PART I AND PART II OF EXAMINATION OF MAJORS, R.A.M.C., FOR PROMOTION TO THE RANK OF LIEUTENANT-COLONEL.

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(Continued from p. 347.)

It is now proposed to apply the foregoing discussion to the writing of an appreciation, and for this purpose we shall borrow a tactical scheme actually set at an examination held in October 1925 at Poona, and published by Colonel E. P. Sewell, C.M.G., D.S.O., V.H.S., in the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS of September and October, 1926, as follows:

A Tactical Scheme for the Promotion of Majors.

SCHEME FOR MEDICAL STAFF TOUR 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

1 The author desires to thank Colonel Sewell for permission to use this article.
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 moved either to Poona or to Nasik.

Map No. 2.

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, Raot, Junction with Bombay road at Point 2042.
(2) Track leaving Alandi road at 5½ 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.—100 British and 100 Indian beds each.
One bearer unit.—800 men.
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.—520 beds each.
Three Indian general hospitals.—500 beds each.
Twelve British staging sections.—50 beds each.
Twelve Indian staging sections.—50 beds each.
Three Army co-operation squadrons R.A.F.
Examination of Majors for Promotion to rank of Lt.-Col.

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.

The following is a suggested appreciation in solution of Task 1.

SECRET.

APPRECIATION OF THE SITUATION ON OCTOBER 15, 1925, OF 3RD CORPS OF BROWN ARMY FROM ITS MEDICAL AND HYGIENIC ASPECTS BY MAJOR F......D......S. R.A.M.C., D.D.M.S.

Copy No. 1.
Place: Ahmednagar.
Date: October 15, 1925.

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

I.—Object.
(1) The preservation of the health of the troops.
(2) The rapid evacuation of sick and wounded from the area of operations.

II.—Considerations which affect the Attainment of the Object.

(1) The troops will be operating at high altitudes (viz., The Ghats), where the difference between day and night temperatures will be somewhat extreme.
(2) Generally speaking the present issue of clothing will suffice, but modifications will be required to deal with
(a) The extremes of temperature referred to above.
(b) The present form of trousers, as the troops being in possession of shorts only will be exposed to malaria infection, especially after sundown.
(3) In view of the precautions which the troops have been trained to adopt against diseases, especially tropical, it is not anticipated that there will be any outbreak of disease special to these operations. It is most probable, however, that the incidence of sickness in general will be slightly

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1 This task was received by candidates on October 14, with instructions that solutions were to be delivered at the office of A.D.M.S., Poona District, not later than noon October 20.
2 See "F.S.R.," Vol. I, Section 107 (2) and para. (5) of Section 25 of "Training and Manoeuvre Regulations." As this is a type (i) appreciation it is unnecessary to state the time; in type (ii) appreciations it is almost invariably necessary for the time to be stated.
higher than that which is regarded as the usual basis in temperate climates, viz., 0·3 per cent (vide F.S.R., Vol. I, Section 185).

(4) In addition to the usual gunshot wounds, casualties from air activity and gas will probably arise, though up to date there is no definite information regarding the equipment of the enemy in these respects. Medical units are in a position to deal with such casualties.

(5) Road, rail and water facilities for transporting sick and wounded.

(a) In the Ghat tracks only exist, apart from one main road. These tracks will be available only for riding and pack transport in most cases.

(b) Elsewhere, good roads and cross-country tracks exist, suitable for all forms of wheeled transport.

(c) Rail facilities are good.

(d) No water facilities exist.

(6) Means available for transporting sick and wounded.

(a) Owing to the nature of the country in the Ghat, wheeled transport will not be able to reach advanced dressing stations; casualties will have to be evacuated from these stations by man-handling for lying cases, and riding ponies for light cases to points where they can be picked up by wheeled transport. Manhandling will be very arduous, and will necessitate a large number of men. This can be obviated by the employment of some other form of transport such as camels with cacolets (see note 1).

