

LAND FORCES ADRIATIC.

By Colonel J. T. ROBINSON, M.A., M.D.

It has been my privilege to be A.D.M.S. of Land Forces Adriatic for some considerable time. On taking up the appointment I was soon made aware of the unique work carried out by some of the units under command and the specialized nature of the medical organization and problems connected with the operational roles these units were destined to carry out. There are many who vaguely know of the existence of this Formation, but who have little or no conception of the units concerned nor of their operational achievements.

It is not intended to give details of the composition of all forces under Land Forces Adriatic since the medical organization of most of them conformed to normal regimental medical establishments. It is felt, however, that a short description of the history of some of these specialized units, their medical organization and associated problems, might be of interest to readers. The units concerned are the Long Range Desert Group, the Special Boat Service and the Raiding Support Regiment.

These units carried out their activities well inside enemy occupied territory and therefore had to be infiltrated frequently by air. Every man of all arms and services, including R.A.M.C., had to be parachute trained and all weapons and equipment had to be of a nature droppable by parachute. This meant that every man had to be a volunteer for duties of a hazardous nature including learning to drop by parachute.

The Long Range Desert Group and the Special Boat Service were organized on a regimental basis with H.Q. and squadrons; units of the latter forming patrols of varying strengths depending on operational requirements.

The Raiding Support Regiment, as its name implies, was organized on a regimental basis with H.Q. batteries and troops.

Detachments of each of these units frequently operated alone but later worked in collaboration with great success and daring.

In addition to these highly specialized units there were several Commando units under command; the medical organization of these is fairly well known and of them mention is made later.

LONG RANGE DESERT GROUP

The L.R.D.G. came into being in 1940 due to the foresight of Major R. A. Bagnold (now Colonel), an expert in navigating the sand seas of the Libyan Desert. For some years prior to the War he and some friends, notably Major P. A. Clayton, *D.S.O.*, Major C. A. Prendergast, *D.S.O.* (now Colonel), and Major D. W. K. Shaw, *O.B.E.* (now Lieutenant-Colonel), spent many months each year in long treks through the desert west of Cairo and had accumulated a wealth of knowledge of this country and its scattered nomadic inhabitants; with the latter they had made many friends. Above all, they had learned that white men could exist in the sand seas for many months and that these could be crossed by modern transport.

Bagnold appreciated that all this experience could be of real value to the British Armies in operations against the Italian Army of occupation. He therefore offered to form a force which would be able to penetrate far behind the enemy lines; maintain watch on enemy movements and concentrations; ascertain locations of enemy H.Q., coastal defence guns, supply and ammunition dumps; harass enemy lines of communications; and in general to be able to keep Army H.Q. provided with a wealth of up-to-date information regarding all activities of the enemy. It was also proposed that surveys should be made by the force and detailed and accurate maps produced, since those in existence were devoid of practical information required for the movement of armies and their contents often grossly inaccurate.

It was fully realized by Bagnold that such a force could provide details of terrain and in

particular be able to ascertain whether ways could be found over which to lead strong mechanized forces. The knowledge of "going" was essential, and none were more capable of providing this information than Bagnold and his friends with the requisite personnel and equipment.

He obtained support to his suggestions from General Wavell, Commander-in-Chief, and in 1940 the Long Range Desert Group was born.

The initial problem was to obtain personnel since man-power was short throughout all units of the British Army at this period and was causing grave concern to the General Staff. Due, however, to the co-operation and interest of General Freyberg of the New Zealand Division, some 40 O.R. personnel were provided from the N.Z. Forces, also two officers, one of whom was the Medical Officer, Captain Frank Edmondson, and the other the Adjutant.

This small force first operated against the Italians in August, 1940, and were instrumental in the capture of Aujila from a considerably larger force of Italians.

Later the force expanded and operations were carried out in conjunction with the Free French Forces from French West Africa; in December, 1940, and January, 1941, Mourzouk with a garrison of 500 Italians was surrounded and wiped out.

The capture of Kufra Oasis from the Italians followed in March, 1941. This oasis was an important watering place for Italians and was a halting place on the air route to Abyssinia. After its capture the oasis served as an extremely useful base for the L.R.D.G. who originally were operating from Cairo. By the capture of this oasis the extent of the operational capacity of the Long Range Desert Group was considerably extended.

