A PROBLEM FOR THE REGIMENTAL MEDICAL OFFICER IN MODERN WARFARE.

By Major G. P. Kidd, M.C.,
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At a recent Medical Staff Exercise held in the Eastern Command two of the "objects of the exercise" were as follows:—

(1) Detailed reconnaissance of a prepared defensive position and arrangements for evacuating regimental aid-posts to advanced dressing stations over difficult country.

Note.—A map in conference-room shows forward-line of defence position, reserve battalion areas, inter Bde. and Bn. boundaries and positions of R.A.P.'s.

During the working of syndicates on the above problem and subsequent discussions various points were raised and problems brought to light which may be of interest both to officers who served as R.M.O.'s during the Great War and more especially to those junior officers on whom this duty may fall in the future.

To those of us who have been fortunate enough to take part in manoeuvres or staff exercises during the last few years, either as students...
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or as members of directing staffs, it must appear more and more evident that the teaching of Medical Tactics (if this term be permitted) must be based in the future on mobile warfare and that the old fetish of a fixed line of permanent or semi-permanent defences, known so well to those who served on the Western Front during the Great War, must be discarded to a large extent for training purposes.

The purpose of this article is to study the present medical establishment and equipment of an infantry battalion in the light of modern tactics in attack and defence. For the sake of brevity it is proposed to deal with defence only as being the scheme of the particular staff exercise to which reference is made, but it will, I think, be evident that the same principles and arguments will hold good in the case of attack.

In the Great War, certainly on the Western Front, the term "defence" visualized a fixed or semi-fixed system of trenches with, perhaps, front, support and reserve lines at varying intervals seldom exceeding a total depth of 1,000 yards in the case of a battalion area.

In modern tactics however defence in depth and attack by infiltration both present a different picture. Where previously there were perhaps three companies in the line with one in support or reserve there will now frequently be not more than the equivalent in personnel of one company in the forward defended localities (including probably parts of two rifle companies and the machine-gun company) with the remainder of the battalion echeloned in depth behind. Although the forward positions may extend over a frontage of 1,500 to 1,700 yards, these can be held by the equivalent of one company owing to the power of machine-guns and light automatics in defence.

A reference to Field Service Regulations, Volume II, will make clear what stress is laid on this principle of employment of troops in depth. (The following quotations are given in extenso for the sake of any readers who may not have a recently amended copy of this book at hand).

Section 77 (3).—"... the principles of defensive action are constant, and may be summarized as follows:

"v. Defence in depth is essential in order to resist an attack supported by modern weapons."

Section 78 (10).—"The strength of the defence will be increased... if the position consists of a network of defended localities echeloned in depth... The greater the depth of the defensive position... the greater will be the enemy's difficulties in maintaining the impetus of his attack."

Again in Infantry Training, Volume II, one finds the following:

Section 19, iii.—"... depth is essential to localize the effects of a successful surprise attack."

What then is the effect of this teaching when applied to medical arrangements in the forward area?

Before studying this problem in detail it is necessary to visualize the
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(1) Detailed reconnaissance of a prepared defensive position and arrangements for evacuating regimental aid-posts to advanced dressing stations over difficult country.

(2) To study the present regimental medical establishment and equipment of an infantry battalion.

For this purpose one problem set for syndicates was as follows:—

"Problem 2.—On completion of your reconnaissance state in detail what arrangements you would make for evacuation of the forward brigades' R.A.P.'s to A.D.S.'s at . . . and . . .

Note.—6" Map in conference room shows forward line of defensive position, reserve battalion areas, inter Bde. and Btn. boundaries and positions of R.A.P.'s."

During the working of syndicates on the above problem and subsequent discussions various points were raised and problems brought to light which may be of interest both to officers who served as R.M.O.'s during the Great War and more especially to those junior officers on whom this duty may fall in the future.

To those of us who have been fortunate enough to take part in manoeuvres or staff exercises during the last few years, either as students
infantry battalion of modern War Establishments and the personnel and equipment at the disposal of the R.M.O. This is shown in the following tables:

(1) **Summary of War Establishments Issued with Army Council Instructions for August 8, 1928.**

**An Infantry Battalion.**

(H.Q. Wing, 1 Machine-gun Company and 3 Rifle Companies.)

Total Establishment (including attached) = 831.

