A TACTICAL SCHEME SET AT AN EXAMINATION FOR THE PROMOTION OF MAJORS TO THE RANK OF LIEUTENANT-COLONEL.

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The following tactical scheme was set at a recent examination held at Poona for the promotion of Majors, R.A.M.C., to the rank of Lieutenant-Colonel. It is hoped that its publication may be useful to other Majors who are trying to screw up courage to face the ordeal, which, in this case at any rate, the candidates asserted in no measured tones was a very real one. It will no doubt be encouraging to future victims to know that all the candidates obtained pass marks and one qualified for distinction.

The solutions of the tasks given below are those of the candidates adjudged best in each case by the Board of Examiners and the criticism of the Board follows each solution. It is thought that the adoption of this method will prove more helpful to future candidates than a simple presentation of the Board’s solutions.

The actual work in the field occupied three days, and the candidates were given a week in which to study the general and special ideas and to write their appreciations.
A Tactical Scheme for the Promotion of Majors

Scheme for Staff Ride, October 21 to 23, in Connection with the Examination of Majors, R.A.M.C.

Reference Map, 47 F/10; 1 inch Poona District, F/14, and Indian Atlas Sheet, 39 N.W.

General Idea.

Yellowland—a strong sea power—has attacked Brownland (India), captured Karachi and Bombay, landed armies at each of these ports, and is advancing inland along the main railways.

Brownland's forces, consisting of a Northern Force, a Western Force, and a Southern Force, each force comprising an Army Corps of three divisions and a cavalry brigade, are mobilized. The Western Army has checked the advance from Karachi, and the Southern Army has taken up positions along the line of the Western Ghats astride the main roads and railways at Khandala and Igatpuri. The Northern Army is being railed to the support of both the Western and Southern Armies.

Yellowland is evidently preparing at Kalyan to attack either towards Nasik or towards Poona, but it is not at present clear in which direction the main attack will develop.

Special Idea.

The 3rd Army Corps of the Brown Army (headquarters, Ahmednagar) consisting of the 7th, 8th and 9th Infantry Divisions, and the 3rd Cavalry Brigade, is entrusted with the task of holding up the advance of Yellowland southwards and eastwards from Bombay. The 7th Division is entrenched astride the G.I.P. main line on the summit of the Ghats west of Nasik (headquarters, Nasik). The 8th Division is holding the heights north and south of Khandala (headquarters, Lonavla). The 9th Division and 3rd Cavalry Brigade and Army Troops are held in reserve at Ahmednagar.

Poona is an important depot and ammunition factory. The G.O.C. 3rd Army Corps has given orders that it must be saved from capture at all costs. At the same time the loss of Nasik would be a serious blow to Brownland's prestige and open the way into the heart of the country.

The strength of Yellow's force at Kalyan is estimated at three divisions, and until it is clear in which direction the attack will be made, the G.O.C. has decided to keep one division at Ahmednagar ready to be railed either to Poona or to Nasik.

The 1st Division of the Northern Army is due to arrive at Manmad Junction shortly and will be available to support the 3rd Army Corps either at Nasik or at Poona as required.

Strength and equipment as in war establishments, Indian railways,
roads and geographical features are as they exist, except that the following roads may be assumed to be in good condition and suitable for motor cars, and the rivers where crossed by these roads to be bridged.

(1) The old Bombay road, i.e., Poona, Aundh, Raoat Junction, with Bombay road at Pt. 2042.

(2) Track leaving Alandi road at 5 1/2 miles from Poona, passing wireless station, Point 1914, Point 1944, and joining main Bombay road near Point 2053.

(3) Track leaving Alandi-Poona road at F 2578, joining Moshi road at F 1188.

Climate as in October.

Enemy's strength and equipment as in war establishments (India).
Sholapur and Belgaum may be assumed to be the bases of Brownland's Southern Army, and these towns, as well as Kolhapur and Dhond, may be considered large towns with an adequate water supply and good entraining facilities.

ORDER OF BATTLE OF 3RD ARMY CORPS AND ATTACHED TROOPS.

Headquarters of 3rd Army...
7th Infantry Division.
8th Infantry Division.
9th Infantry Division.
3rd Cavalry Brigade.

