A MEDICAL APPRECIATION.

By MAJOR E. W. WADE, D.S.O.,
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WITH COMMENTS
By MAJOR H. R. DEANE,
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Recent literature on the subject of appreciations to be submitted by Majors R.A.M.C. for promotion to Lieutenant-Colonel—subhead (h) V—is ever growing larger, and is now assuming formidable proportions.

Several papers on the subject have taken the pattern laid down in T. and M. Regulations, Ch. II, Section 25, as the indispensable basis, and my excuse for this article is my firm belief that this is a mistake.

Most writers agree that the T. and M. Regulations formula is unsuitable to the extent that paras i, ii, iv of Sect. 25, Ch. II, are entirely inapplicable to the medical requirements. Some under “Object” say, “The treatment of the sick and wounded and the speedy evacuation of casualties.”

The portrait of a harassed (and excusably apoplectic) G.O.C. in the field, confronted with such a platitude, would be worth seeing. I suggest the idea to Mr. H. M. Bateman as a suitable subject for his inimitable brush.

It appears to me that a medical appreciation should have three objects:

1. To give the G.O.C. the information that he requires, and only what he requires, concerning the medical situation.

2. To state how it is proposed to deal with the exigencies of the medical situation.

3. To ask for everything that is required to deal with the medical situation.

I venture therefore to put forward my view that a medical appreciation is a specialized thing, for a special purpose, and that it is a square peg that cannot be successfully fitted into the round aperture of Ch. II, Section 25, para. 4, T. and M. Regulations.

It is obvious that all G.O’s.C. will not require the same information, and I would deprecate any attempt to standardize medical appreciations. But, as an example, and as a possible help to prospective candidates, for sub-head (h) V, I append the following specimen. The strength of the force was 20,000, operating in a tropical country. It will be noted that of the three objects of a medical appreciation, (1) is covered by paras. 1-3, (2) by paras. 4-5, and (3) by paras. 6-8 of the attached appreciation.
A Medical Appreciation

All detail, calculations, etc., i.e., matter to which the G.O.C. might wish to refer, but which is not essential to the connected idea, have been relegated to appendices.

Recommendations based on Appendix 3, "Topographical Considerations," need not be given, as they would be included in Standing Orders. This should be stated, as some Boards might consider it an omission.

A simple method of checking "The Stability Figure," i.e., the numbers remaining in hospital at the end of the twentieth day onwards, is to multiply the daily admission-rate by 13.3.

SUGGESTED SCHEME FOR A MEDICAL APPRECIATION BY THE SENIOR ADMINISTRATIVE MEDICAL OFFICER OF A FORCE.

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2. Accommodation | ... | ... | ... | ... | ... |
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"SECRET.

MEDICAL APPRECIATION OF THE SITUATION ON ........... (DATE)
BY MAJOR ............ R.A.M.C., S.A.M.O., ............ FORCE
REF. O.S. ............ (COUNTRY) ............ (SCALE) ............

APPRECIATION.

Para. 1.—Outline of Evacuation.
After consultation with "G" and "Q" this has been settled as follows:
From C.C.S. at ............... by Ambulance Train and Temporary
Ambulance Trains to ............... via,

Approx. mileage
(1) — ............... 
(2) — ............... 
(3) — ............... 
(4) — ............... 

Arrangements for feeding, resuscitation, treatment, etc., have been made at all the above stations at which no medical unit is located.

Note.—(1) The possibility of evacuation from ............... to ............... by river craft has been considered and rejected on the grounds of slowness and difficulties of navigation.
(2) Owing to the number of ambulance trains and temporary ambulance trains that can be run daily from C.C.S. at ............... to ............... being limited, it is considered essential that one extra M.A.C. should be kept in Force Headquarter reserve.
(3) It is hoped that it will be possible in about three months to supplement this scheme of evacuation by the use of six Air Ambulances and twelve Armoured Motor Ambulances already ordered by "Q."

