

THE MEDICAL SERVICES IN AN ARMoured DIVISION

BY

Lieut.-Colonel J. C. BARNETSON, *O.B.E.*, M.B., Ch.B.Ed.

Royal Army Medical Corps

Formerly A.D.M.S., 6th Armoured Division

THE motive which prompts me to write this article is the fact that up to date quite a bit has been written about the Medical Services in the Infantry Division but little or nothing about that of the Armoured Division.

I should like to point out now that like many problems which are not connected with an exact science there may be a number of methods of achieving the solution to the problems presented, any one of which may work. What I say with regards to the medical units and their handling in the Armoured Division must be regarded in this light. I would at the same time point out, however, that what I offer now did work as I can testify, as I was A.D.M.S. of the Sixth Armoured Division for three years in the last contest and the tactical employment of the Armoured Division as a whole has not altered radically since.

The modern Armoured Division, although consisting of only two Brigades, one armoured and one infantry, comprises a formidable array of troops and is in fact overall numerically only slightly less than that of the Infantry Division. The reason in the main is that the Armoured Brigade consists of four armoured regiments and a motor battalion while the Infantry Brigade consists of four lorry-borne infantry battalions.

The medical units consist of two Field Ambulances and one Field Dressing Station. These units are standard units and differ in no way from those of the Infantry Division. The Divisional medical staff are also the same and the only material difference of any consequence which is found is that the A.D.M.S. is given an A.C.V. instead of an L.C.V. as in the case of the Infantry Division. The A.D.M.S. like his counterpart in the Infantry Division has his being at main Divisional headquarters.

The two main roles in which an Armoured Division can be said to be correctly employed are: (a) Leading an advance, and (b) the traditional role of pursuit.

In either case the Division may move considerable distances in the day (40 to 50 miles or more) for a period of several days.

Depending upon the terrain over which the Division has to operate (i.e. whether open or closed country) and the frontage given to the Division, the composition and order of march of each of the Brigades within the Division will vary considerably. The permutations and combinations are many, but in

the main, in so far as Brigades are concerned, there are two: (a) The Brigades moving in echelon with either the Armoured Brigade or Infantry Brigade leading; (b) the Brigades moving two up, when the Brigades are mixed, comprising both armour and infantry. The motor battalion becoming the Divisional Commander's reserve.

Before going on to consider the tactical handling of the medical units to compete with the foregoing I would like to say something about the extra medical units, etc., which may be required to deal adequately with these long "swans." One has to realize that the Armoured Division moving as it does rapidly over considerable distances soon gets out of range of the corps medical centre and of course surgery. It is to be remembered that an abdominal case unless operated on within ten hours of receiving his wound stands very little chance of survival.

If, therefore, the "swan" is likely to be long and protracted the A.D.M.S. will have to ask the D.D.M.S. Corps for the wherewithal to form an advanced surgical centre (i.e. one F.D.S. additional to the divisional one, two field surgical teams and one field transfusion team). He will also have to ask the D.D.M.S. for extra ambulance cars to compete with the long hauls. Each case has to be judged on its own merits but I used to ask for a platoon of M.T. Coy. R.A.S.C. (M.A.C.) and generally got at least three sections (i.e. 18 cars).

Two things have to be remembered when dealing with an Armoured Division:

(a) The first is that it operates on a centre line, that is a line taken on the map, generally a feature (e.g. a road), or a series of features, but on occasion it is merely a compass bearing. It is, for reasons which will be obvious to all, never a water feature such as a river or canal. The Division moves astride this line and the main installations, e.g. main and rear Divisional Headquarters, A.D.S., etc., are sited on or near to it.

(b) The second thing to be remembered is that an Armoured Division when employed in its normal role gets relatively few casualties.

It will be appreciated that the Division moving as it does over what may be considered to be a fair distance in the day, the A.D.M.S. has to ensure at all times that a dressing station is open at strategic points on the Divisional centre line to which casualties from C.C.P.s may be evacuated. This he does by keeping control of the headquarters (A.D.S.s) of both Field Ambulances while the companies are placed under Brigade control. The O.C. each Field Ambulance is centred on Brigade headquarters during operations, with the task of clearing casualties with the company from their respective Brigades to the open A.D.S.

