THE ROLE OF THE CLEARING HOSPITAL.

BY LIEUTENANT-COLONEL M. W. RUSSELL.

Royal Army Medical Corps.

"The medical service in the field is based on the system of evacuating sick and wounded."—Field Service Regulations, Part 2., Chap. X., Sect. 74.

"The Clearing Hospital is the pivot upon which the whole system of evacuating sick and wounded turns.

"Clearing Hospitals are normally located at an advanced base.

"It is their business to push up thence to within reach of the Field Ambulances and enable these to follow up the army, by relieving them of their sick and wounded as soon as possible.

"Having relieved the Field Ambulances of their patients, the next duty of the Clearing Hospitals is to pass them on to the Stationary Hospitals on the line of communication, so that they themselves may not be clogged. When operations are taking place at a distance from railway, it will probably be necessary for them to form a series of intermediate resting-places, a day's march, or less, apart, between the army and the advanced base or the railway.

"The necessary transport for conveying the sick and wounded back to the Stationary Hospitals or to the railway will be provided under arrangements made by the Director of Transport and the Inspector-General of Communications.

"The empty wagons of supply columns and parks returning to replenish at the advanced base may be utilised for this purpose. Transport, in addition to these vehicles, will probably be necessary, especially after an action, and will be provided by hire or requisition, or specially organised sick and wounded convoy sections attached to the Clearing Hospitals.

"The following principles may be assumed:—

"(1) That the ambulance wagons of Field Ambulances or Cavalry Field Ambulances must never be detached to such a distance as would prevent them rejoining their unit the same day.

"(2) That during periods of marching or halting a steady inflow to the Field Ambulances of about 0.3 per cent. occurs daily, and that, consequently, a similar outflow from the Field Ambulances to the Clearing Hospitals, and from the latter to the Stationary Hospitals, must be anticipated."—Field Service Regulations, Part 2, Chap. X., Sect. 78.

The above extracts from Field Service Regulations show that the rôle of the Clearing Hospital is a compound one.

Its functions may be divided into:—

(I.) Battle functions, and

(II.) Those performed in the intervals between engagements.

The former are the most intensive and, perhaps from the purely militant standpoint, the most important, everything which tends to the gaining and making good success in battle being necessarily transcendent in war. But when we come to consider the relatively small proportion of time spent by troops on campaign in the
The Role of the Clearing Hospital

clash of conflict, and the relatively long time necessarily passed in preparation for, or in recuperation after, the encounter, it will readily be granted that the work done in the latter and longer period is not without grave importance too, inasmuch as its efficient or non-efficient performance must, and does, react on the work done in the crucial struggle.

(1.) The battle function of the Clearing Hospital is to be at hand on the eve of an engagement to join up with the Field Ambulances. It may then have to do one of two things:

(1) In the event of the army being successful and driving the enemy from the field, it should push right up to the Field Ambulances and take over their wounded on the spot, freeing them to follow their divisions; or

(2) If the army has been unable to do more than hold its ground, or has had to give way, it should co-operate with the Field Ambulances in evacuating their wounded, and pass them, with the utmost rapidity possible, back to the line of communications.

To enable it to perform either of these functions it should be within a day's march of the field when the fight commences, if possible about 8 or 10 miles away. Its position should be made known to the troops in operation orders. One of the most striking observations in the reports of the medical attaches in Manchuria is the very large proportion of lightly wounded who found their own way back on foot to the medical formations in rear of the Field Ambulances without troubling the latter. The Field Ambulances will have their hands very full in a big engagement, and any measure which will deflect round them those of the wounded who are not in immediate need of their ministrations is worthy of consideration. There is a further point. It is not open to doubt that in order to evacuate the wounded after a big engagement a large amount of transport will be required. Empty supply wagons may provide a little, but that can only be a tithe of what is wanted; moreover, the supply wagons may, and probably will, not be empty, if they are required to follow up in a pursuit; the vehicles of the Field Ambulances are not available for

1 Among the Russians at the battle of Mukden a large number of the less severely wounded avoided the dressing stations and made their way directly back to the Stationary Hospitals or to the railway line. Out of a total of 29,973 wounded in the 1st, 3rd, 6th, and 9th Siberian Divisions, only 9,856 were dealt with by the Field Ambulances, the bulk of the remaining 20,060 found their own way back. The Field Ambulances were from 2 to 3 kilometres behind the firing line, and the hospitals were from 8 to 15 kilometres further back still.
similar reasons, and other transport must be largely relied on. In the Austro-Hungarian Army, we are told by Ritter von Hoen, fighting units are directed, on the eve of an engagement, to impress all vehicles within their area and hold them for the despatching of their wounded to the rear. A similar measure should find place in our arrangements, and the vehicles should rendezvous at the position assigned to the Clearing Hospital, where they would be immediately available for the purpose they are intended to serve. By this means the movement to and from the Clearing Hospitals could be at once initiated, and the Transport and Supply Authorities would be relieved from the necessity of attempting to carry out what might prove to be two incompatible functions.

