SCHEME FOR AN EXAMINATION OF MAJORS, ROYAL ARMY MEDICAL CORPS, FOR PROMOTION TO THE RANK OF LIEUTENANT-COLONEL, PART II, HELD IN THE ALDERSHOT COMMAND, FEBRUARY, 1923.

BY MAJOR-GENERAL GUISE MÔORES, C.B., C.M.G., K.H.S.

Army Medical Service:

AND

BREVET COLONEL W. G. S. DOBBIE, C.M.G., D.S.O.

Royal Engineers; G.S.O. 2nd Division.

(Continued from p. 120.)

SITUATION NO. 1. TASK NO. 1.

Required as A.D.M.S. the assumed position of the medical units 3rd Division and Cavalry Brigade at 12.00 hours, February 12.

This was quite a simple task. The position of the headquarters of medical units only was required. The advanced guards were not finally brought to a standstill till 12.00 hours. The total casualties up to that hour were only 230—no great number for the Divisional main dressing station and W.W.C.S. at Binsted to deal with. It would be a tactical error to immobilize the other field ambulances by allowing them to open and receive wounded before the main body of the Division became engaged. It is considered that para. 1 of 3rd Division R.A.M.C. Orders, issued at 22.30 hours February 11 gives an indication of the probable situation of the 7th, 8th, and Cavalry Field Ambulances at 12.00 hours, i.e., before deployment of the main body was contemplated. They would be marching in rear of their respective brigades, less one company from each, with the advanced guards.

SITUATION NO. 1. TASK NO. 2.

Required as A.D.M.S. 3rd Division the orders or instructions given the medical units, after it was known that a concerted attack was to take place at 14.00 hours, with a view to obtaining possession of Hungry Hill—Beacon Hill.

It is considered that the 3rd Division R.A.M.C. Orders of February 11 based as they were on intelligence available at the time of issue, made adequate provision to meet all likely medical requirements up to the forenoon of the 12th. As the day advanced, the divisional commander's further orders necessitated additional instructions to field ambulances to meet new developments. The A.D.M.S. 3rd Division then promulgated the following instructions: See F.S. Regs., (Provisional), vol. ii, sect. 67, para. 5.

To Officers Commanding 7th, 8th, 9th, and Cavalry Ambulances.
Scheme for the Examination of Majors, R.A.M.C.

SECRET. February 12, 1923.

Reference O.S.—One-inch map, Aldershot Command.

(1) General Officer Commanding intends to resume the advance at 14.00 hours to capture Hungry Hill—Beacon Hill.

(2) Nos. 7 and 8 Field Ambulances will collect and receive casualties of 7th and 8th Brigades respectively.

(3) The Cavalry Field Ambulance will transfer all casualties to the main dressing station, No. 8 Field Ambulance.

(4) No. 9 Field Ambulance at Binsted will close when all casualties have been evacuated. At 14.30 hours, one company will proceed to Dippenhall and open a divisional W.W.C.S. Ten lorries will report at W.W.C.S. at 15.00 hours under instructions issued by the D.D.M.S.

(5) Acknowledge.

(6) Reports to A.D.M.S. at Bentley.

Issued at 13.00 hours by S.D.R., headquarters, 3rd Division.

In a war of movement when field ambulances are detailed to advance with troops attacking a distant objective, the Divisional R.A.M.C. Orders should never assign map positions for advanced or main dressing stations. Field ambulance commanders should be well forward, and after making a reconnaissance of the area the troops are advancing over, should select sites suitable for main dressing stations. Officers commanding field ambulances, or the company commanders, should in the same way select sites for advanced dressing stations. In position warfare this rule may require some modification, but even then, the selection of these stations should generally be left to the field ambulance or company commanders. In this particular movement the field ambulances were allotted to the attacking brigades, the medical tactical decisions were therefore left entirely in the hands of the officers commanding those units. The principle conceded was, that it is "usually dangerous to prescribe to subordinates at a distance anything that they should be better able to decide on the spot with a fuller knowledge of local conditions." See F.S. Regs. (Provisional), ch. vi, sect. 67, para. 4.

Field ambulance commanders should detail a liaison officer and motor cyclist for brigade headquarters on such occasions.

As regards the treatment of gas casualties in operations such as are now being considered, it would not be possible to detail any particular unit to act as a divisional gas treatment centre. Each field ambulance should be prepared to treat any gas casualties that found their way to the advanced dressing station that it was clearing. The allotment of one medical unit to deal with all gas casualties wherever they occurred would lead to confusion and delay in treatment of patients.