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>No. 1</td>
<td>Battalion headquarters</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Signallers</td>
<td></td>
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<tr>
<td></td>
<td>Intelligence section</td>
<td></td>
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<td></td>
<td>Medical officer</td>
<td></td>
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<tr>
<td></td>
<td>M.O.'s orderly</td>
<td></td>
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<tr>
<td></td>
<td>Stretcher bearers, etc.</td>
<td></td>
</tr>
<tr>
<td>No. 2</td>
<td>Anti-tank platoon of 4 guns</td>
<td>19</td>
</tr>
<tr>
<td>No. 3</td>
<td>Quartermaster's department</td>
<td>108</td>
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<tr>
<td></td>
<td>Transport</td>
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</tr>
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<td></td>
<td>Pioneers</td>
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<td></td>
<td>Police, etc.</td>
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</tr>
</tbody>
</table>

Machine-gun Company—H.Q. and 4 platoons of 4 guns each—171.

3 Rifle Companies—H.Q. and 4 platoons of 4 sections each—151 each.

(2) **Medical Personnel and Equipment of an Infantry Battalion.**

**Personnel.** H.Q. Wing—1 M.O.

1 M.O.'s orderly (Lce. Corp).

1 M.O.'s batman groom.

1 Serjt.

20 O.R.s} Stretcher bearers found from band.¹

¹ *Field Service Regulations, Volume I, Section 118.*

“(1) In those units which may have need of stretchers in war certain personnel are trained as regimental stretcher bearers (see paragraph 777, K.R.).”

“When an action is expected the regimental stretcher bearers are placed under the orders of the unit medical officer . . . . .”

*K.A.M.C. Training, paragraph 202.*

“. . . . . When an action is imminent the regimental stretcher bearers are placed under the orders of the M.O. . . . . .”

*King's Regulations, paragraph 777 (a).*

“In the arms mentioned below personnel, up to the numbers shown, will be trained in peace as stretcher bearers . . . . . . and in first aid to the wounded:—

Foot Guards.—36 N.C.O.s and men for each battalion.

Infantry of the Line.—All N.C.O.s and bandsmen included in the peace establishment of the band.”

(The peace establishment for a regimental band gives 36 bandmen, but of these 16 are only “acting bandsmen” and therefore not available as stretcher bearers in war.
Personnel. H.Q. Wing—2 Water duties
(continued) 3 Sanitary duties } Found from pioneers.¹
4 Coys. each—1 Water duties } When required.¹
Text. H.Q. Wing—1 Riding horse (for M.O.).
1 Maltese cart (medical equipment).
2 Water carts.

Equipment. Medical—2 Water bottles.
1 Case, water testing, poison.
2 sterilization.
1 Medical Companion.
1 Surgical haversack.
24 Shell dressing haversacks.
1 Regt. medical pannier.
3 Thomas’ splints, arm.
3 knee.

Ordnance—12 pairs scissors, stretcher bearers.
A.F.G. 1098/701. 12 Stretchers.
3 Bars, suspension.
4 Slings.
22 Armlets S.B.
1 Brassard.
914 First field dressings.

It will, I think, be evident that any increase in the depth of a defensive position held by a battalion will entail the regimental stretcher bearers collecting wounded over a far larger area than was formerly the case.

The accompanying sketch map drawn to scale from the actual "G" Staff tracing of the defensive position of one infantry battalion on a recent Eastern Command Staff Exercise will show clearly how a battalion may be disposed in defence and how large an area may be involved. It will be noted that the scale of the map is 6 inches to 1 mile, and that therefore although the battalion front is only some 1,700 yards the depth of its defensive area has a maximum of nearly 1,900 yards.

For purposes of clarity minor features have been omitted; the ground must be visualized as closely enclosed by hedges and ditches, and with few open spaces larger than the ordinary sized field.

Over the whole of this area of about a square mile the twelve platoons of the three rifle companies are spaced with the four platoons of the machine-gun company also distributed throughout.

The problem which faces the R.M.O. is to attend to and arrange the

¹ It should be noted that there is no mention in F.S.R. or R.A.M.C. Training of the sanitary and water duty men being placed at the disposal of the R.M.O. during an engagement, though R.A.M.C. Training, paragraph 202, states that the M.O. is responsible for the efficiency of their work.
To A.D.S 1 Mile.

- Battalion Boundary
- Track or Footpath
- Anti-Tank Gun
- Machine Gun Section
- Lewis Gun Section
- Rifle Section
- Platoon defensive locality
- Battalion H.Q.
- R.A.P as originally sited
- Suggested better site for R.A.P.
evacuation of wounded from such an area with what means are at his disposal.

He must first decide where to site his R.A.P.

Let us turn again to F.S.R., vol. I; here we find it laid down as follows:—

Section 114 (1).—"Commanding officers of units will arrange, in conjunction with the unit medical officers, for the selection and notification to all ranks of a locality at which the first treatment for the wounded during an action may be administered by medical officers. This locality is named the regimental aid-post (R.A.P.)."

(2) The principles guiding the selection of the position and movements of the R.A.P. in varying tactical situations are dealt with in R.A.M.C. Training. The R.A.P. should be so situated that the medical officer may be able to keep in touch with the situation during operations through unit headquarters."