Headquarters 3rd Medium Artillery Brigade.
Three medium artillery batteries (horse-drawn).
Army troops, company sappers and miners.
Printing section, sappers and miners.
Photolithic section, sappers and miners.
Corps signals.
Armoured car company.
Divisional reserve park.
Three bakery sections.
Three butchery sections.
Three mobile veterinary sections.
Three casualty clearing sections.
One bearer unit.
Two motor ambulance convoys.
Two ambulance trains (standard gauge).
Two ambulance trains (narrow gauge).
One X-ray unit.
One advanced depot medical stores.
One base depot medical stores.
Three British general hospitals.
A Tactical Scheme for the Promotion of Majors

Three Indian general hospitals.
Twelve British staging sections.
Twelve Indian staging sections.
Three Army co-operation squadrons R.A.F.

Task 1.

As D.D.M.S. 3rd Army Corps and attached troops, write an appreciation of the situation on October 15 and give the proposed distribution of your medical units.

MEDICAL APPRECIATION OF THE SITUATION BY COLONEL ......................

D.D.M.S., 3RD ARMY CORPS.

Reference O.S. Maps, 47 7/10; 1 inch Poona District, F/14, and Indian Atlas Sheet, 39 N.W.

Ahmednagar,
October 15, 1925.

I. Information from Headquarters.

(i) Estimation of strength of opposing forces.

(a) 3rd Army Corps, of three divisions of 17,736 men each, one cavalry brigade of 2,598 and corps troops = approximately 60,000 fighting troops, and with L. of C. troops at the rate of 1 to 4. Total strength = 75,000 men (see attached table "A").

(b) The enemy's force, three divisions; probable strength, 60,000-70,000 men.

(ii) Present position.

(a) Of our Force (see sketch map, page 176).

The 3rd Corps headquarters is at Ahmednagar.
The 7th Division is entrenched astride the G.I.P. main line on the summit of the Ghats, west of Nasik (headquarters, Nasik).
The 8th Division is holding the heights north and south of Khandala (headquarters, Lonavla).
The 9th Division and 3rd Cavalry Brigade and Army Troops are in reserve at Ahmednagar.

Advanced bases and railheads are Manmad for 7th Division and Poona for 8th Division.

Our bases are Sholapur on broad-gauge line and Belgaum on narrow-gauge line.

Lines of Communication.—Broad-gauge Railway G.I.P.: Bombay to Deolali, etc.; Bombay, Poona to Sholapur with intercommunicating line Manmad to Dhond. Narrow-gauge-line: Poona to Belgaum.
Roads.—Bombay to Poona to Dhond. Bombay to Nasik to Manmad.

Trunk Roads.—Nasik, Sangamner toLonavla and Poona. Poona to Ahmednagar. Ahmednagar to Dhond. Poona to Belgaum.

(b) Enemy’s Position.
At Kalyan waiting to attack towards Nasik or Poona.

(iii) Equipment.
(a) Our Force (as in W.E. India)—Modern armament. Air service. Armoured cars.
(b) Enemy. Modern armament, probable air service. No additional information available from headquarters.

II. Intention, Policy, and Object of Force.
The Corps is entrusted with the task of opposing the enemy’s advance either towards Nasik or Poona.

Poona is an important depot and ammunition factory, and must be saved at all costs.

It is therefore presumed that a further retreat beyond Poona is unlikely, and Poona can be used as an advanced medical base for the 8th Division.

The Northern Army is sending its 1st Division to Manmad to support the 3rd Army Corps either at Nasik or Poona.

Manmad can therefore be presumed to be able to be used as an advanced medical base for the 7th Division.

III. Medical Arrangements (broad outlines).
The medical units are mobilized on the Indian War Establishment scale. No auxiliary services are available. The hospital accommodation at the advanced bases and bases will be buildings used as station hospitals, etc., augmented by tent accommodation.

The medical units are divided into three zones:

1. The collecting zone, embracing: Divisional Units—Field ambulances, sanitary sections, bearer units and M.A.C.’s.
2. The evacuating zone, embracing: Staging sections, M.A.C.’s casualty clearing stations, ambulance trains, and depot medical stores.
3. The distributing zone, embracing: General hospitals, base convalescent depots, L. of C. sanitary sections, and base depot medical stores.

