

SOME NOTES ON THE TACTICAL HANDLING OF FIELD AMBULANCES IN MOBILE WARFARE.

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A MASS of knowledge on this subject must be available in the Royal Army Medical Corps at the present time, but, so far, very little has been published on the matter. It is with the object of promoting discussion, and, if possible, gaining information from those who have probably had more experience than the writer, that these notes have been penned.

In order to save space, it has been necessary to be dogmatic at times, but it is hoped that the object of these notes, as set forth above, will absolve the writer from the implication that he is attempting to lay down the law on what is a very debatable subject.

The late War has been carried out in many different theatres where local and tactical conditions have varied enormously; what may be correct in France, with its comparatively deliberate movement and restricted divisional front, may be unworkable in Palestine or the Balkans, where frontages were often large and movements rapid.

The long intervals of trench warfare which have occurred have tended to minimize the importance of this subject, and very few attempts were made beforehand to work out the problem arising in mobile warfare from the point of view of the medical services with a division, or to obtain the co-operation of divisional and brigade commanders in their elucidation; consequently inter-communications broke down, and field ambulances were often left in the air.

The general offensives in 1918 found our knowledge in much the same position as it was in 1914, and brigade commanders still often looked upon a field ambulance almost in the light of a necessary evil, and were very loth to realize the responsibilities which necessarily devolved upon them when mobile warfare commenced.

Numerous pamphlets emanated from the War Office relative to modifications in the tactics of the other arms, but none appeared relative to the Royal Army Medical Corps.

There appear to be, broadly speaking, two schools of thought on the subject; one we may term the "divisional school," and the other the "brigade school." The divisional school hold that field ambulances must be at all times and under all conditions directly under the A.D.M.S.; the brigade school would place them entirely under the orders of the Infantry Brigadiers, at all events, when mobile warfare is being carried on. The supporters of the divisional school are generally found among the more senior officers of the Medical Service who have had long experience of administrative work, but who, perhaps, do not always realize the numerous

difficulties which beset the officer commanding field ambulance in the vital questions of inter-communication, and keeping in touch with units whose positions are constantly changing, and often cannot be foreseen. The advocates of the "brigade school" come principally from amongst field ambulance and section commanders, who, dissatisfied with the paucity of orders and information received from the A.D.M.S. during mobile operations do not realize the difficulties which he has to contend with, and who learn by personal, and often bitter experience, that the advanced post of the collecting zone is more easily worked when the unit is under the orders of a brigadier and forms part of his group. What happens in rear of their advanced dressing or main dressing station does not concern them.

Many officers are so emphatic in their opinions that they absolutely refuse to entertain the alternative idea under any circumstances; and this conservatism has often led to situations which might have been comic had the results not been so serious.

The legend of the A.D.M.S. who fought a different battle to the divisional commander has its origin in more than one theatre of war, and the instances of field ambulance commanders whose ideas have similarly deviated from those of the commander of troops on their front are probably more numerous.

Deficient and defective liaison was at the bottom of most of these incidents.

In the following notes an attempt is made to sketch out an organization which has been found to work well. The scheme is not new, or even original, but the paucity of official literature on the subject encourages the writer to proceed.

The whole matter is very debatable, and the working of an extemporized organization must be left very often to the initiative of officers concerned; but it is thought that some additions to Field Service Regulations are necessary in order to prepare both medical and combatant commanders for the modifications often necessary in the medical organization of a division during mobile warfare.

Field Service Regulations Part II states:—

(1) The field ambulances of a division will operate over the areas allotted to them according to arrangements made by the A.D.M.S.

(2) Their first duty is to establish touch by means of the Bearer Divisions with the Regimental Medical Services of the units in the area assigned to them, to observe the position of casualties and to obtain information regarding the places where wounded have been left.

(3) In order to meet developments the principle should be observed of not opening more sections than are absolutely necessary until the locality is known where the number of casualties is greatest.

(4) The work of removing wounded during actual fighting must be left to the initiative of officers commanding field ambulances.

(5) The A.D.M.S. is mainly concerned in issuing orders relative to the opening and closing of field ambulances, and in maintaining connexion between them and casualty clearing stations. He will indicate the place to which dressing stations (advanced?) will send back the wounded. One or more tent divisions of a field ambulance should be detailed to this spot.

