SUGGESTIONS FOR A NEW ESTABLISHMENT FOR A FIELD AMBULANCE.

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Experience has shown, I think, that the present establishment of a field ambulance as laid down in war establishments was not altogether suited to the conditions of modern warfare which prevailed during the past war.

The old arrangement of having the field ambulance divided into three sections, each practically a self-contained unit in itself, proved satisfactory enough when the fighting was more or less stationary, i.e., in the period of trench warfare in France and Flanders, as then the sections of the ambulance could "work the line" in turn and so relieve each other periodically. But when the fighting became of a more or less "open" nature and continual movement was taking place, it was found that this "sectional" arrangement did not work, especially as single brigades were seldom detached from the division to operate independently.

The chief reason for this, I think, was that the bearers of one section (i.e., one "bearer subdivision" as laid down in war establishments) were never sufficient to cope with the work on even one brigade front, and in most cases all the available bearers of a whole, if not of more than one, ambulance had to be utilized.

It seems to me therefore that a more satisfactory scheme would be to emphasize the division of the ambulance into a "bearer" division and a "tent" (or "nursing") division rather than into three "sections," each containing "bearers" and "hospital personnel." It must be remembered though that the "tent division" may be required to run a "main dressing station" and an "advanced dressing station" at the same time; I would therefore suggest that the "tent division" be subdivided into two parts, a "headquarters" section, and an "advanced dressing station section." The "headquarters section" would then practically correspond to two, and the "advanced dressing station section" to one "tent sub-division" as laid down in the old war establishments.

We would then have, as before, three sections, but differently composed from the original ones, i.e.:

(1) "Headquarters Section."
(2) "Advanced Dressing Station Section."
(3) "Bearer Section."

I have given below what I would suggest as the detailed "strength," for each of these sections, and I add the following remarks in explanation of my figures:

(1) THE "HEADQUARTERS' SECTION."

This would consist of the "headquarters" staff of the unit, together with all personnel from the "tent division" necessary to run a main dressing station or divisional rest station together with all the "specialists" usually employed with headquarters.

(2) THE "ADVANCED DRESSING STATION SECTION."

This would consist of just sufficient personnel from the remainder of the "tent division" to run an "advanced dressing station," and would be quite distinct from the "bearer section."
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FIELD AMBULANCE.

Headquarters Section.
1 Lieutenant-Colonel (Officer Commanding).
1 Major (2nd in Command).
2 Captains or Lieutenants.
1 Quartermaster.
1 Serjeant-Major.
1 Quartermaster-Serjeant.
2 Staff-Serjeants:-
1 Dispenser.
1 Clerk.
1 Storekeeper.
2 Corporals:-
1 Pack Storekeeper.
1 Pioneer.
12 Serjeants:-
1 Nursing.
1 Clerk.
1 Cook.
1 Storeman.
1 Postman.
1 Shoemaker.
1 Tailor.
1 Carpenter.
1 Barber.
1 Butcher.
1 Washerman.
1 Chiropodist.
1 Cyclist Orderly.
1 Office Messenger.
1 Officers' Mess Cook.
1 Serjeants' Mess Cook.
4 General Duty.
Category "B" Men:-
3 Officers' Batmen.
1 Serjeant-Major's Batman.
Total.
5 Officers.
16 Other Ranks.

Advanced Dressing Section.
1 Major (Officer Commanding Bearers).
1 Captain or Lieutenant.
1 Nursing Serjeant.
1 Corporal Cook.
12 Privates:-
4 Nursing Orderlies (including Lance-Corporal).
2 Pioneers.
1 Clerk.
1 Cook.
4 General Duty.
Category "B" Men:-
2 Officers' Batmen.
Total.
2 Officers.
16 Other Ranks.

Bearer Section.
9 Captains or Lieutenants.
3 Bearer Serjeants.
82 Privates:-
80 Bearers (including 3 Lance-Corporals).
Category "B" Men:-
2 Officers' Batmen.
Total.
2 Officers.
85 Other Ranks.

Transport Section, R.A.M.C.
1 Corporal Wagon Orderly.
1 Corporal Cook.
1 Private Cook.
3 Water-cart men.
Category "B" Men:-
7 Car Orderlies.
3 Horse Ambulance Orderlies.
Total.
16 Other Ranks.

Total Royal Army Medical Corps Personnel.
9 Officers.
172 Other Ranks (including 20 Category "B" Men).

(3) The "Bearer Section."