The A.D.M.S. leap-frogs the A.D.S.s up the centre line opening them at strategic points where he considers they will best serve the needs of the division.

In an advance or in a pursuit, in the initial stages, the order or march might be:

(a) Sections of the companies of the Field Ambulances affiliated to Brigades in support of regiments/battalions or regiment/battalion groups (see figs. 1 and 2). The company headquarters plus the uncommitted section or sections, if any, moving with respective Brigade headquarters.

(b) The leading Field Ambulance less its company moving on the Divisional centre line, under command of the Brigade for movement and prepared to open an A.D.S. as and when required (see fig. 3).

(c) The other Field Ambulance less its company, under command of the A.D.M.S. and moving with the main Divisional Headquarters group.

When the headquarters (A.D.S.) of the leading Field Ambulance has been opened by either the O.C. of the Field Ambulance concerned or the A.D.M.S., as an A.D.S. it reverts to Divisional control and from thence on the A.D.M.S. controls the opening, closing and movement of both A.D.S.s till the conclusion of the operation.

In action the Field Ambulance Commander is centred on Brigade Headquarters and acts as the S.M.O. of the Brigade.

The Divisional F.D.S. is controlled by the A.D.M.S. and it is moved in bounds, probably every three or four days as the situation demands.

The Corps F.D.S. plus the F.T.T. and the F.S.T.s, if such units are under command of the Division, for movement, move with the Divisional troops group.

With regards to the platoon of the M.T. Coy. R.A.S.C. (M.A.C.) it is suggested that one section (6 cars) is given to each S.M.O., two sections to the leading A.D.S., and the remaining one, as the A.D.M.S.s reserve, to the other A.D.S.

The evacuation of casualties is in principle the same as that from the Infantry Division (i.e. from R.A.P. to C.C.P., C.C.P. to A.D.S., where they are classified Ps.1, 2 and 3, the light sick going to the Divisional F.D.S.) except that the evacuation of casualties from the squadron/company in the armoured regiment, armoured car regiment and the motor battalion is undertaken by armoured ambulance car and not by stretcher bearers. When an advanced surgical centre is formed normally only Ps.1 and 2 are sent to this centre, the Ps.3 continuing to go to the C.C.S.

It will be appreciated from what has been said that in order to command and control this "set up" good communications are a *sine qua non* and therefore wireless is necessary. Fig. 4 shows the medical wireless net as it is at present in the Armoured Division, this is a long way short of what is required and fig. 5 shows the net as it will be in the near future. This latter net is what is considered to be the essential minimum for the Medical Services of an Armoured Division and it is what we had, in effect, in the Sixth Armoured Division. It is considered that all officers and 10 per cent of both R.A.S.C. and R.A.M.C. other rank personnel be trained and proficient in the use of R/T procedure. It is worthy of note that the control sets of both the "gunner" and

"sapper" nets are situated at main Divisional Headquarters and thus information regarding the medical layout can be readily sent out to these two potential casualty producing arms of the service in the Division.

