

machine-like exactitude and an unnatural action which causes much of their work to be "a series of formalities" (*Archduke John of Austria*), and makes their march-past more like the progress over the ground of some gigantic agricultural implement for crushing clods, than the motion of sentient beings. Now, if such be the state of things with troops so exercised, according to present drill ideas, and when such troops have gained a decisive victory, what can be expected where failure and not success has been the result of the supreme effort? Let others speak, and first of all one of the leaders of that same German army, who says, speaking of the results which under the existing views as to attack are likely, "If it is crowned with success, the agglomeration of different bodies is without inconvenience, but if it is repulsed, disorder and an evident pell-mell is the consequence." (*Prince Frederick Charles*.)

This view of what would have happened is confirmed by opinion in our own country:—"How tremendous would have been the full penalty (spoken of by Hamley as paid by defeated troops in retreat) inflicted on the mixed up and confused masses if they had been obliged to fall back." (*Lieut.-Gen. Macdougall*.) "I feel sure that any repulse requiring a retrograde movement in an altered formation, would lead to the utmost and most inextricable confusion in the case of troops attacking in swarms." (*Major-General the Hon. W. P. Fielding*.)

It is thus one of the most serious and important problems, and one not yet solved for modern war, how troops are to be organised so as to suffer the minimum of that penalty following defeat above alluded to. To ignore this problem, as so many do, and to treat the case on the footing that as there is and always must be confusion after the decisive shock, a little more or a little less is of no consequence, is folly. "To organise, as if victory were always certain, is really to organise disaster." (*Home*). And this is what is done, when any and every means are not adopted to minimise the disorganisation caused by the fight, and to enable the troops to recover rapidly from what cannot be prevented by any means, but is always an evil.

(To be Continued.)

## SUGGESTIONS FOR THE ORGANIZATION OF THE ENGLISH VOLUNTEER MEDICAL SERVICE AND FOR THE UTILIZATION OF VOLUNTEER MEDICAL AID IN WAR.

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### PART I.

#### I.—THE ORGANIZATION OF THE VOLUNTEER MEDICAL SERVICE.

I propose in this paper to offer some suggestions on the organization of the medical branch of the volunteer forces in this country, and also to put forward a scheme for the development of volunteer war aid as a supplement to the regular army medical service in war time.

It is necessary in the first place to say that the existing attempt at medical organization in the volunteer service is entirely defective. A medical department practically does not exist, and the very first-attempt at a war mobilization of the volunteer force would be signalized, as far as medical matters are concerned, by a complete breakdown. Yet there is probably no branch of the force which could be so perfectly and completely put into an efficient condition as this same service.

I look upon the volunteer force as the basis of the home defensive army, and consider that as such it should be complete in itself in every needful unit, and this is, I believe, the opinion of the volunteer force itself. All volunteers seem to consider that the force should be complete in its medical service, in its commissariat service, in its transport service, and in all the other branches needful in a modern army.

There is no difficulty standing in the way of such developments, and it would be far better to aim at having 200,000 men fully provided with all the war units needed, than to increase the numbers of infantry or artillery battalions *ad infinitum*, leaving them simply organized to break down when war occurred from absence of departments.

I am not concerned to-day to deal with any question outside the volunteer medical service, and in the following paragraph I will suggest a scheme for its development.

#### II.—A GENERAL LIST OF VOLUNTEER MEDICAL OFFICERS.

The whole of the existing volunteer regimental surgeons to be placed on a list as volunteer medical staff, and placed after the army medical staff in the army list. The names to be also shown in the regimental lists as at present, in the same way that the names of the Guards medical officers are shown in two places in the army list.

This is needful to preserve the seniority of the existing regimental volunteer surgeons, and to prevent their being superseded by any medical

officers commissioned in the volunteer medical staff, as proposed in the next paragraph.

#### III.—VOLUNTEER MEDICAL STAFF.

Such a number of medical officers as may be needed to be commissioned in the volunteer medical staff only, to officer the volunteer bearer companies and field hospitals it is proposed to form.

These officers would be added to the list referred to in para. 2, and all future medical officers, whether commissioned in regiments or in the medical staff, would be shown in the general list according to date of commission.

No change whatever to be made in the existing status of the regimental volunteer surgeons.

#### IV.—UNIT OF ADMINISTRATION.

As the division in war and the military district in peace is now the medical unit of administration, it is proposed to follow it for the volunteer service.

Two companies of volunteer medical staff corps, capable of forming a bearer company, and a field hospital for 100 beds, to be organized in each regimental military district. The whole of the companies so organized to be grouped for administration and general command into a divisional battalion for the military district or division.

The needful officers to command these companies, together with such reserve as may be needed to meet emergencies, to be commissioned in the volunteer medical staff referred to in para. 3.

These companies and medical officers to be entirely in addition to all existing regimental aid, but power to exist for medical officers to exchange from, or to, regiments or staff as they desire.

#### V.—BRIGADE SURGEONS OF VOLUNTEERS.

A brigade-surgeon of volunteers to be commissioned to be the administrative head of the volunteer medical service in each district, and to command the volunteer medical staff and corps in the district, under the principal medical officer of the regular army in the district.

This officer is needed to free the military P.M.O., who is every day more heavily worked, from the mass of detail matter which must be dealt with in the divisional medical volunteer battalion, and also to give to the volunteer medical officers opportunities of rising to a position corresponding to the commanding officer of a volunteer battalion.

An adjutant from the army medical staff to be allowed for each volunteer divisional unit to be the secretary, adjutant and instructor in ambulance drill, etc., etc., of the medical volunteers in the district, and to serve under the command of the brigade-surgeon of volunteers above referred to.

#### VI.—HONORARY DEPUTY-SURGEONS-GENERAL OF VOLUNTEERS IN EACH DISTRICT.

An honorary deputy-surgeon-general of volunteers to be allowed for each district, to correspond with the honorary colonel allowed in volunteer rifle battalions, to be the honorary head of the volunteer medical service in each district.

#### VII.—QUARTERMASTERS.

Such a number of quartermasters of the volunteer medical staff as may be needed to provide quartermasters for the bearer companies and field hospitals to be commissioned.

Such a reserve number of commissions as quartermasters as may be needed to meet emergencies to be also commissioned.

#### VIII.—SERGEANT-INSTRUCTORS.

Such a number of sergeant-instructors from the regular medical staff corps to be allowed to the volunteer medical staff corps, as is allowed in the case of engineer volunteers.

#### IX.—CAPITATION GRANT.

Capitation grant for all efficient medical officers and men of the volunteer medical staff corps to be paid over to the brigade-surgeon of the district medical volunteers as in any volunteer battalion.

Such equipment as may be needed for training and practice to be furnished by the state.

#### X.—HONORARY SURGEONS TO HER MAJESTY.

Such a number of volunteer medical officers as may be deemed sufficient to be made honorary surgeons to Her Majesty as a reward for special services in the volunteer force.

This is equivalent to the post of aides-de-camp to the Queen, now conferred on a certain number of volunteer officers. The right of the volunteer medical officers to share in the distribution of the Order of the Bath to be recognized as in the case of ordinary volunteer officers.