The controversy on the correct method of writing a "Medical Appreciation" still rages, and the bewilderment of candidates for promotion increases with each divergent view which they hear or read.

The protagonists may be divided roughly into two parties—one which advocates a full, comprehensive and detailed examination of the whole situation from front to rear, and another which pictures a harassed general sitting in a tent snowed under by the appreciations of his whole staff and trying to read them by the light of a single guttering candle, while he hurls anathemas at the head of a conscientious but prolix A.D.M.S.

Now, in the first place, is not this divergence of opinion the result of a want of clear thinking? Are not the two parties to the dispute visualizing different conditions? Training and Manoeuvre Regulations 1923, Sect. 25, para. 2, distinguishes between: "(1) Appreciations in connexion with subjects elaborated in peace time, such as plans of campaign; and (2) appreciations of minor strategy or tactical problems in the field which, in the case of minor tactical problems, may not even be committed to paper."

Appreciations written by officers of the Medical Services should also be classified in the same manner. In Class (1) I would include not only the appreciations which are made in peace time, but also those made at the outset of a campaign, or at the outset of a new phase of a campaign, by the Administrative Medical Officer responsible for the provision of medical units and equipment, and for the medical policy of the campaign. This
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Officer is generally the Director of Medical Services of the Force. Under certain circumstances it may conceivably be the Deputy Director of Medical Services of a smaller force located in some area remote from the main operations of the war, e.g., East Africa in the Great War. I cannot conceive, however, of any circumstances in which an A.D.M.S. is the officer responsible for the medical arrangement of a campaign from front to base.

In Class (2) would be the appreciations of A.D.'s.M.S. of Divisions.

Training and Manoeuvre Regulations state definitely that Class (1) appreciations (i.e., those written by a D.M.S. for the information of the commander of an independent force) should be full and should enter into every known and surmised factor, however slightly it may bear on the situation. For medical appreciations, that means all factors which have a bearing on the health of the troops, the number of casualties and the resulting requirements of medical units, and medical and sanitary supplies.

As regards Class (2) appreciations (i.e., those written by the A.D.M.S. for the information of the Divisional Commander), it is stated that "rapidity is generally all-important, and the time available will seldom admit of all the factors being recorded, though they should all receive consideration."

Let us consider briefly what the G.O.C. of a division wants to hear from his A.D.M.S. Here the affecting picture of the overworked general trying to read a number of appreciations by the light of a guttering candle may be a true one, and I cannot imagine him wading through a lengthy medical appreciation such as that set forth by a "Staff Officer" in the ROYAL ARMY MEDICAL CORPS JOURNAL of August, 1927. Moreover, as that appreciation is supposed to be written by the A.D.M.S. of a force consisting of a division and a cavalry brigade, that officer would not be in a position to discuss the resources available for evacuation of casualties from his divisional area. The supply and control of medical units behind his divisional area would not be in his hands.

If the A.D.M.S. of a division were ever asked for an appreciation, which I think is unlikely, I imagine the G.O.C. would desire to be told:—

(1) Whether there were any special factors such as climate or prevalent diseases which would be likely to affect the health of the troops, and what steps were recommended to minimize any such dangers.

(2) Any special points in connexion with food and water supplies which might affect the health of the troops, and recommendations in that connexion.

(3) The disposition of the divisional medical units and the position of C.C.S.'s to which evacuation has been arranged by higher authority.

These, I think, are the only points concerning which the G.O.C. of a division would require information from his A.D.M.S., and an appreciation should be framed on these lines and should be as brief and concise as possible.
We come now to a consideration of the more elaborate appreciations written by a D.M.S. (or D.D.M.S.) at or before the beginning of a campaign or at the outset of a new phase of a campaign; and, before going any further, let us once more study our Training and Manoeuvre Regulations as amended by Army Order No. 117 of 1926, which say, "The writing of appreciations in the accepted logical sequence is a necessity. The general headings and the necessary sequences are: (1) Object; (2) considerations which affect the attainment of this object; (3) courses open to the two sides; (4) plan. Unless the object is clearly stated in the opening paragraph, the appreciation is apt to become involved and the decision—which is the aim and object of all appreciations—shrouded in doubt." It is evident that these headings, especially (3), are not very suitable for medical appreciations, but they will serve as a guide. So first let us endeavour to reason logically and then try to find a suitable form to convey the results of our reasoning to others, whether they be superior medical officers or staff officers not perfectly acquainted with the functions of our Service.

Our object then, what is it? Obviously it is to assist the Army Commander to gain his objective both by using our special knowledge to keep his men fit and also by removing his casualties caused by sickness and wounds which would otherwise hamper his movements.

How can we attain that object? By foreseeing epidemics of disease, and forestalling them by proper measures of prevention; by minimizing the daily wastage of men by adequate arrangements as regards food, drink, shelter, clothing, washing, disinfection, sanitation, and so on.

Also by ensuring the rapid removal of casualties by the proper provision and disposition of medical units and medical supplies.

What are the considerations which affect the attainment of our object? These are:

(a) Topographical.—It is evident that both the prevention of disease and the method of removal of casualties will vary enormously, according to whether the force is wallowing in mud or operating on dry uplands or in mountains. The presence or absence of roads, railways, canals, &c., affects removal.

