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FM 8-5

WAR DEPARTMENT

MEDICAL FIELD MANUAL



**MOBILE UNITS OF THE
MEDICAL DEPARTMENT**

January 12, 1942

MAY 6 - 1944
MEDICAL FIELD MANUAL

MOBILE UNITS OF THE MEDICAL DEPARTMENT

CHANGE }
No. 2 }

WAR DEPARTMENT,
WASHINGTON 25, D. C., 20 April 1944.

FM 8-5, 12 January 1942, is changed as follows:

CHAPTER 14 (Added)

PORTABLE SURGICAL HOSPITAL

■ 415. ORGANIZATION (See T/O & E 8-572S).—*a.* The portable surgical hospital is a mobile 25-bed unit designed to furnish definitive surgical care in areas where it is impractical to use larger, more specialized medical units.

b. The portable surgical hospital is an independent, self-contained unit under direct control of the division, task force, or army commander, depending upon the unit to which it is attached. It is not an integral part of nor does it replace any individual medical unit or any hospital unit attached to a division.

■ 416. COMMAND.—This unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 417. FUNCTIONS.—*a.* To support the surgical service of a task force or division engaged in jungle or amphibious warfare.

b. To furnish definitive surgical care to the sick or critically wounded for whom transportation to the rear would be fatal.

c. To provide temporary hospitalization for isolated ground or air units during the phase of operations prior to the establishment of more complete hospital facilities. Special arrangements must be made to replenish constantly special supplies required by the unit when functioning in this capacity.

d. To reinforce division clearing stations temporarily.

■ 418. EMPLOYMENT.—*a. General.*—The portable surgical hospital is designed to be employed in areas where the terrain

*This change supersedes War Department Technical Bulletin MED 5, 15 January 1944.

is such that wheeled transportation is impractical or impossible, that is, where all personnel must march, all equipment must be hand carried, and all patients must be evacuated by litter. This unit finds its primary usefulness in jungle warfare. The portable surgical hospitals are usually employed on the basis of three per infantry division; however, the actual number employed may be varied in accordance with the tactical situation and the amount of direct surgical support required.

b. In land warfare.—The medical plan of the division or task force will include the number of portable surgical hospitals to be established initially, and the general, occasionally the exact, location of the initially established portable surgical hospitals.

(1) When not detailed in the medical plan, the selection of exact hospital sites will be made by the surgeon of the division or task force, and in the absence of instructions from him, by the hospital commander.

(2) Their location is determined in accordance with their function of caring for surgical emergencies and nontransportables. The portable surgical hospital may operate with advantage in close conjunction with a clearing station located within a short litter-carry from the front line. When this carry is too long or trying for the seriously wounded, the portable surgical hospital should be set up in advance of the clearing station, if practical. It should, however, be placed at such a distance from the front line as to permit proper performance of its functions.

(3) Hospitals not established initially should be held in reserve in the vicinity of clearing stations for commitment as required. The portable surgical hospitals in reserve may support the principal effort, augment the surgical services of clearing stations, or relieve active portable surgical hospitals. To relieve a unit, it may be advisable to transfer personnel only.

(4) Where combat units are deployed on a wide front, and evacuation by collecting elements is restricted to litter-carry over long or difficult routes, portable surgical hospitals should be established well forward, readily accessible to routes of evacuation, and in direct support of one or more infantry regiments.

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(5) Where combat units are deployed on a narrow front, these hospitals may be established in one or more groups or in echelon.

c. In amphibious operations.—(1) In amphibious warfare, personnel and equipment of portable surgical hospitals are moved on landing craft, normally about the time that the clearing elements of the division are moved.

(2) On debarkation, the unit moves immediately to establish its position in a sheltered area on or near a route of evacuation.

(3) A liaison agent, preferably an officer of the hospital, accompanies the collecting detachment in the preceding wave to select a suitable site and to inform the detachment commander of the exact location chosen.

(4) Initial equipment must be limited to bare essentials.

d. Control.—A portable surgical hospital, when attached to a task force or division, operates directly under the control of the surgeon of the force or division.

■ 419. OPERATION.—*a. Source of patients.*—Portable surgical hospitals receive patients from—

(1) Clearing stations which they support. The bulk of casualties is admitted directly to clearing stations, and only those who require immediate surgery or who are nontransportable need be admitted to portable surgical hospitals. As the bed capacity of the hospitals is limited, the number of admissions must be restricted.

(2) Other clearing stations.

(3) In urgent cases, directly from aid and collecting stations. (Records of patients so received must be cleared through the proper clearing stations.)

b. Disposition of patients.—Patients are evacuated to the rear as rapidly as their condition permits. Sorting of patients and their transfer between clearing stations and portable surgical hospitals are local responsibilities, while removal of casualties from clearing stations and portable surgical hospitals to evacuation and field hospitals is the responsibility of the army or task force surgeon.

c. Closing portable surgical hospitals.—Under ordinary circumstances, the hospital suspends admission of new cases when

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the clearing station is being moved to a new location. Evacuation of a closed hospital proceeds as rapidly as possible, and when completed, the hospital is reestablished in the vicinity of the clearing station.

d. Mess.—Mess facilities and personnel are sufficient to mess only a limited number of patients. When portable surgical hospitals are located near clearing stations, operation of a combined mess is desirable.

e. Supply.—The commanding officer of each hospital will designate a unit supply officer who will submit timely unit requisitions to appropriate supply agencies.

f. Transport.—(1) Vehicles in the organic equipment of the portable surgical hospital are not sufficient to mobilize the unit completely. Frequently motor transport cannot be used in operations.

(2) The mobility of portable surgical hospitals, therefore, depends upon the ability of the personnel to carry the organizational equipment. Commanding officers are responsible for devising methods of carrying equipment and for selecting critical material for pack loads not to exceed 40 pounds per man. The use of native bearers or other troops is required if the unit is to accompany troops whose mission requires marching over long periods of time. Sufficient organization equipment can be moved by unit personnel to permit operation of the hospital for a few days only.

(3) The portable surgical hospital may be transported by air, thereby greatly increasing its mobility.

g. Medical records required.—(1) Statistical Health Report (W. D., M. D. Form No. 86ab), to be prepared and transmitted in accordance with AR 40-1080.

(2) Report Sheet for Report of Sick and Wounded (W. D., M. D. Form No. 51), to be prepared and transmitted in accordance with AR 40-1025.

(3) Field Medical Record (W. D., M. D. Form No. 52c) will be used for each patient and it will remain with him until he returns to duty or dies. A Field Medical Record will be started for every patient received unless one accompanies the patient when he arrives, in which event the record of the case will be

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entered in the next unused space on the form. If a patient dies or is returned to duty, the completed record with the proper entry in the "Disposition" space will be forwarded with the next monthly Report of Sick and Wounded. If a patient is transferred, the necessary entries under the heading "Disposition" will be made, including the date of transfer, the signature of the surgeon, and when practical, the name of the hospital to which transfer is to be made.

(4) Field Medical Record Jacket (W. D., M. D. Form No. 52d), used as an envelope for individual medical records. The hospital that starts a field medical record will also prepare a jacket to contain it. All medical records received with a patient, including the Emergency Medical Tag, will be kept in a jacket. When a patient is transferred, the Field Medical Record Jacket with all records inclosed will be securely fastened to the patient's clothing. The jackets and inclosed records of patients who return to duty or die will be forwarded with the next monthly Report of Sick and Wounded.

(5) Each portable surgical hospital will maintain a simple record of all patients admitted and of their disposition.

■ 420. TRAINING.—*a. Responsibility.*—The unit commander is responsible for the state of training of his command.

b. Management.—The unit commander may either charge one of the junior officers with planning and management of all training or he may issue general directives. In either case the training program must be based upon the appropriate Mobilization Training Programs. The unit commander makes such training inspections as he deems necessary to insure the proper progress of training and the attainment of the prescribed objectives.

c. Individual training.—Certain instruction required by the Medical Department soldier must be directed at him individually even though given in groups for administrative reasons. This embraces instruction in the care of his clothing and equipment, in military courtesies, and in such medical subjects as anatomy, physiology, and bandaging. Physical conditioning of the individual soldier and officer in this unit is imperative.

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d. Training of technicians.—Over and above such training as he receives as a soldier and as a member of a unit, each technician must be given further training in his own specialty. Some of this training must be given individually; other parts may profitably be given in groups. The technician is specially trained in nursing as practicable under restricted conditions obtaining in the field; in all different ways of taking and recording the temperature, pulse, and respiration in catheterization; in giving enemas and irrigations; in hypodermic medications; in the material required for different medical procedures; in the proper handling and disposal of fomites and other infected materials; in the disinfection of instruments and apparatus, and in the general use of common disinfectants such as dilute alcohol, phenol, and bichloride of mercury; and in the recording of entries on field medical records.

e. Group training.—As soon as the individual soldier has acquired sufficient proficiency to profit thereby, he should be trained as a part of his functional group. This training includes packing and unpacking of equipment, and the establishment of station.

f. Unit training.—As soon as the group is able to function reasonably well, it should be trained to act as a coordinated unit. No phase of training is more vital for the functioning of the portable surgical hospital than this one. The methods of transporting the equipment demand that the system of packing be standardized and made familiar to each member of the unit. Upon unit training depends the rapidity with which the hospital can be established and made ready for operation, as well as the closure and movement of the installation.

g. Combined training.—Combined training with other units will take place during maneuvers, and is the responsibility of the theater surgeon or the surgeon of the unit to which the portable surgical hospital is attached.

■ 421. EQUIPMENT.—See T/O & E 8-572S.

■ 422. INSTALLATION.—The unit establishes one portable surgical hospital with a normal capacity of 25 patients.

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CHAPTER 15 (Added)

FIELD HOSPITAL

■ 423. ORGANIZATION (See T/O & E 8-510).—*a.* The field hospital consists of a headquarters and three identical hospitalization units each capable of independent action, if required. The normal capacity of one hospitalization unit when acting independently is 100 beds. The normal capacity of the hospital as a complete unit is 400 beds.

(1) *Headquarters.*—Headquarters consists of the field hospital commander and an officer as administrative assistant. The enlisted personnel assigned to the headquarters assist in the administrative functions of the unit, such as supply, mess, motor maintenance, personnel records, and morning reports.

(2) *Hospitalization unit.*—Each of the three hospitalization units is staffed with Medical Corps, Dental and Medical Administrative Corps officers, nurses, and technically trained enlisted personnel. This unit has sufficient administrative and mess personnel assigned to serve the unit when it is acting independently.

b. The field hospital is a theater unit designed for employment primarily in the communications zone.

■ 424. COMMAND.—The unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 425. FUNCTIONS.—*a.* To provide definitive surgical and medical treatment (station hospital type coverage) to troops in the theater of operations where fixed facilities do not exist and where construction of fixed facilities is impracticable or undesirable.

b. The field hospital cannot take care of a big load of combat casualties requiring operative procedures without being reinforced professionally, since it is staffed with officers, nurses, and enlisted men on the basis of a station hospital rather than of an evacuation hospital.

■ 426. EMPLOYMENT.—*a. General.*—The field hospital is so designed that each hospitalization unit can be employed independently or the unit can be employed as a whole, depending upon the number of hospital beds needed. It is not intended

that the entire hospital be set up when one or two hospitalization units can serve adequately the needs of the particular situation.

b. Use when fixed facilities do not exist.—(1) This unit may be employed to provide hospital coverage for air fields and air bases which do not have fixed medical installations. Air fields are frequently located at a distance from Army medical units and must be covered by some form of definitive hospitalization in the vicinity of the field. The field hospital is adaptable for such service and its equipment is so designed that it can be transported by air.

(2) The field hospital may be employed to provide station hospital facilities to garrisons on islands accessible only by air or water and where buildings and fixed installations are not available.

c. Use in amphibious operations.—(1) In amphibious warfare, personnel and equipment of field hospitals may be moved in landing craft or flown in after the divisional or supporting clearing elements and normally after a beach head has been secured. The personnel and equipment may be landed intact simultaneously or separately as three individual hospitalization units and a headquarters section.

(2) The tactical situation may require that the hospitalization units function independently for a time after debarkation, in which event each unit moves immediately after landing to a predesignated hospital site for that unit. In this case, each unit may be reinforced by a surgical team from the auxiliary surgical group. The headquarters section operates with that unit which, because of the situation, most needs administrative support. If the tactical situation warrants, the three hospitalization units and the headquarters section assemble as soon as practicable at a prearranged site and prepare to offer definitive surgical and medical treatment as a complete field hospital unit.

(3) Because of the amount of equipment required for the field hospital and the need for expediting the assembling of the hospital facilities, arrangements should be made in advance for definitely assigned transportation to be made avail-

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able immediately after landing. Lumber should be included with the supplies as flooring and side-walling are essential for the hospital tents, particularly in view of the fact that in all probability, the tents will have to be dug in for protection.

d. Control.—(1) When attached to a task force or division, the field hospital operates directly under control of the surgeon of the task force or division.

(2) The field hospital is often attached to the theater air force for service with that force.

■ 427. OPERATION.—*a. Source of patients.*—A field hospital receives patients—

(1) From the command it serves when functioning in place of fixed medical installations at stations such as air fields, islands, and isolated garrisons.

(2) Under exceptional circumstances—

(a) From the clearing elements or portable surgical hospitals in land or amphibious operations.

(b) Directly from site of injury.

b. Disposition of patients.—Disposition of patients from the field hospital is to general hospitals or return to duty.

c. Transportation.—(1) The transportation facilities of the field hospital have been reduced to that required for administrative maintenance and the amount which can be transported by air. First echelon maintenance is performed by the transportation group of headquarters section. Second and third echelon maintenance are by appropriate designated supporting ordnance units.

(2) Where it is necessary for a field hospital to function without the support of a higher echelon, transportation will be added in sufficient quantity and type to permit the field hospital to move to a new location overland by shuttle movement. The transportation furnished should be enough to move approximately one-half of the hospital equipment at one time.

(3) When the hospital will be required to operate in isolated areas or as an airborne unit, suitable adjustment in vehicular equipment will be made.

(4) When it is necessary for a field hospital to be transported by air, approximately 38 C-47 transport planes will be

required to move the unit without shuttling. Ten C-47 transport planes will be required to move one hospitalization unit without shuttling.

d. Supply.—(1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated distributing point. He in turn issues them to the mess officer.

(2) Medical supplies are obtained from the supporting medical depot in one of the following ways: by requisition through the theater surgeon, by drawing upon established credits, by informal memorandum which also must be approved by the theater surgeon. Delivery of medical supplies is by sending unit transport directly to the depot, by shipment from the communications zone to the nearest railhead or to the siding adjacent to the installation, or in emergencies by the transport of the depot.

(3) Other supplies are obtained by requisition through the theater surgeon on the nearest depot of the branch concerned.

e. Medical records required.—(1) Statistical Health Report (W. D., M. D. Form No. 86ab), to be prepared and transmitted in accordance with AR 40-1080.

(2) Report Sheet for Report of Sick and Wounded (W. D., M. D., Form No. 51), to be prepared and transmitted in accordance with AR 40-1025.

(3) Field Medical Record (W. D., M. D. Form No. 52c) will be used for each patient and it will remain with him until he returns to duty or dies. A Field Medical Record will be started for every patient received unless one accompanies the patient when he arrives, in which event the record of the case will be entered in the next unused space on the form. If a patient dies or is returned to duty, the completed record with the proper entry in the "Disposition" space will be forwarded with the next monthly Report of Sick and Wounded. If a patient is transferred, the necessary entries under the heading "Disposition" will be made, including the date of transfer, the signature of the surgeon, and when practical, the name of the hospital to which transfer is to be made.

(4) Field Medical Record Jacket (W. D., M. D. Form No. 52d), used as an envelope for individual medical records. The

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hospital that starts a Field Medical Record will also prepare a jacket to contain it. All medical records received with a patient, including the Emergency Medical Tag, will be kept in the jacket.

(5) Clinical Records and Indexes will be maintained as prescribed by proper authority in the theater of operations.

(6) When a field hospital operates as more than one installation, each unit operating independently will submit a Statistical Health Report and a Report of Sick and Wounded.

■ 428. TRAINING.—*a. Responsibility.*—The unit commander is responsible for the state of training of his command.

b. Management.—The actual management of individual training will be the duty of the officer so designated by the unit commander since there is no plans and training officer on the unit staff. This officer will act within the policies and directives of the unit commander. He will prepare the unit training programs and schedules, assign instructors, and exercise general supervision. The management of group training may be delegated to the subordinate unit commanders. However, much of the group training should be correlated and combined for more uniform training and to make the greatest use of the training aids acquired or improvised. The unit commander will make such training inspections as he deems necessary to insure the proper progress of training.

c. Individual.—Certain instruction required by the medical department soldier must be directed at him individually even though given in groups for administrative reasons. This embraces instruction in the care of his clothing and equipment, in military courtesies, and in such medical subjects as anatomy, physiology, and bandaging.

d. Specialists and technicians.—The unit commander has a definite training responsibility in the qualification of specialists and rated technicians. It should be emphasized that all enlisted men must have been trained under MTP 8-101 prior to receiving training under the unit training program. For training of specialists and technicians full use should be made of specialists' and technicians' schools whenever time and circumstances permit. It usually will be necessary, however, for this

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training to be obtained with the unit or at a nearby station hospital. The required program and standards of proficiency are contained in MTP 8-10.

e. Group.—Following the individual training and training of technicians and specialists, each section and service commander is charged with the group training of the personnel of his particular department. This will include the packing and unpacking of equipment, the establishment and operation of that portion of the hospital for which the section or service is responsible. Since the field hospital frequently will be employed in part, one or two hospitalization units at a time, group training is a vital phase of training.

f. Unit.—(1) Upon the training of the unit as a whole depends the rapidity with which the hospital can be established and made ready for operation as well as closed and made ready for movement. Since this unit may be moved in part or as a whole by rail, boat, motor, or air transport, standing operating procedures must be formulated for crating and loading of supplies and equipment. Standing operating procedures likewise should be formulated for the arrangement of the tentage of the hospital when functioning; for example, the relative location of the admission, surgical, dental, medical, X-ray, supply and mess tents.

(2) Airborne unit training will be given as required to certain units.

■ 429. EQUIPMENT.—See T/O & E 8-510.

[A. G. 300.7 (15 Feb 44).]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,

OFFICIAL:

Chief of Staff.

J. A. ULIO,

Major General,

The Adjutant General.

DISTRIBUTION:

As prescribed in paragraph 9a, FM 21-6; R & H (2):
R 8 (S H 2, M 10); Bn 8 (5); C 8 (5).

For explanation of symbols see FM 21-6.

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CHANGES }
No. 1 }

WAR DEPARTMENT,
WASHINGTON, May 7, 1942.

FM 8-5, January 12, 1942, is changed as follows:

CHAPTER 5

MEDICAL SERVICE WITH ARMORED FORCE

	Paragraphs
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SECTION I

GENERAL

■ 149. EMPLOYMENT OF ARMORED UNITS.—For the tactics and technique of the employment of units of the Armored Force see FM 17-10.

■ 150. CHARACTERISTICS OF EMPLOYMENT OF MEDICAL UNITS WITH ARMORED FORCE.—*a.* Because of the high mobility of Armored Force units the establishment of medical installations is difficult and limited. Higher units must evacuate wounded at once as the units below the armored corps will have no hospital facilities.

b. The combat zone of armored units is deep. Fighting will often be extremely confused and the establishment of definite front lines not only difficult, but unusual. The movement and establishment of installations of unarmored units frequently will be impracticable.

c. The number and type of casualties will vary in different components of the Armored Force. A standard evacuation system cannot be applied to each unit.

(1) Tank casualties will probably be less than infantry casualties as such troops are protected from small arms fire

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and shell fragments. Tank casualties will be due to blasting effect of mines, resulting in fractures of the lower extremities; minor wounds caused by bullet splash and fragmentation inside the tank; and fatal wounds caused by projectiles of larger caliber penetrating the tank. Severe burns may also be received from vehicles set on fire. It is estimated that total casualties among tank personnel will normally be about 5 percent and that 4 percent will be fatal. Casualties in particular actions may run extremely high. In combat in Africa, casualties have run as high as 30 percent in 1 battle day.

(2) Infantry troops are vulnerable to air attack, even when mounted in armored personnel carriers. When dismounted they will be as vulnerable as any other dismounted troops. They will usually suffer higher casualties than troops in tanks.

(3) Owing to the demand for close support, casualties in artillery troops will be higher proportionately than in artillery supporting other arms.

(4) Casualties in reconnaissance troops may be high. There can be no set plan for evacuation of such casualties and they must be carried with the unit until other troops close on the reconnaissance units.

d. The mortality rate among abdominal and brain cases will be definitely affected by the rate of evacuation to medical installations affording definitive surgical treatment. Forward elements should have sulfathiazole and sulfaguanidine. Medical personnel must be well trained in evacuation of wounded from tanks. They must be taught how to open and get into tanks. They must at times depend upon maintenance personnel to open the doors of the tanks for them.

■ 151. SUPPORT OF ARMORED FORCE MEDICAL UNITS.—Medical units of higher organizations must be prepared to evacuate the wounded from armored divisions and GHQ reserve tank units. The medical regiment attached to the armored corps assists in evacuation from division collecting points. Armored divisions and GHQ reserve tank units attached to army corps depend upon the medical regiment of that corps for assistance. When an armored division is sent on an

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independent mission its medical battalion should be appropriately reinforced.

SECTION II

DIVISION SURGEON

■ 152. DIVISION SURGEON.—*a.* The division surgeon is a member of the division commander's special staff, is the technical advisor on all matters relating to sanitation and medical service, and is responsible for the technical training of all medical personnel of the division. His duties are administrative. He has no command functions. Any orders given by him are in the name of the division commander. Figure 19 shows the organization of the division surgeon's office (see also fig. 20).

b. The division surgeon's office will usually be established at the rear echelon of the division command post. However, the division surgeon will make visits to the forward echelon as necessary. He must maintain liaison at all times with medical elements of the forward echelon of division headquarters and with supporting medical units.

c. In order to make plans for employment of the medical battalion and to provide for adequate medical support from higher units, it is essential that the division surgeon be given timely warning of the division commander's plans.

SECTION III

ARMORED MEDICAL BATTALION

■ 153. ORGANIZATION.—The armored medical battalion is a flexible, highly mobile unit capable of accompanying combat elements of the armored division. It is composed of a battalion headquarters and headquarters company and three medical companies. It is commanded by a lieutenant colonel.

■ 154. EMPLOYMENT.—The medical battalion is organized so that it may function as a unit or elements may be attached to tactical groupings of the division. On the march, one medical company will usually be attached to each combat command and the other company to the trains, but will be available to the battalion commander on call. Medical companies march at the rear of the columns. Medical personnel

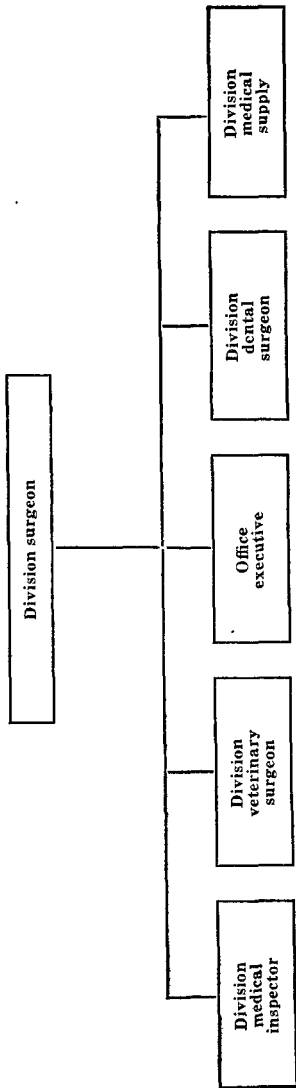


FIGURE 19.—Organization of division surgeon's office.

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and ambulances may be attached to advance, flank, and rear guards and to reconnaissance detachments (see also par. 152c).

■ 155. HEADQUARTERS AND HEADQUARTERS COMPANY.—*a.* The headquarters and headquarters company is organized as shown in figure 20.

b. This company is organized for administration, supply, and maintenance of the medical battalion. It also furnishes medical supplies for the unit medical detachments.

■ 156. MEDICAL COMPANY (ARMORED).—There are three medical companies (armored) in the medical battalion. They are so constituted as to be self-contained, are as mobile as any other element of the force they accompany into action, and assure prompt medical care and evacuation of forward units. Each company has a company headquarters consisting of command, maintenance, administration and supply, and mess sections, a litter platoon, an ambulance platoon, and a treatment platoon. The commanding officer of this company has his command post in a ½-ton carry-all. This vehicle has an SCR-528 radio set which can be set on the division net, medical battalion net, or the net of the unit to which attached. His maintenance section has mechanics and a 2½-ton truck, wrecker, and is capable of first and second echelon maintenance. The administration and supply section maintains pertinent records of sick and wounded and is concerned with property exchange and medical supply. The mess section is adequate to furnish food for the company personnel and wounded.

a. Litter platoon.—(1) *Personnel and transportation.*—This platoon is commanded by a lieutenant, Medical Administrative Corps; he is assisted in his duties by noncommissioned officers. The privates in the platoon act for the most part as litter bearers. The transportation includes a number of trucks, one of which is equipped with a radio (see appropriate T/O and T/BA for details).

(2) *Operation.*—The fluid nature of armored operations makes it impracticable to establish battalion and regimental aid stations in the orthodox manner. This is particularly true of the armored regiments. It is contemplated that litter

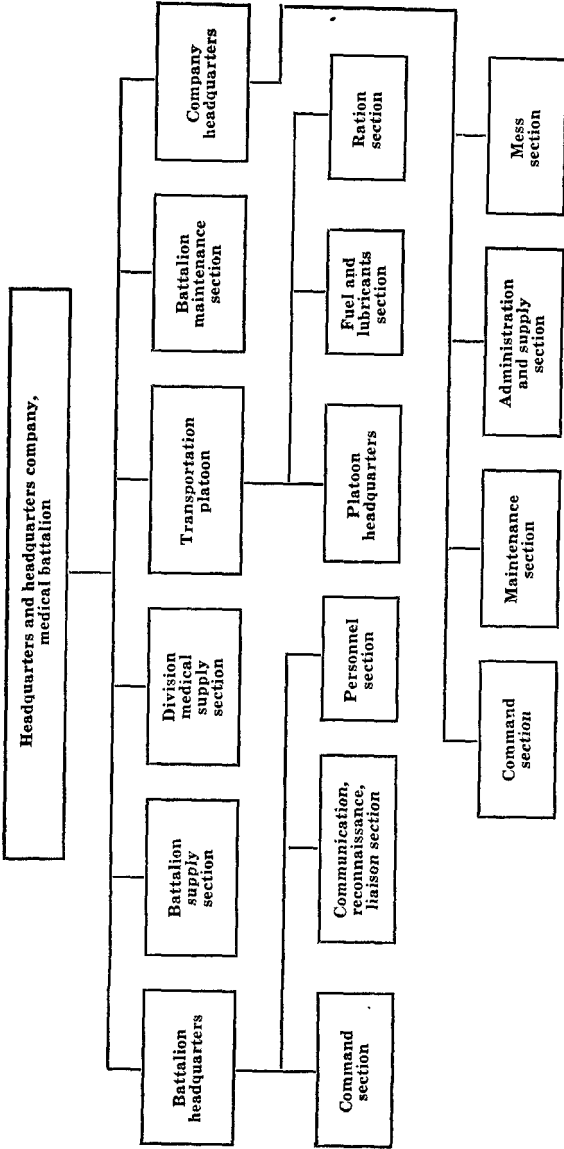


FIGURE 20.—Organization of headquarters and headquarters company, medical battalion (armored).

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bearers will be employed in the evacuation of battalion and regimental mobile collecting points established by their respective attached medical personnel as they follow up the units they service. With the armored half-track, capable of carrying four litter cases, they are capable of operating in areas otherwise denied them. The $\frac{1}{4}$ -ton truck permits approach to isolated cases by utilizing terrain features and can evacuate two litter cases. The $2\frac{1}{2}$ -ton truck may, under certain conditions, be utilized in the evacuation of casualties, as they carry 15 litter cases. Evacuation by the platoon will normally be to the mobile collecting station established by the operating section of the treatment platoon. By means of its radio, this platoon maintains contact with all elements of the striking force it is serving. The most difficult problem will be presented in the treatment and removal of wounded from a disabled tank. Special arrangements and training for the removal of wounded from the tank turret and escape port must be provided.

b. Ambulance platoon.—This platoon is commanded by a lieutenant, Medical Administrative Corps. He is assisted in his duties by noncommissioned officers. The privates in the platoon act for the most part as ambulance drivers and ambulance orderlies. The transportation consists of a few small trucks, one of which is equipped with a radio. (For details see appropriate T/O and T/BA.) It functions as a platoon or as two self-contained sections. This platoon is used to evacuate forward areas if the situation permits, but will usually evacuate the mobile collecting station established by the treatment platoon. With a view to maintaining the full complement of ambulances in the forward divisional areas and expediting evacuation, a shuttle system with the corps medical regiment ambulances must be established. At a predetermined point in the evacuation chain, arrived at by agreement with the corps surgeon, a designated corps ambulance is made available to the contacting division ambulance driver. The corps ambulance driver completes the evacuation of division evacuees to the mobile hospital station, while the division chauffeur takes the corps ambulance into the forward divisional area. The advantage of this transfer of ambulances lies in the fact that the division ambulance

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driver is familiar with the tactical situation and knows the location of the units he is servicing. With this system the delivery of medical supplies from the corps to the division is expedited and property transfer is facilitated. Hazards of air strafing or indirect harassing or interdiction artillery fire are lessened as there is in the evacuation system no delay otherwise occasioned by transfer of patients from one ambulance to another. This system has the added advantage of reducing the handling of seriously wounded men to the minimum. Radio contact with all elements of the division is available to this platoon.

c. Treatment platoon.—(1) The treatment platoon consists of a platoon headquarters, an operating section, and a gas casualty treatment section. The platoon headquarters has 1 first lieutenant, Medical Corps, 1 platoon sergeant, and 1 private (chauffeur). It is transported on a $\frac{1}{2}$ -ton (carry-all) and maintains contact with other elements by radio. The operating section of this platoon has as its personnel 4 first lieutenants, Medical Corps, 1 first lieutenant, Dental Corps, and 18 enlisted men. Its equipment and personnel are carried on two $2\frac{1}{2}$ -ton 6 x 6 trucks. It has in addition a special operating room body mounted on a $2\frac{1}{2}$ -ton truck chassis, with necessary surgical equipment, and a bus or panel type body likewise built on a $2\frac{1}{2}$ -ton 6 x 6 truck chassis. This section establishes in combat what was formerly called the collecting station. It is the nucleus of the medical battalion in that all activities of the battalion radiate from its center in both directions. Its mobility and the maneuverability furnished by the $2\frac{1}{2}$ -ton 6 x 6 truck chassis permit employment well forward. It will be established along axis of evacuation of the force it supports and will usually operate in the rear of artillery. It can readily meet conditions imposed by a shifting of the evacuation axis. It has facilities for rendering adequate emergency surgical care, including blood transfusions, at a time when such procedures are most effective. When the combat mission of the division results in disruption of lines of communication, this section can continue to function. It is conceivable that under certain conditions wounded will be convoyed to the rear. Evacuation of advanced elements will be to the collecting and treat-

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ment station established by this section. Here wounds will be redressed, splints applied or adjusted, morphine and tetanus toxoid administered, emergency surgical measures employed, and the patient reacted from shock and prepared for evacuation to the rear. No predetermined operative procedure can be elaborated that will satisfactorily meet all tactical situations that may confront the armored division. Intimate control, intensive personal supervision, and marked initiative are the essentials for efficient functioning of all elements of the medical battalion.

(2) The gas casualty treatment section is equipped to treat gas casualties in the forward area if and when the enemy resorts to the use of gas. When not employed for this purpose, it augments the operating section. It is equipped with an operating room body on a 2½-ton, 6 x 6 truck chassis and has a bathing pavilion and clothing exchange section. It usually accompanies the operating section into action, but may function independently. It is so constructed that it may serve the same purpose as the mobile surgical truck.

(3) In the establishment of the collecting and treatment station, concealment and camouflage must be employed. Direction signs must be placed along the line of drift, well forward to indicate its position. The conspicuous display of the Red Cross is believed to serve no useful purpose and only advertises the presence of combat troops.

(4) Since this station is usually established at night, careful reconnaissance by the medical company commander and an officer of the platoon is essential. Guides must be posted and all security measures observed.

(5) It will be noted that Tables of Organization for the medical battalion (armored) include certain armament (carbines) for truck drivers not engaged in work peculiar to the Medical Department alone. These men do not wear the Red Cross brassard and must be considered in the same sense as truck drivers of other arms and services. There is no violation of the terms of the Geneva Convention, as medical troops may be armed to protect the wounded and supply trains against marauding bands.

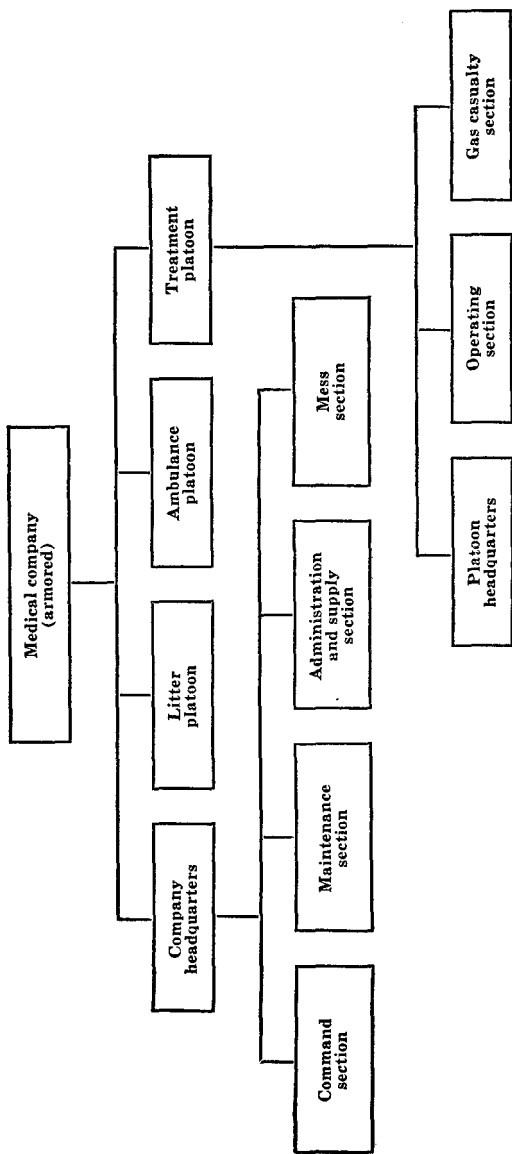


FIGURE 21.—Organization of medical company (armored).

MOBILE UNITS OF THE MEDICAL DEPARTMENT

(6) Evacuation of these stations by air may not be practical. Air evacuation assumes control of the air by friendly forces and suitable landing fields. For these reasons air evacuation may often be limited to areas adjacent to evacuation hospitals.

SECTION IV

UNIT MEDICAL DETACHMENT

■ 157. UNIT SURGEON.—*a.* The unit surgeon is a special staff officer on the staff of the unit commander. He is responsible for timely recommendations on all matters pertaining to the health of the command. In addition, he is commanding officer of the regimental medical detachment. He exercises technical professional supervision and authority over the battalion surgeons analogous to that under which he himself operates under the division surgeon. He is responsible for the adequate training of officers and men of the regiment in sanitation and first aid.

b. He is responsible to the commanding officer for sanitary conditions in the command. He supervises sick call and all prophylactic measures.

c. In combat he commands the regimental medical detachment and operates the regimental aid station. He is responsible for the supply, replacements, and technical support and supervision of the battalion medical sections, but their tactical employment is the responsibility of the battalion commander.

d. The regimental medical detachment is composed of a headquarters section and two or more battalion sections. These sections are in turn usually further subdivided to furnish an aid station squad, a litter bearer squad, and a company aid squad. The organization of the regimental medical detachment varies in the different armored division units, and Tables of Organization should be consulted for exact details. The aid station squad is fundamental to all of these organizations. Armored artillery has aid men, while the tank regiments and reconnaissance battalions have only the basic aid station squad.

e. Regimental medical detachments have their own half-track available to act as armored ambulances. The equip-

ment available for the operation of aid stations is the simplest with which necessary first aid can be administered. This unit, however, should be prepared to stop hemorrhage, treat shock, and splint fracture cases for further treatment in the rear.

■ 158. AID STATION.—*a.* In combat, the regimental aid station in the armored division is considered as a link in the chain of evacuation. The armored ambulances are used to concentrate casualties from the collecting points along the axis of advance in the field and from battalion aid stations to the regimental aid station. The aid station squad renders such professional care as is necessary and prepares casualties for further evacuation. The litter platoon of the medical company establishes a collecting point as near the regimental aid station as possible, and attends to the actual handling of patients and loading of ambulances.

b. The regimental aid station is located near the regimental command post to facilitate continuous liaison between the regimental commander and the regimental surgeon. Regimental aid stations must not get so far to the rear as to lose contact with their unit. Stations should be concealed in defiladed positions and camouflaged and dispersed to avoid aerial attacks. However, they should be plainly marked and direction markers of a temporary nature provided for the benefit of walking wounded. They should follow the axis of advance and give consideration to the normal drift of the wounded, remembering that these factors are more influenced by roads in the case of armored troops than foot troops. The importance of defilade from small arms and artillery fire being obvious, cross roads and definite prominent landmarks should be avoided. In addition, it is well to select a site on terrain unfavorable to the action of enemy mechanized vehicles. Regimental aid stations will be evacuated by ambulances of the medical company, if possible, to the collecting and treatment station. In some situations the regimental surgeon may have to evacuate to this station with his armored personnel carriers.

■ 159. BATTALION MEDICAL DETACHMENT.—*a.* The battalion surgeon serves the battalion commander as a special staff

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officer and commands the battalion aid section. The greater part of the purely administrative staff duties will be routinely directed from the regimental echelon. However, the battalion surgeon conducts routine inspections and gives timely advice to the battalion commander on all matters affecting the health of the command.

b. The details of the organization of battalion medical sections of the various mechanized units vary, and Tables of Organization should be consulted for the organization of particular units. However, the basic unit of the section is the aid station squad, which is prepared to render simple first aid and prepare patients for evacuation by armored ambulances from the regimental station. The establishment of battalion aid stations in the rear of the battalions, when they are committed, is impractical. Squads advance along the axis and establish at the rallying point, where they will take over casualties removed from the armored vehicles assembled there. Casualties that may be dumped from tanks (medium M4 with safety hatch) will be given first aid by the battalion surgeon, placed in a protected area, and evacuated by medical half-track personnel carrier as soon as practicable. Company aid men and litter bearers will be required with the engineer and reconnaissance battalion, and the infantry regiment.

c. In combat, the battalion surgeon will follow the battalion closely into battle. He will maintain close liaison with battalion headquarters. He will move about the combat area in a $\frac{1}{4}$ -ton truck equipped to carry medical supplies and splints for the immediate tagging and first-aid treatment of casualties. Treatment will normally consist in stopping hemorrhage, applying sterile dressings, and emergency splinting. Sedatives, both barbiturates and morphine in tubes ready for injection, will be available, and chemotherapy will be started at once. All therapy given will be entered immediately on the emergency medical tag. None of these measures are elaborate or time-consuming. The battalion surgeon directs the concentration of casualties at collecting points in sheltered locations along the general axis of advance, where under the direction of the assistant battalion surgeon further supportive measures can be undertaken to prevent or delay the onset of shock.

SECTION V

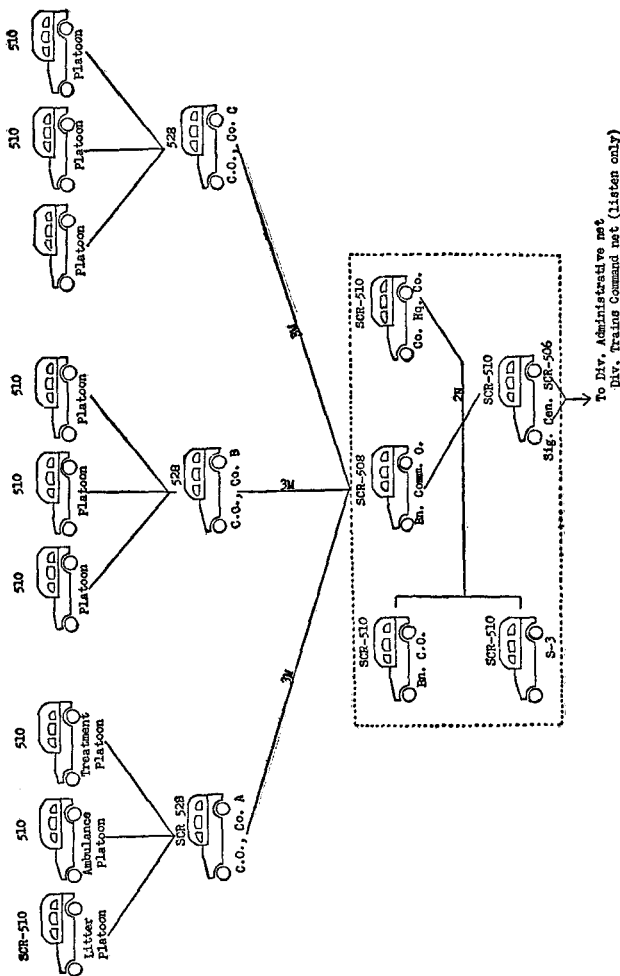
MEDICAL SUPPLY, COMMUNICATION, AND LIAISON

■ 160. SUPPLY IN ACTION.—*a. Medical supply.*—(1) The battalion distribution point is usually established near the forward command post of the division. However, in combat, the supply officer establishes dumps in the forward area. These dumps may be on the ground, but preferably are in $\frac{1}{2}$ -ton trucks. One dump must be in the vicinity of the collecting station where supplies of the regiment and battalion detachments may be replenished, and one dump is established in assembly areas immediately prior to attack. Considerable amounts of medical supplies must be kept well forward on wheels during combat with the supply section of the medical company. The division medical supplies are kept in trucks near the rear echelon of division headquarters where the division is committed. Division medical supplies are replenished by the corps. Dumps should always be so dispersed that enemy fire will not destroy all of them. In all field units of the medical service of the armored division there is automatic exchange of nonexpendable items of equipment. In combat, expendable medical supplies are obtained by informal requisition from the next higher medical unit. Unit delivery will be made by $\frac{1}{4}$ -ton pick-up truck, $\frac{1}{2}$ -ton truck, or ambulance. Under certain conditions, delivery of medical supplies to isolated units may have to be made by parachute. For this purpose, a dressings unit, splint unit, and blanket unit should be packed in a reinforced canvas bag the size of a mail bag, weighing not to exceed 60 pounds, as all three units could be delivered by one parachute.

(2) Class I items will be hauled in the manner usually employed for other battalions of the armored division. The transportation platoon draws class I supplies at the division ration dump and gas distributing point and breaks them down for delivery to the individual medical companies. A complete refill of gasoline must be maintained in the combat train of each combat command.

b. Communication and liaison.—The responsibility for the establishment and maintenance of liaison is a command re-

MOBILE UNITS OF THE MEDICAL DEPARTMENT



- NOTES.—1. A medical company attached to another unit will change to that unit's frequency.
2. When one company is with the trains, the battalion commanding officer will usually have to transmit messages to it through division command channels.
3. All radio vehicles are $\frac{1}{2}$ -ton carry-alls.
4. Dotted line indicates "physical contact."

FIGURE 21½.—Radio net, medical battalion, arranged division.

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sponsibility of the battalion commander. He discharges this function through the command, reconnaissance, and liaison section of battalion headquarters. In this section he has two agent messengers on motorcycles and an SCR-508 (12-volt) radio. All elements of the medical battalion are equipped with radios. Commanding officers of the medical companies of this battalion are charged with maintaining liaison with the medical detachments of regiments and battalions. They accomplish this mission through contact agents and by radio. Messages may be sent by litter bearers, ambulance drivers, and by walking wounded under certain circumstances. During radio silent periods when the division is going into assembly areas, contact agents in $\frac{1}{4}$ -ton trucks must be used. In combat, the use of special panels to indicate the location of collecting points requiring evacuation to the division G-3 air section of the bomber control unit may be necessary. This information would then be relayed to forward echelon of division headquarters. The employment of this system will be particularly applicable to the reconnaissance battalion and to other elements of the armored division that may have lost contact with other units with which it is operating.

[A. G. 062.11 (3-18-42).] (C 1, May 7, 1942.)

Paragraphs 161 to 196, inclusive, are rescinded.

[A. G. 062.11 (3-18-42).] (C 1, May 7, 1942.)

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:

J. A. ULIO,
Major General,
The Adjutant General.

FM 8-5

MEDICAL FIELD MANUAL



MOBILE UNITS OF THE MEDICAL DEPARTMENT

Prepared under direction of
The Surgeon General



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MEDICAL FIELD MANUAL

MOBILE UNITS OF THE MEDICAL DEPARTMENT

(This manual supersedes TR 225-35, January 4, 1926; TR 405-40, March 1, 1926; TR 405-95, June 4, 1932; TR 405-550, March 16, 1928; TR 405-560, March 1, 1928; TR 405-570, February 20, 1929; TR 405-590, October 30, 1928; TR 405-600, April 30, 1930; TR 405-610, October 21, 1931; TR 405-620, April 10, 1931; TR 405-960, June 11, 1928; and TR 405-2040, April 16, 1928.)

CHAPTER 1

GENERAL

■ 1. **PURPOSE.**—The purpose of this manual is to provide Medical Department officers with a ready reference on the details of the organization, functions, equipment, and technical training of medical troops in mobile units and to serve as a text in the Medical Department special service schools and Army extension courses.

■ 2. **SCOPE.**—The matter contained herein is limited to the internal characteristics of medical units as distinguished from their tactical employment in connection with troops of the arms and services. It is information primarily of interest to the commanders and other personnel of the units themselves rather than information required by higher commanders in directing the functioning of such units. For the tactical employment of medical units, see FM 8-10 for division units, FM 8-15 for corps and army units, and FM 8-20 for medical units of higher echelons.