Reference to R.A.M.C. Training gives us as follows:—

Paragraph 211. "... the O.C. will, in conjunction with the M.O. of the unit, select a site for the R.A.P. This should be central and near the unit headquarters with easy access from all parts of the front held by the unit."

Paragraph 202. "... In technical matters the officer in medical charge of the unit is directly under the A.D.M.S., but in all other respects he is under the orders of the unit."

In the above extracts we find it twice clearly laid down that the R.A.P. shall be near the battalion headquarters. This, on the face of it, appears logical; it is convenient for purposes of intercommunication, should ensure the M.O. always obtaining early information regarding any change in the situation and the R.A.P. should be easily found, both by his stretcher bearers from the front of the area and by field ambulance bearers from the rear, since the position of battalion headquarters is usually well known.

This idea worked very well in position warfare when the battalion headquarters was seldom far behind the support line, but what is the position when we consider an area as shown in the sketch map where we find headquarters some 1,800 yards from the foremost defended position as must not infrequently be the case owing to the nature of the ground?

The recent Eastern Command Medical Exercise was based on a previous Command Staff Exercise comprising the rapid advance of a corps of three divisions followed by a short withdrawal to a prepared defensive position. For the purposes of the Medical Exercise one division only was dealt with; the position of the six forward battalion headquarters on a two-brigade front of the prepared defensive position was given by the "G" Staff and for Problem No. 2 the R.A.P.'s were presumed to be at or near these headquarters in accordance with R.A.M.C. Training, paragraphs 202 and 211.

In point of fact the approximate distances of the six R.A.P.'s, as thus sited, from the foremost defended locality of each battalion were 975, 1,275,
1,350, 1,350, 1,650 and 1,500 yards, i.e., an average of approximately 1,350 yards from the front line. Each battalion area was approximately the same size as that shown on the sketch map.

If the reader will glance again at the table of regimental medical personnel and equipment he will see that a total of twenty stretcher bearers and twelve stretchers only is at the disposal of the R.M.O.; with these he is responsible for the collection of wounded over an area of approximately one square mile, varying in width and depth from 1,000 to 1,800 yards, with small scattered defended localities and a possible complete or almost complete absence of communication trenches and definite paths or tracks.

It should be borne in mind that although a regimental stretcher squad consists of two men instead of four as in the R.A.M.C., ten such squads only are available with a reserve of two stretchers to replace losses or those not returned from the A.D.S. in exchange.

Now the maximum distance over which a stretcher squad of even four bearers as in the R.A.M.C. should be expected to carry a wounded man is about 500 yards; they can, of course, carry much further, but if they are asked to do so they will soon become exhausted; carrying heavy men on stretchers is extremely hard work. In the present case, with distances of some 1,300 yards entailed, it is clear that at least one relay squad will be necessary to evacuate a case from any of the forward defended localities. A further glance at the sketch map will show five such forward localities in the area at an average distance of 1,950 yards from the R.A.P. sited close to battalion headquarters. All ten available squads of regimental bearers will therefore be required to clear these five forward positions in the event of an engagement resulting in casualties distributed throughout the area. This leaves no available bearers to deal with the seven remaining platoons in close support or reserve, in all or any of which casualties may be expected if the area is shelled or bombed. The same will apply in the case of stretchers, of which, out of a total of 12 in the battalion, 10 will be required for the 5 forward platoons, leaving 2 only in reserve.

Two main conclusions then may be drawn from a study of the problem as given.

Firstly, that the present regimental establishment and scale of stretchers and bearers is insufficient in the case of a battalion occupying a defensive position in depth.

Secondly, that the position of the R.A.P., as laid down in F.S.R. and R.A.M.C. Training, i.e., near the battalion headquarters, will in most cases be too far back in an area such as has been depicted.

As a result of the recent Medical Exercise the general opinion was that the R.A.P. should not be more than 1,000 yards behind the forward defensive localities; this will give two "carries" of 500 yards each for stretcher bearers, thus necessitating one relay squad for each such forward post. But even allowing this it will still be obvious that the present establishment of stretcher bearers and scale of stretchers is insufficient;
neither gives any margin for reserve and neither allows sufficient for the support and reserve area of the battalion. It is considered that a total of 36 bearers and 24 stretchers is essential, thus giving 18 squads and a reserve of 6 stretchers.

