A COMPARISON OF FOREIGN ARMY MEDICAL METHODS WITH THOSE OF THE BRITISH ARMY, WITH SPECIAL REFERENCE TO THE TERRITORIAL FORCE.¹

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INTRODUCTION.

The above title really embraces a wide field. In a single lecture it would not be possible to deal with details of all foreign armies, and it would not serve any useful purpose to do so. I therefore propose to take the Austro-Hungarian, the French, and German Armies as examples of continental organizations, and to limit myself to the general arrangements of the army medical services of those countries.

Before discussing the general organization of foreign army medical services, it is well just to recall to our minds what the functions of an army medical service are, for we must remember that, speaking generally, the medical service of every army has the same problems to face, and the same work to perform.

In early times armies had, according to our present standards, no army medical service. Disease was looked on as an act of God, as something which was to be expected and which must be borne, but which it was impossible to prevent. Therefore, a few physicians or apothecaries were appointed to cure sickness, and a careful commander might engage a leech or barber-surgeon for his unit. Sick and wounded were handed over to the civic authorities, or left in villages to die or get well if they could. Field hospitals were first employed early in the eighteenth century, but were very elementary formations compared to our present ideas.

Gradually, with the growth of our scientific knowledge as to the origin and spread of disease, it was recognized that the occurrence of disease might to a great extent be prevented; and that both from the point of view of the efficiency of the army, and also of saving expense, it is better to prevent disease than to cure it. Our methods of treatment also began to be based on the results

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of scientific inquiry and experiment instead of on superstition and empiricism. As the result, this advance in knowledge has in every army brought about the gradual evolution of a corps of highly-trained officers and men with a somewhat intricate organization.

The functions of the medical service in every army may be broadly stated to be:—

1. The maintenance of a high state of health.
2. The prevention of disease.
3. The provision of the best possible treatment for men who fall sick or are injured (this includes, of course, wounded in war) while serving in the army.

The duties embraced under (1) and (2) may be regarded as regimental duties—that is to say, they are performed by the medical officers in charge of units under the direction of central expert authority. These duties include the examination of recruits, seeing the daily sick and disposing of them according to the nature of their disability, the supervision of food and water supplies, of clothing and bedding, of sanitation in barracks and camps, and of physical training.

The duties included under (3) may be regarded as medical unit duties, and embrace the provision of efficient treatment in properly constructed and equipped hospitals supplied with all the necessary special appliances and a trained staff. In war time there is in addition the problem of evacuating sick and wounded, together with the provision of the necessary treatment and hospital accommodation during the journey to the base.

Bearing in mind what the functions of an army medical service are, we may now pass on to discuss the different organizations which have been evolved to perform this work. The principal differences which exist in the different countries are due to the conditions of military service obtaining in each country.

**Personnel.**

*Supply of Medical Officers.*—In the United Kingdom, as you know, military service is voluntary, and medical officers enter the army as fully qualified doctors; with a few exceptions, only the services of full-pay and half-pay medical officers of the Royal Army Medical Corps are available in time of peace, while the reserve for war is relatively small in numbers.

In continental armies many of the medical officers on the active
list receive their education at the expense of the Government, and in return have to undertake to serve for a certain period—usually eighteen months for each year of free instruction—in the active army. This arrangement not only enables a clever youth who may be poor to obtain a scientific training for nothing, but also ensures a supply of junior medical officers, for in all continental armies there is difficulty in keeping up the establishment of junior medical officers, while, as everywhere, seniors are too plentiful, and will not die or resign. Medical officers can also enter the army when fully qualified after completing their compulsory service, but experience has shown that many of these resign their commission during the first two or three years of service.

On the continent military service is compulsory for every able-bodied man. Medical men have to serve for a certain period, varying from six months to two years, according to the country to which they happen to belong. In Germany and Austria, and also to a certain extent in France, the first half of this service is passed in the ranks of a combatant unit to acquire drill and discipline; the second portion is taken after the student has received his qualification to practise medicine. During this time the medical man performs the same duty as a junior medical officer of the army, either with a combatant unit or in a military hospital; he receives no pay, has to find his own uniform, and has the position of a warrant officer. On completing this service to the satisfaction of his seniors and passing an examination in army medical subjects, he may elect to apply for a commission in the active army, in which case a ballot is taken of the regular officers under whom he has served. If he is accepted, he is sent to the army medical school for six months to study army medical subjects. Most of the one-year volunteer surgeons pass to the reserve as officers of the army medical service, and in this capacity have to attend two periods of further training, during the first three years in the reserve. This system has two advantages: it ensures an adequate supply of junior executive medical officers for duty in peace time without costing the State anything, and it automatically keeps the reserve up to full strength, thus providing personnel for medical duties on mobilization.