■ 3. **DEFINITIONS.**—*a. Administration.*—As used herein, the term administration, when unqualified, includes all military activities of medical units that are not directly connected with their tactical or technical functions. It comprises supply, maintenance, transportation (except of sick and injured), military justice, reports and returns, and the administrative arrangements required for sheltering and feeding of personnel.

b. Administrative units.—An administrative unit is one charged with appropriate administrative functions (see *a* above). The administrative units of an army are companies, separate battalions, regiments, divisions, and the army.

c. Army.—Used in a broad sense, an army is the aggregate of the organized land forces of a nation such as the Army of the United States (see FM 100-5). In an organizational sense, an army is a unit of a field force, and is composed of a headquarters, certain organic army troops, a variable number of corps, and a variable number of divisions of which some or all may be assigned from time to time to corps. The army is an administrative as well as a tactical unit.

d. Attached medical personnel.—By definition, military units of the size of a regiment or smaller are made up of troops of a single arm or service. Any auxiliary personnel of another arm or service added to such a unit must therefore be attached rather than assigned. Attached medical personnel are those officers and enlisted men of the Medical Department added to regiments and separate battalions composed of troops of arms or services other than medical.

e. Battalion.—(1) A battalion is a unit composed of a headquarters and two or more companies or similar units, and certain special units, organized and attached. When part of a regiment, it is purely a tactical unit conveniently organized for instruction or maneuver, and particularly for combat, as an integral part of the regiment to which it belongs. A separate battalion is not a part of a regiment, and is organized to discharge certain administrative functions. (See AR 240-5.)

(2) As used herein, the term battalion applies with equal force to a squadron of Cavalry and other similar units, except those of the Air Corps.

f. Company.—A company is the lowest administrative unit of any arm or service. As used herein, this definition applies with equal force to a troop of Cavalry, a battery of Field or Coast Artillery, and to detachments similar in organization to a company such as detachments of Medical Department troops with prescribed organizations. (See AR 245-5.)

g. Corps.—The term corps is used to designate two entirely different types of military organization. When used in connection with administrative organization of the Regular Army, it refers to a group of personnel with common characteristics, training, and missions such as the Coast Artillery Corps, the Air Corps, the Quartermaster Corps, and the Medical Corps. When used in connection with the tactical organization of a field force, however, it refers to a unit com-

posed of a headquarters, corps troops, and two or more divisions, and is specified as an army corps when composed of infantry divisions, and a cavalry or armored corps when composed of cavalry or armored divisions.

h. Detachment.—A detachment is a unit which departs from standard military organization in one or both of the following ways:

(1) By being a temporary organization formed from other units or fractions thereof, extemporized for some special purpose.

(2) While a permanent, authorized, and autonomous unit, by being too small to justify the inclusion of all of the necessary administrative overhead to make it completely self-sustaining, such as cooks and their helpers or other personnel.

i. Dispensary.—A dispensary is a medical installation established in other than combat situations primarily for the treatment of minor disabilities not requiring hospitalization. First aid is given in dispensaries, but the chief distinction between a dispensary and an aid station is that the principal functions of the latter are in connection with battle casualties.

j. Division.—The division is the basic large unit of combined arms. It comprises a headquarters, infantry (cavalry) (armored) units, field artillery units, and certain troops of other arms and services. It is an administrative as well as a tactical unit. (See FM 100-5.)

k. Medical.—The functions of the Medical Department include dental and veterinary service. When used in a broad sense in connection with functions, operations, units, personnel, equipment, and supplies, the adjective medical connotes both dental and veterinary. At other times its meaning is restrictive and distinguishes the service devoted to the prevention and treatment of the diseases and injuries other than dental to which human beings are exposed.

l. Platoon.—A platoon consists of a platoon headquarters and either two or more sections, or when there is no section organization, two or more squads.

m. Property accountability and responsibility.—(1) *Accountability.*—All property procured for use in the military service must be accounted for by some agency. When dropped from the records of one agency, except by survey or

other means of final disposition, it must be picked up on the records of another agency. Accountability for property involves maintaining a stock record account upon which all the items of property to be accounted for are entered. This stock record account shows the amounts of such items picked up on the record, the amounts dropped by transfer to the records of another agency or by other procedures, and the balances for which the agency is still accountable, including the amounts issued on memorandum receipts. Accountable officers render returns of their accountability, and their accounts are audited from time to time.

(2) *Responsibility*.—Property responsibility is the liability for the protection and preservation of property placed upon persons in possession of property or to whose care property has been committed. It is assumed by signing a receipt for the property, either a memorandum receipt or other instrument for the transfer of responsibility, and cannot be voided until such property is again receipted for by another competent person or agency, or otherwise properly disposed of.

(3) *Examples*.—An accountable officer receives property from a depot or other source. He then becomes accountable for such property, and retains such accountability until he in turn transfers it to another. So long as such property remains in his possession, he is responsible as well as accountable. For such of it as he issues upon memorandum receipt he is relieved of responsibility, but retains accountability. The person signing a memorandum receipt then becomes responsible but *not* accountable for the property listed thereon.

n. Regiment.—Ordinarily a regiment is a unit composed of a headquarters, a headquarters company and service company, either separate or combined, and two or more battalions. It is both a tactical and an administrative unit, and may include other nonbattalion elements with special tactical or administrative functions.

o. Section.—A section consists of a section leader and two or more squads.

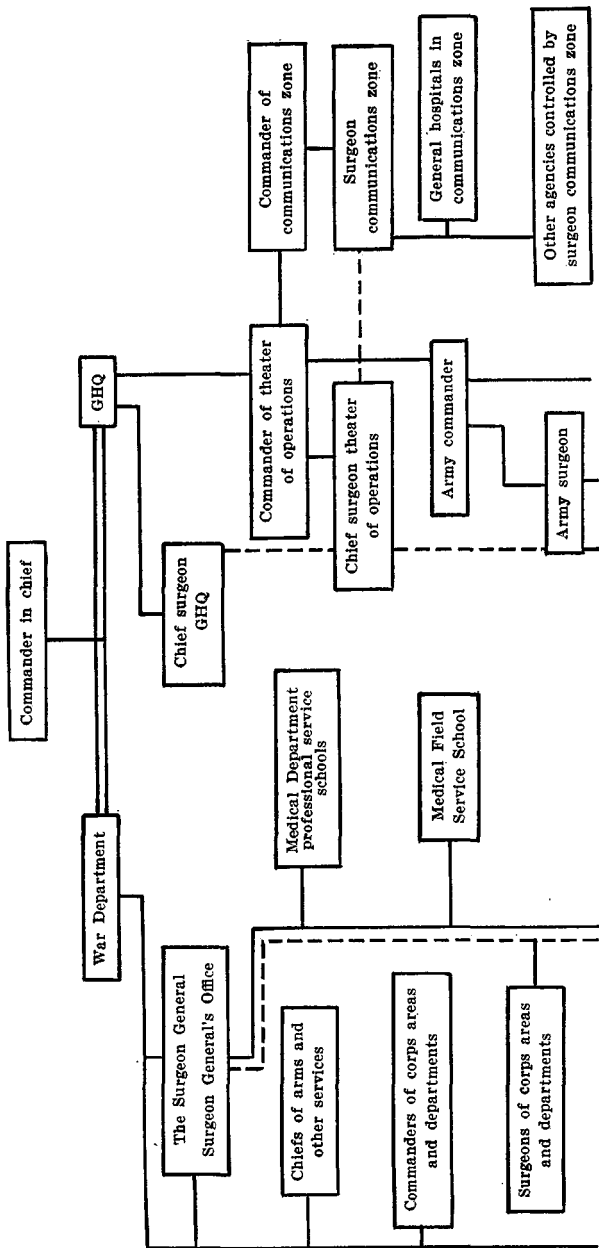
p. Squad.—A squad is a group of enlisted men organized primarily as a team. It is the lowest tactical unit, and is composed of one squad leader and other personnel as authorized by appropriate Tables of Organization.

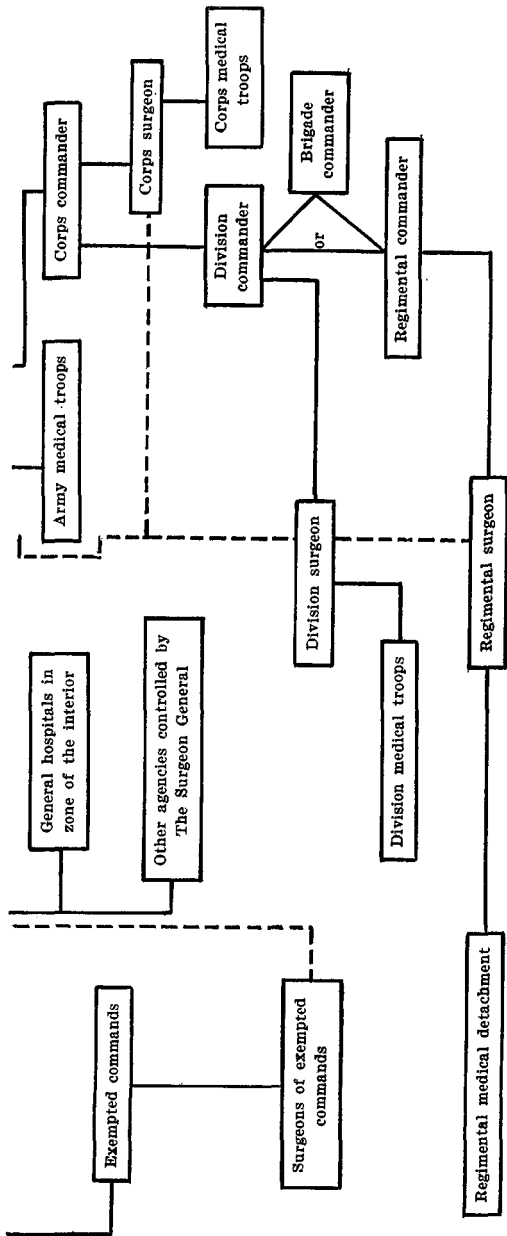
q. Station.—Station is the generic term applied to the installations established in forward areas by mobile medical units, other than hospitals, engaged in the emergency care, treatment, and evacuation of casualties in combat; for example, aid station, collecting station, clearing station. When a unit has established its installation and is ready to receive casualties, it is said to be *at station*.

r. Tactical unit.—A tactical unit is one organized for instruction, maneuver, and combat. Units may be both tactical and administrative, or exclusively tactical. The tactical units of an army are squads, sections, platoons, companies, battalions, regiments, brigades, divisions, corps, and the army.

s. Technical supervision.—Technical supervision may be defined as the control of methods and procedures as distinguished from the control of personnel. For example, in exercising technical supervision of the medical service of a lower echelon, a surgeon may prescribe the laboratory procedures to be used in the control of communicable diseases, but he may not impose quarantine which is a command function. He may prescribe methods of immobilizing fractures, but he may not direct the disposition of patients with fractures. He may direct the use of certain drugs, but he may not alter the military status of the medical personnel of a lower echelon.

■ 4. MEDICAL DEPARTMENT.—*a. Status.*—The United States Army is composed of the arms (Infantry, Cavalry, Field Artillery, Coast Artillery Corps, Corps of Engineers, Signal Corps, and Air Corps) and the services. The Medical Department is one of the services, and is further designated as a supply service.





COMMAND

TECHNICAL SUPERVISION

FIGURE 1.—Organization of the Medical Department.

b. General organization (see fig. 1).—The Medical Department consists of The Surgeon General and assistants to The Surgeon General, the Medical Corps, the Dental Corps, the Veterinary Corps, the Medical Administrative Corps (and, in time of national emergency, the Sanitary Corps), the Army Nurse Corps, enlisted men of the Medical Department, and civilian employees.

c. Functional organization.—The principal functional elements of the Medical Department are—

- (1) The Surgeon General's Office.
- (2) Medical staff sections of headquarters of tactical and territorial commands.
- (3) Medical Department units.
- (4) Medical Department schools.
- (5) Medical depots and medical sections of general depots.
- (6) Other Medical Department organizations such as the Army Medical Museum, examining units, special boards, etc.

d. Administrative control.—(1) *Medical Department channels* are those chains of communication and control the individual links of which are the surgeons of successive administrative echelons such as from the regimental surgeon to the division surgeon to the army surgeon, etc., and in reverse order. All purely technical matters which involve no command responsibility are administered through Medical Department channels. Examples of such matters are the technical reports of sick and wounded, correspondence and instructions relating to medical and surgical technique, and returns of hospital funds.

(2) *Command channels* follow the several echelons of command authority and responsibility. The first step is from the surgeon to his commander, and thence through next higher or lower commanders as the case may be. All matters which involve command functions or responsibilities are administered through command channels, and whenever any doubt exists as to the proper administrative channel, the command channel should be selected. Examples of matters administered through command channels are sanitation, personnel reports of sick and wounded, supply (except that direct communication with depots may be authorized), and all matters involving the status of Medical Department personnel.

(3) *The Surgeon General* exercises technical supervision through Medical Department channels over all medical serv-

ice of the Army of the United States, but his command control is limited to The Surgeon General's Office, Medical Department schools, general hospitals in the zone of the interior, and certain other activities specifically designated from time to time by the War Department.

(4) *Surgeons of territorial commands*, such as of corps areas and departments, exercise technical supervision over all medical service pertaining to their respective areas, but command control only over their own offices and over such medical agencies as are retained under the direct control of the area commander.

(5) *Surgeons of tactical commands*.—See paragraphs 6 and 7.

■ 5. ECHELONS OF FIELD MEDICAL SERVICE.—For convenience in discussion, the medical service of a field force may be divided into five echelons. These medical echelons correspond to the echelons of general administrative responsibility but do not follow the chain of tactical command. A single echelon of command, as for example the army, may include as many as three echelons of medical service.

a. *First echelon*.—(1) That medical service provided by attached medical personnel to every unit of every arm and service (except medical) of the size of a battalion or larger, whether such unit is an element of a division, of corps troops, of army troops, or the GHQ reserve; or whether it is a separate command not a part of a larger tactical or administrative unit. Thus, first echelon medical service is an element of every command larger than a company, and is provided companies by the attachment thereto of one or more medical enlisted men.

(2) First echelon veterinary service is that rendered by the veterinary sections of unit medical detachments.

b. *Second echelon*.—(1) That medical service comprising the collection of casualties from the dispensaries and aid stations of the first echelon, and their concentration in one or more clearing stations operated by the second echelon. It is a function of division, of corps, and of army medical service.

(2) Second echelon veterinary service corresponds to second echelon medical service. In many commands, however, second and third echelon functions are discharged by a single veterinary unit, but such a combination of functions

should not be permitted to obscure the sharp distinction between the two.

c. Third echelon.—(1) That medical service comprising the evacuation of the clearing stations of the second echelon with the transfer of the evacuees to and their hospitalization in evacuation hospitals operated by the third echelon. Third echelon medical service is not a normal function either of division or of corps medical service, but is usually rendered by army medical service.

(2) Third echelon veterinary service corresponds to third echelon medical service. When rendered by a unit also engaged in second echelon service, the line of demarcation between the two functions is that point where animal evacuees are dropped from the records of (or technically, "cleared from") the division or corps.

d. Fourth echelon.—(1) That medical service comprising the transfer of evacuees from the evacuation hospitals to and their hospitalization in the general hospitals of the fourth echelon. It is a function of the medical service of the theater of operations.

(2) Fourth echelon veterinary service corresponds to fourth echelon medical service.

e. Fifth echelon.—(1) If there is further evacuation of casualties to the zone of the interior, such service constitutes a fifth echelon of medical service, and is a function of GHQ.

(2) A fifth echelon of veterinary service is not contemplated.

f. Territorial commands.—The medical service of troops serving or stationed in rear of the combat zone is similarly divided except that frequently the functions of two or more echelons are performed by one medical unit. For example, a station hospital in the communications zone normally performs second and third echelon functions, and may perform also first and fourth echelon functions.

■ **6. STAFF FUNCTIONS OF MEDICAL DEPARTMENT.**—*a.* In all units down to and including the battalion, a staff is provided to assist the commander in the exercise of his command functions. The staff may be subdivided into two groups, the general staff and the special staff. In large units these two staff groups are separate and distinct, while in smaller units they merge into each other, and one staff officer frequently is

charged with duties pertaining to both staff groups (FM 101-5).

b. The special staff of every commander responsible for medical service includes a surgeon. In his staff capacity the surgeon exercises no authority other than that derived from his commander, and unless appropriate authority is so conferred, his responsibility is limited to keeping the commander and the general staff group constantly informed as to the conditions and capabilities of the medical service and to the technical supervision of its activities.

■ **7. COMMAND FUNCTIONS OF MEDICAL DEPARTMENT.**—*a. General.*—Chiefs of arms or officers on duty in the offices of such chiefs, officers of any of the services, or an officer of the line detailed for duty in any of the services or with the National Guard Bureau, or an officer of any of the services detailed with the General Staff Corps, though eligible to command according to his rank, will not assume command of troops except those of his service or bureau in which he is on duty, unless put on duty under orders which specifically so direct by authority of the President; but any staff officer, by virtue of his commission, may command all enlisted men like other commissioned officers (AR 600-20).

b. Dual functions of certain surgeons.—Mobile medical units are commanded by the senior officer of the Medical Corps assigned thereto and present for duty. Each surgeon of a separate battalion (and of other battalions under certain conditions (see FM 8-10), regiment, and division is assigned to the unit of Medical Department troops which is an organic part of the command of which he is surgeon. Each is in immediate command of such unit in addition to being a special staff officer of his own commander.

c. General command functions of all surgeons.—Surgeons of echelons other than those mentioned in *b* above ordinarily are assigned to the headquarters of the commands of which they are staff officers.

■ **8. TRAINING.**—*a. References.*—For a detailed discussion of training management and methods, see FM 21-5. For special training required in any one unit, consult the paragraph of this manual dealing with the unit in question.

b. Responsibility.—Every commander is responsible for the state of training of his command.

c. *Scope.*—The scope of training depends primarily upon the amount of time that can be devoted to it since there is scarcely a reasonable limit to the training that can be given with profit to Medical Department soldiers. Training objectives are set by proper authority from time to time and announced in orders issued to units. The training of medical troops may be divided into—

(1) *Disciplinary and basic training*, which is the elementary training given to soldiers of all arms and services.

(2) *Technical training*, which includes instruction in special subjects other than medical such as the use of transport, map reading, and construction of simple entrenchments.

(3) *Medical Department training*, which embraces the instruction given in subjects relating to sanitation and to the care, treatment, transportation, and accounting of the sick and injured.

(4) *Tactical training*, which is the instruction in the military aspects of the duties of the Medical Department soldier such as scouting and patrolling, use of cover and concealment, orientation in night combat, communication, and similar activities.

(5) *Program.*—One such program suitable for mobile medical units, based upon a training period of 13 weeks, is shown in appendix II. This program may be expanded or contracted to fit the time available.

d. *Method.*—(1) *Individual training.*—Certain instruction required by the Medical Department soldier must be directed at him individually even though given in groups for administrative reasons. This embraces instruction in the care of his clothing and equipment, in military courtesies, and in such medical subjects as anatomy, physiology, and bandaging.

(2) *Group training.*—As soon as the individual soldier has acquired sufficient proficiency to profit thereby, he should be trained as a part of his functional group such as an aid station group or a collecting station section.

(3) *Unit training.*—As soon as groups are able to function reasonably well, they should all be trained together to act as a coordinated unit. Training of this type is that given a battalion medical section, or a company of a medical battalion

or regiment, wherein that unit functions alone but as a whole.

(4) *Training of specialists.*—(a) *General.*—Over and above such training as he receives as a soldier and as a member of a group, section, and unit, each specialist must be given further training in his own specialty. Some of this training must be given individually; other parts may profitably be given in groups of like specialists.

(b) *Artificer.*—This specialist should have some natural talent as a mechanic and should be trained in the repair of equipment and the improvisation of simple field appliances.

(c) *Bugler.*—In proficiency with his instrument and in familiarity with all calls. In addition, the bugler should be trained as a runner (messenger).

(d) *Cook.*—Practical cooking, particularly of the field rations using field equipment; in baking, meat cutting, and mess sanitation, including the handling and preservation of foods.

(e) *Clerk.*

1. *General.*—General clerks are specially trained in the conduct of routine correspondence, in simple filing, and in the preparation and maintenance of unit and individual records and reports. In addition to general clerical training, each individual so rated is trained in certain phases of clerical work applicable particularly to the department to which he is assigned. For example, a clerk assigned to the surgical service is taught the spelling and meaning of words utilized in recording the more common surgical conditions and procedures, the form and arrangement of surgical diagnoses and reports of operations, and other pertinent clerical duties.

2. *Chief clerk.*—In all the duties of a general clerk and in addition in filing and in the organization of the administrative work of regimental headquarters. He must have a good working knowledge of Army Regulations and of all other current orders and regulations pertaining to administration.

3. *Admission clerk.*—Trained in the recording of admissions, the initiating and checking of the

emergency tags, and the general working of the admission department and property exchange.

4. *Company clerk*.—The company clerk must be familiar with the personnel administration of the company and in addition must be able to operate the message center. The latter function requires training in map reading, in signaling and other means of communication, and in the preparation and recording of messages.
5. *Headquarters clerk*.—Trained in the duties of detachment clerk.
6. *Record clerk*.—Trained in the maintenance of stock record accounts (numbering and filing of vouchers, arrangement and posting of stock records cards, etc.) and other supply records applicable to field usage.
7. *Supply clerk*.—While a supply clerk should be qualified generally as a clerk, he must be specially qualified in the technique of supply and particularly of medical supply. This includes familiarity with the nomenclature of items, with classes of supplies, and with all supply forms.
8. *Stock clerk*.—Trained in the arrangement, storage, care, and issue of medical supplies and the keeping of storeroom records. A high degree of familiarity with items and classes of medical supplies must be attained to facilitate checking incoming shipments and rapid filling and checking of issues to consuming units.
9. *Stock (shipping) clerk*.—Trained in the accomplishment of shipping tickets, invoices, and similar forms.

(f) *Chauffeur*.—Specially trained in the operation of the types of motor vehicles issued to the unit, both as individual vehicles and in convoy; in cross-country driving; in driving at night without lights; in the organizational equipment, if any, transported on his respective vehicle and its proper loading; and in first echelon maintenance of his vehicle as prescribed in FM 25-10.

(g) *Dental technician*.—Specially trained in the use, maintenance, and packing of dental equipment; in assisting dental officers in their operations; in sterilization; in first aid to

diseases of and injuries to the mouth and jaws; in dental hygiene; and in the preparation and maintenance of dental records and reports.

(h) *Electrician, general*.—Selected because of prior experience as a wireman, lighting wireman, or an electrician, he must possess the ability to install wiring systems, both for power and lighting, and have knowledge of the general maintenance and repair of all types of electrical equipment.

(i) *Electric plant operator*.—Trained in erecting and handling of small power or lighting plants; the operating and repair of generators and motors; the charging, operation, and maintenance of storage batteries; and the wiring necessary to connect motors with other electrical equipment.

(j) *Litter bearer*.—Litter bearers are given intensified training in orientation on the ground by day or night, determination of protected litter routes on various types of terrain, proper handling of litter patients, and physical exercise directed toward increasing strength and endurance. Strength and endurance are important qualifications of litter bearers. Faulty posture should be sought out and corrected, weak feet strengthened by appropriate exercises, and the most efficient methods of litter bearing taught them.

(k) *Machinist, general*.—Trained in the duties of a general mechanic, including construction, assembly, bench, and machine tool work. He is chosen, if possible, because of experience prior to entry into the service in some phase of machinist work.

(l) *Mechanic, automobile*.—The use of the tools of his trade, theory of the operation of internal combustion engines, diagnosis of malfunctioning, common adjustments, installation of smaller spare parts and assemblies, improvisation of emergency repair parts, lubrication, tire repair, and the extrication of vehicles from obstacles.

(m) *Medical records sergeant*.—As the general clerk in the company.

(n) *Medical technician*.—Specially trained in practical nursing under the restricted conditions obtaining in the field; in taking and recording the temperature, pulse, and respiration in all different ways; in catheterization; in giving enemas and irrigations; in hypodermic medication; in the matériel required for different medical procedures; in the proper handling and disposal of fomites and other infected mate-

rials; in the disinfection of instruments and apparatus and in the general use of common disinfectants such as dilute alcohol, phenol, and bichloride of mercury; and in the recording of entries on field medical records.

(o) *Motorcyclist*.—In addition to the training outlined in *f* above, they should be specially trained as messengers which includes proficiency in the accurate transmission of oral messages; map reading and orientation on the ground, both day and night; and a thorough knowledge of the organization of the detachment, of the regiment of which it is a part, and of the medical service of the next higher echelon.

(p) *Motor sergeant*.—All the qualifications of an automobile mechanic and, in addition, to be qualified in the operation of motor transport, in convoy control, in motor transport supply and salvage, and in the general system of motor transport maintenance.

(q) *Male nurse*.—Trained in general ward administration; the care, handling, dosages, and usages of the more common drugs and medicines; the bathing and general care of medical and surgical cases; the technique of the enema, catheterization, gastric lavage, and similar procedures; the taking and recording of pulse, temperature, and respiration; and the special procedures indicated in the care and treatment of orthopedic, preoperative, post-operative, and shock cases. Above all, they are trained to *know their limitations* and to recognize untoward symptoms indicating that a medical officer should be notified.

(r) *Mess sergeant*.—Qualification as a cook (see *d*) above, and in addition in mess management, accounts, preparation of menus, constitution of all types of rations, and messing on trains and transports.

(s) *Optical specialist*.—Given any training necessary in addition to that acquired prior to entry into the service by temporary duty in civil laboratories or factories specializing in optical supplies.

(t) *Pack driver*.—Specially trained in the general care of animals and the special care of pack animals; in the application, adjustment, loading, and care of the pack saddle; and in the proper disposition of the organizational equipment among the loads.

(u) *Plans and training sergeant*.—Trained as a special assistant to S-3. Must be specially qualified in map reading,

in the preparation of situation and operation maps, and in other forms of draftsmanship useful in the preparation of training material. Should also be trained as a clerk.

(v) *Personnel sergeant major*.—Trained to the point of expertness in personnel administration; thorough familiarity with all orders and regulations pertaining to this function.

(w) *Photographer (repairer) X-ray*.—Trained in the operation, handling, and caring for X-ray machines and their accessories; the necessary precautions against injury to himself and others due to the X-ray and X-ray machines; the assembling, installing, repairing, and adjusting X-ray machines; and the handling and caring for X-ray plates and screens. Whenever possible, this training is acquired by attendants at appropriate service schools.

(x) *Stenographer*.—This specialist should be a qualified stenographer prior to enlistment and should be trained in addition as a general clerk.

(y) *Supply sergeant*.—All the technique of supply and salvage, including nomenclature, classification, procurement, accounting, storage, distribution, and disposition of all kinds of property and supplies issued to the organization.

(z) *Stable sergeant*.—Trained in stable management and sanitation; the care, handling, and feeding of animals; the rudiments of caring for sick and injured animals; the handling and issuing of forage and the determining of its fitness for animal consumption; the care of transport and tools habitually kept at stables; and the keeping of such records as the descriptive card of public animals, record of stable property, forage record, shoeing record, morning report of animals, and sick report of animals.

(aa) *Shipping packer*.—Trained in the proper methods of packing, boxing, and crating medical supplies, with emphasis on economy of space, segregation of items by class whenever possible, and the precautions necessary to minimize the likelihood of damage to items while in transit.

(ab) *Sanitary technician*.—Specially trained in the general methods of control of communicable diseases; in the sterilization of drinking water; in the collection of samples of water for chemical and bacteriological examination; in the general aspects of the sanitation of messes; in measures for disposal of wastes in the field; in the construction and operation of field sanitary devices such as Serbian barrels, in-

cinerators, latrines, grease traps, and soakage pits; in the control of flies, mosquitoes, and other noxious insects; in the technique of venereal prophylaxis and the operation of prophylaxis stations; and in such phases of mass physical examinations as the taking of weight and measurements, the routine testing of the special senses, and the recording of the results of such examinations.

(ac) *Surgical technician*.—Trained in all aspects of surgical asepsis; in the matériel required for different surgical procedures; in assisting a medical officer in minor surgery; in the repair and maintenance, including sharpening, of surgical instruments; in hypodermic medication; in surgical dressings and the surgical nursing that can be undertaken in the field; in special bandaging and special methods of fixation of fractures; and in the recording of entries on field medical records.

(ad) *Truckmaster*.—Trained in the duties of a chauffeur; the mechanics and construction of automotive vehicles; the determining of the mechanical conditions and fitness of motor vehicles for operation and the preliminary diagnosis of repair requirements; the dispatching of motor vehicles; convoy driving; the operation of motor vehicles by day or by night, with or without lights; first echelon motor repair and maintenance; the accomplishment of all forms pertaining to motor vehicles; the military and civil highway and traffic regulations; and the loading, handling, and unloading of supplies.

(ae) *Veterinary technician*.—Specially trained in the following procedures as they pertain to animals: practical nursing under the restricted conditions obtaining in the field; in taking and recording temperature, pulse, and respiration; in catheterization; in giving of enemas and irrigations; in the administration of medicines; in the application of special dressings and bandages; in the application of blisters and their after care; in the handling of cases of communicable diseases; and in the preparation of veterinary records, reports, and returns.

(af) *Ward attendant*.—Along the same general lines as medical and surgical technicians, but with special stress on nursing.

(5) *Combined training*.—It is of the utmost importance that every officer and enlisted man of those medical units directly supporting troops of the arms and other services be thoroughly familiar with the tactical dispositions and opera-

tions of the troops they serve. While a certain amount of this knowledge may be imparted by schools and unit training, the only satisfactory training in this respect is that obtained by participation in the field exercises of the other troops.

e. Management.—(1) *Instructors.*—All officers, noncommissioned officers, and specialists within the limits of their individual qualifications should be used as instructors. The more instructors, the smaller the instruction groups and the better the instruction. It must be remembered, however, that the quality of the training cannot be expected to be higher than the qualifications of the instructors, and every effort must be made to qualify instructors, not alone in the scope of their knowledge but, often of greater importance, in their ability to impart knowledge to others.

(2) *Specialized schools.*—It will prove advantageous to conduct specialized schools for men to be trained along more or less restricted lines such as clerks, medical, surgical, and sanitary technicians, and others. In larger units, the unit may operate its own school, but with smaller units such as medical detachments, it should prove more economical and more efficient to conduct one such specialized school for those specialists of several detachments such as a division school for medical technicians or a division school for medical clerks. Such schools, however, do not relieve the unit commander of his responsibility for the state of training of his own men.

f. Concurrent training.—(1) It is administratively possible to concentrate upon training in one or two subjects until they have been completed and then to proceed to other subjects in turn. Such a course is objectionable for two reasons. If it becomes necessary to limit the period of training, the soldier's training is poorly balanced; he is well trained in the subjects that have been covered and entirely ignorant of the others, and the soldier is very apt to lose interest if surfeited with a few subjects. His interest and cooperation are best stimulated by a diversified program.

(2) However, there is a limit to the subjects that can be taught concurrently. Certain instruction requires a background which must first be established. For example, instruction in convoy driving should not be given until drivers are qualified to operate individual vehicles, and some instruction in anatomy, physiology, and pharmacy should precede instruction in the treatment of gas casualties.

g. Replacements.—The majority of replacements, both filler and loss, will have received some training before joining a unit. Both the amount of training received and the amount absorbed to advantage may vary within wide limits. Each replacement is an individual problem, and the state of his training should be carefully tested so that important deficiencies may be corrected and tiresome and unnecessary repetitions avoided.

■ 9. SUPPLY.—*a. Responsibility.*—Commanders of administrative units are responsible for the supply of their respective units, including the subordinate elements thereof. The functions of certain echelons of command are exclusively or almost exclusively tactical, and such commanders have no supply responsibility or a limited responsibility, as the case may be.

b. Classification.—According to the purpose of the classification, supplies are classified in the following different ways:

(1) *By using arms and services.*—Supplies are either general or special. *General supplies* are those used by two or more arms and services such as rations, clothing, cleaning materials, etc., with the exception of certain special and technical articles such as arms, compasses, first-aid packets, etc. *Special supplies* are those used by a single arm or service, together with the special and technical articles excepted from general supplies such as surgical instruments, map-making instruments and equipment, telephones, and airplane parts.

(2) *By procuring (and issuing) arms and services.*—*General supplies* are issued (and, insofar as the Army is concerned, procured) by the Quartermaster Corps. *Special supplies* are procured and issued by the several supply arms and services according to allocations made by the War Department, and are known by the name of the procuring and issuing arm or service such as engineer supplies, ordnance supplies, quartermaster supplies, medical supplies, etc.

(3) *By necessity for accountability.*—(*a*) *Expendable.*—The necessity for accountability is fixed by regulations or orders for each item of supply. In general, articles which are *consumed* in use such as ammunition, footpowder, paint, fuel, forage, cleaning and preserving materials, surgical dressings, drugs and medicines, etc., and such spare or repair parts as are used to repair or to complete other articles and thereby lose their identity, are classified as expendable.

(b) *Nonexpendable*.—Such articles as are *worn out* rather than consumed such as arms, surgical instruments, X-ray apparatus, motor transport, etc., other than spare or repair parts therefor, are classified as nonexpendable.

(4) *For distribution in field*.—For simplicity and convenience in administration, all supplies required by troops in the field, regardless of other classification, are divided into five classes: class I, II, III, IV, and V. For the nature of each class, see FM 100-10.

c. Administration.—(1) *Procurement*.—Each article of supply is procured by the supply arm or service to which it is allocated. The great bulk of supplies are procured in the zone of the interior, although some may be acquired in the theater of operations.

(2) *Storage*.—Reserve stocks of supplies are maintained in depots. Depots may be either general depots, in which two or more supply arms or services are represented by branch sections, or arm or service depots, each of which is operated by a single supply arm or service.

(3) *Distribution*.—(a) *Zone of interior depot*.—Supplies procured in the zone of the interior ordinarily are delivered to zone of the interior depots. These are the largest of all depots and maintain the highest levels of stocks. They ship supplies to theater of operations depots.

(b) *Theater of operations depot*.—These depots are usually located in the communications zone when such is established, and may be either general or arm or service. They maintain a lower level of stock than zone of the interior depots, and in turn they ship to army depots.

(c) *Army depot*.—Army depots are supply points located in army areas where supplies are received and unloaded, classified and stocked for issue to unit trains.

(d) *Corps and division supply point*.—Corps and divisions normally operate no depots and maintain only small reserve stocks. An independent corps, however, may operate depots comparable to army depots, and when operating independently a division may operate depots temporarily.

d. Unit supply officer.—(1) *Status*.—On the staff of every regiment, separate battalion, and comparable unit is a unit supply officer or S-4.

(2) *Principal duties.*—(a) Keeps his commander informed of the supply situation within the unit, and advises him upon all supply matters.

(b) Receives the requests of commanders of subordinate elements (companies and detachments) for supplies, consolidates such requests by issuing arms or services (quartermaster, ordnance, medical, etc.), and prepares and forwards the necessary requisitions.

(c) Upon receipt of the supplies requisitioned, distributes them among the subordinate elements according to their needs as given in their requests.

(d) In many organizations commands the service company or comparable element.

e. Company supply.—(1) *Procurement.*—Subordinate commanders request of the unit supply officer such supplies as are required by their respective companies or detachments. Such requests may be submitted periodically or at irregular intervals, depending upon the policies of the unit commander and the supply situation. Ordinarily such requests are in the form of informal memorandums, but formal requisitions may be required. While segregation of items by issuing arms and services may be required to facilitate the task of the unit supply officer, separate requests for each class of supplies are not usually necessary.

(2) *Distribution.*—No reserve stocks are ordinarily maintained by companies or detachments. Upon receipt of supplies from the unit supply officer, they are distributed at once among the personnel or placed in the equipment, as the case may be.

(3) *Administration.*—The company or detachment overhead includes a supply sergeant. Depending upon the volume of supply administration, the supply sergeant may have enlisted assistants or may be given additional duties. He is directly responsible to the company detachment commander in supply matters. He prepares the requests for supplies, maintains all supply records, and assists the unit commander to keep a constant check upon the property on hand.

(4) *Accounting.*—Except in active operations, all property and supplies are issued to companies and detachments on memorandum receipt. The company or detachment commander is *responsible* for such property. The unit supply

officer is *accountable* for all property issued to subordinate companies and detachments.

■ 10. EQUIPMENT.—*a. Individual.*—(1) The field equipment of all officers of the Medical, Dental, and Veterinary Corps, and of all enlisted men of the Medical Department who are assigned to Medical Department tactical units (medical regiment, squadron, separate battalion or company) and to detachments attached to troops of the arms and other services includes a kit of instruments, drugs, and dressings for the emergency and first-aid treatment of sick and injured men or animals. This equipment is specialized to meet the needs of medical, dental, and veterinary service, and corresponding with the degrees of technical training, the kits of officers are more elaborate than those of noncommissioned officers, and those of the latter are more elaborate than the kits of privates. For the contents of the several kits, see FM 8-10.

(2) The other personal equipment (pack, canteen, extra clothing, etc.) of officers and enlisted men of medical detachments is of the same type carried by other officers and enlisted men of the same unit. In general, for detachments of dismounted and motorized units it is that of the infantryman, and for mounted units that of the cavalryman.

b. Organizational.—Organizational equipment consists of—

(1) *Medical.*—See appropriate Medical Department basic equipment list.

(2) *Quartermaster.*—See T/BA No. 8.

■ 11. DRILLS AND CEREMONIES.—*a. Drill.*—(1) *Close order.*—Close order drill is the only drill practiced by medical units. Litters are not carried in drills and ceremonies. Certain training is conducted in groups and with movements conforming to an established cadence such as in the use of the litter, but these are to be regarded as methods of instruction rather than as drill.

(2) *Formations.*—Medical detachments approximate as nearly as possible the close order formations employed by the units to which they are attached. Dismounted detachments conform to infantry drill regulations (see FM 22-5). Whenever practicable, the internal tactical organization is preserved. Medical battalions and regiments drill by command when in mass formation.

b. Ceremonies.—All mobile medical units should be trained

in forming for inspection with and without field equipment. Medical regiments, battalions, and squadrons may be required to participate in reviews, parades, and funerals, and should be given a reasonable amount of training in such ceremonies. Detachments participate in the ceremonies of the unit; sections may participate in battalion reviews. The detachment is usually formed as a unit in regimental ceremonies, the detachment commander participating as the surgeon on the staff of the unit commander.

CHAPTER 2

ATTACHED MEDICAL PERSONNEL

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SECTION I

GENERAL CHARACTERISTICS

■ 12. DISTRIBUTION.—A medical detachment is an organic component of every regiment and every separate battalion or comparable unit of the troops of all arms and services except medical. There are a few separate companies of the services which include small detachments of medical personnel, and medical personnel may be attached temporarily to other units smaller than a battalion.

■ 13. STATUS.—The medical detachment of a regiment has the same status in that regiment as any one of the companies that are not parts of a battalion such as the headquarters company or the service company. The medical detachment of a separate battalion has the same general status as any company of that battalion.

■ 14. TYPE ORGANIZATION.—*a. Regimental medical detachments.*—These detachments are organized into a headquarters section and a number of battalion sections corresponding to the number of battalions in the regiment. When a veterinary service is provided, there is in addition one veterinary section. For examples, see figures 2, 3, and 4. (T/O 7-11, T/O 2-11, T/O 6-80.)

b. Separate battalions.—The medical detachments of separate battalions consist of a headquarters and a battalion section. Veterinary personnel, when included, constitute an additional section.

c. Internal organization of section.—No internal organization is prescribed for any subordinate section of a medical detachment. This is a responsibility of the detachment commander. In the organization charts included in this manual, prescribed organization is shown in solid lines. The

functional grouping upon which Tables of Organization are constructed is shown in broken lines. Such grouping has proved satisfactory in most situations and may be followed generally. It is not to be regarded as mandatory, and it may be modified to meet unusual situations.

■ 15. FUNCTIONS.—A unit medical detachment furnishes a continuous first echelon medical service to the unit of which it is a part, the more important specific functions of which are—

a. In other than combat situations.—(1) The operation of one or more dispensaries for the reception of all sick and injured of the unit, for their emergency care and treatment, and for the definitive treatment of such as do not require hospitalization.

(2) The removal to a dispensary or other designated place of such sick and injured as are unable to walk.

(3) Assisting the unit surgeon in discharging certain of his staff functions such as those in connection with sanitation, physical examinations, and the instruction of all personnel of the unit in first aid and hygiene, and in providing the clerical and other administrative overhead for the unit surgeon's office.

(4) Participation in ceremonies with other elements of the unit.

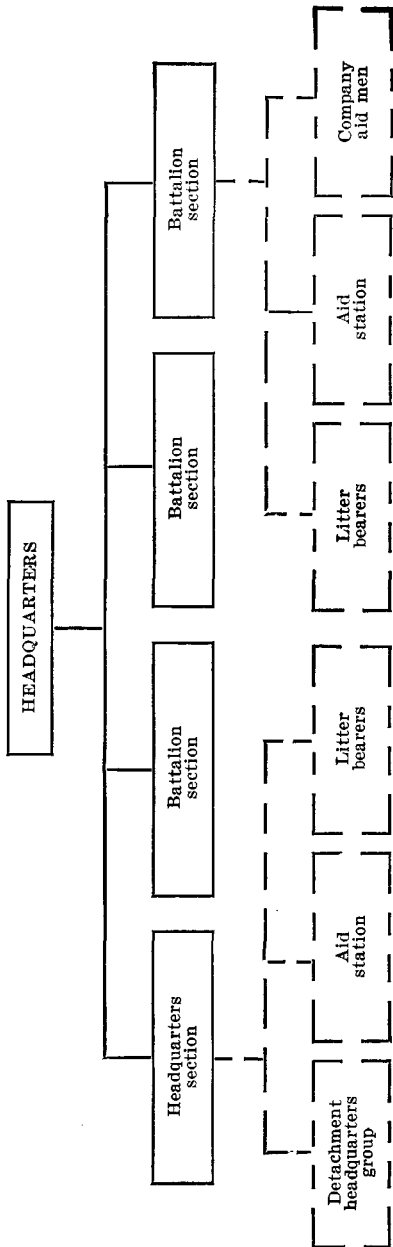
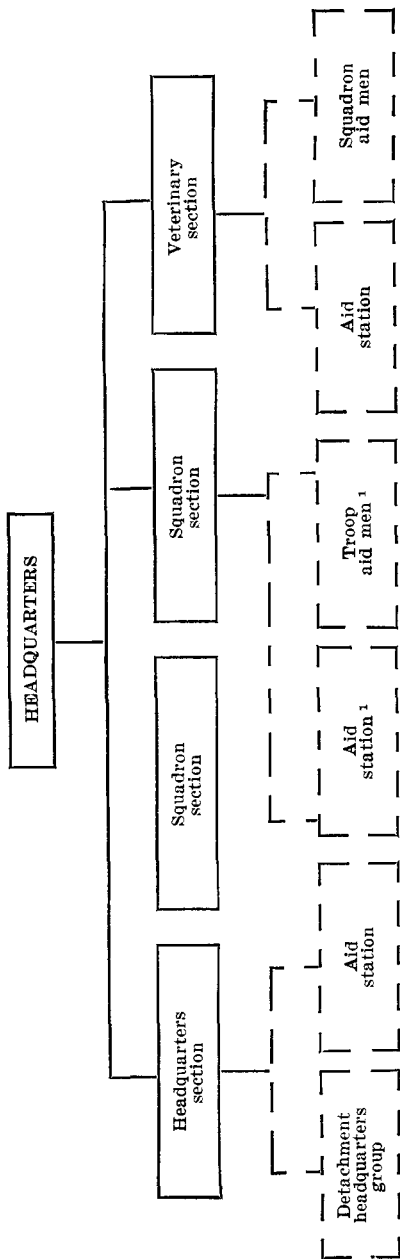


FIGURE 2.—Organization of medical detachment of infantry regiment.



¹ If indicated, as in dismounted action, one litter squad may be formed by withdrawing one man from the aid station squad and one aid man from each of the troops of the squadron.

FIGURE 3.—Organization of medical detachment of calvary regiment, horse.

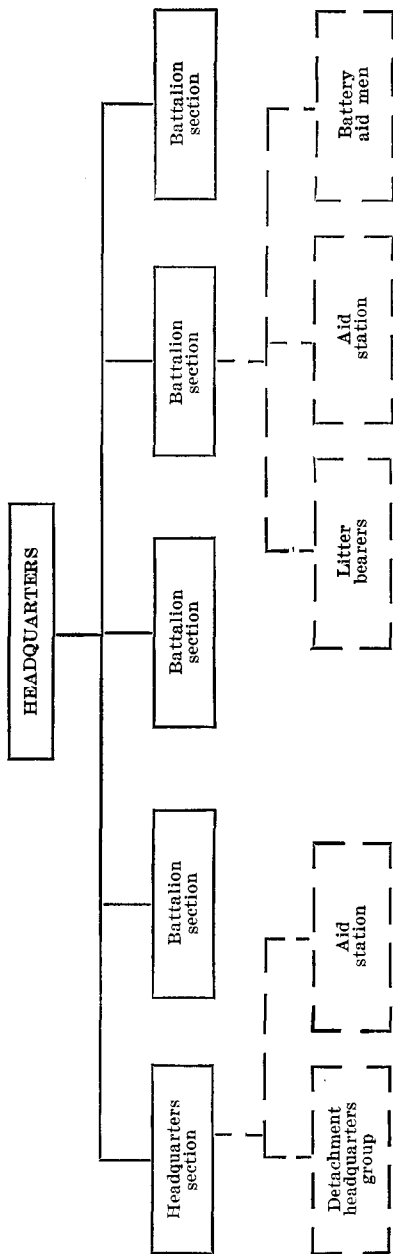


FIGURE 4.—Organization of medical detachment of division artillery, triangular division.

b. In combat.—(1) The application of first aid as soon as possible after the incurrence of injury.

(2) The establishment and operation of aid stations for the reception, sorting, temporary care, and emergency treatment of casualties.

(3) The removal to an aid station or other designated place of such casualties as are unable to walk.

