

## Correspondence.

### THE TACTICAL HANDLING OF FIELD AMBULANCES.

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

SIR,—The original letter from Major Keppel Read and the remarks of various other writers dealing with the above subject form a very interesting discussion, and one especially so to the writer, as it was with a division under his medical control that Major Read gathered some of his experiences.

The question as to whether the field ambulance should remain as a divisional unit under the command of the Assistant Director of Medical Services or become a brigade unit under the command of the Colonel-Commandant of the brigade has invariably led to diverse opinions.

Speaking as an Assistant Director of Medical Services of a division of the Egyptian Expeditionary Force operating in Palestine and Syria during 1918, under conditions both of defence and of very rapid advance, one can unhesitatingly say that, if any definite rule has to be laid down, the field ambulance should remain, as it is at present, a divisional unit.

Except when a division is actually engaged or advancing, there could, surely be no doubt as to the field ambulance remaining under the orders of the Assistant Director of Medical Services. From a medical point of view it would be disastrous to contemplate any other alternative. The Assistant Director of Medical Services is the officer with the division, who above all is responsible for the welfare of the sick and wounded. It is his duty to be acquainted with the conditions and the medical arrangements of the lines of communications, and to know precisely in what manner the sick will have to be evacuated. No other than a medical officer could be expected to take the same interest in the perfecting of arrangements for the care and transference of the sick. How often has it happened that one has had to insist on certain arrangements being made, highly important from a medical standpoint, but which to the executive officer may have appeared altogether trifling.

It is only when one has to consider arrangements during a rapid advance that the real question of handing over the field ambulance to the Brigade Commander comes into play. It is possible, nay even likely, that when operating in difficult country, such as the Judæan hills, that the brigade and its attendant field ambulance may become completely cut off from the division. Such an eventuality can generally be foreseen, as was the case in Palestine in 1918, and arrangements should be made accordingly between brigade headquarters and the officer commanding field ambulance. For the time being, the officer commanding field ambulance will act under the orders of the brigade commander, until such time as direct communication can be resumed with divisional headquarters. It goes without saying that the Assistant Director of Medical Services must always be with his divisional headquarters or, if he should have to be absent for some special reason, the Deputy Assistant Director of Medical Services must be available to give information or advice to field ambulance commanders.

The allocation of field ambulances to particular brigades to remain and carry out all duties with them, but not to be looked upon as permanently belonging to them or under the orders of the brigade commanders, is an excellent one. It brings the officers and men of the units in contact with the personnel of the field ambulances and as they know each other better so are they more likely to work in harmony. It also enables the officers of the field ambulances to become well acquainted with the staffs of brigade headquarters and to understand each others' opinions and methods. Such intimate relations conduce to the smooth working of medical arrangements.

It must, however, be clearly understood by all concerned that should necessity arise, the field ambulance or part thereof, is liable to be detailed at any moment by the Assistant Director of Medical Services for other duty, outside the brigade, to which it may happen for the time being to be allotted. It should be incumbent and an act of courtesy on the part of the Assistant Director of Medical Services to notify the brigade headquarters before actually putting such an order in force.

With territorial divisions the brigades are apt to look upon certain field ambulances as part and parcel of the brigade, the personnel being recruited from the same localities. The idea is an excellent one, in so far as it leads to the wellbeing of the field ambulance being duly considered by brigade headquarters, but it must not give the latter the impression that the field ambulance is absolutely belonging to it or under its control.

I am, etc.,

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Colonel, A.M.S. (R.P.).

May 18, 1921.

#### TREATMENT OF MALARIA.

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

SIR,—I see injections of pancreatic amylopsin and trypsin have been used in malaria.

Will anyone in the tropics or elsewhere try injections of antivenin? In the intervals between acute attacks of malaria, it might be used in known malaria carriers and the effect, if any, on the parasite watched.

Military Hospital,  
Fort George, Guernsey.

May 9, 1921.

I am, etc.,

G. T. RAWNSLEY,

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