IV. Topographical Influences on the Campaign.
(a) The Country.
Hilly round the Ghats.
Flat plains E. of the Ghats.
A Tactical Scheme for the Promotion of Majors

Railways.—Single broad gauge from Bombay to Sholapur and Manmad, with connecting line Manmad to Dhond. Single narrow gauge, Poona to Belgaum. They provide good train transport for evacuation of causalities.

Roads.—Trunk roads good for M.T. transport, with steep gradients in the Ghats. Provide good evacuation lines for M.T. transport. Kutcha roads can be used by wheel (horse) and pack transport. Pack transport, mules, riding ponies, camels, with cacolets, travois, will be necessary in the hill districts, where roads are non-existent.

(b) Climate.
Now fairly equable, hot in the day, cooling down at night. Dry in general, but thunderstorms are possible. Clothing suitable: shirt-sleeves and shorts in day. Heat-stroke cases not likely. A blanket necessary at night. Long marches should, if possible, be undertaken in the early mornings or evenings.

(c) Supplies—ample. Subsistence on the country is possible. Water supply—dangerous. All water must be chlorinated and carried in unit water-carts or pukkhals. Tanks of chlorinated water should be erected on the main roads. Water-borne diseases, e.g., enteric, dysentery and cholera, must be prepared for—troops must be warned accordingly.

(d) Prevalent Diseases.
(i) Malaria. This must be guarded against by taking antimalarial measures.
(ii) Sandfly fever. This must be guarded against by taking anti-sandfly measures.
(iii) Small-pox. This must be guarded against by efficient vaccination of troops.
(iv) Cholera, enteric and dysentery. These must be guarded against by good water supply; keeping down of flies; cleansing of fruit and general good sanitation; and inoculation against enteric and against cholera.
(v) Influenza and pneumonia. These must be guarded against by providing blankets to troops at night; good feeding, and not overcrowding.
(vi) Scabies and lice (causing typhus, trench fever, relapsing fever). These must be guarded against by providing baths and disinfection centres, and clean clothing for troops.
E. P. Sewell

(vii) Venereal disease. This must be guarded against by providing anti-venereal outfits; lecturing to troops, and providing recreation and games.

The sick-rate likely is about 0.5 per cent, or five per 1,000 of troops daily.

The Assistant-Director of Hygiene will draw up short sanitary instructions with reference to above diseases.

V. Class of Wounds likely.

Bullet and shell and H.E: wounds.
Gas will probably be used by the enemy.
Tetanus and gas gangrene will not, it is hoped, be very prevalent.
Anti-gas measures must be prepared.

VI. Estimation of Casualties.

(a) Battle Casualties. Take ten per cent of three-fifths of total force of fighting troops. The fighting troops are estimated at 60,000 (see para. 1), therefore total casualties in any single engagement in which all the troops are involved = 3,600; deduct twenty per cent for killed and missing = 2,880 wounded; deduct ten per cent who do not require evacuation beyond the divisional field ambulance = 2,520 cases—which require motor and train accommodation, and hospital accommodation in C.C.S. and at the bases on any given day. Thirty per cent of these cases will require evacuation to home territory when possible.

Of these wounded: Sixty per cent will be sitting cases, twenty per cent will be walking cases, twenty per cent will be lying cases; and five per cent of the lying cases will probably not be able to be moved from the divisional areas.

This is an estimate of total wounded in the whole force in a general engagement involving all the fighting forces on any given day.

(b) Sick Wastage. The daily sick admissions may be estimated in this subtropical country as 0.5 per cent, or five per 1,000 troops. Ten per cent of these sick will require evacuation to home territory when possible. The total force of fighting and L. of C. units, etc., is 75,000 (see para. 1)—0.5 per cent of 75,000 is 375, therefore daily sick-rate is 375. Of this number, forty per cent will be discharged hospital in seven days, fifty per cent will be discharged hospital in twenty-one days, and ten per cent will be evacuated from tenth day daily.
A Tactical Scheme for the Promotion of Majors

To calculate bed state necessary for sick (see following table):