This would consist only of bearers and would in action be based on the "advanced dressing station." It will be seen that I have put only eighty bearers (this giving twenty squads of four bearers each). This is as large a number as was ever really available under the old scheme, after all "specialists," etc., were deducted and is, I think, sufficient for any ordinary needs. I have included also in the "establishment" a small party of Royal Army Medical Corps personnel, which I call the "transport section," who would be more or less permanently attached to the transport (horse transport, and motor transport) of the unit, and the twenty "B" Category men who towards the latter part of the
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war were apparently recognized as included in a field ambulance strength, ten of
these being shown as "batmen," and ten as "wagon orderlies." The total
strength, it will be seen, works out at nine officers and 172 other ranks, a
reduction of ten on the old war establishment.

The non-commissioned officers also become slightly altered, both as regards
their duties and in that the number of serjeants is reduced to nine and that of
corporals to five.

This method of working the ambulance would, of course, necessitate some
rearrangement in the method of packing the equipment on the transport. This
can very easily be done so that a certain number of wagons are packed with all
the equipment for the "headquarters section," while one limber is set aside for
the equipment of the "advanced dressing station section," thus ensuring that
the latter can always move independently when necessary.

Should the rare possibility arise of a whole section having to be separated for
duty with an independent brigade, the headquarter section equipment can easily
be divided into two almost identical sets and the wagons packed accordingly.
In which case the personnel also for the independent section must be detailed
from the original sections as considered necessary.

I may add that this method of working was adopted for over three years in
the field ambulance in which I served in France, and proved very satisfactory in
every way.

The question was raised in France as to whether a division could do with less
than three field ambulances. I think that under existing arrangements three are
necessary, but I have often thought that a good idea would be to have one
"corps" field ambulance definitely attached to each corps and under the direct
orders of the Deputy Director of Medical Service corps, as the motor ambulance
convoys were in the later stages of the war on the Western Front. This "corps"
ambulance could then do all such jobs as "corps main dressing station," "corps
rest station," "corps scabies station," etc., when these were in existence, with
assistance from the divisional field ambulances if necessary.

Under such an arrangement, I think that a division could do with only two
field ambulances, and if (as was very rare in the war) the three brigades were
operating independently, one ambulance could be split up.

With regard to the question raised in the recent correspondence as to whether
the divisional field ambulances should remain directly under the orders of the
Assistant Director of Medical Services, or be put under the orders of the General
Officer Commanding Brigade is concerned, I think that for the purposes of medical
operation orders and purely medical administration, the ambulances should
certainly be directed under the Assistant Director of Medical Services. But that
for questions such as "supplies," "discipline" and "quartering," they might
easily be made an integral part of the brigade concerned. This would, for one
thing, tend to lessen the routine work in the office of the Assistant Director of
Medical Services and enable that office to concentrate on purely medical questions
of administration.

Finally, with regard to the question of inter-communication between regimental medical officers, brigade headquarters, field ambulance headquarters and the Assistant Director of Medical Services, in my division during the period
of "open warfare" we had a medical "liaison" officer from the field ambulance
attached to each advanced brigade headquarters, together with runners or mounted, or cyclist orderlies from the ambulance. By this means it was found far easier and quicker to get messages back to the ambulance headquarters regarding the position of regimental aid posts, etc., than if the messages had to go by signal, via battalion headquarters, brigade headquarters, divisional headquarters and Assistant Director of Medical Services.

In this connexion I entirely agree with your correspondent who suggests that every field ambulance—should have a telephone set and the necessary signal personnel attached to it, at any rate during “open warfare.”

Although it is perhaps rather late in the day (nearly three years after the war) to write on such a subject, I hope that the above notes may possibly be of interest especially in light of the recent correspondence on the same subject. I might add that the part of this article on the “proposed new establishment” of a field ambulance, was originally worked out by me in December, 1918, at the request of the Assistant Director of Medical Services of my division in France who had raised the point in question.

Lecture.

GAS WARFARE: ADOPTION: METHODS OF USE: PROTECTION OF TROOPS.

By Major W. R. Galwey, O.B.E., M.C., R.A.M.C.

INTRODUCTION.

The legitimacy of the employment of noxious gas as a weapon of warfare has recently been much discussed in both the public and scientific press.

At the meeting of the British Association in Edinburgh in September the President in his opening address called upon the Association to use its every endeavour to persuade scientists to cease research into chemical methods of destruction to the high call of science.

Much might be said regarding the humanity of inflicting casualties by gas rather than by high explosive, of the high percentage of permanent recoveries after the former as against the latter and the low percentage of deaths, but it seems to me that two fundamental facts are ignored by those who write and speak against gas warfare:—

(1) That, in the highest sense, all weapons in war are inhuman, and

(2) That the use of gas in warfare is an accomplished fact.

It has proved a most effective weapon, so that any nation fighting in the future for its existence must be prepared to combat it and use it. Research into new compounds capable of overcoming existing methods of defence can be carried out in secrecy in the laboratory without attracting the attention of foreigners—many of the poisonous compounds are intimately connected with the chemical