(II.) So much for the functions of the Clearing Hospital during or immediately following a big engagement. Let us now try to consider its work in the intervals.

In order to make this more intelligible a diagram is attached showing the working of the Transport and Supply Services and the Medical Service behind the Divisions. The diagram is compiled from those in the Field Service Manuals of the respective Services. It is not put forward as a representation of the normal. We have lately been told in a series of lectures, given at the Royal Army Medical Corps College, that in war there is no normal. But the scheme illustrates the general principles of the work. As it contemplates a railhead several days' march from the fighting army, it does not err on the side of leniency. In modern days in a civilized country the railhead would probably be nearer, which would make the problem easier.

Starting, then, from the Advanced Depot, we see the Transport and Supply Service pushing up its supplies through the various stages of the Transport and Supply Park to the Transport and Supply Column, whence they are distributed to the various units in front. There is also the return stream of empty vehicles from column to park, and through the various stages of the park to the Advanced Depot. It is of these empty vehicles that the Medical Service is to take advantage for the return of the sick and wounded from the front to the Advanced Base. It looks simple enough, but it must not be forgotten that whenever possible the column and park replenish from local resources, and there is no regular backward flow to the Advanced Depot. This introduces at once rather a serious complication from the medical point of view.

Now let us see what medical units we have at the Advanced
Depôt. We find one Clearing Hospital for each Division, one Stationary Hospital (mark this), one Advanced Depôt of Medical Stores.

If the medical diagram is republished I hope we shall also see a Convalescent Depôt, a unit which has recently been added to War Establishments. I have ventured to add it to the diagram with this paper.

Now what is the function of the Clearing Hospital at this stage? Its function is to gain touch with the medical field units ahead, to keep them empty so as to maintain their mobility, and to pass their inmates back to the Advanced Base, and hand them over to the hospital there.

It is most important that the Clearing Hospital be sent up to the Advanced Base at once, as, though severe fighting may not begin immediately, there will probably be some casualties, sick will begin to come in the moment an army takes the field, and the stream will be a constant one. It is calculated that three per 1,000 will seek the Field Ambulances daily; spread over a Division that means, roughly, sixty men a day. Of these it will not be too much to estimate that one-tenth—i.e., six—will require longer treatment than a Field Ambulance should be called upon to give them. They will not be fit to return to the ranks for an appreciable time, and should, therefore, be without delay cleared out of the fighting zone.

We have got forty men a week per Division to get rid of. How far they should be sent back is a matter for later consideration, and must depend on the nature of each case; but it is clear their place is not in the Field Ambulance, and they become material for the Clearing Hospital.

The latter is primarily a "clearing" organisation, and should only function as a hospital for so long as it is unable to hand its patients over to a stationary unit or pass them down the line of communication. Its ambition should be to remain empty as long as it can, with its material packed (on wheels if possible), so as to be ready to advance to the aid of its allied divisional units in front the moment the emergency arises. To enable it to perform this, its primary function, medical and other officers must grow accustomed to the sight of medical units empty and rolled up. It has hitherto been a reproach to a medical unit to be without patients, and the smallest excuse has been held sufficient to pitch and open out. For a Stationary Hospital this may be a laudable sentiment, always provided that the strain on the Supply Services
is not thereby increased unnecessarily; but for a unit which may be called upon to move with little warning it is a tactical fault of the first magnitude, and should be avoided by every possible means.

It should be a reproach to a Field Ambulance to be harbouring patients unlikely to be shortly fit to return to the ranks, and whom it is in a position to hand over to a Clearing Hospital. It should be a reproach to a Clearing Hospital to be retaining patients whom it can pass on to a Stationary Hospital, with perhaps one exception, which will be mentioned later.