The D.A.D.M.S. should be in the forward area visiting the main dressing stations and advanced dressing stations, and should report
progress to A.D.M.S. at divisional headquarters. He should be provided with a motor cycle.

**Situation No. 2.**

(1) The attack of the 3rd Division was successful, and by 16.00 hours Hungry Hill and Beacon Hill were in its possession, and outposts had been pushed forward to the line Westend—Jubilee Hill, Leipzic Barracks—Dares Farm.

The 1st Division had, however, not succeeded in getting beyond the line Hampton Park—Highmill, and the 7th Brigade had consequently to throw back a defensive right flank through Hale to Highmill.

(2) The situation at 18.00 hours was as follows: 7th Brigade group, Hungry Hill—Upper Hale; 8th Brigade group, Caesar's Camp—Beacon Hill—Redlands—Upper Old Park; 9th Brigade group, in Divisional Reserve about Dippenhall; Cavalry Brigade, Doghersfield Park; Divisional Headquarters, Ridgeway House.

(3) Casualties were as follows (in addition to those mentioned in Situation No. 1):

<table>
<thead>
<tr>
<th>Brigade</th>
<th>Casualties</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th Brigade</td>
<td>800</td>
</tr>
<tr>
<td>8th Brigade</td>
<td>650</td>
</tr>
<tr>
<td>9th Brigade</td>
<td>50</td>
</tr>
<tr>
<td>Cavalry Brigade</td>
<td>130</td>
</tr>
</tbody>
</table>

In addition, the 7th and 8th Field Ambulances had lost ten per cent of their bearers.

(4) Divisional Headquarters informed A.D.M.S. at 18.00 hours that probably the advance would be continued next day at 09.00 hours.

**Situation No. 2.**

**Task No. 3.**—Medical disposition for night 12/13th.

**Task No. 4.**—Report (if any) sent to D.D.M.S. Corps.

**Situation No. 2. Task No. 3.**

Required as A.D.M.S., 3rd Division, the medical disposition on the night 12/13th.

The fighting ceased at sunset. The total casualties since noon 12th were 1,630. Assuming that twenty per cent of these were killed, this would leave eighty per cent wounded, making a total of 1,300. Of these twenty per cent were dangerously wounded, i.e., 260; sixty per cent severely wounded; i.e., 780; and twenty per cent lightly wounded, and able to walk, i.e., 260. The walking wounded mostly congregated at the W.W.C.S. at Dippenhall, which was cleared by motor lorries, ten of which were temporarily placed at the disposal of A.D.M.S., 3rd Division, direct to the casualty clearing station at West Meon. The bearers of Nos. 7 and 8 Field Ambulances were reinforced by one company of No. 9 Field Ambulance, but the complete clearance of the battlefield was only
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effected by the employment of a company of combatant troops obtained from the 9th Brigade, and all available prisoners of war, by arrangement with “A” branch of the Staff.

The field ambulances were clear of all wounded, and closed ready to move at 23.00 hours on 13th.

The field ambulances were disposed as follows:

7th Field Ambulance: Reinwick House—three-quarter mile south of the A in Dippenhall.

8th Field Ambulance: at Bentley House—half mile north of the cross roads at Bentley.

9th Field Ambulance (Divisional W.W.C.S.): at Dippenhall.

Cavalry Field Ambulance: Itchel Manor House—quarter mile north of the C in Crondall.

These were all established in positions off the main roads as these were liable to be heavily shelled.

**SITUATION No. 2. TASK No. 4.**

Report from A.D.M.S. 3rd Division to D.D.M.S. Corps:

To D.D.M.S. Corps.

(1) All field ambulances clear of wounded and closing.

(2) Ten per cent bearer casualties. Am arranging for reinforcements.

(3) Gassed cases all evacuated.

(4) 150 (one hundred and fifty) additional stretchers required.

Sd. A. N. Other, Colonel, A.D.M.S.,

3rd Division.

By S.D.R., at 22.00 hours, February 12, 1923.

3rd Divisional Headquarters, Ridgway House.

**SITUATION No. 3.**

Owing to the heavy losses sustained and to the reported approach of strong enemy reinforcements, the Corps commander on the 13th decided to postpone his further advance until reinforcements, which were expected to arrive in one week, reached him.

He consequently ordered the 3rd Division to consolidate its position and reorganize and rest its men; the 1st Division was to secure the Hog’s Back by a night attack on the 13—14th and then consolidate its position.