By December, 1941, the Long Range Desert Group was giving considerable assistance to the Allied Armies, harassing the Germans between Benghazi and Tobruk and providing all the information which they had taken upon themselves to produce.

Early in 1942 its operations were extended far into Tripolitania and, after the El Alamein retreat before the German advance, the Long Range Desert Group did considerable damage harassing the Germans and beating up airfields in Sidi Barrani and other coastal towns in Cyrenaica.

After the successful push back of the German armies at the battle of El Alamein in October, 1942, the Long Range Desert Group, by their detailed knowledge of the "going" were instrumental in leading the New Zealand Division in a left hook which cut the road behind the German retreat at El Agheila at the end of 1942.

In January, 1943, the Long Range Desert Group established their H.Q. at Hon in Tripolitania and were employed behind the German lines right up to the capture of Tunisia. Their last job in the Battle of North Africa was to lead the New Zealand Division and the Free French in another hook to outflank the Mareth Line into the plains of Tunisia.

A most excellent book "The Long Range Desert Group," by W. B. Kennedy Shaw, one time Intelligence Officer to this force and a recognized expert in desert navigation, has recently been published. It should be of interest to all who fought in the Western Desert in the Italian Campaign and later in the victorious battles against the Germans from El Alamein to the final defeat in North Africa.

In June, 1943, the L.R.D.G. went to Syria to train in the Lebanon in snow and mountain warfare and to do parachute jumping. Later they were employed in reconnaissance duties in the Islands of the Dodecanese.

One squadron of the Long Range Desert Group came under command of Land Forces Adriatic on latter's formation in early June, and the rest of this unit came under command in August, 1944. This force carried out considerable activities in the islands off Greece, Albania and Jugoslavia similar to those in the Western Desert and North Africa.

SPECIAL BOAT SERVICE.

By the end of 1941 there was formed in the Middle East, on the inspiration of Lieutenant-Colonel David Stirling, a small force of specially picked men known as the Special Air Service. Personnel were trained to drop by parachute, to march immense distances by day and night,

and to specialize in the destruction of aircraft (and of anything else) on landing grounds behind the enemy's lines. Stirling was assisted by Moynes, Fraser and Lewis; a quartette whose initiative, courage and endurance cost the enemy dear.

In its early months the force worked in conjunction with the Long Range Desert Group, upon whom they depended for navigators, signals, supplies and transport to get them, on completion of their task, back to British lines. It was quickly realized, however, that the force could operate with even more telling effect against the enemy if provided with its own transport, navigators, and signals.

By September, 1942, the force had changed its character. From the small band of fifty odd experts in aircraft destruction it had grown into a much larger force with its own navigators, signals and transport. The latter consisted of heavily armoured jeeps, supplies of ammunition and food being maintained by 3-ton lorries. The jeeps were specially equipped with Vickers' machine guns, five per jeep, smoke projectors and other suitable small arms. Each carried sufficient petrol, water and rations to do about 1,000 miles without having to depend on any replenishment from outside sources.

The damage this force did was considerable and one officer is known to have personally destroyed over ninety planes on the ground, which is, I understand, better than any R.A.F. squadron.

The force later operated in collapsible boats against enemy shipping in the ports at night and did great damage and personnel became experts in the handling of small sea craft.

The Special Air Service grew considerably and sub-units operated from as widely separated areas as the Far East to the Western Front.

At this time there was in existence a Special Boat Section, the function of which was to work in conjunction with the Navy and carry out reconnaissance of beaches and also make specialized raids on enemy gun emplacements which were hampering naval shipping.

Personnel of this force operated in specialized portable canoes which could be carried by one individual and could accommodate two persons. These were usually carried in submarines and were launched at night, often in the dark near beaches. Considerable training was required to operate and get ready these canoes which, with experience, could be floated and manned within a few seconds of the submarine surfacing.

By the incorporation of elements of the Special Air Service and the Special Boat Section there was eventually evolved the Special Boat Service whose personnel underwent the dual training of the original Special Air Service and the Special Boat Section. The result was a body of men who were all parachutists and who possessed a wide knowledge of the handling of all types of small and large sea-going craft while some were expert navigators.

