TACTICAL HANDLING OF FIELD AMBULANCES.

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

Sir,—This subject is one of great interest to all officers of the Corps, especially to those who, like myself, had the privilege of commanding a field ambulance during the war. The question of the field ambulance being a "brigade" or "divisional" unit was one often discussed amongst officers serving in such units.

My own experience only extended to France, but, personally, I think there are undoubtedly occasions when a field ambulance can perform its duties more efficiently, sometimes as a "brigade unit" and at other times as a "divisional unit." From my own experience I think it would be a mistake to remove the field ambulances permanently from the jurisdiction of the A.D.M.S., even when temporarily a "brigade unit." The A.D.M.S. does not lose touch or interest in his field ambulances, and in my opinion it is essential for the medical units of a division to be under the administration of a medical staff officer. The matter should, I think, be left to the discretion of the A.D.M.S., who would no doubt discuss the question with his ambulance commanders.

In my own division we had no hard-and-fast rule, but Conferences were frequently held by the A.D.M.S. with the ambulance commanders and decisions arrived at to suit the operations then in vogue.

It was my good fortune to serve under A.D's.M.S. and brigade commanders who took the greatest interest in their medical units, and for whom it was a pleasure to work and produce of one's best.

When out of the "line" the field ambulance should always be brigaded and march with its brigade and come under them for billeting, etc., but it should be clearly known to everybody when such is the case, for, on one occasion, my own unit almost lost its Christmas extras supplied by the division owing to the uncertainty of the position by the brigade staff, but fortunately the vitality and energy of my quartermaster on Christmas morning saved the day.

The importance of liaison work between field ambulances and brigades cannot be over-estimated and the necessity of having an officer of the field ambulance attached to the brigade during operations was, I think, fully proved in France. The officer detailed for these duties should be specially selected and possess most of the virtues required of a staff officer and medical officer combined, he should also have men of the field ambulance attached to him as "runners" and these should likewise be picked men of initiative and commonsense; they form a constant link between the liaison officer, regimental medical officers and ambulance commanders.

Without properly organized liaison work, the delay in obtaining information is very great as messages would, in the ordinary course, be sent by "signals" to D.H.Q., thence to the A.D.M.S., and back to the field ambulance commander, who would send out "bearer squads," only to find that the situation existing at time of despatch of the message had meanwhile been cleared up; these needless journeys of bearer squads, exposing men to unnecessary risk, are eliminated by liaison work.

The question of communications raised by Captain Franklin is one which should receive the attention it deserves; could not medical units carry their own
telephone installation and have trained operators and line men on their war establishment and thereby be in constant touch, not only with, their own A.D.M.S., but with brigade and battalion commanders.

A field ambulance should closely identify itself with its own brigade in work as well as in sport, and its officers should make a point of knowing personally, not only the brigade staff but also the various battalion staffs, for how often will not a friendly visit to the brigade clear up differences of opinion and save much unnecessary correspondence and delay; the same applies to adjutants of battalions.

The method of employment of field ambulances, explained by Major Thompson, was, I think, the one followed in most divisions and in my experience worked admirably.

One other point might be worthy of discussion at some other time and that is the employment of non-medical officers to carry out such duties as "bearer officer," "liaison officer," "transport officer," etc., duties which do not necessarily call for a highly specialized officer such as a fully qualified medical man, and yet require men of ability, tact, and initiative.

I am, etc.,

D. F. MACKENZIE,
Major, R.A.M.C.

February 18, 1921.

THE TREATMENT OF MALARIA BY INJECTIONS OF PANCREATIC AMYLOPSIN AND TRYP SIN

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

DEAR SIR,—In this month's issue of the Corps Journal you publish an interesting article by Lieutenant-Colonel J. H. Douglass and Captain H. Carlton, on "The Treatment of Blackwater Fever by Injections of Pancreatic Amylopsin and Trypsin." Mention is made in this article of good results also having been obtained in the treatment of malaria. In the JOURNAL OF THE ROYAL ARMY MEDICAL Corps of November, 1914, under the heading of "Fevers in Peshawar," you also published an article by me giving the results of a series of nineteen cases of malaria treated by this method. Although a temporary benefit in fresh cases was acknowledged in my series, nevertheless the method proved very disappointing and I would suggest that very definite and permanent destruction of parasites should be shown before any reliance is placed in the efficiency of these preparations, or they are allowed to usurp in any way the routine treatment by quinine.

R.A.M.C. Depot,
Crookham,
nr. Aldershot,
February 19, 1921.

I am, etc.,

W. LIONEL FRETZ,
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