NOTES ON THE MEDICAL SERVICES OF A DIVISION.

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The following notes have been compiled from the experiences gained on active service and practical exercises. They are the collected impressions of many medical officers, field ambulance commanders and others.

They do not pretend to answer all the questions that arise in dealing with the collection and evacuation of casualties from the forward area but, if any of the suggestions found in the notes help those who have to organize field medical units or work in these units, their object will have been attained.

Where at times the theories advanced seem to stray from accepted ideas, it can only be said that an all too short experience of the "real stuff" did not tend to show that these theories were impracticable. On the contrary, *experientia docet*, and that experience all points to the conclusion that rapidity of evacuation of the casualty is of major importance and further, that this can only be accomplished, in these days of mechanization, if the field medical units are given motor ambulance vehicles in much larger quantities than at present allowed in war establishments.

(1) The Role of the Field Ambulance in Mobile Warfare.

It may be taken as an axiomatic truth that a unit not essentially mobile by virtue of its war establishment transport, cannot become mobile under war conditions.

The construction of the field ambulances that went to France with the B.E.F. was not essentially mobile. It was not possible, without overloading the vehicles, to carry all the equipment and the personnel at one and the same time in the unit transport.
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The field ambulances of the division to which I was attached did make several long "marches," and were able to make the journey in one trip, but the vehicles suffered and there was an undue proportion of mechanical breakdowns in consequence.

These breakdowns, caused almost entirely by the constant overloading of the vehicles, occurred before the war was many weeks old; one can easily imagine the state of the transport after six months or more of real mobile warfare.

The Unit Transport Officer is constantly faced with the problem of getting a bad mark from the Commanding Officer for refusing to let his vehicle carry more weight than that for which it was designed or for submitting to the inevitable and finding broken springs and over-heated engines in excessive quantities.

The Commanding Officer, on the other hand, while fully realizing that the Transport Officer is right, feels that he must get his personnel to the end of the journey in good time and in fresh condition, if they are to play their part in the evacuation of the wounded to the credit of their unit and their Corps.

I make bold to state that no soldier in the division requires to be fitter or fresher for his work than the stretcher bearer. He cannot carry loaded stretchers for long hours after a hot and sweaty march.

The suggestion that the field ambulance can make its trip in two bounds by sending back transport to pick up the "non-carried" personnel is, quite definitely, outside practical politics in actual warfare. An attempt to do this on two occasions meant that the unit concerned became completely immobile and was unable to get into position with the necessary gear and personnel for six hours in one case and eight in another.

The pernicious habit of carrying R.A.M.C. personnel in the motor ambulance cars should never be permitted. The ambulance cars must always be available for their proper function, particularly when the danger of air attack is likely to cause casualties on the line of march.

The Water Cart Trailer.

The water cart trailer is not a good piece of equipment for a field ambulance.

The trailers have to be pulled by the lorries of the unit, if the water cart trailer has to be filled from a water source at some distance from the location of the unit, as frequently happened on active service. One of two things had to occur—either the tractor lorry had to take the trailer, having been emptied of its load of personnel and equipment, or move fully loaded, fill the water trailer, and then come back to its location. In the first instance the lorry's contents were immobilized until the lorry returned and in the second the personnel and equipment were useless until their return. In either case a great loss of efficiency and time resulted.

Field ambulances should be equipped with the self-propelled water
cart. Under active conditions field ambulances use a great deal of water. The water trailers were in constant use.

Apart from these considerations any form of trailer is unsound in a mobile column otherwise composed of non-trailer vehicles. The trailer cannot be backed for any distance. Vehicles pulling trailers are very often the cause of a "hold up" on the line of march when they over-shoot their turnings. It is refreshing to hear the gunners on this subject; the answer to their problem is perhaps not quite so easy!

(2) Medical Arrangements on the Line of March.

The constant possibility of air attack and casualties therefrom, combined with the necessity for rapid deployment on the conclusion of the march, has made it essential to modify the position of the field ambulance personnel in line of march.

