A FIELD AMBULANCE IN ANATOLIA.

By BREVET MAJOR R. E. BARNESLEY.

Royal Army Medical Corps.

The functions of field ambulances during the Great War were so many and so varied that it is almost inevitable that prolonged discussion should frequently arise as to whether, or in what way, these important units should be modified as regards their equipment, training, or utilization.

Among those whose experiences were confined to the Western Front, one finds an idea, expressed or implied, that the field ambulance as at present constituted is something of an anachronism. Where experience has shown that these units were almost invariably housed in buildings and dug-outs, that casualties were conveyed by motor ambulance car or light railway, that horse-drawn transport proved a slow and dangerous method of evacuation, and that tentage could always be drawn if required from the nearest Ordnance depot, it is not surprising to find a widespread opinion that all transport should be mechanical, that tentage and other stores should be thrown overboard to make room for, perhaps, more complete theatre equipment, X-ray apparatus, or other stores more directly concerned with the treatment and comfort of the sick and wounded.

Since returning to England I have heard these views so repeatedly emphasized that it may be not without interest to recall recent operations in which field ambulances worked "according to the Manual," and in which any such drastic modifications of the present organization would have proved a very great embarrassment.

The town of Ismid is situated at the eastern end of the Gulf of Ismid on the Sea of Marmora. It lies in the concavity of a roughly semi-circular ridge of hills which stops short of the sea at either end and enables the road and railway to pass on the east to Ada-Bazar and Eski-chehir and on the west to Derinje, Tousla and Constantinople.

This town was occupied by an independent Brigade which was served by a combined British and Indian field ambulance.

The work of the Brigade may be said to have started in March, 1920, when the Turkish Nationalists blew up a railway bridge on the Ismid-Eski-chehir line about sixty kilometres from the former place. The Force moved up by rail to protect the parties working on the repair of the bridge and to assist in the extrication of the Eski-chehir force which was thereby cut off.

A main dressing station was established in trucks on a siding at railhead and a collecting post, under canvas, was sent forward three or four miles to the Brigade encampment, which was under bivouacs.

At this juncture a need was felt, which must have been experienced by
A Field Ambulance in Anatolia

a large number of units during the war, of some sort of "emergency" or "detachment" equipment.

How many times has the moment come when a post has to be formed at short notice, or when a medical officer has suddenly to be detailed to take a field ambulance detachment to accompany some small independent force?

Such orders often result in a sudden dash to the store, the hurried unlocking of eight Ordnance panniers, the extraction of a bedpan from one, pyjamas from another, a Primus stove from a third, a directing flag from a fourth, and so on, what time the hapless Quartermaster wrings his hands in despair as to how to keep track of his equipment. It was found in practice that all the medical and surgical equipment required can be carried in a medical companion if the dressings are removed and for them are substituted a sterilizer, some anti-tetanic serum and syringe, dental instruments, extra drugs such as aspirin, quinine and castor oil, clinical thermometers, and a set of ordinary instruments (medical officers are not infallible and their pocket cases are sometimes absent or incomplete when required). For the rest, surgical haversacks supply the dressings necessary and, in addition to the Ordnance stores suggested above, a pannier is packed with electric torch, stationery, matches, candles, methylated spirit, paraffin, hurricane lamp, basins, soap, towels, and other essentials which will occur to all who have had experience of this kind of work.

Such equipment would be of very great service for a regimental medical officer to take with him to his aid post for active operations. At the present time if he takes all his authorized equipment he is burdened with a large number of drugs and instruments he cannot possibly require during an engagement and, on the other hand, for such essentials as bedpans, etc., he has usually to rely on the generosity of the field ambulance.

In spite of some opposition the bridge was satisfactorily repaired and all the troops returned, with negligible casualties, to Ismid.

Here we remained for about three months; this time was not destined to hang heavily on our hands, however, as the Nationalists made repeated efforts to capture the town and frequent alarms were the order of the day. In addition to a number of battle casualties there was a considerable amount of sickness which is, I suppose, inevitable when young and newly recruited troops are brought, under active service conditions, to a semi-tropical and malarial climate.

During this time the force was supported by the Royal Navy, and it is pleasant to recall the valuable assistance given by the medical staffs of H.M.S. "Ramillies" and the other vessels which at different times lay in the bay. Expert professional advice was always readily given and we gratefully availed ourselves of their kind offer to let us have the use of X-ray apparatus, oxygen cylinders, instruments and drugs from their perfectly equipped hospitals.

About two-thirds of the force, during this stationary period, was distri-
buted on the surrounding hills and evacuation by wagon was an impossibility. Fortunately mule litters arrived shortly before the investment of the town and all cases were brought down by this means. It may not be out of place here to interpolate a few observations with regard to this most useful means of transport. The litters did not vary in essentials from the kind described in the Manual and, as all who served in Macedonia or Turkey will agree, they were of the very greatest service under all conditions.