The above general principles are perfectly sound, and are as true to-day as they were supposed to be before the War.

The next extract from Field Service Regulations Part II contains in a nutshell the crux of the whole question: "It is of great importance that information regarding the situation as affecting casualties and the area in which they are occurring should constantly be transmitted between brigade and divisional headquarters, in order to enable the A.D.M.S. to regulate the movements of field ambulances." In other words, instead of informing the neighbouring field ambulance of the incidence of casualties, the brigadier informs divisional headquarters which inform the A.D.M.S. who issues orders to the field ambulances. This is organization gone mad as applied to mobile warfare. By the time the A.D.M.S. has issued his instructions, the local field ambulance might have cleared the field. It is comparable to a brigadier who requires an urgent barrage and asks divisional headquarters for it, instead of applying to the artillery supporting him.

In practice these instructions are rarely, if ever, carried out.

The advocates of the "divisional school" point to the para. in Field Service Regulations, and read it to mean that all orders for movements of field ambulances must come through the A.D.M.S.—moreover, that ambulances must not move in default of these orders.

This is, of course, impracticable. In mobile warfare the wires are choked with urgent messages and reports on the constantly changing tactical situation; other matters are necessarily shelved.

What happens in practice is, that as soon as the special idea and operation orders come to him, the A.D.M.S. gets out a general plan and fixes the positions of main dressing stations and the initial positions of advanced dressing stations. After that, as he cannot hope to keep in touch with the immediate progress of events on the whole divisional front, he must leave the further movements of field ambulances to those who can keep in touch with the situation on a limited front—in other words, the brigadier and officer commanding field ambulance. Any subsequent orders he may issue on information received through divisional headquarters are more often than not obsolete by the time they reach medical units. In mobile warfare information comes most frequently from front to rear, and the constantly changing situation must be dealt with on the spot and at once; delay would be fatal.

This principle applies as much to the Royal Army Medical Corps as to other units of the division. I do not refer, of course, to orders relative to change of plan on the part of the Divisional Commander, but even these are in practice received more quickly through brigades than from the A.D.M.S. with divisional headquarters.

The field ambulance commander must depend on brigade, or even battalion headquarters, for his information if it is to be of any use to him ; so that he should be in close touch with and under the orders of the brigadier, and the latter should be accustomed and ready to give him all the assistance and information he requires.

A para. in the Field Service Regulations pointing out the necessity of this would help matters, and it is suggested that a few remarks on field ambulances in Part I of the Field Service Regulations are necessary, as the question is one of Operations, and not of Administration. How often has the field ambulance commander, on visiting brigade headquarters, in order to get information unobtainable elsewhere, been met with the remark : " Why don't you ask the A.D.M.S., you are under him " ?

The opponents of the brigade organization, as affecting field ambulances, give as one of their reasons against it that brigadiers will begin to look upon a field ambulance as part of their command, and that friction may be caused thereby. I have personally never found brigadiers make any claim of this sort if the position is clearly explained to them, i.e., that the arrangement is a temporary one to meet the peculiar condition of mobile warfare.

The organization of a division is often drastically changed in mobile warfare as regards other branches of the service. The Divisional Artillery normally under the Brigadier General Royal Artillery is split up into its component brigades and attached pro tem. to brigade groups under brigadiers ; even batteries may be detached to work with battalions, and the Brigadier General Royal Artillery manifestly cannot command them under these circumstances, and does not attempt to do so ; if the gunners acquiesce in the necessity of this, there must be an excellent reason for it which will apply equally to the field ambulances, the bearer portions of which must be in very close co-operation with the Infantry brigades.

In order, however, to carry out the excellent principles of Field Service Regulations, Part II, the A.D.M.S., must have something up his sleeve to meet contingencies. He must also have the main dressing station or stations under his own complete control in order to arrange for evacuation and to keep touch with the motor ambulance convoy. He is generally out of immediate touch with the field ambulances with brigades : his attempts to connect with them through the signal service will be often useless ; his messages must wait, if mobile operations are in progress, and he must depend on motor cyclists from the field ambulances for inter-communication if he can get them, and their machines have not been commandeered for other purposes.

