shell hole with them, CONNOR. He is very badly injured. Alfie is deeply concerned that he will die so
he tries to keep him focused and alive. He finds out Connor is not yet 18, that he lied about his age to join up. Connor cries out and Alfie shushes him so that enemy snipers won’t find where they are.

Then another man rolls into the shell hole. It is GEORGE, a stretcher bearer. He has come to rescue them. George talks to each of them to assess the damage and it is obvious that Connor’s wounds are likely to be fatal. George gives him morphia to quieten him down. He explains that the enemy is still very active outside the shell hole so they can’t make it back to their own lines just yet.

He tries to find ways to distract them in the meantime. One way is to show them the contents of his medical bag and explain what each is for. Kate stands a little way apart and listens to him. She is fascinated by this man who is her predecessor on the battlefield and is pleased to see how much they have in common.

Soon the battlefield becomes quieter. George makes plans to move them out and it becomes clear to Alfie that he has decided to leave Connor behind as there is no hope for him. Alfie refuses to let him as he feels Connor has been far braver than him and more decent to his family. He insists George takes Connor. He asks George to take a message for him to Rosie, his new wife. He asks George to find her in Birmingham and tell her that he loves her. George promises he will and says he will try to come back for Alfie. Then he thinks for a minute, and tears a button off his great coat. He presses it into Alfie’s hand and says that he is known as Lucky George and that now he will have to come back. Suddenly there is silence.

Kate breaks the silence by asking why Alfie gave up his place for Connor. Alfie said that the boy was far braver than him, having been a volunteer and not burdening his girl with the worry of the war. Then Alfie explained that he got out of the shell hole when how two other stretcher bearers found him and took him back. We see him on their stretcher bumping along. All the while his pain grows worse and he realises he can no longer see.

The scene changes to the ward of the Casualty Clearing Station where Alfie has been brought. George is there, putting up Christmas decorations that have been made by the patients. Gertie comes in, as this is the CCS where she served before her Birmingham posting. There is a gramophone on a table and Gertie puts on some music while they chat. They speculate how long the war will last and both agree they will see it through whatever.

George has been there since the beginning of the war in 1914. He tells Gertie how he started out as an ambulance driver and how he saw some terrible sights in the early months of the fighting. He remembers how the medical system changed so that the wounded were treated more quickly, closer to the fighting, in Casualty Clearing Stations like they are in now. He explains how he became a stretcher bearer, and the specialist training that went with it. He ends by suggesting that this training will make him a good prospect.
after the war and it is clear that he and Gertie are interested in each other. Then a soldier calls out that the post has arrived and they go off together to get it.

Time moves forward a few hours. It is the same ward in the CCS but now Alfie is in bed there. Gertie comes in, stuffing a letter she has received in the post into her pocket. She is clearly upset but remains professional and efficient. Alfie is trying to remember what happened to him when he finally made it to the CCS. He had an X-ray, from Marie Curie in one of her radiological cars.

Gertie gives him a cotton bag with the belongings he had one him when he was brought in and it reminds him of George’s button. He asks Gertie if she know him but she says there are many bearers called George and that she doesn’t have time to look for him. Alfie is desperate to know what happened to Connor but Gertie leaves. Alfie is alone and he calls out for Kate. She has been there all the time.

The scene changes to Gertie’s room where she is writing a letter. She is telling her mother about the death of her brother at Passchendaele. When she is finished, she takes out her suitcase and starts to pack. The scene returns to Alfie and Kate in Birmingham. Kate is upset and angry with him for showing her the terrible scenes from the Great War. He has forced her to confront her guilt about Jack and she starts to shout at him that he is a ghost. She lashes out, losing control.

Alfie grabs her wrists and forces her to listen while he finally confesses why he feels like a coward. He tells her that he refused to volunteer although people laughed at him. Then, when conscription was brought in, it was only for married men. So he married a young girl whom he knew liked him. But he felt guilty right away and it was all for nothing as five months later, conscription was extended to married men and it had all been for nothing. That was why he felt Connor was so much braver than him and why he had been more worthy of saving. Kate is immediately quietened and she apologies for misjudging him. Then Alfie says that he had started to love Rosie even as he left for France.

Gertie who comes in excitedly interrupts them. Alfie has a visitor. It is George but at first Alfie doesn’t recognise his voice. Then Gertie explains that he has a missing button on his coat and Alfie remembers immediately. He is so happy to meet George again. He asks George what happened to Connor and George tells him that the boy had died shortly after they got him to the CCS. Gertie wonders if the boy might have been her brother but they establish that he wasn’t. Gertie explains that even though Connor hadn’t survived, the fact that he wasn’t alone when he died and that people were caring for him, made it all worth it.

George tells Alfie that he managed to get the message to Rosie as he had asked in the shell hole. George asks why Alfie won’t speak to her and explains that despite what he thinks, Alfie is decent and brave and a good catch for Rosie. Kate agrees with him.
George puts a record on the gramophone that Gertie has brought back with her from France. Then he goes off to look for the nurse and Alfie laughs because he realises he wasn’t the only reason George came to the hospital.

Ross from the 21st century enters to ask Kate how she is feeling. Kate “translates” his questions for Alfie as him asking if she has shellshock. Just then Rosie enters. Alfie hasn’t seen her and Kate lets him explain how much he loves Rosie and can’t put her through looking after a blind man all her life. Ross thinks Kate is talking to him and is slightly puzzled. Rosie has heard Alfie and says that she is capable of making up her own mind whether or not to be married to him. In the meantime, Kate tells Ross that she is going to leave the Army. Just like George, her medical qualifications will stand her in good stead in civilian life.

As Kate talks to Ross about coming to terms with what happened to her in the past and her plans for the future, her words interweave with the conversation between Alfie and Rosie. Rosie explained how she fell in love with Alfie because he was kind and funny and clever and a very good dancer. Alfie asks her to dance with him to the gramophone music and they slowly move together, talking about their own plans for the future.

All the while, Alfie and Kate are working out their troubles at the same time, coming to understand the crippling power of guilt and the terrible effects of war. They realise that remembering, as they have each done, is an important part of the process.

Alfie starts to tell Kate’s story to Rosie but has to pretend she was a male soldier. Rosie is very understanding. Alfie tries to remember it in terms of what Kate told him about blood and its composition. As he describes it, he and Kate realise that, far from being significant, every component in the blood stream is equally important and has a job to do. So it’s the same for the two of them. They are small but significant parts of a greater whole that can’t function without them. They also realise how much they needed each other to come to terms with their experiences.

Alfie throws the button at Kate through time and she catches it. To Ross it looks like she snatches it out of thin air. Alfie says he doesn’t need a lucky charm any more now he has Rosie. When Rosie asks about the end of the story, he tells her the soldier was fine and that he was a grand fella. They continue to dance while the lights fade away.
Alfie Seddon is an ordinary soldier who was wounded on 1st November 1917 at the Third Battle of Ypres, also known as Passchendaele.