Para. 2.—Accommodation.
The following accommodation will be required:

(a) Wounded ... ... ... ... ... See App. 1
The total number of wounded on any one day for whom hospital accommodation is needed is estimated at ... ... ... ... 1,296
(b) Sick ... ... ... ... ... See App. 2
Sick admissions to General Hospitals will rise to 1,330 by ............... After this date this figure will remain approximately constant.
This is based on a daily admission rate of 0.5 per cent daily which is likely to rise to 1 per cent by ............... ... ... 1,330
Para. 3.—Effects of a Prolonged Campaign.
There will be a progressive increase of sick wastage, especially as regards heat-stroke, malaria, fly- and water-borne diseases owing to the prevalence of flies, the primitive state of sanitation existing, and the general falling off in training of reinforcements in sanitary matters owing to the shorter period of instruction at the Depots.

Para. 4.—Reinforcements for Medical Personnel.
(a) Required immediately to replace battle casualties (estimated at 15 per cent of 3/5 of the total)
Medical Officers ..............
Other Ranks ..............
(b) Required at the end of two weeks to replace sick wastage (estimated at 0.5 per cent daily)
Medical Officers ..............
Dental Officers ..............
Quartermasters ..............
Nursing Sisters .............. See App. 5

Para. 5.—Temporary Ambulance Trains.
Staff and Equipment will be held in readiness for two of these, each accommodating 1,000 sitting cases.

Para. 6.—Cleansing Units.
An adequate number of these units should be provided by "Q."

Para. 7.—Equipment.
(a) Medical.—In addition to W.E. Scale, the following are considered necessary (Field Ambulance, C.C.S., and General Hospitals are being stocked accordingly):—
E. W. Wade and H. R. Deane

Anti-tetanic serum.
Anti-gas gangrene serum.
Oxygen supply with complete apparatus.

(b) Ordnance.—Recommendations are as follows:
Special protective clothing for personnel dealing with mustard gas contaminations.
In order to allow for the complete change of gas-contaminated clothing, pyjama suits to be increased to the following scale:

- 3 Field Ambulances at 250 each ... 750
- 1 C.C.S. at 1,200 ... 1,200

(c) Stretchers.—The present scale should be increased by a reserve of 1,000 for the Force.

Para 8.—Summary of Recommendations.

(a) The following units, with personnel to W.E. Scale are urgently needed, and should be asked for immediately, in addition to those existing:

- 3 General Hospitals (600 beds).
- 1 Convalescent Depot (2,000 beds).
- 1 Base Depot of Medical Stores.
- 1 Hygiene Laboratory.
- 1 Bacteriological Laboratory.
- 1 Motor Ambulance Convoy.
- 1 Ambulance Train.
- 2 Temporary Ambulance Trains (1,000 sitting cases).

Reasons in detail for these demands are given in App. 6.

(b) Authority requested for any move of units that are considered to be unsuitably sited in the narrative.

(c) Reinforcements for medical personnel, as estimated in para. 7 (a) above, should be demanded at once.

(d) The Equipment detailed in para 11 (b) and (c) to be obtained urgently.

(e) In addition to the scale of specialists allowed by W.E., the following consultants are considered necessary:

- 1 Mental Specialist.
- 1 Eye 
- 1 Aural 
- 1 Consulting Entomologist.

“F.H.Q. .................................................
Major, R.A.M.C.”

(Date) .................. 
S.A.M.O..................... Force.
Appendix 1. Estimation of Wounded.

\[
\begin{align*}
&10 \text{ per cent of } 3/5 \text{ Divl. Troops} \quad \ldots \quad \ldots \quad 1,800 \\
&10 \text{ per cent of } 1/5 \text{ Corps Troops} \quad \ldots \quad \ldots \quad 360 \\
&\text{Deduct } 20 \text{ per cent killed} \quad \ldots \quad \ldots \quad 360 \\
&\text{Total wounded any one battle} \quad \ldots \quad \ldots \quad 1,440 \\
&\text{Deduct } 10 \text{ per cent not requiring hospital treatment} \quad \ldots \quad 144 \\
&\text{Total wounded for whom beds are needed} \quad \ldots \quad 1,296 \\
\end{align*}
\]

Of these 40 per cent, or 520, will require evacuation to the Base.