Subordinate Medical Personnel.—In our army we enlist men almost without exception direct into the Royal Army Medical Corps and train them for nine months, after which there are various special courses which a man can take out. In the French Army there are Sections d'infirmiers militaires, one for each division of the army, into which men may be enlisted direct or transferred.
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from other corps; direct enlistments are mostly men who are short-sighted, or for some reason not up to the physical standard required in combatant units. These army hospital companies are commanded by non-medical officers, corresponding to our former captains and lieutenants of orderlies; they are subordinate to the senior medical officer of the hospital or division. The Sections d'infirmiers militaires form part of the division to which they belong and are not a corps. They do not therefore correspond to our Royal Army Medical Corps.

In the German and Austrian Armies there is no corps of medical subordinates. The German Army has a body of men known as Militär-Krankenwärter, i.e., military sick attendants. They wear a special uniform, but are only enlisted on the establishment of a hospital and do not form a "corps" in our sense of the word. All of these men are artisans and do general duty and odd jobs, but do not nurse the sick. Men required to attend to the sick in hospital or for medical duties with combatant units are taken from the combatant units after completing one year's service; they are trained for three months and then sent to do duty and to complete their training under the medical officers in charge of units or hospitals. These men continue to wear the uniform of the unit from which they were taken, with the addition of the medical badge in yellow, the snake and rod of Æsculapius surrounded by a wreath.

Owing to short service and the way in which the medical orderlies are obtained in continental armies, there is not sufficient time to train dispensers. This want is filled by the appointment of pharmacists, who not only supervise the dispensing and quality of medicaments supplied, but also carry out all chemical examinations for the medical service; they also take charge of medical store depots.

DISTRIBUTION OF DUTIES.

Regimental Service.—In the British Army the medical officer in charge of a unit usually also has hospital duty to perform, and in fact, there is a tendency to look on the medical charge of a unit as a side issue. He is rarely in charge of the unit for any length of time, frequently only for a month or two, and as he is not commissioned to the unit he does not feel himself to be part and parcel of it. This does not apply to medical officers in charge of units of the Territorial Army. The main reason for these frequent changes is that, roughly, half of the British Army is permanently
serving abroad, so that half the army medical officers are also sent on foreign service for a tour lasting three or five years; these officers have to be relieved at the expiration of their tour of foreign service, and officers serving at home have to take their places. This necessitates frequent changes in the appointments held by medical officers. Again, our regiments serving at home change their garrison every two or three years, but the medical officer does not change with them.

Now, with the exception of the French Army, which has roughly two divisions of regular troops in Northern Africa, none of the continental armies have any foreign service, as this is carried out by their Colonial troops who have nothing to do with the regular army. Medical officers are gazetted to the charge of or for duty with combatant units and remain with them for years. The same applies to the principal medical officers of the Army Corps, and to the senior medical officers administering the medical services of divisions. When mobilization is ordered these medical officers mobilize with their units and have thus the advantage of knowing more or less intimately the officers and men with whom they are to proceed on active service. Medical officers doing duty with combatant units have nothing whatever to do with the garrison hospitals which are also quite independent of the P.M.O. of the division or army corps.

Regimental Hospitals.—In the British Army we have no regimental hospitals; men under treatment in barracks continue to live in their barrack-room and merely receive out-patient treatment. In all continental armies there are regimental hospitals or sick-rooms in which men are commonly treated for periods up to a week. These establishments are really non-dieted hospitals, administered by the medical officer in charge of the unit who has one or two subordinates of the medical service to do the nursing in addition to the permanent regimental stretcher-bearers. Men are only sent to the garrison hospitals when they are likely to be ill for more than a week, or to require operative treatment.