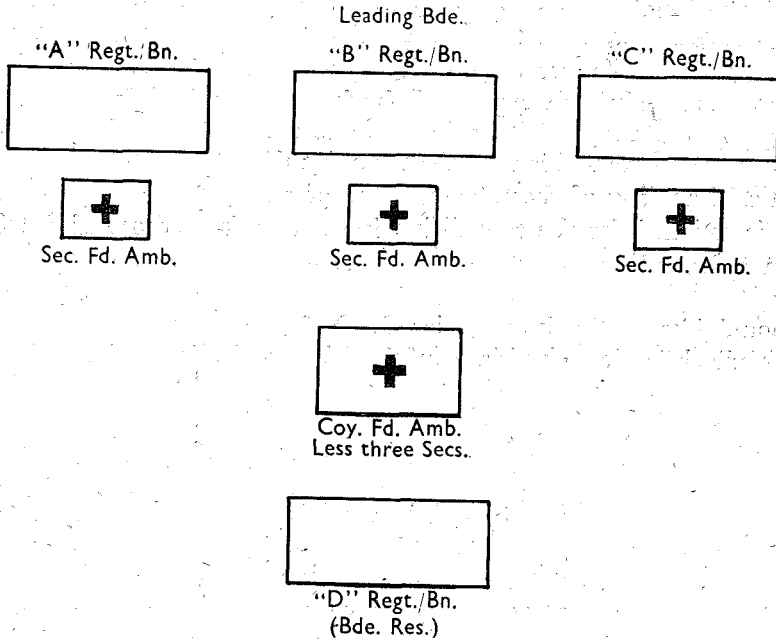


FIG. 1.—Brigades moving in echelon.

N.B. Should the fourth Regt/Bn. be committed independently the section from the headquarters of the leading Fd. Amb. is available to be put in support if required.

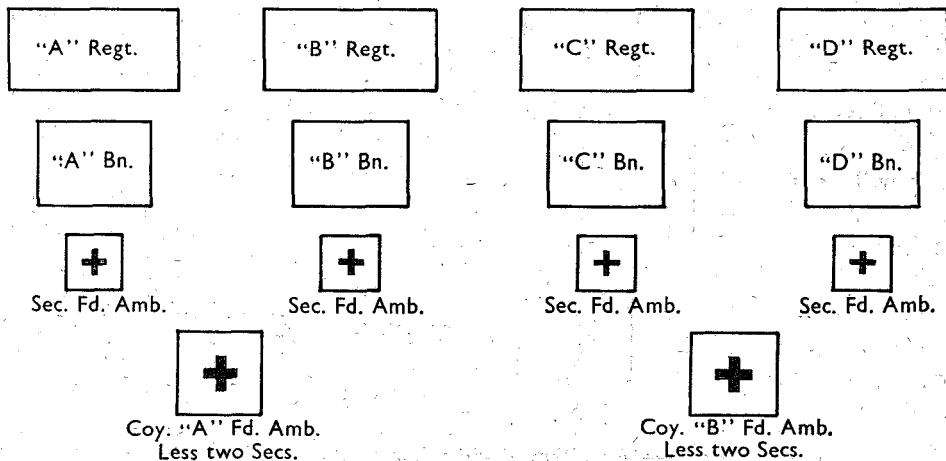


FIG. 2.—Brigade moving in Regt/Bn. groups.

Finally before I close I should like to say that the normal role of the Armoured Division is as I have described (i.e. that of leading an advance or a pursuit), but owing to limitations of man-power and equipment the Division or parts of it may find itself doing all manner of things. In the Sixth Armoured Division we found ourselves in the Apennines in Italy participating in mountain warfare, on our feet, with the Divisional reconnaissance regiment, acting as stretcher bearers. We also undertook two river crossings among other things and the armoured brigade supported the infantry of an Infantry Division, as an independent Armoured Brigade on more than one occasion. The reason these facts are mentioned is to make the point that when such things do occur the tactical handling of the medical units of the Armoured Division or that part of it assigned for the task differs in no way from those of the Infantry Division, independent Armoured Brigade, etc., when undertaking a similar role.

I should like to thank Brigadier R. D. Cameron, Inspector of Training, Army Medical Services, for his helpful criticism of this article.

