Correspondence

a volume which the students of medicine and the practising physician will find of value when studying the interpretation of laboratory findings; in this respect the work is a useful addition to the textbooks dealing with this aspect of the subject. It is more important for the general practitioner to be able to interpret laboratory reports than it is for him to have a knowledge of highly technical procedure involved in many laboratory tests.

The subject matter is clearly expressed and the book extremely well illustrated.


The contributors to this volume have managed to condense into twelve short chapters a consideration of the theoretical aspects of anæsthesia and a practical summary of the modern practice covering all the branches in general use. The articles are essentially practical and the whole book abounds in useful hints and tips. The only regret is that some of the chapters, particularly that on Spinal Anæsthesia, are not as long as we could wish and do not give enough detail.

It is a book that should be read by all medical officers who may at any time be required to give an anæsthetic.

G. D. G.

Correspondence.

Mechanization as it affects the Medical Services.

To the Editor of "The Journal of the Royal Army Medical Corps."

Sir,—To me the articles and letters on this subject appearing lately in the Journal are most interesting. As Colonel Atkins says, mechanization produces the following factors:

(i) Units may be employed on a wide front.
(ii) The range of action of a unit is increased.
(iii) Manœuvre will be more rapid.
(iv) One or more units may be separated from the main force.
(v) A raid into enemy country may take place.

In other words, mechanization of a force should mean mobility.

The following are a few random jottings, based on discussions on this subject with many officers, combatant and medical, which may lead to further mobility of the medical entities and units of a mechanized force.

(1) As the modern mechanized force is built for speed and so may get...
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away from its administrative services the first essential is the training of a high percentage of each unit of the force in first aid (chiefly the stopping of haemorrhage, and the immediate first-aid treatment of fractures), vide K.R. para 800 (c).

In pre-War days the O.C. 14th Hussars insisted on his R.M.O. putting about half of his regiment through the first St. John Ambulance examination (not the usual regimental first-aid class), and making his men sit for the examination.

This standard would appear a necessity now, as mobile vehicles must on occasion carry forward single wounded cases, being unable to drop them at once owing to the nature of their duty.

(2) In addition to the 12-cwt. van or 15-cwt. truck assigned to carry the R.M.O., his orderly and equipment, an 8-cwt. truck should be provided for the R.M.O. (compare the M.O.'s horse in pre-War days), to allow of his independent action and to carry his immediate requirements; the van or truck (corresponding to the Maltese cart of pre-War and “Great” War days), will carry the orderly and the main equipment for the R.A.P. The 8-cwt. truck is a standard pattern, being used by “wireless signal” parties, and is better than the suggested box-car for officers. The van or truck for the equipment should be provided with a fold-up “lean-to” for each side capable of being pulled out from the side, or of quick attachment to the side similar to the “lean-to” of the modern caravan. This will form a comparatively inconspicuous two- or three-roomed R.A.P. which can be quickly opened or closed.

(3) All 30-cwt. lorries and the dental van with field ambulances should be fitted, like the van or truck of the R.M.O., with the fold-up “lean-to” on each side of the caravan type, each lorry forming three rooms of a “Dressing Station.”

A lorry of this type is the official “office” lorry, demonstrated at the R.A.M.C. Camp of Instruction at Aldershot this summer, which appeared to work admirably.

The lorries of a field ambulance could be used in the following ways:

(a) Single lorries could be the basis of a W.W.C.P., if required, or of a decontaminating centre for a dressing station. (b) When ambulance cars cannot get right up to the R.A.P.s, single lorries could be pushed up to car­posts, and form a mobile rest room where patients can await cars, or be resuscitated, etc. Compare these with the present four-section lorries of the mechanized Cavalry Field Ambulance. (c) The four lorries of a Company, wholly or partially opened out into twelve or less rooms, could form a dressing station. This need not cause the remark of Lieutenant-Colonel Nicholls’ Gunner friend, “Gosh, what a target,” as such lorries would be suitably “dispersed” and camouflaged. Judicious dispersal is a sine qua non of a mechanized force on the move or resting.

(b) and (c) suggest a means of combining the two types of present
field ambulances; a Company consisting of four small self-contained sections, each of which has duplicate equipment as in the present Cavalry Field Ambulance and is capable of acting singly (as in (b)) in mobile actions, or combined (as in (c)) to form an A.D.S., if the advance becomes slower or static.

(4) Several of these lorries could be fitted up as travelling dressing stations, somewhat similar to those used in the wilds of the colonies, by adding shelves and divisions, or small cupboards, for boxes containing sterile dressings, containers for antiseptic solutions, and instruments in racks. "Drop-down" or "lift-up" tables might be added; on these patients could be laid, or dressings, etc., placed.

(5) 3-ton lorries should be replaced by 30-cwt. lorries in the Field Ambulance Transport. The former are much slower, much more bulky in narrow roads, and travel half the m.p.g. of a 30-cwt. lorry, an important "supply" consideration.

F.S.R., Vol. II, Section 27 (4), shows that the 30-cwt. lorry carries 15 fully-equipped men, the 5-ton lorry 20 men, so presumably the 3-ton carries about 18 in proportion.