The usual position for the field ambulance whilst en route with a brigade is in the rear of the brigade group. A brigade on the road may well stretch for 20 miles or more. The head of the column may reach the debussing point or the assembly area before the field ambulance has left its billet, a difference in time of possibly four hours. It follows, therefore, that some portion of the medical unit must be with the leading troops, so that, as they deploy and engage the enemy, there may be medical aid available at once. Further, whilst on the march, casualties may occur from bombing. Arrangements need to be made so that casualties of this nature may be dealt with immediately.

The following scheme is a suggestion to meet these altered conditions. It has the advantage of having been tried out in its main features in actual warfare and has shown that it is a workable proposition. Naturally, modifications will have to be made to meet particular conditions.

One company of the field ambulance should move in the rear of the leading battalion of the brigade group. This company will remain with the leading battalion until the debussing point or the assembly area is reached and it will then be available to open an A.D.S. immediately. In addition to the normal transport it will have two motor ambulance cars attached.

For every ten miles of a route to be covered, one field ambulance medical officer and two nursing orderlies with a small quantity of medical equipment, e.g. splints and shell dressings, together with the officer's car and one motor ambulance car, will also accompany the leading battalion. Shortage of M.O.s may make it necessary for an N.C.O. to be in charge of one or more of these posts.

This medical officer, or N.C.O., will fall out of the column when the ten mile stage is reached and form an aid post or collecting post. The position of the post or posts will be determined on the map before the march starts and will be noted in the brigade operation order for the march.

The medical officers or N.C.O.s detailed to form the aid posts on the route
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should not be found from the company forming the advanced party, but from the remainder of the field ambulance.

The intention of these posts on the line of march is that at no time should the marching or bussing troops be further from an aid post than five miles. The R.M.O.s will show that they have a point in each ten mile section of the route to which cases can be sent or from which assistance can be obtained. The R.M.O. can attend to his casualties, hand them over to the aid post, and rejoin his unit with the minimum of delay.

In order that the scheme may work smoothly, it is essential that brigade staffs fully understand the idea and make the necessary provision in their march tables for the field ambulance detachments. The locations of the posts must be notified in the orders for the march.

The main body of the field ambulance can move in the rear of the column. The personnel of the aid posts can rejoin the main body as that unit passes them.

(3) A Standing Order for Field Ambulances.

On receipt of orders for a march, a field ambulance commander will send one motor ambulance car to each battalion and field regiment, R.A., in his brigade group. This ambulance car will accompany the unit to the end of the march and will then be returned to the field ambulance at once.

If the march is to end with the deployment of the troops and an attack on the enemy, one stretcher squad of four stretcher bearers will also be sent to each battalion and field regiment. These stretcher squads form the first link between the R.A.P. and the A.D.S.

Note.—It is suggested that every unit that carries a medical officer on its establishment should have one motor ambulance car (light type) on its permanent establishment, in addition to the medical officer’s truck. The need of such a vehicle is constantly felt by R.M.O.s whether on active operations or under “peace” conditions.

(4) The Evacuation of Casualties from a Rapidly Changing Front.

As soon as the leading battalions debus and deploy, contact with the enemy may be very rapid. Casualties occur possibly before the field ambulance has had a chance to establish an A.D.S.

The R.M.O. can only collect his casualties and “dump” them until he is in contact with the field ambulance behind him.

The battalion may be making rapid moves forward with which it is well-nigh impossible for the R.M.O. to keep pace.

In all such moves the battalion commander must decide on the probable line of evacuation of his casualties, so that his M.O., having dealt with the initial casualties, may be able to move his R.A.P. forward in the general line of the advance and contact the casualties as he goes forward. This information should be given to company commanders so that they, in turn, know what rearward routes they should direct their casualties along. The company stretcher bearers should carry their stretcher cases towards this route, once again making dumps to facilitate the eventual evacuation of these cases.
In the meantime, the field ambulance will have been able to contact the R.M.O. and will have commenced, by means of car posts and the stretcher bearers, to empty the successive R.A.P. locations. In some instances it may be possible for the ambulance cars to collect from beyond an established R.A.P. when the situation forward permits. Close co-operation between the R.M.O. and the field ambulance bearer officer is always necessary. In theory, the field ambulance is responsible for emptying the R.A.P. only, but their main function is to clear the front of casualties by the most rapid and effective means.

Company commanders must assist in the evacuation of casualties by making use of any form of transport that is available—returning ammunition lorries, supply lorries, civil carts and lorries, etc.