The Special Boat Service came under command Land Forces Adriatic in August, 1944, and carried out daring raids against opportunist enemy targets such as communications, isolated garrisons, headquarters, coastal defence guns and such like in Albania, Greece and Jugoslavia and adjacent islands. They were the first unit into Athens when it was recaptured from the Germans.

THE RAIDING SUPPORT REGIMENT.

By September, 1943, the idea of raising a unit entirely comprised of various support weapons to be used to help partisan and guerillas had formulated in G.H.Q. Middle East Force.

The idea was to raise a unit which would be used in small groups, trained to act independently, to fend for themselves, and to live in enemy occupied territory behind the enemy lines for any length of time and to harass and destroy the enemy where opportunity offered. In this capacity they would be invaluable to guerillas and partisans who, in most cases, were armed only with light personnel weapons.

The secondary role of the Regiment was to act as support troops to Commandos in a raiding role.

As with other specialist units mentioned, detachments were to be infiltrated where required. Every man, therefore, had to be parachute trained, and all weapons and equipment to be of a

nature droppable by parachute. This meant that every man had to be a volunteer and in response to an appeal over 3,000 officers and men volunteered. In October, 1943, the unit had obtained its first volunteers and training began. It grew into a sizable force consisting of batteries armed with anti-tank, anti-aircraft, 75 mm. Vickers M.M.G. and mortar weapons. Such obviously require considerable transportation which is carried out by mule convoys. This force operated in the Balkans in support of partisans and guerillas with considerable effect both before and since coming under command Land Forces Adriatic in 1944.

MEDICAL ORGANIZATION AND EVACUATION.

Special Units.—To conform to the requirements of these specialized units the Regimental Medical Organization, as would be expected, differed considerably from that of an infantry, armoured or artillery regiment. It was similar in many respects to that of the Commando unit, but differed in the fact that medical personnel were parachute trained and operated inside enemy territory with frequently no facilities for evacuation by sea or air.

Each had one medical officer but medical orderlies were all R.A.M.C. personnel specially selected and very highly trained in first aid and other medical duties. The number of such personnel varied in each of these units, depending on the unit strength. Each had at least one Senior N.C.O. and one junior N.C.O. to each patrol or troop. All had reached the standard of Nursing Orderly Class II but it was the policy to have all trained up to a standard of Class I; many had already passed this test after a period of six weeks' practical instruction in base hospitals in Italy, whose co-operation was willingly given and greatly appreciated. Numbers had also been trained in resuscitation and the giving of blood and plasma.

The importance of this high standard is obvious when it is realized that many small operations were often mounted at the same time, consisting of a few officers and twenty to thirty men dropped by air or landed by sea many miles away from H.Q. and well inside enemy territory. In such circumstances these patrols or troops were always accompanied by a medical orderly whose responsibilities were great; on him lay the task of rendering expert first aid, applying splints to fractured limbs, and ensuring that everything was done to get the casualty back in the best possible condition.

When several patrols operated from a central point it was the usual practice to establish a Casualty Collecting Post at this point where the Senior N.C.O. was located. Here more advanced treatment was given and dressings adjusted, if necessary, and facilities for resuscitation provided.

In operations of greater magnitude the R.M.O. dropped or was landed with the force H.Q. and set up a R.A.P. in rear of the C.C.P. This was usually sited under cover in a building where water was available, treatment and operating rooms could be set up and casualties could be detained.

Evacuation always presented innumerable difficulties and depended on the operation, terrain, strength of enemy, and the use or otherwise of a beach or air strip. Operations usually took place at night and lasted from five to ten hours. To maintain the element of surprise and keep the enemy guessing as to the strength of the force taking part, delay in getting away from the target area could not be entertained. This complicated the problem of evacuation, particularly if the force had sustained heavy casualties, since stretcher bearers had to be found from the fighting troops. In such circumstances disposal of the casualties depended on the severity of the wounds; but it has had to be accepted that seriously wounded, incapable of walking and too ill to move, must be given adequate treatment and left to the mercies of the enemy. Should such casualties be many, the medical orderly remained behind also. It says much for the initiative and excellent organization of these units that very few casualties were ever left behind.