He was wounded in the face and blinded. A stretcher bearer took him to a Casualty Clearing Station close to the Front Line. Here they saved his life but were unable to save his sight. Being blind meant Alfie could no longer be a soldier so he was invalided home to Britain. He was sent to Selly Oak Hospital in Birmingham to complete his recovery before returning to his family.

In addition to the treatment for the wounds to his face and eyes, Alfie talks about two specific medical processes that happened to him in France:

1. An X-ray
2. A tetanus injection

**TASK:** Write a mini-Resource Pack for the Battle of Passchendaele.
Include:
- a timeline day by day.
- the title of a poem about Passchendaele
- the title of a picture or a photograph about Passchendaele and the name of the artist/photographer
- a description of the battle by someone who was there. This should be a short extract or summary. You should include the name of the writer and the book or article.
1. ALFIE’S X-RAY

X-RAYS IN THE GREAT WAR

X-rays were a very new invention when war broke out. Doctors had only just started using them for medical purposes. There were very few machines and they were big and not able to move around easily. Most X-rays taken before 1912 were for a joke – people used them as engagement photographs, showing their hands with their engagement or wedding rings on them. No-one had any idea how useful X-rays would be. Nor did they have any idea that repeated exposure to them was dangerous.

The wounds of the Great War were unlike any that had been seen by doctors before. The bullets were small and fast. They went deep into the bodies of the soldiers. Alfie has the most typical of Great War wounds. A shell exploded very near to him. Pieces of shrapnel smashed into his head and face. These pieces were jagged and irregular. They could break up into much smaller pieces when they hit bone. Both shell fragments and bullets were very difficult for surgeons to find when they operated, so they needed some help seeing the bits inside the soldier’s body.

MARIE CURIE, X-RAYS AND THE GREAT WAR

Marie Curie knew more about X-Rays than anyone else on Earth. She had invented the term “Radioactivity.” She discovered radium which enabled the X-ray machines to work. Although she didn’t invent the X-ray machines, she understood how much they would be needed at the Front by the military doctors.

Who was Marie Curie?
Marie Curie was the most famous scientist of her day and is the most famous Woman Scientist of the modern world. By 1911 she had two Nobel prizes (the top prize in Science). Born in Poland, she lived and worked in France. She was in her Paris laboratory when the Great War broke out. She immediately decided to help in the best way she knew how. As she knew that all the wounded soldiers could not be
brought to her to be X-rayed, she had to bring the X-ray machines to them.

**The Mobile X-ray Vans**

Marie Curie decided to create a fleet of mobile X-ray units. The big machines in hospitals had to be reduced in size and capable of fitting in the back of a van, along with all the equipment needed to run them.

She went to Renault, one of France’s biggest motor manufacturers and asked to buy delivery 20 vans. Then she learned to drive. She learned to maintain the vehicles and mend them if they broke down. She even learned to change a tyre on her own.

Next, she built an X-ray machine in the back of the first Renault van. She knew that there might be no electricity in the Casualty Clearing Stations. So she designed the machine to run off the motor of the van. She experimented to see if it worked. When it worked to her satisfaction, she brought in the other vans and set up their X-ray machines.

Lastly, she realised that there might not always be someone at the Casualty Clearing Station who knew how to read X-Rays. So she got herself a medical textbook and learned all about human anatomy. Then she took her white lab coat and sewed a red cross on the arm. Now she was ready.

Along with twenty other vans and trained staff, she drove off towards the Front Line.

When she heard of a hospital that needed her, she parked the van as close to the Operating Theatre as possible. Then she set up the X-ray machine, either connecting it to the mains electricity or wiring it up to the van engine. She had everything in the van she would need to produce X-rays of the wounds to the soldiers. She had plenty of supplies of X-ray film, black curtains to make a dark room, and dark room chemicals to develop the pictures. She even had the special pens that could write on the X-rays to show where the bullets and shell fragments were.

She had designed the van so well, it only took her half an hour to set up. Often there was a queue of soldiers waiting for to begin. She would take the X-rays and as soon as they were developed, take them round to the surgeon who was doing the operation. Together they would confer on what the damage was. Then the surgeon would operate, guided by the X-rays.

She became very skilled at spotting tiny fragments of shell and would work side by side with the surgeons. Sometimes surgeons resented what they saw as her
“interference.” But the wounded soldiers liked her very much as they knew she spared them a lot of pain and she was very good with them. Most people were honoured to have such a famous scientist working at their medical facility. It didn’t mean that she had special treatment, however. If the Casualty Clearing Station was near the fighting, she endured the same conditions as everyone else. Sometimes she had to sleep in a tent, sharing with nurses. Sometimes it was very cold and there wasn’t much food to go around. Sometimes the roads were very difficult to drive along and she would have to change burst tyres several times along the way.

But her idea worked brilliantly. In 1916, she returned to Paris to train 150 radiographers and in turn they went out in their vans to the hospitals close to the Front. When the Americans joined the war in 1917, she trained several teams of their radiographers. It was a great achievement and saved thousands of lives.

At the end of the war, Marie Curie returned to her laboratory to continue her scientific research. She rarely talked about her work with the soldiers and she wasn’t awarded any medals or recognition. The French government didn’t even reimburse her for the money she had spent on equipment and vans.

Marie Curie continued to make important discoveries in the field of physics. She died of cancer in 1934, caused by her repeated exposure to radioactive substances.

**TASK:** Find out the answers to the following questions:

- **Who invented the X-ray machines that used the radium discovered by Marie Curie?**
- **Do we still use X-rays?**
- **What do we use X-rays for?**
- **What do we know about X-rays now that Marie Curie didn’t know?**
- **How has it changed the way we use X-rays?**
- **Describe one other form of SCANNING that we use in hospitals in the 21st century?**
2. ALFIE’S TETANUS SHOT

TETANUS AND THE GREAT WAR
Alfie was treated for TETANUS at the Casualty Clearing Station. One of the nurses gave him an injection to prevent this form of infection. All soldiers who came into the medical facilities were given this kind of treatment.

INFECTION was a terrible problem for wounded soldiers in the Great War. Even the smallest wound could get infected. Without the right treatment, the infection could spread through the body. This could result in limbs being lost or in death.

TETANUS is a kind of infection caused by bacteria. This bacteria can be found in many places, especially soil. The easiest way for the Tetanus-causing bacteria to infect the body is for it to enter through a wound that breaks the skin. The bacteria spreads inside the body and releases a very strong kind of poison which can paralyse nerves and muscles. Luckily for Alfie, there was a good understanding of Tetanus when he was wounded. His gave him protection from the bacteria.

But not every wounded soldier was so fortunate. Not all infections were well understood and there were very few treatments for them. There were three reasons in particular why infection was such a problem during the Great War.

Firstly, the shrapnel and bullets often took debris with them into the wound when they impacted the human body. This meant that bits of unwashed uniform or mud or chemicals from the weapons penetrated too deeply to be got at by the medical staff.

Secondly, just like Alfie in the shell hole, wounded soldiers were unable to get medical help for hours or even days. Their infections went untreated and took over the soldier’s entire body.

