THE FORWARD MEDICAL SERVICES OF THE RED ARMY.


INTRODUCTION.

The material for this article has been obtained from a verbatim translation by Lieutenant L. Crome, R.A.M.C., of the Regulations for the Medical Services of the Armies of the U.S.S.R. (1941), and supplies many of the answers to the blitzkrieg problems as described in the Journal in February and March of last year.

HYGIENE AND ANTI-GAS MEASURES.

The Red Army places a high value on hygiene; the importance of personal and collective hygiene is stressed and made a unit commander's responsibility. Anti-gas measures, too, are constantly emphasized.

DEFENCE OF MEDICAL SERVICES.

Medical commanders are responsible for the defence of their units. This includes the selection of protected and tank-proof localities, camouflage, adoption of measures against ground and air attack, construction of shelters and anti-gas protection.

The continuation of medical work must be ensured, even during an enemy attack.

Medical sub-units will be dispersed so that they offer minimum artillery targets and at the same time are still under control. The defence sub-unit is always appointed by the medical commander. When attacked, the nearest unit is notified but the medical section engages the enemy actively until relief arrives.

Medical units should be able to construct simple shelters without sapper aid. The defence plan includes a lookout post, alarm system, shelters, slit trenches and fire-fighting.

EDUCATION AND TRAINING OF MEDICAL PERSONNEL.

The subjects for technical training are: A knowledge of practical methods required in war, proficiency in the use of equipment, general military and tactical methods and the organization of the medical services; for battle—first-aid on the battlefield includes methods of carrying wounded, protection from enemy fire and loading of casualties into transport.

The officers must also study triage, hygiene, the organization of forward evacuation, immobilization of fractures and anti-shock treatment.

Officers are encouraged to attain proficiency in these duties and those of the rank above.
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GENERAL PRINCIPLES OF MEDICAL ARRANGEMENTS.

The infantry brigade (regiment) contains the following medical sub-units: —

1. Medical company of the brigade.
2. Medical platoons of battalions.
3. Medical sections of companies.
4. Medical sections forming ambulance posts.

The medical services may be reinforced by bandsmen, soldiers of the line, etc., as auxiliary stretcher bearers, and also by general transport.

The service aims at the provision of prompt first-aid and early evacuation, both of which are essential for successful surgical treatment.

In modern warfare, complicated situations may follow rapidity of movement and difficulties arise owing to the multiplicity of injuries and the necessity for working under fire. The objects of the medical services are to save life, conserve man-power and prevent invalidism and it works in close co-operation with unit and sub-unit commanders, who are responsible for the health of troops and evacuation of casualties.

The following types of treatment are carried out in forward areas: —

Immediate first-aid, applied by the soldiers themselves or medical orderlies, using the first field or anti-gas dressing;

‘Pre-surgical’ aid, in infantry companies, by medical instructors (Serjeants, Medical Corps), and at the battalion medical point (R.A.P.) or ambulance post (Car Post) by a feldsher, i.e. unqualified doctor’s assistant;

First surgical aid by a doctor at the regimental medical point (A.D.S.).

Continuity of treatment is attained by the use of field medical cards and placing medical establishments in echelon. Triage is essential at all stages to ensure the sorting and correct disposal of cases in order of priority and urgency.

MEDICAL ARRANGEMENTS IN AN INFANTRY COMPANY.

There is a medical section consisting of a small number of men under the command of a medical instructor. He must know the operational task of the infantry company, the location of the command post, the company supply point, the position of the medical platoon of the battalion, the ambulance post and the A.D.S. He arranges all details, including signals for the stretcher bearers, routes for evacuation and replenishment of equipment. During battle he remains near the command post.

The medical orderlies are attached to an infantry platoon and render first-aid, place serious cases under cover, direct walkers to the R.A.P. and mark the spot where casualties are lying.

They call the commander of the medical section to serious cases and summon stretcher bearers when necessary. The medical orderly may himself dig a trench for protection of the wounded; such places are called ‘casualty nests.’

Medical orderlies carry out their work under camouflage and concealment.
continuing their work uninterruptedly in battle and taking advantage of favourable moments for movements. When there is heavy enemy fire on an area from which casualties have to be evacuated the medical section commander may ask for neutralization of the fire points.