The staff of the garrison hospitals in continental armies has nothing to do with the medical service in units. In the German Army each department of the garrison hospital is under the charge of a specialist medical officer who is assisted by a number of "one-year volunteer" surgeons, as medical men are termed while doing the second portion of their compulsory service.

To become a specialist in the German Army medical service, an officer must have served for at least three years with a unit;
he then has to submit an application for special study leave, together with an essay on some original work to show his proficiency in the subject selected. If his request is granted he is sent to one of the university clinics to work under the professor in charge for two years. At the end of this time, if favourably reported on, he returns to army duty as a specialist. In exceptional cases he may be retained as an extra professor of the university for further periods up to ten years, when he must either return to duty or retire from the army; if he elects to retire he still remains liable to recall in case of mobilization as a consulting specialist.

The garrison hospitals in Germany are not under the control of the P.M.O. of the division or army corps; they are under the supervision of the inspector of medical services of the group of army corps to which they belong.

The above notes give some idea of the working of the medical services in peace, especially where the continental methods differ from our own.

We now pass on to the general organization for war.

**Organization for War.**

In all countries when mobilization takes place the combatant units are already in existence and have been practising the duties which they will be called on to perform in war. On account of the prohibitive expense no country thinks it could afford to maintain its field medical units in time of peace, and they only come into existence for the first time after mobilization has been ordered. The Territorial Force does not suffer from this disadvantage as its field medical units exist as such in peace time. The field medical units of our regular army are brought up to war strength by employing reservists and special reservists. The continental armies, thanks to universal service, have a large reserve of medical personnel.

In the British war organization the regimental unit is the battalion and the field army unit of all arms is the division, consequently our regimental medical service is based on the charge of a battalion of infantry (or corresponding unit of other arms of the service), and our medical units are divisional ones.

In continental armies the corresponding army units are the regiment, consisting of three or four battalions in the case of infantry, while the medical units are army corps or army ones, but may be temporarily lent to divisions.

*Regimental Medical Service.*—In the British Army we have
a very limited medical personnel with each battalion and a number
of very fully equipped divisional medical units in support. The very
limited regimental medical personnel is a continuance of our policy
in peace time, while the heavily equipped field ambulances and
clearing hospitals are the result of our numerous wars in uncivilized
countries where nothing can be procured locally and everything has
to be dragged along with the army.

In the organization of continental armies the principle adopted
is to have a strong regimental medical personnel with a number
of field medical units, having a full medical staff but only light
equipment, ready to come up to the support of the regimental
medical service when required. Continental armies are organized
for European warfare where buildings and articles for household use
can be requisitioned locally, hence the medical units carry few or no
tents, very few cooking and ward utensils, and no furniture, as these
articles are to be found in every locality. Each unit is well supplied with dressings and food and has a wheeled kitchen.

In one other respect the field medical organization of continental armies differs from that of the British and that is in the employment of organized voluntary aid on the line of communication, which is always in the home territory or a direct continuation from the home territory. In our case we trust the line of communication will always be an overseas one, hence the employment of voluntary aid would raise many difficult questions. Voluntary Aid Societies, before being registered as such and receiving the privileges accorded to these societies, have to sign an undertaking to conform to the Government requirements. In Germany, one of these is that at least one half of the active members must take an obligation to serve for at least three months, if called on to do so, either in their own homes or on the line of communication. Voluntary aid personnel is used to supplement the regular army personnel in clearing and stationary hospitals, to take charge of convays of wounded proceeding by road, to take charge of ambulance trains, to establish road and railway rest stations, and for work in hospitals in the home territory. While so employed the personnel is under military law and receives the same pay and privileges as regards travelling, wound pensions, treatment in hospital if sick, &c., as the corresponding ranks of the regular army medical service. Voluntary Aid Societies also have a number of completely staffed and equipped hospitals and convalescent homes in the home territory.

On the March.—In the French Army a certain number of ambulance wagons are detached from the bearer company, generally one to each regiment of three battalions, to pick up stragglers and take them along to the next halting place, at each of which the regimental medical service opens a temporary hospital (point de recueil). In the Austrian Army the daily sick are handed over to the divisional medical unit for disposal. At intervals of every three marches a rest station is established by the personnel of the reserve medical unit. In this station slight cases of disability are treated and then sent back to their units. Patients unable to travel are treated until able to do so; the remainder requiring hospital treatment are sent back to the nearest military hospital.

