United Services Medical Society.

REGIMENTAL AND FIELD AMBULANCE TRAINING IN THE TERRITORIAL FORCE.

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IN comparing the training of R.A.M.C.(T.F.) officers attached to infantry units with that of officers forming part of a T.F. field ambulance, it is necessary in the first place to see exactly what minimum the regulations demand, and then afterwards to consider how these regulations work out in actual practice. Let me take the infantry regimental medical officer first. Appendix VII (6), Territorial Force Regulations, is as follows:—

“Officers attached to combatant units: The annual training in camp the first year, or an appropriate course of instruction in a R.A.M.C.(T.F.) school or selected military institution (eight days in each case)”; and in subsequent years the “annual training in camp”; and finally, before promotion to the rank of major, a course at a R.A.M.C.(T.F.) school or selected military institution (eight days).

Now if we inquire what this means we find that from the time of joining the Territorial Force a regimental medical officer may remain for years on the strength and yet never do a single day's duty for his battalion, or come into contact with any of its officers or men during their training, or get a single day's practice with his battalion at the work he is supposed to be trained to do for it in time of need.

It is true that the regulations state that it is during the first year that the alternative course may be taken in place of camp, and on the face of it it would appear that the subsequent years' annual training must be in camp, but the context shows that not only is the alternative course to camp optional every year, but further regulations show that when a combatant unit is at its full strength only one of the two medical officers is allowed for in the annual camp training, and therefore, while the minimum is no camp training at all, the maximum is only fifteen days every alternate year. There are few of us who go to camp fairly regularly but feel that, in order to keep in real touch with actual practical duties, officers

ought to spend at least a month every year, instead of a fortnight, in contact with the men of their own battalion and their work, and therefore a maximum of a fortnight every two years is certainly not enough to render a man efficient. Officers ought to know exactly and at once what to do upon mobilization, if the Territorial organization is meant as a real war machine.

It is specially important to notice that a field ambulance officer is obliged to attend a camp once in three years, and this is expressly laid down as the minimum, with the implied suggestion that he should attend camp oftener.

I emphasize this point again because I look upon an efficient camp training as the only real way in which a medical officer can be fitted for active service duties. The point, therefore, is that stress is laid upon the fact that an infantry regimental medical officer cannot attend camp more than once in every two years, whereas the obligation is laid upon a field ambulance medical officer to attend camp not less than once in three years. In a system which depends so greatly upon the spirit of voluntaryism and enthusiasm it is of the greatest importance to notice wherein men are encouraged to be keen, and wherein they are repressed from being too keen. I find it a little difficult to contemplate any combatant unit being able to get a couple of keen medical officers, who know that they would be unable to go to camp more than once in two years. The palpable answer is that it is not easy to get one good man to join a regiment, and less easy to get him into camp for a fortnight every year, so that this provision of two officers with alternate year's service is for the purpose of making it sufficiently easy to induce busy practitioners to join. While this may be the argument upon which the regulations were framed, the practical result has proved that in the Territorial Force it is easier to get an equally busy practitioner to go into camp year after year for the full fortnight than it is to get a full complement of regimental medical officers to go into camp for alternate years. The mere fact, therefore, of "making it easy" is not the inducement which attracts men to join the Territorial Force.

What training does a regimental medical officer get during the year that he does not attend camp?

The regulations stipulate for none, and unless the medical officer takes the initiative upon himself there is practically nothing that he is definitely put to do the whole year through. One may, therefore, well ask oneself in what way is a regimental medical officer being trained in time of peace to perform his duties in time of war?

I am quite aware that an objection may be taken to my statement upon the following grounds:—

(1) The A.D.M.S. is responsible for all the R.A.M.C. in his division, and therefore he is responsible for taking steps to secure that all the regimental medical officers in his division are being trained, so far as the regulations allow him to put pressure upon them.

(2) The examinations in "A" and "B" have to be passed before promotion to the rank of captain, i.e., during the three and a half years after an officer joins.

(3) Para. 363, Territorial Force, which directs that "in every unit a sufficient number of men will be trained to supply . . . stretcher-bearers." Para. 364: "The men should be trained, as far as possible, during the drills performed throughout the year, so as to be able to carry them out during their annual training in camp."

Para. 372: "Classes for instruction in stretcher exercises, as laid down in the King's Regulations, will be held under regimental arrangements for the purpose of training the stretcher-bearers required by the Territorial Force establishments, and such others as it may be thought desirable to train in this duty."