The administration of first-aid on the field of battle demands self-sacrifice, courage, endurance and also the ability for skilful adaptation to the terrain.

The Company on the March.—On receipt of the warning order, the medical section commander reports to the company commander and checks up with the platoon commanders the state of the feet, boots, water bottles and all details.

On the march the medical orderlies attend to those who fall out, leaving them at the roadside to be picked up by the medical transport of the battalion.

At the end of the day's stage the medical section commander inspects the billeting area. If there is bathing in open water, a medical orderly is detailed as a life-guard.

In Attack.—In attack, the medical orderlies place the casualties under cover, mark the spot and advance.

In a night attack extra stretcher bearers will be required, landmarks noted in daylight and routes marked.

In traversing a water obstacle, the company commander organizes rescue of anyone in danger of drowning. A medical post is set up on the near bank, being transferred to the far bank when the company is across.

In Defence.—In defence, a reconnaissance is made of the company area and sites for casualty nests and evacuation routes are marked out. In retreat, all lying cases are cleared with the help of extra bearers detailed by the company commander.

Medical Arrangement for an Infantry Battalion.

A medical platoon is attached to each battalion, commanded by a feldsher or sometimes a doctor.

His duties are to clear the companies, supervise treatment, give presurgical aid and evacuate through the care post to the A.D.S. He is responsible for the health of the troops, provision of medical supplies and carrying out medical reconnaissance.

The R.A.P. is opened ¼ to 1 k. from the front, under instructions from the battalion commander. Evacuation routes from the companies are mapped out and the location of ambulance posts decided. The feldsher supervises the work of the medical instructors and clears their casualties by moving up ambulance posts as far as possible or by organizing bearer relay posts at ten to fifteen minute intervals. In difficult circumstances a chain of auxiliary stretcher bearers from the medical company, or dogs, may be employed to search for the wounded.

In face of heavy fire he asks the battalion commander to order neutralizing fire or bring up tanks.

Medical transport is brought well up and carefully camouflaged. Ambu-
lances may be stationed at 100 to 200 metre intervals to move on the endless belt principle. Triage is performed and casualties are evacuated according to the following priority:

Hæmorrhage; abdominals and chests; shock, with anti-shock measures.
Lightly wounded or sick may be returned to their units.

Simple records are kept; touch is maintained with the battalion command post, section commanders and the senior medical officer (S.M.O.) of the brigade. This is carried out by means of the telephone, stretcher bearers, ambulance transport or special runners.

All medical posts, including the R.A.P., are organized in four main departments: Reception and triage, Treatment, Retention, and Evacuation.

"Alert" sentries, signposting and defence are insisted upon.

On the March.—On the warning order all sick are evacuated. On the road, the medical platoon with the stretcher bearers and medical transport follow in the rear of the battalion. The medical platoon commander examines casualties on the roadside, returns them to duty or evacuates them. If there are numbers of casualties personnel may be left behind to look after them.

In Attack.—The medical platoon is kept with the reserve company close to the battalion command post. During the advance, the platoon works forward, opening up an R.A.P. where there are most casualties. Stretcher bearers and ambulances are sent up to clear the company casualty nests; the medical platoon commander adjusts dressings, performs triage, gives presurgical aid and arranges evacuation to the A.D.S.

For a night attack and in crossing a water obstacle arrangements are made as described for a company.

In Defence.—During the period of organization, the platoon commander makes a reconnaissance, selects a "square" for the R.A.P. to allow of the departments being laid out on the scatter and dispersal principle; marks out evacuation routes; plans defence and protection; supervises hygiene and the water supply; reports to the battalion commander and S.M.O. and issues instructions to the medical section commanders.

The battalion commander orders the erection of a shelter for the R.A.P., which is linked by telephone with battalion and company headquarters.

A communication trench may be dug to facilitate clearing under fire; roads may be repaired and signposted.

If the battalion is encircled, the R.A.P. is located in the centre and casualties brought in from the companies. Pre-surgical aid is rendered, triage performed and arrangements are made for evacuation as soon as roads are open. Armed escorts may be needed during this evacuation.

Medical Arrangements for an Infantry Brigade.

S.M.O.—Control of the medical services is carried out by the senior medical officer, based on instructions from the brigade commander, the
divisional medical staff officer (A.D.M.S.) and an appreciation of the military situation.