■ 16. HEADQUARTERS.—*a. Status and organization.*—(1) The headquarters of any unit is the directing and coordinating head. It invariably includes the unit commander, frequently includes such other commissioned personnel as are engaged primarily in assisting him in the exercise of his command functions, and may include other overhead of the unit such as a clerical force and supply and housekeeping personnel.

(2) The headquarters of a medical detachment is limited to the detachment commander. The other detachment overhead is assigned to the headquarters section (see par. 17*b*(2)), dividing its activities between tactical and administrative functions as the situation indicates.

(3) The headquarters of a unit is not a part of any subordinate element of that unit, but stands in the same relationship to all of the elements in the next subordinate echelon.

b. Functions.—(1) Command and coordination of the next subordinate elements, the sections.

(2) Administration of all sections, including all reports and returns, supply, and maintenance of transport.

■ 17. HEADQUARTERS SECTION.—*a. Status.*—The headquarters section is one of the subordinate elements of a regimental medical detachment, being in the same echelon of command as are the battalion sections and, when included, the veterinary section. The headquarters section occupies no preferred position, but stands in the same relationship to the detachment headquarters as do other sections.

b. Organization.—(1) *General.*—Because of the wider scope of functions, the organization of the headquarters section must be more flexible than that of other sections. The majority of its personnel will be assigned two duties, one tactical and the other administrative.

(2) *Functional.*—(a) A regimental aid station group is indicated in most organizations. Company aid men ordinarily are not furnished from the headquarters section. In larger

units one litter squad may be included. The unit dental service is usually assigned to the headquarters section (see *e* below).

(b) A detachment headquarters group will be required for routine administration, but this personnel must be kept available for combat duty whenever they are needed in the latter capacity.

c. Functions.—(1) First echelon medical service for the regimental headquarters and for such companies of the regiment as are not included in the battalions (the headquarters company, service company, and similar units).

(2) First echelon medical service for battalions in reserve in order to allow such battalion sections to preserve complete tactical mobility.

(3) Relieve a battalion section of accumulated casualties in order that it may regain its tactical mobility.

(4) Serve as a pool of replacements and a source of reinforcements for battalion sections.

(5) All administrative operations of the entire detachment.

(6) Assist the regimental surgeon in the discharge of certain of his staff duties (see par. 15 *a*(3)), although the personnel of the other medical sections, unless attached elsewhere, may also be used for such duty.

d. Command.—(1) The headquarters section is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

(2) The section commander is immediately responsible to the detachment commander (regimental surgeon). Under ordinary circumstances, this section is not detached for service with one of the subordinate elements of the regiment as are battalion sections.

e. Dental service.—(1) Dental officers and dental technicians regardless of number ordinarily are assigned to the headquarters section. The senior dental officer is the unit dental surgeon (see FM 8-10).

(2) Dental officers and technicians are trained in the general duties of the medical service. When not so engaged, in other than combat situations dental technicians are habitually at the disposal of the dental service for technical training and employment. In combat, dental personnel are available for any duty that may be required of them.

■ 18. BATTALION SECTION.—*a. Status.*—The battalion section is a subordinate element of the regimental medical detachment and not of the battalion it normally serves except when it is attached thereto. The position it occupies in the detachment is comparable to that of a battalion section of the communications platoon of the headquarters company, or that of a battalion section of the transportation platoon of the service company of the infantry rifle regiment. It is designed to serve a battalion but it is operated under battalion control only at such times as central control of the medical service of the regiment is impracticable. It is usually attached to its battalion when in the presence of the enemy, and invariably so in combat. It is trained largely under regimental control, and operates under such control whenever its attachment to its battalion is not indicated.

b. Organization.—(1) *General.*—The battalion section is exclusively a tactical unit. It is not organized for administration and if charged with administrative responsibility must improvise such organization at the expense of other functions.

(2) *Functional.*—Every battalion section is large enough to be divided into at least two functional groups, the aid station group and company aid men. In those cases in which the tactical characteristics of a unit indicate the need of litter squads, the battalion sections are made of sufficient strength to provide for the constitution of this third functional group.

c. Functions.—(1) When attached to its battalion, close medical support of that battalion.

(2) When not attached to its battalion, a share of the general duties of the regimental medical detachment.

d. Command.—The battalion section is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. When the section is attached to its battalion, the section commander (battalion surgeon) is immediately responsible to the battalion commander, the regimental surgeon in his staff capacity exercising only technical supervision over the operations of the battalion sections. When not so attached, however, the section commander is immediately responsible to the detachment commander (regimental surgeon).

■ 19. **VETERINARY SECTION.**—*a. Status.*—The veterinary section is a subordinate element of the unit medical detachment.

b. Organization.—(1) *General.*—The veterinary section is exclusively a tactical unit. It is not organized for administration (except that connected with the preparation of veterinary reports and returns) and if charged with other administrative responsibility must improvise such organization at the expense of other functions. It is administered by the detachment headquarters in the same manner as are other sections.

(2) *Functional.*—The functional organization of a veterinary section depends upon the type of unit it serves and the situation. Two types of functional organization feasible are—

(a) When the section is operating as a single unit, it may be organized into a veterinary aid station group, a collecting group (corresponding to litter bearers in other sections), and squadron (or battalion) veterinary aid men.

(b) When the section is divided among squadrons or battalions, each subsection thereby created is too small for formal functional grouping, and duties must be apportioned among the personnel of such subsections as the occasion indicates.

c. Functions.—(1) *First echelon veterinary service.*

(2) Assists the unit veterinarian in the discharge of certain of his staff duties such as those in connection with veterinary sanitation, physical examination of animals, and the inspection of foods of animal origin issued to the unit.

d. Command.—The veterinary section is commanded by the senior officer of the Veterinary Corps assigned thereto and present for duty. He is immediately responsible to the unit surgeon.

SECTION II

ENLISTED PERSONNEL

■ 20. **GENERAL QUALIFICATIONS.**—The basic qualities desirable in a soldier of a unit medical detachment are no different than those desirable in combat soldiers. He should be courageous because he must accompany his unit into the first line of combat. He should be endowed with a high order of physical fitness because he often labors longer hours than does the

soldier of other arms and services. He should be strong because he often bears heavy burdens for long distances. He should be resourceful because he often works without close supervision and with scant means. He should be intelligent because he must learn a new art, and upon how thoroughly he learns it may depend the lives of other soldiers.

■ 21. VOCATIONAL QUALIFICATIONS.—*a.* Other things being equal, experience in the care of the sick and injured is an asset. But it must be remembered that few male employees of modern hospitals are engaged in medical care, and previous employment in such an institution is not necessarily any recommendation.

b. Probably the most frequent mistake made in selecting enlisted personnel for medical detachments is that of choosing a man who has been employed in a drug store. Of these, only trained pharmacists have had experience of any value to the medical service, and this experience is largely wasted in unit medical detachments.

c. By and large, the ideal soldier in a unit medical detachment will prove to be a strong, intelligent man, familiar with hard work and not afraid of it. Previous experience is of small importance, because such men are readily trained. A certain amount of education is desirable in noncommissioned officers and technical specialists.

■ 22. NONCOMMISSIONED OFFICERS.—*a.* The selection of noncommissioned officers should be one of the greatest concerns of the detachment commander. Upon the wisdom of his selections will depend, probably more than upon any other factor, the efficiency of his detachment.

b. The most important qualification for a noncommissioned officer of a medical detachment is *leadership*. Technical qualifications are of considerably less importance. No appointment should ever be made solely on the basis of clerical ability or technical skill. Formal examinations are frequently unreliable tests of the qualities essential in a satisfactory noncommissioned officer.

■ 23. SPECIALISTS.—*a. General qualifications.*—The only general qualifications required of specialists are knowledge and ability which may have been acquired either in part or in whole from experience in civil life or from training after entry into the military service.

b. Classification.—The classes of specialists allotted to medical detachments depend upon the type of the detachment, that is, whether it is mounted, pack, motorized, etc. Clerks and medical, sanitary, and surgical technicians are common to all detachments, and chauffeurs, dental technicians, motorcyclists, pack drivers, and veterinary technicians are added when indicated.

c. Training.—Specialists are trained as any other Medical Department soldier (see par. 8) and in addition are given the special training pertaining to their particular duties.

SECTION III

TRAINING

■ 24. MANAGEMENT.—*a.* See FM 21-5.

b. Training orders will be issued periodically by the regimental (or similar unit) commander. These will prescribe in general the nature and scope of the training of the medical detachment, and the objectives to be attained.

c. Training programs based upon the training orders of the unit commander are prepared by the detachment commander.

d. Instruction should be given solely from the point of view of the regimental medical detachment. The scope and objective of training in nursing in the medical detachment should obviously be different than training in the same subject in an evacuation hospital. It is not only useless but confusing to train a soldier in a technique that the situation or want of apparatus will not permit him to apply.

■ 25. GROUP TRAINING.—In addition to individual training given to all men and to unit training given sections and the detachment as a whole, the various functional groups should be given special and intensive training in the more important functions of their particular groups. Examples of this type of training are—

a. Aid station groups.—(1) Packing and unpacking chests, both in daylight and at night with and without lights, thoroughly to familiarize this personnel with each item of contents and its proper place in the chest.

(2) Loading and unloading of equipment, including such operations at night without lights.

(3) Establishing the aid station under varying conditions of terrain, weather, and combat.

(4) Knowledge of cover, concealment, and camouflage.

b. Company aid men.—Intensified training in—

(1) Orientation on the ground, day and night.

(2) Improvisation of surgical aids such as splints, litters, tourniquets, and other items.

(3) Manual transport of patients, that is, without litters. Company aid men should be expert in this art.

c. Litter squads.—Intensified training in—

(1) Orientation on the ground, day and night.

(2) Estimation of the terrain insofar as protected litter routes are concerned.

(3) Placing a patient upon a litter.

(4) Physical exercise directed toward increasing strength and endurance. Strength and endurance are the most important qualifications of litter bearers. Faulty posture should be sought out and corrected, weak feet strengthened by appropriate exercises, and the most efficient manner of bearing their burdens taught them.

■ 26. TRAINING OF SPECIALISTS (see T/O 7-11).—*a.* Specialists are trained for the following duties in medical detachments: chauffeurs, record clerks, litter bearers, motorcyclists, dental technicians, medical technicians, surgical technicians, and sanitary technicians.

b. Sanitary technicians of the veterinary service are specially trained in the routine sanitary inspections of animals, stables, and corrals, including methods of stable management such as feeding, watering, grooming, care of the feet, and exercise; in shoeing of animals; in fitting equipment to animals; in the storage, handling, and suitability of forage; in the control of communicable diseases of animals, including the disinfection of stables and equipment and the disposal of dead animals; and in the control of such fly breeding as is associated with the care of animals (see par. 8).

■ 27. UNIT TRAINING.—Unit training is conducted both by sections and for the detachment as a whole. It includes training in—

a. Dispositions and operations of attached medical personnel in the various situations in which the regiment (or

battalion) may be engaged such as in bivouac, on the march, and in the several types of combat.

b. Establishment of aid stations, the removal of casualties from the field thereto, and their proper dispositions therein. In section training, soldiers to act as casualties may be detailed from other sections not then occupied. In detachment training, if impracticable to have simulated casualties detailed from other units of the regiment, two detachments in the same vicinity may combine in such training, the personnel of each alternating in the roles of patient and of medical soldier. Animals for this type of training may ordinarily be obtained by veterinary sections.

c. Supply of sections in combat.

d. Entrucking and detrucking.

e. Entraining and detraining, including loading of matériel.

■ 28. COMBINED TRAINING.—a. As soon as sufficient progress has been made in individual and unit training to profit by combined training, every effort should be made to participate in the tactical exercises of the other elements of the unit. Battalion sections should take part in the exercises of their respective battalions, and the entire detachment in exercises in which the unit as a whole engages.

b. Combined training is of the greatest importance. Complete familiarity with the tactical dispositions and operations of the unit it serves is essential to the proper functioning of a medical detachment.

■ 29. DRILLS AND CEREMONIES.—See paragraph 11.

SECTION IV

EQUIPMENT AND INSTALLATIONS

■ 30. INDIVIDUAL EQUIPMENT.—See paragraph 10.

■ 31. ORGANIZATIONAL EQUIPMENT.—The equipment of medical detachments varies with the character of the organization it serves.

a. *Per headquarters section, regimental medical detachment except pack artillery; battalion medical section, except in infantry regiment, cavalry regiment (horse), and pack artillery regiment; medical detachments of separate units not otherwise provided for.*

Article	Unit	Quantity
Chest, Medical Department:		
No. 1.....	Each.....	1
No. 2.....	do.....	1
Water sterilizing set.....	do.....	1
Lantern set.....	do.....	1
Cocoa unit.....	do.....	1
Tent, pyramidal, large, complete with fly, poles and pins.....	do.....	1
Tent pins.....	Case.....	1
Blanket set.....	Each.....	1
Litter:		
Aluminum poles.....	} do.....	6
or		
Wood poles.....		
Axe, with helve.....	do.....	1
Pick, with helve.....	do.....	1
Shovel, with D-handle.....	do.....	1
Bucket, GI, 14-quart.....	do.....	3
Flag, Geneva Convention.....	do.....	1
Rope, ½-inch, 40 feet.....	Each.....	1
Cover, load, heavy canvas.....	do.....	2
Brush, horse, Chinese bristle.....	do.....	2
Bag, canvas, feed.....	do.....	2

b. Battalion section.—(1) Per infantry battalion section.

Article	Unit	Quantity
Chest, Medical Department:		
No. 1.....	Each.....	2
No. 2.....	do.....	1
Water sterilizing set.....	do.....	1
Lantern set.....	do.....	2
Splint set.....	do.....	2
Cocoa unit.....	do.....	2
Tent, small wall, complete with fly, poles, and pins.....	do.....	1
Tent pins.....	Case.....	1
Blanket set.....	Each.....	2
Litter:		
Aluminum poles.....	} do.....	12
or		
Wood poles.....		
Axe, with helve.....	do.....	2
Pick, with helve.....	do.....	2
Shovel, with D-handles.....	do.....	2
Bucket, canvas, 18-quart.....	do.....	2
Flag, Geneva Convention.....	do.....	2
Rope, ½-inch, 40 feet.....	do.....	2

(2) *Per squadron, section, cavalry (horse); battalion section, pack artillery; 2 per regimental headquarters section, pack artillery; section, separate battalion, pack artillery.*

1 each, chest, medical, pack A.

1 each, chest, medical, pack B.

Top load consisting of splint set, case, empty (containing):

Article	Unit	Quantity
Bandage, muslin.....	Each.....	6
Splint strap.....	do.....	2
Splint:		
Thomas, arm, hinged.....	do.....	2
Army, leg, half-ring.....	do.....	2
Support and foot rests.....	Pairs.....	2
Wire ladder.....	Each.....	2
Wire gauze.....	Rolls.....	2
Blanket:		
Olive drab.....	Each.....	1
Rubber.....	do.....	1
Litter, folding.....	do.....	1
Phillips pack saddle.....	do.....	1

(3) *Battalion sections of armored regiments.*—See Tables of Basic Allowances.

c. Dental dispensary.—For each dental officer assigned, 1 each, chest, Medical Department, No. 60.

d. Veterinary dispensary equipment and veterinary pack equipment.—See Tables of Basic Allowances and FM 8-10. For each squadron of horse cavalry and each battalion of pack artillery—

1 each, chest, veterinary, pack A.

1 each, chest, veterinary, pack B.

e. For the contents of the various indicated chests, see FM 8-10.

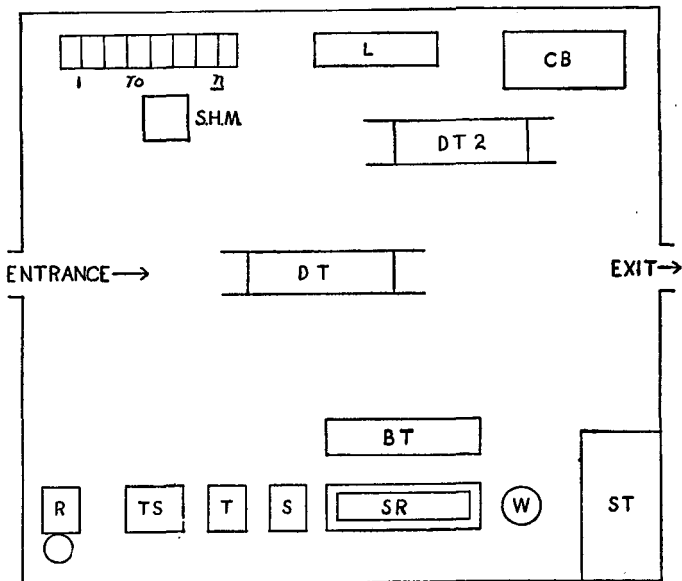
■ 32. PHYSICAL ARRANGEMENT OF AID STATION.—*a.* The physical arrangement of an aid station is determined by the site and the situation. The matériel must be fitted to the site, and in many situations only a part of the matériel will be used. It is important to provide proper spaces for the following three functions:

(1) Reception of casualties, and a place where they can await treatment if the station is crowded.

(2) Treatment of casualties; this may be further divided into places for the treatment of litter cases and of walking cases.

(3) For evacuees, after treatment, to await further evacuation.

b. Cases awaiting treatment and evacuees should be separated. Personnel handling gas cases avoid other personnel until such time as they can decontaminate their clothing



LEGEND

R	RECORDS	L	LITTERS
DT	DRESSING TABLE	S.H.M.	STAND FOR HYPO- DERMIC MEDICATION AND A.T.S.
S	TABLE WITH SOLUTIONS	DT 2	DRESSING TABLE FOR TREATMENT OF WALK- ING WOUNDED
T	TABLE WITH INSTRUMENTS	ST	SURPLUS STORES
SR	SPLINT RACKS	TS	STERILIZER TABLE
BT	TABLE WITH BANDAGE		
CB	CASE OF BLANKETS		
W	WATER		

1 TO n MEDICAL CHESTS

FIGURE 5.—One arrangement of aid station. Arrangements vary with characteristics of site.

and all gas cases are segregated (see fig. 5). For detailed discussion of aid stations, see FM 8-10. Other functions may be allotted to most convenient spaces available.

■ 33. ORGANIZATION AND OPERATION OF AID STATION.—The functions of an aid station are relatively constant, and the functional organization will depend largely upon the size of the aid station group among which the duties must be distributed. (See FM 8-10.)

a. Type functional organization.—As a type, the following functional organization of a battalion aid station is suggested. With the assignment of 5 medical and 3 surgical technicians as company aid men, and 12 unrated privates, first class, or privates as litter bearers, the following personnel remain for the aid station group: 2 officers, 1 staff sergeant, 1 corporal, 1 unrated private, first class, or private, and 4 chauffeurs. In case the latter for any reason are not available, the bearer group is a possible source of station personnel. In any event, the following distribution of station duties is suggested:

(1) *Officers (2).*—(a) One commands section; battalion surgeon; in charge of aid station; first-aid treatment, sorting, and preparation of walking wounded for evacuation.

(b) One is general assistant to section commander; first-aid treatment and preparation of litter wounded for evacuation.

(2) *Staff sergeant (1).*—Section sergeant; general supervision of all enlisted personnel; supply; assists the section commander in his technical functions.

(3) *Corporal (1).*—Assists the officer in charge of the litter wounded; in absence of trained technician, performs shock nursing, sterilizes instruments, and administers hypodermic medication.

(4) *Private, first class, or private, unrated (1).*—Casualty records.

(5) *Chauffeurs (4).*—Utilized when available for assistant in litter wounded department; assistant in walking wounded department; property exchange; drinking water; hot liquid nourishment for patients; shock nursing; sterilization of instruments; hypodermic medication.

b. Operations.—(1) Casualties from front line units normally arrive at an aid station by one of two ways, walking

with or without assistance, or carried by the litter squads of the battalion section. In other units casualties may arrive via ambulance or other transport.

(2) The casualty is examined and necessary first-aid treatment given either to enable him to return at once to duty or to prepare him for further evacuation. Such treatment is limited to the arresting of hemorrhage, immobilization of fractures, sterilization of wounds (so far as practicable under the conditions), application of sterile dressings to prevent further infection, and the administration of sera and other necessary preventive or palliative medication. If possible, the patient is sheltered from the elements and given a hot drink to relieve exhaustion and prevent or control shock. The necessary entries are made on his EMT, and he is either turned over, at the aid station, to the medical unit in direct support or returned to his organization.

■ 34. ORGANIZATION AND OPERATION OF VETERINARY AID STATION.—*a.* In general, the functions of a veterinary aid station parallel those of a medical aid station. Its functional organization will depend upon its prescribed organization and upon the characteristics of the unit it serves (see par. 19). The functions which will usually have to be provided for are—

- (1) Supply and property exchange (see FM 8-10).
- (2) Records of animal casualties; reports.
- (3) First-aid treatment, sorting of casualties, and preparation of animal evacuees for further evacuation.
- (4) Destruction of nonsalvageable animals and disposal of their carcasses.
- (5) Sterilization of instruments.
- (6) Preparation of special feeds.

b. Type functional organization.—As a type, the functional organization of a veterinary aid station of a field artillery regiment, 75-mm howitzer, horse, as given below, is suggested. With the assignment of 2 veterinary technicians, fourth class, and 2 privates, first class, or unrated privates as battalion veterinary aid men, the following personnel remain for the aid station group:

- (1) *Officers* (2).—(a) One commands section; regimental veterinarian; in charge of veterinary aid station; sorting; first-aid treatment of animals to be returned at once to duty.

(b) One is general assistant to section commander; in charge of the treatment of the more serious but salvageable cases and their preparation for evacuation.

(2) *Staff sergeant (1)*.—Section sergeant; general supervision of all enlisted personnel; supply; in charge of destruction and disposal of nonsalvageable animals.

(3) *Corporal (1)*.—Veterinary records and reports; sterilization; preparation of special feeds.

(4) *Veterinary technicians*.—(a) One fifth class, assistant to officer in charge of serious cases.

(b) One sixth class, assistant to officer in charge of less serious cases.

(5) *Privates, first class, or privates, unrated (2)*.—General care of patients; disposal of destroyed animals.

This particular veterinary section, however, may be divided between the two battalions of the regiment. In such case the battalion veterinary aid stations must operate with greatly reduced personnel, and the degree of functional organization of each will be correspondingly limited.

c. *Operations*.—(1) Obviously, all patients are ambulatory. They are conducted to the aid station either by battery personnel, by battalion veterinary aid men, or by details sent out from the aid station.

(2) Two criteria are applied in sorting. First, the animal is fit for immediate duty or not; if fit, it is given first-aid treatment and returned to duty. Second, if not fit for immediate duty, it is either economically salvageable or not. If economically salvageable, it is prepared for further evacuation and turned over at the aid station to the veterinary unit in direct support. If not economically salvageable, it is destroyed at once.

SECTION V

ADMINISTRATION

■ 35. ADMINISTRATIVE FUNCTIONS.—The administrative functions of a medical detachment may be divided into those associated with—

a. *Detachment administration*, which includes—

(1) *Personnel administration*, in all its phases such as discipline, records, reports, returns, pay, etc.

(2) *Supply*, as outlined in paragraph 37.

(3) *Maintenance* of transport and other equipment.

b. Surgeon's office, which includes the correspondence of the unit surgeon, and all medical records, reports, and returns for which he is responsible.

■ 36. ADMINISTRATIVE ORGANIZATION.—Enlisted personnel required for administration are detailed to the detachment headquarters (and surgeon's office) from the headquarters section. This usually will include the first sergeant, a supply sergeant, a detachment clerk, and such chauffeurs, messengers, and other personnel as are necessary. This administrative personnel must be considered to be available for any other duties required of them, especially in combat.

■ 37. SUPPLY.—*a. In other than combat situations.*—(1) *Responsibility.*—(a) The detachment commander is responsible for the supply of all sections.

(b) Section commanders keep the detachment commander informed of the status of the equipment of their sections and of their supply requirements.

(2) *Procurement.*—The detachment commander submits requisitions to the unit (regimental or separate battalion) supply officer for all classes of supplies required by the medical detachment.

(3) *Issue.*—The unit supply officer, upon receipt of supplies required by the medical detachment, issues them to the detachment commander upon memorandum receipt. The latter in turn causes them to be distributed among the sections according to their needs.

(4) *Accountability.*—The detachment commander is *responsible* for all property issued to the detachment, but is *accountable* for none.

b. In combat.—See FM 8-10.

■ 38. QUARTERS AND RATIONS.—*a. In posts or camps.*—(1) There are advantages in administration, supply, employment, and training of a unit medical detachment in quartering the several sections of the detachment together. Such an arrangement does not preclude joint training of the section with the unit it serves in action.

(2) Tables of Basic Allowances include no mess equipment for attached medical personnel, nor are cooks provided in Tables of Organization. In large detachments it may be expedient at times to draw mess equipment and detail cooks.

Otherwise, the detachment is messed with one of the companies, or each of the several sections with a different company.

b. In the field.—(1) In other than combat situations.—

(a) With the unit well concentrated, medical service may be centralized in one dispensary, and the entire detachment quartered in one area (see *a* above). However, dispersion of the unit over a considerable area will require a suitable distribution of the several sections of the detachment.

(b) In the field the medical detachment habitually messes with one or more of the companies of the unit. If the detachment is distributed among several companies, it is preferable that each battalion section mess with one company of its battalion, and that the headquarters mess with one of the companies not a part of a battalion. The veterinary section may be attached for rations with still another company that is conveniently located.

(c) When company aid men are attached to the companies, they will mess with their respective companies.

(2) *In combat.*—The several sections are quartered and rationed with the troops they are serving, company aid men with their companies, and the remainder of the section with one of the companies.

CHAPTER 3

MEDICAL BATTALION, TRIANGULAR DIVISION AND
CORPS

	Paragraphs
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SECTION I

BATTALION

■ 39. ORGANIZATION.—See figure 6 and T/O 8-65. The medical battalion is designed to serve the triangular infantry division and is likewise adaptable for the corps medical service. Each of the three collecting companies is designed to furnish medical support to one of the combat teams of the division, although such dispositions of these companies must not be considered invariable. The clearing company supports the entire division, and is so organized that it can displace its station without discontinuing its operations.

■ 40. STATUS.—The medical battalion is—

a. An organic element of the triangular infantry division, operating directly under division control.

b. A unit of corps troops, operating directly under corps control.

■ 41. FUNCTIONS.—*a. Division medical battalion.*—(1) Second echelon medical service within its division (see par. 5b).

(2) The operations connected with the medical supply of all units of the division, as distinguished from the planning and direction of division medical supply which is a function of the division surgeon.

b. Corps medical battalion.—(1) Second echelon medical service of units located within the corps area and in rear of division boundaries.

(2) The operations connected with the medical supply of units of corps troops (see also *a*(2) above). The corps surgeon plans and directs such medical supply.

(3) Under certain conditions, to reinforce division medical services.

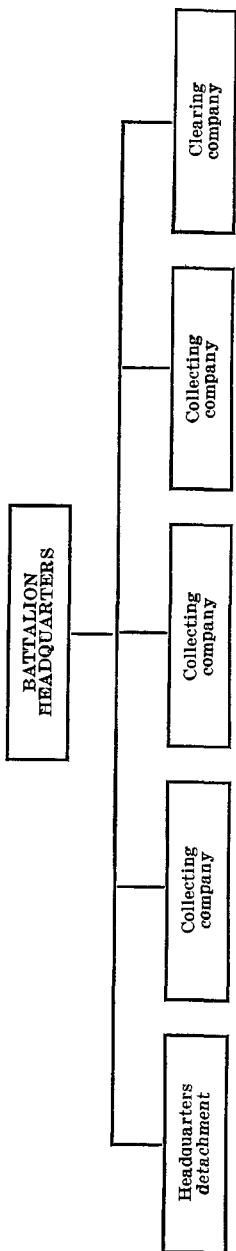


FIGURE 6.—Organization of medical battalion, triangular division and corps.

■ 42. **COMMAND.**—*a.* The division medical battalion is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. This officer is also the division surgeon, and in both capacities is immediately responsible to the division commander (see FM 8-10).

b. The corps medical battalion is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. This officer has no staff functions. He is responsible in his command function to the corps commander.

NOTE.—The corps surgeon may be designated by the corps commander within prescribed limits to supervise the operation of the corps medical battalion and of elements of the medical service in subordinate units. As in the case of all staff officers, the corps surgeon has no authority to command (see FM 101-5).

■ 43. **HEADQUARTERS.**—*a.* Headquarters consists of the battalion commander and his staff (see par. 45). To simplify administration, the enlisted personnel on duty with the headquarters are assigned to the headquarters detachment (see par. 57) in which unit they constitute the battalion headquarters section.

b. Battalion headquarters establishes and operates the battalion CP in which are located the offices of the battalion commander and his staff, and the message center. In other than combat situations the location of the CP is determined by available facilities and convenience to the areas of the subordinate units. In combat, however, all other considerations are subordinated to that of tactical control of the battalion. It should be located on the main axis of operations of the battalion with convenient communications to all subordinate units and to the division CP. (See FM 8-10.)

■ 44. **BATTALION COMMANDER** (see also par. 41).—The battalion commander is directly responsible to the division commander in division medical battalions, and to the corps commander in corps medical battalions, for the administration, discipline, training, and operations of the battalion in all situations. In accordance with policies and decisions of the corps or division commander, the medical battalion commander makes necessary decisions and his staff elaborates the details necessary to carry them into effect.

■ 45. **BATTALION STAFF.**—*a. General.*—The battalion staff assists the commander in the discharge of his command functions. It is not concerned in the division medical bat-

talion with the staff functions of the division surgeon (see FM 8-10). The battalion staff includes the executive officer (S-2), the plans and training officer (S-3), the adjutant (S-1), and the supply officer (S-4).

b. Executive officer.—(1) Principal assistant and advisor of the battalion commander. He heads the battalion staff. It is essential that he has the confidence of his commander and a thorough knowledge of the commander's policies and plans. He carries on much of the routine administration, informing the commander of the situation and of the actions taken. He obtains necessary decisions from the commander, makes the required supplemental decisions, and directs and coordinates the work of other battalion staff officers in the preparation of plans and orders. He keeps abreast of the situation in order to be able intelligently to advise the commander at all times.

(2) In the absence of the commander, he directs the activities of the battalion in conformity with the established policies of the commander.

c. Plans and training officer (S-3).—Concerned with all functions associated with the operations and training of the battalion. The more important of these are—

(1) Keeping constantly informed of the location and operations of each subordinate element of the battalion.

(2) Keeping informed of the state of training of each subordinate element of the battalion, and of the training policies and orders of the next higher echelon.

(3) Collection and evaluation of all data bearing upon the operations of the battalion.

(4) Preparation of training orders and programs for which the battalion commander is responsible.

(5) Preparation of the field orders issued by the battalion commander (see FM 8-55).

(6) Planning of operations, including anticipatory planning of possible future operations. As each situation unfolds he develops not only the plan adopted but also commences the preparation of contingent plans against possible eventualities, filling in the details as necessary data are accumulated.

(7) Preparation and maintenance of situation and operations maps; the supply of maps to subordinate commanders.

(8) Preparation of reports pertaining to operations and to training.

(9) Supervision, under the commander, of the training of the battalion.

d. Adjutant (S-1).—Charged with the conduct of all of the administration of the battalion except that pertaining to supply and to maintenance of equipment. The more important of his functions are in connection with—

(1) Correspondence of the battalion.

(2) Maintenance of an office of record for the battalion (files of correspondence, reports, returns, records, orders, etc.).

(3) Personnel administration, including that associated with replacements.

(4) Preparation, authentication, and distribution of all informative and directive matter issued by the battalion commander, except that associated with training and with combat operations.

(5) Casualty reports.

(6) Operation of the battalion message center.

(7) Postal service of the battalion.

(8) Educational, recreational, and welfare activities.

e. Supply officer (S-4).—(1) *Status.*—One officer serves in three capacities. He is the battalion supply officer (S-4), he commands the headquarters detachment (see par. 55), and he is the division or corps medical supply officer, as the case may be (see FM 8-10 and FM 8-15). He is assigned to the headquarters detachment.

(2) *Functions.*—As battalion supply officer, he—

(a) Prepares all requisitions for supplies required by all elements of the battalion.

(b) Issues all supplies to the elements of the battalion.

(c) Maintains the only stock record account of property in the battalion.

(d) Keeps the battalion commander informed of the supply situation, and projects supply planning into the future.

(e) Supervises, for the commander, the operation and maintenance of the transport of the battalion.

(f) Collects and disposes of the salvage.

(g) Supervises the disbursement of appropriated funds allotted to the battalion, except those for pay of troops. He

may be designated an agent of a disbursing officer to pay the troops of the battalion.

(3) *Enlisted assistants.*—To assist him in the discharge of his functions as battalion supply officer is the battalion supply group of the supply section of the headquarters detachment (see par. 58a).

■ 46. **ENLISTED PERSONNEL.**—*a. General qualifications.*—The medical battalion, being a mobile field unit the bulk of whose personnel is engaged in close support of front line units, requires personnel with the same general qualifications of those of unit medical detachments (see par. 20).

b. Vocational qualifications.—The range of vocational qualifications required is somewhat wider than in the case of unit medical detachments (see par. 21). Clerical personnel, in general, should be more capable, especially those of battalion headquarters and in supply. Good motor mechanics are essential because of the excessive demands often placed upon transport. The clearing company requires more and better trained medical specialists such as pharmacists and technicians trained in shock nursing.

c. Noncommissioned officers.—Noncommissioned officers must be leaders. (See par. 22.)

■ 47. **TRAINING.**—*a. Responsibility.*—The battalion commander is responsible for all training of the battalion except the combined training with other elements of the division or corps in accordance with the training directives laid down by the division commander. His subordinate commanders in turn are responsible to him for the training of their respective units, but the responsibilities of subordinate commanders in no way relieves the battalion commander of his responsibility for the training of the battalion as a whole and of each subordinate element thereof.

b. Management.—(1) The next higher commander (see par. 42) will prescribe in training orders the scope of the unit training, the general policies to be observed, and the objectives to be attained. Such directives ordinarily will be expressed in general terms which the battalion commander must interpret in more specific instructions to the several subordinate elements of the battalion. The amount of detail in battalion training orders will depend upon such factors as the experience and competence of subordinate commanders

and the nature of the training objectives. In the attainment of general objectives, reasonably competent subordinates may be permitted considerable latitude, but training for a special operation such as an attack of a river line or a night attack should be closely coordinated and supervised.

(2) Individual and subordinate unit training is conducted by the subordinate commanders who prepare the training programs, assign the instructors, and supervise the instruction. The battalion commander may facilitate individual instruction by establishing battalion schools in certain subjects. For the scope of such training, consult the manual pertaining to the unit concerned.

(3) Combined training with other elements of the division or corps is the responsibility of the appropriate higher commander who prepares the programs and conducts the training.

c. Battalion.—Battalion training, which is the joint training of the subordinate elements of the battalion to perfect them in operating with each other as a team, is the special responsibility of the battalion commander which is not shared by his subordinate commanders. Assisted by S-3, he prepares the programs and conducts the training. The scope of such training should include—

(1) *Tactical training* in—

(a) Second echelon medical service in all types of operations in which the division (or corps troops) may engage. Such training should be conducted both day and night, and under all possible conditions of terrain and weather.

(b) Medical support of security detachments.

(c) Marches and march control. Convoys, especially at night without lights. Antiaircraft protection on the march.

(d) Development of the battalion from marching columns and from bivouacs, day and night.

(e) Bivouacs, security, concealment, and camouflage.

(2) *Logistical training* in—

(a) Unit supply of all kinds under all conditions, unit distribution, railhead distribution, and medical supply in combat.

(b) Movements by motor (other than tactical), rail, and (when indicated) water. Loading of equipment on carriers, entrucking, entraining, and embarking, and the reverse operations.

- 48. DRILLS AND CEREMONIES.—See paragraph 11.
- 49. EQUIPMENT.—All equipment is in the possession of the subordinate units (see pars. 62, 74, and 85).
- 50. INSTALLATIONS.—The various installations of the battalion are—
- a. *Battalion command post.*—See paragraph 43.
 - b. *Battalion distributing point.*—See paragraph 63b.
 - c. *Battalion motor repair park.*—See paragraph 63d.
 - d. *Division (or corps) medical distributing point and dump(s).*—See paragraph 63c.
 - e. *Collecting station(s).*—See paragraph 75.
 - f. *Clearing station(s).*—See paragraph 86.
- 51. ADMINISTRATION.—a. *Personnel.*—The companies and the headquarters detachment submit morning reports (and such other rosters and reports as may be required) to battalion headquarters, where a consolidated morning report is kept and all personnel reports required by higher echelons are prepared.
- b. *Supply* (see par. 45e).—Supplies that are issued automatically in the field such as rations, fuel, etc., are issued on the basis of strength or status returns. The battalion supply officer ordinarily draws such supplies and distributes them among the companies on the same basis.
- c. *Maintenance of transport.*—First echelon motor maintenance is by the companies, second echelon by the motor maintenance section of the headquarters detachment, and third echelon by the quartermaster unit of the division or corps. (See FM 25-10.)
- d. *Care of sick and injured.*—The clearing company ordinarily operates a dispensary for the battalion. Certain reports of sick and wounded are required of unit surgeons. Since medical units do not include unit surgeons, the clearing company commander (or one of his assistants) for the purpose of such reports and returns may be designated to act in such a capacity.
- e. *Messing.*—Ordinarily each company and the headquarters detachment operate a mess. The personnel of battalion headquarters are messed with the headquarters detachment.

SECTION II
HEADQUARTERS DETACHMENT

■ 52. ORGANIZATION.—See figure 7 and T/O 8-66.

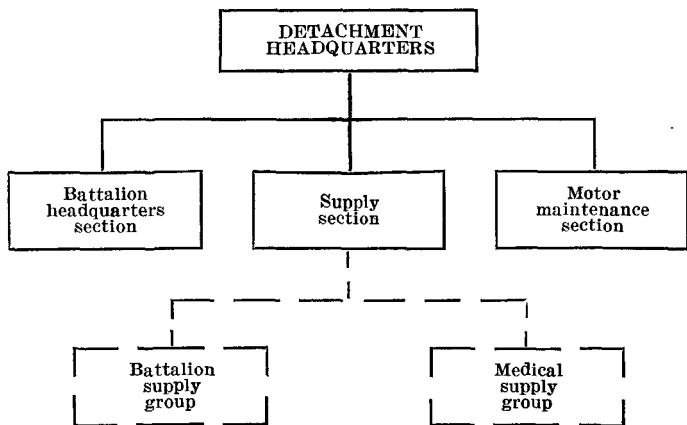


FIGURE 7.—Organization of the headquarters detachment, medical battalion, triangular division and corps.

■ 53. STATUS.—The headquarters detachment is an autonomous element of the medical battalion directly subordinate to the battalion commander, and comparable to the companies of the battalion.

■ 54. FUNCTIONS.—The functions of the headquarters detachment are exclusively administrative and include—

a. Furnishing of the enlisted personnel required in the operation of battalion headquarters (see par. 43).

b. All supply of the battalion.

c. Medical supply of the entire division or of all corps troops, as the case may be.

d. Second echelon maintenance of the battalion motor transport.

■ 55. COMMAND.—The detachment is commanded by the senior officer assigned thereto and present for duty. This same officer is also the battalion supply officer (S-4) (see par. 45e); and the division (or corps) medical supply officer (see FM 8-10).

■ **56. DETACHMENT HEADQUARTERS.**—Detachment headquarters includes the detachment commander and the overhead required for the administration of the detachment. It conducts the personnel administration of the detachment, the supply of the detachment (not to be confused with the functions of the supply section; see par. 58), and the maintenance of the detachment transport (first echelon maintenance, not the second echelon maintenance of the motor maintenance section), and operates the mess for the detachment and for the battalion headquarters.

■ **57. BATTALION HEADQUARTERS SECTION.**—Battalion headquarters section comprises the enlisted personnel for the operation of the battalion headquarters (see par. 43).

■ **58. SUPPLY SECTION.**—The supply section is commanded by an officer who is the assistant of the detachment commander in the supply functions only of the latter. The section is organized into two separate and distinct functional groups, although when necessary the personnel of one group should be used to assist the other. The constitution of these groups is not prescribed in Tables of Organization, and the organizations described below are to be regarded merely as suggestions.

a. Battalion supply group.—(1) *Personnel.*—One technical sergeant (battalion supply sergeant), one corporal (supply clerk), and certain privates, first class, and privates (including rated chauffeurs).

(2) *Functions.*—All the operations associated with the supply of the battalion such as the preparation of consolidated requisitions, the receipt of all supplies consigned to the battalion and their distribution among the elements of the battalion, and the maintenance of a stock record account for the battalion. This section is not concerned with the supply of the headquarters detachment other than to obtain supplies for it and to deliver them in bulk just as in the case of any other subordinate element of the battalion.

(3) *Operations.*—(a) Companies of the battalion, including the headquarters detachment, submit their supply requirements to the battalion supply officer. As approved by the battalion commander, these requirements are consolidated in this group by issuing arms and services, and such consolidated requisitions are forwarded through the proper channels to the proper supply agency. That is, all items

of quartermaster supply required by all elements of the battalion are placed on one requisition, all items of ordnance supply on another, all items of medical supply on another, etc. Upon receipt of such supplies, this group distributes them among the companies of the battalion in proportion to their original requests, or in any other proportion directed by the battalion commander.

(b) Supplies that are issued automatically are received by this group and distributed among the companies in proportion to their strengths.

b. Division (or corps) medical supply group.—(1) *Personnel.*—One staff sergeant (medical supply sergeant), one sergeant (assistant supply sergeant), and certain privates, first class, and privates (including rated chauffeurs and a clerk).

(2) *Functions.*—(a) Consolidation of the requisitions for medical supplies submitted by all units of the division or of corps troops, as the case may be, and the procurement of such medical supplies from the proper medical depot, usually that of the army.

(b) Distribution of medical supplies, usually at the medical distributing point, to unit supply officers.

(3) *Operations.*—(a) *In other than combat situations.*

1. Requisitions for medical supplies submitted through channels by unit supply officers (of all units of artillery, infantry, engineers, etc., and of the medical battalion itself), as approved by the division or corps surgeon with the authority of his commander, are sent to the division or corps medical supply officer. This officer consolidates such requisitions, and forwards his total requirements (either by requisition or as a draft against a credit) to the proper supply agency of a higher echelon, usually the medical supply officer of the army.
2. Upon receipt of such medical supplies, they are distributed (usually at the medical distributing point of the division or corps) to those unit supply officers who have made the requisitions therefor. Such supplies are dropped from the accountability of the division or corps medical supply officer and taken up on the stock record accounts of the unit supply officers receiving them.

3. Thus, in the case of medical supplies, the battalion supply officer (working through the battalion supply group of the supply section) requisitions such as are required by the battalion. This requisition is forwarded through channels to the division (or corps) surgeon who, by the authority of his commander, approves or modifies it. It then goes to the division (or corps) medical supply officer, the same officer who signed the requisition, but who at this stage is the division (or corps) medical supply officer and works through the medical supply group of the supply section in honoring the requisition. The medical supply group ships the medical supplies to the battalion supply group which in turn distributes them among the companies of the battalion.

4. It will be seen that the two supply groups of the supply section of the headquarters detachment are in different echelons of supply, and this is the reason why their functions must not be confused either in concept or in practice.

(b) *In combat.*—Every consideration is subordinated to the objective of keeping medical units supplied, and formal procedures are dispensed with. The division (or corps) medical supply group establishes and operates a medical dump, usually in the vicinity of the clearing station, stocking it initially from the rolling reserve it carries, and replenishing its stock from the medical depot of a higher echelon. Supplies are issued at the dump most informally to every unit sending for them.

■ 59. MOTOR MAINTENANCE SECTION.—*a.* This section is commanded by an officer who is especially qualified in the maintenance of motor transport. It furnishes second echelon motor maintenance for all subordinate elements of the battalion.

b. All motor vehicles of the battalion requiring repairs or adjustments beyond the contemplated capacity of first echelon maintenance are referred to this section. Such of these as require third echelon maintenance are in turn referred by S-4 to the division or corps quartermaster unit providing such facilities. This section is provided with a winch equipped truck for moving disabled vehicles (see T/O 8-66).

c. The section commander is also the assistant of the battalion S-4 in such of the latter's duties as are concerned with the supervision of the operation and first echelon maintenance of all the motor transport of the battalion.

■ 60. TRAINING.—*a. Management.*—Based upon the training orders of the battalion commander, training programs are prepared by the detachment commander who assigns the instructions and supervises the instruction. Because of the diversity of functions of this unit, the conduct of training must be largely decentralized to section commanders. The detachment commander, however, may not delegate any of his responsibility for the training of any section.

b. Individual.—There is the danger in a unit of this kind that the Medical Department training of the soldier may be neglected. This must not be permitted for two reasons; first, emergencies may arise when all other functions must be suspended temporarily and all personnel used in the care of sick or injured, and second, every soldier wearing Medical Department insignia is rightfully expected by others to be able to render first aid. Every Medical Department soldier should be qualified basically in his service just as an effort is made to qualify every infantry soldier, regardless of his special duties, in the use of the weapons of his arm.

c. Specialists.—(1) *Chauffeur.*—It is important that the chauffeurs of this organization be thoroughly familiar with the organization of the division (or of corps troops), and proficient in map reading and in orientation on the ground, day and night.

(2) *Clerk, company.*—It is not essential that the detachment clerk be familiar with purely medical reports and returns.

(3) *Miscellaneous.*—Other specialists to be trained are clerk (general), supply clerk, cooks, automobile mechanic, mess sergeant, motorcyclist, motor sergeant, and supply sergeant (see par. 8).

d. Group.—Since the headquarters detachment must start functioning as soon as the battalion is mobilized, much of the group training will be acquired in the actual performance of duty. However, the conditions will undoubtedly differ from those in the field and particularly in combat. This applies especially to the medical supply group and to a lesser extent to the battalion supply group, and training of groups

to operate under field and combat conditions should be commenced early. Examples of such training are—

(1) Establishment and operation of the battalion distributing point under all conditions of combat, rapid division of battalion lots of supplies into company lots on the basis of strength, proper handling of all items of supply, and selection of routes for the distribution of supplies.