In the German Army one combatant unit is ordered to furnish a detachment from its regimental medical establishment to receive the daily sick of the division; these, if requiring hospital treatment are sent, usually by requisitioned transport, to the nearest temporary or
permanent line of communication hospital, after which the detachment has to rejoin its unit. This does not appear to be a very satisfactory arrangement. Owing to the recent adoption of motor transport, fresh arrangements will probably be made for the collection and disposal of the daily sick.

The Collection of and Disposal of Wounded after a Battle.

German Army.

Each battalion of infantry has 2 medical officers, 4 N.C.Os. (1 per company) of the medical service and 16 permanent stretcher-bearers. In our army we have nothing to correspond to these stretcher-bearers, who perform purely medical duties, wear the Red Cross brassard and act as assistants to the medical officers when seeing the daily sick or dressing wounded during an action.
Our stretcher-bearers are permanently employed as such in war
time, but otherwise they correspond to auxiliary stretcher-bearers
in the German Army. There is no fixed establishment of auxiliary
bearers in the German Army; they fight with their unit and are
ordered to fall out to carry wounded by the Commanding Officer
of the regiment; they wear a red arm band, and are not pro­
tected by the Geneva Convention. When a battalion goes into
action half the regimental medical personnel remains in the fight­
ing line to give first aid to the wounded; the other half prepares
to form a battalion or regimental dressing station, under the
orders of the senior medical officer of the regiment. This station
is opened by order of the officer commanding the regiment, i.e., a
brigade in our sense of the word, at the nearest suitable spot under
cover. This post corresponds to our advanced dressing station.
The principle observed is to pitch as few of these regimental
dressing stations as possible, and not more than one for each regi­
ment. The medical equipment of the unit is used in establishing
this post.

Men who are wounded in the fighting line are attended to
by the medical personnel there, and as opportunity offers sent
on to the regimental dressing station, where the dressings are
examined, and if necessary reapplied; only the most urgent
surgical operations are performed at this post, e.g., tracheotomy
or ligature of an artery, if this cannot be postponed till the man
reaches the main dressing station. One important function of this
regimental dressing station is the classification of wounded accord­
ing to the severity of the disability. Men only slightly wounded
are formed into squads under the command of the senior soldier or
N.C.O., and directed to the divisional collecting station; men
requiring hospital treatment are taken over by the bearer company
and sent or carried by hand or in ambulance wagons to the main
dressing station.

The Bearer Company.—This consists of a medical section and
two bearer sections; it has 5 wagons for medical and surgical
equipment, and 8 ambulance wagons. The medical section has
8 medical officers and 17 medical subordinates. Its duty is to
establish the main dressing station. The bearer sections have
together 242 N.C.Os. and men of the medical service and 34
N.C.Os. and men of the transport corps. The sections are com­
manded by non-medical officers, they assist in establishing the
main dressing station, and then undertake the removal of wounded
from the regimental dressing station to the main dressing station,
and, if necessary, may assist in transferring them to the field hospital. When sufficient buildings are not available to accommodate all the wounded, tents are constructed with the shelter tents carried by the men.

When the main dressing station can be established fairly close to the fighting line the regimental dressing stations are closed and their personnel is used to reinforce that of the main dressing station. The main dressing station is ordered to open in 13 sub-sections, viz.:

1. A place where stretcher-bearers leave their packs, under charge of a bugler.
2. A place for packs belonging to wounded, under a N.C.O.
3. A place for loading and unloading ambulance wagons.
4. A reception station for wounded, under a M.O.
5. A place where dressings are applied, under a M.O.
6. A section for wounded able to walk, under the senior N.C.O.
7. A place for wounded awaiting transport.
8. A place for wounded unfit for transport.
9. A place for the dying.
10. A mortuary.
11. A kitchen.
12. A wagon park where also improvised transport is prepared.
13. Latrines.

From the main dressing station wounded are sent to the field hospital. The main dressing station is, therefore, the most important link in the medical echelon.

Field Hospital.—The personnel consists of 6 medical officers and 31 N.C.Os. and men of the medical service.