(b) Two standard-gauge and two metre-gauge ambulance trains are mobilized for this force, and as long as operations are taking place north of Poona, the two metre-gauge ambulance trains cannot be used to evacuate casualties from C.C.S. north of Poona, as the latter place is the northern terminus of this system. Two standard gauge ambulance trains only therefore will be available for this work; in the event of four Divisions (i.e., 7th, 8th, and 9th Divisions, plus 1st Division shortly expected at Manmad from Northern Army) being engaged on this front, these two trains will not be sufficient (see note 2).

(c) The two mobilized motor ambulance convoys will be required for work between main dressing stations, casualty clearing stations and railheads. No motor ambulances are available for work between trains and general hospitals and vice versa (see note 3).

(7) Estimation of casualties from sickness.

(a) After junction of 1st Division with 3rd Corps the strength of the latter will be about 100,000 in round figures in proportion of one British and three Indians (see note 4).

(b) In view of the considerations dealt with in sub-paras. (1) (2) (3) and (4) above, it is anticipated that daily wastage from sickness and casually wounded will be more than 0·3 per cent (vide F.S.R.,...
Examination of Majors for Promotion to rank of Lt.-Col.

Vol. I, Section 185 (4), namely, 0·5 per cent. There will be a total therefore, of 500 sick requiring admission to hospital every day from the force, and subsequent to about three weeks after initial concentration there is likely to be on any given day a total of 6,600 sick in hospital (1,662 British, and 4,988) Indians—for detailed calculations see Appendix A.

(8) Estimation of casualties from wounds.

(a) Deducting L of C. troops and followers, the total strength of front line troops in the whole force will amount to about 80,000 in round figures.

(b) In the event of a general engagement involving the whole of the force, it is possible that three-fifths of the fighting troops will be engaged in battle at the same time (see note 5). On a basis of 10 per cent wounded (not including dead), as indicated in F.S.R., Vol. I, Section 185 (4) a total of 4,800 casualties may have to be dealt with at one time (British 1,200, Indian 3,600). It is submitted that this basis of 10 per cent must be accepted as a minimum, inasmuch as, under conditions of modern warfare, formations engaged in battle may experience casualties up to 50 per cent of their strength (see note 6). The question, however, of forecasting wounded in a particular engagement depends on the military conditions, and, such being the case, it is one which must be decided by the General Staff (see note 7).

Notes (for the guidance of readers only, not to be embodied in the appreciation):

(4) These figures are not absolutely correct according to Mobilization Tables, but are being assumed for the purpose of this article.
(5) Cron's estimate; see "R.A.M.C. Training," para. 397.

(9) Hospital bed accommodation for sick and wounded.

(a) One casualty clearing station is expected with 1st Division, so that eventually there will be four of these units: this number will suffice and will permit of the tactical principle of these units working in pairs, if required.

(b) No general hospitals are to be expected with 1st Division, the actual number of beds in units of this type at present available in 3rd Corps is 1,560 British and 1,500 Indian (total of 3,060 beds). In view of the considerations dealt with in sub-para. (7) and (8) above it will be seen that as many as 11,300 beds will be required. There would appear to be a serious deficiency therefore, of 8,240 beds. This deficiency can be largely discounted, however, as
approximately 5,000 cases can be accommodated in the civil and military hospitals in Southern India outside the theatre of operations. The deficiency of beds, therefore, reduces itself to 3,000 in round figures (1,000 British and 2,000 Indian).

(c) The three mobilized British and Indian general hospitals will afford 3,060 beds in the theatre of operations; in the always possible event of heavy battle casualties this number of beds would not be sufficient to deal with the situation, even allowing for the fact that casualties can be rapidly evacuated from the theatre of operations as in (b) above. The provision in the theatre of operations of the 3,000 beds shown as deficient above would meet this situation.

(10) Supplies of medical stores.—There are no manufacturers of these stores in the theatre of operations, and all supplies now available there will be required by civil population, as there is likely to be a rush of civilians from the fighting areas into the large towns behind. A good reserve of these stores must be assured in the theatre of operations, and for this purpose only one base depot and one advanced depot of medical stores have been mobilized. One advanced depot is not sufficient, as the localization of these units is essentially one of proximity to C.C.S.'s; the distribution of the latter will be on the Nasik front and Khandala front, and in consequence there should be an advanced depot of medical stores for each of these fronts.¹

III.—Plan.