Thirdly, the Western Front (where WOUNDED is set) was mostly fought on old farmland. This meant the soil had been improved with manure for centuries. It was full of bacteria which was good for growing crops and even better for spreading infection.

Infection remained a problem throughout the war and killed hundreds of thousands of men who would otherwise have survived. It would be several decades before the problem of infection was solved. In the 21st century, every child in Britain has a tetanus vaccination and therefore has lifelong immunity. Tetanus is no longer considered to be a life-threatening infection.

TASK: Today we treat infections with a range of medications called ANTIBIOTICS.
• What is the most famous antibiotic in the world?
• Which three scientists discovered it?
• List three ways in which antibiotics have changed our world.
• Are there any problems with antibiotics in the 21st century?
“Up until then it was the great lumpy lads that went out to pick up the wounded. Dr Soutter says: “George, you’ve got a bit about you, how about you becoming a stretcher bearer? It’s not a demotion, we need able, intelligent men.” So that’s me; officially an able, intelligent man. I lead a team of eight and we get lectures every week. I didn’t get much schooling but I feel like I’m getting an education now.”

GEORGE’S MAP
The map used by George in the play looks very complicated and impossible to work out. This is because it is a real map, drawn by a medical officer just before the Battle of Messines in June 1917. A bearer map is very different from a standard map because it is based on the trench network, rather than on roads and railways. It is different from a military map because it doesn’t show the location of battalions of soldiers. Instead it shows where all the medical aid posts are, large and small, and how to get there, using trenches. It also shows the ways and means for casualties to be transported to receive
medical help. If you take the map piece by piece, you can see that it is really not complicated at all and that it does exactly what it is supposed to do.

**WHO MADE THE MAP?**

George’s map was made by his boss, the Regimental Medical Officer. The RMO was like a GP for an individual army battalion. He treated all the daily medical problems but most of all he treated the wounded during battles. Map-making was a very important part of his job and he made sure he always had enough paper and colour crayons so that his drawings would be clear. He went out with George and his colleagues before the battle to survey the landscape. They took great care as enemy snipers were always on the lookout and did not distinguish between military planners and medical. But this didn’t stop the doctors and bearers. They knew how important it was to find the best places to locate the medical posts and the quickest routes between them. All of these were then drawn on to a map.

George and his teams then went out to make the new Medical Posts. If there wasn’t a suitable building, like an old stable or the cellar of a ruined house, they made them from scratch. They prepared by digging down into the sides of trenches to make a kind of room. Then they were protected with corrugated iron or wooden planks. Shelves were made and supplies neatly stacked on them so they could be easily accessed. These included field dressings (see below), bandages, splints, water bottles, scissors, supplies of morphine and iodine.

There was also a big pad of forms that were filled out by the medics and attached to each patient. This would become his medical record. Then the bearers would leave torches, lamps and matches to light the aid post.

Next, George and the other bearers went out to check the state of the trenches and tracks they were to follow. If part of the mud walls had collapsed, they would build them up again. If they were too narrow, they widen them. (In the play, Alfie has to be carried over their heads through a narrow trench and he is terrified he will be shot by snipers.) They laid duckboards (slatted wooden squares) where the ground was flooded or churned up so they didn’t trip and drop their casualty. As they worked, they checked continually to see where they were. It was easy to get lost on an active battlefield. When they had finally designed a route that worked, they went back out with the RMO and he finalised the detail on the maps. On George’s map, the MO has gone over
the best routes in Green crayon. Then they waited for the battle to start.

A team of Stretcher bearers going out to prepare for a battle. This image is from the Imperial War Museum. You can find other images like this via the HUB.

ROUTE ONE – NORTHERN SECTOR – Focus on the area marked “A”
George waits behind a battalion of soldiers advancing towards the enemy. Some are immediately wounded. He stops and puts each one on a stretcher. He has two choices of aid post, connected by a single track. He looks at his casualty and assesses his injuries. They are serious so he heads for the most northern post, marked A1.

RELAY POST A1
This has 2 squadrons from the 76 Field Ambulance and is a substantial construction, probably in an abandoned building. A Field Ambulance is not just a motor vehicle. It is a mobile medical unit with a full team of staff able to treat all manner of injuries including performing emergency surgeries such as amputations.

George’s patient receives medical care and is prepared for the next stage of his journey. Once he can be moved, George continues down the track (marked in Green).

RELAY POST A2
Meanwhile, some of George’s colleagues have taken a less-badly wounded soldier from the battlefield to Relay Post A2. Here there is one doctor who assesses and treats the casualty. The post also has a RUNNER who goes back and forth between the two posts with messages and requests for supplies, extra staff etc. Casualties are cleared from this post very quickly.

George and his colleagues continue to follow their map, winding their way along the trenches in as straight a line as possible.
They are glad they had the time to make repairs. Enemy artillery is flying around so they are never quite sure what will be around the corner. They cross up and over the main road, which is always dangerous because they will be visible although the smooth road is easier to walk on than the muddy trenches. There is another aid post here in case they need to stop.

The inside of a motorised ambulance. It is equipped for battle with supplies of blankets. It was one of these that George was driving in the play.

AMBULANCE LOADING POINT A3
George and his colleague are all heading for this point. It is a part of the main road, protected from shellfire where motor and horse-drawn ambulances wait to collect casualties.

This is an ambulance loading point. You can see how busy it gets at the height of battle. George would have trouble finding space for his patient.

They will drive them to a hospital close to the front line, where they will be admitted and treated for all their injuries.

As George approaches the point, he is anxiously looking to see if there are any ambulances there. If the battle is fierce, they will be under pressure. There is no space on any of the ambulances so George pushes on along the road, heading for one of the next three Medical Posts.

George makes it to the last post on the map. KANDAHAR FARM is the headquarters of the 76 Field Ambulance so there are plenty of medical staff, supplies and facilities here. George can leave his casualty here to be treated. There will be enough room and supplies for the casualty to stay for several hours or even overnight, until room in an ambulance can be found for him.
A medical post based at an abandoned farmhouse, like that at Kandahar.

This journey for George has now ended but another will soon begin. He remembers to take a short break. A nurse makes him some cocoa and gives him some food. He goes to the stores to replenish his pannier with medical supplies. Then he goes out again to find another casualty.

Cocoa powder made by the Birmingham factory and sent out to the Western Front.

TASK: Can you think why the KANDAHAR FARM medical post is called KANDAHAR?
- Where is there another place called KANDAHAR?
- What does the place KANDAHAR mean to us in the 21st century?
- What does it tell you about war in the last one hundred years?

PROJECT: Imagine you are a casualty. George finds you near point D. He has to get you to the Kandahar Farm medical post. Work out what wound you have got.
- How does that wound affect the journey and how George treats you?
- Describe the route of the journey from the map. When and Why does George stop?
- What can you see and hear and feel from the stretcher?
- Are you frightened? What is frightening you?
- Is it possible for you to have a conversation with George? (TIP: You can use information from the play in this section). What do you talk about?
- What do you think of him?
- How do you feel when you finally arrive?
- Draw the route you took on your copy of George’s map.
THE BATTLE OF MESSINES
George’s map was created for the bearer teams serving at the Battle of Messines in 1917. It was one of the most unusual battles of the entire Great War.

