THE MEDICAL SERVICE OF A TERRITORIAL DIVISION.

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Now that the Territorial Force is to be re-established on a broader basis, some experiences derived from seven years' service in it as D.A.D.M.S. and A.D.M.S. may be of interest.

The old Territorial Force was organized in Divisions, each with three field ambulances and a regimental medical officer to every battalion or other unit. Attached to the Division for administration in peace were the cadre of a general hospital and the field ambulance of a mounted brigade. Over this medical organization was an A.D.M.S. (a Territorial officer), who was assisted by a retired R.A.M.C. officer as D.A.D.M.S., and later a D.A.D.M.S. Sanitation was added who was a Territorial.

At the start both officers and men were drawn from the old Volunteer Force, the remains of the Brigade bearer companies forming the nuclei of the field ambulances, so a great deal of teaching was necessary before the modern divisional organization was understood. At the same time the great bugbear, that the whole scheme was a trap to get men to serve in India, had to be laid to rest, hence the emphasis laid on the obligation being for home service only. After this recruits came in freely. The R.A.M.C.T. was always a popular branch of the Territorial Force, not only on account of the higher rates of pay, but because men found the work interesting, and learned much which was useful in civil life. The field ambulances having their own transport drivers was another great attraction. Efforts were directed to recruit men who were intelligent and educated as well as physically fit, and also tradesmen such as cooks, butchers, carpenters, etc., who would be useful on service. It was very much more difficult to secure officers of the right stamp. Successful men could not leave their practices, and unsuccessful men we did not want. Patriotism and military ardour were the only inducements to join; the man gained nothing socially, and sometimes lost the confidence of old-fashioned patients by taking service in the R.A.M.C.T. This is a matter which will require the most anxious consideration by those responsible for the new Territorial Force, and unless much greater inducements are offered there will be a great shortage of medical officers. The regimental medical officer was generally a friend of, and recruited by, the officer commanding the regiment. If he was a strong personality and at all tactful he became an authority with officers and men, and liked his position immensely; but this was not always the case, and then urgent requests came in for transfer to a field ambulance. It is certainly most desirable that every medical man on joining should be attached for his first year to a field ambulance, so that he can
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go to his unit afterwards with a knowledge of his duties and of military routine.

The beginnings of the field ambulances, with improvised transport, were very ragged, and at the first annual camp their appearance was quaint. Later, complete equipment and wagons for one section of a field ambulance (quite enough for instructional purposes) was issued to each of them, and they became very smart and effective, and the personnel got to know their work thoroughly.

The organization for instruction was good, and will, it is hoped, be repeated. Besides the annual camp, lectures and drills went on all the year round. Each field ambulance had a Regular N.C.O. as company serjeant-major, and there was in addition a school of instruction under an adjutant (a serving R.A.M.C. officer), with two R.A.M.C. and one A.S.C. serjeant instructors. This school was attached to the medical headquarters of the Division, but experience soon showed that neither officers nor men could spare time to come to headquarters, so it went perpetually on tour, visiting each field ambulance in turn, and also centres convenient for the attendance of regimental officers. The results, owing to the enthusiasm of the adjutants, were excellent. All medical officers were able to pass the necessary examinations in good time, and each field ambulance got a good dusting up before annual camp.

About this annual camp something must be said. The Division was only once able in seven years to go into camp as a whole; in other years it went by brigades or smaller units. There was at the time acute controversy as to the best method of training medical units in camp. One school considered they were best trained segregated apart from other troops, "with nothing to disturb their attention." Others, and the writer among them, thought that training a field ambulance without actual treatment of real sick cases was like training an artillery battery without range practice, also that it was important to promote good feeling between the medical and fighting units, and to show the latter (who were extraordinarily ignorant) the efficiency of the medical arrangements they would have to depend on in war. Hence we always sent the field ambulance into camp with the brigades, and the officer commanding field ambulance acted as senior medical officer of brigade, and supervised all medical and sanitary matters. The results were good, and the brigadiers also became interested in the field ambulances and their work. These annual camps were a great factor in recruiting.

We now come to mobilization, which was carefully prepared for from the beginning. War stations, camping grounds, time tables were arranged in full detail and communicated to all concerned. These schemes were elaborated year by year to great perfection, but *horribile dictu!* in January 1914 the War Office suddenly changed the plan of working, the
whole scheme had to be scrapped and a new one suited to the altered conditions hurriedly made out. Notwithstanding this contretemps, on August 4, 1914, mobilization took place without a hitch, all equipments, stores and personnel, horses and vehicles turning up according to the timetable, and the field ambulances were able to march at an early state of mobilization. Owing however to their proceeding by march route there were two or three awkward days in the concentration centre where infantry and artillery were pouring in as fast as trains could bring them, and the Medical Service was represented by the A.D.M.S. and his two D.A.Ds.M.S. and the headquarter of the field ambulance. However we were able to invoke the aid of the Red Cross. In peace time much trouble had been taken throughout the divisional area to help and co-operate with the Voluntary Aid Detachments; inspections, field days and schemes of work with the field ambulances had been in vogue and the result was that the division received every assistance from the Red Cross in East Anglia, although public interest was naturally concentrated on "overseas wounded."