Appendix 2. Estimation of Sick.

Sick admission at (say) 0.5 per cent daily = 100.

Of these 40 per cent, or 40, will be discharged in 7 days.

50 per cent, or 50, will be discharged in 7 days.

10 per cent, or 10, will need invaliding.

Table showing Estimated Occupation of Beds by Sick in General Hospitals up to Twenty-First Day.

<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>100</td>
<td>40</td>
<td>10</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>300</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>400</td>
</tr>
<tr>
<td>5</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>500</td>
</tr>
<tr>
<td>6</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>600</td>
</tr>
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<td>40</td>
<td>10</td>
<td>700</td>
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<tr>
<td>8</td>
<td>100</td>
<td>40</td>
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<td>780</td>
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<td>9</td>
<td>100</td>
<td>40</td>
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<td>880</td>
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<td>1,380</td>
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<td>17</td>
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<td>40</td>
<td>10</td>
<td>1,380</td>
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<td>20</td>
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<td>10</td>
<td>1,380</td>
</tr>
<tr>
<td>21</td>
<td>100</td>
<td>40</td>
<td>10</td>
<td>1,380</td>
</tr>
</tbody>
</table>

After twentieth day, number of beds occupied by sick remains approximately constant, i.e., at 1,380, as discharges plus evacuations will balance.

Appendix 3.—Topographical Considerations.

(a) Sanitation.

Water Supply.—Piped supplies, chlorinated at source, are available in .......... and the larger towns. Elsewhere the supply is from wells and is untreated. Owing to the porous nature of the soil, a high degree of water contamination is general.

Flies.—Prevalent everywhere and present a serious problem.

Mosquitoes.—Breeding actively now; this will increase later.
(b) Prevalent Diseases.

Enteric Group...
Bacillary dysentery

Malaria...

Venereal disease...
Small-pox...
Plague and cholera...
Sandfly fever...
Rabies...
Heat-stroke...

These two groups of diseases will cause a large proportion of the sick, as the sanitary conditions of the terrain afford serious danger from food and water contamination. Mainly benign, with occasional malignant cases. The civil population is heavily infected and will act as a reservoir for the disease.

Native civil population heavily infected.
Endemic; the risk to troops is small, owing to 100 per cent protection by vaccination.
Both diseases mildly endemic in the area.
Danger to troops from jackals and pariah dogs which are commonly infected.
Cases must be expected from now onwards, rising to a maximum in June and July.

Appendix 4.—Refugees and Civil Medical Assistance.

Civilian refugees requiring hospital treatment can be accommodated by Civil Hospitals. Apart from this little assistance can be expected from the Civil Medical Authorities, as they are fully occupied by normal peace time requirements.

Voluntary Aid and Red Cross. Possible assistance in personnel, stores and medical comforts only.

Appendix 5.—Detail of Medical Personnel.

Summary, excluding R.A.S.C., attached:

Medical Officers
Dental Officers
Quartermasters
Nursing Sisters
Other Ranks

Including crisis expansion of General Hospitals personnel by 50 per cent.

These are distributed as follows:

<table>
<thead>
<tr>
<th>No.</th>
<th>Unit</th>
<th>M.O.'s</th>
<th>D.O.'s</th>
<th>Nursing Sisters</th>
<th>O.R.'s</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Regtl. Medical Establishment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Field Ambulance (include one</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Force Field Ambulance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Sanitary Section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>C.C.S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>M.A.C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6.—Reasons for Demanding Additional Medical Units.

(a) 3 General Hospitals (600 beds).
(b) 1 Convalescent Depot.
(c) 1 Base Depot Medical Stores.
   1 Hygiene Laboratory.
   1 Bacteriological Lab.
(d) 1 Motor Ambulance Convoy.
(e) 1 Ambulance Train.
   2 Temporary Ambulance Trains.

