Correspondence.

TACTICAL HANDLING OF FIELD AMBULANCES.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—Major Reed has certainly opened up a most interesting if not vital controversy as to the tactical handling of field ambulances in mobile warfare. My knowledge of the subject is limited, and my views are the result of experience gained on the Salonica front, where operations were mainly restricted to trench fighting. When the "break through" occurred, such success was gained that an armistice was arranged before there was opportunity of testing our tactics in mobile warfare for a prolonged period. Our subsequent forced march through semi-hostile Bulgaria, to threaten Constantinople, was not associated with active operations.

The points which Major Reed has put up, I take it, are:—

(1) Should a field ambulance be a brigade unit commanded by the colonel commandant of the brigade, or,

(2) Should it remain as a divisional unit, commanded by the A.D.M.S. of the division as heretofore, or,

(3) Should it be sometimes one, and at other times the other?

As regards the first, Major Reed points out that under such conditions the field ambulance would come into line with the R.A.S.C. train company, and the field company R.E. As a result, at any rate, on paper, there would exist a complete group of units commanded by, in a phrase, "the man on the spot."

The field ambulance commander would be in close touch with the brigade staff and consequently would receive early information of events happening and likely to happen. But, should he not have the time or opportunity to be close to the man on the spot, owing to pressure of work in the field ambulance, unless the medical service were represented on the brigade staff by the permanent appointment of a medical staff officer, I think he would be as badly left, if not more so, than certain field ambulance commanders were, owing to paucity of orders from the A.D.M.S. Moreover, the brigade commander and his staff cannot have sufficient technical knowledge to control effectively a medical unit. Again, the "get 'em in and get 'em on" principle of the fighting man is diametrically opposed to the "get 'em out and get 'em back" idea of the medical officer.

I don't think personally that the brigade commander is the right man, though I must confess that I found the G.O.C.'s brigades most helpful, and keen to facilitate the work of a field ambulance during operations, yet they could not be expected to look upon operations from the same point of view as a medical officer; consequently the medical services, in the long run, would suffer.

Perhaps the advocates of the brigade school derived their views from some conditions which have limited their field of thought. Those conditions are, I think, as stated in a later paragraph.

As regards the second-consideration. The principle of assigning the command of a group of medical units to one who is "one of themselves," a "whole-timer," and has had much previous experience acquired in the units he is designed to command, seems to be the right one. An A.D.M.S. thinks of his field ambulances
Correspondence

by day and dreams of them by night; he has not ten thousand other matters which interest him more and about which he knows more, to attend to. Give me the right man on the wrong spot, in preference to the wrong man on the right spot.

As regards grouping and co-ordination of the field ambulances in action, were they not divisional units, what unnecessary labour and correspondence would ensue should a "brigade field ambulance" be required to operate outside the sphere of action of its own brigade!

Major Reed lays down a most important truth, in my opinion, when he states that "deficient and defective liaison was at the bottom of most of the 'incidents.'" A field ambulance commander very soon realizes the vital importance of liaison.

A distinguished senior officer under whom I have had the honour to serve for a considerable period, considers the problem of field ambulance work under three headings. The first is transport, the second is transport, and the third is transport; perhaps we should add "liaison" and read "transport cum liaison."

There is no doubt in my mind that the "incidents" were due to individual failings, circumstances beyond the control of any individual, or to lack of liaison, and not to a system under which the A.D.M.S. commands the medical units in a division.

It would be a pity to destroy a system of command which on the whole seemed satisfactory and which could be adjusted where it showed weakness, and substitute one which in my opinion is fundamentally wrong. Could we, therefore, adjust "the defective and deficient liaison" that Major Reed talks about? Could we not arrange for the communications which we ought to have and have not? A certain field ambulance commander on the Western front did have proper communications and trained telephonists. He was, I am told, most successful, and there were no "incidents" involving his unit. Perhaps he would speak. Something more than a motor of sorts, a tired horse, or his own flat feet, are required by an A.D.M.S. or a field ambulance commander to ensure that "incidents" do not occur.

The third consideration suggests that when a brigade is acting independently of the divisional staff, and detailed so to act, a field ambulance should be a brigade unit, but I think a medical officer should be detailed to act on the brigade staff to ensure liaison. There is no doubt in my mind that, as Major Reed states, this should be laid down very definitely in "Field Service Regulations, Part II."

In my endeavour to defend the system which existed during the late War, perhaps I am prejudiced by the happy experience of serving under A.D.'s.M.S. who appreciated liaison and never spared themselves physically or in any other way to ensure to the utmost of their power that the field ambulance commander was informed of the situation and instructed precisely as to what means should be taken to deal with it.

I am, etc.,

C. L. FRANKLIN,
Capt., R.A.M.C.,
Lately commanding a Field Ambulance with the B.S.F.