MUSINGS ON MEDICAL EVACUATION IN MOBILE WARFARE.

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The function of the R.A.M.C. in war, as regards dealing with actual casualties, lies in their rapid evacuation to the rear where they can be efficiently dealt with medically and where they do not affect the morale and mobility of the fighting forces.

The present teaching on the subject can be found in such official publications as Field Service Regulations and R.A.M.C. Training. These problems, along with the forecasting of the number of casualties, loads of medical equipment, etc., are very ably dealt with by Lieutenant-Colonel Nicholls in his Strategy and Tactics of the Army Medical Service in War.

This account, however, is based on the experience of the late war which was predominantly one of stasis and was satisfactory for the rate of movement as then known. But even then at times the question of supply and evacuation became urgent owing partly to shifting railheads.

The existing policy as regards medical tactics is to retain the mobility of the Field Ambulance. This is attained by the rapid evacuation of casualties and by not unpacking more equipment than is necessary.

The problem is relatively easy as regards Field Ambulances but is rather different as regards the advanced sections of the Casualty Clearing Station which, at best, are rather cumbersome and are dependent on outside transport for a move. It worked out satisfactorily in the late war with the degree of mobility then known.

The creation of the hypermobile division of mechanized units introduces its own problems as regards evacuation. The crux of the question lies in the rate of movement, perhaps carried out over some time, of fifty to ninety miles a day under favourable conditions. There are two parts of this problem which require consideration, that of regimental collection and that of evacuation. The method adopted in the late war of clearing the battlefield does not seem altogether applicable to a mobile division without modification.

The existing policy is, I believe, that each vehicle carries its own casualties which, in due course, are brought back to unit headquarters. Here they are dealt with by the R.M.O. In the meanwhile, if the vehicle has to be fought, the presence of the casualties may interfere with its manoeuvres and fighting, and delay may be disastrous to the casualty.

F.S.R., Vol. 1, lays it down that under certain circumstances the wounded are left in batches at various centres for collection by Field Ambulances. This necessitates an understanding as to where these centres are likely to be beforehand, or communication between unit and Ambulance during the action.
This sounds very well in theory but would it work out satisfactorily from the casualty's point of view?

Hence the question arises as to the desirability of some motorized method of collecting the wounded under regimental arrangements. The R.M.O. would be responsible for their collection into suitable centres whence they should be evacuated by the Field Ambulance.

The alternative is collection by a mobile section of the Field Ambulance, organized somewhat on the Cavalry type; but this of course, tends to exclude the R.M.O. who should be in touch with events locally.

The problem of evacuation from the R.A.P. is also worthy of consideration. There are two aspects of this problem, i.e. where the movement is parallel to a relatively fixed line when the existing organization naturally functions and, alternatively, where the mobile column is penetrating the enemy lines or is outflanking them at a speed higher than that of infantry. In the latter case it is immaterial whether the movement occurs as a break through or in mobile warfare, the problem at issue being the distance from the Field Ambulance to the Casualty Clearing Station.

F.S.R., Vol. 1, lays it down that a chain of Casualty Clearing Stations will be formed where the line of evacuation is unduly long. But how far will this work where there is, say, a daily advance of fifty miles?

The Casualty Clearing Stations have Mobile Sections which are mobile only in relation to the parent unit. The solution of the problem would seem to lie in one of two directions.

(1) An increase in the number and mobility of the mobile sections. This would involve a reduction of its equipment and the provision of sufficient transport of its own would seem essential, or

(2) The detailing of a Field Ambulance to act as a Casualty Clearing Station on the lengthening line between the existing Casualty Clearing Station and the Regimental Aid Post. Retained cases could then be handed over to the Mobile Section as and when it arrived.

Among the arguments which can be raised against the latter scheme is the immobilization of a mobile unit not equipped to carry out this work.

It has, however, something to be said for it by the reducing of the length of evacuation by car to the advantage of the casualty and to the easement of the work of the M.A.C.s. These duties could be carried out by the Corps Field Ambulance and thus release divisional units to clear the line.

Where the whole territory behind the advancing line is in the active possession of the force, the problem of the lines of communication is relatively simple. When, however, a mobile column penetrates hostile territory, the question of evacuation becomes an involved one according to the distance to be covered and the organized hostility of the inhabitants.

This latter aspect might involve the provision of armed pickets for medical units, to provide for their self-defence, and is obviously allowed for by the Geneva Conventions.