The Messines Ridge was one of the highest geographical points on the whole Western Front and the Germans had occupied it from 1914. It gave them a great advantage as they could see the area around and any military activity taking place. The British and French Army Command were determined to take it from them. They knew any plans for a frontal assault would be easily spotted, so they decided to tunnel up to the Ridge and then blow it up from below.

It took over a year for 22 mine shafts to be dug from Allied lines to beneath the Ridge. It was brutal, terrifying work. Several times, tunnellers found themselves hitting German tunnels coming from the opposite direction and then they would fight hand-to-hand underground until one side was driven back. Despite this, Allied tunnellers kept going and ran 21 tunnels up under the Ridge without the Germans realising what was going on. Each tunnel ended in a gallery and in each gallery was placed a huge mine.

On 21st May 1917, the Allies began two weeks of heavy bombardment of the German lines on the Ridge. The Germans realised an attack was imminent so they reinforced their defensive positions on the Ridge. They moved up extra machine guns and sent up flares so they would see the Allied troops as they approached. Instead, at 0310 on 7th June, the mines were detonated. The explosion was so loud, it could be heard in London and Dublin. It is believed to have been the loudest man-made explosion in the world up until that point. The sky was lit up and the Ridge itself rippled as if it was made of water, before it collapsed.
Over 10,000 German soldiers were killed in the explosion. The Allies followed up by sending in troops, tanks and gas attacks. They secured their objectives within three hours and held the ground despite German counter-attacks later in the week. It enabled the Allies to plan for the Battle of Passchendaele (Alfie was injured in this battle, also known as Third Ypres).

NOTE:
Although 21 mines were laid, only 19 exploded. After the war, the British Army lost the location of the missing mines. One was discovered in the 1960s after it blew up and killed a cow in a field but the other mine is still unaccounted for.

You can read about the consequences of the Battle of Messines and about Passchendaele in a novel by William Broderick, “A Whispered Name.”
COMPARING KATE AND GEORGE

George: And you, Connor? How bad’s the pain?

Connor: Bad, So bad.

George: Here, have this.

Kate: What is it?

Alfie: What is it?

George: A little blue morphia tablet. It’ll numb the pain a bit. And now, (he searches through his back).....oh, where is it? I need to mark your cheek, my old lad.

Connor: What’s that?

George: This? It’s my bag. I’ve got a bit of blanket, I always carry a bit. There you go - a nice pillow for you. (He draws out a piece of blanket and folds it, puts it under Connor’s head). It’s full of all my bits and pieces is my old bag and it looks like my crayon’s gone for a walk.

Connor: My leg...what day is it?

Alfie: It doesn’t matter what day it is.

Connor: What day is it?

George: Thursday. Let’s have a look now. (He searches his bag, talking about the contents to distract Connor from his pain) It’ll feel better soon, when it starts to take effect.

Connor: What day is it?

George: Thursday. Not long now, Connor, and you’ll feel the benefit. Have a look here, the precious things in my oilskin cloth to keep them dry. (He gets a piece of oilskin cloth out.) Perhaps most precious of all - my map. My medical officer drew this. He’s got a good hand. The trenches, the first aid posts. He’s got them all there. Even got this crater marked. And here, look, a little bit of comfort - cigarettes and matches. Sorry, can’t have them now – the hun would see the light.

Connor: I don’t like.

Kate: Good lad.

George: That’s alright then. Here we are - my crayon, let me mark your cheek.

Connor: What are you doing?

George: It’ll let anyone else know, nurses and doctors, how much morphine you’ve had so they don’t give you an overdose.

Kate: That’s what I do! I write on their cheek if I’ve given pain relief and how much.

George: (Finishing writing) Alright, laddie.
GEORGE AND KATE

George and Kate have a lot in common. Without George, Kate’s job would not exist. George and his fellow bearers proved that lives could be saved right on the battlefield; casualties did not have to wait until they got back to hospital where there were doctors. George was highly trained and capable. So is Kate. They work on the Front Line and they are the Front Line for saving the lives of wounded soldiers.

George and Kate are doing the same job a century apart. This means that the medical science and technology they use are very different. Even the bag they carry their equipment is different. George had a canvas satchel or wicker basket. Neither were very waterproof. They didn’t have many separate compartments so it was difficult to find things in the dark. George would have to fish around, looking for his scissors or matches. Sometimes one kit wasn’t enough for a lot of casualties so George would have to take out two. These would be heavy and weigh him down in addition to a stretcher with an injured man on it. If George fell over in the mud, everything inside could be ruined and George would have to go back to the Medical Post to restock.

Kate has a specially designed MEDICAL TRAUMA BACKPACK. It is made of very light, waterproof material. It has a lot of pockets and compartments for Kate’s kit so she can easily find things, even if it is completely dark. It has padded shoulder straps and a waist strap so it is easy for her to carry. It has reflective stripes all over it (like a rucksack for a bicycle) so other soldiers can see where she is working.

An example of a CMT’s Trauma Kit. You can find the website for the company that makes and sells this kit to the British Army for their medical staff. This version of the kit has specialist equipment for dealing with Blast Injuries. You could buy one if you wanted but they are very expensive (the website is on the HUB, by the way).
George and Kate have some of the same kit in their packs. Kate’s version is sometimes called something different but it does the same job as George’s a century earlier.

<table>
<thead>
<tr>
<th><strong>GEORGE’S KIT</strong></th>
<th><strong>KATE’S KIT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Water bottle</td>
<td><em>Water Bottle</em></td>
</tr>
<tr>
<td>Small bottle of iodine with dropper</td>
<td><em>Small bottle of iodine with dropper</em></td>
</tr>
<tr>
<td>Morphia tablets</td>
<td><em>Morphine in a syringe; local painkillers in a syringe (like those you get at the dentist)</em></td>
</tr>
<tr>
<td>Crayon</td>
<td><em>Marker pen, felt tip.</em></td>
</tr>
<tr>
<td>Notebook</td>
<td><em>Not needed</em></td>
</tr>
<tr>
<td>Oilskin</td>
<td><em>Not needed: kit is waterproof</em></td>
</tr>
<tr>
<td>Map</td>
<td><em>Other members of team responsible for location</em></td>
</tr>
<tr>
<td>Cigarettes and matches</td>
<td><em>ABSOLUTELY NOT!</em></td>
</tr>
<tr>
<td>Scissors</td>
<td><em>Scissors for cutting bandages and dressings to size; TufCut shears for cutting heavy duty fabrics like uniforms or straps or leather.</em></td>
</tr>
<tr>
<td>Pillow</td>
<td><em>Extrication collar: supports head and neck without causing further injury.</em></td>
</tr>
<tr>
<td>Dressings</td>
<td><em>Absorbent dressings; Burnshield dressings; dressings that hold IVs in place; very large dressings; dressings in all sizes.</em></td>
</tr>
<tr>
<td>Bandages</td>
<td><em>Stretchy bandages; ordinary bandages</em></td>
</tr>
<tr>
<td>German sticky tape</td>
<td><em>Sticky bandages (an idea stolen from the Germans)</em></td>
</tr>
</tbody>
</table>
Of course, Kate’s Trauma kit has a lot of things in it that George could never have dreamed of. It is almost like a casualty department in a backpack. Here are some of the main pieces of equipment. You will see how well Kate has to be trained so she can use all of these things.