Messages from brigade headquarters, battalions, R.M.O.s, etc., asking for assistance and the clearance of wounded, should always be addressed to the A.D.S. serving that particular bit of the front.

The message should be sent by prefixing the letters A.D.S. to the code name of the ambulance forming it. "G" say that it is very unlikely that any messages will be sent to the A.D.S. by wireless and that this prefix will not give information away to the enemy. It would be better if each field ambulance had its own code name and that a second code name was given to each unit for the A.D.S.

The field ambulance in this type of rapid movement forward must have a very "fluid" A.D.S. It is in reality merely a car post where cases are collected. As a rule the field ambulance commander will have eight cars at his disposal. Of these eight he will have four working between the R.A.P.s and the A.D.S. and the remainder from the A.D.S. to the M.D.S.

The tendency should be for the A.D.S. to be pushed as far forward as possible, the intention being to reduce the distance from the A.D.S. to the R.A.P. The A.D.M.S. will have a few cars up his sleeve for emergency and may be able to reinforce an A.D.S. that is having a heavy time. As a rule one brigade will be in reserve and not using all the cars in the field ambulance with that brigade, these cars forming a divisional pool.

(5) *Evacuation of Casualties from the Front Line in Defensive Warfare.*

The modern idea of "defence in depth" has brought many problems in the method of evacuating casualties.

The "dispersal" principle has added to these problems.

The regimental medical officer now has to think of methods by which he can get casualties from a number of more or less isolated points back to his R.A.P. He must site his R.A.P. so that it will be as central to the battalion defence area as possible. At the same time he must remember that his R.A.P. should itself be a dispersed area, well hidden from air observation and avoiding any collection of individuals in one spot.

Two facts arise from these basic principles.

It has been proved that it is very difficult to remove casualties from
isolated defensive posts during the daytime. There are no communication trenches down which casualties can be carried.

By careful use of dead ground in the rear of some of the posts it was possible to get the more lightly wounded away during the day.

Definite plans must be made so that the occupants of the posts will know the line of evacuation for their wounded, whilst the regimental stretcher bearers need to be well trained in the routes that they will use at night to get their cases away. These routes should be well sign-boarded whenever possible.

The defensive posts should be equipped with a number of shell dressings, etc., so that the occupants can render first aid to their wounded whilst they await removal to the R.A.P.

The number of stretcher bearers in a unit rarely permits the possibility of staffing all the posts with stretcher bearers. It is one of the necessities of this type of warfare that the wounded must wait to be removed till a suitable opportunity presents itself. Unless they can make their own way back and/or the regimental stretcher bearers can reach them they must remain where they are. This implies that a much larger number of men per battalion require to have training in first aid. Modern warfare is surely becoming one of "robots" and not human beings! The companies should have their complement of stretcher bearers with them. The bearers should be distributed as the company commander thinks fit, the R.M.O. retaining a small portion so that he can reinforce the companies as he considers best.

Reinforcements for Stretcher Bearers.

These can be obtained:

(i) From the reserve that the R.M.O. should hold with him at the R.A.P.
(ii) By utilizing prisoners of war.
(iii) By arrangements with the commanding officer to have a certain number of men in the reserve company earmarked for this purpose.
(iv) By men from the company itself. This is not a sound method; active "rifles" should not be employed to carry wounded back, as the company cannot afford to lose men in this fashion.

At the same time it must be borne in mind that regimental stretcher bearers are there to carry stretchers; the general line of training must be that stretcher bearers must be prepared to bring the casualties back to selected points where the cars can reach them and not expect ambulance cars to come right up to the casualty.

The dispersal theory must not be carried to extremes. A medical officer, like any other individual, can only be in one place at one time, and that place is his R.A.P. "treatment zone."

The R.M.O. must therefore train his personnel so that they can arrange
the R.A.P. area layout without the necessity for his personal supervision of the reception, treatment and evacuation zones of the dispersed R.A.P. Naturally the original siting of these zones is his duty. Once sited, his place is in the treatment zones and his staff organize the intake and regulate the flow of cases to the treatment zone and from thence to the evacuation zone where they are taken over by the field ambulance personnel.