(1) Instructions are being issued to medical units to guard against, when possible, the evacuation of light cases outside the theatre of operations; in this connexion, the question of the establishment of convalescent depots (advanced and base) is being considered, and recommendations will be submitted later.

(2) Reference F.S.R., Vol. I, Section 177 (4), the measures in detail recommended for the prevention of disease and the conservation of the health of the troops are being drawn up by Assistant Director of Hygiene 3rd Corps, and will be furnished shortly.² In the meantime it is recommended that the following points relating to these measures should receive immediate attention.

(a) The issue of an extra blanket per man to units operating in the Ghats (vide para. II (2)).

(b) The provision of knee-flap protectors for attachment to the "shorts" of all troops (vide para. II (2) (b)).

¹ "F.S.R." Vol. I, Section 192, states that normally there will be one base depot and three advanced base depots of medical stores for each army. "R.A.M.C. Training," para. 415, states that advanced depots of medical stores should be placed near C.C.S.'s.

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(3) With a view to improving the means at present available for evacuating sick and wounded it is recommended that the following be provided:

(a) Twenty camels with cacolets for each field ambulance (vide para. II (6) (a)).
(b) One standard gauge ambulance train and one temporary ambulance train (vide para. II (6) (c)).
(c) The mobilization of an auxiliary ambulance car company (vide para. II (6) (d)).

(4) It is recommended that the following units be provided:

(a) One British and two Indian general hospitals of 1,000 beds each (vide para. II (9) (b) (c)).
(b) One advanced depot of medical stores (vide para. II (10)).

(5) Pending further development of the military situation, the following distribution of medical units at present mobilized is recommended:

- 200 men of bearer unit to A.D.M.S., 7th Division.
- 200 men, 8th Division.

**Talegaon.**

<table>
<thead>
<tr>
<th>C.C.S.</th>
<th>British staging section</th>
<th>Indian staging section</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.A.C.</td>
<td>British staging section</td>
<td>Indian staging section</td>
</tr>
</tbody>
</table>

**Kasarvadi.**

- One standard gauge ambulance train
- Two metre train

**Poona.**

- Railway station
- One British staging section
- One Indian staging section
- Two British staging sections
- Two Indian staging sections

**Dhond.**

- Headquarters of bearer unit with 400 men.
- British general hospital
- Indian X-ray unit
- One British staging section
- One Indian staging section
- Three British staging sections with British general hospital
- Three Indian staging sections

**Ahmednagar.**

- British general hospital
- Indian X-ray unit
- One British staging section
- One Indian staging section
- Three British staging sections with British general hospital
A. C. Elliott

Manmad.
† † Two British staging sections.
† † Two Indian staging sections.

Nasik.
† C.C.S. (Deolali-Nasik area).
M.A.C. " " Standard gauge ambulance train \\ Railway station.
† † One British staging section \\ Railway station.
† † One Indian staging section \\ Railway station.
† † One C.C.S. (on arrival of 1st Division).

Sholapur.
British general hospital.
Indian " "

Belgaum.
British general hospital.
Indian " "

† Recommended that this unit be despatched forthwith to its destination with orders to open up as soon as possible after arrival there (vide "F.S.R.," Vol. II, Section 21 (3) (iv).
† † To accommodate light cases up to three days.
† † † Light (operating) section to be ready to move at short notice (vide "F.S.R.," Vol. I, Section 187 (4).

F.......D.......S.,
Major, R.A.M.C.,
D.D.M.S.

Copy No. 1 to "A" 3rd Corps.
2 to D.M.S.
3 to File.
4 to War Diary.

APPENDIX "A."

Calculations Regarding Estimated Sick (vide para. II (9) (b)).

Daily wastage by sickness will be 500 and of this number—
  40 per cent will be discharged from hospital in seven days.
  50 per cent will be discharged from hospital in twenty-one days.
  10 per cent will be evacuated from the tenth day daily to the hospitals in Southern India (Bangalore, Ootacamund, etc.).

The bed situation regarding sick is best explained by the following table.