How can these opposing principles be reconciled ? I submit like many others by a judicious compromise.

Let me emphasize that I am not in any way in favour of altering the existing organization of field ambulances, the present one is, in my humble opinion, elastic and satisfactory and has met the varying requirements of

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the War, nor do I suggest relegating the A.D.M.S. to an entirely administrative position. He must command the field ambulances of a division in the same way as the Brigadier General Royal Artillery commands the Artillery, but like the latter, he should be prepared to meet a situation and not adhere to central control at all costs as some have endeavoured to do.

The alteration in organization sketched below is only meant as an expedient to meet a certain situation, and I think that most officers will agree that something of the nature is needed to meet the exigencies of mobile warfare.

I suggest that as soon as mobile operations are on the "tapis," the A.D.M.S. should form a combined divisional unit made by withdrawing two tent subdivisions, Sections B and C, and half a bearer subdivision from each field ambulance with the necessary transport. This improvised unit would be under the command of the senior Section Commander in the division and be under the direct control of the A.D.M.S. In the line of march it would march with the headquarters of divisional train. It would include the majority of the motor ambulances.

The field ambulance (less half subdivision of bearers and two tent subdivisions) would march with its brigade under the brigadier's command and be considered (temporarily) as part of his group. This truncated field ambulance forms a very handy unit in mobile warfare, it contains five-sixths of the bearer personnel of the field ambulance and tent personnel sufficient to form an advanced dressing station and sundry collecting posts. Its function would be to collect and evacuate its cases as speedily as possible and to keep complete touch with the brigade under all circumstances. The horsed ambulances and two or three motor ambulances would form part of this unit.

The functions of the divisional unit would be to form main dressing stations and to take over the wounded from the advanced dressing stations of the field ambulance and treat them until they can be evacuated by motor ambulance convoy or supply lorries to rail-head or the casualty clearing station. It would be often necessary during a rapid advance to take over advanced dressing stations from the field ambulances "holus bolus" probably exchanging transport and equipment to save time or to form several dressing stations in echelon, as at all costs the field ambulances must be kept free and mobile.

In the 1918 offensive some A.Ds.M.S. used a complete field ambulance as a second line unit for this purpose, and this, while giving the advantage of working with a complete unit under its own commanding officer, had one great disadvantage in that the officer commanding one of the advanced field ambulances had to keep touch with at least two brigade headquarters and a corresponding number of regimental medical officers. I believe this system was workable in France where the division occupied a narrow front and the rate of advance was comparatively slow, but in other theatres where advances were more rapid and frontage wider, it led to great diffi-

culties and delay in clearing the field; one cannot help thinking that, "one brigade one field ambulance" (or part thereof) is the only satisfactory organization when mobile operations are taking place, as brigade headquarters are often miles apart and heading for widely diverging objectives.

The territorial system of affiliating field ambulances to certain brigades has many advantages, it promotes liaison and a sense of mutual responsibility among units and smooths over many difficulties.

It is suggested that as soon as the A.D.M.S. receives orders which will result in a prolonged advance he should form the divisional unit, described above, part of this unit (two tent subdivisions with half a bearer subdivision) will be detailed to form the first main dressing station, the remainder to stand by in the vicinity ready to move.

Motor ambulances (less two to three with each field ambulance) will be similarly withdrawn and parked by the main dressing station. He will fix the initial position of advanced dressing stations one for each brigade in the line; if a brigade is in reserve its field ambulance will not open but stand by, ready to move.

A field ambulance (less eighteen bearers and B and C tent subdivision) will be detailed to each brigade, if not already affiliated, and be placed under the orders of the brigadier (for tactical purposes only) it will draw its rations from brigade supply and be part of the group.

When actual movement ceases, it will come under the A.D.M.S. directly once more.

As the whole question of collecting wounded is one of liaison, the following arrangements for inter-communication are suggested:

Field ambulance commanders will at once detail three reliable runners to each regimental medical officer, and two, including one N.C.O. to brigade headquarters. These runners should have the general scheme of the operations explained to them as far as it affects their duties. It was sometimes found necessary to attach one or two stretcher-squads to each regimental medical officer in order to help with the collection and grouping of casualties.