<table>
<thead>
<tr>
<th>Day</th>
<th>Admissions</th>
<th>Discharges</th>
<th>Evacuations</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>375</td>
<td>Nil</td>
<td>Nil</td>
<td>375</td>
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<tr>
<td>2</td>
<td>375</td>
<td>750</td>
<td></td>
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<tr>
<td>3</td>
<td>750</td>
<td>1,125</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>1,500</td>
<td>1,875</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>2,250</td>
<td>2,475</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>2,700</td>
<td>2,925</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>3,113</td>
<td>3,301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>3,489</td>
<td>3,677</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>3,865</td>
<td>4,053</td>
<td></td>
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<tr>
<td>10</td>
<td>4,241</td>
<td>4,429</td>
<td></td>
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<tr>
<td>11</td>
<td>4,617</td>
<td>4,805</td>
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<tr>
<td>12</td>
<td>4,993</td>
<td>4,993</td>
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<td>13</td>
<td>4,993</td>
<td>4,993</td>
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<td>14</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>15</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>16</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>17</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>18</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>19</td>
<td>4,993</td>
<td>4,993</td>
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<tr>
<td>20</td>
<td>4,993</td>
<td>4,993</td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td>4,993</td>
<td>4,993</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Therefore, the bed accommodation necessary for sick is 4,993 beds.

(c) The necessary hospital accommodation:

For wounded is ... ... 2,520 beds.
For sick is ... ... 4,993 "
A reserve of 25 per cent is 1,834 "

\[
\text{Therefore, approximate accommodation for beds required on any one day is 9,000 beds. (This usually works out as ten to twenty per cent of force.)}
\]

(d) Hospital accommodation available. Field ambulances, staging sections and C.C.S.s are essentially units which do not keep sick and should not be included in units affording accommodation for cases requiring evacuation. But as the deficiency of beds in the force is, as I am going to show, so large, I shall include the beds of staging sections and C.C.S.s in my calculation.

Beds available—

| British staging sections | = 600 beds at most. |
| 12 Indian staging centres | = 600 " |
| 3 C.C.S.s ... ... | = 600 " |
| 3 general hospitals for British | = 1,560 |
| 3 ... ... Indians | = 1,500 |

Beds available = 4,860
Therefore there is at the present time at the very least a deficiency of 4,149 beds.

If I worked out the hospital accommodation without counting staging sections and C.C.S. accommodation, there would be a deficiency of 5,940 beds.

This is a very serious state of affairs, and I must at once ask for at least two more British general hospitals and six more Indian general hospitals for the bases.

Convalescent depots at the bases should be organized at once and will help to meet the situation; they are not included in Indian establishments, but can be easily organized so as to take over 2,000 convalescent patients each.

VII. Distribution of Medical Units.

The medical units will be distributed as follows:

(1) Divisional Medical Units (= collecting zone).

Three field ambulances are with each division under their respective A.D.M.S.'s, and M.D.S.'s and A.D.S.'s are formed under their (A.D.M.S.) arrangements, i.e., three F.A.S. in the Nasik area; three F.A.S. in the Khandala area, and three F.A.S. in the Ahmednagar area.

One sanitary section is with each division.

A half-bearer unit is with 8th Division under A.D.M.S.

A half-bearer unit is with 7th Division under A.D.M.S.

One section No. 1 M.A.C. (fifteen cars) is with 8th Division under A.D.M.S.

One section No. 2 M.A.C. (fifteen cars) is with 7th Division under A.D.M.S.

Two British staging sections are under the orders of A.D.M.S.

Two Indian staging sections are under the orders of A.D.M.S.

Two British staging sections are in Nasik area.

Two Indian staging sections are in Khandala area.

(These staging sections can reinforce M.D.S.'s or form stages of evacuation between the M.D.S. and C.C.S. if the evacuation is long and difficult.)

(2) Non-Divisional Units (evacuating zone).

Four British staging sections are at Ahmednagar.

Four Indian staging sections are at Poona packed and ready to move.

One C.C.S. is at Poona open and ready to receive casualties from the 8th Division.
A Tactical Scheme for the Promotion of Majors

One C.C.S. is at Manmad open and ready to receive casualties from the 7th Division.
One C.C.S. is at Dhond packed on railway trucks and ready to move where directed.
(There are dumps of 1,000 stretchers and 2,000 blankets at the C.C.S. at Poona and Manmad, also 200 additional Thomas splints. These can be sent to F.A.'s by M.A.C's.)