<table>
<thead>
<tr>
<th>KATE’S PIECE OF KIT</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiseptics</td>
<td>Pre-injection wipes, sachets of antiseptic cleaning solution.</td>
</tr>
<tr>
<td>Airway tubes</td>
<td>For opening up crushed airways in the throat so the patient can breathe properly or have a tube inserted to clear their lungs</td>
</tr>
<tr>
<td>Bag valve masks, oxygen cylinders</td>
<td>For giving the patient oxygen</td>
</tr>
<tr>
<td>Blood transfusion kits</td>
<td>To restore blood when the patient has been badly wounded</td>
</tr>
<tr>
<td>Anti-clot dressings</td>
<td>A specially impregnated dressing (Haemostatic Gauze) that helps a bleeding wound to clot.</td>
</tr>
<tr>
<td>Syringes, lots of them, in special sterile packs, with needles already attached, in different sizes</td>
<td>To give the patient drugs or antibiotics or anything that needs to go straight into the bloodstream – speed is essential.</td>
</tr>
<tr>
<td>Combat Application Tourniquet</td>
<td>To tie above a bleeding limb to stop the bleeding.</td>
</tr>
<tr>
<td>Scalpels, in special sterile packs, blade already attached</td>
<td>To remove debris from flesh wounds or perform small surgical procedures.</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>To listen to the patient’s breathing and body functions</td>
</tr>
<tr>
<td>Head torch on an elastic strap</td>
<td>For working in the dark.</td>
</tr>
<tr>
<td>Disposable gloves, many pairs</td>
<td>To prevent infection</td>
</tr>
</tbody>
</table>
Imagine you are a CMT in a future war. This war is not being fought in Afghanistan but in a country that has an equatorial climate. It is always hot, very humid and it rains heavily every day. You are based at a military camp in the rainforest. The vegetation is very thick and you can only use Jeeps on the muddy paths. The trees are too high for helicopters. The enemy lives in the jungle and uses small explosive devices and sniper rifles to attack you. The jungle itself is very dangerous. It is full of snakes and other poisonous reptiles such as frogs. There are many biting insects, especially mosquitoes.

When you arrive at your camp, you go into your tent and find that you have been sent the wrong CMT kit. Instead of the jungle kit, you have been sent Kate’s kit, for a desert combat zone. You have to send an email immediately to the supply depot to request extra equipment.

Using the form over the page, list the other things you will need to tend the wounded in the jungle environment. You will need to think hard about not just the weapons used by the enemy, but about the other dangers in the jungle itself. What kind of diseases might your patients get, in addition to wounds? What would help you treat them out in the jungle? Mud isn’t a problem for Kate in Afghanistan but it is a problem for George and it would be for you in the jungle.

TASK: Research what equipment is used by civilian ambulance crews every day in Britain. How much is the same as the kit used by Kate?

| **Foil blankets** | **To keep patients warm** |
| **Masks** | **To keep CMTs from breathing in harmful bacteria or blood while they treat the patient** |
| **Forceps in a range of sizes** | **For delicate and precise removal of bits of clothing or debris from a wound** |
| **One adult body bag, size large, white with side zip.** |  |
From *The Times* newspaper, Wednesday December 23rd, 1914.

ENGLAND IN TIME OF WAR
Part VIII:
BIRMINGHAM

THE “UNIVERSAL PROVIDER” OF THE ALLIES

(from our special correspondent)

Birmingham claims to have improved upon the war-time motto of industrial England – “Business as usual.” “Busier than Usual” is its characteristic boast, and those who know their aggressively competitive Birmingham will realize what this means.

There is stamped on one’s mind the impression of a great community with its coat off and its sleeves rolled up.

The world expects a high standard of patriotism from the city .... and its atmosphere is now, as always, thoroughly invigorating. There is a confident tone to public and private discuss that is infectious. You only have to catch the mood of the place to feel instinctively that you are on the winning side. Burke called Birmingham “the toy shop of Europe.” The city is something of far mightier conception now; its mission is one of vital necessity to the State. It has given men generously to the national service: it is now supplying the State with all manner of indispensable material.

There are not many articles required for the arming and equipment of the troops that cannot be made in Birmingham and the War Office is availing itself to the full of the resources of its manifold industries. Two-thirds of the present output is on account of war preparations. Manufacturers on the outbreak of war gave much of their attention to the capture of German trade. This patriotic pursuit has had to be abandoned for the time in the fact of the flood of Government orders.

AN AMAZING CATALOGUE

The catalogue of Birmingham’s contribution to trench and camp life is amazing... Macaulay, in his famous description of the state of England in 1865, said that Birmingham buttons were just beginning to be known and that nobody had yet heard of Birmingham guns. Today its net is spread more widely than that of any other manufacturing town in the Midlands and the North. Its range of production is almost on an epic scale. Besides coming to the direct aid of the Government factories with new machinery to enable them to obtain a greater output, Birmingham is manufacturing armoured motor-cars, aeroplane engines, machine-guns for use on land and in the air, shells for light and heavy guns, rifles, cartridges and gunpowder. It is evolving new types of weapons and warlike implements. It is converting motor-cars into ambulances and heavy commercial motors into military transport wagons. It is sending swords and pistols to the officers'
corps, mess-tins, water-bottles, flint and tinder boxes, "housewives" forks and spoons and shaving brushes to the men in the ranks. The cavalry are receiving from the universal provider harnesses, saddles bridles and bits, horsebrushes and the frost studs which are so necessary in a Continental winter campaign. Under its creative hand rise motor-cycles for despatch bearers, movable kitchens, barbed wire, stoves to keep the trenches warm, and sheets of metal to make them secure, buttons and badges for the soldiers' uniform and medals for him when he gains distinction. For the Navy Birmingham is making everything in metal needed for the furnishing of the ships from the lamp at the mast-head to the carpet rails in the cabin. There is a good deal of the romance of war in this miscellaneous arsenal of the Allies.

CHANGES OF WORK AND WORKMEN
New factories are being built, new machines installed, new tools brought into use. Trades are changing and workmen are adapting themselves to new occupations. Men, who used to make cycle spokes, have turned their hands to knitting-needles. Other workers in the cycle trade are making cartridge cases. Machinery built of the manufacture of gear-cases is now being used for making hollow-ware pans and basins for the troops. There is little demand for good cut-glass; so the glass workers have sought a fresh channel for their enterprise in the electric light bulbs. Brassfounders have given up making door latches and the like for brass rings and copper tubes for shrapnel shells. Woodworkers are making forms, tables and tent pegs for the camps. Rolling-stock firms have extended their range to include the manufacture of heavy ambulances.