Where evacuation by sea or air was possible, as on raids on enemy occupied islands, casualties were evacuated by co-operation with the Royal Navy and Royal Air Force; where such facilities were non-existent, casualties were taken with the force to their selected area of retreat inside enemy territory.

COMMANDOS.

The normal medical organization for the reception and treatment of casualties and evacuation conformed to a more or less standard pattern.

Each troop was provided with a highly trained R.A.M.C. orderly assisted by a Commando orderly specially trained and permanently allotted for medical duties. Stretcher bearers were drawn from the fighting personnel as and when possible and casualties were evacuated to a Casualty Collecting Point.

At the C.C.P. was a Senior R.A.M.C. N.C.O. and one R.A.M.C. orderly. The M.O. usually took up his position here in the earlier part of the operations, moving back with the first casualties to the R.A.P. established at the H.Q. of the unit. At this point advanced treatment was given and dressings adjusted as necessary and resuscitation was provided. Evacuation from here depended on terrain and facilities available and might be by stretcher, mule, jeep or hand carriage.

The R.A.P. was normally sited in a building where water was available and accommodation for treatment, operating and detention of casualties was possible. Here the medical officer was located and had the assistance of two highly trained R.A.M.C. orderlies. Evacuation from here was again according to facilities available to a beach, and thereafter by sea, to nearest advanced hospital with co-operation of the Royal Navy. The time for evacuation from the area where the casualty was first wounded to beach-head varied according to terrain from five to seventy-two hours.

MEDICAL EQUIPMENT.

It is obvious from what has been written that great care and detailed planning had to be exercised in providing adequate medical supplies to cover the needs of these units. Such equipment carried by the R.M.O. and R.A.M.C. Nursing Orderlies had to be packed so that it was really accessible and items required could be got at quickly. Much initiative was shown by the R.M.O.s who were given full licence to draw up their own requirements and train their orderlies in packing and the use of all items. It was found that such equipment could best be carried in a "Bergen" or similar rucksack. This rucksack is well known to troops trained in mountain warfare and has been adopted as the standard method of carrying medical equipment for these units. It has long been in use by the Commando units, the contents varying according to whether the medical equipment was required for troop or patrol orderlies, medical serjeant or R.M.O.

Parachute trained medical personnel were expected and instructed to drop with their equipment. Other items of equipment, etc., were dropped in special containers by parachute or brought in by sea and carried by any available means. R.A.M.C. personnel were specially trained in packing these parachute containers and became great experts, and all had to know details of contents.

It was the policy to hold reserves ready packed in case of a bad drop or damage to the containers and these reserves could be despatched at short notice and with no delay. Communication was maintained by W.T. between patrols and troops and the force H.Q. with rear link to H.Q. Land Forces Adriatic.

Throughout all operations there was never any shortage of medical supplies and no difficulties were encountered in making demands. This was largely due to excellent co-operation from Staffs of the Depot Medical Stores in Italy.

OPERATIONS.

It is not proposed to illustrate all operations in which these units were engaged but it is considered that a few illustrations of medical problems would be of value. In the interest of security code names and actual locations are also omitted.

Operation I.

This may be taken as a model for a small scale Commando raid in the Adriatic. The force landed at night on a beach in a small cove south of a village where there was a German garrison

about 250 strong. A small detachment with a battery of the Raiding Support Regiment held the beach-head while the Commando unit moved forward to attack the German position. Air cover was provided by the R.A.F. and the roads on either side of the village were blown by partisans to prevent interference by German mechanized reinforcements. Evacuation of casualties was from R.A.M.C. medical orderly to a R.A.P. set up as far forward as possible by R.M.O. of Commando unit, thence to a small medical evacuation unit with a medical officer in the beach area. The country was rocky and steep and considerable help was given in carrying of casualties by local inhabitants. Evacuation from beach-head was carried out in co-operation with the Navy and at first M.S. Craft were used (speed about 25 knots). These high speed small craft provided inadequate accommodation and are unsuitable in turbulent waters and later evacuation was carried out by L.C.I.