Headquarters' section and one section No. 1 M.A.C. is at Poona.
Headquarters' section and one section No. 2 M.A.C. is at Manmad.

One ambulance train, broad-gauge, is garaged at Manmad.
One ambulance train, broad-gauge, is garaged at Dhond.
Two ambulance trains, narrow-gauge, are garaged at Poona.
One advanced depot medical stores is at Poona.

(3) L. of C. Units (distributing zone).

One British general hospital—520 beds for the reception of abdominal wounds, wounds of chest, wounds of head, and fractured femurs—is at Dhond.
One Indian general hospital—500 beds for similar cases—is open at Dhond.
The above two hospitals have also fifty beds each for venereal cases.

One British general hospital is at Sholapur.
One Indian general hospital is at Sholapur.
One British general hospital is at Belgaum.
One Indian general hospital is at Kolhapur.
One base depot medical stores is at Belgaum.
One X-ray unit is with the general hospital at Dhond.

VIII: Summary.

(1) Wastage. Thirty per cent of wounded and 10 per cent of sick will require evacuation to home territory when possible. The normal scale of reinforcements will be necessary.

(2) Evacuation. Two lines of railway and good roads are available. Two temporary ambulance trains—one on the broad gauge and one on the narrow gauge—should be got ready to relieve the four ambulance trains available, and used to clear sitting cases.
The M.T. transport is insufficient, the transport of field ambulances consisting of bullock tongas and riding ponies is obsolete. Motor ambulance cars should be provided for field ambulances at the ratio of six light Ford cars and four heavy cars per ambulance, and the two sections of M.A.C. I have been obliged to attach to divisions should be free to join their units and perform their proper function, i.e., to clear from the M.D.S. to C.C.S.

(3) ACCOMMODATION, as stated in paras. VI (c) and (e), and VII. The bed accommodation at the bases is dangerously low, especially for Indian cases.

Crisis expansions (fifty per cent) of general hospital should not be attempted at the beginning of a campaign.
Total accommodation available is 4,860 (including C.C.S. and staging sections).
Total accommodation required is 9,000 beds.
I require at least two more general hospitals for British cases and six more general hospitals for Indian cases (30 beds are required for sick sisters and also an infectious hospital of 600 beds). (The proportion of British to Indian troops is roughly 1 to 3.)

I also require two more advanced depots medical stores.
" " one more base depot medical stores.
" " two more mobile X-ray laboratories.
" " one more mobile hygiene laboratory.
" " two more mobile bacteriological laboratories.
I require two temporary ambulance trains organized.
Sanitary sections are required at the rate of one per division, and one for the corps area, and one for each base area.
Two dental centres are required (one for each base area).

(4) A surgical consultant and medical consultant is required (see para. VII).

(5) A followers’ hospital must be formed, as there are nearly 10,000 followers attached to the force.

(6) Sanitation.—The special dangers of the country are as stated in para. IV (d).

Special sanitary instructions will be issued by the Assistant-Director of Hygiene, D.D.M.S., 3rd Army Corps.
A Tactical Scheme for the Promotion of Majors

TABLE A.—Estimation of Strength of 3rd Army Corps.