The runners attached to regimental medical officers are to keep touch between regimental aid post and brigade headquarters or advanced dressing station of the field ambulance and between new and old regimental aid posts, they will act as guides to stretcher parties and convey messages as to position of groups of wounded and situation as regards casualties in general; the runners at brigade headquarters are to keep touch with advanced dressing station. The brigadier will by means of them, keep the officer commanding field ambulance posted in all movements actual or contemplated, and will send him copies of all orders. The position and moves of advanced dressing station will be notified in brigade operation orders, positions of regimental aid posts will be notified to brigade by battalion commanders, officers commanding field ambulances will inform A.D.M.S. at once of any change in position of their advanced dressing station, and

whenever necessary, and at least once in every twenty-four hours, of the general situation as regards casualties. A.D.M.S. will notify officers commanding field ambulances by the quickest means, of changes in position of main dressing stations; he should arrange all evacuations from advanced dressing station, and when necessary take over advanced dressing stations from officers commanding field ambulances as they stand, equipment and transport being exchanged to save time. In order to facilitate the latter an absolutely uniform method of packing wagons should be insisted upon throughout the three field ambulances.

The motor ambulances previously withdrawn from field ambulances will be used as a convoy and be under his personal control or that of his deputy.

If the advance continues at a rapid rate advanced dressing stations in succession may have to be taken over and the divisional unit may then consist of a series of dressing stations or posts scattered along the principal roads. These stations will be cleared as soon as possible by the divisional motor ambulances or by corps arrangements with the motor ambulance convoy or by returning supply lorries (for slight cases). The scattered components of the divisional unit rejoining their divisional headquarters as soon as possible.

The question of making a single permanent divisional unit of this nature (in addition to the three more or less modified field ambulance units) and providing it with motor transport has, I believe, been considered, and the suggestion would appear to offer many advantages over the present organization at all events in mobile warfare.

As regards the tactical handling of field ambulance stretcher-bearers, much more is required of them in mobile warfare than the mere clearing of regimental aid posts. The experiences of 1914 in France during the retreat of Mons and subsequent advance of the Marne, were almost forgotten in the long period of trench warfare which followed.

In open highly mobile warfare, such as occurred in Palestine and the Balkans, it was necessary in many cases to systematically search for wounded on the ground over which the troops were advancing and not merely to wait for reports from regimental medical officers; in this way very many wounded who had been lost by their units were picked up. In order to carry out the systematic searching, special training is necessary in extended order drill on the lines laid down in Infantry training. A scheme of training for this purpose appeared in the *Journal* of May, 1914, and was found satisfactory by those who used it.

The transport with the field ambulances attached to brigades would be that of "A" section, plus the limbered G.S. wagon of section B. or C. and would include all the horse ambulances and a proportion of motors.

A large proportion of ordnance stores could be dumped and the room thus made utilized for the extra stretchers, blankets, medical comforts and supplies. The remainder of the transport would be with the "Divisional Unit." As regards the latter, if the operations are likely to be highly mobile

and so take the division out of touch with the advanced depots of medical stores and other sources of supply as was the case in Palestine, two additional G.S. wagons or their equivalent per field ambulance (to be attached to the divisional unit) would be required for the carriage of a reserve of stretchers, blankets, comforts and medical supplies.

Sixty camel loads (eight tons) of these, were carried by the 54th Division during the advance in Palestine in 1918, and were found absolutely essential.

It is submitted that if some such scheme as outlined above was referred to in the official hand-books, coupled with a paragraph on the necessity of embodying medical arrangements in divisional, brigade and battalion operation orders, it would save the A.D.M.S. a great deal of "rush" work in extemporizing a more elastic organization than the official one, at the last moment, would prepare brigade and unit commanders for the necessity of co-operating in the modifications of organization necessary in field medical units during mobile operations, and would certainly facilitate the work of field ambulance commanders in giving them a text on which to base their liaison with brigadiers and unit commanders.

In conclusion, I have to express my thanks to several officers of the corps who have talked over the subject with me and whose views are wholly or partly embodied in the above notes.