One lesson learned from this operation was the possibility of the straggler casualty left behind. After the force had withdrawn information was received that a British soldier wounded in the abdomen had been found by partisans. An attempt was made to land a medical officer by sea at night but faulty reception prevented his landing. He was successfully dropped the next night and the casualty recovered and successfully evacuated. Since this episode it has been the policy to arrange for the M.O. to stay behind if there is any reason to believe casualties have been left unattended.

Operation II.

The primary object of the operation was the occupation and securing of an island. Long Range Desert Group and Commandos maintained vigorous patrols on the mainland and adjacent islands preventing enemy interference; while a minor force of specialized units carried out the operation. It was realized that evacuation would be a serious problem as maintenance craft took two to three days to do the voyage to the nearest hospitals in the mainland. Two medical officers accompanied the force and arrangements were made with the Royal Navy for urgent casualties to be put aboard ships taking part, while R.A.F. were approached to provide a flying-boat. The operation was so successful that casualties were light and evacuation proved less difficult than surmised.

Operation III.

This operation provides examples of practically every medical difficulty which can beset a combined operation on the mainland of the Eastern Adriatic.

(i) The rapidly changing G. and I. situation radically altered the original plan. What was to have been a forty-eight hour raid was reinforced and developed into a four-week campaign. Considerable hardship was experienced by the force and much improvisation was necessary to meet the situation.

(ii) The weather broke soon after the force landed and rain continued without interruption for about a week.

(iii) The country was as difficult as any force could encounter. The only road was under direct enemy observation and fire for most of its length and the steep rough mountains were covered with peculiarly unpleasant and tenacious scrub which made walking difficult. In fit men minor scratches and abrasions quickly became septic. The evacuation of wounded was an arduous and difficult undertaking necessitating a carry of 4,000 yards over a rise of 1,500 feet from R.A.P. to Beach Dressing Station.

(iv) The valley behind the coastal mountain range was intensely malarial and as no nets had been taken casualties were heavy.

(v) Shipping was limited as other operations were taking place elsewhere, thereby delaying the arrival of stores to improve conditions. A regular nightly Landing Craft Infantry (L.C.I.) service for the evacuation of casualties was arranged with the Royal Navy though rough seas made the voyage unpleasant for casualties.

(vi) Two medical officers accompanied the original raiding party but as this increased in size and the force became widely dispersed this number proved inadequate. Two additional medical officers had to be found and were put in later.

(vii) Due to the excellent co-operation of all services, conditions were quickly improved and evacuation went smoothly.

(viii) Red Cross supplies were obtained in generous quantities through the joint organization of St. John and the British Red Cross and did much to improve the comfort and spirits of casualties. At all times this organization has been of great assistance to Land Forces Adriatic and their efforts have been greatly appreciated.

Many other operations were mounted in which the forces employed varied considerably in strengths and objects. Each had its own peculiar medical problems and careful planning was essential in each. Sufficient, however, has been stated to give an indication of the interesting work carried out by Land Forces Adriatic and some of the medical difficulties encountered and overcome.

These operations illustrate two important points; the apparent uneconomical use of medical officers and the need for highly trained R.A.M.C. medical personnel. The former would no doubt provide interest to the Medical Personnel (Priority) Committee imbued with the idea that ratios of medical officers to combatant strength is a sound criterion on which to assess the requirements in medical man power. With the great limitation in available suitable combatant personnel for these highly specialized units it is of supreme importance to ensure avoidable waste from casualties, sickness and wounds does not occur. This has been achieved by the policy of ensuring that the number of medical officers and highly trained R.A.M.C. medical orderlies required are always available to meet the needs of each particular operation.

CONCLUSION.

The experience gained as A.D.M.S., Land Forces Adriatic, has been unique not only because of the units under command but by the fact that this formation is probably the only one which has had one A.D.M.S. during its whole existence; regrettably an ephemeral one. Nowhere could an A.D.M.S. have received more co-operation from the Commander (Brigadier G. M. O. Davy, *C.B.E.*, *D.S.O.*) down to the most junior Staff Officer and the period of service with this formation will ever remain an association of the happiest recollections.

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