<table>
<thead>
<tr>
<th>Unit</th>
<th>British</th>
<th>Indian</th>
<th>Total</th>
<th>Followers</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th Indian Division</td>
<td>4,310</td>
<td>13,426</td>
<td>17,736</td>
<td>2,899</td>
</tr>
<tr>
<td>8th &quot;</td>
<td>4,310</td>
<td>13,426</td>
<td>17,736</td>
<td>2,899</td>
</tr>
<tr>
<td>9th &quot;</td>
<td>4,310</td>
<td>13,426</td>
<td>17,736</td>
<td>2,899</td>
</tr>
<tr>
<td>3rd Cavalry Brigade</td>
<td>749</td>
<td>1,749</td>
<td>2,598</td>
<td>551</td>
</tr>
<tr>
<td>Headquarters 3rd Ind. Art. Bde.</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>—</td>
</tr>
<tr>
<td>Three Medium Artillery Batteries</td>
<td>279</td>
<td>187</td>
<td>466</td>
<td>—</td>
</tr>
<tr>
<td>Army Troops Co. S. &amp; M.</td>
<td>8</td>
<td>128</td>
<td>206</td>
<td>—</td>
</tr>
<tr>
<td>Printing Section S. &amp; M.</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>—</td>
</tr>
<tr>
<td>Photolithic Section S. &amp; M.</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>—</td>
</tr>
<tr>
<td>Corps Signals</td>
<td>116</td>
<td>31</td>
<td>147</td>
<td>—</td>
</tr>
<tr>
<td>Armoured Cars Co.</td>
<td>140</td>
<td>7</td>
<td>147</td>
<td>—</td>
</tr>
<tr>
<td>Divn. Reserve Park</td>
<td>12</td>
<td>743</td>
<td>755</td>
<td>—</td>
</tr>
<tr>
<td>Three Bakery Sections</td>
<td>1</td>
<td>33</td>
<td>34</td>
<td>—</td>
</tr>
<tr>
<td>&quot; Butchery</td>
<td>1</td>
<td>33</td>
<td>34</td>
<td>—</td>
</tr>
<tr>
<td>&quot; Mobile Veterinary Section</td>
<td>3</td>
<td>70</td>
<td>73</td>
<td>—</td>
</tr>
</tbody>
</table>

Total: 14,426 British, 43,273 Indian, 57,698 Total, about 10,000 Followers

To calculate fighting troops: ... = about 60,000

The proportion of British to Indian is about 1 to 3

Lines of communication troops are reckoned at 1 to 4

And therefore they total: ... 15,000

Total number of troops: ... 75,000

CRITICISM BY BOARD OF EXAMINERS.

(1) In calculating strengths, take the factors given and work on those. The actual numbers of troops for which you are responsible are given.

(2) The demand for extra units is based on faulty appreciation. You are dealing with only one corps of a national army, not an isolated army in a foreign country.

Therefore it is unnecessary to mobilize war units to receive all the sick and wounded of a protracted campaign. It will take three weeks to accumulate the 9,000 casualties anticipated, and during that time the D.M.S. will have ample time to organize the hospital resources of the country to receive them.

(3) If a complete estimate of all casualties were attempted, those from the 1st Division due to arrive in a few days should have been included.

(4) As it is impossible at present to forecast where the fighting will take place and what troops will be engaged, it would be better to estimate the possible casualties of the troops in contact with the enemy on each front for the next few days only, and to make a supplementary estimate of the total casualties in the event of all our troops being engaged later on.

(5) The position of C.C.S.'s is too far back.

Poona is forty-one miles and Manmad is seventy-seven miles behind our present positions.
The following is considered a suitable distribution of medical units until the situation develops.

Casualty clearing stations—at Deolali, Talegaon and Ahmednagar.

Bearer unit—half with 7th Division and half with 8th Division.

Motor ambulance convoys—one at Deolali-Nasik; one at Talegaon-Poona. It should be noted that the direct trunk road from Nasik to Poona gives facilities for a rapid transfer of the M.A.C. from one front to the other.

Ambulance trains (standard gauge) at Nasik and Poona.

Ambulance trains (metre gauge) at Poona.

General Hospitals—British and Indian. One of each at Sholapur, Belgaum and Dhond.

X-ray unit at Dhond.

Advanced depot medical stores at Ahmednagar.

Base depot medical stores at Sholapur.

Staging Sections. These units are not actually required in the present situation, but they might be employed to provide rest stations at rail heads and important junctions. Owing to the change of gauge at Poona some medical unit would be required at that station, and some of the staging sections might well be placed there.

Task 1—A. To be handed in at 7 a.m. on October 21.

Draft Medical Orders for inclusion in 3rd Army Corps Standing Orders.

Solution of Task 1—A.

Draft Medical Orders for inclusion in 3rd Army Corps Standing Orders, by Colonel .......... ..... D.D.M.S., 3rd Army Corps, October 20, 1925:

(1) Disposal of sick: In camps and on the line of march sick will be seen under unit arrangements; details having no medical officer will attend the nearest medical unit. Sick requiring hospital treatment will be despatched so as to reach the medical unit detailed for their reception by 09.00 hours daily.

