A CORRESPONDENCE CIRCLE.

XVII.

MECHANICALIZATION AND THE MEDICAL SERVICES.

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A CORRESPONDENT, writing about the question of mechanical transport of field ambulances, points out that there are two schools of thought on the employment of mechanical transport. One school considers that all mechanical transport should be under R.A.S.C. specialists, and if this were done it would break up our first line transport. The other considers that mechanical transport should be under unit control, and the Royal Artillery are striking out for control of tractors and tractor-drawn batteries.

"The difficulty of accommodating the mechanical transport of a division to the pace of infantry and horse transport is insuperable. The range of movement of these fast-moving vehicles is so much enlarged from the three-ton lorries on solid tyres that we must alter our views. You can do some good work here by the Circle. Personally, I cannot see how any mechanical transport ambulances will ever be allowed in an infantry column or between advanced guard and main body. Even if the gap is two miles it is a concertina space which must fill up if the advanced guard is checked by enemy action. Advances by bounds of mechanical transport vehicles is not a practical measure in a division."

Anyone interested in the question would do well to read an excellent article in the March, 1925, number of The Fighting Forces, entitled, "The Divisional Supply Column." Written by a R.A.S.C. officer, it presents the view of the problem as seen by that Corps. He advocates the formation of a supply battalion, in eight sections, the seventh of which is ambulance, and he emphasises the fact that transport and distribution services in the divisional area forward of railhead must be under the control of one combatant officer—"Specialist doctrinaires and men of formulæ are not suited to military administration, which is not wholly a question of logic."

As regards the medical units, the article states: "The carriage of sick and wounded is carried out now by separate units manned partially by one branch and operated by another. This is inevitable and affords some excuse for the allegation that ambulances always carry combatant and fit personnel. The unit is attached to a parent company for reinforcement and repairs, and it seems but logical to regard it as part of one of the train companies. That it operates away from the company continuously is not a sound argument in favour of its permanent detachment, though the attachment of three field ambulances to an existing company is clumsy."
In view of the above, we would do well to give the matter of ambulance transport our attention, and one would like to see the case for the medical services stated as lucidly as that for the R.A.S.C. In the late war we looked upon the R.A.S.C. personnel of medical units as part and parcel of them, but this is not the view of that Corps.

The medical services throughout its history has suffered from lack of autonomy, or from other services being partially responsible for its work. In war you cannot get away from the soundness of running your own show. You are paid to do it, and no one can do it better than you, if you are left alone. "I must have things in my own hands and run my own show"—every great soldier and administrator has acted on this principle. Why our ambulance transport is not R.A.M.C. personnel, and never has been, is because we do not have autonomy. Read Army Medical Reports for 1871 and you will find a report on a field hospital on manoeuvres, in which the transport animals were taken away every evening and sent back next morning. My personal opinion, if I may be allowed to express it, is that we cannot attain our highest degree of efficiency until we get control of the medical service in war into our own hands, though this means much extra work, the creation of a new type of responsibility and the overcoming of a vast deal of opposition. We must attain a new view-point—one from which the powerful influences of organized medical science upon success or failure in war is clearly demonstrable—and we must get those who are concerned in questions of Imperial Defence to climb up there, look around, and understand.

Once more I say that this is no matter of "departmental aggrandizement." Autonomy is imperative, and will come in due course, I feel, because it is the simplest way of obtaining medical efficiency in war. In any future war in which the Empire may be involved, autonomy in the medical services means that the manhood of the nation—our descendants—will be skilfully attended and the armed forces of the Empire saved from the ravages of preventable disease. Lack of autonomy leads towards lack of service enterprise, laissez faire, the quest for the scapegoat and the setting up of the customary Royal Commission.

To revert to the question of mechanicalization as it concerns the medical services, we must begin to develop definite views upon this vital subject, and frame an unofficial policy. The motor is to the army what the aeroplane is to the navy, and one cannot help feeling that there is a tendency to attach too much importance to the control, maintenance and driving of the mechanical transport being done by the specialist. Is all this organization really necessary? In other words, when that noble creature, the horse, dominated the minds of those who organize armies, a medical officer brought his horse along with him and he was allowed to ride it himself without let or hindrance. His servant, who probably knew less about horses than the modern soldier knows about motors, did groom, and did the job well. Now, why cannot a doctor who mobilizes for active
services bring a Ford or a stink-bike with him and run it himself? This is a point that is difficult to understand. He possesses some form of motor conveyance that has carried him over country roads night and day; he knows how to drive and how to carry out running repairs; he is probably a better mechanic and better driver than the enlisted chauffeur, for most doctors have good "motor hands." Yet, when he goes to war he is either denied a motor vehicle or else he is given part use of a chauffeur-driven car.

Thus, in the consideration of the mechanical transport problem in war, I venture to suggest that the existence of the owner-driver, now ubiquitous, has not been fully realized. Applying this to the medical services, the control of all cars in the hands of one Corps only is analogous to ringing up a garage and hiring a car when you want it; this system has decided drawbacks. To give our service its own transport is like keeping your own car—the only efficient method. A doctor in practice must keep his own car, which he drives himself or employs a chauffeur to do so. What he wants is a convenient garage where he can have his repairs done. To a doctor and to a medical unit, the hiring system is impossible; it is not only an expensive system, but it is an inefficient system. But we shall have it in the next war unless we begin to think about the mechanicalization problem ourselves and put our views forward.