In this connection the regimental padre can be of immense help in assisting the M.O. in organizing the R.A.P., clerking the wounded, supervising evacuation, etc.

Casualties, once they reach the R.A.P., are the responsibility of the field ambulance for further evacuation.

Whether the casualties can be removed by daylight will depend on the tactical situation. In general, the R.A.P. will be sited in such a position that movement to the rear should be reasonably safe.

The enemy should not be given credit for more than ordinary powers of observation and, therefore, if the exit routes are free from directly observed machine gun and rifle fire, small parties of stretcher bearers can move backwards with their casualties until they reach a point to which it is possible to get an ambulance car, i.e. the first car relay post on the line of evacuation.

The main principle in this evacuation scheme is that the ambulance cars should be pushed up as near the R.A.P. as possible, consistent with reasonable safety to the motor vehicle. The more the carry can be reduced the better for the patient and the more the energies of the field ambulance stretcher bearers can be conserved. Full use will be made of the wheeled stretcher carriers. Day and night sites for the car posts may have to be chosen. It is often easy to bring a car quite close to the R.A.P. at night whilst it is impossible to do so by day.

When it is not possible to bring cars within a reasonable distance of the R.A.P. it is well for the field ambulance commanders to recognize the fact that they must have their bearer relay posts well organized, so that there is a constant change over of the bearers. A definite routine should be established to ensure that no squad is on duty for more than four to five hours without a period of rest and the chance to get food and sleep. When the men recognize that they have four hours of real hard work and then a period of rest they will be able to give of their best for the whole time that they are “on the job.” In arranging these reliefs the squad that has been sent to the R.A.P. as the first link must not be forgotten; these men most often have the hardest time, with the longest and most difficult carry.

This change over of personnel applies equally to the R.A.S.C. drivers of the ambulance cars. Reliefs should be arranged for these drivers so that a man is not expected to drive at night after a long spell just before dusk. Night driving in the forward area is a great strain. A tired man will lose his way, ditch his machine and make other mistakes much more readily than if he comes to the job fresh and well fed.
There is sometimes a tendency to regard a motor ambulance car as a piece of mechanism that should be in perpetual motion and for the human element, with its limitations, to be overlooked.

The R.A.S.C. driver is a gallant fellow, willing to carry on till he drops with fatigue. It is the transport officer’s job to see that he gets reasonable rest and food. N.B.—Don’t forget to include the D.P.s in the list of reliefs. It is perhaps a pity that the war establishments do not carry a larger proportion of spare drivers and motor cyclists.

The casualty having reached the car post arrives at the A.D.S.

The siting of this medical post is usually done by the field ambulance commander in consultation with the brigade staff. In this matter the field ambulance commander is the expert and the adviser of the brigade commander. The A.D.S. must be sited to fit in with the tactical scheme of the brigade commander, but arbitrary locations should not be made by the brigade commander.

It often happens that a location suitable for an A.D.S. is also ideal for a battery gun emplacement. Both units require similar terrain and considerable tact is required on the part of the field ambulance commander when suggesting that he should be given a particular bit of the Brigade front in which to open his A.D.S. A working arrangement might be that, unless the tactical situation is such as to make it imperative for the gunners to have a particular location, whoever first makes the reconnaissance and claims the site might be permitted to take possession! The decision naturally lies with the brigade commander.

There was a tendency during the recent operations in Belgium and France to locate the A.D.S. too far back; this may have been accounted for by the fact that the divisional front was so "fluid" that to place the A.D.S. in reasonable reach of the R.A.P.s involved constant moves.

With the present equipment in normal fighting and certainly in defensive positions, the A.D.S. not to be lightly permitted to fall into enemy hands, should be as far forward as possible. It is difficult to fulfil this condition out of the range of field gunfire and yet perform the function of an A.D.S. in a satisfactory manner.

The main reason why the A.D.S. must get up as near the front as possible is that the field ambulance is equipped with but eight motor ambulance cars. It is difficult to maintain an adequate shuttle system in the forward car posts if the run from the R.A.P. to the A.D.S. is made longer than is absolutely necessary.

Given a larger number of ambulance cars it would be possible to increase the distance between these two posts and at the same time to maintain a rapid evacuation of the casualties.

