

STAFF TOURS.

Syllabus for an Appreciation.

By MAJOR S. H. FAIRRIE.
Royal Army Medical Corps.

THE following syllabus has been compiled from notes which the writer made for his own use in working out medical schemes, as he found that a medical appreciation and scheme could not be fully worked out and put together unless some such syllabus as now presented was first prepared.

The syllabus has been made as complete as possible, but it should be clearly understood that it may not be necessary to include or discuss all the items in any one appreciation. Military situations vary so much that an item which may be important in one scheme may be left out in another. But there is one item which must always be fully dealt with, and that is the provision of transport for sick and wounded. Without transport there can be no evacuation of wounded. The medical service in war is based on the evacuation of sick and wounded. The merits of any medical scheme, therefore, should be mainly judged by the efficiency of the proposed transport arrangements. Unfortunately the provision of evacuation transport for sick and wounded is not a medical service, but it is the medical officer's duty to calculate the amount of transport required, and to ask for it.

This particular syllabus in its entirety is applicable to an appreciation by the D.M.S. of a field force, who is preparing his complete report and scheme for submission to the C.-in-C. It is also suitable for the A.D.M.S. of a division acting independently, who would be his own D.M.S. and D.D.M.S.

Parts I and II of the scheme on distribution and evacuation are the particular parts which would have to be elaborated and carried out by the D.D.M.S.

In writing an appreciation it should be remembered that the information and proposals are for submission to the G.O.C. and not to higher medical authority.

The D.M.S. should give in Parts I and II of the scheme sufficient detail to indicate to the C.-in-C. the lines of action he intends to set the D.D.M.S. and others to follow out and elaborate. The D.M.S. is the responsible individual who has to bear the brunt of everything that goes wrong in the medical arrangements of a field force.

The references to the military situation should be very brief. Full information on this point is always provided in the general and special idea, supplemented by a narrative of events and copies of operation orders issued, if the scheme set is a partly developed one.

Appreciations will vary somewhat according to the time and stage in the scheme of operations at which they are called for. In all appreciations certain assumptions will be necessary, in order to obtain a starting point for the scheme of medical arrangements. None of the assumptions made should include anything which the writer, in whatever capacity he is writing, should himself propose or arrange.

What should be avoided? Writing as D.M.S., except when A.D.M.S. of a division acting independently, avoid any reference in detail to arrangements which would be made by the A.D.M.S. of divisions; and writing as either D.M.S. or A.D.M.S., avoid referring to matters which are the sole concern of the O.C. of the field ambulance, or of the M.O. in charge of a regiment. Avoid proposals and arrangements which are not orthodox; also complicated schemes or proposals which will certainly break down in practice or which cannot be carried out with existing means. All such would be promptly vetoed by any G.O.C. in actual war.

In reference to para. 9 of "situation," the training and discipline of the fighting troops may have a medical significance. For instance, a force composed wholly or in part of troops partly trained and disciplined would seriously complicate sanitary matters and be likely to cause a marked predisposition to preventable disease.

As regards para. 11, the Red Cross Society cannot at present do very much under the sub-heading (ii), beyond the organization of a proportion of the Voluntary Aid Detachments.

To pass to the scheme of medical arrangements.

Para. 3. A forecast of expected fighting is a purely military question and should not technically be required from the medical service. It should be appended to the special idea by the general staff officer who draws up the scheme. However, this is very seldom done, never on mixed staff tours, since it is part of the problem set for the combatant officers. Usually a trifling calculation in time and space will provide an answer to this. Such a forecast must always be given if not provided, as it is the pivot of the immediate medical arrangements.

Part I. Distribution. In considering the disposal of the sick and wounded: Having estimated the numbers to be dealt with in each of the three zones, the preparation of the scheme will be greatly facilitated by commencing with the distribution.

Para. 7. Definite and complete arrangements under this head will always be necessary. It was found in S. Africa, and is always apparent in working out plans at staff tours, that great confusion arises when large bodies of sick and wounded arrive at the base. To obviate this some official with a staff and a sufficient number of assistants must be appointed, whose duty it will be to receive, sort, and distribute the wounded in batches to the various general hospitals, according to their vacant accommodation, and to arrange for transport. It might be necessary to create a large rest station to provide for those whom it may be necessary to send further on. To work out proper arrangements for this purpose makes a most suitable exercise, therefore only the general features have been noted.