There are 12 field hospitals to an army corps, each capable of accommodating 200 patients; these units are under the control of the D.D.M.S. of the army corps, and are allotted by him to divisions, as required, to relieve the main dressing stations. They are usually kept in the rear of the army, and are only brought up when a battle is expected.

In personnel and equipment these units resemble our field ambulance tent divisions, but the subordinate personnel is only half of that in a tent division. They have no tents and are not so fully equipped with ward utensils. They always open in some village or group of buildings in which articles of household use can be obtained by requisition, hence these are not carried up and down the countryside. These units act as clearing hospitals in that they relieve the main dressing station of all wounded, and in conjunction
with the line of communication authorities arrange for passing
the wounded down the line of communication. Should there be
a number of wounded unfit for transport, one or more of the field
hospitals is immobilized and becomes a temporary stationary
hospital of the line of communication until in turn relieved by the
Kriegslazareth or proper clearing hospital.

Clearing Hospital.—This unit does not exist as an independent
unit in the German organization. On each line of communication
there is a clearing hospital section. This consists of a number of
medical officers and N.C.Os. of the regular and reserve army medical
service, and is of sufficient strength to form the cadre of four clearing
hospitals; the remainder of the personnel is obtained from local
or voluntary aid sources. Material is obtained from the advanced
depot of medical stores, and equipment from local sources.

There is also on each line of communication directorate a sick
and wounded transport column which is largely made up of volun­
tary aid personnel; this column or a detachment of it moves up
along with the clearing hospital and at once begins to make
arrangements for evacuating the wounded.

The Advanced Depot of Medical Stores.—A recent army order
has allotted to this unit six motor ambulance wagons and six light
motor wagons for equipment; these are to be used in the evacuation
of wounded and in sending up fresh supplies of surgical material
to field units.

Stationary Hospitals.—Stationary hospitals are established at
important points on the line of communication where they are found
to be necessary. One army medical officer is in charge of each;
the personnel is mainly obtained from voluntary aid sources, and
the equipment by local requisition. In organization they do not
correspond to our stationary hospitals as they have no fixed estab­
lishment of personnel or scale of equipment. They are rather
improvised hospitals, very much like those which Voluntary Aid
Societies might be called on to establish for our Territorial Force.

Hospitals in the Home Territory.—On the outbreak of war most
of the smaller military hospitals are closed. The larger ones are
expanded to accommodate a large number of patients. At important
centres one or more barracks are converted into hospitals. All of
these are called reserve hospitals. Voluntary Aid Societies also have
a number of fully equipped hospitals which are used in peace time
for paying patients in order to cover the expense of maintenance.
There are also a number of convalescent homes.
The regimental personnel is of the same strength as that of the German organization; when an action is about to commence one half remains with the fighting line and attends to the wounded who are grouped together in the Refuges de blessés immediately in rear of the battalion; the other half forms a regimental dressing station, the Poste de secours. In the French regulations this is ordered to be placed immediately behind the regimental reserves.

From the Poste de secours, slightly wounded proceed to the divisional collecting station, those requiring further treatment are sent or carried to the Ambulance. The divisional collecting station is relieved by a convalescent depot detachment sent up by the P.M.O. of the army corps.

The Bearer Companies.—Each has 5 medical officers, 152 bearers, 11 ambulance carts and wagons, 4 medical stores wagons, 2 supply wagons, and a wheeled kitchen. There is one for each division, plus one in reserve for each army corps; it works between the regimental dressing station and the ambulance. Its ambulance wagons go up as far as they can and form a Relai d'ambulance.
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(our old collecting station) to which the bearers bring the wounded. The army corps bearer company also has attached to it a sanitary section, whose special duty is to undertake any sanitary work, e.g., disinfection of clothing or buildings, examination of water, food, &c.

Before discussing the field medical units of the French Army, I would like to point out the changes introduced in 1910. By the regulations issued in that year, the bearer companies were made into separate units, the field hospitals were abolished and the ambulances, except the cavalry one, were made uniform in equipment. At the same time the number of field ambulances was raised to eight per army corps, and a new unit, the hospital section, was introduced. Only one half of the field ambulances have transport and march with the division, the other half have no transport and together with the six hospital sections are kept in rear of the army somewhere about the Gare régulatrice.

