SOME PRACTICAL NOTES FOR FIELD AMBULANCE COMMANDERS ON THE MEDICAL CONSIDERATIONS IN PLANNING, MOUNTING AND CARRYING OUT COMBINED OPERATIONS IN SOUTH-EAST ASIA COMMAND.

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I.—Introduction.

II.—Planning. (1) General Plan,
      (2) Brigade Plan,
      (3) Unit Plan.

III.—Mounting. (1) Personnel,
      (2) M.T.
      (3) Equipment Man Pack.

IV.—Shipping: Life on Board Ship. (1) Boredom:
      (a) Organized Training,
      (b) Amenities.
      (2) Physical Fitness.
      (3) Welfare.
      (4) Mepacrine Discipline.

V.—Assault.

VI.—Follow up.

VII.—Notes on Personnel Equipment.

VIII.—Hygiene.

IX.—Casualty Evacuation Craft.

X.—Summary.

I.—INTRODUCTION.

These notes are based on experience gained in operating an Indian Field Ambulance in the early part of 1945 in the seaborne operations along the Arakan Coast. They are only intended to bring out points which have not been emphasized sufficiently in general training and which have proved of importance. They are not supposed to displace any instructions published in any pamphlets on the subject.

II.—PLANNING.

(1) General Plan.—Wherever possible the Field Ambulance Commander should be put in the picture as soon as possible in order that he may have time to consider the medical cover necessary for his sphere of the intended operations. It is often all too apparent that the Field Ambulance Commander is consulted too late or has too much of the plan made for him. As a result he may have to redistribute personnel in Company Light Sections in a hurry at a late date.

(2) Brigade Plan.—The Field Ambulance Commander must be considered as an integral part of the Brigade Planning Staff in order that he can advise the Brigade Commander of the general plan for medical cover as laid down
by the A.D.M.S. and can advise Battalion Commanders on the best use of their R.M.O. and Medical Detachments.

As soon as is permitted the 21/c, Q.M. and Company Commanders should be admitted to the Y.O. List allowing them knowledge of the administrative side and some information of what is required of them.

It is also felt that permission should be asked for those officers who are working with detached sections of the Field Ambulance also to be put on the Y.O. List.

(3) Unit Plan.—As soon as possible after initial planning is complete the Field Ambulance Commander should readjust and reorganize his Unit where necessary to adapt themselves to the roll they may be expected to carry out. This should particularly be directed to:

(a) Correct distribution of personnel (all unfit personnel should have already been disposed of), i.e. organization of Company Light Sections.

(b) Correct distribution of company equipment either M.T. or man pack basis or both: all surplus stores being withdrawn to store.

(c) Correct packing of ordnance and medical equipment in M.T. Making up of a detailed load table, vehicle by vehicle.

(d) Organization for dealing with kit not required for the operation (either return to ordnance or forming a rear dump).

III.—Mounting.

(1) Personnel.—All personnel must have their kit checked to the scale allowed both before leaving and on leaving unit area and in concentration area. All officers and men must be rigorously restricted to the scale allowed.

Space must be left in kit to be carried on the man for all deck issues of which the forty-eight hours’ ration and emergency ration are the bulkiest. Training on exercises, route marches and on scrambling nets and craft must in all cases be carried out with the full load to be carried on the man. Extra weight, i.e. a brick, etc., may be included to take up space and weight of rations to be carried.

(2) M.T.—(a) M.T. must be landed tactically, i.e. the stores required first should be loaded in the trucks being unloaded first.

(b) In all cases try to duplicate stores not only in two different trucks, but also where possible in trucks going in two different ships. A medical unit which loses part of its equipment and has not a reserve elsewhere may become incapable of functioning. For this reason it is always wise to carry in a Light Scale A.D.S. and Light Scale M.D.S. on a man pack basis to guard against loss or delay in arrival of M.T.