(2) Establishment and operation of a medical dump, unloading the rolling reserve and arranging the supplies for convenient distribution, familiarity with all items of the rolling reserve and where they are loaded.

(3) Maintenance of motor transport under combat conditions, emergency repairs and adjustments at night without lights, extrication of vehicles from obstacles, moving of disabled vehicles, and rapid servicing.

e. Unit.—Because of the many functional demands upon the headquarters detachment from the moment the battalion is organized, unit training must be planned carefully if it is to be conducted efficiently without neglecting routine duties. Since the detachment rarely operates as a unit, unit training will be limited to such procedures as drills and ceremonies, marches, bivouacs, and movement by motor and rail.

■ 61. DRILLS AND CEREMONIES.—Sufficient close order drill will be given to insure that the general soldierly qualities of the personnel are brought to and maintained at a satisfactory level (see par. 11).

■ 62. EQUIPMENT.—See paragraph 10. Additional organizational equipment includes certain chemical warfare, engineer, ordnance, and signal items (see T/BA 8). These items are not furnished by medical depots but must be drawn from local supply officers of the arms and services indicated.

■ 63. INSTALLATIONS.—*a. Detachment CP.*—The detachment CP is established by the detachment headquarters. Its location depends upon the situation. It may be located in the vicinity of the battalion CP or near the battalion distributing point.

b. Battalion distributing point.—(1) *Functions.*—The receipt of all supplies for the battalion and their distribution among the subordinate elements of the battalion.

(2) *Location.*—The location depends upon the situation. In general, it must be on a good motor road toward the rear

for the receipt of supplies and convenient to the several subordinate elements of the battalion for their distribution. In bivouac it is located within the battalion area and in combat it is usually in the vicinity of a clearing station.

(3) *Operation.*—(a) All classes of supplies are received in bulk lots which must be broken down in the distributing point into company lots. A space is set aside for the receipt of bulk loads, and an appropriate space for the loads of each company (including the headquarters detachment). Upon receipt of supplies, they are distributed among the several company spaces in the amounts required by the respective companies. Company transport may be sent to the distributing point for the supplies, or the supplies may be delivered to company bivouacs by headquarters detachment transport.

(b) In the distribution of class I supplies among the companies, containers ordinarily are not broken. For example, a bottle of vinegar is not opened in order to give a company the 6 ounces to which it is entitled, nor in the usual case will it be necessary to divide a quarter of beef or a sack of vegetables, although this may occasionally be necessary. Instead, the battalion supply sergeant maintains a record of overages and shortages for each company. In order to keep from breaking a container, if a company is issued more than its share of a ration component on one occasion, on the next occasion that this component is issued, that company will be given less than its share by approximately the same amount. These company accounts rarely will balance at any specified time, but over a period of days each company will have received of each component about what has been due it.

(c) This exigency does not arise in the distribution of other classes of supplies, except possibly with motor fuels and lubricants, since they are requisitioned in amounts corresponding to the units in which they are issued.

c. *Medical distributing points.*—(1) *Functions.*—Receipt of all medical supplies for the division (or for corps troops) and their distribution among the units of the division (or corps troops), and in combat, stocking a reserve of medical supplies (medical dump).

(2) *Location.*—For administrative reasons, the medical distributing point is ordinarily established adjacent to the battalion distributing point, but in combat, regardless of the

location of the battalion distributing point, it should be located in the immediate vicinity of a clearing station. If two clearing stations are established, a medical dump may be maintained at each. Smaller subsidiary dumps may be established at collecting stations.

(3) *Operations.*—(a) *In other than combat situations*, the operations parallel those of the battalion distributing point except that distribution is made to units of the division (or of corps troops) such as regiments and separate battalions, including the medical battalion, rather than to subordinate elements of such units and unit transport calls at the medical distributing point for such supplies.

(b) *In combat*, formal procedure is abandoned in the interest of efficient medical supply. A medical dump is stocked initially with the rolling reserve and this stock maintained with supplies procured from the designated medical depot by the medical supply group. Issues are made to any organization requiring them, even to subordinate elements. Delivery is made either to unit transport calling at the dump, by ambulances returning toward the front, or by the transport of the headquarters detachment.

d. *Battalion motor repair park.*—(1) *Functions.*—The repair of such vehicles of the battalion as are brought thereto and the road repair and towing to the park of such battalion vehicles as break down elsewhere.

(2) *Location.*—It is located where it will be most convenient to the greater part of the battalion transport, preferably on a common ambulance route. A local supply of water is desirable.

(3) *Operation.*—Tools are laid out and the winch equipped truck made ready to be dispatched. Only such minor repairs are undertaken as can be done rapidly. Vehicles requiring more elaborate operations are driven or towed to the division (or corps) motor repair park. When there is sufficient time, replacement vehicles are checked and serviced before they are issued to the companies.

■ 64. *ADMINISTRATION.*—a. The administration of the headquarters detachment must not be confused with the administrative functions of its component sections in connection with battalion administration and the medical supply of the division or corps. The special administrative func-

tions of these sections may be compared with the tactical functions of the subordinate elements of a collecting company, functions entirely apart from company administration.

b. The headquarters detachment (see par. 56) has all the administrative functions of any company. It feeds, clothes, equips, disciplines, and accounts for its personnel. It draws its supplies from the battalion supply officer in the same manner as the companies of the battalion, and the fact that the battalion supply officer and the detachment commander are the same individual in no way alters its supply procedures.

SECTION III COLLECTING COMPANY

■ 65. ORGANIZATION.—See figures 8 and 9, and T/O 8-67.

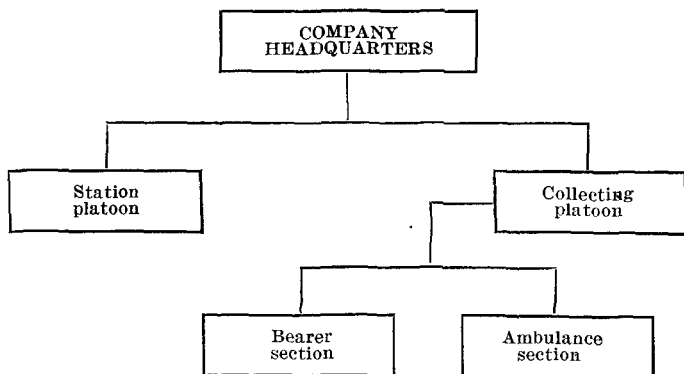


FIGURE 8.—Organization (T/O) of collecting company, medical battalion, triangular division and corps.

■ 66. STATUS.—There are three collecting companies in the medical battalion, each of which is an autonomous element directly subordinate to the battalion commander. Each company is designed to support one of the three combat teams of the triangular division.

■ 67. FUNCTIONS.—*a.* So much of second echelon medical service as is involved in—

(1) Collection of casualties during and after combat from unit aid stations and from the field whenever necessary, and

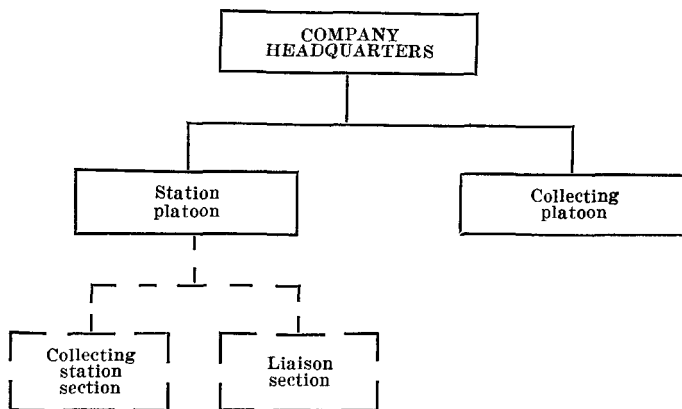


FIGURE 9.—Organization (modified functional) of collecting company, medical battalion, triangular division and corps.

their removal to the collecting station or other place designated for collection.

(2) Sorting, treatment, and preparation in the collecting station or post for evacuation to the clearing station.

(3) Transportation of evacuees from the collecting station or post to the clearing station.

(4) Collection of march casualties and their transportation to the clearing station.

(5) Other than combat situations, the transportation of casualties from unit dispensaries to the clearing station or other medical agency designated to receive them.

b. Replenishment of the medical supplies of the unit aid stations in their front in combat.

c. Technical assistance in sanitation (see FM 8-10).

d. Interior guard for the battalion (see FM 26-5).

■ 68. **COMMAND.**—The company is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible directly to the battalion commander for the discipline, training, operations, and administration of the company.

■ 69. **COMPANY HEADQUARTERS.**—*a.* Company headquarters includes the company commander, the enlisted overhead required in the administration of the company, and the liaison

sergeant whose duties are actually with the station platoon (see par. 70).

b. The CP is established at a convenient location in camp or bivouac, and normally at the collecting station in combat. The message center is a part of the CP, although it functions with the collecting station whenever the latter is established.

c. Certain personnel of company headquarters are required in the operation of the collecting station (see par. 75).

■ 70. STATION PLATOON.—The station platoon is commanded by an officer of the Medical Corps, ordinarily the next senior after the company commander. Platoon headquarters also includes the platoon sergeant. The platoon is further organized into—

a. *Collecting station section*, which establishes and operates the collecting station. This section is commanded by an officer of the Medical Corps with the section sergeant second in command. For a suggested functional organization of this section, see paragraph 75b.

b. *Liaison section*, which establishes and maintains contact with the unit aid stations which the company is supporting (see fig. 9). The liaison sergeant (see par. 69) commands the section. This section includes sanitary technicians which may be used as liaison agents. For the duties of contact agents, method of establishing contact, local distribution of contact agents, etc., see FM 8-10.

■ 71. COLLECTING PLATOON.—As now organized, the collecting platoon includes a bearer section and an ambulance section.

a. *Bearer section*.—(1) The bearer section organization includes one officer as section commander, one sergeant section leader, a corporal as assistant section leader, and eight litter squads.

(2) For the technique of litter bearers see FM 8-35 and for their tactical employment see FM 8-10.

b. *Ambulance section*.—(1) The ambulance section organization includes an officer as section commander, a staff sergeant who is leader of the collecting platoon, one sergeant section leader, a corporal as assistant section leader, and two sections of six ambulances each.

(2) For the technique of ambulances see FM 8-35, and for their tactical employment see FM 8-10.

■ 72. TRAINING.—*a. Management.*—The general nature and scope of the training and the objectives to be attained are prescribed by the battalion commander in his training orders. The company commander prepares the detailed programs, assigns the instructors, supervises the instruction, and evaluates the results by constant observation as well as by frequent training inspections.

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—A bugler, automobile mechanic, mess sergeant, motor sergeant, supply sergeant, chauffeurs, clerks, cooks, medical, surgical, and sanitary technicians are given specialist training (see par. 8).

d. Group.—(1) *Collecting station section.*—Trained as a group in the selection of sites for and the establishment, operation, and closing of a collecting station; in the operation of such stations with reduced facilities such as collecting posts and collecting stations that must be divided; in concealment, camouflage, and the protection of the station by hasty organization of the ground; in the loading of ambulances; and in the use, packing, loading, and maintenance of the station equipment.

(2) *Liaison section.*—The liaison section is one of the most important groups of the company and must be trained accordingly. The personnel of this section should be specially selected for intelligence, courage, resourcefulness, and reliability. They must be thoroughly familiar with the organization of the troops supported by the company; proficient in map reading, in the making of sketches of terrain, and in orienting themselves on the ground, day and night; and have a working knowledge of regimental tactics and tactical terms so as to be able to understand and transmit the fragments of information that they obtain.

(3) *Bearer platoon.*—See paragraph 25*c*. In addition, this platoon is trained in the use of wheeled litter carriers, in the operation of litter relay posts (see FM 8-10), in the loading of ambulances, and when the character of the operations so indicates, in the use of special means of transporting casualties (see FM 8-35).

(4) *Ambulance platoon.*—Trained in individual and convoy driving, on roads and cross country, by day and night, and with and without lights; in the emergency repair of roads and bridges; in the extrication of ambulances from obstacles; in

the loading of ambulances; in camouflage, concealment, and the use of terrain for protection, both moving and at rest; and in the operation of ambulance shuttles.

e. Unit.—The company as a whole is trained in the coordinated functioning of its platoons in all types of military operations such as marches, attack, defense, and retrograde movements; in marching and bivouacking as a unit; in entrucking, detrucking, entraining, and detraining with equipment.

f. Battalion.—Battalion training is conducted by the battalion commander, and, in its tactical aspects so far as the collecting company is concerned, is directed at perfecting liaison and communications with other elements of the battalion (see also par. 47c).

g. Combined.—Combined training may be had with the battalion or with the collecting company only in exercises with the combat team that it normally supports. It is directed at perfecting liaison and communications, maintaining close contact, and accelerating collection.

■ 73. DRILLS AND CEREMONIES.—See paragraph 11. FM 22-5 governs. When forming for inspection the functional organization of the company should be followed. This functional organization, however, is not well adapted to other ceremonies, and when appearance is important the platoons should be balanced.

■ 74. EQUIPMENT.—See paragraph 10.

■ 75. COLLECTING STATION.—*a. Organization.*—For the conventional organization of a collecting station, see FM 8-10. The station proper includes a receiving department, a litter wounded department, a walking wounded department, a forwarding department, and a morgue. Operated in conjunction with the station are the message center, kitchen (for patients and company personnel), and supply (for the entire company). The CP is usually located at but is not a part of the station.

b. Personnel.—The bulk of the personnel comes from the collecting station section of the station platoon, but these must be augmented with certain personnel of both platoon and company headquarters. To each function should be assigned the available personnel best qualified for that duty,

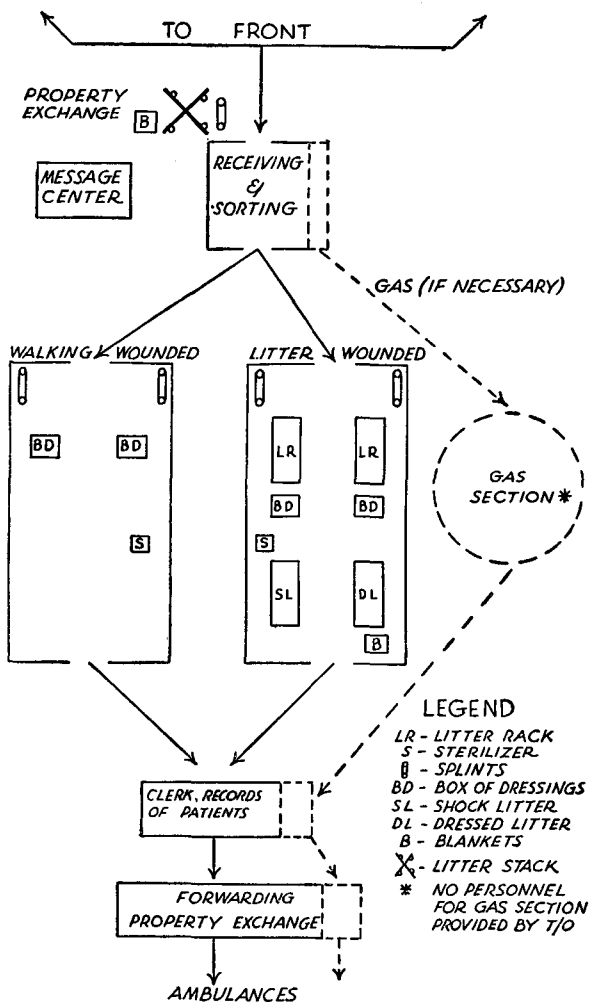


FIGURE 10.—One arrangement of collecting station. (Arrangements vary with characteristics of site.)

and even the general organization of the station may have to be modified to meet special situations. However, as a guide to what might be termed normal operation, the following assignments are suggested:

(1) *Receiving department.*—The platoon sergeant.

(2) *Walking wounded department.*—The station platoon commander, who is also in immediate charge of the collecting station; one surgical technician, third class, and one surgical technician, fourth class, as assistants and dressers.

(3) *Litter wounded department.*—The collecting station section commander; one surgical technician, fourth class, as assistant to the officer in charge; one medical technician, fifth class, in charge of dressed litters; and one medical technician, fifth class, in charge of shock litters.

(4) *Sterilization and hypodermic medication.*—One medical technician, fourth class.

(5) *Casualty records clerk.*—The corporal in the collecting station section.

(6) *Forwarding department.*—The (collecting station) section sergeant.

(7) *Ambulance loading.*—The chauffeurs and basic privates, augmented if necessary from company headquarters, may be used for ambulance loading and general utility work.

(8) *Morgue.*—The morgue is a place out of sight of the wounded where those who die at the station are placed until they can be properly disposed of by the agency responsible for their burial. No personnel are assigned to duty therein.

c. Establishing station.—(1) *Company tasks.*—(a) The company detrucks on order and assembles in formation. The company commander designates a protected assembly area for the bearer platoon and another for the ambulance platoon if it is to remain near the station. These platoon assembly areas are near but not immediately at the collecting station. Packs are unslung in assembly areas and stacked, the station platoon stacking theirs in the immediate vicinity of the collecting station.

(b) The company commander assembles the platoon and section leaders; points out the desired arrangement of the station, designating locations for the several departments and for the message center, kitchen, morgue, and latrines; and, if this section has not already been distributed among the unit medical detachments to be supported, he informs the liaison

sergeant when and where to report for orders. He informs the assembled officers and noncommissioned officers of the location of the nearest water point, and gives the first sergeant directions for the establishment of the CP and the motor park.

(c) When dismissed, platoon and section commanders take charge of their respective commands. The trucks carrying the organizational equipment are driven to the place most convenient for unloading the particular equipment that each carries.

(2) *Platoon and section tasks.*—(a) The station platoon commander is responsible for the establishment of the station. Unless reinforced, the collecting station section sets up the station proper. If not required to commence their normal duties at once or if in need of rest, the bearer platoon may be directed by the company commander to assist in establishing the station. Tentage if used is erected, and the necessary camouflage or other construction to increase the protection of the station is undertaken. All station equipment is unloaded at the proper departments, litters being stacked in the receiving department.

(b) When finished with such duties, the bearer platoon retires to its assembly area, slings stripped packs with individual medical equipment, and awaits orders. The collecting station section completes the establishment of the station proper.

(3) *Group and individual tasks.*—(a) The kitchen is established by the company mess sergeant and cooks and their helpers. They unload the supplies and equipment, pitch the kitchen fly, and start preparing hot liquid nourishment for the patients.

(b) The message center is established and its directing sign posted by the company clerk.

(c) The equipment of the litter wounded and walking wounded departments is arranged by the respective personnel assigned thereto and those departments made ready to receive patients.

(d) The company supply sergeant directs the distribution of additional blankets, litters, and splints among the departments, providing for property exchange at both the receiving and forwarding departments.

(e) As soon as they are unloaded, the cargo vehicles are dispersed and concealed in the motor park, and the chauffeurs begin the digging of the latrines.

(f) When the noncommissioned officers have finished supervising the tasks and the platoon sergeant has made a final inspection of all departments, they take their respective posts for duty.

(4) *Directing signs.*—As soon as practicable, plainly visible directing signs (see fig. 11) are posted at suitable points to mark the location of the station and the routes thereto. The area forward is adequately posted as far as the line of aid stations. The bearer platoon may be used for this purpose, posting the signs on their journeys forward, and the platoon commander may be given this responsibility.

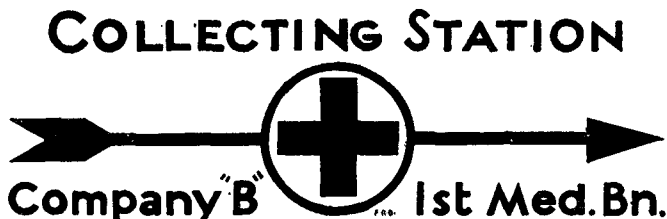


FIGURE 11.—Directing sign to collecting station.

d. Operations.—(1) *Receiving department.*—All casualties enter the station through this department. Each patient is examined and classified either as a walking wounded or a litter wounded. If gas is used, a further classification must be made to separate gassed patients from all others. As soon as the patient is classified, he is sent to the proper department for emergency treatment and preparation for further evacuation.

(2) *Litter wound department.*—In general, litter wounded will require more attention than walking wounded, although a relatively slight injury to a lower extremity may prevent a casualty from walking. During periods of pressure it may be necessary to operate more than one table in this department, officers being taken from other duties and enlisted assistants reapportioned. Dressings and splints are placed conveniently. Only the simplest and most necessary operative procedures are undertaken. Tourniquets must be removed and hemorrhage stopped before the patient is evacuated

further. This department may also supervise the treatment of traumatic shock.

(3) *Walking wounded department.*—This department is operated similarly to the litter wounded department, except that no provisions are made for the treatment of shock and no dressed litters are maintained.

(4) *Gas department.*—If gas is used extensively, special provision must be made for the care of such cases. While these cases must be given some treatment at a collecting station, the facilities there will not permit more than the minimum of ameliorative measures being taken. In good weather this department should be operated in the open. Personnel must observe protective measures. If few in number, this department may be operated as a section of the walking wounded department, but if more gas casualties occur, the collecting company should be reinforced with specially trained personnel and special degassing equipment (see FM 21-40 and TM 8-285).

(5) *Sterilization and hypodermic medication.*—The equipment for these functions is set up where it will be convenient to both the litter and the walking wounded departments, and the technician in charge serves both departments.

(6) *Records.*—The casualty records clerk maintains the required records of all cases passing through the station.

(7) *Message center.*—Normal operations.

(8) *Kitchen.*—Hot liquid nourishment is furnished selected cases awaiting either treatment or evacuation. This is most important in the prevention and early treatment of shock.

(9) *Forwarding department.*—(a) As soon as the treatment of each patient is completed, he is removed to the forwarding department. Although not separated by any great distance, to facilitate ambulance loading walking wounded are kept apart from litter wounded in this department. Gassed cases are segregated. While awaiting evacuation, casualties, especially the seriously sick and injured, must be provided with some shelter if the weather is cold or inclement. This is extremely important in the prevention and treatment of shock.

(b) The head of the forwarding department separates the patients who are to be evacuated from those who are to be returned to duty at once. The latter he turns over to the military police or disposes of in accordance with special in-

structions. The former he classifies as shown below, and directs the loading of ambulances accordingly:

1. Those who must be transported in a recumbent position. These cases are not to be confused with litter wounded, since certain litter wounded may be transported in a sitting position.
2. Those who must be transported apart from other classes of cases such as gassed patients and those with contagious diseases.

(c) The equipment of evacuees may accompany them, or may be disposed of at a salvage dump established at the collecting station. This is determined by announced policies.

(d) All ambulances are loaded to capacity when evacuation is heavy. Under such circumstances, except in emergencies, ambulances are held at the forwarding department until a full load is assembled.

e. Closing station.—The procedure of closing the collecting station is practically the reverse of that of establishing it except that the bearer platoon ordinarily does not participate.

(1) All patients are evacuated.

(2) Personnel of each department pack their department equipment.

(3) Truck drivers bring their trucks to the designated loading positions.

(4) Collecting station personnel strike and fold the tents.

(5) Collecting station personnel load the station's equipment trucks.

(6) Directed by the mess sergeant, the cooks and their helpers load the kitchen equipment.

(7) Loaded trucks take their march positions.

(8) Unit forms in skirmish line and polices the area it has occupied. Upon the completion of this duty the unit falls in (with bearer platoons if they are to move with the company) and, if shelter tents were pitched, strikes them, slings equipment, and forms for route march.

(9) Latrines are closed and marked by the truck drivers.

(10) The commanding officer makes a personal inspection of the area.

f. Forward displacement.—Forward displacement may be accomplished by completely closing the station in one loca-

tion, moving, and opening in another. However, frequently the situation will not permit closing the original station until the new one is opened; this requires that the station be moved in echelon. The walking wounded department of the original station may be closed and opened in the new location to care for all wounded until movement is completed. In this case the litter wounded department of the original station cares for all wounded in that station until closing.

■ 76. ADMINISTRATION.—*a.* The collecting company is charged with the usual administrative functions of a company. Motor maintenance is a most important responsibility. In combat, the administrative headquarters of the company is at the collecting station. The mess is operated here and the company is supplied from here.

b. In combat, the collecting company must furnish surgical dressings and other essential medical supplies to aid stations in its front. The company equipment includes a small reserve of such supplies for this purpose, which is replenished from the division medical dump when depleted.

SECTION IV

CLEARING COMPANY

■ 77. ORGANIZATION.—See figure 12 and T/O 8-68.

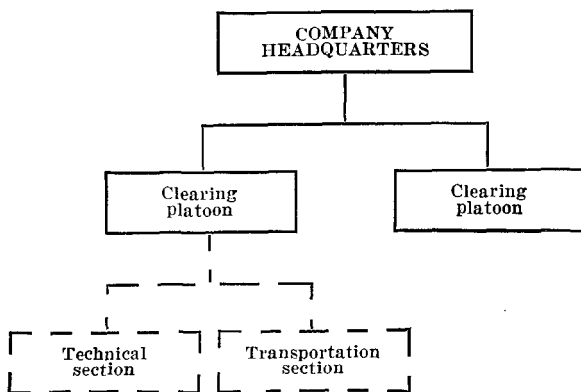


FIGURE 12.—Organization of clearing company, medical battalion, triangular division and corps.

■ 78. STATUS.—The clearing company is an autonomous element of the medical battalion, directly subordinate to the battalion commander.

■ 79. FUNCTIONS.—*a.* So much of second echelon medical service as is involved in—

(1) Admission, emergency treatment, and temporary care and shelter of casualties delivered to the clearing station, usually by one or more of the collecting companies.

(2) Sorting of all casualties admitted and their classification into those—

(*a*) That may safely be returned to duty at once.

(*b*) Not fit for duty at once and whose condition permits further evacuation without delay.

(*c*) Requiring emergency care or treatment for an indefinite period before they can safely be evacuated further.

(3) Preparation of evacuees for further evacuation.

(4) Proper disposition of all casualties admitted as indicated by the classification in (2) above, and in addition of those who die in the clearing station.

(5) Preparation and maintenance of records of casualties, and the submission to the division commander through prescribed channels of required reports of casualties.

b. In special situations, so much of third echelon medical service as is involved in the definite care and treatment of short duration cases. (See FM 8-10.)

c. Usually, first echelon medical service for the medical battalion (see par. 51*d*).

d. Sharing the interior guard of the battalion with the collecting companies (see par. 67*d*).

■ 80. COMMAND.—The company is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible directly to the battalion commander for the discipline, training, operations, and administration of the company.

■ 81. COMPANY HEADQUARTERS.—*a.* Includes the company commander, one commissioned assistant, and the enlisted overhead required in the administration of the company. When the two clearing platoons are separated, the bulk of the administrative overhead such as supply and mess personnel must be divided between them.

b. The CP is established at a convenient location in the company area at such times as the company is not at station, and normally at one of the clearing stations when either platoon is at station.

■ 82. CLEARING PLATOON.—*a. Command.*—The clearing platoon is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

b. Functions.—All the technical functions of the company are centered in the two clearing platoons (see par. 79). When separated from company headquarters, a clearing platoon must assume in addition those administrative functions necessary in the operation of a clearing station, but only those. The company commander retains control of general company administration even when platoons are operating separately.

c. Functional organization.—The internal organization of a clearing platoon is not prescribed. However, operations and training will be facilitated by an organization somewhat as follows:

(1) *Platoon headquarters.*—Includes the platoon commander, one other medical officer, one dental officer and his dental technician, one staff sergeant, and the chauffeur of the platoon command truck.

(2) *First section.*—This is the technical section. It will be commanded by an officer, and the enlisted personnel will include one sergeant, one corporal, the pharmacist, medical, sanitary, and surgical technicians, and certain unrated privates, first class, and privates.

(3) *Second section.*—This is the transportation section. It will be commanded by an officer, and the enlisted personnel will include one sergeant, certain chauffeurs, litter bearers, and certain unrated privates, first class, and privates.

d. Operations.—See paragraph 86.

■ 83. TRAINING.—*a. Management* (see par. 72a).—The two clearing platoons being identical organizations, much of the individual and group training can be given as a company function, selecting the better instructors from each platoon. However, since each platoon must be capable of independent operation, platoon training is of the greatest importance.

b. Individual.—(1) See paragraph 8d(1).

(2) A bugler; chauffeurs who are also trained as understudies of other men and in the general duties pertaining to the operation of the clearing station when not needed for their regular duties in connection with transportation while the platoon is at station; clerks; cooks who must also prepare hot liquid nourishment for patients; dental technicians; automobile mechanic; medical, surgical, and sanitary technicians; mess sergeant; and pharmacists (see par 8).

c. Group.—(1) *Technical sections* are trained in the use, packing, and loading of the technical equipment, and in the technical procedures of a clearing station. Noncommissioned officers and specialists should be able to locate each item of technical equipment by chest and by its place in the chest.

(2) *Transportation sections* are trained in the operation and maintenance of motor transport, including convoy driving and the concealment and camouflage of vehicles; in the use of the litter; and in loading and unloading ambulances.

d. Unit.—(1) *General.*—Since the platoon is the basic operating unit, much of the unit training will be by platoon. However, the company must be trained as a whole in tactical functions, especially in situations in which neither platoon is at station.

(2) *Technical.*—The establishment and operation of clearing stations under all reasonable conditions of terrain, weather, and existing shelter. Heavy tent pitching is especially important. Each platoon should be able to establish station under canvas and be ready to receive patients within 1½ hours after arriving on the station site.

(3) *Tactical.*—Marches, antiaircraft protection, selection of station sites, concealment, camouflage, and protection of clearing stations.

(4) *Logistical.*—Loading and unloading equipment, movement by motor (other than tactical) and by train, and supply in combat.

■ 84. DRILLS AND CEREMONIES (see par. 11).—The functional organization of this company is suited to all types of formations.

■ 85. EQUIPMENT.—See paragraph 10.

■ 86. CLEARING STATION.—*a. Organization and personnel.*—A clearing station normally is organized into several depart-

ments, and while the organization and allocation of personnel will vary with the situation, that discussed in *d* below may be considered as a point of departure in organizing any clearing station established by the medical battalion.

b. Physical arrangement.—The physical arrangement of a clearing station will depend upon several factors. If existing

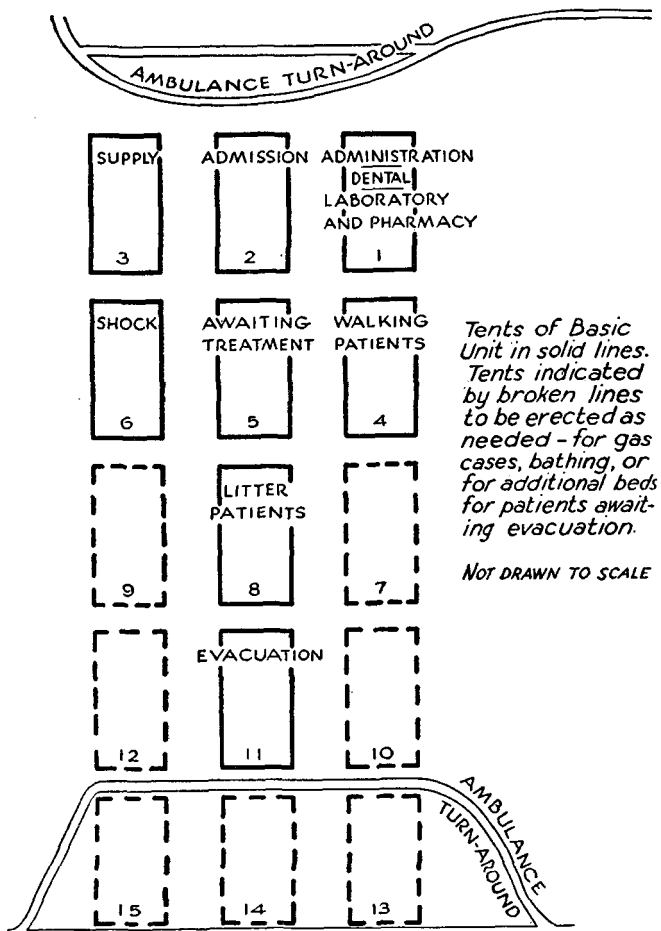


FIGURE 13.—Conventional arrangement of a clearing station.

shelter is used in whole or in part, the arrangement necessarily must conform to the facilities. If canvas is used exclusively, the arrangement will vary with the terrain, the necessity for concealment, and the amount of tentage available. A conventional arrangement under canvas is shown in figure 13.

c. Establishing station.—(1) *Laying out station.*—The commander (company or platoon) designates the arrangement of the station. When canvas is to be used in part, he designates the positions of the tents by causing to be set the right front corner pin of each. He does the same whenever any unusual arrangement of tents is to be made. When the conventional arrangement under canvas is to be followed, the commander merely causes to be set marker No. 1, which is the right front corner pin of tent No. 1. Noncommissioned officers complete the lay-out by setting the other markers. All directions are from a position facing toward the front of the station.

(a) *Marker No. 2* is set 15 paces (1 pace equaling approximately 30 inches) to the left of marker No. 1, and on a line perpendicular to the long axis of the station. This is the right front corner pin of tent No. 2.

(b) *Marker No. 3* is set 15 paces to the left of marker No. 2, and so that markers 1, 2, and 3 are in a straight line. This is the right front corner pin of tent No. 3.

(c) *Marker No. 4* is set 30 paces to the rear of marker No. 2, and on a line parallel to the long axis of the station. It is the right front corner pin of tent No. 5.

(d) *Marker No. 5* is set 15 paces to the right of marker No. 4, and on a line parallel to that of markers 1, 2, and 3. It is the right front corner pin of tent No. 4.

(e) *Marker No. 6* is set 15 paces to the left of marker No. 4, and in line with markers 4 and 5. It is the right front corner pin of tent No. 6.

(f) *Locations* of successive lines of tents are marked in a comparable manner, commencing by marking the location of the center tent in the line and then the tents on either flank.

(2) *Erection of tentage.*—(a) As soon as marker No. 1 is set, the loaded transport moves into the site and forms in line near but without the area to be occupied by the tents. The company (or platoon) detrucks on command

and assembles in formation in a designated area conveniently located for the disposal of individual equipment.

(b) Packs are unslung and stacked. The unit is again formed and the proper number of tent pitching squads is designated by the first sergeant, each squad consisting of one noncommissioned officer and eight privates. Each squad is assigned to one tent, and is then marched to the proper marker by the squad leader.

(c) The trucks carrying the tentage are driven to the respective tent sites in rotation. Each squad unloads one tent complete and erects it without delay.

(3) *Installation of equipment.*—(a) As soon as the tentage is erected, the personnel assigned to each tent assemble in their respective places of duty. The trucks carrying the equipment are driven to the front of the proper tents and the equipment is unloaded and placed in position by the personnel assigned to the tent.

(b) After being unloaded, the trucks are driven to the motor park and therein disposed of as directed.

(4) *Marking of site.*—(a) The experience of modern warfare has demonstrated conclusively that frequently it is impracticable or impossible to observe the provisions of the Geneva Convention with regard to the protection of medical installations. Whether a medical installation will rely upon distinctive markings or concealment for protection is a command decision.

(b) If markers are used, the standard Geneva Cross flag is flown from a staff in front of the station and in addition a ground marker is placed where it is clearly visible from the air. The latter is a Geneva Cross with arms at least 24 feet long, either white on a dark ground or vice versa, depending upon the prevailing shade of the vegetation in the vicinity. If used, markers should be placed before erection of tentage is begun.

d. Operations.—(1) *Platoon headquarters and clearing office.*—(a) Established conventionally in tent No. 1. The functions of these two agencies must not be confused. Platoon headquarters conducts the necessary administration of the platoon, while the clearing office prepares the records and reports of casualties.

(b) From the data submitted at intervals by the receiving and evacuating departments, the clearing office prepares

periodic casualty reports for the division or corps surgeon. These reports are submitted through the battalion commander. For forms, see FM 8-45.

(c) A special report is made of burials by clearing personnel. This report shows the exact location of each grave with a sketch of the plot, if practicable.

(2) *Receiving department.*—(a) Located conventionally in tent No. 2. All casualties are admitted through this department regardless of the manner in which they arrive or the character of their disabilities. A clerk keeps a record of all admissions, submitting the data to the clearing office at intervals. If the patient arrives without an EMT, one is here made out and attached to him.

(b) Upon arrival each patient is examined quickly by the admitting officer to determine his immediate disposition within the station. Cases are sorted into medical and surgical, and again into litter and walking. Gassed cases fall into any one of the four categories, depending upon the nature of the lesions and the treatment required. As soon as classified, patients are removed to the proper department for treatment or if necessary to a place where they can be cared for while awaiting treatment.

(c) A supply of litters, splints, and blankets is maintained at the front of the receiving department for property exchange with the ambulances. This property exchange may be supervised by the supply department if it is conveniently located.

(d) Arms and equipment accompanying patients are taken up and turned over to the supply department for proper disposition. Valuables in possession of patients ordinarily are not taken from them in a clearing station, but every effort is made to safeguard them.

(e) In combat the treatment departments will often be overtaxed, and sheltered space must be set aside in the receiving department for patients awaiting their turn. One man is assigned to their care. It is his duty to keep in contact with the treatment departments, informing them of the number and condition of cases awaiting treatment, and extending such services as will add to the comfort of the waiting cases.

(f) Two litter squads ordinarily are required in the receiving department, one to unload ambulances and the other to remove patients from the department.

(3) *Litter wounded department.*—(a) Conventionally occupies tents Nos. 5 and 6, No. 5 as a dressing room and No. 6 as a shock ward. It is quite necessary to treat litter cases apart from walking cases in order to keep the latter from crowding the dressing room to the extent of interfering with the care of serious cases.

(b) In the dressing room, litter racks are set up with chests. Patients are brought on a litter from the receiving department and are not removed from this litter. Treatment is confined to the change or adjustment of dressings and splints, arrest of hemorrhage, administration of narcotics and prophylactic sera, and the emergency treatment of shock. The enlisted assistants should be well-trained technicians, but it must be remembered that these work directly under the supervision of an officer whereas those of the walking wounded department if competent may work with less supervision. Hence the better trained technicians may be more valuable in the shock ward and in the walking wounded department.

(c) Patients in shock are placed at once in the shock ward, which is supervised by the officer in charge of the litter wounded department, where special provisions have been made for their care and treatment. A very competent technician should be placed in direct charge of the shock ward.

(d) The officer in charge determines the disposition of each patient after treatment is finished. Those ready for further evacuation are released at once to the evacuating department. If for any reason it is desired to delay the evacuation of any case, the evacuating department is so notified and the case is held until released by the litter wounded department.

(4) *Walking wounded department.*—(a) Conventionally occupies tent No. 4. Dressing tables are set up with chests. Each patient is examined by an officer who prescribes the treatment, but much of the dressing may be done by competent technicians.

(b) The officer in charge may also supervise the laboratory if one is established, and the treatment of gas cases.

He determines the disposition of all cases passing through the department.

(c) If it is necessary to set up a gas treatment section, one of the reserve tents may be set aside for the bathing and other necessary care of such cases. Usually if mustard gas cases occur, they will occur in great numbers and additional personnel will be required for their care. The personnel should be specially trained, and understand the danger to themselves and to other patients in the care of gassed cases.

(5) *Dental department.*—May be allotted space in tent No. 1. It is in charge of the dental officer who, in combat, must ordinarily be used also as the admitting officer. This department provides treatment for the personnel of the medical battalion as well as for cases sent back from forward areas. Injuries of the mouth and jaws also are treated in this department.

(6) *Pharmacy and laboratory.*—May be set up in tent No. 1. This department is in charge of the pharmacist and is supervised by an officer. If transfusions are given, the cross-typing of blood is done here.

(7) *Supply department.*—Located conventionally in tent No. 3. The noncommissioned officer in the receiving department may exercise supervision over the personnel assigned to the supply department. Here surplus supplies are stored and issued as needed to all departments. Equipment arriving with patients is received and disposed of in accordance with instructions.

(8) *Mess.*—Operated by personnel attached from company headquarters which may be augmented if necessary by platoon personnel. Hot liquid nourishment is prepared and issued to all departments.

(9) *Evacuating department.*—(a) May be set up initially in tent No. 8. If evacuation is slow and evacuees accumulate, tents Nos. 7 and 9 may have to be erected to shelter them.

(b) Patients arrive in this department with their dispositions indicated by the department in which they have been treated. They will fall into one of the following classes:

1. Patients to be held for further observation at the direction of another department.

2. If there is a surgical hospital in immediate support, patients to be transferred there without delay.
3. Patients to be evacuated by a medical unit of a higher echelon, ordinarily to an evacuation hospital. This class is further divided into litter and sitting cases, and into priorities for evacuation.
4. Bona fide minor casualties to be returned to duty without custody.
5. Malingerers and deserters fit for duty to be delivered to the custody of the military police.
6. Prisoners of war to be disposed of in accordance with existing instructions.

(c) The noncommissioned officer in charge of this department supervises the care of awaiting evacuees, the loading of ambulances, property exchange, and the disposition of cases other than those evacuated. He sends back to the proper treatment department such cases as develop further need of treatment while awaiting disposition.

(d) One or two litter squads are required to remove patients from the treatment departments and to load ambulances.

(e) All cases, including those who die in the station, are disposed of through the evacuating department. Records are maintained by the clerk, and the necessary data submitted periodically to the clearing office.

e. Closing station.—Upon orders to close a clearing station—

(1) Personnel on duty in each department pack their equipment and place it where it can be loaded.

(2) Vehicles allotted for the equipment for the several departments are driven to the proper places, and the equipment is loaded by the personnel on duty in the various departments. Drivers control the stowage and check the equipment from a loading list.

(3) If canvas has been used, tent striking squads are formed and assigned to the several tents. Tents are struck, folded, and loaded by these squads.

(4) Transport is formed for movement.

(5) Enlisted personnel of the unit form in a skirmish line, and police the area.

(6) Sanitary detail closes the last latrine.

(7) Unit commander inspects the area.

■ 87. PITCHING AND STRIKING WARD TENT.—See appendix I.

■ 88. ADMINISTRATION.—*a.* This company has the usual administrative responsibilities. In combat, the administrative functions usually are centered at the clearing station of one platoon, but if the platoons are widely separated, it will be necessary to divide the bulk of the company overhead between them.

b. In addition, the clearing company prepares the reports of sick and wounded of the battalion and the casualty reports for all admissions to its clearing stations.

CHAPTER 4

MEDICAL SQUADRON, CAVALRY DIVISION

	Paragraphs
SECTION I. Squadron.....	89-101
II. Headquarters detachment.....	102-114
III. Collecting troop.....	115-125
IV. Clearing troop.....	126-136
V. Veterinary troop.....	137-148

SECTION I

SQUADRON

■ 89. ORGANIZATION.—See figure 14 and T/O 8-85. The medical squadron is so organized functionally that it can support two brigade combat teams whether they are operating as part of the cavalry division or on independent missions.

■ 90. STATUS.—*a.* The medical squadron is an organic element of the cavalry division, operating directly under division control.

b. With the exception of the division surgeon, who also commands the squadron, the division surgeon's office is not an organic part of the squadron.

■ 91. FUNCTIONS.—The medical squadron of the cavalry division has functions comparable with the medical battalion of the triangular infantry division. Cavalry missions, however, involve operations beyond the practicability of third echelon medical support oftener than is the case with infantry divisions, and the medical squadron may be compelled to undertake temporarily the protracted care and treatment of such casualties as cannot be disposed of in a satisfactory manner (see FM 8-10).

■ 92. COMMAND.—The medical squadron is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. This same officer is also the division surgeon, and in both capacities is immediately responsible to the division commander.

■ 93. HEADQUARTERS.—The squadron headquarters includes the squadron commander and his staff (see pars. 94 and 95) and is not to be confused with the division surgeon's office. The enlisted personnel serving in the headquarters constitute the squadron headquarters section of the headquarters

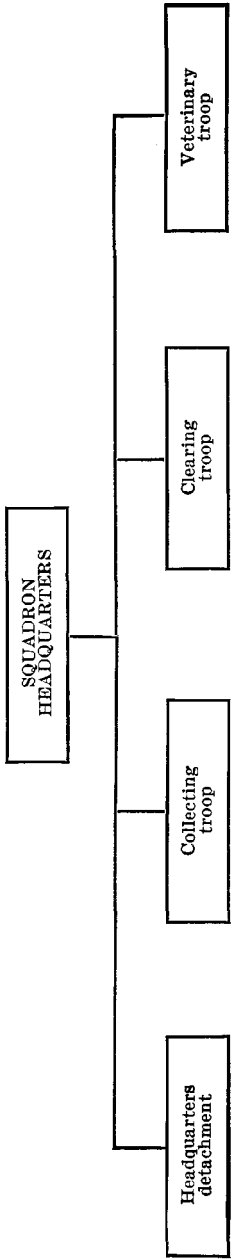


FIGURE 14.—Organization of medical squadron, cavalry division.

detachment, to which organization they are assigned for administration and discipline although their duties are exclusively in the squadron headquarters.

■ 94. SQUADRON COMMANDER.—The squadron commander is directly responsible to the division commander for the administration, discipline, training, and operations of the squadron in all situations. In conformity with those of the division commander, he establishes the policies of the squadron. He makes the necessary decisions and his staff elaborates the details to carry his decisions into effect. The degree to which the squadron commander may delegate his authority to members of his staff will vary with their ability and the confidence which he reposes in them. Regardless of the authority so delegated, the commander's responsibilities cannot be delegated.

■ 95. SQUADRON STAFF.—*a.* The staff of the medical squadron differs from that of the medical battalion of the triangular division in the two respects that no executive officer is included and the staff does include a chaplain. For the duties of the squadron staff officers, see paragraph 45.

b. Because of the multiplicity of duties of the squadron commander, he may designate one of his officers, most probably S-3, to perform the additional duties usually delegated to the executive officer in units provided with such officers on their staff.

■ 96. ENLISTED PERSONNEL.—In general the qualifications of enlisted personnel for the medical squadron are the same as for the medical battalion of the triangular division which, in turn, are similar to the requirements of medical detachments. The personnel of the veterinary troop should be selected from men familiar with animals, who instinctively like animals, and have no fear of them.