If an ambulance becomes full of wounded, one or more hospital sections are brought up and united to it; the whole then becomes a temporary stationary hospital on the line of communication, while the immobilized ambulance is replaced by one of those in reserve which takes over the transport from the immobilized one.

The effect of this change is to reduce the amount of road space required by medical units marching with the division.

The Ambulance has a personnel of 6 medical officers and 38 orderlies; it opens in some suitable spot out of range of the enemy's fire, to receive wounded; dressings are examined and reapplied if necessary, and urgent surgical operations are performed. If possible, the wounded are evacuated, but if this cannot be done the ambulance, with the addition of a hospital section, as noted above, becomes a temporary stationary hospital on the line of communication. The hospital section is equipped to take care of 100 wounded.

The Clearing Hospital (one per army corps) has the same equipment and personnel as one ambulance plus one hospital section. Usually it is stationed at the Gare régulatrice; when an ambulance becomes immobilized the clearing hospital or one section of it is brought up to take over the patients and to arrange for their evacuation. This unit has 200 stretchers, 40 stretcher bedsteads, and 100 suspension apparatus for adapting vehicles for the transport of wounded. It also has available at the Gare régulatrice the material for equipping 4 temporary ambulance
trains, viz., for each train 132 apparatus for supporting stretchers, 400 stretchers and 400 blankets. Temporary ambulance trains are administered as a section of the clearing hospital but have their own personnel. This seems to be a very practical arrangement.

While the clearing hospital is stationary at the Gare régulatrice its personnel forms a rest and refreshment station. It arranges for feeding all men sent down from the front and classifies them according to the severity of the disability. Cases unfit to proceed further are accommodated in a temporary hospital, slight cases likely to recover quickly are located in a convalescent depot, others requiring longer hospital treatment are passed on to the hospitals of the home territory.

Road and railway rest stations, convalescent depots and temporary hospitals are opened where necessary on the line of communication. The Voluntary Aid Societies undertake most of the work, as well as establishing auxiliary field hospitals, i.e., temporary hospitals in towns in proximity to the line of communication.

Austrian Army.

In the Austrian Army the regimental medical personnel consists of: 1 medical officer in charge of each battalion with 2 to 3 additional medical officers for each regiment, e.g., a regiment of 4 battalions has 7 medical officers.

Each company has 1 medical N.C.O. and in place of the battalion medical cart employed in other armies 2 men to carry dressings and also to assist the medical officer in charge of the battalion. It has also 4 stretcher-bearers with 4 others in reserve. Each division has 3 divisional medical units corresponding to our field ambulances.

The medical officer in charge of the battalion and his dressers remain with the fighting line. The regimental stretcher-bearers fall out and form bearer detachments under the S.M.O. of the regiment. The remainder of the medical officers and N.C.O.s form an advanced dressing station for the group of combatant units in the immediate neighbourhood; it is specially directed that only as many of these advanced dressing stations are to be established as may be found absolutely necessary.

The divisional medical unit, has 6 medical officers and 200 men in all, and comprises the following sections:—

(1) The Regimental Aid-post Echelon.—This consists of 9 two-horsed wagons carrying dressings, instruments and medical
comforts. One or more, as required, of these wagons is sent up to each group aid-post and thus provides the necessary equipment, there being no battalion medical cart. One of these wagons can also be detailed to accompany a detached column.

(2) The Divisional Collecting Station for Slightly Wounded.—The establishment laid down for this is 2 medical officers and a half field detachment of the medical service with 2 four-horsed wagons for material and equipment.

(3) The Main Dressing Station.—This corresponds to our tent division. The senior medical officer and 3 medical officers are allotted to this section. It opens in a number of sub-sections much in the same way as described under the German organization.

(4) Wounded Transport Column.—This has 15 four-horsed ambulance wagons (including the five supplied by the Teutonic Order). These wagons convey men unable to walk from the regimental dressing stations to the main dressing station. In mountain warfare the brigade is the fighting unit instead of the
division. There is a similar but smaller brigade medical unit which can carry its outfit by pack transport.