(c) Valuable equipment should always be waterproofed. The microscope lenses should always be carried in a box containing a desiccating medium, since in tropical climates the holds of ships, etc., may become very humid. Microscope box should always be waterproofed with luting.

(d) Weights and Loads: Always ascertain from A.M.L.O. the heights and the weights allowed for loads of each truck and how high these trucks can be loaded. Medical stores are always bulky rather than heavy and if they are
Some Practical Notes for Field Ambulance Commanders

being loaded in trucks with hoods down the load will be correspondingly decreased.

In L.S.T. and L.C.T. height of vehicle is not a major consideration; in M.T. ships it is. In certain M.T. ships the weight of loads in trucks is often restricted, i.e. only a certain proportion of 3-ton trucks can be loaded to full weight capacity, the remainder only being allowed to be loaded to 1-ton load.

(e) Ambulance Loading: Ambulances are good load carriers for medical equipment since they have a fixed height—landing if practised can be very satisfactory. The following practical points have been found effective and necessary in the standard 4 × 4 Chevrolet ambulance.

(i) Seat cushions must be removed and stacked forward beside cupboards. When time permits the back rests of the seats can also be bound with serin garnishing to protect the leather.

(ii) The tall cupboards can be used to carry shell dressings up to 300, or the equivalent, including kitbags for packing them in on arrival at destination. (N.B.—120 shell dressings to one kitbag.)

(iii) Thomas splints and Cramer wire can be stacked on either side of the cupboards.

(iv) An ambulance as specified will carry 6 panniers at least on either side and four panniers, or equivalent, in the centre. In addition 4 extra stretchers on floor and 30-60 blankets can be carried and leave room for kitbags of dressings on top and drums of D.D.T. at rear on floor.

(3) Equipment Man Pack.—(a) Every pack must be clearly numbered and the contents known to all men in the section.

(b) If available waterproof jaconet should be used to stitch up all equipment in a compact block which can then be slid into the pack.

(c) With the Bergen or Everest pack it is possible that there will be sufficient room for the men to carry their reserve rations at the bottom.

(d) Important equipment (non-expendable) should be carried by responsible men.

(e) It is impracticable to carry Holman or ordinary suspension bars on a man-pack basis. With standard Mark II stretchers a suspension appliance which is quite adequate can be improvised by use of a second footpiece reversed to point downwards under the Thomas splint and lashed to a cross-bar of wood on the stretcher.

(f) Carriage and storage of water is difficult on a man-pack basis. Additional ground sheets are normally carried for making a shelter. One or more of these can be used to make a water tank. Water carriage, after disembarkation, is best carried out by chaguls but it must be remembered that these must be soaked in water during the last three days on board ship prior to the assault. Sinking them previous to embarking is not satisfactory.

IV.—Shipping: Life on Board Ship.

For a long sea voyage various problems occur for which the Unit Commander must make provision during the mounting phase. Of these the two greatest to contend with are boredom and physical fitness.
(1) **Boredom** must be counteracted at all costs. This may be done by the following:

(a) **Organized Training**: A sufficiency of dressings, etc., should be taken aboard for use for first-aid training on board. Lectures should be instituted and, if allowed, a small blackboard taken. Instruction on map reading including full discussions of the unit's role in the operation can be carried out. A lecture on hygiene and also one on what to do if taken prisoner are of great value.

(b) **Amenities**: Every unit should be prepared to take a certain amount of games and books on board for Indian Troops. In most ships there is a British Troop library. These games will be jettisoned at the end of the voyage or handed over to the ship.

(2) **Physical Fitness**.—(a) Regular P.T. must be instituted though owing to limited deck space it will have to be done in small squads “staggered” over the day, i.e. at different times.

(b) Deck games can be used to exercise a proportion of men.

(c) All men must wear boots for at least four to six hours a day whether the ship’s Captain likes it or not. This must also be enforced for personnel employed as cooks, etc.