(b) Climate.—Similarly, there is an enormous difference between the wet and cold of Flanders and a campaign in the heat and drought of the Sinai Peninsula.

(c) Prevalent Diseases.—These will vary according to whether the campaign is in the tropics or in a temperate climate, in the plains or in the hills, in a dry or well watered land, and so on; and also according to the time of year in temperate and subtropical climates.

(d) Supplies of food and water.

(e) The number and nature of the casualties, which will vary according to the amount of sickness which occurs and to the equipment of the enemy with such weapons as modern artillery, tanks, gas and air-craft.

(f) The position and mobility of field medical units.
The position and capacity of hospitals on the L. of C. at the base and in the home country, the number of beds in each area and the means available for evacuation, e.g., hospital trains, canal boats, motor ambulances and hospital ships.

The next heading laid down in the Training and Manoeuvre Regulations is "Courses Open to both Sides." This heading is not quite suitable for a medical appreciation, unless we regard disease as the enemy. In this case it would be a good place in which to discuss the probable effect of occupying a locality which for one reason or another is likely to cause an increased wastage of men by disease.

For instance, if it had been possible to inform the Army Commander of the probable loss of men by malaria on the occupation of the Struma Valley, he might have considered that the military advantages of the occupation were not sufficient to counterbalance the loss of man-power. Another instance was the occupation of the Auja Valley, in Palestine. In this case the Corps Commander was told to what extent malaria was likely to waste his man-power, and what help might be expected from anti-malaria measures. After very careful consideration he decided that the military necessity was paramount, and that the cost must be paid.

The Army Commander has a right to expect a fair and reasoned statement of the probable cost of any course he may contemplate, and his medical adviser should give it him as clearly and as accurately as may be possible.

This heading might be changed to "the effect of any particular course on the wastage of men from disease," and under it anything which is likely to cause a large increase of sickness should be discussed.

Having considered our object, the means of attaining it and the considerations which affect its attainment, we come logically to our plan, which may be divided into two parts: (a) The prevention of disease, and (b) the collection, evacuation and distribution of casualties.

Under (a) it is obviously impossible to give in detail "all sanitary and hygienic measures to be taken to preserve health," as stated by "Staff Officer" in the above-quoted paper. One might as well attach a copy of the "Manual of Military Hygiene." Personally, I think it sufficient to state the special dangers of the campaign and the special precautions necessary to meet them. One might say, for example, "The country is highly malarious in the months of July, August and September, especially the X Valley, which should be avoided if possible during these months. Mosquito nets will be required by all troops, and huts at base and on the L. of C. should be made mosquito-proof. Detailed recommendation will be issued later."

Or again, "Cholera is rife in the locality of Y. All troops should be inoculated against the disease before leaving their stations (or before entering the locality), and special hospital provision for cholera cases will be necessary."
Such remarks as these would attract the attention of the responsible officer when reading the appreciation, and he would, if he felt it necessary, ask for further details which would be elaborated by the A.D.H. of the force; but a lengthy dissertation on field sanitation and hygiene in general would defeat its own object.

Under (b) the D.M.S. would give: (1) His estimate of battle casualties; (2) his estimate of sick wastage; (3) his estimate of the hospital accommodation required; (4) his arrangements for supplying the accommodation; (5) the distribution of his field medical units during the period of concentration and during the first phase of the campaign, if he can forecast it; (6) the method of evacuation he proposes to employ, including a statement of what roads, railways, canals, etc., he wishes to use. This is of the utmost importance to enable the Staff to make their time-tables and arrangements for traffic control.

All calculations and technical matter should be given in an appendix, and only the results embodied in the appreciation.

CONCLUSIONS.

(a) Distinction should be made between appreciations elaborated by a D.M.S. (or possibly D.D.M.S.) before the beginning of a campaign, or of a new phase of a campaign, and those written by the A.D.M.S. of a division in connexion with minor strategical or tactical problems in the field. The former should be comprehensive, the latter concise.

(b) A comprehensive appreciation should follow the principles and, as far as possible, the forms laid down in Training and Manoeuvre Regulations. The headings should be:

(1) Object.—This may be stated as: ‘To assist the Army Commander in the attainment of his objective by maintaining the health of the troops; and by the speedy removal of casualties from the field of operations, and their evacuation to the base and home territory for appropriate treatment.

(2) Considerations which Affect the Attainment of this Object.—Under this head all factors special to the campaign which affect the health of the troops should be discussed under subheads topography, climate, prevalent diseases, supplies of food and water. This should be followed by an examination into the various medical units, hospitals, means of transport, etc., available.

(3) The Effect of any Particular Course on the Wastage of men from Disease.—There may be nothing to add under this heading, but if there is some special and paramount danger to the troops, it should be discussed here in moderate but decisive language.

(4) The Plan.—Under this heading should be given: (a) Recommendations for the prevention of disease. These should be confined to special measures required by the situation. (b) A scheme for the collection, evacuation, and distribution of casualties from sickness and wounds, following an estimate of the number of casualties under each head.