These three headings suggest, indeed, that a regimental medical officer may have some work to do for his battalion during the twelve months, but the link between the officer and these duties is so shadowy that unless there is a very keen A.D.M.S., who has a very full grounding and experience himself in camp duties and in active field training, he will not worry the regimental medical officers in his divisional area, and from the information I have been able to gather, many regimental medical officers hardly know of the existence of their A.D.M.S. beyond his name. The training of stretcher-bearers is a very difficult thing, as only two per company are allowed, and the medical officer, being generally in the neighbourhood of one of the company headquarters, has only two men conveniently near to train, excepting at battalion drill.

At battalion drill, on the other hand, the O.C. wants every man in the ranks to make up his numbers, unless he uses his band for advertisement purposes, and then the band resent being asked to play on the march and drill on the field as well.

While then, on paper, the regimental medical officer has plenty of work available during the year, my experience leads me to say that in practice it works out that he has very little training in the duties that will be required of him on mobilization.

The question of examination is perhaps the most important one

that faces him, for every officer expects to pass within the time allowed; but when one realizes the fact that he is allowed three and a half years in which to prepare for "A" and "B" examinations, and that he generally puts them off until towards the end of the time, it follows that these examinations—valuable as they are—are hardly a fair criterion as to whether a man can join his battalion on mobilization and take up the important duties that he then has to do.

Now what are the duties that a regimental medical officer is expected to do?

It is often and fallaciously supposed that a regimental medical officer's only duties are to attend to the sick of his unit in times of peace, and between engagements, and to look after the wounded during the battle. The plan of the Territorial Army is, however, built upon a very different scheme. He is expected to be the pivot of knowledge and supervision upon which the health of his unit depends. He is the right-hand man of the O.C. of the unit upon all questions which make for the health of the men and prevent disease amongst them; he is responsible for the medical and surgical stores within the allowance; he is responsible for the proper discharge of their duties by the R.A.M.C. attached to the unit; he has to see the sick, to know all about the routine of dealing with infectious cases, accidents slight and serious, and men partially fit and unfit for camp training; he has to deal with first aid treatments in engagements and to train his staff how to treat them and how rapidly to pass them on to the field ambulance; he has to have some knowledge of securing cover for his wounded, of selecting sites for aid-posts, of correctly reading, understanding and transmitting orders, of appreciating landmarks, of map reading, of judging time and distance, and the meaning of punctuality where margins are very fluctuating; and finally, but not least, he must find his bandsmen and get them to drill.

When we compare these duties with the training the regimental medical officer is required to undertake to prepare for them, we can understand where a failure would occur when the machine is actually tested.

I have sketched something of the training of the regimental medical officer, and also of his duties, and I ask myself what inducements and incentives are held out to a regimental medical officer to go beyond his minimum and to develop into that most effective wheel in the organization which is contemplated in the Army framework? What pressure of example or *esprit de corps* or

sense of duty or other force will bear upon him to cause a regimental medical officer to become the officer which the battalion wants if it is going to work on the best lines in peace and be best worked in time of war?

I look round and feel that most of those forces which go to make field ambulance officers keen about their work are absent from the lives of regimental medical officers.

I can quite see how keen men tend to become apathetic, how men who want to work hard tend to let things slide, and how a regimental medical officer tends to become nothing more than a name in his battalion.

What then are the forces which are present or absent for a regimental medical officer as opposed to a field ambulance officer?

I think that the most important of all is that a regimental medical officer is, in his battalion, a stranger without trained knowledge.

He is a stranger, because all his fellow officers have common training, common duties, common topics of professional interest; he has no part in their training or duties.

He is without trained knowledge of his own duties, because, before a man can know how to treat a machine, he must understand the machine and its method of working.

Put a doctor into camp for the first time and the camp is actually over before he has grasped much of how the machine works. A camp is run largely upon a skeleton basis of old Army men, all the camp arrangements are fixed up largely before the battalion marches on to the ground, and the regimental medical officer has neither time nor opportunity to learn all about them.

Since he has no trained knowledge he does not know when to assert himself and when not to do so, and not infrequently the keen man gets snubbed into apathy because he either meddles at the wrong time or the wrong place, or with the wrong person or with the wrong thing.

Some permanent officials of a camp may think it easier to work without a trained medical officer, and therefore he may be encouraged to expend his energies on stretcher drill and seeing the sick, rather than on examining tents and lines, canteens and cookhouses, and putting stress on that pioneer form of drudgery which men naturally like to shirk.