After much trekking and bivouacking the Division presently found itself doing home defence in East Anglia, for which its local knowledge specially fitted it, and stationed pretty much as in the original mobilization scheme which had been scrapped. The medical interest of this period lay in anti-typhoid inoculations and vaccinations and several slight outbreaks of infectious disease, including a few meningitis cases, which were quickly stamped out with the steady co-operation of the county and district medical officers of health and the Local Government Board. Much time was occupied in asking the Division to volunteer for overseas, but the reply was almost unanimous and only one medical officer who was fit failed to respond.

In the following April the Division moved south to get ready to go overseas, and second line units were formed in which those who were to remain at home received rapid promotion. To increase efficiency three or four of the best battalions and one field ambulance were taken away for France and replaced by units from elsewhere. Finally a casualty clearing station and a sanitary section were raised and men were told off from the field ambulances to the battalions as "water duty" men—a most unpopular service with all concerned. It may be added that the casualty clearing station was torpedoed and lost in the Mediterranean and the sanitary section joined later at Gallipoli. The cherished transport, which had been worked up to a high state of perfection under special transport officers, had first to be handed over to the Army Service Corps and later left behind with all the artillery and vehicles when the Division sailed in July, landing at Suvla in August.

This disembarkation on an enemy shore exhibited the usual faults—medical officers separated from their personnel and field ambulances from their equipment. It seems impossible to make the layman understand that a medical unit without its equipment is as useless as an artillery battery
The result in this case was that only one field ambulance was disembarked fit for duty and, as the Division almost immediately went into action, one had to be borrowed from another Division through the D.D.M.S. Army Corps. Successive ships however brought in the missing men and stores and we settled down upon the Gallipoli peninsula. Here, however, conditions were so abnormal that not much can be learnt for future use. The Turks did not fire on hospitals unless they covered a battery or point of military importance: but in the confined area it was difficult to find any spot which was not in the line of something, and one field ambulance had to be placed boldly on the flat seashore—it was never shelled but suffered a good deal from "strays and overs;" another which was under cover of the hillside got fairly shelled one day, but that was probably an accident. The advanced dressing stations could only be evacuated after dusk, and for this purpose wheeled stretchers were most useful. As we had no transport application was made for these very shortly after our arrival; they were not available for some time but were a great boon when received. They consisted of a detachable stretcher and a pair of bicycle wheels with a crosspiece, and should be supplied in quantity under similar circumstances in future.

The proximity of the trenches to the clearing hospitals and the beach made it very difficult to properly control the evacuation of the sick and wounded. The destination they reached depended entirely on the hospital ship which happened to be at hand. Some reached England, others Alexandria or Malta, some got only to Mudros, but all were lost to the Division. Application was made for a convalescent camp to be formed at Imbros, detailing half of one of our field ambulances for the purpose, but the proposition was negatived. Could this have been done or a hospital ship kept permanently in the offing for the same purpose, there would have been a noticeable reduction in the numbers evacuated. It stands to reason that even mild dysentery cases will not improve when they lie exposed to chance bullets and cannot get proper fresh food.

As the Peninsula was unfitted for women, all nursing had to be done by the orderlies, so previous training in nursing duties proved very useful. Under the auspices of the D.D.M.S. Australian Corps a Medical Society was formed and interesting papers at the meetings were enlivened by the bursting of Turkish shells. These meetings were most useful as men got to know their Australian confrères and could compare notes as to the treatment of the ever present dysentery. Great attention was directed to sanitation, but the close proximity of the enemy made all efforts very difficult and a disinfecter for clothing from which much was hoped was shelled to pieces the first time it was used. The scanty water supply which came in barges from Alexandria was chlorinated, and sometimes superchlorinated—which possibly accounts for some cases of trench nephritis. No cooking was allowed in the trenches as it drew fire, so no hot soup or coffee could be made to replace the rum ration. I got this issued as often as possible
as everybody was exhausted and doing double turns of work, and no indiscipline or ill-effects resulted. Discipline was very good, though the men were tried very highly, especially by heat and thirst, to which they were quite unaccustomed, and all the regular N.C.O.'s had been taken away. In peace time T.F. discipline was moderate only, but on leaving England they came up to full standard at once. The Division, which landed over 12,000 strong, had 2,000 nominally fit men when it was evacuated in December. It rested awhile at Alexandria and refitted at Mena, near Cairo, where it was joined by the artillery, and transport was also organized; fortunately the field ambulances had a good many trained drivers serving in the ranks as stretcher-bearers. Thus reorganized and with the depleted ranks refilled, it spent a year in the Canal zone, sending many flying columns into the desert, and afterwards did good service in the campaign in Palestine. Most of the R.A.M.C.T.F. officers and men are now safely home again, and it is to the younger ones among them that we must look to carry the tradition of the old Division into the new organization which is shortly to arise.