In standing camps, where sick have to be brought in from neighbouring units, a litter could be turned out in half the time and with half the trouble that it took to harness up an ambulance wagon; it could be taken direct to where it was required, across fields and nullahs or along narrow tracks, where a wagon would have to go several miles round by road, and it was undoubtedly the most comfortable of all means of transporting patients. In open warfare the litters proved an immense saving of stretcher-bearer personnel as they were almost always taken up to aid posts and places where, on account of its visibility, an ambulance wagon was out of the question. When infantry patrols were sent out a couple of litters were sent along with the ammunition mules to bring in any casualties which would otherwise have to be left behind or carried perhaps eight or nine miles. In the case of cavalry patrols they would go out and lie up in some convenient spot, under shelter of a hedge or in a nullah, and could be brought up to collect a casualty over any country in which cavalry can work. In fact, at the present time, the litter seems to be the nearest approach to the solution of the difficult problem of providing suitable ambulance transport for cavalry work. Furthermore, I am convinced that they have a definite place in trench or stationary warfare and can recall very many occasions in France when they could have replaced stretcher-bearers in positions where shell holes, bad roads, mud, or exposure to view precluded the use of wagons. A very efficient form of litter and harness, which carried an ordinary stretcher, was evolved in Macedonia and it would seem very unfortunate if field ambulances were not to benefit by the hard-won experience of that campaign.

In July, having suffered considerable losses, the Nationalists abandoned the idea of capturing Ismid and withdrew into the interior. Many broke up into marauding bands which carried murder and rapine into the Greek and Armenian villages of Anatolia. About the middle of the month, therefore, a force from Ismid started on an expedition to the Black Sea with the idea of clearing the country, laying by the heels any such bands in the neighbourhood, and establishing some sort of government and order.

This short expedition (which only lasted something under a month) proved of the greatest interest and impressed many valuable lessons on the medical officers taking part. It was clear at the outset that there would be a considerable number of casualties. Malaria and dysentery were exacting a heavy toll on both British and Indian troops and, in addition, we were setting out into a strange and hostile country, so that the prospect of there being a number of battle casualties was not lightly to be set aside.
A Field Ambulance in Anatolia

Personnel and transport had to be reduced to a minimum owing to rationing difficulties and when the column started out the field ambulance was reduced to little more than a section. Panniers A to H were completely overhauled and it was found that by careful selection and packing all the essentials could be contained in four panniers.

There was to be no opportunity for the transfer of patients until the Black Sea was reached, where a ration boat was to be in waiting, and there was no means of communicating with higher formations other than by the rather precarious medium of a travelling wireless set.

At the beginning of the march the field ambulance was distributed through the column in a way which has been found to have many advantages. The transport (other than the ambulance transport proper), together with a party for tent pitching, cooking, etc., marched near the head of the main body. The ambulance wagons and litters were placed at the head of the second line transport. The advantages of this system are obvious. The equipment is among the first to arrive in camp, and the fatigue party is able to erect tents, prepare a medical inspection room, and get fires going without delay, so that when the ambulance wagons arrive, patients can be accommodated and fed almost at once, and field ambulance personnel can get to rest in reasonable time. There is no doubt that in a march where opposition is not expected and a field ambulance is at full strength, this disposition is entirely satisfactory. Where there is a possibility of attack, however, it is perhaps not advisable to have a field ambulance detachment in the front of the column; moreover, in the case under discussion, owing to a dearth of personnel, the preparation of camp had to be done by wagon orderlies, etc., and it was not possible to detail a special party for the purpose. Finally the supervision of so widely distributed a unit became a difficulty, and it became necessary to alter the position on the line of march to that which is described in a later paragraph.

It speaks volumes for the spirit and determination of the troops to recall that the numbers actually falling out on the march were almost negligible. In spite of a trying climate and long daily marches, it was a bad day when the numbers falling out could not be counted on the fingers of the hand. On arrival in camp however, temperatures rose, rigors set in, sore feet became no longer endurable, and the problem of how to dispose of the sick became increasingly formidable.

It soon became obvious that local transport would have to be used to an increasing extent and the commonest vehicle in the country proved admirably adapted to the purpose. This consisted of a wagon drawn by two oxen. It was very long and narrow. The distance between the front and rear axles was about eight to ten feet, the width was about two feet six inches. The floor consisted of long planks, and the sides were formed by a wooden railing, about three feet in height, sloping outwards from the floor. In some cases a stretcher was slung from the railing but...
in practice it was found that a patient was equally comfortable lying on a bed of straw on the body of the wagon. A canopy was, of course, erected as a protection from the sun.