Sanitary arrangements at the base, arrangements for the base depot of medical stores and for medical supply in general, for a reserve of material, and for laboratories, although important, need hardly be included in an appreciation for the C.-in-C.

As regards Part II, Evacuation:—

Para. 10. Under this full consideration will have to be given to the recent changes in the method of supply adopted for the expeditionary force and to the fact that similar arrangements would certainly be made for the supply of a force, whether regular or territorial, operating against an enemy in home territory. An excellent account of these changes is to be found in Article XVII, *Army Review*, July, 1911, by Colonel Paul, C.M.G. But it must always be remembered that the regular transport for supply may suffice for the evacuation of the daily sick or for the wounded after some insignificant skirmish, but to evacuate the wounded during and after any serious engagement the provision of extra transport becomes an absolute necessity.

Para. 14 and 15. The clearing hospital is perhaps the most useful and important unit in the whole scheme for medical service in the field. Although not a mobile unit, it is supposed to be a unit able and prepared to move at a few hours' notice. It is not a hospital in the true sense of the word, but an evacuating unit. Its work will be entirely that of sorting and passing on sick and wounded. Under existing arrangements it has no means of transporting itself, let alone sick and wounded. The transport

requirements of the clearing hospital are therefore very much the concern of the medical service and should receive full and particular attention, as on its sufficiency and efficiency the whole scheme for evacuating sick and wounded from an army in the field will depend.

The writer favours the formation of an auxiliary transport company of the requisite number of motor omnibuses, a number sufficient to carry in one journey all the wounded who will require evacuation, calculating the casualties at 5 per cent of the force. The carrying capacity and method of fitting up these vehicles is now given in R.A.M.C. training.

The task of putting each clearing hospital into a condition to fulfil its functions is that of the D.D.M.S., who requisitions for what is required on the I.G.C. and Director of Transport. It must never be forgotten that all and every failure in the measures for the evacuation of wounded after an engagement will have to be borne by the medical service. This is the reason why the writer makes a point of giving it full consideration in an appreciation for the C.-in-C. If the proposals there made were sanctioned the hands of the D.D.M.S. would be immensely strengthened in insisting that the needs of the situation are fully met by the I.G.C.

It should be remembered that if the force includes or is formed from Territorial troops, the function of a clearing hospital has to be improvised from local voluntary aid detachments and that the scheme may have to include this.

As regards the later part of para. 14: It should be laid down that some well-defined spot must be fixed for the clearing hospital to take over sick and wounded from the field ambulances, otherwise a hiatus will occur in the line of evacuation. The divisional collecting station being the rearmost and first formed medical post— notified to the troops in operation orders, and at which it is laid down improvised transport may be assembled and prepared— would naturally be the most suitable point to be fixed upon for this purpose. If, however, this point be not so used, then another post with another name must be created, to fulfil the purpose of this link. Provision for the rapid, easy and uninterrupted flow of wounded from the field ambulances to the clearing hospital is far too important to be left to chance, and should be carefully worked out in any scheme by those responsible for it.

Para. 18: The work of the Sanitary Inspection Committee as defined in F. S. Regs., chapter x, para. 73, may receive consideration if the situation requires it.

If in the appreciation there arises any question upon which no information has been supplied, and upon which information is necessary, the exact steps to be taken to obtain it should be stated.

Paragraphs should be numbered and their subject matter inserted as a marginal note.

In concluding these notes and explanations I have to acknowledge valuable suggestions from other officers both as regards additions and omissions in the syllabus, with a view to making it more generally applicable, especially from the point of view of beginners at this class of work.

SYLLABUS FOR AN APPRECIATION—FROM THE POINT OF VIEW
OF THE DIRECTOR OF MEDICAL SERVICES.

(1) *Heading*.—The particular tour, date of same, and the name of the writer.

* * * * *

(2) *Title*.—Appreciation at . . . (the time), on . . . (the date), by the Director of Medical Services with Headquarters of . . . (the force) at . . . (the place).