See note at end of para. 2.
In order to approximate this accommodation to that of the General Hospitals.
According to the scale for the Expeditionary Force.
Additional for duties at Base on the L. of C.
Also as a F.H.Q. Reserve.
The return journey from .......... to .......... by the route indicated in para 1 will probably occupy .......... days.
The 1 Ambulance Train and 2 Temporary Trains, already provided, can evacuate 2,320 cases every .......... days.

Estimated evacuation requirements are:
40 per cent of battle casualties .......... 520
60 per cent of daily sick .......... 60

580 daily
or 4,460 in 8 days.

Of these, the existing trains can deal with half (2,320). Therefore the number of ambulance trains should be doubled.
Appendix 7.—Location of Medical Units after Consultation with "G" and "Q."

No. 1 C.C.S. Heavy Section at .......... with light section at .......... Map ref.  
Note.—As the C.C.S. is sited far back, a Divisional M.D.S. has been opened at .......... Map ref.

No. 1 M.A.C. at .......... Map ref.  
No. 1 Amb. Train Garaged at .......... Map ref.  
No. 1 Advanced Depot Medical Stores at .......... Map ref.  
No. 1 General Hospital to .......... from ..........  
No. 1 Convalescent Depot at .......... Map ref.

An appreciation on this plan works out at 3½ foolscap pages—double spacing—with 4½ pages of appendices. The appreciation should not exceed these limits, but the appendices, which need not be read by a G.O.C. (or by the "G" representative on an Examining Board) may be expanded as required.

The above appreciation has been brought up to date as far as possible in accordance with amendment No. 6 to App. X, K.R.

I am indebted to Major E. C. Linton, R.A.M.C. for criticisms and suggestions and to Major H. R. Deane, G.S.O. 2, Lucknow District, whose remarks on the writing of medical appreciation from the point of view of the General Staff, follow.

(1) I agree with Major Wade that the accepted form of appreciation given in T. and M. Regulations cannot be slavishly applied to the type of medical appreciation which he has in mind in this article, or, for that matter, to any other type of medical appreciation.

(2) In a strategical or tactical appreciation, the author endeavours to find the best solution to a concrete problem or problems, expressed in the "Object."

The type of medical appreciation under consideration is really a review of a particular situation from the medical point of view, involving consideration of many aspects of medical activity, mainly administrative.

Each of these aspects presents definitely an independent concrete problem to be solved, although it may be bound up to a greater or less extent with the others.

The medical appreciation, therefore, while it will have the three general objects given so clearly by Major Wade, resolves itself into a number of separate, but probably inter-related "appreciations," each one of which has its own "Object," e.g.: "In the circumstances and with the means at our disposal, what is the best method of evacuating the sick and wounded?"
To "appreciate" this situation, "factors" such as means of transport available, their general suitability, the effect of particular enemy action, etc., may have to be considered, and must be threshed out with the Branches of the Staff concerned previously. The "Plan" of this appreciation will be the system of evacuation recommended.

To a certain extent, therefore, the appreciation will agree with the form given in T. and M. Regulations, but the heading, "Courses open to both sides" appears quite inapplicable.

(3) The G.O.C. who has to read the appreciation, or the Staff Officer who deals with it on his behalf, certainly will not want to wade through masses of literature before he can discover what he wants to know.

I suggest that "what he wants to know" should be the first thing to meet his eye, and should include the following:

(a) Whether the medical resources available will be able to meet successfully, as they stand, the operations in view.
(b) If there are weak links in the chain, what are they?
(c) What extra transportation facilities, hospital accommodation, medical personnel and equipment will be necessary to make the weak links strong?
(d) In general terms, how is it suggested the medical services be organized and located for the operations in view.

If the appreciation leads off with the above, the separate appreciations, already referred to, calculations, &c., can then follow in logical order, and can be referred to by the sender, if desired.

(4) The appreciation would, therefore, be put up very much in the form of a Reconnaissance Report, and would consist of Part I, "Requisite information given as briefly and concisely as possible"; Part II, "Detailed information."

(5) The foregoing, of course, is merely a personal idea, for the elaboration of which time has not permitted, and does not bear the seal of official approval.