To a man who knows his duties, and how to perform them, and can quote authority for his requisitions, there are none more ready

to render assistance than the serjeant-major and the quartermaster, but they are not in camp to *teach* a medical officer his duties, and they have quite enough work to do without being hampered by an incompetent medical officer, and therefore an untrained medical officer is gently eased off again towards his strictly medical duties, which worry no one.

Another reason is the want of the stimulus of example and *esprit de corps*.

In a field ambulance man vies with man, every officer works in the public light of fellow officers, superior and inferior, and in the public view of some 200 men who are capable of criticizing; but in many battalions hardly anyone knows what the medical officer's real value is, and all that they ask is that he shall be there if a man falls out sick or an accident happens.

Regimentally the O.C. is responsible that the duties of the medical officer are carried out, but in actual practice the O.C. is far too busy with training the officers whose duties he does understand to allow him time—even if he had the inclination or the knowledge—to look after the training of the medical officer himself.

In the field ambulance, on the other hand, the O.C. is a doctor amongst doctors, he is as keen on training his junior officers, and having them smart and keen and efficient, as the combatant O.C. is to make his combatant officers the best possible.

The regimental medical officer inherits the position of the old volunteer medical officer, who was much sought after when his services were required, but who was a nondescript on parade.

The Territorial Force Regulations give a position and status to the regimental medical officer, and with them come increased efficiency; but if you put the old volunteer medical officer into khaki and mount him on a horse, he does not thereby become a Territorial regimental officer of the R.A.M.C. To fit him for his new responsibilities and to enable him to take them up in a battalion which still retains many of the old traditions, he needs—of all men—special training, and to be specially up in his duties and authorities. The field ambulance officer must do thirty drills in his first year, the regimental medical officer need not do any. The field ambulance officer must do fifteen drills every year before he goes into camp, the regimental medical officer need not do any. The field ambulance officer must go into camp at least once in three years, the regimental medical officer need not go into camp at all. The field ambulance medical officer must obtain a riding certificate, the regimental medical officer is allowed a horse, but need not know

how to ride it. This shows at a glance how a field ambulance medical officer is trained, so that he can understand his camp when he arrives and know something of the men he will lead, whereas the regimental medical officer is dropped into a new world with his professional training his only qualification; no wonder, therefore, that a regimental medical officer tends to remain simply a camp doctor. It follows from this that the applications for commissions for regimental medical officers will necessarily be fewer, and that the present difficulty in getting them will be accentuated rather than diminished. A barrister or a solicitor or an architect or a banker takes a combatant commission, and when he goes into camp he throws off all his previous worries and nerve strain, and with zeal takes up a fortnight's outdoor life of strenuous exercise with everything speaking of a change and holiday. A doctor, on the other hand, leaves his daily round of consulting-room and sick-room, and the sorrows of the ailing and the groans of those in pain, and finds that his regimental camp work is very much the same. If, however, he joins the field ambulance he gets a delightful change—some hospital work, but a much larger amount of open-air exercise, drilling, teaching, inspecting, advising, horse-riding, the selecting and pitching of camp, and the responsible control and administration of batches of men, and a position of weight and dignity as belonging to an important and integral part of the division. The fact that a regimental medical officer cannot rise beyond the rank of major is apparently a harmless and necessary regulation, but its effect, so far as it goes, is to reduce enthusiasm, and, in the presence of the time-limit of retirement, it does not seem to be necessary, when combatant officers may rise to the rank of lieutenant-colonel, although they do not command the battalion. The regulation reads: "An officer of the Corps posted to a regimental unit will not, whilst so attached, be eligible for promotion in the Corps above the rank of Major." This suggests that a regimental medical officer could rise to the rank of major and then transfer to a field ambulance, and therein rise to the rank of lieutenant-colonel or colonel; but in practice this would not work out so, because no field ambulance would be likely to agree to accept an outside major who would step over the heads of all the captains and subalterns and block their own promotion. Para. 104 gives the methods of procedure in case of transfer, but experience proves that once a regimental medical officer attains the rank of captain he would find a difficulty in getting transferred to a field ambulance because of this question of seniority.

