A CORRESPONDENCE CIRCLE.

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VII.

MARCHING MEN, MOTORS, AND HOSTILE AIRCRAFT. THE PROBLEM OF THE SEMI-MECHANICALIZED.

Two points cropped up, at a recent tactical exercise without troops, that appear worthy of consideration by those interested in the handling of the medical units of a division in the field. The first is in connexion with the motor vehicles of field ambulances on the march, and the second is the problem of dealing with attacks from the air on a long marching column.

With regard to the first, F.S. Regs., vol. ii (1924), Section 153, states that "Field ambulances, less motor ambulance vehicles, follow their own divisions unless otherwise ordered, and usually march in rear of the ammunition columns. When advanced dressing stations are likely to be required, those portions of the field ambulances required to form them should be well up in the column."

The field ambulances are now partially mechanicalized, having one lorry and eight motor ambulance cars each, and when a division is on the march, with no possibility of meeting the enemy, the motor vehicles of mixed units move forward in bounds, under the supervision of the O.C. divisional train. They form a convoy, and proceed to the destination by a different road, or by the same road some hours later than the troops. Thus, the A.D.M.S. may find that divisional orders direct him to send the M.T. of his field ambulances to some point at a certain hour, from which it will be dispatched so as to arrive at the new destination after the units have marched in. One medical objection to this is that the field ambulances are not in direct touch with their mechanical transport; their utility is thereby affected.

This difficulty is common to all semi-mechanicalized units, and appears to be inseparable from the employment of M.T. with marching troops. Horse transport can move at a walk, so that a man and a horse can combine, while a man and a motor cannot. Go for a walk along a road, with a car trying to keep pace behind you, and the point needs no further illustration. We are in a transition period, when war on our feet is merging into war on wheels and tracks, and the combination of the old with the new leads to minor difficulties of this nature that require to be overcome now, and the methods of overcoming them inserted in field service regulations.

The second point, the possibility of air attack on the march, is intimately bound up with the first; war on our feet, war on wheels, both
are profoundly affected by war in the air. Formerly troops were exposed to attack only when at the front; resting or in reserve they were immune, and medical arrangements were based on the cardinal fact that casualties from the enemy occurred in the forward area, from whence they were collected and evacuated. The medical arrangements for formations on the march, with no possibility of meeting the enemy, were extremely simple.

With the advent of air attacks medical arrangements must be more elaborate. Presuming that formations will continue to march along roads—infantry brigades, guns and transport, the division occupying a road space of nearly fifteen miles—they can do so only at the risk of sustaining casualties from hostile aircraft. At all times, by night and day, in camp and on the march, medical aid must be available at short notice, ready to supplement the regimental medical establishments. To do this effectively the medical units must have their motor ambulances handy, and every formation, such as an infantry brigade, must have a medical unit, or a detachment of one, in close proximity. Those in favour of the "Brigade" system, i.e., having a field ambulance permanently working with the same infantry brigade, may find a strong argument here. The alternative is to have a company of a field ambulance with each brigade, or companies (or smaller detachments) dotted down the column at definite intervals. The cardinal point is that land forces are now liable to sustain heavy casualties at any moment; therefore, medical units must be conveniently situated so that they can come up at once and "mop up the mess."

Opinions on this subject are wanted. We may require a modified "Brigade" system, or have a company detached with a Brigade. In the latter case the Field Ambulance will rarely be a complete unit.

DIPLOMAS IN TROPICAL MEDICINE AND HYGIENE.

By BREVEET LIEUTENANT-COLONEL W. P. MACARTHUR, M.D., F.R.C.P.I.

(1) University of Cambridge.

Under the new regulations, the examination for the Diploma in Tropical Medicine and Hygiene, Cambridge, consists of two parts. Part I of the D.T.M. and H. is identical with Part I of the Diploma in Public Health, the Candidates being examined under the same regulations, in the same subjects, and by the same examiners. While the general range of Part I of the D.P.H. is too well known to require definition here, it may be mentioned that the new regulations recognize "Parasitology, including Medical Entomology" as an independent subject requiring separate written, practical, and oral tests. (Helminthology and Protozoology form part of the special Pathology course at the Royal Army Medical College, and intending candidates for the D.T.M. and H. can join the pathology specialists for instruction in these subjects; Medical Entomology is included in the general College course.)
Outside Cambridge, candidates can be signed up for Part I of this examination at the Royal Army Medical College only, no other certificates being recognized by the University authorities at present.