**TASK No. 5.**

What advice as A.D.M.S. would you give the General Officer Commanding 3rd Division?

**SITUATION No. 3. TASK No. 5.**

Owing to heavy losses, the Corps commander decided early on 13th to postpone any further advance until the arrival of reinforcements. The
position gained was to be consolidated and reorganized, and rest given to
the men.

Required from A.D.M.S., 3rd Division, the advice given to the G.O.C.
under the circumstances.

The following was considered suitable:—

1) The retention of all light cases in field ambulances beyond twenty-
four hours.

2) Medical inspection of all troops for the detection of infectious
diseases, scabies, venereal disease and vermin.

3) Arrange for bathing, change of underclothing and drying of clothing
for all units.

4) Institute a system of deep trench latrines outside towns, and addi-
tional latrine accommodation on the bucket system for towns and villages;
and order a rigid inspection of trench and outpost latrines.

5) Billet as many men as possible under good cover, in houses if possible.

6) Supply coal or extra fuel to billets.

7) Draft regulations for the prevention, mitigation and treatment of
venereal disease and the control of prostitution.

8) Issue extra blankets to units in front lines.

9) Keep men suitably employed with physical drill and start games;
concerts, cinemas, etc.

10) Arrange for hot meals and hot drinks, these to be varied and
regularly provided.

11) Recommend an issue of rum daily at night time.

12) Police all water supplies.

13) Place all public houses out of bounds.

SITUATION No. 4.

1) During the 14th the enemy retired in a northerly direction and the
1st and 3rd Divisions followed him up, and by nightfall had reached the
line, Blackdown, Yorktown, Yateley, in light touch with the enemy.

2) On the morning of the 15th the situation of the troops was as
follows:—

1st Division area: Blackdown, Yorktown, Mytchett, Pirbright.
3rd Division area: Blackwater, Yateley, Fleet, Farnborough.
2nd Division area: Aldershot, Farnham.
Cavalry Brigade area: Eversley, Bramshill.

3) Strong forces of the enemy being reported to be advancing from
the direction of Reading, the Corps Commander decided to withdraw to
the line Hindhead, Alton. He also informs the D.D.M.S. confidentially
that owing to the situation elsewhere the withdrawal may have to be
complete, and Expeditionary Force re-embarked.

The 1st and 3rd Divisions were ordered to remain in present position
until the evening of the 16th and to be prepared to fall back during the
night of the 16—17th through the 2nd Division (which would be holding
a line from Seale to Beacon Hill), the Cavalry Brigade would cover the left flank during the retirement.

**TASK No. 6.**

Arrangements you would make as D.D.M.S.

**TASK No. 7.**

What written instructions would you give to A.D.M.S. of Divisions?

Tasks 6 and 7, though separate, are best considered together.

**THE ADVANCE.**—The enemy’s retirement was unexpected and our follow on rapid. By nightfall 14th our advance guards were in touch with him, on the line Blackdown, Yorktown, Yateley.

**Arrangements by D.D.M.S.**—At 10.00 hours on the 14th he ordered one section of No. 1 M.A.C. and 10 lorries (for walking cases) to report to A.D.M.S. 3rd Division, and one section No. 1 M.A.C. and 10 lorries to A.D.M.S. 1st Division. The Cavalry Field Ambulance to evacuate sick to nearest M.D.S. 3rd Division. At 10.00 hours 14th, the light sections of Nos. 1 and 2 Casualty Clearing Stations were ordered to proceed by lorry transport from West Meon to Farnham, open there and deal with all casualties of the Force. All casualties to be evacuated from Farnham by No. 3 Section, No. 1 M.A.C., and No. 1 Section, No. 2 M.A.C. (brought up from the base) and twenty lorries for light cases, to West Meon, heavy section Nos. 1 and 2 Casualty Clearing Stations to be responsible for entrainment. Arranged with R.T.O. at West Meon for one ambulance train to be at that station siding at 14.00 hours on 15th for transfer of casualties to Portsmouth.

The casualties were few in number on the 14th, 15th, and 16th, and were easily dealt with by the Light Sections of Nos. 1 and 2 Casualty Clearing Stations.

**THE WITHDRAWAL.**—**Arrangements made by D.D.M.S.** The Light Sections of Nos. 1 and 2 Casualty Clearing Stations to close at 12.00 hours on 16th and move by lorry transport to join their headquarters at West Meon.

All casualties of the 1st and 3rd Divisions after this hour on 16th to be evacuated from Field Ambulance M.D.S.’s by arrangements of A.D.M.S. direct to Casualty Clearing Station at West Meon.

