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ORGANIZATION AND FUNCTION OF MEDICAL ARRANGEMENTS IN COMBINED NAVAL AND MILITARY OPERATIONS.

By Lieutenant-Colonel A. I. C. Martyn,
Royal Army Medical Corps.

GENERAL.

The Directors of the Medical Departments of the Admiralty and War Office, having received information from the General Staff on climatic, topographical and other conditions in the proposed zone of operations, will draw up in consultation the medical organization which they consider necessary for the expedition.

They will decide:

(a) The number and nature of hospital ships, carriers and small craft required for the evacuation for the sick and wounded.
(b) Personnel required and necessary stores.
(c) Responsibility between the Services for the care of sick and wounded at various stages.

DUTIES OF SENIOR MEDICAL OFFICERS WITH FORCES.

(a) To receive and consider the instructions regarding the organization as drawn up by the Medical Departments of the Admiralty and War Office.
(b) To receive information regarding the plan of operations and nature of terrain and beaches and other local resources.
(c) To estimate in liaison with the Staff the number and nature of sick and wounded for evacuation, and organize a system of classification and embarkation thereof.
(d) Arrangement of duties of medical personnel necessary, and order of landing, together with reliefs and reserves of personnel to replace casualties.
(e) To allocate responsibility of Services and reciprocity to assure wholehearted and efficient co-operation on the part of the Services, and to arrange means of intercommunication.
(f) To arrange that food and water supplies ashore are available.
(g) To make sanitary recommendations for beaches.

(h) On completion of provisional arrangements, these should be submitted to the General Staff for approval and finally communicated to all concerned to ensure proper distribution of medical personnel and equipment throughout the various vessels of the convoy and their distribution with the advance troops.
LANDING.

A Senior Military Medical Officer will land with the Beach Master (who is a Senior Naval Officer on shore) and the Naval Medical Liaison Officer and select a site for collecting the wounded prior to embarkation, the site to be determined by its safety from enemy fire and remote from the point of disembarkation of troops.

EVACUATION.

Evacuation officers should be nominated from each Service for each beach, whose sole duties will be co-ordinating and tallying of all casualties to be evacuated. The Naval Evacuation Officer should compile and have ready in advance a detailed list of ships showing the number of patients which can be accommodated in each and the class of patients for which the ship is intended. He should call upon all ships to render patients' states at frequent intervals. One hospital ship should be anchored as near to the beach as possible to act as sorting ship, and able to render immediate surgical assistance.

BOATS.

Detachments of medical personnel following the leading troops must be landed under plans approved by the Staff as a factor of safety in meeting first-aid requirements. At least one Naval sick berth rating should be assigned to permanent duty on each boat irrespective of the Army personnel aboard.

LANDING EQUIPMENT.

The first consignment sent ashore should be restricted to the barest necessities which can be man-handled by personnel landing, and will provide an abundant supply of dressings, morphine, splints, blankets and stretchers, with ingredients for making hot sweet drinks.

An efficient exchange system must operate between ships and shore of blankets, stretchers, splints, etc., otherwise a shortage will soon arise ashore. No transport other than stretchers will be landed until sufficient terrain has been cleared and the position established, when troops move forward and with them their medical units. At this time it may be anticipated that wheeled stretchers, and possibly motor ambulances, may be landed.

As stated above, a number of military medical personnel will be landed immediately after the leading troops. Their duties will be to bring casualties to the respective dressing-stations in the places allotted thereto.

With successful development of the operation and the arrival of the main covering force, the remainder of the advanced medical units become available for duty ashore. This will enable more elaborate dressing stations to be evolved and facilitate further the conveyance of casualties to the boats for evacuation to hospital ships.

Later, when the position on shore is well established, the place and function of these advanced medical units will be taken over by the larger, more stable and elaborate formations, thus releasing the former for duty in their proper sphere—in medical support of front line troops.
Some General Principles.

(a) As a general rule military necessity demands that no wounded be re-embarked during the initial stages of the landing operation if such course will to an appreciable degree retard the landing of combatants. Consequently, every endeavour must be made to arrange provision of aid posts on the beaches. Casualties will, however, be dealt with as the situation permits; speedy evacuation to hospital ships is to be desired and will be effected when possible, though the situation may be such that retention in a favourable location on shore offers better chances.

(b) Wounded should be segregated from the fighting forces.

(c) As far as possible, boats used for landing troops should not be used for embarkation of wounded.

(d) Consideration should be given to air transport of sick and wounded in the later stages of the operation.

(e) Re-embarkation: In the event of re-embarkation, such wounded as cannot be cleared will be left with medical personnel and supplies under the protection of the Geneva Convention. The position must be clearly indicated.

This article was prepared in conjunction with Surgeon Commander A. W. North, R.N., Medical Department of the Admiralty.

The Transport, Care and Medical Treatment of Gas Casualties.

By Colonel Munsch.

Summary.

The gas casualty evacuation service, that is to say the transport, care and medical treatment of gas casualties, must be organized on the same general principles as those which are applied in the case of other sick and wounded. The rapid evacuation of gas casualties to medical care behind the line is also a matter of the utmost importance. The organization of this evacuation and first-aid must take second place to the needs of the military situation and must conform thereto.

The gas service should be organized within the general framework of the medical service; not only should its personnel be specially trained personnel of the medical service, but it should also come under the higher medical directorate. An estimate of the probable number of gas casualties will assist in arriving at a proper evaluation of the numbers necessary in the gas service. A review of all available statistics based on the experience obtained from chemical warfare in the World War will lead us to expect gas casualties averaging from 20 to 25 per cent in any future war.

This high proportion of losses, together with the special character of gassed cases, which present a pathological picture quite different from that of other casualties, calls for special measures for dealing with gassed cases.