Side by side with this inability to rise beyond the rank of major, however capable he may be, comes the fact that the regimental medical officer is debarred by want of experience in the handling of men. For the combatant officer there is the rule laid down that the O.C. shall give him opportunities of taking command when he attains higher rank, and the same holds good in a field ambulance; but a regimental medical officer lacks that incentive to enthusiasm—the possibility of one day himself being in command where he now serves and obeys. If a man is only to be a doctor to his battalion, then in the presence of the modern spirit, that paid service is better than voluntary service, he will expect to be paid a very much higher rate of pay than the combatant officers, to whom their work is that change of occupation which constitutes the best of holidays. There is another point which I feel bound to mention. Para. 382 provides for the attachment of an officer for a period not exceeding twenty-four days to a regular unit. I can only conjecture from my experience that such an important training would appeal more to the field ambulance officer than to the regimental medical officer, and I hope that some of the members present may be able to give statistics on this matter.

I have been led to write this paper because I have been first a regimental medical officer, second a field ambulance medical officer, and since my years of training in each I have gone back for part of my own camp to do duty as regimental medical officer. Going back to my old post, as it were, I was able to gauge what the field ambulance had taught me—to see how it was that as a regimental medical officer I had gone about with eyes not seeing and with ears not hearing, and with much enthusiasm but little training. I venture to suggest that the objections incident to the regimental medical officer's want of training should be got over as follows:—

(1) That there should be no regimental medical officer's training as such.

(2) That the one portal of training should be the field ambulance.

(3) That from the field ambulance officers should volunteer for regimental duties not earlier than the close of their first year's training and fifteen days camp.

(4) That a regimental medical officer should not be debarred from an annual camp, but should be encouraged to go, and if there are two medical officers to any battalion, that one should be attached to the field ambulance from his camp and the other to his

regiment. If the field ambulance became the "feeding ground" for the regiment two medical officers would be needed.

(5) That every medical officer should train one year in three with the field ambulance in camp.

(6) That the annual training as to drills, riding, &c., should apply to all R.A.M.C. officers, and if they reside at a distance from drill facilities, that travelling expenses should be paid.

(7) I further suggest that a brevet rank should be created for officers who show keenness and capacity coupled with any special excellence.

At present there is always the dead-weight tendency that promotion comes by time more than by merit, and that if a man only sits tight he will eventually reach the top, however little he does.

If there was a brevet rank, even without pay, for special merit there would be an additional inducement to men to try to do the best that is in them.

DISCUSSION.

Colonel HARPER said: On the whole I agree with the remarks of Major Oldfield, but am inclined to think him a little pessimistic. The officers under my command—I refer to those serving in regiments—while fairly keen and efficient, are subject to many of the disabilities mentioned by Major Oldfield. They are, however, able to make use of training schools, and, being members of our Mess, have opportunities of meeting their brother officers. There is one question which I would like to ask. When, after his volunteer service and subsequent field ambulance training, Major Oldfield resumed his service with a battalion, was his position much better than before? As to the suggestions made in the paper, it is proposed that all officers should commence by serving in a field ambulance. I see many difficulties in the way of making them join, but they might well be *attached* for a period of training. Of the two medical officers of a battalion, the one not with his regiment at any given training might be attached to a medical unit for the time being, provided there happened to be a vacancy; but there would be financial objections to this if no vacancy existed, and in this case the officer would have to serve at his own expense if he served at all. I fancy that very few field ambulance officers would volunteer for service in a regiment after enjoying the independence of service in a medical unit.

Captain GRANT, R.A.M.C., said: I believe many of the difficulties to be inherited from an old and defunct system. If regimental medical officers find but little to do, this must be largely their own fault, as there

is a great deal to be done. No doubt, it is often owing to their having a lot of other work that certain officers elect to join a battalion instead of a field ambulance, as the tax on their time would be too great in the latter. As to the work to be done, there is camp sanitation, the drilling of the stretcher bearers, and supervision of the physical training of the men, &c. If the medical officers prepared schemes beforehand on these lines, and deliberately carried them out during the training, they would find their time fully and usefully occupied.

Colonel JAMES said: One of the causes of the sad plight of the regimental medical officer of the Territorial Force is, I think, to be found in the fact that no comprehensive book on his duties exists. He has to find out what to do by being admonished for not doing it. Regimental surgeons have long been abolished—for very good reasons—and therefore the status of such officers is not realized. Nowadays the officer attached to a battalion—I refer to the Regulars—is always junior and does not suffer from the conditions so galling to a more senior officer in such a position. The training of regimental medical officers (T.F.) is obviously deficient, but improvement is hampered by want of money and, in the case of the officer himself, by want of time. He therefore tends to lose heart and gradually drops into the status of a “camp doctor.” In the French Army, every M.O. puts in a certain time both with a medical unit and with a regiment. Such a system would be a great help if it proved to be possible. It seems to me that there is a want of a central school for territorial officers, but in the absence of any precise definition of the duties of the regimental medical officer, the instruction might, at present, be difficult to carry out. Such officers must be prepared to do duty anywhere, and this implies that they ought to be interchangeable in some way. The difficulty as to rank is a very real one. A lieutenant-colonel (medical) in a battalion is out of place and an anachronism.