■ 97. TRAINING.—*a.* The responsibility for management and scope of squadron training are similar to the same aspects of the training of the medical battalion of the triangular division (see par. 47).

b. The training of the medical squadron, however, should especially emphasize the second echelon medical service in support of peculiarly cavalry missions such as distant security, reconnaissance and counterreconnaissance over broad fronts, pursuit, and harassing operations in hostile territory.

■ 98. DRILLS AND CEREMONIES.—*a. Drill.*—The squadron drills dismounted as prescribed in FM 22-5.

b. Ceremonies.—The squadron may participate in the ceremonies of review, parades with or without transport, inspections with or without field equipment and transport, and funerals. When participating in ceremonies with transport, the animals of the veterinary troop may either be mounted by the personnel to which they are assigned, or transported in vehicles.

■ 99. EQUIPMENT.—All equipment is issued to the several subordinate elements of the squadron (see pars. 112, 123, 134, and 146).

■ 100. INSTALLATIONS.—The medical squadron establishes and operates the following installations:

a. Squadron CP (see pars. 93 and 43, in turn).

b. Squadron distributing point (see pars. 108, 113, and 62, in turn).

c. Squadron motor repair park (see pars. 109, 113, and 62, in turn).

d. Division medical distributing point and dump(s) (see pars. 108, 113, and 62, in turn).

e. Collecting station(s) (see pars. 124 and 71, in turn).

f. Clearing station(s) for personnel (see pars. 135 and 82, in turn).

g. Clearing station(s) and clearing post(s) for animals (see par. 147).

■ 101. ADMINISTRATION.—The administrative responsibilities of the medical squadron are the same as those of the medical battalion of the triangular division (see par. 51). Due to the wider dispersion of the squadron in support of cavalry missions, the distribution of supplies in many situations will be a more difficult problem than in the infantry division.

SECTION II

HEADQUARTERS DETACHMENT

■ 102. ORGANIZATION.—See figure 15 and T/O 8-86. The headquarters detachment is organized along functional lines.

■ 103. STATUS.—Like the medical battalion of the triangular infantry division, the headquarters detachment is an autono-

mous subordinate unit, occupying a status similar to that of the troops of the medical squadron.

■ 104. FUNCTIONS.—The functions of the headquarters detachment parallel those of the corresponding element of the medical battalion.

■ 105. COMMAND.—The headquarters detachment is commanded by the senior officer assigned to it per se and present for duty. The detachment commander is also the squadron supply officer and the division medical supply officer.

■ 106. DETACHMENT HEADQUARTERS.—The functions of the detachment headquarters are analogous to those of the detach-

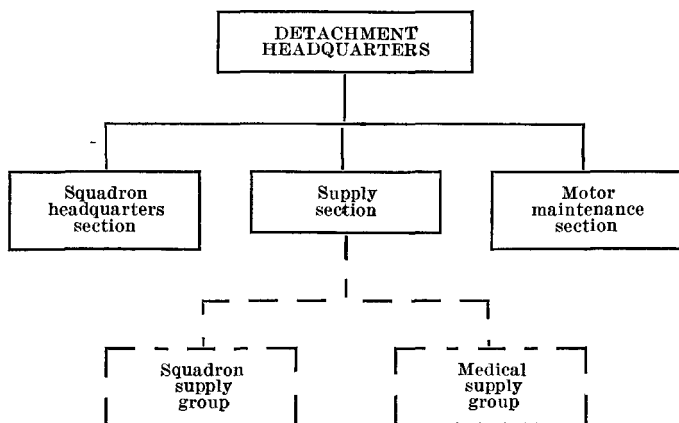


FIGURE 15.—Organization of the headquarters detachment, medical squadron, cavalry division.

ment headquarters of the medical battalion and the personnel allocated are similar in number and qualifications.

■ 107. SQUADRON HEADQUARTERS SECTION.—Although assigned to the headquarters detachment for administration, discipline, and training, the personnel of the squadron headquarters section furnish the enlisted assistance necessary for the operation of the squadron headquarters.

■ 108. SUPPLY SECTION.—The supply section, including one officer, assists the detachment commander in the execution of his supply functions (see par. 58). Due to the limited personnel of the section, any sharply defined division into func-

tional groups is hardly feasible. One suggested method is to have the technical sergeant designated the squadron supply sergeant, the staff sergeant the medical supply sergeant, and the remainder of the enlisted personnel of the section assist them in a manner discretionary with the section commander.

■ 109. MOTOR MAINTENANCE SECTION.—Except that the personnel are fewer in number and no officer is assigned to it, this section corresponds to the motor maintenance section of the headquarters detachment of the medical battalion of the triangular division (see par. 59).

■ 110. TRAINING.—See paragraph 60.

■ 111. DRILLS AND CEREMONIES.—*a. Drill.*—Close order drill, dismounted, will be utilized to the fullest extent possible for the purpose of promoting discipline and military bearing.

b. Ceremonies.—The headquarters detachment participates in all ceremonies of the squadron.

c. Formations.—Ceremonial formations of the headquarters detachment are those of an infantry company (see FM 22-5).

■ 112. EQUIPMENT.—*a. Individual.*—See paragraph 10.

b. Organizational.—The headquarters detachment has no functions connected with the care and treatment of the sick and injured except supply; and the medical equipment and supplies listed in organizational equipment constitute the rolling reserve of medical supplies, together with a few spare parts for the repair of medical equipment (see par. 10).

■ 113. INSTALLATIONS.—*a. Elements of the headquarters detachment establish installations as follows:*

(1) *Detachment headquarters.*—Detachment command post.

(2) *Squadron headquarters section.*—Assists in establishing the squadron command post.

(3) *Supply section.*—(a) *In all situations.*

1. Squadron distributing point.

2. Division medical distributing point.

(b) *Additional during combat.*—Division medical dump(s).

(4) *Motor maintenance section.*—Squadron motor repair park.

b. The functions, operation, and location of these installations are similar to those established by the corresponding elements of the medical battalion (see par. 63).

■ 114. ADMINISTRATION.—The administrative functions of the headquarters detachment are comparable to those of the troops. They are discharged by the detachment commander (acting in that role only), assisted by the enlisted personnel of the detachment headquarters.

SECTION III

COLLECTING TROOP

■ 115. ORGANIZATION.—See figure 16 and T/O 8-87. The collecting troop, with its two identical collecting platoons, lends itself to division into two functional groups, each capable of independent operation and each designed to support one cavalry brigade.

■ 116. STATUS.—The collecting troop is an autonomous element of the squadron and directly subordinate to the squadron commander. It constitutes the sole agency for collection and evacuation of sick and wounded men within the cavalry division.

■ 117. FUNCTIONS.—Incident to the second echelon medical service for the cavalry division, the collecting troop is charged with the same functions performed by the collecting company of the medical battalion (see par. 67).

■ 118. COMMAND.—The troop is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. His responsibilities include the discipline, training, operations, and administration of the troop.

■ 119. TROOP HEADQUARTERS.—*a.* Includes the troop commander and the enlisted overhead required for the administration of the troop. This personnel is also available for reinforcing the platoons in action when such is necessary.

b. In camp or bivouac, the CP is located conveniently in the troop area. In combat, it may be located at one of the collecting stations or at a place where both platoons can be better controlled.

■ 120. COLLECTING PLATOON.—*a. Organization.*—See figure 16.

b. Status.—Each collecting platoon is a tactical unit, directly subordinate to the troop commander, and dependent upon troop headquarters for administration. When a platoon is detached from the troop, sufficient administrative per-

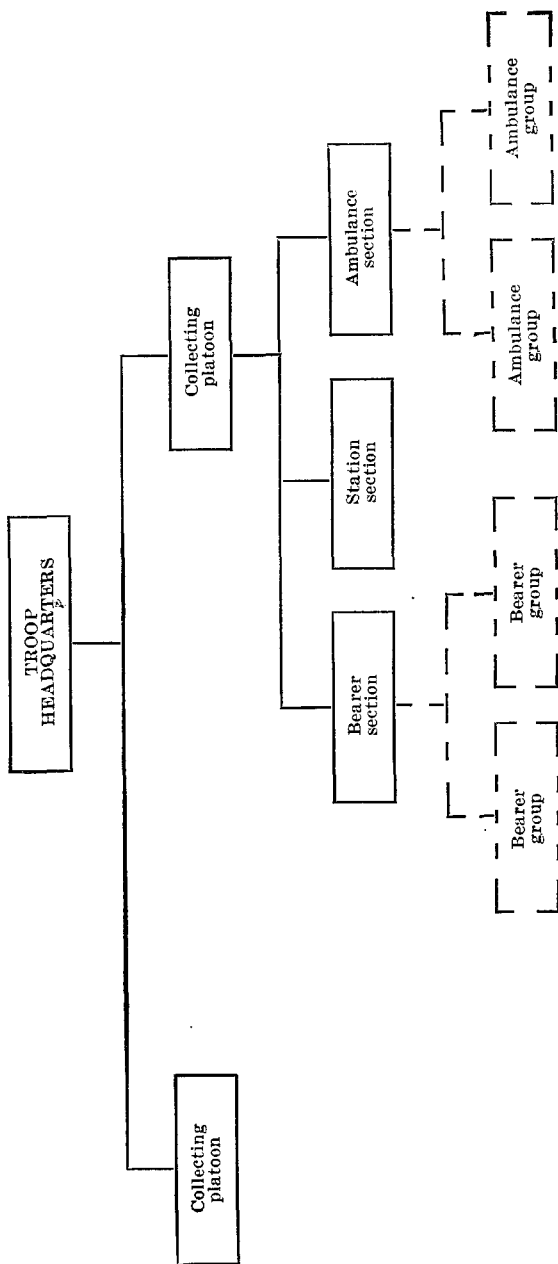


FIGURE 16.—Organization of collecting troop, medical squadron, cavalry division.

sonnel, equipment, and transport for its maintenance must be attached to it from troop headquarters.

c. Functions.—The platoon being the basic tactical unit of the troop, its functions are those of the troop.

d. Command.—The platoon is commanded by the senior officer of the Medical Corps assigned to it and present for duty.

e. Platoon headquarters.—Includes the platoon commander and the platoon sergeant. The platoon CP is located at but is not a part of the collecting station.

f. Station section.—(1) The station section is commanded by the section leader. The platoon commander, however, closely supervises this section and normally remains with it when it establishes station.

(2) The station section establishes and operates the collecting station. No liaison group being provided, this section must also undertake this function, and may be augmented by the bearer section. As then constituted, the station section will consist of sufficient enlisted personnel to divide it into two functional groups. One solution would be to form a collecting station group commanded by the sergeant, to include eight privates, first class, or privates, and a liaison group commanded by the corporal, to include four privates, first class, or privates. The two sanitary technicians and two other specialists, either medical or surgical technicians, will of necessity be designated contact agents and will function in the liaison group.

(3) In addition to his duties as commander of the bearer section, that individual functions with the station section when the latter is at station.

(4) For functional operation of the collecting station section, see paragraph 124.

(5) For the operation of the liaison group, see paragraph 70b.

g. Bearer section.—(1) The bearer section is commanded by an officer of the Medical Corps who, during combat, assumes additional duties incident to the operation of the collecting station (see par. 124).

(2) This section includes the following enlisted personnel: 1 sergeant (section sergeant), 1 corporal, and 18 privates, first class, or privates. The latter include 8 litter bearers

(rated), 2 medical, 2 surgical, and 1 sanitary technicians, and 5 basic or unrated privates, first class, or privates.

(3) For the technique of litter bearers see FM 8-35, and for their tactical employment see FM 8-10.

h. Ambulance section.—(1) The ambulance section is commanded by an officer of the Medical Corps and includes 1 sergeant (section sergeant), 1 corporal, and 24 privates, first class, or privates, 12 of the latter being rated ambulance orderlies and 12 chauffeurs.

(2) For the technique of ambulances see FM 8-35, and for their tactical employment see FM 8-10.

■ 121. TRAINING.—*a. Management.*—Similar to that of the collecting company of the medical battalion (see par. 72*a*).

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—The following specialists must be trained:

(1) *Ambulance orderlies.*—(a) As assistants and understudies of the chauffeurs, bugler, clerks, cooks, automobile mechanic, mess sergeant, motorcyclist, motor sergeant, supply sergeant, medical, surgical, and sanitary technicians.

(b) The corporal in troop headquarters may be trained as the troop clerk and in addition to operate the message center. Tables of Organization provide a clerk for the station section of each platoon who may be trained to maintain the casualty records.

(2) *Mechanic, general.*—The troop artificer should have natural talent as a mechanic and be trained in the repair of equipment and in the construction of simple field devices (see par. 8*d*(4)).

d. Group.—Following the individual training, many of the troop functions involving a number of individuals such as litter bearers, contact agents, chauffeurs, etc., are taught by group training. (See par. 72*d*.)

e. Unit.—Due to its peculiar organization, the unit training of the collecting group is divided into two phases. The first phase consists of training each platoon as a separate unit, the platoon's several sections being trained to coordinate their particular functions, and the second phase wherein the troop as a whole is trained in the coordinated functioning of its subordinate elements in all types of cavalry operations, in marching and bivouacking as a unit, in entrucking, detrucking, entraining, and detraining with equipment.

f. Combined.—Combined training with other elements of the squadron is conducted by the squadron commander (see par. 97b).

■ 122. DRILLS AND CEREMONIES.—*a. Drill.*—The troop drills at close order, dismounted.

b. Ceremonies.—See paragraph 11c.

c. Formations.—Formations of the troop for drill or ceremonies are those of an infantry company (see FM 22-5).

■ 123. EQUIPMENT.—See paragraph 10.

■ 124. COLLECTING STATION.—*a. General.*—The collecting station is established by the collecting platoon. Thus, the collecting troop may establish and operate two stations. Seldom are both stations established in the same vicinity. If established adjacent to each other, station identities are preserved to enable one to close and move without disrupting the operation of the other. The platoon depends upon troop headquarters for its supply but not for additional personnel to assist in the operation of the station. However, if the troop command post is in the vicinity of a station, the troop commander may assist or designate certain headquarters personnel to assist in such operation.

b. Organization.—(1) Equipment and personnel are limited and the station is organized in the interest of efficiency. For a conventional organization see figure 10.

(2) If troop headquarters is present, that element establishes in the vicinity of the station its CP, a message center, a kitchen (operated for patients and duty personnel), and a supply department. If the platoon is separated from the remainder of the troop, the platoon headquarters, in the vicinity of the receiving department, establishes its CP, establishes and operates a message center, and assumes limited supply functions in conjunction with the property exchange department. It remains dependent upon troop headquarters for its messing unless augmented by mess personnel (see par. 120), and upon troop headquarters and the supply section of the headquarters detachment of the squadron for supplies.

c. Personnel.—(1) The bulk of the personnel for the operation of the station comes from the collecting station group of the station section. For operation, a suggested assignment of personnel is as follows:

(a) *Receiving department.*—A staff sergeant (from platoon headquarters). He may also represent the platoon CP and operate a message center, aided by one private, first class, or private (chauffeur).

(b) *Litter wounded department.*—The platoon commander; one surgical technician, third class, assistant; one surgical technician, fourth class, in charge of dressed and shock litters.

(c) *Walking wounded department.*—One officer of the Medical Corps (from the bearer section); one surgical technician, third class, assistant and dresser.

(d) *Sterilization and hypodermic medication.*—One medical technician, fourth class.

(e) *Casualty records clerk.*—One clerk, general, fifth class.

(f) *Forwarding department.*—One sergeant (section sergeant and commander, collecting station group).

(2) One chauffeur acts as utility man and renders assistance as required. Personnel for ambulance come from the ambulance and bearer sections. The corporal in charge of the liaison group is available at times for station duties. The morgue requires no duty personnel.

d. *Establishing station* (see also par. 75c).—In the normal situation, the collecting platoon, personnel mounted on integral transport (ambulances and trucks), arrives in the vicinity of the station site unaccompanied by the remainder of the troop. The platoon commander halts the column, orders personnel to dismount and assemble in formation, when he designates section assembly areas, gives pertinent general directives, and allows section commanders to take charge of their respective sections. He designates the exact location and plan for the station and directs the sergeant (in charge of station section and collecting station group) to proceed with the actual establishment assisted by the other members of the collecting station group and bearer section. He directs the platoon sergeant as to the establishment of such installations as platoon CP message center, and kitchen, if any. He issues to the corporal necessary orders for the operation of the liaison group.

e. *Operations* (see par. 75d).—The collecting station operates, displaces forward, closes station, etc., similarly to that of the collecting company of the medical battalion, but at

times the treatment rendered is even more limited in character.

■ 125. ADMINISTRATION.—The collecting troop is charged with the usual administrative functions of a troop, and during combat these functions become increasingly difficult due to the frequent division of the troop incident to the operation of two separate stations. Depending upon the situation and at the discretion of the troop commander, such functions as messing, general troop supply, and to a limited extent medical supply of the collecting stations and forward aid stations may be performed by the troop headquarters operating as a unit in the vicinity of one collecting station or at a convenient central location, or divided to operate in conjunction with both stations. In the latter event, control may be kept by the troop commander or in case of wide separation of stations the control of a portion of troop headquarters may be given a platoon commander.

SECTION IV

CLEARING TROOP

■ 126. ORGANIZATION.—See figure 17 and T/O 8-88.

■ 127. STATUS.—The clearing troop is an autonomous element of the medical squadron, directly subordinate to the squadron commander.

■ 128. FUNCTIONS.—*a.* Incident to the second echelon medical service for the cavalry division, the clearing troop is charged with the same functions performed by the clearing company of the medical battalion (see par. 79*a*).

b. Usually, first echelon medical service for the medical squadron (par. 100*d*).

c. Sharing the interior guard of the squadron with the collecting troop.

■ 129. COMMAND.—The troop is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible directly to the squadron commander for the discipline, training, operations, and administration of the troop.

■ 130. TROOP HEADQUARTERS.—*a.* The troop headquarters includes the troop commander and certain enlisted personnel

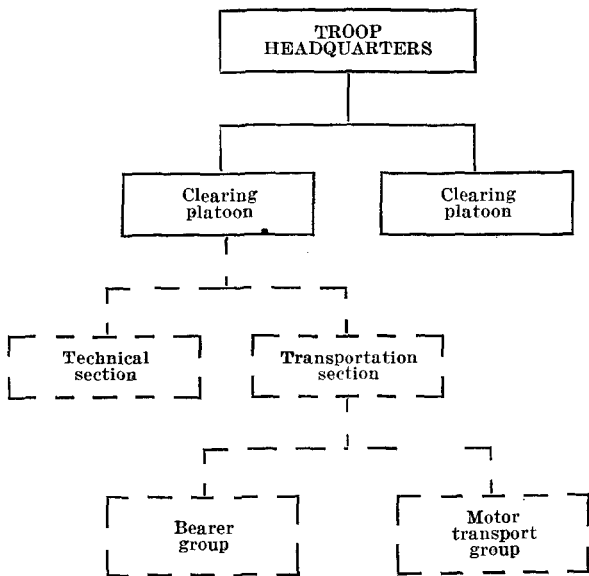


FIGURE 17.—Organization of clearing troop, medical squadron, cavalry division.

required in the administration of the troop. When the two clearing platoons are separated, the bulk of the administrative overhead such as supply and mess personnel is divided between them.

b. The troop command post is established in the troop area while in camp or bivouac, and normally in the vicinity of one of the clearing stations when either platoon is at station.

■ 131. CLEARING PLATOON.—*a. Command.*—The clearing platoon is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

b. Functions.—(1) The clearing platoon performs the technical functions of the clearing troop.

(2) When separated from troop headquarters, a clearing platoon augmented with certain personnel from troop headquarters assumes those administrative functions necessary in the operation of a clearing station. The troop commander invariably retains control of general troop administration.

c. Functional organization.—The following organization of a clearing platoon for functional purposes is a suggested method only under Tables of Organization and should be used merely as a guide:

(1) *Platoon headquarters.*—The platoon headquarters includes the platoon commander, one other medical officer, one dental officer, one staff sergeant (platoon sergeant), and the chauffeur of the platoon command truck.

(2) *First section.*—The first or technical section is commanded by a sergeant and includes, in addition, one other sergeant, a corporal, one clerk, one pharmacist, eight medical and surgical technicians, and three unrated privates, first class, and privates.

(3) *Second section.*—The second or transportation section is also commanded by a sergeant and includes, in addition, two corporals, five chauffeurs, one mechanic, six medical and surgical technicians, and three unrated privates, first class, and privates. This section lends itself to further division along functional lines as follows:

(a) *Motor transport group.*—One corporal, five chauffeurs, one general mechanic, and one unrated private, first class, or private.

(b) *Bearer group.*—One corporal, three medical and three surgical technicians, and two unrated privates, first class, or privates. Thus, the bearer group consists of a group leader and two litter squads.

■ 132. TRAINING.—*a. Management.*—See paragraph 121a.

b. Individual.—See paragraph 8d(1).

c. Specialists.—(1) The following specialists must be trained for the clearing troop: bugler; chauffeurs; cooks; cook's helpers; mechanic, automobile; mechanic, general; mess sergeant; motorcyclist; motor sergeant; orderlies; pharmacist; supply sergeant; clerk; clerk, sick and wounded, who is trained in casualty records and reports and in the general administration of the sick and wounded (see FM 8-45); clerk, admission, who records admissions, checks or initiates the emergency medical tags, and administers property exchange.

(2) Technicians, medical and surgical, one technician in each platoon, must be trained in the care of dental supplies and as a dental assistant, no dental technician being provided (see par. 8d(4)).

d. Group and unit.—Same as for clearing company.

e. Combined.—See paragraph 121f.

■ 133. DRILLS AND CEREMONIES.—*a. Drills.*—See paragraph 11*a*.

b. Ceremonies.—The troop participates in all ceremonies of the squadron (see par. 98*b*).

c. Formations.—Formations of the troop for drill or ceremonies are those of an infantry company (see FM 22-5).

■ 134. EQUIPMENT.—See paragraph 10.

a. Individual.—See paragraph 10.

b. Organizational.—(1) *Medical.*—See basic equipment list for medical squadron, cavalry division, Medical Department.

(2) *Other than medical.*—See paragraph 10.

■ 135. CLEARING STATION.—*a. General.*—The clearing station is established and operated by the clearing platoon. There being two in the troop, the latter may establish and operate two stations. Depending upon the situation, the troop may establish one station utilizing one or both platoons, or may establish two, either separated or adjacent to each other. The conventional arrangement, establishment, operation, etc., given below are suggestions only.

b. Organization and personnel.—The clearing station is organized into several departments corresponding to those of the clearing station established by the clearing platoon (or company) of the medical battalion (see par. 86). However, due to the limited number of personnel the capacities of the various departments are decreased.

c. Physical arrangement (see also par. 86*b*).—If tentage is utilized for the establishment of the station, the conventional arrangement shown in figure 13 will be followed within limits imposed by the amount of available canvas. Normally the station will consist of tents Nos. 1, 2, 4, 5, and 8, relative positions of these tents as shown in diagram being preserved.

d. Establishing station.—(1) *Laying out station.*—The arrangement of the station is designated by the troop or platoon commander. For the method of laying out the station following the conventional arrangement see paragraph 86*c*(1).

(2) *Erection of tentage* (see also par. 86*c*(2)).—In the erection of tentage the first section is assisted by the bearer group of the second section (see par. 131*c*).

(3) *Installation of equipment.*—See paragraph 86*c*(3).

(4) *Marking site.*—See paragraph 86c(4).

e. Operations.—(1) *Platoon headquarters and clearing office.*—Established conventionally in tent No. 1. Platoon headquarters, in charge of the platoon sergeant, conducts the necessary administration of the platoon. The corporal from the first section maintains the clearing office, prepares the records and reports of casualties (see par. 86d(1)).

(2) *Dental department.*—May be allotted space in tent No. 1. The dental officer is in charge of this department and is assisted (in his professional duties) by a surgical technician, there being no assigned dental technician. For usual duties of this department see paragraph 86d(5).

(3) *Pharmacy and laboratory.*—Located in tent No. 1 in charge of the pharmacist and supervised by an officer (see par. 86d(6)).

(4) *Supply department.*—Located in tent No. 1. In addition to storing and issuing supplies, the supply department operates the property exchange. This department is operated by an unrated private, first class, or private under the supervision of the sergeant in charge of the receiving department.

(5) *Receiving department.*—(a) Located conventionally in tent No. 2. The personnel for the department includes a sergeant, an admitting clerk, and a medical technician, all from the first section. When possible, one of the medical officers acts as admitting officer but frequently during combat the dental officer will assume this capacity. For the operation of this department, see paragraph 86d(2).

(b) A portion of tent No. 2 is reserved for waiting patients.

(6) *Litter wounded department.*—Located conventionally in tent No. 5 and is in charge of a medical officer, usually the platoon commander. In addition to the care and treatment of the litter wounded, the department maintains a shock treatment section in the same tent. In these two functions the medical officer is assisted by one medical and two surgical technicians. For further details regarding the operation of this department, see paragraph 86d(3).

(7) *Walking wounded department.*—Located conventionally in tent No. 4 and is in charge of a medical officer, assisted by three surgical technicians. For operating details, see paragraph 86d(4).

(8) *Evacuating department.*—Located in tent No. 8. A sergeant, the first section sergeant, is in charge, assisted by

one unrated private, first class, or private. For details of the operation of this department, see paragraph 86*d*(9).

(9) *Mess.*—Operated by personnel attached from troop headquarters. In addition to meals for patients and duty personnel, it prepares and issues hot liquid nourishment to indicated departments.

(10) *Litter bearers.*—Bearers for the loading and unloading of ambulances and for the movement of litter cases within the station are furnished by the bearer group.

(11) *Utility men.*—With the above disposition of personnel, certain privates, first class, or privates are available for general utility work within the station.

f. Closing station.—See paragraph 86*e*.

■ 136. ADMINISTRATION.—*a.* The clearing troop has the usual administrative responsibilities of any troop. In combat, the administrative functions are centered at the clearing station of one platoon. If the stations are widely separated, it will be necessary to divide the bulk of the troop overhead between them.

b. The clearing troop prepares the report of sick and wounded for the squadron and the casualty reports for all admissions to its clearing stations.

SECTION V

VETERINARY TROOP

■ 137. ORGANIZATION.—See figure 18 and T/O 8-89.

■ 138. STATUS.—The veterinary troop is an autonomous element of the medical squadron, directly subordinate to the squadron commander.

■ 139. FUNCTIONS.—*a. General.*—Second echelon veterinary service to the cavalry division.

b. In camp or bivouac.—At a convenient location the clearing element of the troop establishes a clearing station. One or both of the collecting elements take over at the various veterinary dispensaries established by the veterinary sections of the medical detachments the noneffective sick and injured animals, and move them by lead line or motor conveyance to the veterinary clearing station. At the latter installation these animals are sorted and disposed in one of the following ways: given any necessary treatment and returned

to duty, retained at the station for observation and treatment, prepared for evacuation to the rear, or destroyed as nonsalvageable. The decision as to which cases should be retained or evacuated is arrived at by a combined evaluation of three factors, professional opinion, the policies of the commander, and the tactical situation.

c. On the march.—For the purpose of preserving the mobility of attached veterinary personnel on the march, the troop renders second echelon veterinary service by placing collecting personnel (usually a collecting platoon or a detachment thereof) at the rear of the column (or columns)

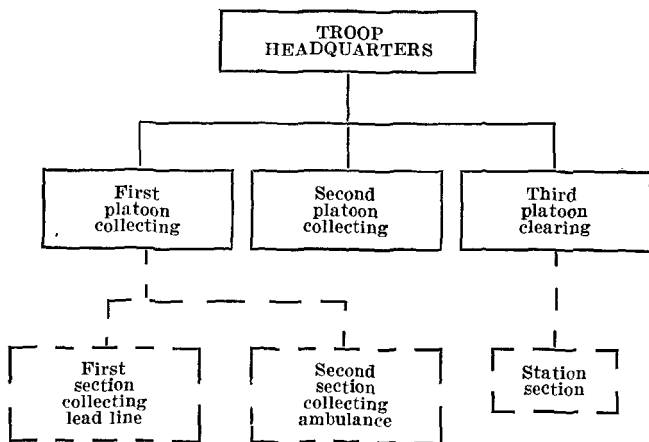


FIGURE 18.—Organization of veterinary troop, medical squadron, cavalry division.

to take over noneffectives, or by the establishment of one or more veterinary march collecting posts (see par. 142).

d. During combat.—During combat the collecting platoons take over sick and injured animals from veterinary aid stations, from the field, or from collecting points established by detachments of veterinary sections of medical detachments, and move them by lead lines or motor transport to the clearing station or to a clearing post (see par. 142). At the clearing station established by the clearing platoon the animal casualties are sorted and disposed as outlined in *b* above.

■ 140. **COMMAND.**—The troop is commanded by the senior officer of the Veterinary Corps assigned thereto and present

for duty. He is responsible directly to the squadron commander for the discipline, training, administration, and technical and tactical operations of the troop. The division surgeon may exercise technical supervision of this unit desired by the division commander through his veterinary assistant.

■ 141. TROOP HEADQUARTERS.—*a.* Troop headquarters includes the troop commander, the first sergeant, and additional enlisted personnel required in the administration of the troop. Troop headquarters does not lend itself to division. Therefore when an element of the troop is functioning separately, it will not be augmented for purposes of messing and supply unless absolutely necessary.

b. Normally the troop command post is established in the vicinity of the veterinary clearing station. Due to its proximity and to the limited personnel in the clearing platoon, when feasible and at the discretion of the troop commander, certain personnel of troop headquarters may be utilized in the operation of the clearing station. Tables of Organization permit the troop commander and one enlisted orderly mounted.

■ 142. COLLECTING PLATOON.—*a. Command.*—Each collecting platoon is commanded by an officer of the Veterinary Corps.

b. Functions.—The collecting platoon has tactical and technical but no administrative functions. Dependence for the latter is placed on troop headquarters. Its functions are—

(1) *Normal situations.*—(*a*) *In camp or bivouac*, the collecting platoon relieves the mounted units of the cavalry division of their noneffective sick and injured animals, taking them over at the installations established by attached veterinary personnel and removing them to the veterinary clearing station.

(*b*) *On the march*, the collecting platoon, or elements thereof, collects animal march casualties, gives them emergency treatment, and evacuates them to a veterinary clearing station. March functions are accomplished in either of two ways, by marching at the rear of the column (or columns) or by the establishment of veterinary march collecting posts (see *d* below).

(c) *During and immediately following combat*, the collecting platoon takes over animal casualties from the mounted units at the veterinary aid stations and removes them to the veterinary clearing station.

(2) *Special situations.*—(a) *Collection of animal casualties from locations other than veterinary aid stations.*—In situations where the progress of the combat units is too rapid to enable the attached veterinary personnel to establish aid stations, the collecting platoon collects all animal casualties, including strays and stragglers, from the field and removes them to the veterinary clearing station.

(b) *Removal of casualties to installation other than veterinary clearing station.*—If the collecting platoon or a portion thereof is operating along an axis widely separated from the veterinary clearing station, it may establish a clearing post and remove thereto animal casualties collected from veterinary aid stations or from the field (see *d* below).

c. *Functional organization.*—(1) The internal organization of the collecting platoon not being prescribed, the following functional organization is only a suggested one under Tables of Organization.

(a) *Platoon headquarters.*—Consists of the platoon commander, one staff sergeant (platoon sergeant), one motorcyclist, and one orderly, horseholder. The platoon commander and the orderly are mounted.

(b) *First section, collecting.*—The first section includes a section leader (sergeant), one veterinary technician, one veterinary surgical technician, and two basic privates, first class, or privates. This section operates one lead line.

(c) *Second section, collecting.*—The second section includes a section leader (sergeant), three chauffeurs, six orderlies, ambulance, horse, one veterinary technician, one veterinary surgical technician, and one basic private, first class, or private. This section operates three horse ambulances, one trailer and two truck type.

(2) The functions of the first and second sections are identical but the manner of their accomplishment differs with their integral means. The time and place for their utilization depend upon the situation and such factors as roads, weather, terrain, distances involved, and type casualties to be evacuated. For tactical employment see FM 8-10.

d. Installations.—The collecting platoon establishes no station per se, although at times incident to the discharge of its peculiar functions it may establish certain posts. These posts, rather than being stations, are points on the terrain at which certain functions are initiated or consummated. They are—

(1) *Veterinary march collecting post* (see also *b(1)(b)* above).—A veterinary march collecting post is a point along a route of march, previously designated, where animal march casualties are collected, given emergency treatment, and evacuated to the veterinary clearing station. The personnel for such posts may vary from one to several men.

(2) *Veterinary clearing post* (see also *b(2)(b)* above).—A veterinary clearing post is established by the collecting platoon, or a portion thereof, as an adjunct to the veterinary clearing station when the latter is incapable because of wide dispersion of combat units of serving the entire division. At a clearing post animal casualties are collected, given temporary treatment, and prepared for further evacuation. Clearing posts, like clearing stations, are evacuated by the army veterinary service and the same records and reports must be kept at both installations. It follows that all collecting personnel will be thoroughly trained in the records and reports normally made by clearing personnel.

(3) *Veterinary ambulance loading posts.*—A veterinary ambulance loading post, established by the second section of the collecting platoon (see *c* above), is a point at which one or more veterinary ambulances are stationed ready to receive animal casualties for transportation. It may be at or in the vicinity of a veterinary aid station, or it may be a relay point to which casualties are brought by the first section and turned over to the second section for further evacuation.

■ 143. CLEARING PLATOON.—*a. Command.*—The clearing platoon is commanded by an officer of the Veterinary Corps.

b. Functions.—The functions of the clearing platoon are chiefly technical in nature, although those administrative functions necessary in the operation of the veterinary clearing station must also be assumed. The functions are—

(1) Admission, care, shelter, and treatment of all animals brought to the station by the collecting platoon or other veterinary personnel operating in the vicinity.

(2) Careful sorting, classification, and disposition of cases in one of the following ways:

(a) Definitive treatment of those cases deemed fit for return to duty within the time limits imposed by the situation or other pertinent factors.

(b) Segregation and careful observation of all strays and stragglers, and of all animals thought to be suffering from a communicable disease or suspected of having had contact therewith.

(c) Emergency treatment and preparation for evacuation of all salvageable animals whose definitive treatment will be prolonged and whose general condition does not preclude immediate evacuation.

(d) Initiation of definitive treatment for those salvageable cases whose general condition contraindicates immediate evacuation.

(e) Destruction of nonsalvageable animals.

(3) Administration of prophylactic sera as indicated.

(4) Initiation of the emergency veterinary tag (M. D. Form No. 115b) for those cases not previously tagged, and checking of those previously initiated for correctness and completeness.

(5) Keeping of all records of animal casualties pertaining to admission, types, treatment, and disposition, and the rendering of reports of casualties as required.

(6) Drawing and issuing of medical (veterinary) supplies necessary for the operation of the clearing station, and the operation at the station of a system of property exchange involving such items as halters, blankets, horse, and bags, feed.

c. Functional organization.—The internal organization of the clearing platoon is not prescribed. However, by virtue of its limited personnel and its chief function, that of operating a veterinary clearing station, it divides itself into but two elements, a platoon headquarters and a station section.

(1) *Platoon headquarters.*—(a) Platoon headquarters consists of the platoon commander and the platoon sergeant (staff sergeant).

(b) Invariably the platoon headquarters is located at the station and its personnel with the assistance of the station section operate the clearing station (see par. 147).

(2) *Station section.*—(a) The station section includes a section leader (sergeant), a clinical horseshoer, a pharmacist, two veterinary and two veterinary surgical technicians.

(b) The station section assists the platoon commander in the operation of the veterinary clearing station.

d. Operations.—See paragraph 147.

■ 144. TRAINING.—*a. Management.*—See paragraph 121*a*.

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—The specialists requiring training are—

(1) *Chauffeurs.*—All chauffeurs of the troop receive training as outlined in paragraph 8*d*(4). In addition, those chauffeurs assigned to vehicles designed to transport animal casualties are trained in such veterinary first-aid measures as the arrest of hemorrhage, the application of special bandages, and the administration of emergency medications.

(2) *Clerk, general.*—In addition to understudying the troop clerk, one private, first class, or private is trained in the preparation of veterinary casualty reports and returns to enable him to function at the discretion of the troop commander with the clearing platoon when that element is at station (see par. 147).

(3) *Clinical horseshoer.*—One private, first class, or private in the clearing platoon is trained in pathological shoeing of animal casualties. This requires basic training in ordinary horseshoeing, light blacksmith work, the handling of frightened and injured animals, and the indications for different types of shoes prior to the evacuation of animal casualties.

(4) *Orderly, ambulance (horse).*—Horse ambulance orderlies assume charge of the loading, unloading, and care en route for animal casualties being transported by motor conveyance. In addition, they must be prepared to perform the role of assistant ambulance chauffeurs. Their training coincides with that outlined for chauffeurs.

(5) *Pharmacist, veterinary.*—One private, first class, or private in the clearing platoon is trained in basic pharmacy and, in addition, in the care, storage, and handling of pharmaceutical materials, and the compounding and dispensing of drugs and medicines used in the treatment of sick and injured animals.

(6) *Technician, surgical, veterinary.*—Surgical technicians, veterinary, are trained as assistants in veterinary dressings and operations; the cleansing, handling, sterilizing, and nomenclature of veterinary surgical instruments; the use of antiseptics; the technique of asepsis; the preparation of ani-

mals for operations; the application of simple surgical dressings; and the general treatment of veterinary surgical cases.

(7) *Miscellaneous*.—Cooks; cook's helpers; mechanic, automobile; mess sergeant; motorcyclist; motor sergeant; supply sergeant; and veterinary technician.

d. Group.—(1) *Basic for veterinary service*.—All enlisted personnel, with the exception of a few specialists, are trained in the general care, handling, and feeding of animals, in veterinary first aid, and in the basic principles of veterinary sanitation.

(2) *Technical*.—The personnel of the clearing platoon are trained in the use, packing, and loading of the technical equipment and in the technical procedures of the veterinary clearing station. Certain individuals from the collecting platoons are trained at the same time to insure proper functioning of the veterinary clearing post.

(3) *Motor transport*.—All personnel engaged in the operation of trucks and horse ambulances are trained in the operation of motor transport, including convoy driving and the concealment and camouflage of vehicles, and in the loading and unloading of animal casualties.

(4) *Equitation and evacuation by lead line*.—The personnel of the mounted (first) sections of the collecting platoons and a sufficient number additional personnel for replacements are trained in equitation and in the technical and tactical operation of lead lines for evacuating animals. The same group is trained in mounted drill as for a cavalry platoon.

(5) *Contact agents*.—Certain privates, first class, or privates from each collecting platoon are trained in the duties of veterinary contact agents. In general, their training parallels that of the contact agents of the corresponding medical units.

e. Unit.—The troop is trained as a whole in its tactical functioning, marches, bivouacking as a unit, loading and unloading of equipment, establishment and operations of the various installations, and their concealment, camouflage, and protection.

f. Combined.—The combined training of the troop will be conducted by higher commanders. A portion of the combined training will be with other elements of the squadron conducted by the squadron commander, but the majority will be with the division or one of the brigades.

■ 145. DRILLS AND CEREMONIES.—*a. Drill.*—The entire troop drills at close order, dismounted. In addition, mounted personnel drill at close order, mounted.

b. Ceremonies.—The troop participates in all ceremonies of the squadron. If the ceremony is with transport, mounted personnel of the troop participate mounted or dismounted at the order of the squadron commander. In dismounted ceremonies, animals are carried on the horse ambulances.

c. Formations.—(1) *Dismounted.*—See FM 22-5.

(2) *Mounted.*—See FM 25-5 and FM 2-5.

■ 146. EQUIPMENT.—See paragraph 10.

■ 147. CLEARING STATION.—*a. General.*—(1) The veterinary clearing station is the chief installation of the veterinary troop. Although its establishment and operation is the prime function of the clearing platoon, the troop commander may, where the situation indicates, augment the clearing platoon with the bulk of troop headquarters.

(2) Neither the personnel nor the equipment of the clearing platoon lend themselves to division. Hence when the single station cannot serve the entire division, a portion of the clearing function must be assumed by the collecting elements (see par. 142).

b. Organization and personnel.—The organization of the veterinary clearing station will vary with the situation. The small number of personnel makes flexibility mandatory. Furthermore at times the station may be augmented. However, as an organizational guide the following departments with operating personnel are suggested:

(1) *Receiving and evacuation department.*—(a) In this department all incoming casualties are reported; emergency veterinary tags are checked, corrected, completed, or at times initiated; admission records made; and the animals routed to the proper section of the station. In the same department required casualty reports and returns are prepared and records properly closed for those animals returned to duty, destroyed, or evacuated.

(b) The platoon headquarters also is located in this department, and the platoon sergeant assisted by a surgical technician, veterinary, and the general clerk from troop headquarters operate both the headquarters and the department.

(2) *Pharmacy and supply department.*—Adjacent to the receiving and evacuation department is established the pharmacy and supply department in charge of the pharmacist. In this department veterinary medicines are prepared and dispensed, supplies for the station only are stored and issued as needed, and the property exchange accomplished. If the department needs additional personnel it must come from the troop headquarters.

(3) *Communicable disease department.*—This department in charge of a veterinary technician cares for all animals admitted with communicable diseases or suspected of having had contact therewith, stragglers, and strays.

(4) *Medical and surgical department.*—(a) The medical and surgical department constitutes the main treatment section of the station. Here the great majority of the treatment of sick and injured animals is rendered. The personnel includes one sergeant, one veterinary technician, one surgical technician, veterinary, and one clinical horseshoer. The surgical and medical cases are grouped in one department to allow flexible utilization of the personnel regardless of any variation in the ratio of the two types of cases.

(b) The platoon commander must control the operations of the whole station but the medical and surgical department will occupy the majority of his time. In addition to his other technical duties, he, with the assistance of personnel from this department, destroys all nonsalvageable animals. Although not charged with the disposition of destroyed animals, he may be designated by higher authority to exercise technical supervision over such disposal.

c. *Physical arrangement.*—The physical arrangement will vary with the situation. Within limitations imposed by the tactical situation, the necessary proximity of water, the need for concealment, and existing shelter, the station may be on high or low ground, in the open or in woods, under paulins (if available), or in such available buildings as barns, warehouses, garages, or similar types of shelter. There is no conventional plan for the station, but as a rule advantage will be taken of such natural and artificial shelter as may be present. The physical set-up of most departments may consist of only a picket line and a small amount of technical equipment.

d. Establishing station.—(1) The actual site for the veterinary clearing station is usually selected by the troop commander during his reconnaissance. Upon arriving at the site, since the troop headquarters moves with the clearing platoon and the troop command post is usually established in the vicinity of the station, the troop commander may designate the location of the various departments or he may delegate such duty to the platoon commander. In either event, the locations having been designated, the setting up of the departments and the laying out of equipment are carried out by the station section under the direction of the section sergeant. The platoon sergeant, although assigned functionally to a department, establishes platoon headquarters and only exercises a supervisory capacity over the actual establishment of the station.

(2) After the arrangement has been designated, picket lines are erected, tents and flies pitched, and the station equipment distributed as indicated. The establishment of the station is not an elaborate procedure and can be carried out in a short space of time.

e. Operations.—All incoming animals are brought to the receiving and evacuation department where proper records of admission are completed, tags checked, animals classified, and sent to the proper department for further care and treatment. Such equipment as halter, feed bag, or blanket accompanying the animal is noted by the supply department and like articles given to the collecting agency, whether collecting platoon or attached veterinary personnel. Upon arriving at the communicable disease or medical and surgical department, proper care and treatment are rendered by the enlisted personnel of the department under the supervision of the platoon commander. Upon the arrival of the evacuating element of the army veterinary service, the platoon commander designates which animals will be evacuated and the receiving and evacuation department is so notified to enable that department to complete its records. The designated animals are then taken over at the station by the army veterinary service and evacuated by lead line or horse ambulance. Animals dying in the station and animals to be destroyed are removed from the immediate vicinity of the station by the station personnel and are disposed of by personnel designated by higher authority, usually from the Quartermaster Corps.

f. Closing station.—Procedure for closing station is similar to that of the medical clearing station (see par. 86e).

■ 148. ADMINISTRATION.—*a.* The veterinary troop has all the administrative responsibilities of any troop plus the administration of sick and wounded animals. Troop headquarters will rarely be divided, and will usually function in the vicinity of the veterinary clearing station which is the center of the technical activities of the troop. The clearing platoon establishes station there and the collecting platoons return there frequently incident to the discharge of their functions.

b. Both general and medical (veterinary) supplies are obtained from the supply section of the headquarters detachment in exactly the same manner that supplies are obtained by other troops (see par. 9).

CHAPTER 5

MEDICAL BATTALION, ARMORED DIVISION

	Paragraphs
SECTION I. Battalion	149-161
II. Headquarters detachment	162-174
III. Collecting company	175-185
IV. Clearing company	186-196

SECTION I

BATTALION

- 149. ORGANIZATION.—See figure 19 and T/O 8-75.
- 150. STATUS.—The medical battalion, armored division, is an organic component of the armored division, operating directly under division control.
- 151. FUNCTIONS.—Due to the strategic and tactical employment of armored forces, this battalion will in most instances be required to undertake more extended care and treatment

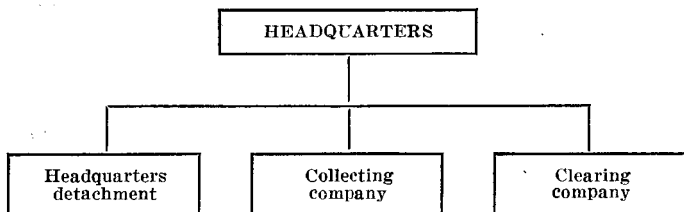


FIGURE 19.—Organization of medical battalion, armored division.

of casualties than ordinarily is contemplated in second echelon medical services. (See FM 17-15.)

■ 152. COMMAND.—The duties and responsibilities of command in this unit are analogous to those in the medical battalion of the infantry division.

■ 153. HEADQUARTERS.—The battalion commander and his staff. The battalion commander is also the division surgeon. In combat the battalion commander will normally accompany the division command group.