(3) *Maps*.—Reference . . . (any particular map or maps).

I.—THE MILITARY SITUATION.

(1) *Situation*.—Give only such references and explanations as will render your appreciation connected and intelligible, and show that you have grasped the situation. Mention here whether either of the countries at war is not civilized, and if they are signatories of the Geneva Convention, 1906.

(2) *Assumptions allowed*.—State any military assumptions necessary or justifiable, such as: Mobilization ordered, calling out the reserves, embodiment of the Territorial Forces, &c., &c.

(3) *Strength of Forces, Position of same*.—Give the strength of the forces engaged, giving only sufficient detail to show how the numbers have been arrived at. State the position of these forces at the time of writing.

(II) THE MEDICAL SITUATION.

(4) *Character of Country, Climate*.—The geology, physical geography and topography of the country. The climate and the season.

(5) *Population, Towns*.—The population, if friendly or otherwise, towns, villages, farms? Buildings available in towns, &c., for

medical purposes? Their distances from the scene of operations? Note any places suitable for any particular medical purposes, and what places may not be available or would not be suitable. Mention any local epidemic or endemic disease or diseases by which the civil population are afflicted or liable to, and which might extend to the troops. (Any precautions under this head should be included in your sanitary measures and precautions, *see* para. 18 of the Medical Scheme.)

(6) *Water*.—Water supply? Source and quality generally.

(7) *Supplies*.—What medical supplies may be available in the locality? This would be an important point for a force besieged or likely to be.

(8) *Communications* :—

(a) *Facilities for Transport*.—By road: Gradients, character, numbers of and direction of the roads, whether metalled or not, broad or narrow, straight or winding, if suitable for carts, carriages or motor cars; fords, ferries, bridges? By water: Rivers, canals or lakes; boats available? By rail: Stations on lines of railway, facilities for entraining and detraining wounded; rolling stock available for sick transport? In all, the facilities for the formation of rest and refreshment stations should be mentioned.

(b) *Transport*.—Any local transport likely to be available to supplement the established transport. If ascertainable, give number and character of vehicles, horses, drivers; motor cars, their kind and if suitable for transport of sick and wounded and medical supplies? The localities of these should be given.

(c) *Facilities for Messages*.—Post offices and postal telegraph? Telephone service?

(9) *The Troops*.—The training of the medical units? Their equipment? The efficiency and sufficiency of the regulation transport provided on mobilization for the medical units? Refer specially to that for the clearing hospitals.

(10) *List of Medical Units*.—Give a list of the medical units available on mobilization? Their place of assembly if known, unless this has already been stated in the situation.

(11) *Medical Arrangements made*.—State the arrangements which it may be assumed have been made up to the time of the appreciation: (i) By the War Office or other central authority. (ii) by the Red Cross Society.

Under (i) such items as: General Hospitals, Territorial Force mobilized; Home Hospitals, Reserve called out; the expansion of existing military hospitals and their clearing of sick and unfits by

dispersion to their homes or to more distant military hospitals; estimate the number of beds that may be available under this heading. State what hospitals you would expect to be told by the Central Authority to be available on mobilization for this particular field force. Any arrangements to supplement the above which the War Office could alone make and which you would expect to be made, to meet the situation.

Under (ii) would be included: Supplementary hospitals; convoys of evacuation; personnel and material for rest and refreshment stations; schemes for auxiliary transport. State what Voluntary Aid Detachments you would expect to be allotted or to find available.

* * * * *

Having now discussed all the points in the military and medical situation, with which the D.M.S. must make himself thoroughly acquainted, you should now proceed to draw up a scheme of the medical arrangements for the approval of the C.-in-C.

* * * * *

SCHEME OF MEDICAL ARRANGEMENTS.

(1) *Preliminary Arrangements.*—Arrangements for the sick of the force during strategical concentration. Estimation of the numbers which will have to be disposed of. What buildings you would appropriate for use as hospitals (see Field Service Regs., Part II., para. 26 (6))? Personnel and material for the same.

(2) *Sick.*—Estimation of sick for the first week of the advance.