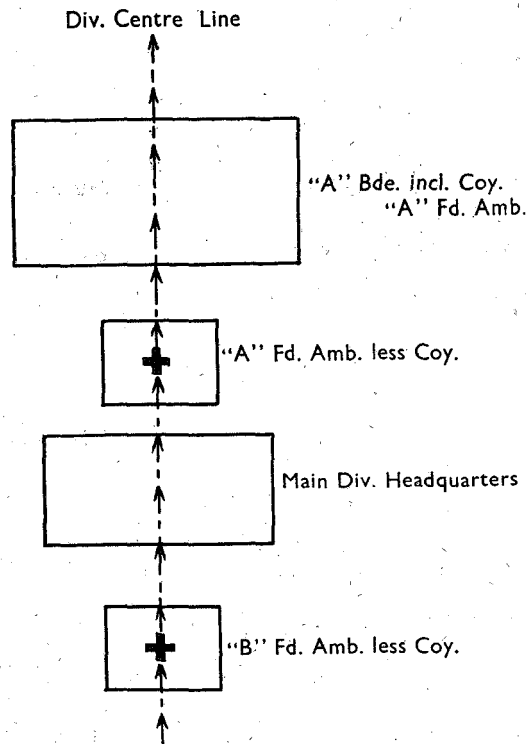


FIG. 3.—Disposition of Field Ambulances less Coys.
In order of March.

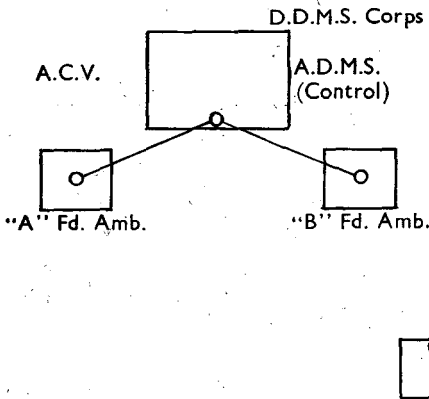


FIG. 4.—Wireless net as it is at present.

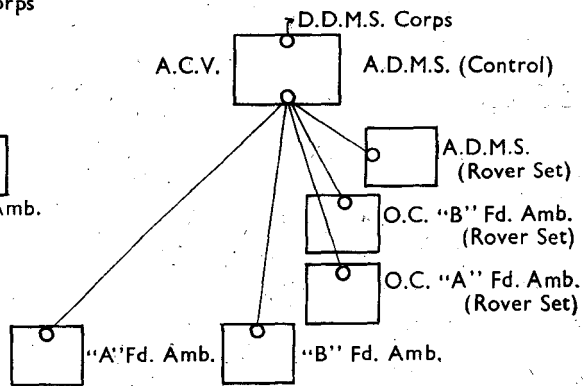


FIG. 5.—Wireless net as it will be in future.

For the benefit of our readers who are not quite *au fait* with the latest developments in the latest esoteric alphabetical terminology so fashionable today, we append a glossary.

- A.C.V. Armoured Command Vehicle.
- A.D.M.S. Assistant Director of Medical Services.
- A.D.S. Advance Dressing Station.
- C.C.P. Casualty Collecting Post.
(*Not Clearing.*)
- D.D.M.S. Deputy Director of Medical Services.
- F.D.S. Field Dressing Station.
- F.S.T. Field Surgical Team.
(*F.S.U. Field Surgical Unit is now obsolete.*)
- F.T.T. Field Transfusion Team
(*F.T.U. Field Transfusion Unit is now obsolete.*)
- L.C.V. Lorry Command Vehicle.
(*Note—NOT Light.*)
- Ps.1, 2, 3. Priorities in that order.
(*NOT Patients.*)
- R.A.P. Regimental Aid Post.
(*A curious survival as a Regiment is seldom in the forefront of Battle.*)
- R/T Radio Telephone.
- S.M.O. Senior Medical Officer.
- "Swan" (a) To wander around vaguely but with some valid excuse or objection if found so doing. (Australian, cf. "Swanning around.")
(b) To carry out an operation in the form of a "hook" or an enveloping movement. Derived from the shape of a Swan's neck (VIII Army—probably derived from its original Australian elements. Cf. "Waltzing Matilda"). The meanings are in sharp contradistinction (a) Vague, (b) Very certain. It may be applied to any long-distance Armoured Reconnaissance or Manoeuvre when the leading elements are uncertain as to whether they will find themselves encircling the enemy or back where they started.