(3) **Welfare I.T.**.—Several troopships used in this theatre may be unaccustomed to carrying L.O.R.s and will require assistance and guidance in making arrangements for I.T. cooking, etc. Unit Commanders are well advised to make it their first duty to check up every arrangement made for feeding their troops. Innumerable “snags” may arise which must be dealt with on the first day or the men become discontented. Usually the Messing Officer takes about twenty-four hours to find out the various implications of his job.

(4) **Mepacrine Discipline**.—It is most important that every man should get his daily mepacrine throughout the voyage. It is sometimes difficult to get all men together and by far the best time for mepacrine to be administered is immediately after the Ship’s Captain’s Inspection and Boat Stations usually held at 10.00 hours daily. A nominal roll of those employed, e.g. cookhouse or deck duties, should be made and the administration of mepacrine to them afterwards personally supervised by an officer. It is advisable to recommend that all men have a boost dose of two tablets daily for the last three days prior to disembarkation.

V.—**Assault**.

(a) **Preparation**: All medical personnel must check their kit, especially if on man-pack basis, to see that it is secure for going down scrambling nets. Picks or shovels should be carried down the back between shoulder blades. Stretcher should be firmly tied. For those stretchers which are going to be loaded into L.C.A. down scrambling nets a sufficient length of rope must be available for lowering stretchers down to the L.C.A. It is queer but apparently occasionally true that the ship’s crew is unable to provide rope as and where required.

(b) **The Landing**: Men on the man-pack basis are usually top heavy and
it is advisable if one wishes to keep one's equipment dry to detail two men to stand in the water on either side of the craft to steady men getting out quickly. Often R.N./R.I.N. personnel will help in this.

(c) The medical detachment landing with the assault has the primary job of getting clear of the beach and setting up in support of the attacking troops and this must be done. The treatment of casualties actually occurring on the beach must not be allowed to interfere with this main object. However, if the attack is not planned to extend rapidly inland the M.O. i/c Light Section may be prepared to detail one B.O.R. or nursing sepoy and 2 I.O.R.s to remain on the beach and dress cases and draw them above high-tide mark until Beach Aid Posts (part of the Beach Medical Unit) arrive.

(d) Casualties occurring on the beaches are always a bone of contention. Men of the unit concerned naturally do not like to see them lying there untreated and yet it is their duty to proceed as fast as possible.

It is absolutely necessary that the assaulting battalion details personnel landed in the first wave for the duty of treating cases injured on the beach and drawing them above high-tide mark. This latter is very necessary since practically every assault is carried out on a rising tide and a casualty may be unable to prevent himself being drowned. For this job the Battalion Medical Sergeant or Havildar and one or two stretcher bearers are sufficient. In the event of large numbers of casualties these men will have to be reinforced by the stretcher bearers attached to Companies. On the arrival of the R.M.O. on the beach the Medical Sergeant/Havildar should report to him any bad cases. At this time the Beach Aid Post should have arrived and will be able to take over care of the casualties occurring on the beach. If they have not arrived the Light Section of the Field Ambulance if located sufficiently near the beach can take over care of bad cases.

Casualties occurring in landing craft should be taken back to the ships for treatment there. This is not always desirable since it means that men waiting to be ferried in to the beach may have their morale shaken if they see cases coming back badly injured in the boats in which they are about to embark. Also it slows down the ferry service. After the initial assault it is often possible, depending on conditions, to relieve the Navy of these casualties.

(e) Evacuation from Assault Light Sections of Field Ambulance: It is never possible to make an absolute firm plan and it is better to give the Section Commander, prior to the assault, a rough plan of the evacuation methods and routes intended to be used and then finally to fix this on disembarkation of M.D.S. when conditions will be more fully appreciated.