■ 154. BATTALION COMMANDER.—The battalion commander is, as in the medical battalion, triangular division, responsible for the administration, discipline, training, and operations of

his unit at all times. He makes the necessary decisions, the details of which are elaborated by his staff in accordance with the announced policies and decisions of the division commander.

■ 155. BATTALION STAFF.—The battalion staff is the same as that of the medical battalion, triangular division. The plans and training officer will habitually be employed in combat as liaison officer with the armored brigade command post.

■ 156. ENLISTED PERSONNEL.—The offensive and aggressive action together with the mobility of the entire armored division require self-reliance, aggressiveness, decisive personnel, the requirements of which can be met only with enlisted personnel of greater than average ability.

■ 157. TRAINING.—In the training of this unit, certain aspects of medical service should be particularly stressed such as—

a. Collection of casualties directly from the field with ambulances in fast moving attacks.

b. Communication. The speed at which armored forces operate makes rapid and efficient medical communication imperative.

c. Evacuation on a moving axis. In the second echelon medical service of most forces, the axes of evacuation are relatively stable during the course of any one engagement. This frequently will not be the case in the combat of armored forces. The axis of evacuation may be shifted frequently, or may even be in constant motion. Such a medical operation will require a high degree of coordination and thorough training of collecting and clearing elements.

d. Medical support of security elements which operate at long ranges.

■ 158. DRILLS AND CEREMONIES.—Infantry drill is used in formations dismounted. Mounted formations similar to those of other elements of the armored division are used in reviews and other mounted ceremonies. (See FM 17-5.)

■ 159. EQUIPMENT.—All equipment is in the possession of the subordinate units (see par. 10).

■ 160. INSTALLATIONS.—The battalion CP is located in a command truck. See appropriate paragraphs in sections II, III, and IV.

■ 161. ADMINISTRATION.—The administration of this unit relative to personnel, supply, care of sick and injured, and messing is analogous to that of the medical battalion, triangular division. In the maintenance of transport it must be remembered that due to the lengths of marches at sustained high speed and the cross-country marching required, the maintenance of motor transportation becomes one of the primary considerations of the unit, and highly trained mechanics must be available to all echelons for this purpose.

SECTION II

HEADQUARTERS DETACHMENT

■ 162. ORGANIZATION (T/O 8-76).—The basic organization of this unit is the same as that of the headquarters detachment, medical battalion, triangular division and corps (see fig. 7).

■ 163. STATUS.—The headquarters detachment is an autonomous element of the battalion comparable to any of the companies of the battalion. It is directly subordinate to the battalion commander.

■ 164. FUNCTIONS.—The functions of the headquarters detachment are entirely administrative and include—

a. Providing the necessary clerks, chauffeurs, motorcycle messengers, and radio operators to operate the battalion headquarters. (This section is provided with scout cars equipped with vehicular radio sets for the commander and his staff.)

b. Operating general supply section for the medical battalion and medical supply section for the division.

c. Second echelon maintenance of the battalion motor transport.

■ 165. COMMAND.—The detachment is commanded by the senior officer assigned thereto and present for duty. This officer is also the supply officer.

■ 166. DETACHMENT HEADQUARTERS (see T/O 8-76).—Includes the detachment commander who is also the battalion supply officer and the overhead required for the administration of the detachment. It conducts the personnel administration of the detachment, its own supply, etc., as provided in the medical battalion, triangular division (see par. 56).

■ 167. **BATTALION HEADQUARTERS SECTION.**—This section provides personnel as noted in paragraph 164a.

■ 168. **SUPPLY SECTION.**—Unlike the supply of the headquarters detachment of the medical battalion, triangular division and corps, no officer is assigned to this supply section and it is in charge of a technical sergeant. The commanding officer, headquarters detachment, as supply officer supervises the employment of this section. Like its prototype however it must be divided into two separate functional groups, suggested organizations of which are—

a. Battalion supply group.—(1) *Personnel.*—One technical sergeant (battalion supply sergeant in addition to being the section leader), one sergeant, one stock clerk, one chauffeur, and one unrated private, first class, or private.

(2) *Functions and operations.*—See paragraph 58a(2) and (3).

b. Division medical supply group.—(1) *Personnel.*—One sergeant, 2 stock clerks, and 1 chauffeur.

(2) *Functions and operations.*—See paragraph 58b(2) and (3).

■ 169. **MOTOR MAINTENANCE SECTION.**—The maintenance section is commanded by the battalion motor officer, an officer who is especially qualified in the maintenance of motor transport. This section is composed of the above officer, the motor sergeant (chief mechanic), motor corporal (motor vehicle records), and mechanics. This section performs second echelon maintenance for the vehicles of the headquarters detachment and for all vehicles of the battalion requiring repairs or adjustments beyond the contemplated capacity of first echelon maintenance.

■ 170. **TRAINING.**—The training of this detachment is like that of its prototype in the medical battalion, triangular division and corps (see par. 60). A few additional specialists must be trained, namely, a stenographer, artificer, bugler, and stock clerks (see par. 8d(4)).

■ 171. **DRILLS AND CEREMONIES.**—Infantry drill is used for dismounted formations. In reviews and mounted ceremonies, the same formations are used as prescribed for the other elements of the division. (See FM 17-5.)

■ 172. **EQUIPMENT.**—Individual and organization. See paragraph 10.

■ 173. **INSTALLATIONS.**—Having exactly the same functions as its prototype in the medical battalion, triangular division and corps, its installations differ only in stability and completeness. This section is provided with vehicles to transport reserve supplies and deliver these as needed to the using units.

■ 174. **ADMINISTRATION.**—The headquarters section is concerned only with feeding, clothing, equipping, disciplining, and keeping the accounts for its own personnel. The fact that the battalion supply officer and the detachment commander is the same individual does not alter the method of drawing supplies and the procedure, as in the case of the headquarters detachment of the medical battalion of a triangular division or corps, is exactly the same as for any of the companies of the battalion.

SECTION III

COLLECTING COMPANY

■ 175. **ORGANIZATION.**—See figure 20 and T/O 8-77. It is to be noted that no collecting station group is included in the organization of this company.

■ 176. **STATUS.**—There is only one collecting company in the battalion and it is an autonomous unit directly subordinate to the battalion commander.

■ 177. **FUNCTIONS.**—*a.* So much of second echelon medical service as is involved in the collection of casualties from the attached medical personnel of the subordinate elements of the division and their evacuation to the clearing station in all situations. No station personnel being provided, this function does not include any further preparation of casualties for such evacuation.

b. To furnish reinforcements of personnel and matériel to unit medical detachments when such disposition of medical means is indicated.

c. Technical assistance in sanitation (see FM 8-10).

d. Interior guard for the battalion (see FM 26-5).

■ 178. **COMMAND.**—The company is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible directly to the battalion commander

for the discipline, training, operations, and administration of his unit.

■ 179. COMPANY HEADQUARTERS.—*a.* Includes the company commander and the enlisted overhead required to perform the normal administration, supply, mess, and motor maintenance and communication, both motorcycle and radio.

b. The CP is established at a convenient location in camp or bivouac. In combat, the location of the CP will depend upon the employment of the company, and it may be kept on a vehicle and moved along a designated axis.

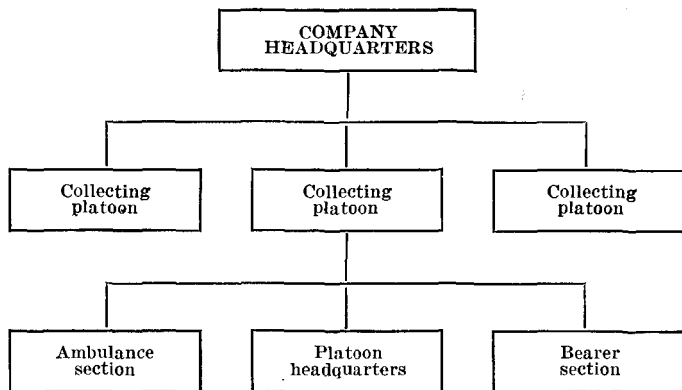


FIGURE 20.—Organization of collecting company, medical battalion, armored division.

■ 180. COLLECTING PLATOON.—Each of the three collecting platoons (see fig. 20) is commanded by an officer of the Medical Corps, and is organized into a platoon headquarters, an ambulance section, and a litter bearer section.

a. Platoon headquarters.—Includes the platoon leader, the platoon sergeant, one chauffeur, and two motorcyclists.

b. Ambulance section.—Commanded by a sergeant and includes in addition 2 corporals, 10 chauffeurs, and 10 ambulance orderlies. It is equipped with 10 ambulances.

c. Litter bearer section.—Commanded by a sergeant and includes in addition 1 corporal and 16 privates, first class, and privates to constitute four litter squads.

■ 181. TRAINING.—*a. Management.*—See paragraph 72*a.*

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—(1) *Chauffeurs.*—The chauffeurs of this company, and particularly those of the ambulance sections, must be especially proficient in cross-country driving.

(2) *Motorcyclists.*—See paragraph 8*d*(4). In addition, these motorcyclists must be trained as liaison agents (see pars. 70*b* and 72*d*(2)).

(3) *Miscellaneous.*—Other specialists noted in Tables of Organization requiring training are clerks, cooks, automobile mechanic, mess sergeant, motor sergeant, supply sergeant, and sanitary technicians (see par. 8*d*(4)).

d. Group.—(1) *Company headquarters.*—Trained as a group both in company administration and in communications.

(2) *Platoon headquarters.*—Trained in communications and in liaison.

(3) *Ambulance sections and litter bearer sections.*—Trained as in the medical battalion of the triangular division and corps. All drivers must be qualified in map reading in order that they may be promptly dispatched by map directions alone. The noncommissioned officers on motorcycles act as contact agents, and control and direct the flow of ambulances to and from the various aid stations. The litter bearers must be trained in the technique of litter bearers of medical detachments as well as in the tactics and technique of bearer elements of collecting units.

e. Unit.—Since the collecting platoon combines the functions of collection of casualties and also of rendering ambulance service, the company as a whole must be trained in the coordinated functioning of its platoons in all types of military operations, keeping in mind that they are supporting a highly mobile force.

f. Battalion.—A battalion is conducted by a battalion commander. This training is directed toward perfecting liaison and communication. It must be remembered that the mobility of the entire armored division is utilized in long marches to reach the most favorable direction of attack. Objectives will usually be hostile rear areas. In making the maximum utilization of the sustained speed of the armored force in reaching these rear areas, its own lines of communication may be subjected to interruption, thus making it necessary to maintain and operate the Armored Division for variable periods with lines of communication entirely severed and training must insure the proper functioning of this battalion under

these conditions. In defensive exercises it is to be remembered that the action of the Armored Division is elastic and mobile and its chief characteristic is the employment of the counterattack which must have proper medical service.

g. Combined training.—May be had with the battalion. It is also directed toward perfecting liaison and communication in fast moving situations.

■ 182. DRILLS AND CEREMONIES.—In dismounted ceremonies, FM 22-5 governs. (See also par. 158.)

■ 183. EQUIPMENT.—See paragraph 10.

■ 184. INSTALLATIONS.—*a.* No collecting station group is provided in the organization of this company, nor is it contemplated that in the medical support of mechanized units such an installation will be practicable. However, in the support of the armored infantry regiment of this division when it is engaged on foot, some such installation will be essential; therefore a collecting station group must be improvised when it is needed. For the organization and the technique of establishing, operating, and closing a collecting station, see paragraph 75.

b. Ambulance loading posts will be necessary on occasion (see FM 8-10).

■ 185. ADMINISTRATION.—The collecting company is charged with the usual administrative functions of any company with special emphasis on motor maintenance.

SECTION IV

CLEARING COMPANY

■ 186. ORGANIZATION.—See figure 21 and T/O 8-78.

■ 187. STATUS.—The clearing company is an autonomous unit directly subordinate to the battalion commander.

■ 188. FUNCTIONS.—In addition to the functions noted for the medical battalion of the infantry battalion and corps, whenever communication is interrupted so that evacuation by third echelon medical service is impossible and the armored division moves, this company must transport casualties admitted to its clearing station(s) until they can be satisfactorily disposed of. In the event that it appears that it will

be necessary to move the station while it contains casualties to prevent its capture or to maintain contact with the division, this fact will be reported at once, giving the number of casualties then in the station, and a request made for ambulances or other suitable available transportation to facilitate evacuation.

■ 189. **COMMAND.**—See paragraph 152.

■ 190. **COMPANY HEADQUARTERS.**—Company headquarters is organized and equipped to perform the normal functions of administration and supply. The mess is organized so that

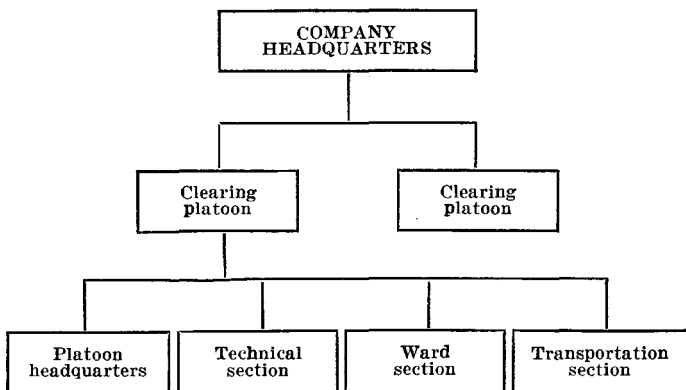


FIGURE 21.—Organization of clearing company, medical battalion, armored division.

a complete mess can be provided for each platoon when operating separately. Radio and motorcycle messenger communication is provided for the company.

■ 191. **CLEARING PLATOON.**—*a. Command and functions.*—See paragraph 82*a* and *b*.

b. Functional organization.—Each clearing platoon is organized into a platoon headquarters and three sections, technical, ward, and transportation.

(1) *Platoon headquarters.*—Includes the platoon leader, the platoon sergeant, a sergeant in charge of medical records, and one private, first class, or private (general clerk).

(2) *Technical section.*—Commanded by the senior officer of the Medical Corps assigned thereto and present for duty

and includes in addition 1 other medical officer, 1 dental officer, 5 sergeants, and 10 privates, first class, or privates (dental, sanitary, medical, and surgical technicians, and a pharmacist). (See also par. 195.)

(3) *Ward section*.—Commanded by a medical officer and includes in addition a section sergeant, 4 corporals, and 14 privates, first class, and privates (11 technicians and 3 un-rated). (See also par. 195.)

(4) *Transportation section*.—Composed entirely of motor vehicle operators (9 chauffeurs and 1 motorcyclist). One of the sergeants from the technical section may be transferred to the transportation section to act as the section leader.

c. Operations.—See paragraph 195.

■ 192. TRAINING.—*a. Management*.—The battalion commander prescribes the nature and scope of training and the objectives to be attained. The company commander is responsible for the detailed program and the assurance that it is being properly carried out. Each platoon must be trained to insure its capability for independent action.

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—All specialists shown in Tables of Organization must be properly trained. See paragraph 8*d*(4).

d. Group.—(1) *Technical section*.—In some situations, the clearing functions will have to be discharged almost entirely in vehicles, and even while in motion. These sections should be specially trained to function under such conditions.

(2) *Ward section*.—Trained in the general care and nursing of sick and injured, including operations under the conditions mentioned in (1) above.

(3) *Transportation section*.—Should be specially well trained in the operation and maintenance of motor transport. The necessity for a thorough course of training in all phases of convoy driving cannot be overemphasized since the clearing company must maintain its mobility if it is to serve properly such a highly mobile force as the armored division. All drivers must be qualified.

e. Unit.—Speed of operations must be stressed in unit training. The tactics of the armored division in many situations will not permit any great elaboration of facilities on the ground for the clearing of casualties (see *d*(1) above).

■ 193. DRILLS AND CEREMONIES.—See paragraph 158.

■ 194. EQUIPMENT.—See paragraph 10.

■ 195. CLEARING STATIONS.—*a. General.*—The type and arrangement of a clearing station established by this company will depend upon the situation and the terrain, terrain being used in its broadest sense to include buildings. The most elaborate establishment possible can only approach the conventional arrangement of a clearing station of the medical battalion of the triangular division (see par. 86). However, in the majority of situations such a complete station will be impracticable in the armored division. (For demonstration, pitching and striking the ward tent, see app. I.)

b. Functional organization of station.—Regardless of the physical arrangement of the station, certain functions must be discharged in every situation and the functional organization must be based upon them. The distribution of personnel given below is intended merely as a guide and is not to be regarded as mandatory.

(1) *Platoon CP and clearing office.*—The platoon commander (who also has technical duties in connection with the treatment of casualties), the platoon sergeant (who also supervises property exchange), the sergeant who is specially trained in medical records, and the platoon clerk.

(2) *Receiving department.*—The dental officer (in addition to his other duties), one sergeant of the technical section, and such litter squads and other assistants from the ward section as are required.

(3) *Litter wounded.*—(a) One medical officer (more when required and when they can be spared from other important duties), one sanitary technician (sterilization and hypodermic medication), and two surgical technicians, all from the technical section.

(b) If shock treatment is placed under this department, there will be required in addition one sergeant of the technical section in immediate charge and the number of medical technicians necessary from the ward section.

(4) *Walking wounded.*—(a) Includes all casualties who can safely be transported (either for evacuation or for travel with the command) in a sitting position and who do not require constant nursing attention. The personnel of this department may include one sergeant and four surgical technicians of the technical section.

(b) If gas cases also are placed in the care of this department, the sergeant may be placed in immediate charge of this section and the necessary assistants furnished him from the ward section.

(5) *Dental department.*—The dental officer and his dental technician.

(6) *Pharmacy and laboratory.*—The pharmacist.

(7) *Ward nursing.*—Ward nursing cannot be sharply delineated from other technical functions. In situations in which prompt evacuation is possible, this requirement will not be great and part of the personnel of the ward section can be more profitably employed elsewhere. At the other extreme, when evacuation must be suspended indefinitely, the demand for this service will increase constantly. The ward section commander may be placed in immediate charge of after treatment, much as a ward surgeon in a fixed hospital, under such supervision of the platoon commander and officers in charge of treatment departments as may be necessary.

(8) *Evacuating department.*—One sergeant of the technical section with such assistants from the ward section as are necessary. The platoon commander will exercise close supervision over this department.

c. Operations.—The operations of a clearing station of an armored division cannot be reduced to rule. They may vary between those of a clearing station of a triangular division and the operations of receiving casualties, their emergency treatment, and their continued care, all while the column is in motion. Each situation will call for a special solution of the clearing problem and prompt, decisive action is most essential.

■ 196. **ADMINISTRATION.**—The clearing company has the usual administrative functions. In combat, the administrative functions are usually centered at the most forward or centrally located clearing station. Clearing company headquarters maintains radio and motorcycle messenger communication with the battalion command post.

CHAPTER 6

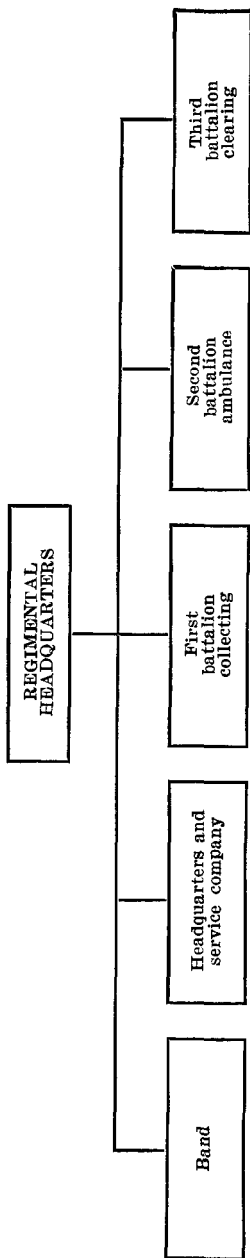
MEDICAL REGIMENT, SQUARE DIVISION AND ARMY

	Paragraphs
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II. Headquarters and service company	212-224
III. Collecting company	225-236
IV. Ambulance company	237-247
V. Clearing company	248-259

SECTION I

REGIMENT

- 197. ORGANIZATION.—See figure 22 and T/O 8-21.
- 198. STATUS.—The medical regiment is—
- a. An organic element of the infantry division, square, operating directly under division control.
 - b. A unit of army troops operating directly under army control.
- 199. FUNCTIONS.—a. *Division medical regiment.*—The division medical regiment is to the square infantry division what the division medical battalion is to the triangular infantry division (see par. 41a).
- b. *Army medical regiment.*—It provides—
- (1) Second echelon medical service of units located within the army area and in rear of corps boundaries.
 - (2) So much of third echelon medical service as is concerned with the evacuation of all clearing stations and surgical hospitals and the transportation (normally by ambulance elements of the regiment) of such evacuees to evacuation hospitals.
 - (3) When necessary, reinforcement of division medical services.
 - (4) Under certain conditions (with clearing elements), the definitive care and treatment of short duration cases in rear areas.
- 200. COMMAND.—a. *Division medical regiment.*—Commanded by the senior officer of the Medical Corps assigned thereto and present for duty. This officer is also the division surgeon, and is in both capacities immediately responsible to the division commander.
- b. *Army medical regiment.*—Commanded by the senior officer of the Medical Corps assigned thereto and present for



NOTE.—The regimental band is organized only when specifically authorized.

FIGURE 22.—Organization of medical regiment, square division and army.

duty. This officer has no staff functions. He is immediately responsible in his command function to the army commander or the surgeon, as may be designated.

■ 201. HEADQUARTERS.—Consists of the regimental commander and his staff (see par. 203). The enlisted personnel on duty with the headquarters, to simplify administration, are assigned to the headquarters and service company (see par. 217), in which unit they constitute the regimental headquarters section. (See also par. 43, substituting "regimental" for "battalion" in the text of that paragraph.)

■ 202. REGIMENTAL COMMANDER (see also par. 200).—The regimental commander is directly responsible to the division commander in division regiments and to the army surgeon in army regiments for the administration, discipline, training, and operations of the regiment in all situations. He makes the basic decisions and his staff elaborates the details necessary to carry his decisions into effect.

■ 203. REGIMENTAL STAFF.—*a.* The regimental staff assists the commander in the discharge of his command functions. They are not concerned in the division medical regiment with the staff functions of the division surgeon (see FM 8-10). The regimental staff includes the executive officer, the plans and training officer (S-3) and one assistant, the adjutant (S-1), and the supply officer (S-4).

b. The executive officer, plans and training officer, the adjutant, and the supply officer have comparable functions with the same officers in the medical battalion (see par. 45). The plans and training officer has one assistant.

■ 204. ENLISTED PERSONNEL.—Same qualifications as for medical battalion, triangular division (see par. 46).

■ 205. BAND.—*a.* A medical regiment may include a band, *but only when specifically authorized in each case.* When not authorized, the strength of the regiment is reduced accordingly.

b. The band is a standard regimental band of 1 warrant officer (band leader) and 28 enlisted musicians. It is commanded by the regimental adjutant, but is attached to the headquarters and service company for quarters, rations, supply, and other administration.

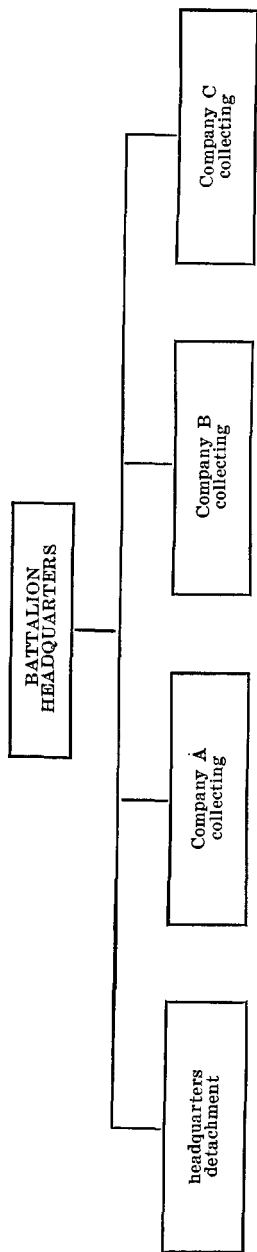


FIGURE 23.—Organization of first battalion (collecting), medical regiment, square division and army.

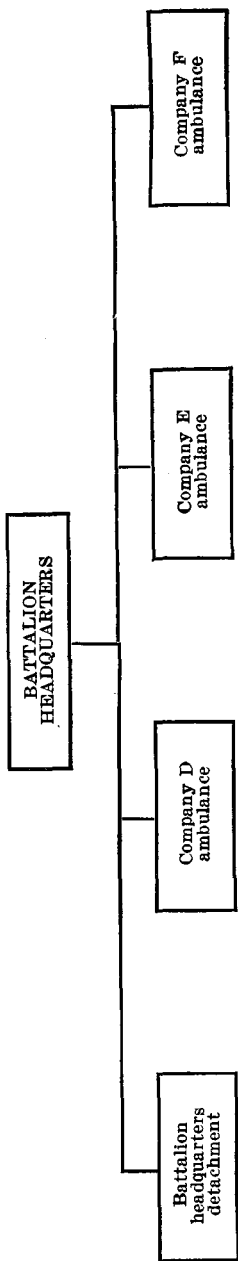


FIGURE 24.—Organization of second battalion (ambulance), medical regiment, square division and army.

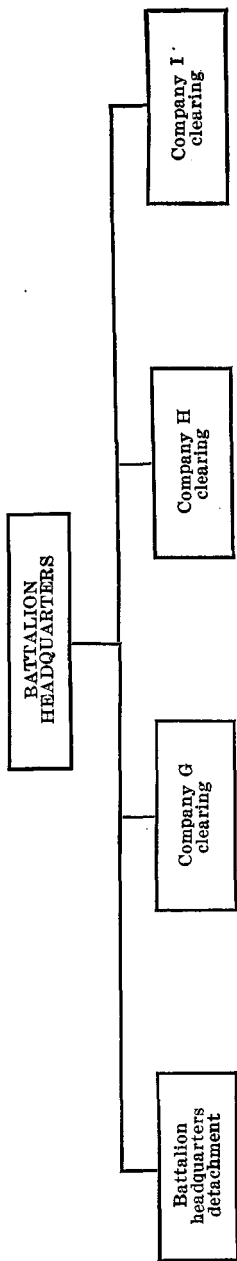


FIGURE 25.—Organization of third battalion (clearing), medical regiment, square division and army.

■ 206. BATTALION (see figs. 23, 24, and 25.)—*a. Organization.*—The subordinate tactical elements of the regiment are organized into three battalions.

(1) *1st Battalion* (see T/O 8-25).—Battalion headquarters and three collecting companies, the latter designated A, B, and C, respectively.

(2) *2d Battalion* (see T/O 8-35).—Battalion headquarters and three ambulance companies (motor), the latter designated D, E, and F, respectively.

(3) *3d Battalion* (see T/O 8-45).—Battalion headquarters and three clearing companies, the latter designated G, H, and I, respectively.

b. Status.—The battalions are tactical units, having no administrative functions whatsoever, directly responsible to the regimental commander.

c. Functions.—The technical functions of the battalions are those of the companies of which each is composed. The other functions of the battalions are training and operations (see *f* below).

d. Command.—Each battalion is commanded by the senior officer of the Medical Corps assigned thereto and present for duty, ordinarily a lieutenant colonel.

e. Headquarters.—(1) Includes the battalion commander and his one staff officer (see *g* below), and the battalion headquarters detachment of the battalion sergeant major, one sergeant, and four privates, first class, and privates (one chauffeur, one clerk, one motorcyclist, and one orderly). The battalion headquarters detachment must be attached for rations and quarters to one of the companies of the battalion.

(2) The battalion CP is established in the battalion area in camp or bivouac, and in combat at the most practicable location from which the operations of such companies as are engaged can be controlled. In the average situation, this will be for—

(*a*) *1st Battalion* (collecting), at the farthest point forward on the ambulance route common to two or more companies at station.

(*b*) *2d Battalion* (ambulance), in the general vicinity of the CP of the *1st Battalion*.

(*c*) *3d Battalion* (clearing), at the principal division clearing station.

f. Commander.—The battalion commander is responsible to the regimental commander for—

(1) Training of the battalion and all companies thereof, except regimental and combined training.

(2) Operations of the battalion and each company thereof operating under battalion control.

(3) Maintenance of the equipment of the companies at prescribed levels, and its serviceability. This is not to be confused with responsibility for supply. The battalion commander has no responsibility for supply except that in combat he facilitates the replenishment of company supplies in every possible way.

g. Staff.—The battalion staff is limited to one officer, nominally the adjutant. The S-1 functions of battalion headquarters are very limited. Except in combat there are practically no S-4 functions, so this officer actually functions as a general assistant to the battalion commander.

h. Training.—Except at such times as the battalion is in action or preparing for action, the most important function of the battalion commander is the supervision of the training of his companies. He makes frequent training inspections, but also by less formal methods he keeps constantly informed of the state of training of each company.

i. Drills and ceremonies.—See paragraph 11.

j. Equipment.—Each battalion possesses a few items of quartermaster equipment and a share in some items of chemical warfare, engineer, ordnance, and Signal Corps equipment which are listed to show the whole allowance for the companies as well as for battalion headquarters (see T/BA 8).

k. Installations.—Each battalion can establish three stations, collecting, ambulance, or clearing, depending upon the battalion.

l. Administration.—Except when detached from the regiment, the battalion has no administrative functions.

■ 207. TRAINING.—*a.* See paragraph 47, substituting “regimental” and “regiment” for “battalion” in appropriate places therein. See also paragraph 206*h* for the responsibilities of battalion commanders in training.

b. Division medical regiment.—Regimental training should be specially directed toward perfecting liaison and coordination between collecting and ambulance companies.

c. Army medical regiment.—This regiment should receive all the training of a division medical regiment and in addition its collecting elements should be especially well trained in sanitation and its ambulance elements in convoy operation.

■ 208. DRILLS AND CEREMONIES.—See paragraph 11.

■ 209. EQUIPMENT.—All equipment is in the hands of subordinate units. The headquarters and service company draws the equipment for the regimental headquarters.

■ 210. INSTALLATIONS.—The regiment can establish the following installations:

a. Regimental command post.—See paragraph 201.

b. Regimental distributing point.—See paragraph 63*b*, substituting “regimental” and “regiment” for “battalion” therein.

c. Regimental motor repair park.—See paragraph 63*d*, making appropriate substitutions as in *b* above.

d. Division medical distributing point and dump(s).—By division medical regiment only.

e. Three battalion CP's.

f. Three collecting stations.

g. Three ambulance stations.

h. Three clearing stations.

■ 211. ADMINISTRATION.—Same as medical battalion, triangular division or corps. Regimental headquarters deals directly with companies on all administrative matters, the battalions having no administrative functions.

SECTION II

HEADQUARTERS AND SERVICE COMPANY

■ 212. ORGANIZATION.—See figure 26 and T/O 8-22.

■ 213. STATUS.—The headquarters and service company is an autonomous element of the regiment directly subordinate to the regimental commander and the only company in the regiment that is not a part of a battalion.

■ 214. FUNCTIONS.—This company has the same functions in connection with the medical regiment and square division that the headquarters detachment of the medical battalion has in connection with that battalion and the triangular division (see par. 54). The army medical regiment however has no supply functions other than those associated with its own supply.

■ 215. **COMMAND.**—The company is commanded by the senior officer assigned thereto and present for duty. He is also the regimental supply officer (S-4). In the army medical regiment, this officer has no other functions, but in the division medical regiment he is also the division medical supply officer (see par. 55).

■ 216. **COMPANY HEADQUARTERS.**—Includes the company commander and the overhead required in the administration of the company. Its functions are not to be confused with those

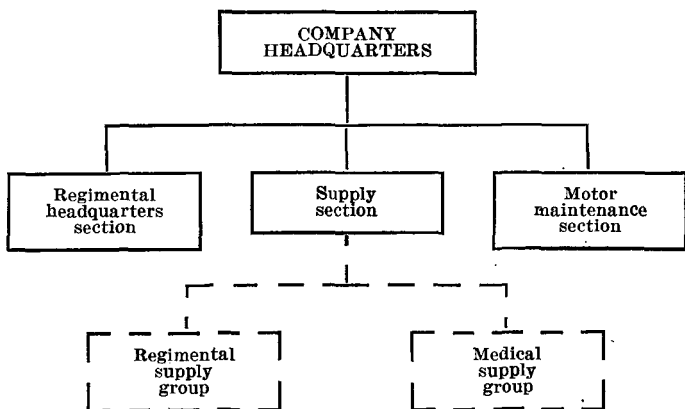


FIGURE 26.—Organization of the headquarters and service company, medical regiment, square division and army.

of other sections of the company whose functions are in connection with the administration of the regiment. (See also par. 54.)

■ 217. **REGIMENTAL HEADQUARTERS SECTION.**—Comprises the enlisted personnel for the operation of the regimental headquarters (see par. 201).

■ 218. **SUPPLY SECTION.**—The supply section includes two officers, the senior of whom is the section commander. This section has no functions in connection with company supply.

a. Division medical regiment.—(1) *Organization.*—In the division medical regiment, the supply section is organized into two groups, the regimental supply group and the division medical supply group.

(2) *Regimental supply group.*—(a) *Personnel.*—Tables of Organization provide one officer who is assistant unit supply officer, one master sergeant who is the regimental supply sergeant, and four privates, first class, and privates, including chauffeurs and a motorcyclist. The transport of the section cannot be rigidly allocated between the two groups but must be divided as each situation indicates.

(b) *Functions and operations.*—Same functions in medical regiment as has battalion supply group in medical battalion (see par. 58a(2)). The battalion commanders of the medical regiment have no functions in connection with supply, and all company commanders deal directly with regimental headquarters (S-4) on all supply matters.

(3) *Division medical supply group.*—(a) *Personnel.*—One officer who is the assistant division medical supply officer, one technical sergeant who is the medical supply sergeant, and three privates, first class, or privates, including chauffeurs. For allocation of chauffeurs and transport, see (2) (a) above.

(b) *Functions and operations.*—Same as those in the triangular division (see par. 58b(2) and (3)).

b. *Army medical regiment.*—The supply section of the headquarters and service company of the army medical regiment, having no functions other than those associated with unit supply, is not divided into groups. In average situations, because of wider dispersion of the subordinate units of army medical regiments, unit supply is more difficult than in division medical regiments, and the entire section will be required to discharge the one function.

c. *Operations.*—Operations are the same as those of the regimental supply group of the division medical regiment (see a(2) above). When battalions of army medical regiments are detached for duty away from their regiments, suitable attachments of personnel from this section must be made to them for unit supply.

■ 219. **REGIMENTAL MOTOR REPAIR SECTION.**—This section is commanded by an officer who is especially qualified in the maintenance of motor transport. It serves the regiment in the same manner that the motor maintenance section of the headquarters detachment serves the medical battalion (see par. 59).

■ 220. **TRAINING.**—a. *Management.*—See paragraph 60a, sub-

stituting "regimental commander" for "battalion commander", and "company commander" for "detachment commander."

b. Individual.—See paragraph 8*d*.

c. Specialists.—The specialists requiring training are bugler, chauffeur, company clerk, general clerk, chief clerk, cook, automobile mechanic, general mechanic (a company artificer who should be a natural mechanic, capable of making and repairing simpler devices used by the company and the maintenance of its organizational equipment), mess sergeant, motorcyclist, motor sergeant, personnel sergeant major, plans and training sergeant, stenographer, and supply sergeant. Tables of Organization provide for a regimental supply sergeant to be trained in unit regimental supply and a company supply sergeant trained in company supply. In addition, the medical supply sergeant in the division medical regiment is specialized in division medical supply. (See par. 8*d*(4).)

d. Group and unit.—Same as for corresponding unit in medical battalion.

■ 221. DRILLS AND CEREMONIES.—See paragraphs 11 and 61.

■ 222. EQUIPMENT.—*a. Individual.*—See paragraph 10.

b. Organizational.—(1) *Medical.*—Like its counterpart in the medical battalion, the medical equipment and supplies of this company constitute the rolling reserve of medical supplies. (See pars. 10 and 62.)

(2) *Other than medical.*—See paragraph 10.

■ 223. INSTALLATIONS.—*a.* The *company CP* is established by personnel of the company headquarters. Its location depends upon the situation. It may be located in the vicinity of the regimental CP or near the regimental distributing point.

b. The *regimental distributing point (medical distributing point)* established only by the division medical regiment and the regimental motor repair park are established in the same manner as these same installations are set up by the headquarters detachment of the medical battalions. (See par. 63*d*.)

■ 224. ADMINISTRATION.—Here, as in the case of the medical battalion, the administration of the headquarters detachment must be kept entirely separate from the administrative functions of its various sections. These vary from the admin-

istration of a medical battalion only in that, as noted in the previous paragraph, a medical distributing point is not established by any medical regiment.

SECTION III

COLLECTING COMPANY

■ 225. ORGANIZATION.—See figure 27 and T/O 8-25.

■ 226. STATUS.—There are three collecting companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. Commander of the first battalion in all matters of operations and training.

b. Regimental commander in all matters pertaining to administration.

■ 227. FUNCTIONS.—a. In the division medical regiment, so much of second echelon medical service as is involved in—

(1) Collection of casualties during and after combat from unit aid stations, and from the field whenever necessary, and their removal to the collecting station or other place designated for collection.

(2) Sorting, treatment, and preparation in the collecting station or post for evacuation to the clearing station.

(3) Establishment and operation of march collecting posts.

b. In the army medical regiment, to reinforce division collecting companies in combat or to replace them in large security detachments or other forces when division medical units are not available. In such situations, collecting companies of army medical regiments function in the same manner as those of division regiments. Unless attached to subordinate echelons, collecting companies of army medical regiments rarely participate in combat.

c. In the division medical regiment, the replenishment of the medical supplies of the unit aid stations in their fronts in combat. When operating with divisions (or occasionally when operating with corps), collecting companies of army medical regiments have the same responsibility.

d. Technical assistance in sanitation (see FM 8-10).

e. Interior guard for the regiment.

■ 228. COMMAND.—The company is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. (See par. 226.)

■ 229. **COMPANY HEADQUARTERS.**—Includes the company commander and the enlisted overhead required in the administration of the company. The CP is established at a convenient location in camp or bivouac, and normally at the collecting station in combat. The message center is a part of the CP, although it functions with the collecting station whenever the latter is established.

■ 230. **FIRST PLATOON.**—*a.* Tables of Organization do not provide a platoon organization for the station and liaison sections, but these two sections may be joined to form a platoon. This platoon would then be commanded by the senior officer

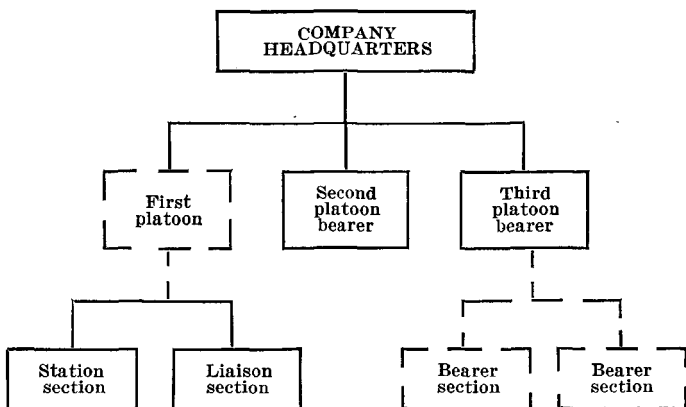


FIGURE 27.—Organization of the collecting company, first battalion, medical regiment, square division and army.

of the Medical Corps assigned thereto and present for duty, the staff sergeant serving as the platoon sergeant.

b. The station section provided by Tables of Organization is commanded by a medical officer and includes in addition the section sergeant, 1 medical technician, 1 sanitary technician, 7 surgical technicians, 2 chauffeurs, and 2 privates, first class, or privates not rated. For a suggested functional organization of this section, see paragraph 75*a*.

c. The liaison section is commanded by the liaison sergeant and includes in addition 6 sanitary technicians. For the functions and operations of the liaison section, see paragraph 70*b*.

■ 231. SECOND AND THIRD PLATOONS.—*a.* The second and third platoons are organized alike. Each is commanded by an officer and includes in addition 1 platoon sergeant, 1 other sergeant, 2 corporals, medical technicians, sanitary technicians, surgical technicians, rated litter bearers, and prescribed privates, first class, and privates not rated.

b. Each platoon as now constituted may be further organized into a platoon headquarters and two bearer sections of four squads each, each bearer section to be commanded by a corporal. The additional privates are assigned to platoon headquarters to be used as replacements, as reinforcements, as reliefs, or in any other manner desired.

c. For the technique of litter bearers see FM 8-35, and for their tactical employment see FM 8-10.

■ 232. TRAINING.—*a. Management.*—See paragraph 8.

b. Individual.—See paragraph 8*d*(1).

c. Specialists.—Those listed in Tables of Organization must be provided the necessary training. (See par. 8*d*(4).)

d. Group.—See paragraph 72*d*.

e. Unit.—See paragraph 72*e*.

f. Battalion.—Limited largely to close order drills, ceremonies, and to such phases of regimental training as may be decentralized initially to battalions.

g. Regimental.—Conducted by the regimental commander and, insofar as the collecting companies are concerned, is directed in its tactical aspects toward perfecting liaison, communications, and cooperation with ambulance elements. For the scope of such training see paragraph 47*c*.

h. Combined.—Rarely possible for an army medical regiment. In division regiments, collecting companies may be given combined training either as parts of the regiment when it is participating in such training, or with fractions of the divisions such as a brigade combat team.

■ 233. DRILLS AND CEREMONIES.—The collecting company may participate in all of the ceremonies of its battalion or of the regiment. (See par. 11.)

■ 234. EQUIPMENT.—See paragraph 10.

■ 235. COLLECTING STATION.—*a. Organization.*—See paragraph 75*a*.

b. Personnel.—(1) The normal complement of the collecting station comes from the station section augmented by

the commander and platoon sergeant of the first platoon. When necessary, additional medical officers are had from the commanders of the second and third platoons, and the company commander may assist in the operation of the station. Reinforcements of enlisted men may be had from company headquarters.

(2) To each function should be assigned the available personnel best qualified for that duty, and even the general organization of the station may have to be modified to meet special situations. However, as a guide only, the following assignments are suggested under Tables of Organization:

(a) *Receiving department.*—The platoon sergeant and one surgical technician, fifth class.

(b) *Walking wounded department.*—The platoon commander, one surgical technician, third class, and two surgical technicians, fourth class.

(c) *Litter wounded department.*—The section commander, one surgical technician, third class, and one surgical technician, fourth class.

(d) *Sterilization and hypodermic medication.*—One medical technician, fourth class.

(e) *Casualty records clerk.*—One sanitary technician, fourth class.

(f) *Forwarding department.*—The station section sergeant and one surgical technician, fifth class.

(3) The chauffeurs and basic privates, augmented if necessary from company headquarters, may be used for ambulance loading and general utility work. No personnel is required for the operation of the morgue.

c. Establishing station, operation, closing station, forward displacement, etc.—See paragraph 75.

■ 236. ADMINISTRATION.—See paragraph 224.

SECTION IV

AMBULANCE COMPANY

■ 237. ORGANIZATION.—See figure 28 and T/O 8-35.

■ 238. STATUS.—There are three ambulance companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. Commander of the second battalion in all matters of operations and training.

b. Regimental commander in all matters pertaining to administration.

■ 239. FUNCTIONS.—The ambulance company provides—

a. *In division medical regiment.*—So much of second echelon medical service as is involved in—

(1) Evacuation of collecting stations and posts and the delivery of such evacuees to clearing stations.

(2) Evacuation of aid stations by means of forward ambulance shuttles (see FM 8-10).

(3) Assisting collecting companies in clearing the field of wounded when feasible.

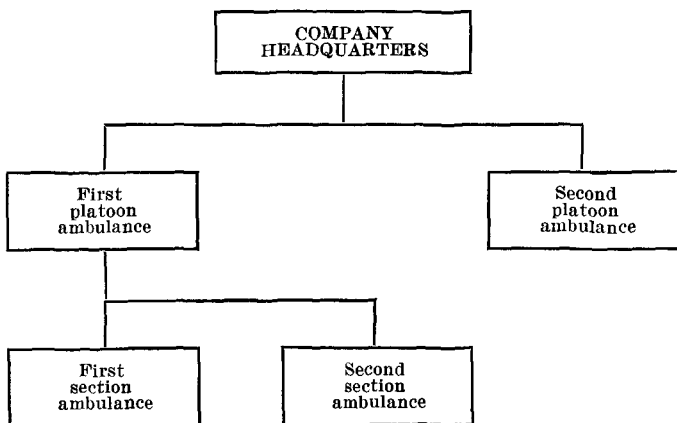


FIGURE 28.—Organization of ambulance company second battalion, medical regiment, square division and army.

(4) Evacuation of march casualties, either from march collecting posts or directly from units.

(5) Transportation of medical supplies in combat.

b. *In army medical regiment.*—(1) So much of third echelon medical service as is involved in the evacuation of clearing stations and surgical hospitals and the delivery of such evacuees to evacuation hospitals.

(2) Reinforcement of division ambulance and collecting companies in combat or replacement for them in large security detachments and other forces organized for special missions. In such situations ambulance elements of army medical regiments function in the same manner as those of

division regiments, either as ambulance companies or as ambulance elements of collecting companies.

c. In camp and bivouac, and in rear areas.—Evacuation of dispensaries with delivery of such evacuees to clearing stations or other medical installations designated to receive them.

d. Transportation.—For foot elements of collecting companies.

■ 240. **COMMAND.**—The company is commanded by the senior officer assigned thereto and present for duty. Ordinarily this is an officer of the Medical Corps and platoon commanders are officers of the Medical Administrative Corps. The company commander is directly responsible to the battalion commander for the discipline, training, and operations of the company, and to the regimental commander for its administration, as noted in paragraph 238.

■ 241. **COMPANY HEADQUARTERS.**—Includes the company commander and the enlisted overhead required in the administration of the company. The CP is established at a convenient location in camp or bivouac, and normally at the ambulance station in combat. The message center is part of the CP.

