REFLECTIONS OF A TERRITORIAL REGIMENTAL MEDICAL OFFICER

Major JOHN ATTENBOROUGH
R.M.O. 3rd Battalion The Queen's Royal Surrey Regiment (T.A.)

HAVING served during World War II in a field ambulance, and as regimental medical officer to a reconnaissance regiment, then, by choice, as medical officer to a Territorial infantry battalion for nearly 14 years, I would like to put forward some ideas about medical aspects of training in the Territorial Army. These come under the following headings: TRANSPORT, WIRELESS, EQUIPMENT and RATIONS.

I wish to make it clear that these are my personal views, mostly applicable to the Territorial Army, but some points may be of interest to the Regular Army.

Transport

(a) One of the greatest supports of morale in the field is the visible presence of a highly efficient medical service.¹

(b) The professional aims of the medical services since the time of Ambroise Paré have been the speedy collection of casualties.²

(c) The third declaimed transport! transport! and transport again.³

At the present time there is no medical evacuation transport whatever in a Territorial infantry battalion. At annual camp the R.M.O. is dependent on the nearest vehicle pool for quarter-ton vehicles with stretcher frames, providing they have been indented for in the preceding November. There is no guarantee that they will be available. During the rest of the year, for weekend exercises, range classification and so on, medical transport may be available from a Regular R.A.M.C. unit, but these are few and far between. One must recognize that Regular units tend to work a five-day week, while the Territorials function at weekends. In passing, the nearest Territorial field ambulance to this unit is 40 miles away, and may themselves be on a weekend exercise.

No stretcher frames for quarter-ton vehicles are issued to Territorial battalions, and the inevitable reply to requests for vehicles and stretcher frames is that they are not available. However, in a recent copy of Autocar⁴ there is an advertisement for sale by auction, at the W.D. Storage Depot, Ruddington, of 435 Austin Champs and 173 Land-Rovers. In the same issue, dealers are offering reconditioned Champs for £150 retail, and I feel the opportunity of equipping Territorial battalions with surplus vehicles will soon be past.

The present concept of an armoured ambulance and quarter-ton vehicle in each battle group, with a reserve at the regimental aid-post, is excellent. This was outlined in general by the Field Training School at the last D.D.M.S. Eastern Command annual exercise.

In a reconnaissance regiment during the war there was one medical armoured vehicle “White half-track” in each squadron, and one at the R.A.P. These vehicles all had wireless, which brings me to the second heading.
Wireless

I will touch only briefly on this very thorny subject. In war the only communication with the field ambulance is at present through the brigade rear link, which is always overworked in action, and delays are inevitable. This is not conducive to the rapid mobilization of casualty evacuation vehicles, if required. A medical wireless net is essential, and I do feel that a practical trial should be considered as a matter of urgency.

Equipment

I have a very efficient medical staff with this battalion (one is a State-registered nurse) and I consider that setting up and running a medical inspection room and regimental aid-post is part of their training at annual camp. The present equipment, particularly drugs and dressings, is inadequate and antiquated. One cannot look after 500 men with a regimental medical officer’s pannier as at present. A new and revised pannier was suggested some years ago. I think progress in this work has been made and I am hopefully awaiting results.

The drug company representatives are always welcome in my practice when I stock up for camp, and some of them are very generous. More than half the drugs, antiseptics, ointments, etc., that I use at camp are free samples.

The nearest medical reception station can be very helpful, but it may not be generously stocked. Military hospitals are few and far between, and to send men and a vehicle to draw supplies means keeping them off training, sometimes for a day. This is not running a medical service efficiently.

Rations

This is purely a Territorial Army matter at annual camp. In my opinion the present ration scale (Scale 5) is inadequate in quantity and protein for the increasing number of young men of the age-group 18–25 years, who come straight to camp from a sedentary job. Everyone is hungrier during the first week of camp. For example, the scale of eight ounces of meat per man per day, including fat and bone, is not enough. The daily potato ration is only two ounces more than the L.C.C. ration for one child’s school meal.

I do feel that the medical research people, who work out the calorific values and other items of this ration scale, may not realize that the Territorial Infantry Battalion is changing. The training is tougher and the average age is younger.

The quality is good and the cooking is excellent in this battalion, but the quantity is insufficient and has to be heavily supplemented. The Territorial soldier should not have to spend some of his pay in the N.A.A.F.I. because he is hungry. I would suggest that the old arduous training ration allowance should be reintroduced.

Discussion

I live and practise in a military district and hear many and varied views about the R.A.M.C., particularly from officers at the Staff College. The hospital services are first class, but I do feel that the medical services in the field have been neglected for too long. How I dislike medical exercises that begin, “When the casualty arrives at the
field ambulance..." The prime essential in a battalion is minimal first-aid and rapid evacuation, and this starts when and where the man is wounded. I know there are many new ways of lifting casualties, but they are too few and experimental. The gap between hand-carriage of casualties and helicopter evacuation must be bridged both in conventional and in nuclear war.

I am sure that more personnel and vehicles (quarter-ton and armoured ambulances, until there are better alternatives) must go up to the sharp end, either of the battle group or nuclear incident involving the civil population. The field ambulance must be slimmed down to an efficient and rapid staging-post between forward companies and the advanced hospital.

It was reported in Parliament in July this year that the entire cost of the Territorial Army is approximately half that of the present egg subsidy. I am given to understand that some extra money is forthcoming. In my opinion high priority should be given to providing casualty evacuation vehicles for field units and more first-class protein in the annual camp diet.

Summary
1. The Territorial infantry battalion has no casualty evacuation transport at present. This could, and should, be rectified forthwith.
2. A medical wireless net is essential.
3. The Territorial R.M.O.'s equipment could be much improved.
4. The present Scale 5 ration scale is inadequate in quantity and first-class protein.

REFERENCES
2 Ibid., 108, 103.
3 Ibid., 108, 104.
Presentation of Major D. Kelleher, R.A.M.C., to Her Majesty Queen Elizabeth The Queen Mother. Awaiting their turn are Colonels R. P. Leake and M. M. Lewis, late R.A.M.C.