

157. *The Medical Aspect—A. Organization.*

(a) The medical organization in Fourteenth Army was originally based on the assumption that the main operations would be forward of Imphal. Hospitals were consequently, largely concentrated in the north and, in order to avoid evacuation down a long line of communication, they were sited well forward. The Japanese thrust against Imphal however, necessitated their removal, and a situation arose in which about twenty-five per cent. of our hospitals became temporarily non-effective. This would have been serious had it not been for two saving factors: firstly, air transport provided a link between our northern and southern lines of communication, enabling casualties to be rapidly cleared to hospitals serving the Arakan Front; and secondly, the sick rate on both fronts fell far short of the estimate for which provision had been made.

(b) In the south, where extensive operations had not been originally contemplated, and where the forces engaged were smaller, our hospitals had not been concentrated so far forward.

Considerable discussion took place early in the year between 11 Army Group and General Headquarters, India, regarding the adequacy or otherwise of the hospitals.

The decisions then taken proved to be sound on the whole, in spite of our forecasts being wrong and of radical alterations in the lines of evacuation. Although there is still a decided shortage of medical officers, and a serious shortage of nurses and nursing personnel, there has been no general shortage of hospital accommodation, but anxiety is always present in an unhealthy tropical theatre of war.

158. At the beginning of the year, facilities for evacuation were reviewed, and as a result of representations made by me to the Supreme Allied Commander, six hospital ships were allotted to Fourteenth Army.

Further, a co-ordinating committee, invested with executive authority, which includes representatives of 11 Army Group and General Headquarters, India, and of the many services affected, has been set up to deal in detail with the complicated problem of medical evacuation. Its measures have so far proved effective, notwithstanding the many problems which have arisen.

159. One interesting feature of the recent fighting is that the medical units have found themselves on occasions called upon to undertake part of the responsibility for their own defence. That medical personnel had to fight proved to be a necessity—it was not a question as to whether they should defend themselves, but how best they could do so.

160. (a) The complicated problem of medical evacuation from Arakan involved the use of almost every conceivable form of transport. Hand carriages, mules, jeeps, ambulances, D.U.K.Ws., sampans, flats, paddle steamers, hospital ships, ambulance trains, and light and heavy aircraft have all had to be employed over one stage or another of the journey.

(b) To and from 81 (West African) Division operating in the Kaladan Valley, medical

supply and evacuation has had to be entirely by air. That the arrangements worked smoothly is due both to the medical officers concerned and to the skilful co-operation of the R.A.F.

(c) I have already mentioned how the evacuation of casualties by air from the Imphal Front prevented a serious situation developing when certain hospitals had to be closed down. This air evacuation continued throughout the operations about Imphal and was instrumental in saving many lives. In addition to casualties, two large General Hospitals were flown out with all their valuable equipment.

(d) The total number of casualties evacuated by air during the first half of 1944, from all fronts, was over 24,000. Rapid and adequate air transport facilities abolish at one stroke the unsatisfactory and difficult clearance of casualties down long surface lines of communication, with all their attendant disadvantages. This method of moving the wounded has a most beneficial effect on the morale of the fighting soldier.

161. *The Medical Aspect—B. Sick Rate.*

The most satisfactory feature on the medical side has been the surprisingly low sick rate during the first six months of the year. The expected rise to 5 or 6 per 1,000 *per diem* has not happened and the rate in May was as low as 3.1 per 1,000 including battle casualties. This is an almost incredibly low figure compared with that for 1943, which was 6 per 1,000 *per diem*; and, in spite of the seasonal increase of malaria, it has since dropped to 2.9.

Since November 1943, food supply greatly improved, and more fresh meat, fruit and vegetables became available. It is probable that this improvement in rations has been a major cause in keeping down the sick rate.

162. The most serious menace we have to face, where disease is concerned, is of course malaria, and this can only be overcome by unremitting effort and vigilance. The malaria rate, up till the end of June, has remained consistently low compared with last year. This is remarkable, since operations have been carried out on a greatly extended scale, and many more troops have been exposed to the risk of infection. If the same rate had obtained in Arakan and at Imphal from March to June as in the same months of 1943, the effect on operations would have been serious.

I attribute this satisfactory state of affairs to four factors—firstly, better anti-malarial discipline; secondly, the improved anti-malarial organization which, under medical control and aided by the engineers, has freed certain areas from the mosquito; thirdly, the ample flow of anti-malarial supplies of all kinds; and last, but not least, improved morale, since troops in good fettle look after themselves better in every way than when they are depressed.

The efficacy of D.D.T. as an anti-mosquito spray is shortly being tested in the Kabaw Valley.

163. *The Medical Aspect—C. Miscellaneous Medical Points.* (a) There has been no noticeable change in the physical standard of British reinforcements, which can only be classed as average.