



Australian veteran's health: WWI

Rising tensions between Europe's imperial powers over their ranking order, and their ever-mounting arms accumulations, had long heralded World War One, which broke out finally in August 1914. Germany declared war on France. The British government had secretly committed military support to France, so Britain declared war on Germany. Australia soon pledged its full backing.

- Australia, with a population of under five million, contributed 416,809 volunteers.
- This was 38.7% of Australian males aged from 18 to 44.
- Most were committed to the Gallipoli campaign and then to the Western Front.

Injuries and deaths

The four years of trench warfare that characterised the European and other fronts took an extremely heavy toll.

This war was highly mechanised and its machine guns, heavy artillery and barbed wire barricades heavily favoured defence. But attempts to drive German forces out of France were repeated over and over, despite repeated failure and the ever-mounting human costs in deaths, horrendous wounds, permanent disabilities and trench-life disease.

By the end of the war Australia had suffered 166,811 battle casualties, including 58,961 deaths, as well as 4,098 missing personnel or prisoners of war, and 87,865 suffering grave illnesses.

There were said to be 'considerable under-estimates' of military war deaths, and also of Europe's civilian casualties from displacement, disease, exposure and starvation. As a result, the full human cost of WWI will never be known.

Physical wounds and their treatment

Because of the extensive use of high-speed projectiles, especially machine gun bullets and artillery shells, a high proportion of injuries were shrapnel and bullet wounds. These damaged both flesh and bone.

Among the most feared injuries were facial disfigurement, loss of limbs and genital mutilation. The horrors of the war also led to thousands of cases of self-harm that went largely unreported.

Disease in the trenches

Hundreds of thousands of men crowded close together resulted in the spread of many bacterial, viral and parasitic infections.

This was made worse by unhealthy living conditions, including poor diet, lack of sleep, exposure to cold, and contact with mice, rats, fleas, lice and other parasites.

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Treatment of the sick and injured

Due to the limitations of orthopaedic expertise at the time, as well as limits on surgery under battlefield conditions, and the enormous numbers of wounded, treatment for these injuries was limited for the estimated 135,000 Australian soldiers who might have benefitted from specialist care.

In Britain, orthopaedic hospitals and specialist schemes were created to deal with these injuries, but Australia did not follow Britain's example for a number of reasons. This inability to properly treat those Australians requiring structural repair or functional restoration resulted in longer and less effective recovery times. Apart from the psychological effects on the soldier and those around him, this reduced the chances of successful long-term rehabilitation and a return to normal life.

These problems were further compounded by the negative attitude of the wider community towards disabled people. Injured returned servicemen were sometimes rejected and treated with distaste.

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(Disease in the trenches: continued)

Periodic exposure to heavy rains and deep mud, and soldiers' inability to change clothes, meant that pneumonia and trench foot were very common. Long evacuation times and the relatively unhygienic conditions of field hospitals put injured soldiers at grave risk of wound infection.

The international nature of the conflict meant that soldiers were exposed to diseases from around the world, including typhus, malaria, dysentery, jaundice, measles, smallpox and mumps.

Tuberculosis affected an estimated 3,000 returned soldiers, much of it only becoming apparent in the 1920s, with prolonged debilitating effects both on the soldiers and the wider public, due to its contagious nature. Sexually transmitted disease was widespread, especially among Australian troops.

Global troop movements helped spread the 1918-19 Spanish influenza pandemic, which killed 50 million people.

Chemical warfare

According to the official records, 16,496 AIF troops were exposed to gas attacks in WWI, and 323 were known to suffer early deaths. Although death rates were proportionately low, extreme and distressing health effects lasted for years.

Three main gases, chlorine, phosgene and mustard gas, were used. All have immediately horrifying effects, including acute lung irritation with breathlessness, eye and nose irritation, paralysis, and deep chemical burns to the skin. More recent studies into the effects of mustard gas have shown that victims also often suffer long-term consequences, including upper and lower airway damage, and that these conditions generally worsen over time.

The lack of statistical evidence from WWI and the variety of chemical substances used, means that the true impact of such weapons will never be fully known.

Psychological trauma

The mental horrors and extreme fatigue of frontline service under sustained attack, plus the extraordinary human costs of assaults against well-fortified enemy defences, resulted in widespread long-term but improperly understood mental illness. The varied symptoms of 'shell shock', including delirium, delusions, hallucinations, stupor and acute dementia, were terrifying conditions that persisted after soldiers left the front line.



Bernafay, Somme, December 1916: Australian ambulance men carry soldiers suffering from trench foot to transport en route to hospital

The military approach was to link 'shell shock' to a moral deficiency. It was commonly put down to cowardice. The prevalence and severity of the symptoms, now accepted as those of post-traumatic stress disorder, only later forced a change in the way such problems were perceived.

Even by the end of the war there were not enough trained psychiatrists or beds in military hospitals to treat the victims. It is likely that most struggled with their problems throughout life without any help.

Although suicide during and after the war was a recognised problem, this went largely unreported.

FURTHER READING

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