28
The total remaining on twenty-first day may be regarded as 6,500 in round figures (British, 1,625; Indian, 4,875).

In view of the opening discussion which has already taken place in this article regarding appreciations, it would appear advisable to direct the reader’s attention to the following remarks a propos of the appreciation rendered above by D.D.M.S. 3rd Corps:

(a) The 3rd Corps is fighting in its homeland; this is important in that its homeland (India) is fairly well equipped throughout with civil hospitals in addition to peace-time military hospitals; many of the former would be taken over by higher authority for sick and wounded at the outset of the campaign.

(b) The 3rd Corps, though acting independently as the Southern Force, is part of a National Army consisting of the Northern, Western, and Southern Forces. There must be a D.M.S. of this National Army, and as such, he would be responsible for the general medical policy and arrangements, including, for instance, the question of taking over civil hospitals referred to in (a) above.

(c) The appreciation is called for from the candidate as D.D.M.S. 3rd Corps, and in writing it he should bear in mind the points brought out in (a) and (b) above. He should exercise due care in discussing matters of policy, or in asking for a large number of extra medical units (a common failing in appreciations).

(d) If the appreciation had been called for from the candidate as D.D.M.S. of a corps proceeding as an expeditionary force he would have had greater latitude for discussion, and would have had the opportunity of considering such points in Chapter XIX of “R.A.M.C. Training” as would have a definite bearing upon the situation.

It is now proposed to deal with the practical work in the field which constitutes the remainder of this examination, namely, Exercises 2 to 5 inclusive, involving duties which might fall to an officer of the R.A.M.C. of...
the rank of Lieutenant-Colonel or Colonel. The best method of doing this is to continue with the tactical scheme elaborated for the examination at Poona in October, 1925. Before proceeding, however, it may not be out of place to draw candidates' attention to the following points:

(a) King's Regulations, Appendix X, para. III, I (ii) gives instructions for the guidance of the examining board in this practical examination. A perusal of these instructions is advisable, as candidates will then realize the great stress laid by the board upon the attitude of an officer presenting himself for the test with regard to the following points: Quickness in making a decision, brevity and clearness in issuing orders, written or verbal, rapidity in producing solutions, reasons in support of solutions, and quickness in reading a map. The instructions also direct that the tendency frequently shown by candidates to refer to dispositions on the map rather than on the ground must be firmly checked by the board. A time limit is given for the solution of each problem, written or verbal; great attention will be paid by the board to this time limit and written orders or solutions of problems, even if unfinished, will be collected.

(b) The "Field Service Pocket Book" is the only book that can be consulted in this examination, but it cannot be used for answering oral questions; with regard to the latter, however, the board must not put questions which would entail the memory of figures and formulae which the candidate could not be expected to retain. (K. R., Appendix X.)

It will be remembered that at the beginning of this article attention was drawn to the fact that important amendments to the "Field Service Pocket Book" were issued with Army Orders for April, 1928. The possession of these amendments is an absolute necessity, as they give the most recent instructions regarding the writing of orders, instructions, and messages, in the field, together with the latest abbreviations in use. "F.S.R.", Vols. I and II, have been amended in a corresponding manner by Army Order 130 of 1927. During the remainder of this article there will be occasion to refer frequently to these amendments, and for brevity's sake they will be referred to as "Abbreviations."

(c) Candidates must bring with them their own compass, field glasses and pencils. K. R., Appendix X, states that the Board is responsible for issuing narratives, maps and note-books. The Board may insist upon written work being carried out in these note-books, but candidates would be wise to bring with them a large flat writing pad containing sheets of foolscap writing-paper, on the off-chance that they may be allowed to use it instead of the note-books; they will find it much more convenient to write on these large sheets, provided the pad has in it some elastic, drawing pins, or clips to steady the paper when being written on in the open, as otherwise a sudden gust of wind may scatter one's paper to the four points of the compass, affording amusement to onlookers, and discomfort to the unfortunate individual who is working against time. In addition to indelible and blacklead pencils a few coloured ones may prove useful, while a good wide map case is a great convenience.

(To be continued.)