

**Appendix 1** to Zischek C, Grunwald E, Engelhardt M. Organization of the German Army Medical Service 1914-1918 and the role of academic surgeons. *Can J Surg* 2018.

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## Appendix 1

The First World War mobilized a large part of the German population as this war was seen as a patriotic obligation. Of course the German physicians were no exemption to this spirit (16). Some numbers illustrate this fact quite impressively: By the end of 1913 there were approximately 34.000 physicians in Germany. In 1914 about 24.000 of them (70%) were directly or indirectly involved in the military service (at the front and back home), 1918 still 18.000 (1, 12). The publication of military medicine articles in renowned journals (e.g. „*Münchener Medizinische Wochenschrift*“) rose steadily in order to inform younger or less experienced colleagues about the treatment of war injuries. Some university hospitals were converted into *Reservelazarette*, other universities sent colleagues to the *Kriegslazarette*, e.g. the university of Munich and Leipzig (8, 10). 3: First treatment at the *Truppenverbandplatz*, wounded are brought by bearers of the infantry (*by courtesy of Cpt. (Navy) V. Hartmann, M.D. (2)*)

The First World War accelerated the research in the field of prophylaxis of infectious diseases. The German Army did not have prophylactic vaccinations at the beginning of the war. In 1914 1656 soldiers died due to tetanus. This fact was criticized by many in publications, even Theodor Kocher (1841-1917) and Emil von Behring (1854-1917) were among them. The vaccination regime was changed in 1915 and about 100.000 doses were imported from the USA. Until the end of 1918, over 10 million doses were given. The success was immediate: in 1915 only 4 soldiers contracted an infection of tetanus (13).

Dr. Krabbel (1887-1961) was deployed to the battle of Somme as a surgeon (5). In 13 days his *Feldlazarett* had to treat 186 critically injured. His detailed report reveals some developments of military medicine. Accordingly to Garrè's recommendations grenade wounds were treated by open wound management, Dr. Krabbel was able to reduce the septic complications. On the other hand, the injury severity increased: „*the transport capabilities were improved during the ongoing war, especially due to using motorized transport, that we meet heavy cranial, thoracic and abdominal injuries in a Feldlazarett, which would never have left the Hauptverbandplatz of the Sanitätskompanie before*“.

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*Figure 3: Treatment at the Truppenverbandplatz (by courtesy of Cpt. (Navy) V. Hartmann, M.D. (2))*



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*Figure 4: Treatment at the Hauptverbandplatz (by courtesy of Cpt. (Navy) V. Hartmann, M.D. (2))*



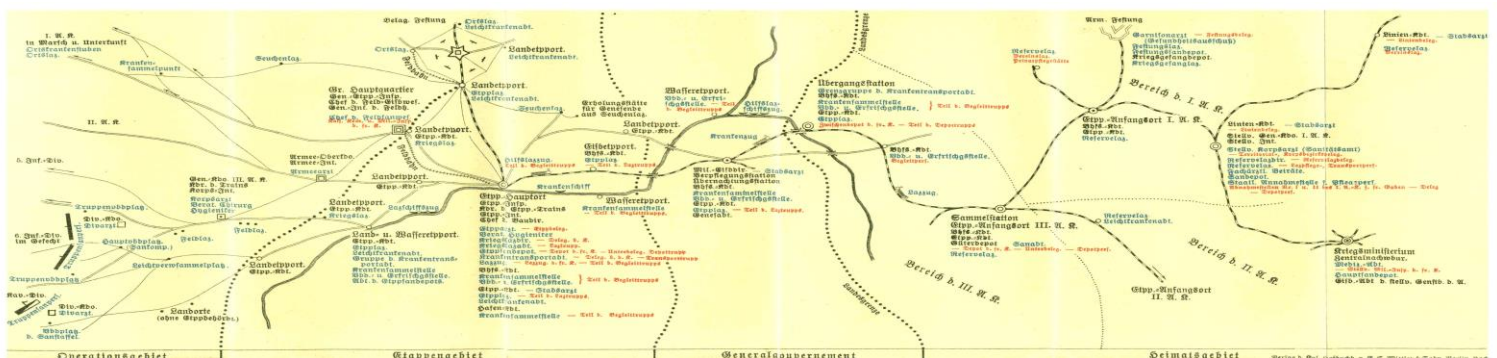
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Figure 5: Original graph from the *Kriegssanitätsordnung* 1907 (Tafel 3) (by courtesy of Lt.-Col. M. Urbatschek, M.A. (18)).



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