How efficient a means of transport these wagons proved may be judged from the fact that an officer, badly shot through the knee, asked to be transferred from the light ambulance wagon on which he was travelling, back on to the ox wagon on which he had started his journey. The highly sprung ambulance wagon with its short wheelbase plunges, as it were, whole into any inequalities on the road, setting up both lateral and to and fro movements which are very distressing to patients and which were, in this instance, likened to those of a small boat in an angry sea. The ox wagons, on the other hand, with their great length met these obstacles first with their front wheels and, after a distinct pause, with their hind wheels, moving slowly and inexorably forward with the calm dignity of an ocean liner.

During the daily march, mounted transport men were sent out on either flank to collect wagons from fields and villages and to bring them into the column. The owners were in nearly every case fine specimens of the unspoiled and country-bred Turk who is as the poles apart from his shifty and unstable brother in Constantinople. Generally they were old men, often of seventy years and more, but they would march a steady sixteen miles a day without turning a hair, and the scrupulous way in which they tended, watered and fed their beasts before satisfying their own needs would not have been discreditable to a British cavalry regiment.

When paying off one of these old men I asked him whether he did not find it, to say the least, a little disconcerting to find himself in the midst of his peaceful daily labours suddenly swooped down upon and compelled to join the ranks of a foreign army. His reply forms an interesting commentary on the capacity of the Turk to govern. He said that he was over seventy years old and that all his life he had either been fighting or had been the victim of constant raids, robbery and oppression. (In fact, from some remarks let fall, I rather gathered that brigandage had been an early hobby of his own.) The local custom appears to be to seize the wagon and oxen, to load it up with the victim's produce and leave him disconsolate by the roadside, lucky if his house and womenfolk are untouched. It was rather a pleasant surprise, therefore, to find a misguided people like ourselves who supplied him and his beasts with food and liberated them only two days from home with rations on his wagon and good money in his pocket.

Cases of sore feet, minor injuries and trivial disabilities were carried on army transport carts as they became emptied of the rations with which they had been loaded. These did not prove very satisfactory as the lack of springs, hard iron floor and awkward slope of the cart all militate against its usefulness.

After several trials it was found that the bulk of the field ambulance
could be most usefully employed when marching immediately in rear of the first line transport. Difficulties have sometimes been encountered with brigade staffs who are often anxious to relegate the field ambulance to the second line transport. This is obviously a most undesirable position as it means that the medical unit arrives very late into camp, that sick parades are thereby delayed, that the casualties are last in the brigade to be accommodated and that field ambulance personnel, by the time that the hospital is established, get very little rest. Field Service Regulations lay down that field ambulances are not divided into first and second line transport. Would it not be more accurate to say that all field ambulance transport is first line?

One or two litters were sent with each flank guard and care was taken to ensure that all ambulance transport proper started clear of patients each morning.

Slight cases followed in army transport carts with the second line transport and, in the rear of the column, in front only of the rearguard, followed the local transport which formed, as it were, a kind of slowly-moving main dressing station. When it is stated that as many as eighty patients were carried in this at one time, it will be realized that this part of the field ambulance assumed very considerable proportions. Contrary to expectations it was found that these ox wagons were well able to keep up with the brigade even on a long day's march. As a rule they only had one halt during the day, so that, while they receded when the column was moving, at every check or halt they tended to regain their position, and, in practice, never arrived in camp more than three-quarters of an hour after the main body, by which time tents were erected to receive their loads.

Finally, one ambulance wagon was detailed to march with the rearguard.

Two Ford vans which accompanied the column had the greatest difficulty in keeping touch, were of very little practical use, and ended by being drawn ignominiously into camp by oxen.

During the summer the amount of sickness, combined with the reduction of personnel owing to demobilization, had prevented training in field work on any large scale, and it became very apparent that constant practice in the pitching of tents and the establishment of camps should figure very largely in the training of Royal Army Medical Corps personnel. There is little doubt that this is likely to be of more actual use on service than stretcher drill or wagon drill, though at the present time it is doubtful if it is given even an equal prominence.

Other difficulties and problems which had to be faced, including evacuation by trawler and destroyer in rough seas are, perhaps, not of sufficient interest to be described in full. They all went to show, however, that the training of men to use their own initiative and the development of their powers of improvisation are at least as important as specialized
instruction in the technicalities of hospital treatment and routine; and that a field ambulance equipment and transport should be adaptable for use under all conditions.

After all only a very small proportion of the earth's surface is supplied with roads and buildings and, though the present field ambulance, based on the South African War, proved wonderfully adaptable to warfare in thickly populated industrial countries, can we be sure that the converse would be the case? and is it not possible that such a unit, modified to meet the requirements of France and Belgium, might find itself in very serious difficulties in attempting to work over country such as Anatolia?

It would be idle, after a comparatively limited experience, to be in any way dogmatic as to the ambulance-transport required by a field ambulance at the present time. It may perhaps provoke interesting discussion if it is suggested that the widest demands would be best served by the provision of four motor ambulance cars, seven light ambulance wagons, ten litters and (is it too much to hope?) an ambulance aeroplane-lying somewhere at hand for the conveyance of abdominal or other urgent cases.