(3) *Expected Fighting—Casualties.*—Locality and date of first fighting expected. Numbers of casualties to be expected, classified as: Killed; unfit for transport; lying-down cases; sitting-up cases; able to walk; total.

(I) DISTRIBUTION.

(4) *Base Hospitals.*—Numbers, actual or proposed; localities, accommodation of the various general hospitals? Their distances from the advanced base, if the latter is fixed? Give the total number of sick and wounded for distribution, as estimated.

(5) *Convalescent Depots.*—How formed and where?

(6) *Infectious Hospitals.*—How formed and where?

(7) *Transport to the Base Hospitals.*—Details of your method of distribution and transport of sick and wounded from the base railway station to the various base hospitals? What official would have charge of this duty, and what arrangements would he be

instructed to make? Give also the detail of any sick convoy arrangements which might be necessary.

(8) *Hospital Ships*.—Detail of hospital ships, if the scheme requires this method of transport.

(9) *Reserves*.—If the scheme requires it give the arrangements for reserve of personnel? Reserve hospitals? Reserve field ambulances?

(II) EVACUATION.

(Only such of these headings as apply to the scheme should be included.)

(10) *Lines of Communication*.—Localities of base and railway regulating centre? Railhead? Line adopted for supply by the I.G.C., if known? If this corresponds with the line of evacuation for wounded and if you expect or require the returning empty wagons or lorries to assist in the evacuation of wounded. If so the steps you would take to ensure their being available.

(11) *Line of Evacuation—Rest Posts*.—Your proposed line of evacuation for sick and wounded? Localities of posts proposed for rest and refreshment stations? How personnel is to be provided?

(12) *Hospitals on Lines of Communication*.—Proposed situations for any hospitals or convalescent depots on the Lines of Communication? Whether regular units or improvised; if the latter, how organized, maintained and manned?

(13) *Transport for Evacuation*.—Give the total numbers of sick and wounded who are likely to need evacuation. Proposed evacuation arrangements down Lines of Communication from the advanced base or railhead to the base hospitals.

(A) By train. Distinguishing between permanent, improvised, and temporary ambulance trains. If possible give the accommodation likely to be required for lying-down and for sitting-up cases. The proposed time of running the trains. Who would arrange and maintain this service? And how would the *personnel* and material for the necessary sick convoys be provided?

(B) By road. Scheme for: (a) Motor transport? (b) horse drawn vehicles? (c) a combination of the above? Provision of sick convoys? How would the above be organized and maintained?

(C) By boat. Give your scheme. How organized and maintained? In considering the provision of sick convoys, distinguish between those provided by detachments from regular medical units, by the Red Cross Society or voluntary aid detachments, or by the organization of local effort (see para. 267, R.A.M.C. Training).

(14) *Clearing Hospitals*.—Clearing hospitals, how many available? Their location at the time of the appreciation? Their proposed localities or movements for the operations in progress? How and where would they take over the sick and wounded from the field ambulances?

(15) *Transport for Clearing Hospitals*.—Give a scheme of transport for the clearing hospitals? (a) By rail; (b) by road. Distinguish between the transport required for personnel and material, and the transport required for evacuating the sick and wounded from places which would be fixed for the clearing hospital to take over the wounded from the field ambulances. By whom would this transport be organized, controlled, and maintained? Give also your scheme for sick convcys for this service.

(16) *Infectious and other Hospitals*.—Infectious and any improvised hospitals or convalescent depots at the advanced base or elsewhere? By whom organized, equipped, and maintained?

(III) SUPPLEMENTARY PROPOSALS.

(17) *Geneva Convention*.—Proposals for the collection and transmission of information required under the Geneva Convention, 1906, Chapter I, Articles II and IV, and Chapter III, Articles X and XI, also under the Hague Convention, 1899, Article XIV.

(18) *Special Sanitary Measures*.—Any special sanitary measures or precautions necessary in connection with climate, season, water, prevalence of disease, or epidemics of infectious disease, amongst the civil population in the area of operations.

Any special points you desire to bring to the notice of C.-in-C. or any precautions you would recommend to be adopted by the troops which are not included in the above.