The jewellery trade, which has its home in the famous Chamberlain constituency of West Birmingham, is not capable of such lightning changes. Workers in the finest metals, whose eyes are in their fingers, cannot take up the rough and ready jobs without ruining the sensitiveness of their delicate hands. Some of the men engaged in the cheaper grades of enamelling, however, are adapting themselves to the patriotic trade in badges and emblems. Labour has reached for a time the condition which Birmingham's greatest statement sought to attain by other means: work for all, at any rate for all who can do it. An engineering firm which advertised for 300 skilled men received on 50 replies. Some types of artisan can command their own price, and there is often keen competition between rival firms for the services of individual workers. Hundreds of skilled men eager to enlist have been forbidden to leave their jobs. Others, who were already undergoing their training, have been sent back to the ranks of the industrial army.
THE RESPONSE TO RECRUITING
There was a splendid response to the call for recruits. The Lord Mayor proudly tells the inquirer that over 50,000 of the civil population, about one-fourteenth of the whole, have shouldered the burden of national service, and that his predecessor was the only Chief Magistrate of his style and dignity to leave the civic chair to begin his war training. The recruiting boom was a quite a spectacular affair. At the beginning, a giant thermometer outside the Town Hall recorded the progress of enlistment. The bulb bust, as did that of a second and more ambitious instrument. While one or other was in position, it was amusing to see young recruits emerging from the classic portico of the Town Hall and anxiously looking up at the “mercury” to see if their enlistment had shifted it. So keen were the young men to join the new Army that ballots had to be taken in the banks....

The pleasant garden suburbs to the south have lost some of their winter gaiety. There are vacant chairs at thousands of working-class tables. Still the routine life of the city goes on as much as before. The superficial changes are not nearly so great as London. The public houses keep their usual hours, and a man can get a drink the Corporation Street an hour later than in Piccadilly Circus. The lighting of the streets has only been slightly reduced and the drawing of blinds and shading of lamps in public vehicles is perfunctorily carried out. The two great shopping thoroughfares, New Street and Corporation Street are a blaze of light and a scene of bustling animation in the late afternoon and early evening. The line of waiting motor-cars does not seem to be appreciable thinner and the arcades are crowded with shoppers. The world war seems very remote on a darkening December day, with the Christmas trade and traffic in full swing.

A curtain many be lifted at any moment. A train of new armoured motor-cars and transport wagons trundles by on the first stage of its journey to the front. A battalion of recruits marching through the city and singing the strains of its band draws the comfortable crowd in a moment from shop windows to pavement edge. The most popular “Short-cut“ in the kingdom, over New Street Station Railway Bridge suddenly becomes an illusion. The station is closed to all but bona fide travellers to allow a Red Cross train to discharge wounded soldiers bound for the new university buildings at Bournbrook, now one of the finest military hospitals in the country. If you look more closely at the details, you will find a new restraint in the demeanour of a notoriously proud and, in times past, almost assertive city. The new note of modesty is amusingly illustrated by the notice exhibited in a shop-window. “Ici on parle Francais un peu,” probably the corollary to a visit from one of the man Belgian refugees who are
quartered in the hospitable homes on the outskirts.

And in the end, for the workaday soul of Birmingham, one must leave the alluring shopping district and seek the neighbouring belt of two and three-storeyed workshops on which the prosperity of the city is based. There are to be found the small employer and the individualistic types of workman who differentiate industrial Birmingham so strongly from Lancashire and Yorkshire, with their huge combination of capital and labour. There men are working under novel conditions, giving essential service to the State, putting in overtime without a murmur, adapting their labour to unaccustomed jobs without protest, framing no peddling trade union grievances, in short bending their energies to the prosecution of their share of the national task.

(from The Times online)
LOCAL HISTORY
BIRMINGHAM

When soldiers were seriously wounded in the war, the Army Medical Services tried to make sure that they were sent to hospitals as close to their home as possible. This was so their friends and families could visit them. They wouldn’t feel so isolated and so wouldn’t become depressed and perhaps slow down their recovery. Also the friends and family could help out with their care by bringing extra bits of food and treats and by doing their loved ones’ laundry.

Alfie is sent to a hospital near his home in BIRMINGHAM. This hospital is first mentioned in the national newspapers in an article in The Times from December 23rd 1914. It is described as the new university buildings at Bournbrook, now one of the finest military hospitals in the country.

This article is part of a series which looked at the preparation of various towns and cities for war in Britain in the first months of the war. It is a very optimistic article although the author sneaks in a few details which give an idea that perhaps things aren’t going quite so well (the building of the hospital; the conversion of cars to ambulances; the manufacturing of heavy ambulances and barbed wire).

A new heavy ambulance with a six patient capacity awaiting delivery to the Western Front.

What was happening on the Western Front on December 1914?

By December 1914, the first Battle of Ypres had finished (Alfie fought in the third Battle of Ypres, also known as Passchendaele in 1917, three years after the article was written). There had been terrible losses among the Armies on both sides. The French army had lost 300,000 men. The German army had lost 241,000 men. The Belgian and the British armies (which were much smaller at this stage of the war) had both lost 30,000 men. This was just the numbers
of the dead. Hundreds of thousands more were wounded or taken prisoner.

The aftermath of the first battle of Ypres which ended on 22nd November 1914, one month before the article in the Times was written.

At the beginning of December, therefore, the armies of both sides were simply exhausted. They had very few soldiers and not many supplies. Neither could contemplate fighting for a while. So instead they dug in and waited to recover. In December 1914, the Western Front became the war we know today. A 475 mile line of trenches were dug. The line went from the mountain border of Switzerland to the Belgian North Sea coast. The line would stay there until 1918.

Because the armies had so few supplies, all they could really do was dig. Basically a trench was a ditch, dug deep enough so a man could shelter himself from enemy fire. But the armies wanted to make them strong and capable of holding back the enemy. They also wanted to be able to launch attacks from the trenches. So the trench lines became a complex network. They had front line trenches, reserve trenches, supply trenches all stretching back to the rear. They dug down into the ground to make underground shelters and storage (the British Army called these Dug Outs).

They brought in sheets of corrugated iron to make roofs and walls for the dug-outs. They put wooden planks on the floor of the trenches and made a sort of drainage system.

In between the two sets of trenches was a strange landscape which belonged to neither side’s army. It became known as No Mans Land. In December 1914, both sides started to use barbed wire to protect their trenches. Soon No Mans Land was full of barbed wire, growing everywhere, like a deadly weed.
The view of wire-filled No Mans Land looked the same whichever side you were on.

Men became trapped by the tangles of wire. If they were badly scratched by barbed wire, they could die from the infection. Rusty barbed wire was especially dangerous as it caused tetanus. Barbed wire slowed everyone down, not just the enemy. Eventually every soldier had to be equipped with a wire cutter so he could cut his way through the rusty tangles.

A pair of wire-cutters issues to British soldiers and stretcher bearers during the Great War.

In December 1914, Europe experienced terrible winter weather. Torrential rains and freezing temperatures hit the line of trenches. There were terrible floods. They filled up with water and turned to liquid mud. The drains could not not clear the mud. Soldiers were forced to wear waders to move around in the trenches. The mud got everywhere.