Lieutenant-Colonel SALISBURY-SHARPE said: One important point appears to have been missed in this discussion—the nature of the minimum of training allowed. The minimum laid down has been selected in order to make the voluntary system possible, but it results in this—that the man who only does the minimum is useless. This is a defect inherent in a voluntary system.

Major IRVINE said: I think the “interchangeable” suggestion a good one. It has been found, on manoeuvres, that medical officers of the regular forces are not sufficiently in touch with the duties of combatant troops in the field. It is now suggested to send out medical officers with regiments to learn, not so much the medical duties of a battalion, as the system on which combatant units work. If this is found necessary for regular officers it is certain that a territorial officer will require considerable training before he can be much use with a battalion.

Major CUMMINS said: The territorial regimental medical officer is handicapped by never seeing the result of his work, in so far as concerns

the success or failure of his sanitary arrangements. No camp, in peace time, can last long enough to afford evidence on this point. Both in South Africa and in the Spanish-American War the incidence of enteric fever began to rise about eight weeks after the troops had arrived in the area of mobilization, and this period may be taken as the normal incubation period of a "contact" epidemic. I regard the prevalence or otherwise of preventable disease as the best index of the efficiency of the regimental medical service. I agree with Major Oldfield and the last speaker in looking upon a system of interchange between medical and regimental units as the most promising suggestion for improving the territorial medical service.

Lieutenant-Colonel BURTHAELL said: I had not intended to take part in the discussion this evening, but I feel obliged to express an opinion at variance with that of Major Cummins with regard to the sick-rate of a unit being taken, without actual knowledge of the qualifying conditions, as a test of the efficiency of its medical officer. The incidence of disease, more especially of typhoid fever, may, as has actually happened, depend on factors quite outside the control of this officer, who is still in the position of an adviser rather than an executive officer with regard to sanitation. It would be very unfair to judge a medical officer's efficiency merely from a perusal of a list of units which showed his unit to have the highest sick-rate.

Major WAGGET said: The real fact is that the vast majority of territorial officers do not know a tenth part of their work. It is not unwise that, in preparing ourselves for work, we should *concentrate* on one thing at a time. We in the field ambulances have a very jolly time at present, and I hope you will not spoil it by adding on regimental work as well. There is only a fortnight to learn in, and it would only spoil our chance of becoming efficient in one direction if we were to attempt to train on another line at the same time.

Major OLDFIELD, in reply, said: I gratefully accept the test suggested by Major Cummins, that of the health of the troops as the index of success in regimental sanitation. Their present training does not fit regimental medical officers to understand and provide against the special dangers to which troops are liable. It is for *training* that I appeal, not for a pleasant or merry time. I am indebted to Major Irvine for the hint that in the Regulars, medical officers are going to be sent out to learn more about battalion training. It is the going into camp which counts. I agree with Lieutenant-Colonel Salisbury-Sharpe that the man who does the minimum of training only is no good. Colonel James has greatly helped the discussion by pointing out that there is no book on the subject. It is to be hoped he will compile one at his leisure. As for the training of the band as stretcher bearers, a man who tries to catch a shadow is in much the same position as the medical officer who attempts to capture a bandsman for ambulance drill when his whole soul is yearning for

undisturbed practice on the trombone. The commanding officer, too, wishes to keep as many men as possible in the firing line and does his best to sweep all into his net. It is therefore very difficult to get hold of men for stretcher drill when in camp. Colonel Harper spoke of the facilities that exist for the training of regimental medical officers. But the existence of facilities is not sufficient. It is only the actual facts which count. How do the medical officers of to-day actually get trained? An A.D.M.S. can do a great deal, but in my experience he does not often do much. As for the officer commanding the regiment, I have always found him kind and gentle to the M.O. and willing to oblige him in everything except in carrying out his recommendations. After my service in a field ambulance my influence in the regiment was greater because I knew more. Lastly, I must hesitate to accept as final the opinion that no man would leave a field ambulance for a regiment. I believe that many a field ambulance officer would volunteer for service in a regiment if he knew what a fine field for useful and interesting work a battalion presents.