This theory at once opens up the burning question of rapidity of evacuation. It is obvious that the speed of evacuation of casualties from one point to another will depend, directly, on the number of vehicles available to transport the cases. The faster a wounded man can be transported
from the moment he receives his injury to the time that he comes under adequate medical attention at a C.C.S. the better for him. Every stop that he has to make, once he is in a motor vehicle, reduces the "safety" period for his wound.

The ideal, therefore, is that he should be collected in a motor vehicle as near the R.A.P. as possible, taken to a medical post where rapid first aid can be given, and from there sent direct to the C.C.S., i.e. cutting out one of the present posts, either the A.D.S. or the M.D.S.

The ideal can only be attained if the number of ambulance cars in a division is considerably increased and the whole composition of the field ambulance modified to meet the altered conditions. An article on this question appeared in the June, 1939, number of the Journal of the Royal Army Medical Corps, under the title "Mechanization and the Modern Field Ambulance."

Under the present system and formation of a field ambulance, little can be done to arrive at this more satisfactory state of affairs, but the addition of more light cars and motor cycle carriers would go a long way towards increasing the speed of collection and evacuation.

There can be little doubt that the experience gained in the fighting across the "pond" demonstrated the fact that there are too many delays in getting a wounded man back to the C.C.S.

All that is required is that there should be but one "sorting" office in the divisional area where first aid can be given to the wounded man after he leaves the R.A.P.; whether this place is called an A.D.S. or an M.D.S. is quite immaterial. The casualty should not be moved in and out of two cars before he is sent on his final trip to the C.C.S.

This "heresy" requires the alteration in the formation of the field ambulance mentioned above and a certain amount of reorganization in the function and method of employment of other units, notably the M.A.C.; this unit will have to come right up to the field medical post where the small vehicles are unloaded, i.e. rather nearer the line than is the custom at present.

In short, the system of evacuation would be: numbers of small cars and motor-cycle carriers collecting cases from as near the R.A.P.s as possible by means of car relay posts; these light vehicles to carry directly back to an A.D.S. or M.D.S. (what is there in a name?) there to be unloaded and the casualties vetted to determine if they are fit to move on at once. If they are, they will be put into the larger cars and sent direct to the C.C.S.

(6) Evacuation of Casualties from the Divisional Area.

It is the responsibility of the M.A.C. to clear the casualties from the divisional area. This is usually the M.D.S.

The following method was tried out in France and seems to have a number of advantages:—
The O.C. M.A.C. on instructions from the D.D.M.S. Corps arranges that the M.D.S. has a number of cars stationed by it, say four to six. The evacuation route to the C.C.S. is decided upon and along this route, at suitable intervals, M.A.C. car relay posts are established.

As a loaded ambulance car leaves the M.D.S. and passes the first relay post an empty car is sent to replace it; this procedure is followed down the series of relay posts.

The car with the cases arrives at the C.C.S., delivers its load and joins the main pool of cars in the headquarters of the M.A.C. From this pool another car is sent to the first upward relay post and so the cycle commences again. The main advantage of having a shuttle system of this nature is that the driver, having arrived at the headquarters of his unit, can have some rest and food, fill up with petrol, etc., and be ready to take his turn again in the shuttle, or a spare driver can be put on the car. It should be rare for any one driver to have more than one or at most two long trips to do in the twenty-four hours. In addition, the supply of cars to the M.D.S. will be constant and at a rate that does not block the available space at the M.D.S. for hiding the vehicles. This is quite a point in this aerial type of warfare.

Once organized, the O.C. M.A.C. knows that he has cars reporting to the M.D.S. as they are required, thus doing away with the necessity of a constant stream of messages between the field ambulance and M.A.C.

The number of cars which form a "unit" in the shuttle system can be adjusted to meet the requirements of the situation within the capabilities of the M.A.C.

(7) Equipment Carried in each Motor Ambulance Car.

In addition to the normal equipment of stretchers, blankets, pillows and Thomas' splints, each ambulance car should carry one urinal, one bed pan, drinking mug and one bowl (a wounded man frequently vomits).