Letters home for the trenches in this period are covered in muddy smudges. Mud wasn’t the only thing that made their lives difficult. There were hard frosts every night and it was almost impossible to keep warm. They were able to light small fires in braziers. In some trenches, they dug fireplaces and chimneys, but these weren’t useful in the wet.

In December 1914, behind the freezing, flooded trenches, the commanders tried to work out what they would do next. They were not sure how they would proceed. They were sure of one thing: the war would not be over by Christmas, as many had predicted. On 23rd December 1914, conditions for the soldiers on the Western Front were as bad as they would ever be. There was no prospect of peace.

The guns were full of it, their food was full of it and their hands and faces were permanently covered.

A dug out completely flooded by the heavy rain in December 1914. You can also see barbed wire and No Mans Land in the distance. The soldier is wearing waders to get around in the deep water which is up to his knees.
What does the author mean when he talks about Birmingham manufacturers trying to capture German trade?
What does the author mean when he talks about trades unions in the final paragraph?

Overall, what do you think about the article? Does 21st century Birmingham have much in common with the city described in the article?
Can you think of a part of the city, or a building, that has not changed since 1914?

TASK: The article from The Times newspaper is very optimistic.
How justified do you think their optimism is?
Why do you think they want to convey a sense of optimism?
What items do they mention that specifically apply to the new trench lines?
What are those items used for?

The article mentions a number of specific places (New Street, Corporation Street, the Jewellery Quarter in West Birmingham, the Railway Station). Are these places still there? Would the journalist recognise them today or have all the buildings changed?
BARBED WIRE

The article in The Times lists BARBED WIRE as being one of Birmingham’s most significant manufacturing contributions to the Great War. It is worth investigating why this simple piece of twisted metal became so important. The Great War was the first war to rely on barbed wire but not the first time it had been used.

Barbed wire was invented in America by a farmer, J.F. Glidden. He registered a patent for it in 1874. People had used wire before but Glidden was the first person to make the system of BARBS (the metal thorns on the wire) efficient. He used his invention on his own Illinois farm and set up a workshop to manufacture wire for other farmers.

Soon the wire spread all over America, especially in the Wild West where it was a godsend to cattle ranchers. Barbed wire fences were cheap, easy to put up and resisted the heat in places like Texas. Cattle kept away from them so were easier to keep on the huge properties. Barbed wire was a clear marker of property boundaries. It showed not only who owned the land, it also showed who did not. This was primarily aimed at keeping OUT the traditional occupants of the land, the Native Americans. Eventually barbed wire would be used to keep them IN to the reservations where they were confined.

By 1900, large American companies were manufacturing thousands of tonnes of barbed wire a year. The biggest, United States Steel, made 135,000 tonnes of it in 1901. Their customers were mostly American with no exports to speak of. European farms were much smaller. They had been established for much longer and had traditional methods of boundary marking in place, such as wooden fencing and stone walls.

Barbed Wire was used by the military in 1905, during the short war between Russia and Japan. Military strategists found the wire useful there and they went on to teach its usefulness in military academies. So when the Great War began in 1914, both sides started to use it almost straight away.

It wasn’t called Barbed Wire at the start. Military engineers called it Artificial Bramble or Strong Bramble, Iroquois type (its fame from the Wild West had reached the Western Front). Whatever it was called, both sides found it every bit as useful as the ranchers in America.

It was light, cheap, easy to install, hard to see, and easy to camouflage. It seemed to absorb explosions, bending rather than breaking. Lines of barbed wire were easy to replace or repaired and much less easily cut. Each side’s soldiers hated it. It trapped them, blinded them and poisoned them with just a scratch. It was terrible for morale. Sometimes soldiers were killed and were left hanging on the wire for all
their comrades to see. The wire became a symbol of all that was evil about the war.

There was very little that could be done about the wire except fight your way through it. Every soldier had his wire cutter but these were fiddly and if your hands were cold, difficult to grasp. The British Army developed a kind of thick blanket that they threw over thickets of wire so the soldiers could walk on top of it. Nothing worked well until the tank. Once these appeared in 1917, barbed wire became redundant as the giant machines simply rolled over the wire as if it wasn’t there.

At the end of the war, barbed wire caused huge problems for years as people tried to clear up all the debris left behind by the fighting. It got buried in the fields and could tangle up agricultural machinery. It tripped up horses and cattle. It was a reminder, as it is today, of the very worst of the war.

**TASK:**
Look through the work of some Great War poets.
Find five references to BARBED WIRE in their work, either direct or indirect, through imagery and metaphor.
ICT

ICT is changing THEATRE in the 21st century in many different ways. 
Wounded is a good example of how ICT can be used in a production, both during the play and in the wider context of the performance of the play. ICT can help the audience understand the message of play when they are in theatre and build on that understanding once they have gone home.

Wounded uses ICT in two main ways:  
1. In the actual production and performance of the play  
2. In the material produced to support the play.

1. ICT IN PRODUCTION AND PERFORMANCE  
Wounded has no scenery and very few props. Instead, images and designs are projected on to a blank wall behind the actors. This method takes the audience very quickly from a village in Afghanistan in 2011 to a shell hole in the First World War. There are other images used, from the imaginations and memories of the characters. Kate thinks a lot about blood flow and how it connects all human beings. As she does this, images of blood cells taken from a microscope float on the wall behind her.

ICT is also used in the production of the soundscape and lighting for Wounded.

What are the advantages of ICT-based sound and vision in the theatre?

- cheap to produce  
- easy to store  
- easy to make changes  
- very flexible - the production can be done in a variety of rooms/halls etc  
- easy to transport - the production can tour as there is no heavy scenery to move.

2. ICT BEYOND THE PRODUCTION  
Wounded is a play written and performed for schools audiences. It tries to be as useful as possible in presenting historical and scientific information. But it can’t get everything into one performance. This Resource Pack helps students and teachers understand the background to Wounded and also explore the issues raised in the play. It is available ON LINE as a digital document.

Why is the Resource Pack a digital document?
- It is easy to pass around.  
- Once received, it can be printed out or used on line.  
- The Resource Pack can be updated continually to include student feedback and for users to add their experiences of the subjects dealt with in Wounded  
- It’s cheaper and uses less paper!
WOUNDED
THE PLAY

The Great War has inspired writers for almost a century. Poets, novelist and playwrights have produced some of the greatest works in the world after being in or thinking about the Great War.

POETRY about wounding
“In the Ambulance” by Wilfred Gibson
“A Death-bed” by Rudyard Kipling
“Died of Wounds” by Siegried Sassoon
“The Veteran (May 1916)” by Margaret Postgate Cole
“Mark Anderson” by Wilfred Gibson
“Mental Cases” by Wilfred Owen
“Disabled” by Wilfred Owen
“A Terre (being the philosophy of many soldiers)” by Wilfred Owen
“Field Ambulance in Retreat, Via Dolorosa Via Sacra” by May Sinclair
“To Stretcher Bearers” by Geoffrey Studdert Kennedy
“Aftermath” by Siegfried Sassoon.