Part II.—Before admission to Part II of the examination, candidates must produce evidence:

I) That they have passed the examination for Part I.

II) That since obtaining the medical qualification they have attended courses leading up to the Diploma for not less than five months and have either:

(a) Received instruction in Clinical Medicine and Surgery during not less than two months at a hospital for tropical diseases recognized by the Special Board for Medicine, or—

(b) Have held hospital or other appointments in tropical countries under conditions to be approved in each case by the Special Board.

Part II of the D.T.M. and H. comprises a written and clinical examination in Tropical Medicine and Surgery, and a written and oral examination in Tropical Hygiene and Sanitation.

The examinations for the diploma take place once or twice a year as the Board may decide. Ordinarily, the examination for Part I will be held in April, and that for Part II in July.

There is a very obvious advantage in obtaining the Cambridge Diploma; for a successful candidate has then only to pass Part II of the D.P.H. in order to possess the double qualification. Officers specializing in hygiene are expected to obtain the D.P.H. as a matter of course, and these can complete the D.T.M. and H. later with very little difficulty. Those who have taken a D.P.H. before commencing their specialist training in hygiene are given special facilities for obtaining the D.T.M. and H. while at the College.

Further information regarding this diploma may be obtained from Dr. Graham Smith, F.R.S., Medical School, University of Cambridge.

(2) Conjoint Board for the R.C.P. London and the R.C.S. England.

The examination for this diploma consists of one part only, and is held twice yearly, in February and July. Candidates must produce evidence that, subsequent to qualification, they have attended:

I) Practical instruction in Pathology, Bio-chemistry, Protozoology, Helminthology, Entomology, Bacteriology and Hygiene, in relation to Tropical Medicine in an institution recognized for this purpose, during not less than five months.

II) The clinical practice of a hospital recognized for the study of tropical diseases during not less than five months.

The above conditions of study may be modified at the discretion of the Committee of Management in the case of a candidate (a) who has been employed in foreign or Colonial Medical Service, (b) who has been engaged
in professional work in tropical countries, (c) who produces evidence of having been engaged in original investigations in Tropical Medicine or Hygiene.

A few months ago the Royal Army Medical College became a recognized Institution for the purpose of this diploma, and the practical instruction required by para. (1) is covered partly by the ordinary College course, and partly in special courses. As regards modification of the scheduled hospital attendance, the Professor of Tropical Medicine, Royal Army Medical College, has recently been given the discretionary power of certifying under subpara. (b), without reference to the Committee of Management, in cases when he is satisfied that the standard of experience and knowledge conforms to that required by regulation.

The rule prescribing a five months' course of study comes into force on October 1, 1925. There will be a special examination in December of this year for candidates who are qualified for admission under the old regulations.

For further information concerning this diploma, application may be made to the Secretary, Examining Board, Queen Square, W.C.1.

(3) University of Liverpool.

Candidates preparing for the D.T.M., Liverpool, must attend the three months' course of instruction given twice yearly at the Liverpool School of Tropical Medicine, commencing in January and September. Certificates of study at other teaching centres are not accepted by the examination authorities.

The three months' course is that notified in the current number of the *Annals of Tropical Medicine and Parasitology*, published by the Liverpool School of Tropical Medicine. In view of any possible prolongation of the course of study, officers proposing to attend the Liverpool School during long leave should obtain the latest prospectus from the Hon. Dean before making their arrangements.

The foregoing notes show that an officer who attends the ordinary College course, and thereafter specializes in certain subjects, can enter for the D.T.M. and H. of either Cambridge University, or the Conjoint Colleges, if he so desires. Those who cannot comply with the examination regulations in this way are less fortunately placed. Even if a would-be entrant were lucky enough to be stationed within reach of some recognized teaching institution he would probably find the necessary attendances very difficult, as the classes are arranged for whole-time students and consequently occupy all the working day. Of course any officer who considers that his investigations in tropical medicine or hygiene merit exemption from attendance at all or any part of the prescribed courses of study can submit his case to the appropriate authorities for special consideration.