(2) Medical inspections: All troops will be medically inspected at least once a week for the presence of skin disease, scabies and lice; the inspection will include the men’s bodies and their clothing.

Infected men will be sent to the medical unit detailed to treat such cases, also their clothing and bedding for disinfection.

All troops on arrival or departure from a camp will invariably be medically inspected.

(3) The use of ambulance cars for other purposes than the transport of sick and wounded is forbidden.

(4) Drinking water. No water unless rendered safe for drinking pur-
poses will be used—authorized sources of supply will be labelled "Drinking water."

The danger of drinking unsafe water will be specially pointed out to all troops.

(5) Camping grounds must at all times be clean and in good order; all ranks are expected to maintain the highest standard of sanitation.

Every precaution must be taken to prevent fouling of the ground; properly constructed washing and ablution places will be made, and washing in and around tents strictly forbidden.

Arrangements will be made for the cooking, protection and distribution of the food, and for the disposal of refuse and sullage water.

A unit vacating a camp is responsible that it is left in a clean and sanitary condition.

(6) Foodstuffs, mineral waters and fruits will be obtained only from military canteens, institutes and other authorized sources.

Hawkers are not to be allowed access to the camp on any account whatsoever.

(7) Flies must always be regarded as a menace to the health of the troops, and every effort made to destroy them and prevent breeding places.

The absence of flies is an indication of a high standard of sanitary efficiency.

(8) Disposal of excreta whenever possible will be by bucket removal and incineration combined. Otherwise by deep trenches. No form of pit is to be made near an incinerator, and ashes from incinerators will be piled in heaps. Scrupulous cleanliness in and around sanitary areas will be maintained.

(9) Camp refuse will be disposed of by incineration; tins after removal from the incinerator will be piled in a separate place.

(10) Sullage water will be disposed of by properly constructed grease traps and soakage pits.

(11) Ablution and washing water will be disposed of by surface drainage or soakage pits.

(12) Horse litter and manure not disposed of by incineration will be "close-packed."

(13) Slaughtering places will be at a distance from camping grounds; wherever possible an impermeable surface with a gutter will be provided on which animals will be slaughtered. Scrupulous cleanliness will be maintained. Offal will be disposed of by incineration.

(14) Carcases of animals dying in camp will be removed from the camp area and disposed of by burning—otherwise by burial.

(15) Antimalaria measures require a careful selection of camp sites, good drainage, prevention of collections of water, and clearance of undergrowth.
Antimalaria squads will be formed in all camp areas. Mosquito nets will be used by all troops.

Shorts will not be worn between "retreat" and "reveille."

(16) Troops travelling by train will be provided with an adequate supply of drinking water, both on the train and at the authorized halts. Halts with suitable sanitary arrangements will be provided to allow men an opportunity to relieve themselves.

Overcrowding in trains is to be avoided.

(17) For troops camped in or near towns prophylactic treatment rooms will be provided.

Colonel ...................
D.D.M.S., 3rd Army Corps.

Criticism of Task 1—A, by Board of Examiners.

Good, clear orders and fairly complete. A reference to the relevant sections in Field Service Regulations would not be out of place.

NARRATIVE No. 1.
(To be given out on October 21.)

On October 19, Yellow made an attack with two divisions on the Brown position at Khandala, and after very heavy fighting succeeded in dislodging the 8th Division from their positions and forced them to retire as far as Talegaon-Dabhade. Casualties of the 8th Division amounting to about 2,000 were evacuated to the C.C.S. at Talegaon-Dabhade and by hospital train and M.A.C. thence to Poona.

Subsequently the C.C.S. was closed and re-opened at (place to be selected by candidates).

The 9th Division began to arrive in Poona by train on the morning of the 21st and will be ready to march by noon.

On the evening of the 20th the 8th Division occupied the following position astride the main Bombay road from Kinai (Y.4520) to Raoat (E.4786).

The following operation orders were issued:—

8TH DIVISION OPERATION ORDER NO. 100.
Reference Map, Poona District. Sheet 47, F/10 and F/14, one inch to one mile.

October 20, 1925.

Information.—(a) The enemy estimated at two infantry divisions has succeeded in forcing the 8th Infantry Division to withdraw from their position at Khandala in an easterly direction along the main Poona-Bombay road.
(b) The 9th Infantry Division is due to arrive at Poona on October 21 and will be ready to advance by noon of that day.