POETRY about the war itself
Here Dead We Lie – A.E. Housman
Anthem for Doomed Youth – Wilfred Owen
Strange Meeting – Wilfred Owen
Dulce et Decorum est – Wilfred Owen
Attack – Wilfred Owen
Roads – Edward Thomas
Dead Mans Dump – Isaac Rosenberg
Vareness – Ivor Gurney
My Boy Jack – Rudyard Kipling

POETRY by women at war or at home
The Train – Helen MacKay
The Veteran – Margaret Postgate Cole

Easter Monday – Eleanor Farjeon

21st century poets have also been inspired by the Great War:
“Veteran’s Dream” by Seamus Heaney
“Miracle” by Seamus Heaney
“Six Young Men” by Ted Hughes
‘The War Poets” by Michael Longley

NOVELS
Testament of Youth by Vera Brittain
All Quiet on the Western Front by Erich Maria Remarque
Goodbye to All That by Robert Graves
The Secret Battle – A.P. Herbert
Her Privates We – Frederick Manning

Modern novelists writing about the Great War:
Birdsong by Sebastian Faulks
Private Peaceful by Michael Morpurgo
Regeneration by Pat Barker

Modern mystery novels that use the Great War as a backdrop:
A Whispered Name by William Broderick
The Maisie Dobbs series by Jacqueline Winspear
The John Madden mysteries by Rennie Airth
The Ian Rutledge series by Charles Todd

PLAYS
Plays about the Great War are very popular in the 21st Century.
War Horse by Michael Morpurgo and Nick Stafford
Journey’s End by R.C. Sherriff
The Accrington Pals by Peter Wheelan
Oh What a Lovely War by Joan Littlewood et al.
Jenny Stephens, playwright of *Wounded* uses a dramatic device in the play whereby Alfie and Kate are able to connect with each other across time. This technique of “playing with time” is used quite often by authors who want to make a particular point.

**TASK:** List three novels that use Time Travel or “playing with time” as a dramatic device. Add a television programme or cinema film to your list (adaptations of the novels you have chosen don’t count).

Why do you think using Time Travel is so useful for dramatists on film and in the theatre?

**TASK:** Write a review of *WOUNDED*

Make sure to include your opinions of:
- the SET
- the WRITING and LANGUAGE
- the ACTING
- the STORY
- the MUSIC

*Tip: Look at different kinds of theatre reviews on the web before you write yours.*

Overall, say why you liked/disliked the play.
CREATIVE WRITING INSPIRED BY
WOUNDED

PROJECT:
- Imagine a future war, one in which you are a casualty.
- How do you feel?
- Where are you?
- What has happened to you?
- What will the rest of your life be like?
- How will your family and friends react?
- Are things better for you than they were for Alfie and Kate?
- Are you hopeful or fearful for the future?

You may use any format you like for your original piece. Here are some suggestions:
- a short story
- a diary
- letters or emails to a friend or family member
- a blog: this could be something you intend for public view or something you have to keep in secret.
- a war poem: this can be original or draw on the tradition of war poetry from the Great War.

LITERARY CRITICISM INSPIRED BY WOUNDED:

TASK:
Look at the piece from “A Whispered Name” which describes the opening moments of the Battle of Messines.

The author leaves the description of this terrible battle entirely to one character. We hear about the battle in his words.

How does the author convey the sights and sounds of the battle with the limited vocabulary of the soldier? What literary techniques does he use?

What are the main images and impressions the reader is left with?

This is a piece that is meant to be heard as well as read. Read it to yourself quietly. How does the rhythm of the speech affect its meaning?

Do you think the piece is effective at conveying the reality of the battle or do you think the author should have added some general description within the main text?

TASK:
Look back at the list of books inspired by the Great War. Several authors have used the War and its aftermath as a backdrop for mystery novels. Why do you think this is? What makes the Great War such a rich site for these authors?
DRAMA AND LANGUAGE ACTIVITIES

This section contains a number of drama and language activities for Key Stage 3 and Key Stage 4 students. Feel free to adapt these activities to suit the needs and interest of your pupils.

These activities use a number of drama strategies

Still Image or Freeze Frame in which groups of students capture a specific moment or concept by using their bodies to create a still image or photograph. This convention can be developed by tapping each character in the image on the shoulder and asking them to speak aloud their thoughts or feelings.

Hotseating involves selecting a student to sit in a chair designated as the 'hotseat' and answering questions in role as the character they are assuming. This convention can help to build belief and understanding. In some circumstances it may be appropriate to try a variation of this known as 'doubling' in which a second student stands behind the student in the hotseat and answers questions as the 'conscience' of the character. This can involve the two students contradicting each other especially if the character in the hotseat is not answering truthfully.

Conscience Alley. Divide the group into two with students facing each other in two lines. Two students should stand at either end striking the pose of that person. Then as one character walks down the Conscience Alley s/he should make eye contact with each student who should speak aloud the thoughts of the character as they walk past.

Talk about ...

The feelings and concerns of the key characters in the play. Put them in the hotseat to ask them questions about how they feel about what has happened to them.

Kate tells Alfie that we "aren't so different ... two bodies ripped apart by war and both feeling guilty for one reason or another". Talk about the differences and similarities between the two characters.

Alfie and Kate both feel guilty about things they have said and done. Talk about why they may feel this way.

Talk about the way in which medical treatments and survival rates have developed since 1917.

Many people died in the Great War and in the current conflict in Afghanistan. How do we feel about the sacrifice many soldiers make for their country?

Alfie Seddon was forced to serve in the army in the Great War. How would you feel if you were told you had to fight in a war? In the past conscription has been confined to men. Is
this fair? If national service were to be re-introduced in the UK should it apply to men and women? Or just men?

**Write about ...**

A letter from Alfie Seddon to his wife Rosie to explain the guilt he feels about what has happened

A letter from Kate to Jack to explain the guilt she feels about what has happened

A newspaper article for The Birmingham Post in 1917 reporting on Alfie Seddon’s return to Birmingham

An article for a glossy magazine in 2012 which has an interview with Kate about her life and job

**Act out ...**

Create **still images** of a hospital ward in 1917 and 2012

Use **still images** to create a photo album showing key moments in the military lives of Alfie Seddon and Kate

Kate thought that her mind was playing tricks on her when she encountered the 'ghost' of Alfie. Work in pairs to improvise the two of them having a conversation about life in 1917 and 2012. You could focus on different topics including schools, technology, medicine, entertainment and the role of men and women.

Use **still image** to create a photograph album of key moments from the play. Share these images with the rest of the class and select key characters from each image to put in the **hotseat**.
The Word War 1 recruitment poster with Lord Kitchener proclaiming that "Your Country Needs You" is a lasting image of the Great War.

Work in small groups to create a still image for a recruitment poster for the army today. Decide on a caption to introduce the image to the rest of the class.

Create a conscience alley with the class. At one end place a student as Alfie with another student as Rosie at the other end. The students should speak aloud Alfie's thoughts as he walks towards her. Repeat the activity with Kate at one end and Jack at the other end.