The M.T. dressing box is a useful adjunct. The compartment on the rear upper near side of the ambulance car is presumably intended to carry a bed pan and urinal but the inside container will not hold the normal model of bed pan as issued in the G 1098 equipment of a field ambulance. In any case, the bed pans and urinals at present held by the field ambulances do not permit of each ambulance car being equipped with these articles. Special indents must be submitted so that the eight cars can have their own equipment of this nature.

(8) Maintenance of M.A.C. Cars and Personnel.

Obviously this is the responsibility of the O.C. M.A.C. At the same time, in practice, several little points came to light that require definite attention. The feeding of the M.A.C. personnel who come to the M.D.S. frequently devolves on the field ambulance, as it is not possible for these men to get adequate food with their own unit until they arrive back at their
headquarters. This can usually be done as the field ambulance can get extra rations or a definite number of the M.A.C. personnel can be taken on the ration strength of the field ambulance.

Petrol and oil on the other hand is a different matter. Considerable care has to be taken to ensure that all the M.A.C. cars come well supplied with petrol and oil. It is hard for the quartermaster of the field ambulance and the unit transport officer to lay in a sufficient stock to meet more than their own requirements. Shortage in the M.A.C. cars very rarely occurred, but when it did, it was at very inopportune moments and was probably due to the fact that, in the retreat, the M.A.C. cars were a long way from their headquarters and from any means of replenishment.

(9) Liaison.

The immense importance of maintaining efficient liaison between the Medical Services and other branches of the Army cannot be too much stressed.

It is accepted that the Medical Services are largely an "A" concern. The A.D.M.S. deals almost exclusively with that branch. It is too often forgotten that when fighting commences the "forward" work of the field ambulances becomes of "G" interest to that officer.

The position of the A.D.M.S. is somewhat peculiar. He is not only the medical administrative officer for the division, but he is also commander of the R.A.M.C. units in the division.

It is just as important for the A.D.M.S. to know the tactical situation as it is for a brigade commander or a battalion commander, so that he may be in a position to make his dispositions to fit in with the tactical scheme. Immediate information of this nature can best be supplied by "G" staff.

Accurate and early news of the changes in the tactical situation is a sine qua non for efficient evacuation of casualties from the forward area.

This principle maintains from divisional headquarters to the battalion itself.

To put this principle into practice, battalion commanders, brigade commanders and the divisional staff should be constantly reminded of the necessity of maintaining liaison between themselves and the Medical Services.

Nobody realizes more than the medical liaison officer that a busy G.1 or brigade major may have little time to spare to give him all the information that he would like, but if the liaison officer is automatically included in all "G" conferences during active operations the necessity for constant "botherings" for information will largely disappear.

To elaborate a little more. The R.M.O. being the first link in the chain of the Medical Services must maintain constant touch with his battalion commander. It is also "up to" the battalion commander to see that his medical officer is informed of any change in the tactical situation as it affects the battalion. On several occasions, for instance, in the recent fighting
in France and Belgium, battalion headquarters moved to a new location, when, much to the surprise of the medical officer, he found that he had lost touch as he had not been told of the move.

This type of situation could be avoided if it were a regimental custom for the medical officer to have a runner, permanently posted to battalion headquarters, with no other duty than to carry messages between the battalion commander and his medical officer. This would form the first link in the liaison chain.

Passing to the field ambulance, one finds that the same situation is likely to occur.

Practically the only source of reliable information that the officer in charge of the A.D.S. can tap is to be found at the brigade headquarters. Here he will get news of changes on the brigade front, that this or that battalion is having a bad time, that casualties are greater on this flank or that, etc.

In order that this information may reach the field ambulance in time to be of use it is necessary for one of the field ambulance officers to be attached to the brigade headquarters, there to act as liaison officer. This may sound a waste of an officer, but in practice it is not so, as this officer can supply such a quantity of useful information that he fulfils an important duty if he does nothing else at all. The dental officer, who can do but little dental work in active operations, may make a very good liaison officer.

On the occasions on which communications broke down it was found that this principle of having a liaison officer constantly with the brigade had not been put into practice. In a war of movement this liaison must be closer than when static warfare is the order of the day.

The liaison link moves backwards to the divisional headquarters. Here one finds the A.D.M.S. on friendly terms with the A. and Q., getting information from him as to the administrative side of the division. Administration in times of "peace" forms the greater part of the work of the A.D.M.S.