In making his plan, he gives the location of the A.D.S., details personnel, allocates transports and issues instructions to the medical platoon commanders (R.M.O.s).

This plan is reported to the brigade commander and a draft medical graph is prepared for insertion in administrative orders.

In battle, he will be found where he can exert personal control and at the same time remain in touch with brigade headquarters. When there are large numbers of wounded, he will assist at the A.D.S.

Communications are maintained with brigade and division; messages may be sent by ambulance orderlies, drivers or runners.

The S.M.O. keeps a working map of operations, supervises the collection and consolidation of returns, forwards returns to the higher formation, writes a war diary and is responsible for the replenishment of medical supplies and equipment.

He is responsible for the hygiene of the brigade, organizing inspections, inoculation, disinfection and "quininization." He is responsible for medical reconnaissance and the control of the medical services of the brigade.

*The Medical Company.*—The medical company opens an A.D.S. under command of the medical company commander. Its function is to clear the battalions and provide treatment for casualties. The company consists of the following platoons: medical, transport, dog, defence.

The A.D.S. provides for the care of casualties, triage, first surgical aid and preparation for evacuation. First surgical aid includes the adoption of essential measures, anti-shock treatment, control of bleeding, immobilization of fractures.

Here records are made on field medical cards. The A.D.S. is situated 2-5 k. from the front, is well camouflaged, has covered access to the rear and good entries from the front.

The "square" is large enough to allow dispersal of sections.

The medical company must be able to open up in 15-20 minutes after arrival and be organized in two independent sections. Its location is notified to all concerned. The following departments are established: control, reception and triage, dressing, evacuation and isolation.

Evacuation is carried out to the divisional medical post (F.D.S.) without delay, under divisional arrangements. Slightly wounded may be sent back in ordinary vehicles; returned to their units or transport lines; employed for work in the A.D.S.

The defence plan is made as already described.

The medical company obtains its supplies from division and meets the requirements of medical platoons and sections.

*On the March.*—On receipt of the warning order, the route and tactical conditions are investigated and the staging areas studied. Medical personnel are distributed in the columns as under:
Medical sections and platoons as already described.
The medical company in the first rear echelon.
The S.M.O. remains with brigade headquarters.

At the main halts, sick and casualties are seen, treated, and evacuated. When attacked, casualties are treated and sent back to pre-arranged medical posts, or new medical posts may be established, cleared by the division.

In Attack.—The A.D.S. is sited as near as possible to the start line. Medical platoons are reinforced and reserves provided. Ambulance posts are located and evacuation routes marked out. The S.M.O. keeps in close contact with brigade headquarters and maintains contact with the medical platoons of battalions.
The A.D.S. is only moved up after consultation with brigade headquarters.

In Defence.—In addition to the measures already outlined, the S.M.O. decides on the engineer work required; shelters, slit and communication trenches, water storage, latrines, sumps, etc.
The A.D.S. is usually sited in the reserve battalion area where a special shelter is built and equipped.
Uninterrupted communications with all sub-units are necessary.
Special arrangements may be required for sub-units in the supply zone and battalions fighting in isolated positions.
When the roads are suitable, evacuation may be direct from R.A.P.s to M.D.S., special attention being paid to the defence of the medical transport.
When disengagement is ordered, auxiliary stretcher bearers will be required.
Medical posts are moved in echelon and cleared direct to division.
The Brigade at Rest.—The medical reconnaissance of the rest area is carried out to investigate the health of the inhabitants, local medical resources, baths, etc., and the water supply.
The S.M.O. participates in the plans for resting the brigade, which should ensure the maximum improvement in the health and strength of the troops.
An A.D.S. is established for treatment and inspections. Minor cases may be detained and accommodation provided for casualties resulting from air attack.
During this rest period, the S.M.O. replenishes medical supplies, organizes medico-educational work, teaching of first-aid, collective training of the medical personnel, and provides the whole of the brigade personnel with individual medical equipment.

During Rail Transport.—Arrangements are made in the en- and de-training areas. Medical sub-units are distributed in the echelons and arrangements made for the evacuation of casualties on the journey.
An isolation carriage is attached at the tail end of each train.
The R.M.O. carries out medical supervision during the journey and cleansing of all troops is performed every eight days or immediately lice are found or typhus occurs.