■ 242. **PLATOONS.**—*a. Tactical elements.*—Under Tables of Organization the tactical elements of the company are organized into two identical platoons. Each platoon is commanded by an officer (see par. 240), and is organized into two sections of five ambulances each.

b. Platoon headquarters.—Includes the platoon commander and the platoon sergeant.

c. Section.—Each section includes the section leader (a sergeant for one section, a corporal for the other), 5 chauffeurs, and 5 ambulance orderlies.

d. Privates.—Three unrated privates, first class, or privates complete the platoon organization, and these are assigned where needed, either to platoon headquarters or to one of the other sections.

■ 243. **TRAINING.**—*a. Management.*—See paragraph 8.

b. Individual.—See paragraphs 8*d*(1) and 72.

c. Specialists.—Those listed in Tables of Organization must be provided the necessary training. Ambulance orderlies

must be trained both in emergency care of sick and wounded and as chauffeurs. The chauffeurs must be thoroughly trained in convoy driving under all possible conditions.

d. Group.—There are no specialized functional groups in the company, the single basic function of the company being the operation of ambulances.

e. Unit.—See paragraph 72. Convoy driving under tactical conditions is stressed in the army medical regiment, and the operation of ambulance shuttles (see FM 8-10) in division medical regiments.

f. Battalion.—See paragraph 232*f*. Convoy driving under tactical conditions is stressed in the army medical regiment. The ambulance battalion of the army medical regiment is also trained in independent operations in third echelon medical service.

g. Regimental.—Conducted by the regimental commander and, insofar as the ambulance companies are concerned, is directed in its tactical aspects toward perfecting liaison, communications, and cooperation with collecting elements.

h. Combined.—Rarely possible for an army medical regiment. In division regiments, ambulance companies may be given combined training either as parts of the regiment when it is participating in such training or with fractions of the division such as a brigade combat team.

■ 244. DRILLS AND CEREMONIES.—The ambulance company participates in all ceremonies of its battalion and regiment. If dismounted, FM 22-5 governs. When transport is used, appropriate sections of FM 22-5 and FM 25-5 govern, with suitable modifications as indicated.

■ 245. EQUIPMENT.—See paragraph 10.

■ 246. AMBULANCE STATION.—*a. Definition.*—An ambulance station is the combat installation of an ambulance company for the control of its service. It differs from other stations of first and second echelon medical service in that it has no functions in connection with the care and treatment of the sick and injured.

b. Organization.—It invariably includes the company CP and usually includes the basic relay post and the housekeeping and motor maintenance facilities of the company.

c. Establishment.—For location, see FM 8-10. The company commander selects the site and designates the locations

of the CP, message center, kitchen, latrines, motor park(s), and company bivouac. The station usually is set up at the same time that the ambulance shuttle is being established.

d. Message center.—The message center is established at the side of the route used by ambulances so that they may be stopped and examined without causing them to leave the route. It is operated by the company clerk, and its functions are to—

(1) Receive, dispatch, and record all messages carried by ambulances, and all others carried by any other means to and from the company.

(2) Act as a clearing house for all messages and supplies carried by ambulances for other units. The destinations of such messages and supplies are checked at the message center, and if the ambulance upon which they arrive is not proceeding directly to such destination they are placed upon the proper ambulance. This will be the rule in the case of messages and supplies en route from rear to front, since ambulances returning from the rear normally stop at the basic relay post (see FM 8-10).

(3) Maintain a constant record of the whereabouts of all ambulances and the loads carried by each. This is done by stopping and examining each ambulance as it passes the message center and entering the following data in the ambulance log:

(a) Company serial number of the ambulance (ambulances are numbered from 1 to 20 in each company).

(b) Name of the chauffeur.

(c) Hour of arrival at or departure from the message center or basic relay post.

(d) The number *each* of litter and sitting patients.

e. Operations.—For the technique of ambulances see FM 8-35, and for their tactical employment FM 8-10.

f. Closing station.—Ambulances are withdrawn from the shuttle and formed in column. The station is dismantled and cargo vehicles are loaded and take their places in the column. Personnel are assembled, tents struck, packs rolled, latrines filled and marked, and the site policed and inspected.

■ 247. ADMINISTRATION.—The ambulance company is charged with the usual administrative functions of a company. Motor maintenance is the most important administrative responsibility. In combat the administrative center of the company

is usually at the ambulance station. The mess is established here and whenever practicable all company personnel are messed from here. The company may be divided into reliefs for messing or cooked meals may be distributed. Personnel operating to the front of collecting stations may be fed from the collecting company mess.

SECTION V

CLEARING COMPANY

■ 248. ORGANIZATION.—See figure 29 and T/O 8-45. The basic difference between the organization of this company and the clearing company of the triangular division and corps is that in the triangular division the company is the functional unit whereas in the corps the two collecting platoons are the functional units. The company is not designed to operate more than one clearing station.

■ 249. STATUS.—There are three clearing companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. Commander of the third battalion in all matters of operations and training.

b. Regimental commander in all matters pertaining to administration.

■ 250. FUNCTIONS.—*a.* So much of second echelon medical service as includes the admissions of the evacuees of dispensaries, aid stations, and collecting stations or posts; the sorting, emergency care and treatment, and preparation for further evacuation of casualties admitted who are to be turned over at the clearing station to a medical agency of the third echelon.

b. The definitive treatment of short duration cases when the situation permits and when the evacuation policy so provides. This function will be discharged oftener in army medical regiments than in division.

c. Clearing companies of army medical regiments are used to reinforce clearing companies of divisions in combat or to replace them in large security detachments and other forces organized for special missions. They may also be used as substitutes for surgical hospitals in relieving division clearing stations of nontransportables (see FM 8-10).

■ 251. **COMMAND.**—The company is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is directly responsible to the battalion commander for the discipline, training, and operations of the company, and to the regimental commander for its administration.

■ 252. **COMPANY HEADQUARTERS.**—Includes the company commander and the enlisted overhead required in the administration of the company. The CP is established at a convenient location in camp or bivouac when the company is not at station, and at the clearing station when at station.

■ 253. **STATION PLATOON.**—*a. General.*—No internal organization of the station platoon is prescribed. It is possible to organize it into a technical section and a ward section. Such an organization may offer some advantages in training, but

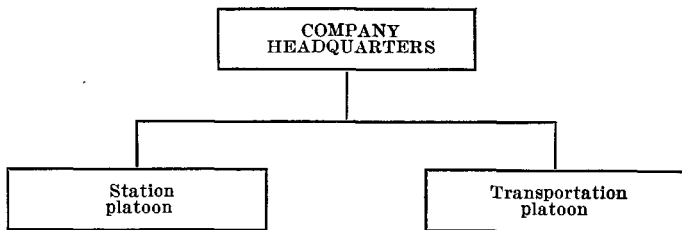


FIGURE 29.—Organization of clearing company, third battalion, medical regiment, square division and army.

in operations personnel must be used to the best advantage in each situation and it is doubtful whether such further subdivision of the platoon is advisable.

b. Function.—The station platoon establishes and operates the clearing station (see par. 258).

c. Command.—The platoon is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

d. Platoon headquarters.—Includes all officers assigned to the platoon, the platoon sergeant, and a medical records section consisting of a sergeant, a general clerk, and such additional enlisted men as are required.

e. Enlisted personnel.—Consist almost exclusively of medical specialists and ward attendants.

f. Administration.—The platoon is not an administrative unit and is dependent upon company headquarters for all

such functions. It does, however, maintain all medical records.

■ 254. TRANSPORTATION PLATOON.—*a. Command.*—The platoon is commanded by an officer. He should be specially qualified in the operation and maintenance of motor transport.

b. Function.—The operation and maintenance of the motor transport of the company. When at station the personnel of this platoon are available for any duties required of them by the company commander.

c. Personnel.—In addition to the platoon commander, the platoon includes the motor sergeant (who is also the platoon sergeant), the truck chauffeurs, the motorcyclist, the automobile mechanic, and a few privates, first class, and privates not rated.

■ 255. TRAINING.—*a. Management.*—See paragraphs 72 and 83.

b. Individual.—See paragraph 8d(1).

c. Specialists.—Training must be provided for specialists listed in Tables of Organization. The general clerk of this unit should be especially trained in the medical records of a clearing station.

d. Group.—See paragraph 83.

e. Unit.—The company is the basic operating unit. Otherwise, unit training is that outlined in paragraph 83.

f. Battalion.—Because of the differences in employment of clearing companies, battalion training differs in purpose and scope from that of the other battalions of the regiment. It is directed primarily toward the establishment and augmentation (with other companies) and displacement of clearing stations. It will also include additional training in the logistical technique that is a part of regimental training.

g. Regimental.—Conducted by the regimental commander. For the scope of such training, see paragraph 47c.

h. Combined.—Rarely possible for an army medical regiment. In division regiments, clearing companies participate in the combined training of the regiment.

■ 256. DRILLS AND CEREMONIES.—See paragraph 11.

■ 257. EQUIPMENT.—See paragraph 10.

■ 258. CLEARING STATION.—*a. Organization.*—(1) The clearing station of this company follows the same general func-

tional organization as those of the clearing company of the medical battalion, triangular division and corps (see paragraph 86). The only essential difference is that the larger size and more elaborate equipment of this company (especially when compared with the platoons of the other company) permit a station of considerably greater capacity.

(2) The larger complement of officers allows closer supervision of technical functions. Two officers may be assigned to the litter wounded department, with one specially supervising shock cases. When he can be spared an officer should be placed in charge of evacuation and the supervision of patients awaiting evacuation.

(3) Technical specialists are allotted to the departments as the situation indicates. Ward attendants care for patients awaiting treatment and those awaiting evacuation. Whenever possible, shock nursing should be done by specially qualified technicians. Litter squads are taken from ward attendants and when necessary from the transportation platoon.

(4) Mess and supply are functions of company headquarters. Medical records are kept by a special section of the station platoon headquarters (see par. 253*d*.)

b. Physical arrangement.—See paragraph 86*b*. A conventional arrangement under canvas is shown in figure 13. Ordinarily only the basic unit is established initially, the other shelter being added as required.

c. Establishing station.—See paragraph 86*c*.

d. Operations.—Operations parallel those of the clearing station of the triangular division or corps. One company ordinarily initiates a clearing station. As additional facilities are needed, the second and third companies may be added. When two companies are operating one station, the battalion commander usually will take command of the station. He may specialize the companies at station such as sending all litter cases to one and all walking wounded to the other, or specialize them into gas clearing stations, etc.

e. Closing station.—See paragraph 86*e*.

■ 259. ADMINISTRATION.—Being a single functional unit instead of two, all administrative functions are centered at the one clearing station in combat. (See pars. 86 and 88.)

CHAPTER 7

MEDICAL BATTALION, ANIMAL-DRAWN AND AIRPLANE
AMBULANCE

Paragraphs

SECTION I. Medical battalion, animal-drawn ambulance--- 260-274
II. Medical battalion, airplane ambulance----- 275-289

SECTION I

MEDICAL BATTALION, ANIMAL-DRAWN AMBULANCE

■ 260. ORGANIZATION.—*a.* See figure 30 and T/O 8-55. The medical battalion, animal-drawn ambulance, is designed to support other medical units in situations wherein its employment becomes particularly appropriate.

b. The battalion contains three identical companies, each capable of independent action.

■ 261. STATUS.—The medical battalion, animal-drawn ambulance, is a—

a. Separate battalion, and a

b. GHQ unit under the direct control of the GHQ commander or the surgeon, as may be prescribed. Usually, for operations it is attached temporarily to an army or an independent corps, in which case control passes to the army.

■ 262. FUNCTIONS.—*a. General.*—The transportation of casualties, march, combat, or routine, in situations and over terrain precluding the employment of more rapid means. The execution of this function usually constitutes a part of second or third echelon medical service.

b. Special.—In the performance of its general function, the unit or an element thereof may—

(1) Evacuate march casualties for units of foot troops or horse cavalry moving over mountainous, sandy, or marshy terrain.

(2) Constitute part of medical detachments accompanying reconnaissance units.

(3) Support the attached medical personnel with security detachments.

(4) Supplement the division (infantry or cavalry) medical service by operating between advanced ambulance loading

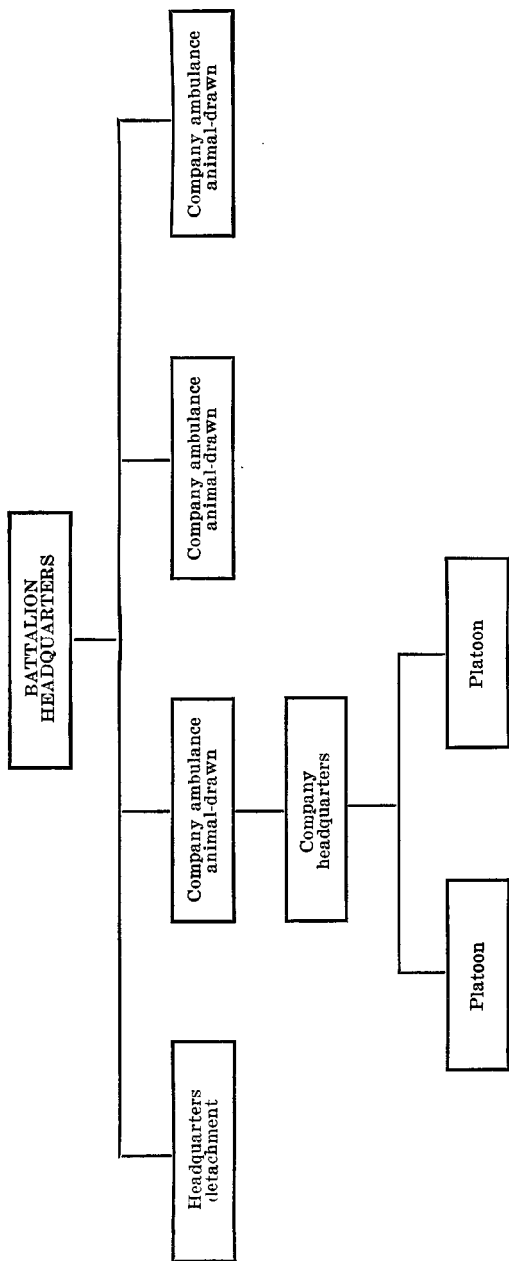


FIGURE 30.—Organization of medical battalion, animal-drawn ambulance.

posts or aid stations and collecting stations or other loading posts approachable by motor ambulance.

(5) Evacuate aid stations established by medical detachments with artillery units.

(6) Furnish transportation for casualties occurring during such special operations as combat in woods, operations in jungle or desert, and river crossings.

(7) Operate between army installations such as evacuation hospitals, and docks, railheads, or landing fields being employed by other means of transport.

(8) Carry forward in emergencies medical supplies to medical units being supported.

(9) Perform other appropriate missions not feasible for motor or other ambulance elements.

■ 263. **COMMAND.**—The battalion is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 264. **HEADQUARTERS.**—*a.* The headquarters consists of the battalion commander and one assistant. Enlisted assistance for headquarters is furnished by the headquarters detachment.

b. The headquarters establishes and operates the battalion CP, in which are located the offices of the battalion commander and his staff and the message center. In situations other than combat the CP occupies a convenient location within the battalion camp area. During operations the location of the CP varies with the situation. Preferably, the location is such as to give the battalion commander the maximum control over the elements of the battalion. If the companies are evacuating casualties to a common clearing station, the CP is located in the vicinity of that station. However, if the companies or elements thereof are widely dispersed, the CP may coincide with the location of one of the ambulance stations (see par. 273b).

■ 265. **BATTALION COMMANDER.**—The battalion commander is directly responsible to the GHQ commander for the administration, discipline, training, and operations of the battalion in all situations. If the battalion is attached temporarily to an army, he is responsible to the commander of the unit to which attached or other tactical units until such time as the unit reverts to GHQ control.

■ 266. BATTALION STAFF.—As organized, the battalion staff consists of one officer of the Medical Corps, usually a lieutenant, who acts as battalion adjutant and may be assigned additional staff duties. The battalion commander may also detail one of the company officers for staff duties.

a. Adjutant.—The adjutant performs the routine duties of his office, and in the absence of the battalion commander assumes the role of battalion executive, and in addition may be charged with the duties of battalion plans and training.

b. Supply officer.—(1) An officer of the Medical Administrative Corps may be selected from the company which habitually remains with the battalion headquarters during operations to act as supply officer. As unit supply officer, he consolidates the requirements of the various companies and the headquarters detachment, forwards the requisitions through proper channels, procures and distributes the supplies, and maintains the only stock record account of property in the battalion.

(2) In addition, he may be designated unit personnel officer. In the discharge of his personnel duties, he is assisted by the personnel sergeant major and clerks detailed from the various company headquarters.

(3) The supply officer or the adjutant may command the headquarters detachment as the commander desires.

■ 267. HEADQUARTERS DETACHMENT.—*a. Personnel, enlisted.*—See T/O 8-55.

b. Functions.—The personnel of the headquarters detachment furnish enlisted assistance to the staff officers in the execution of their several functions.

(1) The battalion sergeant major coordinates and directs the work of the enlisted men on duty in battalion headquarters. Ordinarily, he is the chief assistant of the battalion adjutant.

(2) The battalion supply sergeant assists the supply officer in the discharge of his unit supply functions.

(3) The personnel sergeant major assists the unit personnel officer in directing the work of the unit personnel section (see par. 266*b*).

(4) The clerks, corporal and private, act in general clerical capacities in the routine work of the headquarters.

(5) The chauffeur and the motorcyclist operate the motor vehicles assigned to battalion headquarters.

(6) The orderly, horseholder, is the mounted orderly of the battalion commander.

■ 268. COMPANY, ANIMAL-DRAWN AMBULANCE.—*a. Organization.*—The company consists of a headquarters and two platoons, each of the latter operating ten animal-drawn ambulances.

b. Status.—The company is an organic element of the battalion and the company commander is directly responsible to the battalion commander for the administration, discipline, training, and operations of the company in all situations.

c. Functions.—See paragraph 262.

d. Headquarters.—The company headquarters consists of the company commander, a Medical Corps officer, and the enlisted personnel required in the administration of the company.

e. Platoon.—Each platoon includes an officer of the Medical Administrative Corps and certain enlisted personnel. For operations the platoon may be divided into a platoon headquarters and two sections, each of the latter operating five ambulances. Although capable of independent technical operation, the platoon is dependent upon the company headquarters for administration.

f. Tactical employment.—See FM 8-10.

■ 269. ENLISTED PERSONNEL.—*a. General qualifications.*—See paragraph 20.

b. Vocational qualifications.—Outside the limited number of administrative specialists in battalion and the various company headquarters, the bulk of the enlisted personnel has duties pertaining to the care and handling of animals. Hence, men from farming communities, familiar with hard work and the handling of animals, are most suited for assignment to this battalion. Such specialists as saddlers, etc., are selected because of previous occupational experience, and if not available in civil life, they must be trained after entry into the service.

c. Noncommissioned officers (see also par. 22).—Many of the noncommissioned officers also have duties bringing them into frequent contact with animals and *b* above is equally applicable to this group.

■ 270. TRAINING.—*a. Responsibility and management.*—See paragraph 47*a* and *b*.

b. Scope.—(1) *Individual.*—In addition to the subjects included in the basic training of Medical Department soldiers (see par. 8*d*(1)), the following are added and emphasized:

(*a*) Horsemanship (see FM 25-5).

(*b*) Animal management (see FM 25-5).

(*c*) Wagon transportation (see FM 25-5).

(*d*) Loading and unloading the animal-drawn ambulance (see FM 8-35).

(*e*) Nomenclature and care of organizational equipment.

(*f*) Map and aerial photograph reading.

(*g*) Emergency road repairing.

(2) *Specialist.*—Specialists noted in Tables of Organization must be trained.

(*a*) *Drivers.*—Drivers (horses or mules) are trained in the driving of animal-drawn vehicles, including harnessing of animals and the care, adjustment, and minor repair of harness; temporary replacement of loosened shoes; driving under all circumstances, with varying loads; use of check or jerk lines; care and feeding of animals; and the care and maintenance of the vehicle.

(*b*) *Horseshoers.*—Training to include forging, shaping, and punching horse or mule shoes from standard stock; removing shoes; paring and dressing hooves; welding calks and shaping shoes; shoeing unbroken animals under field conditions; handling heavy mules and horses; light welding and blacksmith work; and pathological horseshoeing under the direction of a veterinary officer. Previous experience as a horseshoer or blacksmith is highly desirable.

(*c*) *Ambulance orderlies.*—Trained in loading and unloading animal-drawn ambulances (see FM 8-35), the care and emergency treatment of cases being transported therein, and as relief or replacement drivers.

(*d*) *Saddlers.*—Trained in making, repairing, and fitting of harness, saddles, and leather equipment in general. Men with previous pertinent occupational experience are highly desirable. Wheelwrights are trained in the construction, maintenance, and repair of wheels of the various types encountered in the unit. Previous experience is desirable as noted above.

(3) *Group.*—(a) *Headquarters group.*—The personnel of the battalion and various company headquarters are trained in the establishment and operation of the command posts, the operation of message centers, and the execution of the administrative functions of each.

(b) *Transport elements.*—Platoons or sections are trained in drill with transport; convoy driving by day and night; cover, concealment, and camouflage of vehicles; and operations over all types of difficult terrain.

(4) *Unit.*—Since the company is the basic operating element, the bulk of the unit training will be by the company. The company is trained as a unit in—

(a) *Technical.*—Establishment and operation of the ambulance station under all reasonable conditions of terrain and weather.

(b) *Tactical.*—Methods by which ambulance elements operate, including the ambulance shuttle system (see FM 8-10); the selection, concealment, and camouflage of sites for ambulance stations; the selection of proper sites for ambulance relay posts; the selection of ambulance routes; communications during operations; orientation in night combat; marches and march discipline; bivouacs and their cover, concealment, and sanitation.

(c) *Logistical.*—Loading and unloading of patients and organizational equipment, movement of the unit by integral transport, movement by truck (entrucking and detrucking), and movement by train (entraining and detraining), and supply in combat.

■ 271. DRILLS AND CEREMONIES.—a. *Drill.*—(1) *Dismounted.*—The battalion or the company habitually drills and participates in ceremonies dismounted. Functional organization is disregarded to the extent that companies are formed as single elements simulating infantry platoons. Thus the battalion, in turn, corresponds to the infantry company. FM 22-5 governs.

(2) *Mounted.*—Habitually, formations of the unit (battalion or company) with transport are limited to column and line of vehicles. Movements are limited to those necessary to form column or line, to move forward, and to change direction. Arm signals are utilized whenever they can be clearly seen. FM 25-5 governs.

b. *Ceremonies.*—If for ceremonies the battalion or the company is required to participate mounted, formations and movements will be executed in conformity with appropriate sections of FM 22-5 and FM 25-5, modified as indicated.

■ 272. *EQUIPMENT.*—See paragraph 10.

■ 273. *INSTALLATIONS.*—*a. Battalion.*—The installations of the battalion are—

(1) *Battalion command post.*—See paragraph 26.

(2) *Battalion distributing point.*—See paragraph 63b.

b. Company.—The installations of the company are—

(1) *Ambulance station.*—See paragraph 246.

(2) *Ambulance loading post.*—See FM 8-10.

(3) *Ambulance relay post.*—See FM 8-10.

■ 274. *ADMINISTRATION.*—*a. Personnel.*—The preparation of reports and returns pertaining to personnel is divided between the company and battalion headquarters (unit personnel section) in accordance with AR 345-5.

b. Animals.—Records pertaining to individual animals are kept by each company. Animal strength returns, reports of animal casualties, and requests for animal replacements are consolidated in battalion headquarters and forwarded through channels to higher authority (see FM 25-5).

c. Supplies.—Such supplies as food, forage, fuel, etc., are supplied automatically on the basis of strength return of men and animals. These are drawn and distributed on the same basis by the battalion supply officer. For supplies other than class I see paragraph 45e.

d. Care and maintenance of vehicles.—See FM 25-5. The care and maintenance of vehicles are company functions. Such repairs as cannot be made by company personnel are referred to designated installations of the Quartermaster Corps.

e. Care of sick and injured.—When in camp or bivouac, sick and injured men and animals are reported to such appropriate installations as may be designated by higher authority. In other situations they are reported to the nearest appropriate aid station or dispensary.

f. Messing.—Each company has facilities for operating a mess. The personnel of battalion headquarters and the headquarters detachment are messed with the company remaining with battalion headquarters during operations.

SECTION II

MEDICAL BATTALION, AIRPLANE AMBULANCE

■ 275. ORGANIZATION (see fig. 31).—*a.* The medical battalion, airplane ambulance, is designed to furnish medical service to casualties being evacuated by airplane ambulances. Hence, the organization of the battalion in general follows that of its companion Air Corps unit, the transport group (see T/O Nos. 1-352 and 1-357).

b. The battalion is constituted from personnel attached to the Air Corps for duty and all the medical officers of the battalion are *flight surgeons*.

■ 276. STATUS.—One medical battalion, airplane ambulance, is assigned to each of the four air forces, and is under the direct control of the air force commander.

■ 277. FUNCTIONS.—The chief functions of the battalion are to—

a. Examine and sort all cases presented by a ground medical unit (or units) for air evacuation, accepting those cases for which air transport is appropriate and feasible.

b. Render emergency care and treatment to those cases selected for evacuation by air from the time and place of acceptance until such cases are turned over to a medical ground unit at the termination of the air movement.

■ 278. COMMAND.—The battalion is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 279. HEADQUARTERS.—*a.* Headquarters consists of the battalion commander and his staff (see par. 281). The enlisted personnel on duty in headquarters are assigned to the headquarters company.

b. The headquarters establishes and operates the battalion CP, in which the office of the commander is located, and the message center. When not actively operating, the CP is located convenient to the headquarters of the air district of which the battalion is a part. While operating, the location of the CP is determined by the situation on the basis of ease in maintaining control of the unit. Usually, the location will be either the field at which the transport group

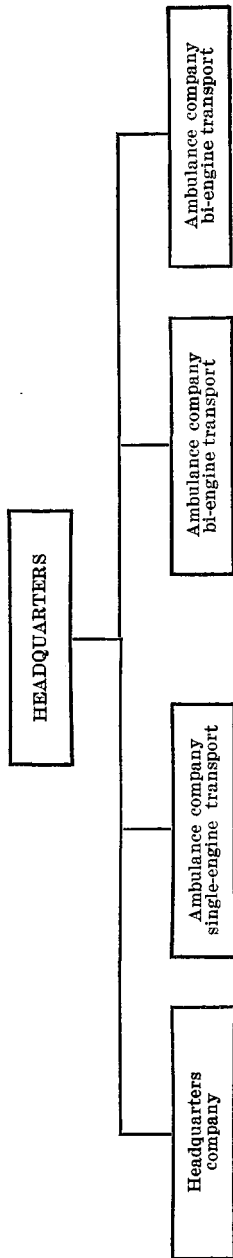


FIGURE 31.—Organization of medical battalion, airplane ambulance.

is based or the field from which air evacuation is being initiated.

■ 280. BATTALION COMMANDER.—*a. Designation.*—The battalion commander is designated medical director, airplane ambulance battalion.

b. Responsibilities.—The medical director is directly responsible to the commander of the air forces for the administration, discipline, training, and operations of the battalion in all situations.

c. Relationship with other unit commanders.—(1) *Commander of Air Corps transport group.*—During active operations, close contact must be maintained with the commander of the companion Air Corps unit, the transport group. The fields of responsibility of these two commanders are distinct and apart, but mutual cooperation between the two is absolutely essential. The battalion commander's decision as to the selection of cases for evacuation and their care and treatment is final, but such matters as suitable landing fields, patient (weight) capacities, and the operation, care, and maintenance of airplane ambulances are the responsibilities of the group commander.

(2) *Commanders of tactical units.*—For operations, the battalion may be attached temporarily to such tactical units as army or corps. In such instances and while attached, the battalion commander is responsible to the unit (army or corps) commander for the operations of the battalion.

(3) *Commanders of other medical units.*—Close liaison is maintained with the commanders of units from which and to which cases are being evacuated. Examples are—

(a) *Commander of army evacuation hospital.*—Is kept informed as to the type cases being evacuated, the number which can be handled, the location of the airplane ambulance loading post (see par. 288), and the time at which it is desired cases are to be delivered at such post.

(b) *Commander of general hospital, communications zone.*—The commanding officer of a general hospital designated to receive patients by the communications zone surgeon is kept informed as to the location of the field at which casualties will be delivered, the time of arrival of ambulance airplanes, and the number and type of cases being transported.

■ 281. BATTALION STAFF.—*a.* As organized, the staff of the commander consists of one officer of the Medical Corps. This officer is designated assistant medical director and battalion liaison officer. At the discretion of the commander, his duties may include those of an executive officer, an adjutant, or a plans and training officer, or the battalion commander may charge him with the operation of headquarters or the loading post, providing the location of the two does not coincide. On the other hand, he may be utilized entirely in a liaison role (see par. 288*b*(6)(*c*)).

b. Other officers of the battalion may be directed by the commander to assume various staff duties in addition to their other duties. Such additional staff officers are selected from the headquarters company to avoid interfering with the operations of the various ambulance companies. As a rule, the commander of the headquarters company in addition to his other duties is designated unit (battalion) supply officer.

■ 282. HEADQUARTERS COMPANY.—*a.* *Organization* (see fig. 32).—There being no prescribed internal organization of the headquarters company, the functional organization shown in figure 32 is suggested as a guide only.

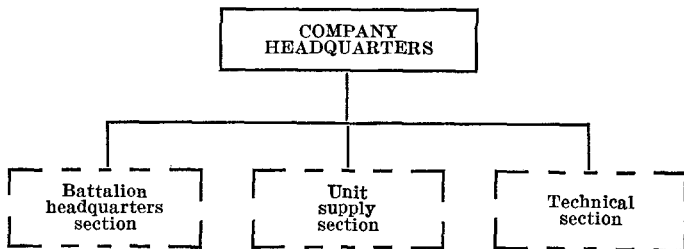


FIGURE 32.—Organization of headquarters company, medical battalion, airplane ambulance.

(1) *Company headquarters.*—The company headquarters consists of the company commander and such enlisted personnel as are required to assist him in the execution of the functions pertaining to the internal administration of the company, including the first sergeant, the company clerk, the chauffeurs, and the motorcyclist.

(2) *Battalion headquarters section.*—The section consists of the enlisted men for duty in the battalion headquarters

and includes the battalion sergeant major, the general clerk, and a varying number of privates, first class, or privates.

(3) *Unit (battalion) supply section.*—The section consists of the staff sergeant (chief clerk), and a varying number of privates, first class, or privates. This section furnishes enlisted assistance to the battalion supply officer and in no way is concerned with the supply of the headquarters company except in its status as an element of the battalion.

(4) *Technical section.*—The section consists of three officers, airplane ambulance surgeons, and the medical and surgical technicians not utilized in the other sections. This section performs technical duties only, furnishing medical personnel for any airplane ambulances operated by the headquarters squadron, transport group, and at times operating a small airplane ambulance loading post (see par. 288).

b. Status.—The headquarters company is an organic element of the battalion and parallels the headquarters squadron of the Air Corps transport group.

c. Functions.—See *a* above.

d. Headquarters.—Company headquarters establishes and operates the company CP, usually in the vicinity of the battalion CP. It contains the office of the company commander and in his absence is operated by the first sergeant. The company commander maintains liaison chiefly with the battalion commander and the commander of the headquarters squadron of the transport group.

■ 283. **AMBULANCE COMPANY, SINGLE-ENGINE TRANSPORT.**—*a. General.*—The company is designed to function as a companion unit for the Air Corps transport (light) squadron, which operates 18 single-engine transport airplanes in 3 flights of 6 airplanes each.

b. Organization (see fig. 33).—There being no prescribed internal organization for the company, the following functional grouping is suggested:

(1) *Company headquarters.*—Company headquarters consists of the company commander (medical director, airplane ambulance company), an officer of the Medical Corps, usually a major, and his assistant (assistant medical director and company liaison officer), an officer of the Medical Corps, usually a captain, and the following enlisted personnel: the technical sergeant (first sergeant), the corporal (company clerk), and a variable number, usually six, privates, first class,

or privates. In addition, the headquarters contains an officer of the Dental Corps, usually a captain. Although carried in the company headquarters, he functions usually in the ambulance loading post where his duties include the selection and preparation of facio-maxillary cases for air evacuation.

(2) *First platoon.*—The first platoon is charged with the establishment and operation of the airplane ambulance loading post and in addition may furnish bearers to unload the ambulances at their destination. Since the integral motor transport of the company will function chiefly in conjunction with the loading post, the personnel charged with its operation are also placed in the same platoon (see also par. 288). The staff sergeant (medical technician) is the platoon leader.

(a) *Loading post section.*—The section consists of privates, first class, or privates (medical and surgical technicians) who perform technical functions incident to the operation of the loading post.

(b) *Transportation section.*—The section consists of chauffeurs, motorcyclists, and ambulance orderlies, and is charged with the operation of the company motor transport.

(3) *Second platoon.*—The platoon consists of airplane ambulance surgeons, usually lieutenants, sergeants, appropriate medical and surgical technicians, and furnishes medical care and treatment, en route, for the patients transported by the 18 airplane ambulances of the squadron. The number of personnel exceeds the requirements and when necessary may be separated by the platoon commander, the senior ambulance surgeon of the platoon, into three flight sections, each section constituted best to meet the existing situation. The surplus personnel at the discretion of the company commander are utilized to augment the first platoon in the operation of the loading post.

c. *Status.*—The company is an organic element of the medical airplane ambulance battalion, and the company commander is directly responsible to the battalion commander for the administration, training, discipline, and operations of the company.

d. *Functions.*—In general, the company performs two chief functions, the internal economy of the company and the care and treatment, loading and unloading of the cases transported by the airplane ambulances (18) operated by the companion Air Corps transport squadron.

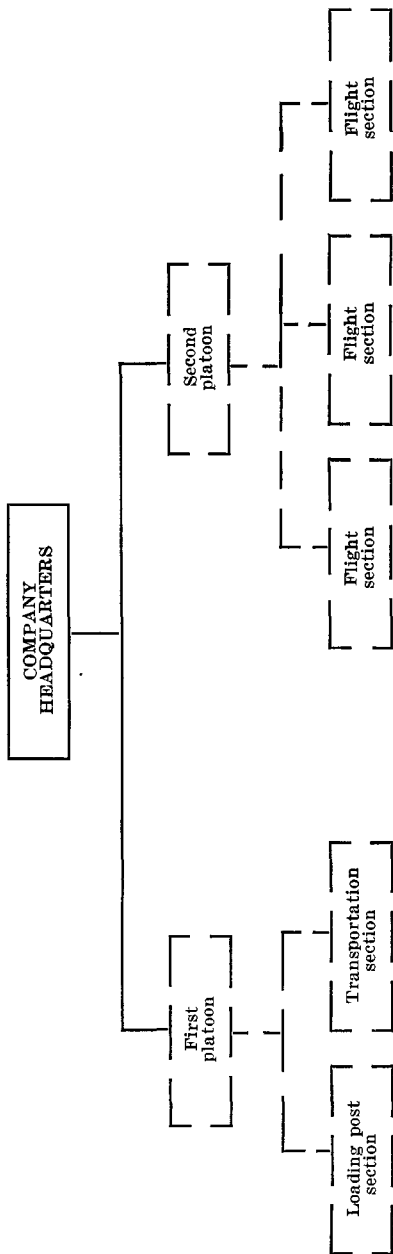


FIGURE 33.—Organization of airplane ambulance company, medical battalion.

e. Headquarters.—The headquarters establishes and operates a company CP. Depending upon the situation, the CP may coincide with that of the battalion or of the companion Air Corps unit, or it may be located independently either at the site of the company loading post or at the terminal landing field. Like that of the battalion, the site selected must be chosen with a view to gaining the maximum ease and efficiency in control of the company and its operations.

■ 284. AMBULANCE COMPANY, BI-ENGINE TRANSPORT.—*a. General.*—The company, of which there are two in the battalion, is designed to function as a companion unit for the Air Corps transport squadron (bi-engine), which operates 12 bi-engine transport airplanes in 3 flights of 4 airplanes each.

b. Organization (see fig. 33).—A functional organization similar to that outlined in paragraph 283*b* is suggested. The personnel of the second platoon are sufficient to furnish one airplane ambulance surgeon and one enlisted technician, surgical or medical, to each transport, and is divisible into three flight sections.

c. Status.—See paragraph 282*b*.

d. Functions.—See paragraph 282*a*.

■ 285. ENLISTED PERSONNEL.—*a. General qualifications.*—See paragraph 20.

b. Vocational qualifications.—The range of vocational qualifications required is limited to clerks, motor vehicle operators, and technicians, medical, surgical, and dental. The duties of the clerks and chauffeurs are not unusual and average training and ability are satisfactory. However, many of the technicians frequently function apart from medical officers or even noncommissioned officers. Hence they must possess a relatively high degree of intelligence, initiative, and training in their respective specialties as applied to air transport.

c. Noncommissioned officers.—See paragraph 22.

■ 286. TRAINING.—*a. Responsibility.*—The battalion commander is responsible for all training of the unit except the combined training with the company Air Corps unit. The company commanders in turn are responsible to the battalion commander for the training of their respective units (see also par. 47*a*).

b. Management.—(1) Training orders containing the scope, policies, and objectives of the training emanate from the sur-

geon of the air district. Based upon these the battalion commander issues the battalion training orders containing more specific instructions for the training of the various companies.

(2) Company commanders conduct all individual training and such unit training as the battalion commander directs.

(3) The battalion commander assisted by his staff conducts all battalion training and such unit training as may be common to all companies.

(4) Combined training with the companion Air Corps unit is planned and conducted by the surgeon of the air district.

c. Individual.—See paragraph 8*d*(1).

d. Specialists.—The specialists prescribed in Tables of Organization must be trained. Technicians, medical and surgical, in addition to the usual elementary technical training, are trained in—

(1) Loading and unloading of airplane ambulances.

(2) Proper handling of patients within the ambulance, with special attention to their immobilization and disposition in emergencies.

(3) Care of patients being transported by airplane over distances varying from a few to a thousand miles.

(4) Recognition of untoward symptoms developing as a result of transportation by air.

(5) Treatment of air sickness.

(6) Knowledge of aero-otitis media and its prevention.

(7) Operation of the oxygen apparatus.

(8) Adaptation of litters to air transports.

(9) Application of first-aid measures in a moving airplane ambulance.

(10) Principles and practice of property exchange.

e. Unit.—Unit training includes—

(1) Collection and selection of cases for transportation by air ambulances.

(2) Maintenance of liaison between flight sections, between companies, and between patient source and reception centers.

(3) Operation of airplane ambulance loading posts and their emergency expansion.

(4) Unit supply under varying conditions.

f. Battalion.—Battalion training essentially is identical with the unit training except that the scope is enlarged to

include the functioning of the entire battalion as a single unit.

g. Combined.—Training of the battalion with its Air Corps companion unit includes the actual application of all the training received previously. Command and loading posts in conjunction with the Air Corps installations are established and simulated casualties transported. Such training is absolutely essential to guarantee efficient functioning during actual operations.

■ 287. EQUIPMENT.—*a. Individual.*—See paragraph 10.

b. Organizational.—Not yet published, but will include—

(1) Office equipment necessary to establish the headquarters or command post of the battalion and each element thereof.

(2) For the battalion and each ambulance company, equipment for establishing and operating a limited installation (see par. 288).

(3) For each airplane ambulance, splints, litters, and blankets for property exchange, and containers for carrying hot liquid nourishment.

NOTE.—Such equipment is never part of the airplane equipment but as part of the organizational equipment is taken aboard and removed when indicated by medical personnel.

(4) Any additional oxygen apparatus or equipment for its administration necessary in addition to that routinely carried by every military transport airplane.

c. Organizational motor transport (ground).—See appropriate Tables of Organization.

■ 288. INSTALLATION.—*a. General.*—(1) Although designed primarily for the transportation of the sick and wounded, the medical battalion, airplane ambulance, unlike other units designed for the same purpose, assumes additional functions incident to the execution of the actual transportation. These are—

(a) *Collection.*—Frequently by its own motor transport the battalion evacuates cases from the installations of other units to a designated landing field.

(b) *Sorting.*—All cases prior to movement are examined and only selected cases accepted for air evacuation.

(c) *Care and treatment.*—Renders medical care and treatment not only during the movement by air but also at the

field prior to movement. At times, due to weather or other adverse conditions, such periods of waiting may assume considerable proportions.

(d) *Loading and unloading.*—Airplane ambulance loading and unloading is a technical procedure and is performed by the battalion personnel.

(2) For the execution of these additional functions, the battalion or an element thereof establishes and operates an airplane ambulance loading post.

b. *Loading post.*—(1) *Definition.*—An airplane ambulance loading post is a point immediately adjacent to a landing field where casualties are collected, selected, cared for pending movement, and loaded aboard airplane ambulances.

(2) *Location.*—Regardless of the area within the theater, the post is located proximal to the landing field of the companion Air Corps unit. This may be adjacent or many miles from the installation being evacuated.

(3) *Number.*—If the battalion is operating from one field, an unlikely situation, one post will suffice. If operating separately, posts may be established and operated by companies or by flight sections.

(4) *Physical arrangement.*—No conventional set-up is or can be prescribed. At times it will consist of a point on the ground at which the loading function is performed. In other situations it will require expansion and will assume the proportions of an improvised collecting post (see FM 8-10). In the latter event advantage will be taken of existing shelter such as hangars, barns, or sheds.

(5) *Personnel.*—The amount of personnel for the operation of the post will vary from a noncommissioned officer and two or three privates to one or more loading platoons (see par. 283b).

(6) *Operations.*—The operations of a typical (company) loading post are—

(a) *Establishment of post.*—Moving to a designated landing field by integral transport or by airplane ambulance or by both, the exact location is chosen with due regard to shelter, concealment, protection, and roads to installation being evacuated. The company medical director or his representative designates the location of the departments, receiving and sorting, care and treatment, and evacuation.

(b) *Collection*.—Movement of cases to the post usually is performed by the unit being evacuated but may be performed by the transportation section of the company.

(c) *Sorting*.—The selection of proper cases for air evacuation is the responsibility of the airplane ambulance battalion or an element thereof, and the responsibility for the cases remains with the unit being evacuated until such time as they are accepted for movement by airplane ambulance. This selection and the acceptance of appropriate cases may be performed at a ground installation such as an evacuation hospital, or at the airplane ambulance loading post.

(d) *Receiving*.—All cases are brought to the receiving and sorting department where they are examined by an officer of the company. Unless previously accepted, he selects appropriate cases and rejects the remainder (see (c) above). Accepted cases are recorded properly in the company log of patients, their EM tags are checked, and they are disposed as follows: sent directly to the evacuation department or shunted to the care and treatment department.

(e) *Care and treatment*.—The care and treatment department, consisting of a variable number of medical and surgical technicians under the supervision of a medical officer, renders such care and emergency treatment to accepted cases as indicated pending their further evacuation. Usually this will be limited to the adjustment of splints, the reapplication of bandages, and the administration of hot liquids, sedatives, or other measures designed to prevent shock and ameliorate untoward effects of transportation by air.

(f) *Evacuation*.—The evacuation department consists of a varying number of litter bearers specially trained in loading airplane ambulances, whose duties include the movement of patients through the post, their assembly at the loading point, and the actual ambulance loading. Any records pertaining to evacuation are prepared by the clerks in the receiving department.

(g) *Message center*.—If the company headquarters is located adjacent to the loading post, it establishes and operates the message center. If the loading post is operating independently, its personnel establish a message center, the chief function of which is the notification, usually by radio, of installations designated to receive cases, giving the number and type of cases, place and estimated time of arrival.

c. Unloading.—Upon the arrival of an airplane ambulance, further movement, care, and treatment of cases become the responsibility of the next medical echelon. However, the unloading of airplane ambulances being a specialized procedure, battalion personnel usually perform this function. No installation is established for this purpose but one or more squads of trained bearers are stationed at the rearward landing field to accomplish such unloading. Immediately thereafter all responsibility of the battalion terminates.

■ 289. ADMINISTRATION.—*a. Personnel.*—See paragraph 51a.

b. Supply.—An officer of the battalion, usually the commander of the headquarters company, acts in the capacity of unit (battalion) supply officer. Assisted by the enlisted personnel of the supply section of the headquarters company, he consolidates the requirements of all elements of the battalion for all supplies other than rations, obtains them by requisition or other means authorized by higher authority, and makes proper distribution following their procurement.

c. Maintenance of transport.—The battalion contains no provision for motor maintenance other than is usually performed by the drivers of the vehicles. All echelons of motor maintenance are performed by such unit or units as may be designated by higher authority.

d. Care of sick and wounded.—The functions and equipment of the battalion preclude medical treatment, other than emergency, of its personnel. Ordinarily, individuals requiring medical attention are cared for and proper records initiated at the installation (dispensary or otherwise) operated by the attached medical personnel of the Air Corps unit(s) with which the battalion is based. In unusual situations, the sick and wounded of the battalion report to the nearest aid station, dispensary, or other medical installation.

e. Messing.—Neither the battalion nor any element thereof operates a mess. Normally, the personnel are attached for rations to the most conveniently located Air Corps or Medical Department unit.

CHAPTER 8

VETERINARY COMPANY, SEPARATE

■ 290. ORGANIZATION.—See figure 34, and T/O 8-99.

a. Orientation.—Each type army includes one separate veterinary company. However, separate veterinary companies are also contained in GHQ and such companies or elements thereof may augment the army veterinary service or may be employed in the various sections of the communications zone. In any event, the organization of the companies and their technical operation are the same. This chapter pertains primarily to the company operating in the combat zone but the fundamentals contained herein apply equally to any similar unit operating within the theater of operations.

b. Basic.—The organization of the company is designed to facilitate functional division. The five platoons are identical and each is capable of independent tactical and technical operation, although dependent upon the company headquarters for administration. Likewise, each platoon contains three sections which again are capable of limited independent operation (see par. 295).

■ 291. STATUS.—The separate veterinary company is either—

a. An autonomous element of army troops under such control of the army surgeon or his representative, the army veterinarian, as the army commander prescribes.

b. A GHQ unit operating under such direct control of the chief surgeon, GHQ, as prescribed by its commander.