One day comes the news that the division is to get on with the job of fighting. It is then that the A.D.M.S. has to divide his office into two parts, one to continue the administration and the other to tackle the "G" problems which now commence to assert themselves.

During times of "peace," "M" branch has little to do with "G," but the moment operations start the "G" side looms large on the medical horizon. Immediate information is required as to what the divisional commander intends to do. The A.D.M.S. must, therefore, be present at the "G" Conference. His D.A.D.M.S. represents him at the A. & Q. table.

It is on the result of this "G" conference that the A.D.M.S. is able to formulate his plans for the disposition of the medical units. Sometimes the conference is the preliminary one held by the commander himself. Here again it is essential for the A.D.M.S. to be present as the commander will want to know the main scheme of the medical arrangement, for nowadays
the medical picture rightly occupies a prominent place in the tactical schemes of any formation.

The A.D.M.S. finds out from the conference the estimated casualties, where these casualties may be likely to occur, which brigade will bear the brunt of the initial fighting, which is to be in reserve, the routes that the division is to take on advancing into battle and all the hundred and one items that go to form the information that the divisional commander is issuing to his brigades.

This information is required as soon as it is issued. The A.D.M.S. cannot afford to wait, as in former times, until he gets it second hand from A. & Q. Orders have to be issued to the field ambulances by the A.D.M.S. in both his capacities, i.e. administrative and as commanding officer. The field ambulances are divisional troops. Various moves may have to be made so that the medical arrangements fit in with the general tactical scheme. Perhaps No. 1 brigade is to be in reserve, but No. 1 field ambulance is required to take part in the evacuation of casualties from the forward area. This may necessitate a move out of the brigade area in which No. 1 field ambulance, for the moment, is billeted.

As a general rule, as soon as the A.D.M.S. has got the essential details of the proposed "G." plan he will hold a conference with his field ambulance commanders or representatives from these units. At this conference he will give the field ambulance representatives a pre-picture of the situation and outline the part that they are to play so that their units can get ready to act at once, before the actual operation orders are issued; the information thus given should be considered as an order but in every case it will be followed by the orders in writing.

At the same time the A.D.M.S. in consultation with the A. & Q. staff will draft the paragraph for inclusion in the divisional administration instructions. This paragraph includes locations of the medical posts, orders for the disposal of the field ambulances as far as those orders concern the brigade commanders, i.e. whether the field ambulances are under brigade command, etc. The R.A.M.C. operation orders are instructions for the field ambulances and other medical units and are sent to the brigades for information only. The divisional staff alone can issue orders to the brigade commanders.

At this point it may be well to stress the point that a field ambulance bearing the same number as a brigade does not belong to the brigade, and may frequently have to work with one or other of differently numbered brigades. In other words, whilst more often than not the field ambulance is brigaded for ease of administration, it essentially comes under the heading of "Divisional Troops," and unless definitely handed over to the brigade, takes its orders from the divisional headquarters.

It follows, therefore, that the A.D.M.S. must be included in the list of officers on divisional headquarters who join the divisional commander in the advanced or battle headquarters. It is only by this arrangement that
adequate and rapid information can be sent to the field ambulances as to the part that they are to play in the divisional operations, and the A.D.M.S. enabled to keep in touch with the kaleidoscopic changes of the situation in a war of movement.

It is very difficult for the "M" branch to carry out its duties if it is broken up. Therefore, the whole of the "M" branch must be included in the advanced headquarters. The D.A.D.M.S. is of no use if he is relegated to rear headquarters; all his work is connected with the troops in the forward area, apart from the routine office work that he has to perform. He is in any case the medical officer for divisional headquarters, and if the majority of the headquarters moves to the forward area, the D.A.D.M.S. should be with them, with the medical equipment.

By these means the final link in the liaison chain will be forged.

(10) Intercommunication.

Much as the field ambulance commander may loathe the idea, it is essential that one of the precious five motor cycles must be sent to the A.D.M.S. office. The divisional signals have more than they can manage, and it is but rarely that one can get a special D.R. to send to the field ambulances with any particular message. Messages sent by the D.R.L.S. arrive, but delay is the price that has to be paid in active operations. It is, therefore, much safer and quicker for the "M" branch to maintain its own system of intercommunication.