It cannot be too strongly emphasised that, as is so clearly laid down in the Field Service Regulations: "The Medical Service in the field is based on the system of evacuating sick and wounded." But at the same time it is equally important to remember that the medical officer is the only one who can control wastage, and that his first and paramount duty, whilst getting rid of all non-effectives from the front, is to prevent any unnecessary leakage, and to keep the fighting line full.

Having succeeded in getting his unit to the head of the line of communication, the Officer Commanding the Clearing Hospital has work immediate to his hand. He should at once organise a convoy section from his personnel, and take the earliest opportunity of inspecting and familiarising himself with the country between the Advanced Base and the Field Ambulances which it is his business to clear. He should arrange for rest stations, if the journey is long enough to require them. These should coincide with the exchange stations of the Divisional Transport and Supply Parks, on whom he will be dependent for much of his transport.

He should take steps to divide and classify his baggage, that proportion necessary for immediate work being packed together always ready for a start. His personnel should be similarly organised into rest-camp and convoy parties; or a main advance party and a party to follow with the heavier impedimenta.

He should form an estimate of the amount of carriage required for normal and regular freeing of the Field Ambulances, and should arrange with the Deputy Director of Medical Services for the systematic working of the medical convoys, remembering that the Field Ambulances should never be allowed to send their vehicles more than a day's march to the rear, i.e., as far as the head of the Supply Park, and usually should not send them further than the head of the Supply Column.

He should consort measures with the Officer in Command of
the Advanced Depot of Medical Stores for the utilisation of the men of the medical convoy section in escorting medical stores forward to the Field Ambulances, and in handing them over.

He should without delay arrange for the study of the best methods of adapting local or other transport to medical needs, and should set about collecting the necessary material, and instructing his men in its use.

In arranging for rest camps, he should, in conjunction with the Administrative Medical Officer of the Division, consider the advisability of establishing a Convalescent Depot in connection with the rest post nearest to the Division, for the temporary reception of men likely soon to be fit again, whom it may be desirable, perhaps for military reasons, such as an early advance, to clear out of the Field Ambulances, but whom it may not be necessary to send further down the line. This Convalescent Depot might, under battle conditions, become the rallying point and refreshment station for the lightly wounded.

Though a mobile unit, a Clearing Hospital has no transport of its own, but transport will be furnished when required by the Inspector-General of Communications. The position is not ideal, more especially as the work of the Clearing Hospital is not really within the sphere of the line of communication, but is mainly in front of the Advanced Base; but given a complete understanding between the Officer Commanding Clearing Hospital and the Transport Authorities, the plan is workable.

To move the whole Clearing Hospital requires the equivalent of seventeen general supply wagons; essentials for a rapid advance might be carried on about five, if the others could be guaranteed to follow up quickly.

Urgent and constant supplies to the front, such as ammunition and rations, have special forwarding organisations in the ammunition and supply parks.

Clothing and other ordnance stores which are sent up intermittently are conveyed by transport obtained on requisition from the Army Service Corps. Medical stores, where there is no rail, are forwarded in the latter way.

As there is a frequent flow forward of medical supplies from the Advanced Depot of medical stores to the field units, and a constant flow back of ineffectives to the Advanced Base, supervised by the Clearing Hospital, it is a question for consideration whether this unit should not have a small permanent transport cadre of its own. The need becomes the more pressing when the Supply Column and
The Rôle of the Clearing Hospital

Park replenish from local resources, and the regular backward service to the Advanced Base is interrupted. This transport could be used for carrying medical supplies forward, for moving the unit itself when required; and in the other direction for the regular routine evacuation of sick from the front, thereby freeing the Supply Park from the responsibility, an advantage which would not be unappreciated by the transport unit.

Under some circumstances it may be possible to give timely notice of an impending engagement, and for the Clearing Hospital to be pushed forward, and sit down to await eventualities; but this will not be the usual state of affairs. The General Officer Commanding in Chief is much more likely to delay calling up the Clearing Hospitals until the last moment, so that no inkling of his intentions may be disclosed prematurely. It is in these, the most urgent circumstances, that some pre-existing scheme of transport seems so very desirable. The Medical Officer in charge should not lose sight of the benefit of such an arrangement.

It is abundantly apparent how close the co-operation between the transport authorities and the Clearing Hospital must be if efficiency and smooth working are to be attained.

Nothing can be more conducive to such co-operation than a mutual knowledge of each other's needs and difficulties. Each must be anxious to help forward the general welfare, even at the expense, sometimes, of some sacrifice to the individual service.