A MOBILE DRESSING POST.

By Captain B. Levy,
Royal Army Medical Corps.

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Introductory.—The idea of a mobile Operation Theatre is not new. There are many descriptions of the employment of converted vehicles for this purpose particularly in the Middle East. I was in a Field Ambulance attached to a Tank Brigade where we had a modified form of Operation Theatre constructed with a view to its employment in the rapidly moving warfare we associated with such a formation.

Construction.—A 2 by 4, 3-ton Chevrolet was used. We would have preferred a 4 by 4 vehicle but all those at our disposal had the wooden casing of the wheels projecting above the floor which took up valuable space. The canvas superstructure was removed and replaced entirely by wood. There were double doors behind and folding steps, the latter being taken from an old ambulance car. The structure was covered on the outside with canvas which had side extensions to make two pent houses, one on either side of the vehicle. The inside of the vehicle was lined with white oil-cloth. The water supply consisted of an extra petrol tank which was attached to the side of the vehicle. This was connected to an A.C. petrol pump and so to a wash-hand basin.

The lighting consisted of the searchlight of an armoured carrier with its bracket. This bracket had a ball and socket joint which allowed the lamp to be moved in any direction. There was also a fan. The power was obtained from two 6-volt batteries but in an emergency the battery of the vehicle was used, the engine ticking over just fast enough to prevent the battery running down. This gave power to operate the lighting, the fan and the A.C. pump for the water supply.

The above is a rough idea of the construction of the vehicle. The whole was constructed locally by the workshop company of the brigade and the equipment was locally acquired.

Equipment.—(1) Three panniers: (A) A drug and anaesthetic pannier. (B) A dressing pannier containing bandages, pre-sterilized drums of dressings and Cellona plaster bandages. (C) An instrument pannier which contained the instruments carried in the Operation Theatre of an M.D.S.

(2) 1 Yakdan containing primus stoves, basins, hot-water bottles, etc.

(3) 1 Indian transfusion box, 1 infusion supply box.

(4) A folding table, chair, Thomas and Kramer wire splint, 2 cisterns mule, 2 trestles, 1 stretcher.

Personnel.—1 officer, 1 B.O.R., 2 drivers (R.I.A.S.C.), 1 ambulance sepoy, 1 nursing sepoy, 1 sweeper.

Employment.—When it became obvious that the tank brigade was going to be employed in slowly moving jungle warfare under quite different conditions from what was in operation in the desert, an attempt was made to adapt the use of the mobile dressing post to this type of warfare. I was in charge of the vehicle when it was employed during the fighting around Imphal in 1944, when it was attached to the A.D.S. of an Infantry Field Ambulance.

The routine was that when the vehicle was parked the canvas flaps were rolled down to form pent houses and the equipment was put under one side. The other pent house was used for accommodating casualties. We were ready to receive casualties within three minutes of parking.
The B.O.R. was employed inside the vehicle. The nursing sepoys were in charge of the sterilization of instruments and the preparation of splints. This he did in the penthouse. The ambulance sepoys and second driver carried stretcher in and out of the vehicle. This required a certain amount of practice, but eventually worked very smoothly. The sweeper cleaned out the vehicle between cases.

Advantages.—(1) The great advantage, of course, was its mobility. It was originally attached to an A.D.S. expecting a large number of casualties but when this did not materialize the vehicle was moved to another A.D.S. some thirty miles away. The whole operation of closing down, moving and opening up again ready to receive casualties took less than two hours.

This A.D.S. was situated in an unprotected site and the usual procedure was that at dusk the A.D.S. closed down and moved back to a defended box about a mile back for the night. The mobile dressing post had the advantage of being able to remain open until the last moment, while the rest of the A.D.S. packed up and marched back to the box.

(2) The seriously wounded cases were dealt with by the mobile post and it was a clean, quiet place where an anaesthetic could be given, immediate life-saving surgery performed and the patients prepared for evacuation over difficult terrain. No attempt was made to do any major surgery such as laparotomies, partly because there was a surgical team working some three miles behind and partly because we had no high-pressure autoclave.

(3) The mobile post was invaluable for use after dark as it could be completely blacked out. It was completely waterproof, a great asset during the monsoons.

Disadvantages.—(1) The great disadvantage was moving around bad roads especially under monsoon conditions. It was actually used during the monsoons and it was surprising the places the vehicle could get to. The essentials for this were a good driver, a well maintained vehicle and the using of skid chains. On occasions when we got stuck we got the assistance of passing armoured carriers. It could certainly go as far forward as ambulance cars. Where it was employed casualties came to us from the R.A.P. on jeep ambulances and, after being dealt with, the casualties were transferred to ambulance cars for evacuation back.

(2) The great problem was getting the vehicle dug in, especially as protection against shell fire, for the level of the floor is several feet above ground level. This we accomplished by digging into the side of a bank, but this required a lot of very hard labour. Once we persuaded a passing bulldozer to do the digging for us. If some form of armoured plating instead of wood had been used for the side walls of the vehicle this would have helped matters.

We once thought of converting an armoured ambulance car into a mobile dressing post, but such ambulance cars are too narrow.

(3) The space inside the vehicle was strictly limited. I dispensed with the use of the operation table using the stretcher on trestles instead. The maximum number we could have inside the vehicle was four people besides the patient. We were, of course, dependent on the A.D.S. to which we were attached for the resuscitation of patients before operation, for post-operative care, for organizing the evacuation and for supplies of drugs and dressings.

Conclusions.—It is suggested that mobile dressing posts could be used as a valuable mobile reserve to reinforce A.D.S.s quickly. It could be used as a mobile R.A.P. attached to a column on the move. It could be modified for use by mobile surgical units and advanced sections of C.C.S. A vehicle belonging to a C.C.S. or Field Ambulance can be rapidly modified by the local workshops and kept in readiness for use.

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