**Intention.**—(a) The 8th Infantry Division will take up a position running north and south between Kinhai (Y.4520) and Raoat (E.4786)

**Sketch Map.**

Distances.—Khandala to Poona. . . 41 miles
Nasik to Manmad . . . 88 ”
Manmad to Ahmednagar . . . 95 ”
Poona to Ahmednagar . . . 75 ”
Poona to Sholapur . . . 164 ”
Poona to Kolhapur . . . 146 ”
Poona to Belgaum. . . 214 ”
Poona to Nasik . . . 120 ”

covering the Poona-Bombay railway and the roads to the south of the Indrayani river.

(b) Will stop the advance of the enemy on that line.
Method of Execution.—The position will be occupied by the 23rd Infantry Brigade on the right and the 25th Infantry Brigade on the left. The 24th Infantry Brigade will be in divisional reserve at 13 M.S Poona-Bombay road.

Boundaries between brigade sectors (all inclusive to right sector) Poona-Bombay road.

The position will be organized in depth on the line Kinhai (Y.4520)—Chincholi (Y.5113)—14½ M.S. Poona-Bombay road—B.M. 1976 (Y.4603)—13 M.S. old Bombay road to Pauna river west of Raoat village (E.4487).
The front of the position will be on the following line—nullah running north and south 400x west of Kinhai—B.M. 1995 (Y.4108)—14 M.S. old Bombay road—bend of Pauna river (E.4487).

Divisional Reserve.—The 24th Infantry Brigade will occupy a position covering the main Poona road and the road to the north—Point 1969 (E.8789), Point 1944 (F.0375), wireless station.

The 24th Infantry Brigade will carry out a reconnaissance of the country south-west of 13 M.S. Poona-Bombay road towards Raoat village with a view to counter-attack.

Artillery.—20th Field Brigade, R.A., will cover the right sector.

21st Field Brigade, R.A., will cover the left sector.

C.R.A. will detail No. 101 P. Battalion, R.A. (How) to come under the orders of Brigade Commander 23rd Infantry Brigade for close support.

C.R.A. will detail No. 101 P. Battalion, R.A. (How) to come under the orders of Brigade Commander 25th Infantry Brigade for close support.

Anti-tank defence will be arranged by the C.R.A. over the divisional front in consultation with the C.'s C. Infantry Brigades and C.RE.

Engineers.—Detailed orders have been issued to R.E. units by C.R.E.

Work will be executed in the following order:—

(a) Track, Point 1969 (E.8789), Chinchvad R.S., to be made fit for light motor traffic.

(b) Track, Chinchvad Point 1902 (E.6069), to be made fit for light motor traffic.

(c) Road and railway crossing at B.M. 1995 (Y.4108) to be mined.

(d) Bridge over Pauna river at (E.5185) to be prepared for demolition.

No demolitions will take place without further orders.

R.A.F.

(a) O.C. No. 2 (A.C.) Squadron R.A.F. will arrange to maintain one artillery and one close reconnaissance machine on the front of the Division during the hours of daylight, October 20. Front infantry brigades will mark dropping stations immediately their D.H.Q.'s are established, reporting their sites to D.H.Q.

(b) Anti-aircraft defence.

(i) Defence against high-flying aircraft is being provided under corps arrangements.

(ii) Infantry brigades will be responsible for their own protection against low-flying aircraft.

Administrative.

(a) Ammunition and supplies, Kirkee R.S. A.R.P. will be opened at Kirkee R.S. S.R.P. will be opened at Kirkee R.S. Details of routes and meeting places have been issued separately.

(b) Medical. To be issued by A.D.M.S., 8th Infantry Division.
Intercommunication.

D.H.Q., R.A. and R.E. will close at Shelarwadi R.S. (Y.4108) at 14.30 hours, October 20, and open at 11 M.S. Poona-Bombay road at the same time.

Advanced D.H.Q. will open at Road Junction (Y.5904) at 14.00 hours, October 20.


Acknowledge.

Colonel, General Staff,
8th Infantry Division.

Issued to signals at 14.00 hours.
Distribution as per order of battle.

(To be continued.)