(6) Motor Ambulance Cars (this is the term recommended to be taught to all R.A.M.C. ranks and to combatants, to designate these vehicles) of a light variety, capable of carrying 2 "lying" and 3 sitting cases, or 6 sitting cases, were tried out in Northern India five or more years ago, and again lately in the Waziristan "show" with great success. They were mostly V-8 Fords, but probably a light 6-wheeled chassis of a British type could be provided of equal lightness and balance. They are less conspicuous, more handy, and lighter than the routine 6-wheeler if they break down. In a quick advance a light motor ambulance car could be attached temporarily to each tank battalion.

(7) In mobile warfare, the light ambulance cars work between R.A.P.s (or car posts) and the dressing station, and the heavier ambulance cars with those of the M.A. Convoy evacuate the dressing station formed by the H.Q. of a field ambulance, direct to the C.C.S.

If car posts require to be formed, the section lorries of the company can be sent forward there as recommended in 3 (b) above.

(8) In less mobile or static conditions the light ambulance cars work between R.A.P.s (or car posts) to the A.D.S. formed by a company of a field ambulance if required, and the heavy ambulance cars between the A.D.S.s and the M.D.S. formed by the H.Q. of a field ambulance; and the M.A.C. from M.D.S. to C.C.S. as in the present R.A.M.C. training. The necessity for such dressing stations would be determined by country, distances, etc., as usual (vide (10) below).

(9) Tents, except the operating tent, or the modified operating tent, as shown at the Aldershot Camp of Instruction, could be deleted from, or
decreased in the ordnance scale of a field ambulance, as the lorries of the H.Q. would form the waiting, dressing and resuscitation rooms and wards, etc., of the M.D.S.

(10) It should be remembered that though the R.A.S.C. have cut out one link of the supply column, as Major Richardson remarks, yet this column may have to work from a railhead for 50 to 75 miles in advance, so the C.C.S. at railhead may rapidly become 50 or more miles in rear, a big argument for the definite motorizing of the whole C.C.S. or its light section, as Lieutenant-Colonel Nicholls mentioned.

Present-day C.C.S.s are slow to open for full duty and equally slow to close, and have no transport of their own by which they can be moved.

(11) Single lorries of the Corps Field Ambulance could form the basis of decontamination centres on the route of the supply column in the Corps Area outside Divisional Areas, using buildings where possible on the route. Medical units deal with their own personnel for simple decontamination, and with "combatant casualties" who require decontamination as well.

The present teaching, which must be brought home to all, is that ordinary decontamination is the immediate responsibility of the man himself, to be dealt with in the first ten minutes after contamination.

(12) Intercommunication remains one of the biggest worries of a Field Ambulance Commander and of an A.D.M.S. Division. Breakdown in this has been the chief cause of the cessation, or slowing up, of evacuation of casualties by field ambulances, so on no account should the motorcyclist orderlies for intercommunication be reduced in number when the war establishment of a field ambulance comes to be altered.

(13) The reduced man-power of a mechanized force means the probability of a great reduction in the number of casualties to be evacuated, especially as the vehicles are mostly armoured (compare the 2,300 men of the Mechanized Cavalry Division with the 9,200 of the old horsed Cavalry Division).

(14) One of the main methods of preserving mobility is to advance on a wide front, as this allows of turning any strong opposition met with on any part of the front, and also facilitates supply arrangements (F.S.R., Vol. III., Sec. 22 (2)).

This wide front will probably mean each Field Ambulance following up its own Brigade, and possibly needing to be split into a Headquarters and a Company, so it is not agreed that Companies should be completely omitted as suggested by Lieutenant-Colonel Atkins, but the present Cavalry Field Ambulance of a Headquarters and four sections modified; a Headquarters and a Company of four (or three) sections (now that a Brigade is cut down to three battalions) would appear to be a suitable unit.
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(15) A percentage of the lorries of combatant units and of R.A.S.C. columns should have the "Berridge" or "Flint" improvised equipment available for slinging two or four stretchers as required. Many lorries on the N.W. Frontier of India had the "Berridge" fitments, which were carried in a small box fixed in the lorry.

It is considered that all the above points will assist in maintaining the mobility of the medical units of the mechanized force as at present organized.

London,
November 28, 1938.

P. S. Tomlinson,
Colonel.

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Notices.

M AND B 693 IN GONOCOCCAL INFECTIONS.

We have received from Pharmaceutical Specialities (May and Baker) Ltd. a copy of another publication on the addition of M and B 693 to chemotherapy. This is a sixteen-page booklet which is entitled "M and B 693 in Gonococcal Infections."

We understand from the manufacturers that they delayed bringing M and B 693 to the notice of venereologists until they were satisfied that the use of this product marked a real advance in the chemotherapy of that disease. The booklet which they have now produced represents the pooled results of observations in over 1,000 cases.

Copies of this publication are available to medical practitioners on request.

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THE ROYAL SANITARY INSTITUTE.
HENRY SAXON SNELL PRIZE.

The Henry Saxon Snell Prize was founded to encourage improvements in the construction or adaptation of sanitary appliances, and is to be awarded by the Council of the Royal Sanitary Institute at intervals of three years, the funds being provided by the legacy left by the late Henry Saxon Snell (Fellow of the Institute).

The Prize in the year 1939 will consist of Fifty Guineas and a Silver Medal of the Institute, and is offered for an essay describing suggested improvements in the construction or adaptation of sanitary appliances.

Competitors should realize that what is required is constructive suggestions for improvements in sanitary appliances and not merely an account of the developments that have already taken place.