(f) Briefing of Light Section Commanders is often a difficult job since they usually embark on another ship with the battalion they are attached to and sometimes from another port. Since these men cannot be put on the X.O. List till actually embarked the Field Ambulance Commander is faced with either visiting the O.C. Section on board ship or giving very full instructions in writing, preferably through the medium of the Brigade administration order Medical Paragraph and Unit Brief by the Brigade.
VI.—FOLLOW-UP

The task of the follow-up Brigade Field Ambulance is easier since once the Brigade is ashore and concentrated it becomes normal land warfare with certain obvious restrictions of supply and transport. However, all must be prepared and loaded tactically in order that they can carry out their job if there is a sudden change of plan and the follow-up brigade does a sudden unplanned assault on another beach, i.e. a “scramble landing.”

For this reason it is usually advisable for the O.C. Field Ambulance to travel with Brigade H.Q. so that he is in immediate touch with any last-minute change of plan.

The landing of troops of the latter phases of the assault and of the whole of the follow-up is more often done by L.C.I.(L.). This is not always done according to the book and if opposition is slight the L.C.I.(L.) is liable to be overloaded, often causing indiscriminate mixing of serials. All men must be split into squads under N.C.O.s and not move without their N.C.O. Often also the L.C.I.(L.) cannot go right into the beach and a further ferry service by L.C.A.s is instituted which causes a further risk of Unit personnel being mixed in with other units. This is very liable to happen with the sepoy who, when on a ship, is liable to obey orders from anyone.

VII.—NOTES ON PERSONNEL EQUIPMENT.

(1) It is advisable for all ranks, combatant and medical, to carry one shelling dressing per man. This can be carried without difficulty underneath the camouflage net on the brim of a steel helmet.

(2) Such combatant and medical personnel who carry Tubonic morphia are liable to have these loose in the pockets with highly possible risks of loss of sterility or breakage. The best place to carry Tubonic morphia ampoules is inside the first field dressing packet between the two dressings. The dressing outer envelope can be easily stitched up again and the ampoules will be well protected.

(3) Every man should carry a toggle rope or bed line in lieu and a clasp knife.

VIII.—HYGIENE.

It is all important that all troops are made to realize the importance of organized hygiene and sanitation on the beach-head and this organization must start as early as possible in the assault phase. If no organized sanitation is set up the beach-head area becomes very fouled early on and may delay the final setting up of the B.M.A. dumps.

The hygiene subsection landing with the assault and follow-up Field Ambulance should not be employed on work for the field ambulance but should immediately start work on a common latrine and waste dump area, preferably in the location of the personnel transit area. This area should be planned previously in consultation with the Beach Group Commander. The hygiene section should carry with them yellow latrine flags and signs to direct personnel to this area.
IX.—CASUALTY EVACUATION CRAFT.

Occasionally a Brigade Group may be called on to establish a separate beach-head without the use of a beach group. In this case the Field Ambulance Commander will have to set up a beach-head A.D.S. to act as casualty evacuation point, a task normally carried out by the beach medical unit. In this case the following points are worthy of consideration:

(a) Choice of Craft: L.C.A.s are best for evacuation of casualties since they have a shallow draught and most are fitted with awnings giving protection against sun and rain. L.C.M. and L.C.T. are in most cases incapable of being covered in and become very hot and uncomfortable for casualties.

(b) Times of evacuation are often dependent on tide and this is especially so in operations up chaungs.

(c) It is essential that special L.C.A.s are allotted to isolated Field Ambulances for casualty evacuation. Relying on craft being supplied as and when required always causes delay.

These craft should be staffed with a B.O.R. or nursing sepoys and another sepoys and should carry extra water and comforts and a surgical haversack. They should also have a small Red Cross flag to identify them to R.N. Ferry Control and to medical personnel ashore.

Unless these craft carry some form of staff the arrangements for return of stretchers, blankets, etc., always breaks down.

X.—SUMMARY.

A short paper intended to bring out points of interest and practical use in considering the mounting of a Field Ambulance for a Combined Operation. In order that the paper may be restricted in length no discussion has been made on the actual distribution of personnel and types of equipment, both of which are dependent on the actual operational plan.