Field Hospitals.—There are 3 field hospitals to a division; each can accommodate 200 patients and has a staff of 3 medical officers, 1 priest, and 100 N.C.O.s and men. It has 5 ambulance wagons supplied by the Red Cross Society and 18 wagons for supplies and equipment, also one wheeled kitchen.

The duty of this unit is to take over from the main dressing station all serious cases so as to set free the divisional medical unit to accompany the division. They usually open in villages and obtain most of the articles required for household use by local requisition. These are army units under the G.O.C.-in-C. and are only temporarily allotted to divisions as required.

A very similar unit is the Mobile Reserve Field Hospital which receives sick during the period of concentration; it also furnishes personnel for sick rest stations and convalescent depots and can also be used as a clearing hospital.

The field convalescent depot has a staff of 2 medical officers and 25 men of the reserve section. It is used to look after slight cases likely to recover soon and in fact is a clearing unit for the divisional collecting station. It can take charge of 500 patients.

The Mobile Rest Station.—There are 2 to each army corps. Its function is to feed and arrange accommodation for the night for 200 patients, and it should also be able to provide good hospital accommodation for 10 to 15 patients who are unable to continue their journey. The staff of 2 medical officers and 25 men is found from the reserve.

The Field Depot of Medical Stores.—This unit is mobilized in the proportion of one for each army. It includes, when mobilized, the following units for each army corps belonging to the army: 1 mobile reserve field hospital, 2 field convalescent depots, 2 mobile rest stations, 2 improvised ambulance trains, 1 reserve supply of material.

At railhead there is usually a convalescent depot and a reserve field hospital. The hospital trains are mainly equipped and staffed by the Sovereign Maltese Order.

In the Austrian Army medical organization Voluntary Aid Societies fulfil a number of duties.

Thus the Teutonic Order furnishes 5 ambulance wagons for the divisional medical unit; the same Order provides the equipment for 4 field hospitals of 200 beds each, the personnel is furnished
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by the Landwehr; each hospital has a wounded transport column attached to it.

The Austrian Red Cross Society provides 33 wounded transport columns with a total of 648 wagons; the War Office finds the personnel from the Landwehr. This Society also provides a number of field medical depots with supplies to replenish field medical units and has two field hospitals of 200 beds each. In addition it is prepared to accommodate some 4,000 officers and 23,000 men in hospitals and convalescent homes in Austria. It also provides all the first field dressings for the entire army.

CONCLUSION.

If you have been able to follow the general organization of the French, German and Austrian Armies you will have noted some similarities and some differences between their army medical service and that of our Territorial Force.

(1) Regimental Medical Establishment.—The medical officer in charge of a unit is part of the unit and mobilizes with it.

There are two medical officers to each battalion, although in our Territorial Force only one is mobilized. In foreign armies the regimental stretcher-bearers form part of the regimental medical establishment and are only employed for medical duties. This arrangement does not hold good in the British regular army or Territorial Force as we only have what are called auxiliary stretcher-bearers in the foreign organization. In foreign armies there is no regimental water party.

(2) Medical Units.—The Territorial Force possesses an advantage not enjoyed by any regular army in that its field ambulances are constituted on a war basis in time of peace instead of having to be hurriedly brought into existence on the outbreak of war, by collecting officers and men from various sources. This means a great deal, as officers and men should know each other and should have a fair idea of the work they are expected to perform.

(3) Clearing Hospitals.—This is the weakest point in the organization of the Territorial Force. A cadre for a clearing hospital has recently been sanctioned and should help to fill up the gap between the field medical units and the general hospitals. The evacuation of sick and wounded must always be one of the most difficult tasks which the medical service has to perform, and in our organization the clearing hospital is the principal agent in carrying it out. You will note that the German and Austrian organization provides more units for this work than we have in our regular army medical organization.
The main differences in continental methods as compared to ours are:—

1. Compulsory service provides a much larger number of reserve personnel.

2. The regimental medical establishments are more than double what ours are; this ensures the possibility of affording more thorough attention to the wounded in the first place.

3. The medical units at the front are not so strong or so heavily equipped, and the bearer companies are separated from the field hospital unit.

4. The number of reserve or reinforcing medical units is much greater than in our organization.

5. Organized voluntary aid is freely employed as part of the army medical organization on the line of communication and in the home territory.