R.A.M.C. Training, paragraph 429, states that an A.D.M.S. can and should apply to his Divisional Staff for extra personnel from combatant units in reserve if he considers that the R.A.M.C. bearers of the division require augmenting, but there is no mention here nor in F.S.R. of any such possible augmentation in the case of regimental bearers, although reference to the Official History of the War—"Casualties and Medical Statistics"—page 24—shows that these were increased from 16 to 32 per battalion during the battle of the Somme in 1916. Presumably the R.M.O. can and will apply to the O.C. of the battalion for extra bearers if required, but one can well imagine an O.C. being unable to spare fighting men from platoons in times of stress. True, in the battalion we have 6 water duty and 11 sanitary duty men who are to a certain extent under the R.M.O., but these again are included in the fighting establishment of the H.Q. wing and companies and an O.C. might find it difficult to spare them for stretcher-bearing duties, in which duties also they would be untrained.

One other source is possible but is unlikely to be available in defence, i.e., the use of prisoners of war as laid down in R.A.M.C. Training, paragraph 385.

It would seem, therefore, that the only solution is to increase the establishment of stretcher bearers in a battalion from 20 to 36, either by utilizing the remaining 16 "acting bandsmen" mentioned in Peace Establishments or by training a further 16 men from companies and making them definitely available for this duty. In this connection there appears to be no valid reason why a Line battalion should not be allowed the same number of bearers as a Guards battalion, since their role in action is exactly the same.

At the same time an increase in the scale of stretchers from 12 to 24 is strongly indicated for the reasons given.

If these recommendations are accepted, however, a further problem will arise regarding the carriage of the extra 12 stretchers of an infantry battalion.

The transport at the disposal of the R.M.O. (vide page 324) consists of one Maltese cart only for medical equipment, and it is obvious that the additional stretchers could not be carried thereon.

The battalion transport includes 7 wagons, L.G.S., in the H.Q. wing, 12 in the M.G. company, and one in each rifle company, but each of these is earmarked for some special load—S.A.A., machine-guns, tools, signal stores, etc.—and no stretchers could be carried in addition.

The attached transport from the divisional R.A.S.C. consists of 7 light lorries, 2 for baggage, 3 for great-coats and 2 for supplies. These again will in all probability be fully loaded, except in the case of a battalion
occupying a fixed position, in which case the baggage and great-coat lorries might be empty.

It would appear then that there is at present no means of carrying the twelve extra stretchers within the battalion unless some extra transport, say, one L.G.S. wagon, is provided for the purpose; the provision of any extra transport, however, is extremely unlikely in view of the present tendency to reduce as far as possible the already enormous numbers of transport vehicles in a division.

The extra stretchers are only required when the battalion is actually engaged, and it would therefore appear to meet the case if these could be made available somewhere in the rear, either in the divisional or even the corps area, to be sent up at the discretion of the A.D.M.S. only if and when required.

Three possibilities for their storage and carriage are as under:

(a) With the field ambulances.
(b) With the divisional R.A.S.C.
(c) With the corps motor ambulance convoy.

In the case of (a) the field ambulance transport is already heavily loaded with technical and other stores, and no spare vehicles are available for the forty-eight extra stretchers of one brigade.

In the case of (b), although at first sight this would seem a suitable solution, in that the twelve stretchers could be divided for carriage among the five baggage and great-coat lorries attached to each battalion and delivered to or dumped at the unit transport lines if and when required, it must be remembered that stretchers are part of the technical medical equipment of the Army, and that being placed in charge of a non-medical unit might lead to their being used for other than the proper purpose, with consequent loss and breakage.

It appears, therefore, that the best solution is to place them on the charge of the motor ambulance convoy. These are medical units, possess 75 motor ambulances, and are mobilized on the scale of one per each corps of two divisions. Each division would have 144 extra stretchers, i.e., 12 per battalion, which gives a total of 288 to be carried by the M.A.C. It is considered that this is quite possible by placing four extra stretchers in each motor ambulance in addition to those already carried.

In this way 288 extra stretchers would be at the disposal of the D.D.M.S. of each corps for issue to divisions as and when required. In this connection it should not be necessary to issue extra stretchers to a brigade in reserve until there is prospect of it becoming engaged in battle, thus giving each A.D.M.S. a floating reserve of 48, which could be utilized to replace losses or to form dumps in the battle zone.

There should be no difficulty in delivering the extra stretchers to battalions in the forward zone through the field ambulances, as M.A.C. cars could deliver them to the main dressing stations prior to an engagement, whence they could be drawn by battalion transport.
The above remarks are not intended to provide a definite solution, but merely to present a new and, I believe, so far unconsidered problem, and to suggest alternative solutions thereto for consideration and study by those who may be interested in the training of the Medical Services under modern conditions of warfare.

This article has been written at the suggestion of Major-General H. Ensor, C.B., C.M.G., C.B.E., D.S.O., K.H.S., Deputy Director of Medical Services, Eastern Command, and Director of the Medical Exercise in question, to whom I am indebted for much essential help and advice.