Arranged with R.T.O. for No. 3 Ambulance Train to be sent to Farnham by 00.06 hours 17th, to take casualties of 2nd Division, A.D.M.S. to arrange entrainment.

All sick and wounded unable to be moved to be transferred to nearest Civil Cottage Hospitals.

Ordered Casualty Clearing Stations at West Meon and Petersfield to be prepared to close at short notice, and move by train to Portsmouth.

Close Advanced Depot Medical Stores at West Meon.
In anticipation of a possible complete withdrawal and re-embarkation of the Expeditionary Force the following additional arrangements were made:

(1) Nos. 1, 2 and 3 Hospital Ships to be at once employed for evacuation purposes.

(2) All general hospitals at Base to be cleared as far as possible to hospital ships, and convalescent depots to troop transports.

(3) Warn A.D.M.S., Base, that two general hospitals of 1,200 beds and convalescent depots should be closed preparatory to embarkation.

(4) Warn O's.C. Casualty Clearing Station that they may be required to take over buildings vacated by general hospitals.

(5) Arrange for sick and wounded unable to be moved to be taken over by enemy civilian hospital authorities and consider the question of leaving R.A.M.C. personnel behind.

(6) Warn Base Depot Medical Stores to be prepared to close, and instruct O.C. to prepare to leave sufficient medical and surgical material for two weeks' supply for sick and wounded remaining.

(7) Warn O.C. Ambulance Trains to be prepared for transportation overseas.

(8) Warn O's.C. Pathological and Hygiene Laboratories to be prepared for early embarkation.

Task No. 8.

Three cases of smallpox are reported on February 13, in different parts of Petersfield. As D.D.M.S. of the Force what recommendation would you make to the Commander in Chief?

Recommendations.

(1) Place Petersfield out of bounds to all troops.

(2) See that the smallpox cases are efficiently isolated and treated.

(3) Isolate and vaccinate or revaccinate contacts.

(4) Inspect, and if necessary, vaccinate or revaccinate all troops in the Petersfield area.

(5) Inspect all civilians, men, women, and children, for efficient marks of vaccination, and order civilian practitioners to vaccinate and revaccinate those requiring it.

(6) Confine the inhabitants of Petersfield to the town and its precincts.

(7) Keep civilians from other towns out of Petersfield.

(8) Inform G.O.C. that the troops are well protected and that there is no fear of an epidemic.

(9) 6 and 7 would not be carried out unless the disease was taking an epidemic form.

Though this scheme contains some suggested modifications in the existing organization of certain medical units, such as the Field Ambulance, the Cavalry Field Ambulance, the Casualty Clearing Station and the Motor
Ambulance Convoy, these have caused no change in the principles generally advised and adopted for their location and employment in war. The modifications have been made with the object of ensuring to these units increased mobility combined with greater general utility. The following brief notes will explain the scope of the modifications introduced.

(1) Field Ambulance.—The new organization, consisting of Headquarters and two companies, is so constituted as to be able to form one main and two advanced dressing stations. Each company will be capable of fulfilling any demands made on the "bearer personnel" and, should only one A.D.S. be required, the other company could remain with its headquarters, sending bearer squads forward as necessary, in addition or relief. Each company is self-contained in every respect and is capable of a separate existence under any circumstances. A travelling kitchen has been added to this unit.

(2) Cavalry Field Ambulance.—As now constituted this unit possesses increased mobility. It consists of headquarters and one company. The latter can move and be independent of its headquarters should the occasion arise. Lorries have been allotted for the transport of the personnel and a travelling kitchen provided. The ambulance transport now consists of 4 heavy ambulance cars, 6 light ambulance cars and 6 light borsed ambulance wagons.

(3) Casualty Clearing Station.—This unit possesses fifty beds and 150 stretchers, and is divisible into light and heavy sections. The light section has been so organized and equipped that it can be advanced at short notice and either open and carry on the operative duties of the unit or, if required, take over the main dressing station of a field ambulance. Experience in the recent war proved that some ten per cent of the seriously wounded required operative treatment, and the light section has been therefore equipped for fifty patients. The decision as to what proportion of beds and stretchers shall accompany the light section in its forward move is left in the hands of the O.C. unit. The transport required to move the light section should not exceed nine three-ton lorries. The heavy section would join the light section as circumstances permitted. The entire unit has been made mobile and its medical and ordnance equipment adapted to meet the requirements of a war of movement.

(4) Motor Ambulance Convoys are organized into three sections, each with twenty-five cars.