Correspondence

SIR,

In the interesting paper on "Evacuation of Wounded During Operations Involving the Use of Armoured Personnel Carriers" in your July number the comparison of these operations with those of Armoured Formations is misleading, since Armoured Regiments fight in their tanks, whilst Infantry in A.P.C.s are carried forward through prepared gaps in minefields and similar defensive areas or on a broader front across country, and then dismount and fight on foot. What then happens to the A.P.C.s is important to the medical services and it is probably different in a purely Infantry operation from one involving the "lorried" Infantry Battalion in an Armoured Formation.

In the latter there will be a 100 per cent lift for the Infantry, and the A.P.C.s may return to a Rear Rally or to a Forward Rally, there to await the result of the battle, a successful outcome of which might result in the A.P.C.s being called forward for a further advance. In purely Infantry operations the A.P.C.s will probably return to a Rallying area in the neighbourhood of the original Forming-up Area for a further load of troops; and the operations are thus more akin to a River Crossing in L.V.s.T. (Buffaloes or Neptunes) and, as in such battles, our aim is the rapid establishment of medical posts on both sides of the obstacle, and in the early stages casualties must be brought back by the returning A.P.C.s.

In discussion of points (1) to (4) in the paper it might be said that (1) is essential—the R.A.P. must be in an A.P.C. and should move with Battalion H.Q.; but (3) cannot be agreed to since the centre line deteriorates so rapidly that Field Ambulance stretcher jeeps and ambulance cars cannot be used until the operation has succeeded and a new centre line, probably along a main road or track, has been opened up. Only tracked vehicles can be used, and although in the later stages Bren-gun carriers may be useful A.P.C.s were found to be essential, and I do not think that medical staffs in 21 Army Group would have submitted to the "G policy on a high level" mentioned in (2) forbidding their use for wounded.

A.P.C.s are, as mentioned in (4), not ideal for stretcher carriage, and if the wounded are to be given the protection of the armoured sides, and shelter from weather by the tarpaulin cover, parts of the stretcher handles have to be sawn off, which is obviously unsatisfactory since one cannot keep any stretchers exclusively for use in one link of the chain of evacuation. The armoured ambulance may help, but there will never be enough of these to obviate the use of A.P.C.s, and since there are few vehicles in use in the Army which we may not have to use for casualty evacuation it is to be hoped that the possibility of fitting in stretchers is always kept in mind by those responsible for designing new patterns. One example of failure to consider this point appears to be the Neptune, which although bigger than the Buffalo does not offer such good accommodation for stretchers.

R.M.O.s sometimes found that the A.P.C. drivers did not co-operate intelligently with them, and they wanted some of the A.P.C.s used in the initial assault to be detailed for medical use, but this is unlikely to be agreed to,
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though it might well be essential for the Motor Battalion of an armoured brigade if the A.P.C.s were to return only to a Forward Rally.

It would be interesting to hear the views of anyone with experience of these operations as a R.M.O. or Field Ambulance Officer, and one point for discussion might be whether, as in River Crossings, we should ask for A.P.C.s to carry a Field Ambulance detachment forward of the obstacle belt. This might be necessary if it were expected that normal evacuation by a centre line suitable for wheeled vehicles would be long delayed, in which case two A.P.C.s might be detailed to return to the Forming-up Area for this purpose, and subsequently to be used for casualty evacuation.

The method of evacuation used in 15 (S) Division for a break through of a main defensive area consisting of minefields, wire, anti-tank obstacles, etc., will be described, and if those with different experience would contribute their comments this correspondence might be useful.

Before H hour a Field Ambulance Company, usually reinforced by R.M.O.s of the supporting special armoured Regiments such as A.P.C.s, Flails, A.V.s, R.E., Crocodiles, Fascine Tanks, were in the Forming-up Area just behind the points at which the obstacle belt was to be breached. This was usually the site of the C.C.P., and as many thin-skinned vehicles and ambulances as possible were left at a Car Relay Post on the centre line in rear of the C.C.P.; where also should be the R.A.P. vehicles and the ambulances normally attached to R.A.P.s, which, whilst the R.A.P.s are in A.P.C.s, may well be under the control of the Field Ambulance Company Commander who will send them forward when the situation allows normal evacuation to replace the use of A.P.C.s and carriers.

As soon as possible before or after H Hour—the exact time can best be determined by the Brigade staff—a further medical post must be established near Gap Control H.Q., which is the point from which the Gap Control Officer controls the movement of traffic through the gaps and lanes in the minefields. This is an important medical post because the Battalion R.M.O.s in A.P.C.s will not open R.A.P.s until they are forward of the obstacle belt, and this post can deal with casualties in the Forming-up Area and around the gaps, which are liable to heavy gun and mortar fire. It was variously described as the Gap R.A.P., Gap C.C.P., and Gap Car Post, and as it is the point at which casualties are transshipped from A.P.C. to stretcher jeep, weasel, or two-stretcher ambulance, the best term is probably Gap Car Post. All medical posts and the A.P.C.s carrying the R.A.P.s must be clearly marked with the Red Cross, since, especially in the early stages before the centre line is well defined, the evacuation route is not easy for casualties to follow. The co-operation of the Gap Control Officer in directing A.P.C.s to the medical posts is invaluable.

Sites for medical posts must be chosen early and routes reconnoitred, and the C.C.P. at least must open before the assaulting force moves forward, or it will not be ready for the earliest casualties. Alternative sites for medical posts and alternative routes of evacuation should be reconnoitred and made known to all concerned before the operation. This is a wise precaution in any operation, but is essential in this type of battle, as the routes used by tracked
vehicles may soon become impassable for wheels. This risk also calls for a reserve section to be held well forward ready to open on the alternative route; and it also makes the claim of the medical services to an allotment of weasels a strong one, as these vehicles are invaluable for evacuation of casualties from the Gap Car Post and for liaison between the Field Ambulance Company Commander and Brigade H.Q. and the R.A.P.s.

The layout in rear of the C.C.P. is normal. The regimental medical establishment of normal armoured regiments involved in the operation are employed in the usual way, whilst those of the special armoured regiments which are under command or in support to get the Infantry through the minefields may be used to supplement the resources of the assaulting division; and, if provided as were the Regiments of the 79th Armoured Division with “subsections” of R.A.M.C. personnel, they are very useful for such tasks as Gap Car Post, or reserve C.C.P.s.

I am, Sir, Yours, etc.,
F. M. Richardson, Colonel.

Colonel CHARLES HENRY MILBURN

It is with great regret that we record the death of Colonel C. H. Milburn at the age of 88. He was the last surviving member of the deputation which,