As an aid to intercommunication and the reception of messages all field medical posts should be well signboarded. In each field ambulance one or more men should be detailed for this duty and it should be their responsibility to place the signboards and, when the unit moves, to collect them again. It was found that the former was often quite well done, but when the unit moved the signs were left in situ, so that when they were required again new ones had to be made or important crossings were missed out.

Whenever possible the Provost Company should be amongst the first to get information of the exact locations of the various car posts, etc.

(11) Training of Field Ambulances and Regimental Medical Personnel.

It is not intended that a complete system of training should find expression in these notes, but some points of importance might be stressed.

The dispersal theory of modern warfare demands that the N.C.O.s of the units should be well practised in using their own initiative and should be taken into the confidence of their officers to a large degree. N.C.O.s will frequently find themselves in situations that make it difficult or impossible for them to get advice from their officers and they will have to act rapidly and make decisions affecting the personnel under their immediate control. It is, therefore, essential that they should be thoroughly conversant with the tactical situation and have a good knowledge of what
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The unit has to perform. This requires a high grade of training in map reading, the tactical use of the field ambulance, the methods and means for the evacuation of casualties. They should be given opportunities to practise the handling of the various sections of the unit, to make reconnaissances, site car posts and act as "bearer" officers.

There is a tendency to assume that an officer must "make all the running" when plans are being made for some operation, but the advice from men who have had to do a good deal of the actual working of the schemes is frequently very valuable. Whilst the N.C.O.s of the unit should be able to look up to their officer and feel that in his hands they are being given a fair deal, at the same time the unit will be very much more efficient if it can boast of a collection of N.C.O.s so well trained in the duties of a field ambulance in actual war that, even if the officers are not available, the work will carry on with equal efficiency. To reach this standard the N.C.O.s must be given a chance to take practical charge of the various branches of the work and must not depend entirely on theory. The N.C.O.s must be allowed to take charge on field days and exercises; the officers might on these occasions act as umpires and, whilst holding a watching brief, make sure that the "learner" is really having a chance to take control and give orders, correcting errors where necessary but not interfering unduly. In this way self confidence is engendered and the N.C.O. is taught to take a pride in the way he does the work entrusted to him.

It is not always easy to find replacements for N.C.O.s who have been knocked out and the only way in which this can be done is to encourage the same principle amongst the private soldiers and the junior N.C.O.s. Under stress and strain many a man who has not shown up before demonstrates the fact that he has the qualities that are necessary for a good N.C.O.

In "peace" time he has little chance of bringing out these qualities, but, by making the men take an active part in the actual working of the schemes, by giving them jobs that require intelligent anticipation, unsuspected talent may be found. It is always a good thing to encourage the art of leadership.

Medical officers of battalions have a heavier task before them under modern war conditions. It is essential that they train a large number of men in their unit in first aid. It is not enough to say, "I have given my stretcher bearers several courses of instruction." This instruction must extend to as many men in the unit as can be managed when all the other forms of specialized training are taken into consideration. The dispersal of the unit in isolated defensive or offensive posts means that casualties will be hard to collect, and that the individual will have to depend on his comrades when he gets wounded, until an opportunity is available for his removal to the R.A.P. Whilst a little knowledge may be a dangerous thing, even a little may be the means of saving a valuable life.

Every use should be made of the Field Hygiene Section. Courses of instruction should be arranged through "G" for the personnel of the
fighting units in military hygiene, not merely classes for potential sanitary squad personnel. When a divisional school is in being the O.C. Field Hygiene Section can be very useful in giving the junior commanders class a "whip up" in sanitation and general hygiene.

Lastly, but by no means last in importance, is the question of the closest co-operation between the Army medical authorities and the civil administration for first aid and disposal of casualties in this country.

There is no distinction between a military and a civil casualty. The whole country is at present in the front line; mutual co-operation and understanding will greatly assist both sides.

All R.M.O.s and field ambulance commanders should make sure that they have accurate information of the locations of the civil aid posts and hospitals in their area and it is the duty of the Army medical authorities to keep their civil counterparts well informed of the locations of the military medical units.