■ 292. FUNCTIONS.—The chief functions of the separate veterinary company are the evacuation of noneffective sick and injured animals by means of lead lines and motor transport, and their care and treatment during the movement. It evacuates cases within the combat zone as follows:

a. In the absence of second echelon veterinary service within the division (veterinary troop), it evacuates cases from the installations of the first echelon veterinary service (aid stations of veterinary sections of medical detachments) directly to the veterinary evacuation hospital.

b. Within the cavalry division, the veterinary troop furnishing second echelon veterinary service; it evacuates cases from the installations of that echelon (veterinary clearing

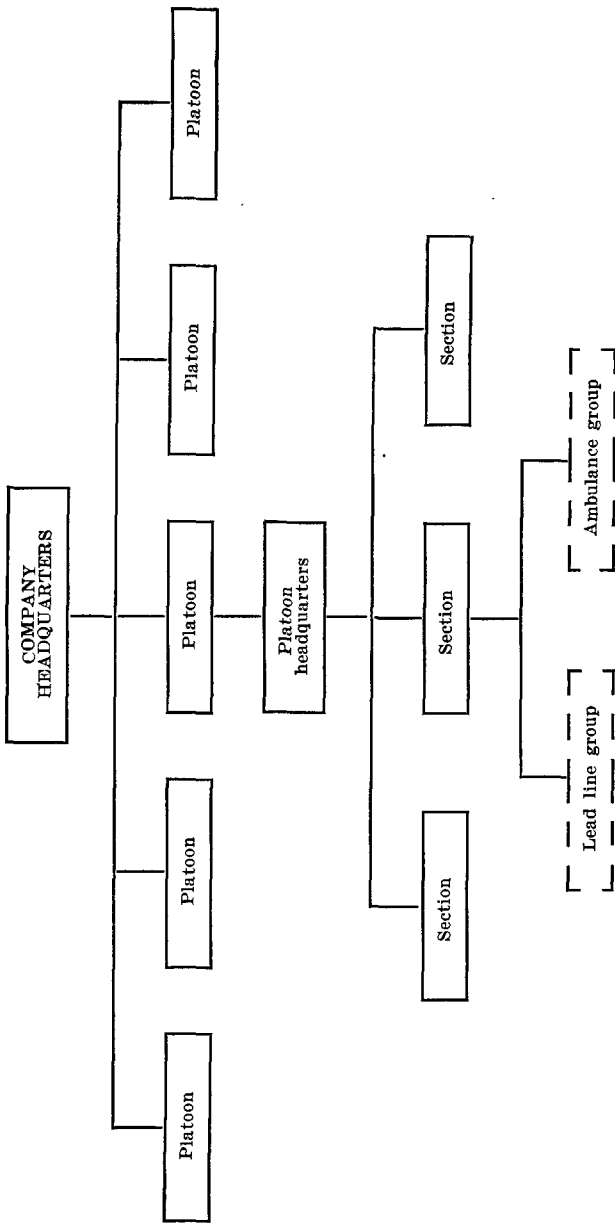


FIGURE 34.—Organization of veterinary company, separate.

stations and clearing posts) to the veterinary evacuation hospitals.

c. Within the army service area, it furnishes evacuation or transfer service as follows:

(1) From the veterinary evacuation hospital to the veterinary general or veterinary convalescent hospital, or to the railhead for further evacuation to the rear.

(2) From the veterinary convalescent hospital to the veterinary evacuation hospital or veterinary general hospital (relapsed cases).

(3) Transfers discharged patients from veterinary hospitals to remount units.

■ 293. **COMMAND.**—*a.* The company is commanded by the senior officer of the Veterinary Corps assigned thereto and present for duty. He is directly responsible to the army commander or the surgeon, as may be designated, for the administration, discipline, training, and operations of the company in all situations under the limitations prescribed in paragraph 290.

b. Although the army surgeon cannot delegate his command responsibilities pertaining to the separate veterinary company, he routinely delegates the supervision of the tactical and technical operations of the company to the army veterinarian, the latter keeping the surgeon fully informed at all times concerning such operations.

■ 294. **COMPANY HEADQUARTERS.**—*a. Personnel.*—The company headquarters under Tables of Organization consists of the company commander (see par. 293), a commissioned assistant of the Veterinary Corps, and the necessary enlisted assistants required in the internal administration of the unit. The latter include the first sergeant; the supply, mess, motor and stable sergeants; the company clerk; and such specialists as bugler, chauffeurs, clerks, cooks, motorcyclist, and automobile mechanics. The stable sergeant and two orderlies (privates) are mounted.

b. Functions.—(1) The personnel of company headquarters establish and operate an installation designated also company headquarters. As established, the company headquarters consists of the company CP (office of the company commander and the message center), the unit mess, the unit supply distributing point, motor maintenance department,

the company stables (picket lines), and any other departments necessary for the internal company housekeeping. The company commander may delegate to his commissioned assistant such functions as the operation of the mess, the unit supply, and the care and maintenance of the unit transport.

(2) The company headquarters does not lend itself to division, and functional elements of the company operating separately ordinarily are not augmented for administrative purposes by headquarters personnel.

(3) Such reports and returns concerning sick and injured animals as may be required by higher authority are initiated by functional elements (platoons) and consolidated and forwarded by the company headquarters.

■ 295. PLATOON (see fig. 34).—*a. Organization.*—Each of the five platoons consists of a platoon headquarters and three sections. The platoon is designed to serve a type corps or a cavalry division; the section, an infantry division.

b. Status.—The platoon is an organic element of the separate veterinary company capable of independent tactical and technical operation but dependent upon company headquarters for administration.

c. Command.—The platoon is commanded by an officer of the Veterinary Corps, usually a lieutenant, who is directly responsible to the company commander for the operation of the platoon in all situations.

d. Functions.—The platoon performs the technical functions of the company (see par. 292) incident to the evacuation of sick and injured animals and their care and treatment during movement. In the performance of these functions the platoon operates three lead lines and three veterinary ambulances.

e. Platoon headquarters.—(1) *Personnel.*—The platoon headquarters consists of the platoon commander, the platoon sergeant, a chauffeur, a clinical horseshoer, a motorcyclist, and a stable orderly. The platoon commander and the horseshoer are mounted but during operations the mount of one of these individuals may be required for one of the lead lines (see *f* below). Inasmuch as motor transport (motorcycle and truck) is available, this transfer results in no impairment to the mobility of either individual.

(2) *Functions.*—(a) *Platoon CP.*—The platoon headquarters establishes the platoon CP which consists of the office of the platoon commander and the message center. The latter is omitted if the message center of the company is in the same vicinity. Ordinarily the CP is located comparatively near the veterinary evacuation hospital to which or from which the platoon is evacuating animal casualties. In the usual situation it will be forward of this installation and on the route traversed by the evacuating elements.

(b) *Record of animal casualties.*—The platoon headquarters personnel are charged with—

1. Check of the emergency veterinary tag of each animal evacuated by the platoon, and the entry in the appropriate space of the disposition made of the case.
2. Maintenance of a log of evacuated animals containing the following data for each case: the animal's Preston brand number; organization, if known; general nature of sickness or injury; method by which evacuated; lead line or ambulance number; and the hour, date, place, and manner of disposition. Data from this log are extracted from time to time and forwarded to company headquarters for consolidation and rendition to higher authority.

(c) *Control of operation.*—Through the personnel of platoon headquarters and the CP which they establish, the platoon commander is able to control the operation of the various sections and elements thereof. Each ambulance and lead line is numbered and as it passes and repasses the CP a record is kept of the time, route, and destination, thus enabling the platoon commander to know at all times the approximate location of each element of the platoon.

(d) *Liaison.*—While primarily a section function, from time to time various individuals from platoon headquarters assist in maintaining liaison with the forward veterinary installations being evacuated by the platoon. The motorcyclist and the chauffeur may both be trained and utilized in this capacity as the need arises.

f. *Section.*—(1) *Personnel and organization.*—The section having no prescribed allotment of personnel, the following is suggested: one sergeant (section leader), one corporal (assistant), a chauffeur, three ambulance orderlies, two technicians

(veterinary or veterinary surgical), and one basic private or private, first class. Four of these individuals being mounted (see *e* above), the section falls naturally into two groups, a lead line group, the sergeant, two technicians, and the basic private; and an ambulance group, the corporal, the chauffeur, and the ambulance orderlies.

(2) *Functions.*—(a) *Evacuation.*—Each section operates one lead line and one veterinary ambulance.

(b) *Liaison.*—For effective operation, contact with the forward veterinary elements must be established early and maintained continuously. For this mission the section leader and the assistant section leader are especially trained in the tactics and operative procedures of the units furnishing first and second echelon veterinary service, map reading, sketching, orientation by day or night, and the use of available means of communication. For the initiation of contact these individuals may precede or may be accompanied by the remainder of their group, lead line or ambulance, in the movement to the front.

(c) *Veterinary ambulance loading post.*—See paragraph 300.

(d) *Emergency veterinary tag.*—The senior noncommissioned officer is responsible for the transmission of duplicate emergency veterinary tag (M. D. Form No. 115b).

(3) *Operation.*—In the usual situation with the section operating separately, the lead line group becomes the forward portion of a single chain of veterinary evacuation, the ambulance group the rear portion. The point at which animals are transferred from lead line to ambulance becomes a veterinary ambulance loading post. The distance over which animals are moved by these two means varies with such factors as terrain, weather, enemy weapons, total distance involved, and road net. On the other hand, the two groups may operate in different sectors or a division of the task may be made on the basis of type cases to be evacuated by each.

g. Lead line.—(1) *Description.*—The veterinary leading apparatus consists of the McClellan saddle, blanket, special harness for two horses, and the lead line which is 120 feet (two 60-foot sections) of $\frac{3}{4}$ -inch manila rope equipped with heavy snaps for the attachment of the animals. Each section normally accommodates 10 animals with a maximum for the two sections of 25. Horses wearing the special harness

are placed in file, one in lead, the other in trail, the distance between governed by the length of line to be utilized. The line attaches to the breeching of the lead and the breast collar of the trail horse. A third horse, also equipped with special harness, may be placed in a swing position at the junction of the two sections.

(2) *Operation.*—(a) *Personnel.*—Normally four men, designated a veterinary evacuation squad, operate the lead line. Numbered from 1 to 4, No. 3 rides the lead and No. 4 the trail horse while Nos. 1 (the noncommissioned officer in charge) and 2 ride free of the line and parallel to it, one on each side.

(b) *Preparation for movement.*—The line horses being harnessed, Nos. 3 and 4 place their animals in proper positions, attach the lead line, and mount. Nos. 1 and 2 attach the animals to be evacuated in order from front to rear, coil excess line, if any, about the pommel of the saddle of the trail horse, mount, and take position to right and left.

(c) *Movement.*—The line moves at the command of No. 1, the lead horse maintaining the proper gait, the trail horse maintaining a moderate tautness of the line without retarding movement.

(d) *Turns.*—In making a right (left) turn, No. 3 executes a right (left) oblique, No. 4 a left (right) oblique, Nos. 1 and 2 meanwhile grasping the line or halters of the led animals move the central portion of the line to the left (right) to avoid contact with trees, fences, or buildings which may be on the corner.

(e) *Reversing line.*—To reverse line the squad halts, Nos. 2, 3, and 4 dismount, and No. 2 hands the reins of his mount to No. 1. He then unsnaps the line from the breast collar of the trail horse and snaps it to the breeching after the horse has been reversed by No. 4. He repeats the process with the lead horse, then all mount and move out. The former trail horse becomes the lead horse, and vice versa.

(f) *Precautions.*

1. Adjust harness to insure strain on lead horse is taken on the traces and the strain on the trail horse by the breeching. Lack of proper adjustment places strain on back straps.
2. In operation of the line, the slower horse should be placed in the lead.
3. Turning corners must be executed at the walk.

h. Veterinary ambulance.—(1) *Definition.*—The term veterinary ambulance may be applied to any vehicle capable of transporting sick or injured animals. The two units now provided are a truck, 1½-ton, 4 x 4 cargo and trailer, 2-wheel, 2-horse van; and a truck, tractor, 4-5 ton, as the prime mover with a semitrailer, 6-ton, animal carrier.

(2) *Description.*—(a) The ambulances now provided for the veterinary company, separate, are the larger units capable of carrying 8 patients. The veterinary troop is provided with both the units referred to in (1) above. All sharp edges and projecting surfaces of the inside of the body are padded to prevent further injury to animal casualties being transported. Slings for supporting indicated cases are highly desirable.

(b) The rear end of the truck is so constructed that it will open out as a ramp for loading and unloading. When lowered for use its slope should not be greater than 25° from the horizontal. If wooden, the ramp is equipped with cleats affixed about 6 inches apart, and if metallic, it is covered entirely with canvass to prevent slipping.

(3) *Functions.*—In addition to transporting animal casualties to the rear, the veterinary ambulance may be utilized to move one lead line group (see *g* above) complete with animals to the front. If an ambulance so moves a lead line group, the point at which the group is unloaded usually becomes the veterinary ambulance loading post (see *f*(3) above and par. 300*d*, in turn).

(4) *Personnel.*—One veterinary ambulance is operated by an ambulance group which in the separate veterinary company consists of a corporal (in charge), a chauffeur, and three ambulance orderlies.

(5) *Operation.*—(a) *Preparation for loading.*—The corporal of the ambulance group is in charge of ambulance loading and unloading. The ambulance being at the loading post, the ambulance is turned and the ramp lowered and properly adjusted. The floor of the ambulance is checked to assure proper sanding or other method being utilized to preclude unnecessary slipping of the animals. The animals are then checked to determine the type case(s) and the condition of splints, bandages, or other dressing. Any adjustment or change of the latter is accomplished prior to loading.

(b) *Loading.*

1. Several methods of animal loading are described in FM 25-5. All ambulance personnel participate in the loading. Unruly animals are given an early priority. The animals are led into the vehicle by means of a ramp which is a tail-end lowered, and are placed in the truck in rows facing the front. Animals with communicable diseases are loaded in a separate ambulance if one is available. If not available the arrangement is altered, cases with conditions other than communicable being placed in the front with their heads in one direction, those with communicable diseases being placed in the rear with their heads in the opposite direction.
2. The ambulance orderlies are responsible for the technical procedures incident to the care and treatment of the animals. The corporal and the chauffeur are responsible for the actual loading, the securing of the animals within the ambulance, and the closing of the tailgate and any other preparation of the ambulance prior to movement.
3. During movement, the ambulance orderlies ride in a space provided in front of the patients, in the two-patient unit; in the eight-patient unit, space is provided for orderlies in front of each row of four patients. The noncommissioned officer in charge of each ambulance unit rides in the cab with the chauffeur.

(c) *Unloading.*—The ambulance being in the most advantageous position, the ramp is lowered, the animals untied, and led off the truck in single file by the ambulance personnel. Usually the personnel of the receiving unit take over the animals at the unloading point.

(6) *Precautions.*—(a) Extra ropes should be carried by the ambulance for use in emergencies such as the loading of unruly animals.

(b) The inside of the ambulance must be thoroughly cleansed and disinfected after the transportation of animals with communicable disease, whether diagnosed or suspected.

■ 296. ENLISTED PERSONNEL.—*a. General qualifications.*—See paragraph 20.

b. Vocational.—The personnel of the company should be selected from men familiar with animals, who instinctively like animals and have no fear of them. Such individuals are found among men from farms and farming communities. Men who have been employed previously in livery stables, blacksmith shops, or as teamsters are highly desirable.

c. Noncommissioned.—In addition to the basic qualifications of all noncommissioned officers (see par. 22), those of the separate veterinary company should possess the characteristics enumerated in *b* above.

■ 297. TRAINING.—*a. Responsibility.*—The company commander is responsible for the training of the unit other than for such training as may be combined with that of other army units. In the latter case, the company commander is responsible only for the participation of his own unit.

b. Management.—The company commander, in accordance with the policies and directives prescribed by the army, prepares the company training program and schedules, assigns instructors, and supervises the training to assure himself that proper methods are utilized, that the training is progressive, and that the prescribed objectives are being attained.

c. Scope.—(1) *Individual.*—In addition to the subjects outlined in the basic training of the Medical Department soldier (see par. 8*d*(1)) and those included for the personnel of the animal-drawn ambulance battalion (see par. 270*b*(1)), the following are emphasized:

(a) Emergency veterinary tag, its uses and dispositions (see FM 8-45).

(b) Terminology commonly used in veterinary diagnoses.

(c) Animal casualties and casualty classification for purposes of transportation.

(d) Elementary veterinary anatomy and physiology.

(e) Veterinary first aid, care and treatment of sick and wounded animals during transportation.

(f) Animal ambulance loading and unloading.

(g) Operation of lead lines.

(h) Methods of handling unruly animals.

(i) Tactics of units employing animals, with emphasis on horse-drawn and pack artillery and horse cavalry.

(j) General operative procedure of other mobile veterinary units.

(2) *Specialist.*—(a) *Bugler.*—See paragraph 8*d*(4).

(b) *Chauffeur*.—In addition to the training common to all chauffeurs the chauffeurs of the veterinary ambulances are trained in the supervision of loading and unloading, care and maintenance of their vehicles, limitations of the veterinary ambulance as to terrain and weight capacity, and the care and treatment of animals during transportation.

(c) *Clerk*.—The corporal from company headquarters is trained in the duties of company clerk and the appropriate specialist clerk (also in company headquarters) is trained in the preparation of records and returns pertaining to the animal casualties handled by the company (see also par. 300).

(d) *Technician, surgical, veterinary*.—See paragraph 144c(6).

(e) *Miscellaneous*.—Miscellaneous specialists listed in Tables of Organization must be provided the necessary training. (See par. 8d(4).)

(3) *Group*.—(a) *Company headquarters*.—The personnel of the company headquarters are trained in the establishment of the company CP and the operation of the various functions normally performed at that installation. This training includes the selection of sites and the utilization of cover, concealment, and camouflage of the CP and the transport assigned to the headquarters.

(b) *Platoon*.—See paragraph 144d.

(4) *Unit*.—Since the platoon is the basic operating element, most of the unit training will be by platoon. The platoon is trained as a whole in its tactical functioning, marches, bivouacking as a unit, care and nomenclature of organizational equipment and transport, establishment and operation of ambulance loading posts and the evacuation of animal casualties (simulated), communications available to the platoon, and the operation of lead lines and motor transport by day and by night over varying types of terrain.

(5) *Combined*.—The combined training of the company or elements thereof is conducted by the army surgeon or his representative, the army veterinarian. Such training is combined with that of such elements of the second, third, and fourth echelons of veterinary service as may be available and feasible. The company commander is responsible for the participation of his unit or an element thereof.

■ 298. DRILLS AND CEREMONIES.—a. *Dismounted*.—The company habitually drills and participates in ceremonies dis-

mounted. The functional organization is preserved, the unit simulating an infantry company with five platoons and a company headquarters. FM 22-5 governs.

b. Mounted.—Occasionally the company participates in ceremonies with unit transport, in which event all personnel are mounted (horse or motor vehicle), functional organization is disregarded, and necessary movements and formations are executed in conformance with appropriate sections of FM 22-5 and FM 25-5, with modifications as indicated.

■ 299. EQUIPMENT.—See paragraph 10.

■ 300. INSTALLATIONS.—The company or elements thereof establish and operate the following installations:

a. Company headquarters.—(1) *Definition.*—The company headquarters is the installation established in bivouac or during combat for the purposes of company control and administration.

(2) *Organization.*—It includes the company CP, the house-keeping and maintenance facilities of the company, and the headquarters of one or more of its integral platoons.

(3) *Location* (see also FM 8-15).—During operations, it is located with a view to attaining the maximum contact with the functional elements of the company. Usually this will be in the vicinity of the veterinary evacuation hospital(s) to which the company is evacuating animal casualties. It should be forward of such installations and alongside the route being utilized by the bulk of the unit.

(4) *Establishment.*—Having arrived at the site of the installation, the company commander designates the locations of the various elements. The company message center (see par. 246*d*) and the CP of platoon(s) operating with the company headquarters are placed adjacent to the route of evacuation. Otherwise, there is no conventional arrangement for the installation.

(5) *Operation.*—(a) The company CP is the office of the company commander and in his absence is operated by his assistant or by the first sergeant. It is the seat of all company records and the place where reports and returns concerning casualties evacuated are consolidated and prepared for forwarding to higher authority.

(b) The message center is operated by the company clerk who keeps a record of all messages coming to or going from

the company, or being transmitted by the leaders of the functional groups (ambulance or lead line).

(c) The company mess is operated by the appropriate personnel and during combat is prepared to serve hot meals at all hours. The peculiar characteristics of the company necessitate the messing of the bulk of the company as the opportunity presents itself. Cooked food may frequently be prepared at company headquarters and carried by truck to platoons operating within a reasonable distance of the installation. If the distance precludes such method, the involved element(s) are attached for rations to a convenient Medical Department unit.

(d) The unit supply includes the supply officer (usually the commander's commissioned assistant), the supply sergeant, and such other enlisted personnel as is indicated. The company supply officer is the accountable officer of the unit. He procures all the supplies required by the company and operates a distributing point at the company headquarters. During combat, platoons operating separately usually will obtain necessary veterinary supplies from the veterinary (evacuation) hospital which it is serving. Under the supervision of the unit supply, each platoon operates its own property exchange for such items as halters, blankets, etc.

(e) The motor sergeant and the automobile mechanics supervise the care and maintenance of all the motor transport of the company, make such repairs as their facilities allow, and arrange with higher motor repair echelons for such as they are unable to perform.

(f) The stable sergeant has general supervision over the care and feeding of all the animals of the company and the maintenance of their equipment.

b. March collecting posts.—Although normally established and operated by second echelon veterinary service (see par. 142d(1)), march collecting posts may be established by elements of the company. If so, their operation parallels that outlined in paragraph 142d(1).

c. Veterinary ambulance relay posts.—If the situation indicates the shuttle system of ambulance evacuation, relay posts are established as for the parallel operation of ambulances evacuating sick and injured personnel (see FM 8-10).

d. Veterinary ambulance loading posts.—Although normally established by first or second echelon veterinary service,

veterinary ambulance loading posts may be established and operated by elements of the company (see par. 295/3)). The installation is placed as far forward as the roads and the military situation permit and is operated by the ambulance group. Terrain features are used to best advantage for the purpose of concealment and protection of the vehicle. An embankment, a mound, or the side of a hill may facilitate loading by reducing the grade of the ramp. Ambulances should be turned before loading.

■ 301. EMPLOYMENT (see also FM 8-15).—Emphasis is placed on—

a. Tactical unity.—In the allotment of a task to platoon or section the internal organization of such element is kept intact whenever possible, one element being assigned to one chain of veterinary evacuation.

b. Attachment.—A platoon or an element thereof may be attached to a subordinate echelon when its operation by the army veterinary service is impracticable or when reinforcement of the veterinary service of a subordinate echelon is indicated. Such attachment, except for rations, is to be avoided whenever possible.

■ 302. ADMINISTRATION.—*a. Personnel.*—The company is charged with the usual personnel administration of a separate unit, the company morning report, reports of casualties (company personnel), requests for replacements, and other required reports and returns being forwarded direct to army headquarters.

b. Animals.—The morning report of animals, reports of animal casualties, etc., are prepared by the company (headquarters) and disposed similarly to personnel reports.

c. Casualties evacuated.—All reports and returns concerning animal casualties evacuated by the company are consolidated in company headquarters from information submitted by the platoons and forwarded to higher authority as required.

d. Messing.—The company normally operates one mess at the company headquarters, serving meals to personnel as their duties bring them in contact with the headquarters, or distributing cooked meals to elements of the company operating in the general vicinity of the headquarters. Neither

plan being feasible, elements of the company are attached for rations to convenient Medical Department units.

e. Supplies.—Class I supplies are received automatically, either at the company headquarters or at the nearest distributing point established for army troops. Supplies other than class I normally are procured by formal or informal requisition from the nearest appropriate depot. In emergencies veterinary supplies are obtained from the nearest veterinary hospital.

f. Care of sick and injured.—In bivouac, sick and injured personnel are reported to designated medical installations within the area; during combat, they are reported to the most available aid station.

CHAPTER 9

EVACUATION, SURGICAL, AND CONVALESCENT
HOSPITALS

	Paragraphs
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SECTION I

EVACUATION HOSPITAL

■ 303. ORGANIZATION.—See figure 35 and T/O 8-232. The organization falls naturally into three divisions, the headquarters, and the administrative and the professional services, which are not subordinate command elements but rather a grouping of elements possessing related functions. The chain of command is from the hospital commander directly to the commander of the separate functional elements of the two major services.

■ 304. STATUS.—The evacuation hospital is an organic element of the army and is under the direct control of the army commander and such control and supervision of the army surgeon as he designates. A type army contains ten such units.

■ 305. FUNCTIONS.—*a. General.*—See FM 8-15.

b. Special.—For functions of the various sections and services, see paragraphs 309-311.

■ 306. COMMAND.—The unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. (See also par. 304.)

■ 307. HEADQUARTERS.—*a.* The headquarters under Tables of Organization consists of the unit commander and the enlisted men necessary to assist in the general administration of the unit and its installation. These enlisted assistants include the hospital sergeant major, 1 staff sergeant (chief clerk), 1 sergeant (clerk), 2 buglers, 1 chauffeur, 2 general clerks, 2 motorcyclists, and 1 stenographer.

b. If the unit is inactive the headquarters is conveniently located in the unit bivouac area, and if the hospital is operat-

ing it is located with the basic elements of the installation (see fig. 38).

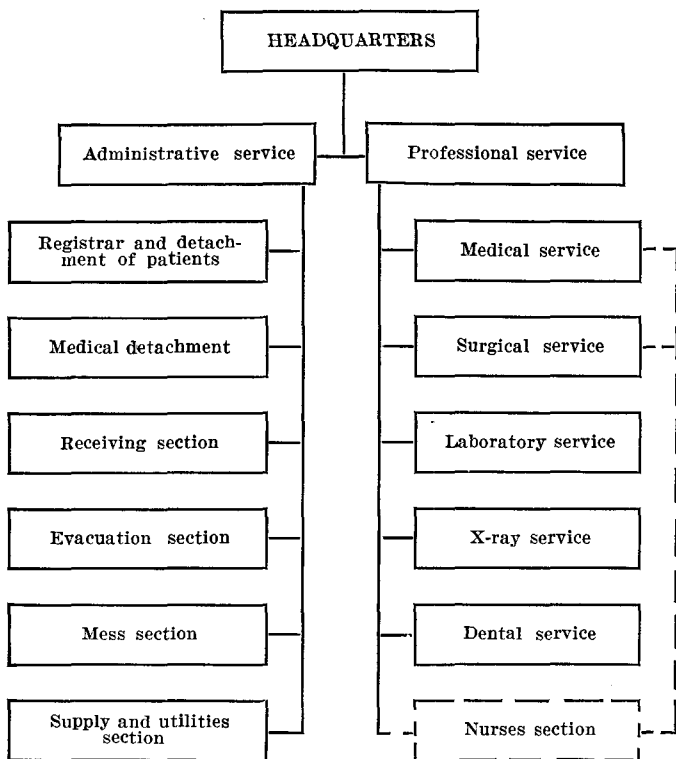


FIGURE 35.—Organization of evacuation hospital.

■ 308. UNIT COMMANDER (see also par. 304).—*a.* The unit commander is directly responsible to the army commander or to the army surgeon, as is prescribed, for the administration, discipline, training, and operations of the unit in all situations. He makes such assignment of personnel within the unit as deemed suitable for normal functioning, and interchanges personnel between departments when such is indicated. Without undue interference as to details, he exercises such direction over his subordinates as will insure successful teamwork. He maintains liaison with the office of the army

surgeon at all times regarding the condition, establishment, and movement of the hospital, its incoming patients, and its need for hospital trains, teams from the auxiliary group, ambulance elements, or a supportive surgical hospital. He makes continuous anticipatory planning for crisis expansion of his installation and for unexpected movements to front or rear.

b. During combat the evacuation hospital becomes the most vital link in the chain of evacuation. Through it pass all types of casualties, often in numbers which tax the capacity and the personnel to the utmost. The commander thereof must—

(1) Insure the attainment of proper training objectives prior to the time his unit takes the field.

(2) Establish policies regarding the various procedures involved in the establishment and operation of the hospital, and make appropriate personnel fully acquainted with them.

(3) Develop whenever possible a personal relationship with such individuals as the army surgeon, the members of his staff, the medical regulator, and with those members of the army general and special staffs whose fields of activity include supply and evacuation.

■ 309. UNIT STAFF.—*a. Executive officer.*—A Medical Corps officer is the principal assistant of the commander and supervises the workings of the remainder of the staff. He must enjoy the confidence of the commander and possess a thorough knowledge of his policies and plans. He performs such routine administration of the unit and the hospital as does not require the personal action of the commander. In the latter's absence he makes such decisions as he thinks the commander would have made in like circumstances and notifies him of such decisions at the earliest opportunity. Usually, in addition to his other duties, he is medical inspector (see AR 40-270).

b. Adjutant.—The adjutant, usually a Medical Administrative Corps officer, functions as follows:

(1) Conducts the principal office of record and keeps the diary (see AR 40-1005).

(2) Acts as unit signal officer and in such capacity conducts the message center and arranges with the army signal service for suitable communications and for preferential priority on calls for evacuation.

(3) Acts as assistant fire marshal.

c. Chaplain.—See TM 16-205.

d. Personnel officer.—The personnel officer is the assistant adjutant and is charged with the administration of all personnel matters except those retained by the medical detachment and the detachment of patients (see AR 345-5). It is suggested that the officer in the registrar and detachment of patients section be charged with this office. Collectively, his clerical assistants are designated the unit personnel section and are furnished from the detachment offices, supplemented if necessary by personnel of the unit headquarters.

e. Supply officer.—The commander of the supply and utilities section in his capacity as unit supply officer is also a member of the unit staff (see par. 310f(3)).

■ 310. ADMINISTRATIVE SERVICE.—*a. Registrar and detachment of patients section.*—(1) *Section commander.*—The officer in charge of the section is an officer of the Medical Corps and is directly responsible to the unit commander for the operation of his section. His commissioned assistant may, at the discretion of the unit commander, be placed on duty in headquarters as the unit personnel officer (see par. 309d). For a suggested assignment of enlisted personnel for this section, see Table I. The section commander acts in a dual capacity as—

(a) *Registrar.*—Charged with the keeping of all records of the sick and wounded and the preparation of all reports and returns pertaining thereto, including the monthly report of sick and wounded (see FM 8-45).

(b) *Commanding officer, detachment of patients.*—Charged with the keeping of all records and accounts, and the preparation of all reports and returns pertaining thereto, except for such as the personnel officer may be responsible (see par. 309d), and performs such other pertinent duties as may be required by higher authority.

(2) *Location of office.*—When the hospital is established, the office of the section commander is located adjacent to unit headquarters; if operating under canvas, in the same tent (see fig. 36).

(3) *Operations.*—See paragraph 316.

TABLE I.—Suggested assignment of enlisted personnel, administrative service, evacuation hospital

	1	2	3	4	5	6	7	8
1	Grade and specialty	Registrar and detachment of patients	Medical Department personnel section	Receiving section	Evacuation section	Mess section	Supply and utilities section	Total
2	Technical sergeant (first sergeant).....		1					1
3	Staff sergeant, including.....	2	1	1	1	1	2	8
4	Chief clerk.....	(1)						(1)
5	Clerk, general.....	(1)	(1)	(1)	(1)		(1)	(5)
6	Mess.....					(1)		(1)
7	Supply.....						(1)	(1)
8	Sergeant, including.....	1	2	2	2	4	5	16
9	Clerk, general.....		(1)	(1)	(1)			(3)
10	Clerk, stock.....						(2)	(2)
11	Foreman, utilities.....						(1)	(1)
12	Mess.....					(3)		(3)
13	Section.....	(1)	(1)	(1)	(1)	(1)	(1)	(6)
14	Technician, sanitary.....						(1)	(1)
15	Corporal.....	1	2	2	2	1	3	11
16	Assistant section.....	(1)	(2)	(2)	(2)	(1)	(2)	(10)
17	Transportation.....						(1)	(1)
18	Private, first class, and private, including.....	8	8	29	29	41	23	138
19	Automobile mechanic.....						(1)	(1)
20	Baker.....					(1)		(1)
21	Butcher.....					(1)		(1)
22	Carpenter.....						(1)	(1)
23	Chauffeur.....						(5)	(5)
24	Clerk, general.....	(2)	(2)	(2)	(2)			(8)
25	Clerk, stock.....					(1)	(2)	(3)
26	Cook.....					(20)		(20)
27	Cook's helper.....					(16)		(16)
28	Electrician, general.....						(1)	(1)
29	Litter bearer.....			(20)	(20)			(40)
30	Mechanic, general.....						(3)	(3)
31	Operator, electric plant.....						(1)	(1)
32	Plumber.....						(2)	(2)
33	Stenographer.....	(1)	(1)					(2)
34	Technician, sanitary.....			(6)	(6)			(12)
35	Typist.....	(1)	(1)	(1)	(1)			(4)
36	Basic.....	(4)	(4)			(2)	(7)	(17)
37	Total enlisted.....	12	14	34	34	47	33	174

b. Medical Department personnel section.—(1) This section constitutes the office of the medical detachment and the section commander is the commanding officer, medical detachment. He is an officer of the Medical Administrative Corps, and is charged with the discipline of the enlisted personnel of the unit, their duty assignments, the procurement and issue of their clothing and equipment, and so much of their training as may be delegated to him by the unit commander. He is responsible for such personnel administration as does not devolve upon the unit personnel officer (see par. 309*d*). He commands the guard when this duty devolves upon the unit. In all situations he is directly responsible to the unit commander.

(2) A suggested assignment of enlisted personnel to this section is shown in table I.

c. Receiving section.—(1) *Personnel.*—The section consists of two officers of the Medical Corps and certain enlisted personnel (see table I). Nurses may be assigned for duty with this section.

(2) *Functions.*—(a) Reception of incoming patients.

(b) Examination and classification of patients and their assignment to service and ward.

(c) Initiation of proper field medical records.

(d) Checking of the patients' valuables and their safeguarding until the patients are evacuated or returned to duty. Receipts for valuables are placed with the patients' attached medical records.

(e) In accordance with existing policies, retaining the patients' clothing and equipment or turning them over to a representative of the supply department. If time and the situation permit, items of clothing and equipment are carefully listed and tagged with the man's name and organization. Whether such items accompany the patient if he is evacuated again depends upon existing policy and the exigencies of the situation.

(f) Issuing of hospital clothing to incoming patients.

(g) Notation on patients' records of important omissions of treatment.

(h) Delivery of the patients to the proper ward, section, or department.

(3) *Property exchange.*—See *f* below.

(4) *Litter bearers.*—Forty litter bearers are included in the unit organization. These for normal situations are equally divided between the receiving and the evacuation sections (see table I). However, in many situations the bulk of these bearers will be needed in one department. The entire group may be placed in charge of a noncommissioned officer to form a bearer pool which may be drawn upon by section commanders in accordance with existing needs.

d. Evacuation section.—(1) *Personnel.*—The section consists of two officers of the Medical Corps, certain enlisted personnel (see table I), and nurses as the situation indicates. The section commander is directly responsible to the unit commander, and is the unit evacuation officer.

(2) *Functions.*—The general functions of the evacuation officer and his section are to—

(a) Act with or for the unit commander in all matters concerning evacuation which demand correlation with the army surgeon or the appropriate member of the latter's staff.

(b) Assume charge of all evacuation ward tents and the treatment of the patients therein pending their further evacuation.

(c) Give due notice to ward surgeons and chiefs of services regarding the arrival and departure of evacuating units (trains, airplane or motor ambulance units), and keep a running tabulation on the number, type, and location of patients deemed fit for immediate evacuation.

(d) Collect and make appropriate entries on the medical records of all outgoing patients.

(e) Obtain from the receiving section and deliver to the evacuating officer any valuables previously deposited for safekeeping by patients being evacuated.

(f) Check the clothing, hospital or otherwise, of outgoing patients for completeness and suitability.

(g) Furnish personnel for the movement of patients from the various wards to the transport of the evacuating unit and for the actual loading of the patients, except in the case of airplane ambulances (see par. 288).

(h) Prepare a tally sheet of outgoing patients during the loading, furnish one copy to the receiving officer (of the evacuating unit), and obtain the latter's signature on another copy as a receipt for the patients being evacuated.

(i) Act in case of deaths as prescribed in paragraph 316g(9).

(3) *Location*.—The evacuation section operates in building(s) or tents adjacent to the track or motor road utilized by the evacuating unit. This usually places the section in the rearmost portion of the installation and directly opposite the receiving section (see fig. 36). The amount of space or tentage occupied depends upon the existing needs.

(4) *Property exchange*.—See *f* below.

(5) *Litter bearers*.—See *c* above.

e. Mess section.—(1) *Personnel*.—The section consists of an officer of the Medical Administrative Corps, one dietician (civilian employee), and certain enlisted personnel (see table I).

(2) *Functions*.—The general functions of the mess officer and his section are to—

(a) Procure from the unit supply officer (see *f* below), store, and issue all food supplies.

(b) Operate three messes, one for the officers and nurses, the patients, and enlisted personnel.

(c) Provide hot liquid nourishment for the shock wards on call.

(d) Pack and load all mess canvas and equipment when the installation moves.

(e) Act as custodian of the mess fund.

(3) *Location*.—The messes are located near the active wards for convenience of all concerned. A suggested location, if the unit is operating under canvas, is shown in figure 36.

f. Supply and utilities section.—(1) *Personnel*.—The section consists of the following personnel: the section commander who is an officer of the Quartermaster Corps, one commissioned assistant of the Medical Administrative Corps, and certain enlisted personnel (see table I).

(2) *Organization*.—To facilitate the execution of the various functions of the section, it is suggested that the personnel be divided into three groups, supply, utility, and transportation. The section commander is responsible for the operation of all groups but may delegate the actual management of any group(s) to his assistant. Ordinarily the assistant is charged with the management of the supply group, although the section commander as unit supply officer retains all accountability (see (3) below).

(3) *Section commander*.—In addition to being section commander this individual functions in several roles, in each of which he is directly responsible to the unit commander.

(a) *Unit supply officer*.—As unit supply officer he is a member of the unit commander's staff and advises him in all matters pertaining to supplies and equipment. In this capacity he is charged with—

1. Procurement, storage, and issue of all supplies required by the unit or its installation.
2. Maintenance of the only stock record account within the unit.
3. Accountability for all property issued to the unit until such time as property accountability may be suspended.
4. Collection and proper disposal of all salvage within the unit.
5. Conduct of the laundry exchange.
6. Conduct of the property exchange. Although such function may be considered as within the purview of the receiving and evacuating officers, all property exchange is handled by the supply group. Pyramidal tents are erected near the receiving and evacuating departments (see fig. 36), and supply personnel stationed there to conduct such exchange with incoming ambulance and outgoing evacuating elements, respectively.
7. Disposition of patients' clothing and equipment. The clothing of an enlisted patient, if serviceable, is tagged for identification and returned to him upon his departure from the installation (duty or further evacuation). If the clothing is unserviceable, it is turned over to the supply officer for disposition and the enlisted man is issued available serviceable clothing upon his departure. All items of individual equipment which have accompanied the enlisted patient to the evacuation hospital are turned over to the supply officer who in turn gives them to representatives of the nearest quartermaster company (salvage collecting) for disposition. Clothing of officer patients invariably is held and accompanies them if evacuated to the rear.

(b) *Fire marshal*.—Usually the section commander in addition to his other duties is designated unit fire marshal. In this capacity he is charged with the enforcement of such fire-prevention measures as may be prescribed by the unit commander or higher authority, the formulation of regulations for the conduct of personnel in case of fire, and with the conduct of periodic fire drills.

(c) *Utility officer*.—In collaboration with the medical inspector he is charged with the installation, repair, maintenance, and operation of all utilities.

(d) *Transportation officer*.—Charged with the operation, care, and first echelon maintenance of all the unit motor transport.

(e) *Miscellaneous*.—Charged with the supervision of burials and the disposition of the effects of the deceased when a member of the Graves Registration Service is not attached to the unit.

(4) *Supply group*.—This group assists the section commander in the execution of all supply functions. No distinction is made between medical and other classes of supplies. In the suggested assignment the group includes 2 staff sergeants (supply and clerk), 3 sergeants (two stock clerks), 1 corporal, and 6 privates, first class, or privates (2 stock clerks).

(5) *Utilities group*.—As suggested this group includes 2 sergeants (an utilities foreman and a sanitary technician), 1 corporal, and such specialists (privates) as 1 carpenter, 1 general electrician, 3 general mechanics, 1 electric plant operator, and 2 plumbers. The group, under the supervision of the section commander and the medical inspector, installs, operates, and maintains all utilities, including drainage ditches, latrines, incinerators, the electric generators, the lighting system, and the general repair shop. When necessary it supervises the purification of water. Additional labor details are secured for the group through the office of the medical inspector.

(6) *Transportation group*.—As suggested this group includes 1 corporal (transportation), 1 automobile mechanic, 5 chauffeurs, and 1 unrated private, first class, or private. The group operates all the unit motor transport except that operated by the headquarters personnel, and furnishes first

echelon motor repair and maintenance to all the unit transport.

■ 311. PROFESSIONAL SERVICE.—*a. Organization.*—See figure 35.

b. Status.—(1) The professional service represents a grouping of certain functional elements of the hospital and is not an organic element of the unit.

(2) Normally each service, medical, etc., is an independent element of the hospital and the chief thereof directly responsible to the unit commander. The commander may subordinate certain auxiliary service(s) to one of the major services. For example, the roentgenological service may be placed under the command of the chief of the surgical service, or the laboratory service under the chief of the medical service. These are command decisions and do not change the various functions of the services involved.

c. Functions.—(1) The professional service is responsible for the care and treatment of all patients admitted to the hospital from the time they are relinquished by the receiving officer until they are returned to duty or turned over to the evacuation officer for transfer to a convalescent or general hospital. The only exceptions to this rule are those cases requiring little or no immediate treatment which the receiving officer may admit directly to the evacuation wards.

(2) The professional service is the basic functional element of the unit, and the headquarters and the administrative service merely furnish those aids necessary to permit the execution of appropriate procedures by that service.

d. Medical service.—(1) *Personnel.*—(*a*) *Officer.*—The officer personnel include six officers of the Medical Corps (see T/O 8-232).

(*b*) *Nurses.*—See *i* below.

(*c*) *Enlisted.*—See table II and *j* below.

(2) *Functions.*—In general, the service is responsible for the care and treatment of all medical cases within the installation, the safeguarding of their medical records and the making of appropriate entries therein, and the internal administration of such wards as may be designated medical. In addition under combat conditions the service may operate a section for the care and treatment of casualties resulting from chemical agents or may be utilized to augment the surgical service.

e. Surgical service.—(1) *Personnel.*—(a) *Officer.*—The officer personnel include 21 officers of the Medical Corps and 1 officer of the Dental Corps, including the chief of the service.

(b) *Nurses.*—See *i* below.

(c) *Enlisted.*—See table II and *j* below.

(2) *Functions.*—The general functions of the surgical service include—

(a) Care and treatment of all surgical cases within the installation, the safeguarding of such medical records as are kept on the wards and the making of appropriate entries therein, and the internal administration of such wards and other departments as may be designated surgical.

(b) Operation of the following departments:

1. Bath.

2. Dressing room for slightly wounded.

3. Preoperative treatment (wards).

4. Shock treatment (wards).

5. Sterilizing room.

6. Operating rooms (tents).

(3) *Surgical teams.*—For the performance of special functions the bulk of the personnel of the surgical service are further organized into teams (see T/O 8-232).

(4) *Chief.*—The senior officer of the Medical Corps assigned to the surgical service and present for duty is the chief of the service and is directly responsible to the unit commander for the operations of the service. In situations other than combat he may actively engage in operative procedures. However, during combat his duties are the supervision and coordination of the work of his various departments, to assist the receiving officer in the proper disposal of questionable cases, to act as surgical consultant at the request of the chief of the medical service, and to request through the unit commander needed surgical support.

(5) *Support.*—The surgical service is supported by—

(a) Augmentation by personnel of the medical service.

(b) Attachment of surgical teams from the auxiliary surgical group.

(c) Establishment of a surgical hospital adjacent to the evacuation hospital.

(d) Attachment of the mobile surgical unit or portions thereof of a surgical hospital.

f. Laboratory service.—(1) *Personnel.*—(a) *Officer.*—Consists of one medical officer who is the chief of the laboratory service. Ordinarily he is directly responsible to the unit commander for the operation of his service, although at the discretion of the unit commander the laboratory service may be subordinated to one of the major services, in which case he becomes responsible to the chief of the latter.

(b) *Enlisted.*—See table II.

(2) *Functions.*—The service is responsible for the performance of such laboratory procedures as may be requested and are feasible such as urinalyses, blood counts, coagulation tests, blood typing, and other procedures calling for simple apparatus and short performance time, and for the performance of autopsies in indicated cases.

(3) *Support.*—(a) Requests for laboratory procedures requiring special apparatus, highly specialized personnel, or long periods of time for their performance are forwarded to designated laboratories within the communications zone.

(b) In emergencies assistance is requested through the army surgeon from the army laboratory (see par. 349).

g. Roentgenological service.—(1) *Personnel.*—(a) *Officer.*—The officer personnel include two officers of the Medical Corps. The senior is the chief of the X-ray service and is directly responsible to the unit commander or to the chief of one of the major services to which the X-ray service may be subordinated.

(b) *Enlisted.*—See table II.

TABLE II.—Suggested assignment of enlisted personnel, professional service, evacuation hospital

	1	2	3	4	5	6	7
1	Grade and specialty	Medical service	Surgical service	Laboratory service	X-ray service	Dental service	Total
2	Technical sergeant, including	4	4	2			10
3	Laboratory technician			(1)			(1)
4	Male nurse	(4)	(4)				(8)
5	Pharmacist			(1)			(1)
6	Staff sergeant, including	1	3		3		7
7	Clerk, general	(1)	(1)				(2)
8	Technician, surgical		(2)				(2)
9	Technician, X-ray				(3)		(3)
10	Sergeant, including	5	6				11
11	Orthopedic mechanic		(1)				(1)
12	Section	(2)	(2)				(4)
13	Technician, medical	(3)					(3)
14	Technician, surgical		(3)				(3)
15	Corporal	1	1	1	1	1	5
16	Assistant section	(1)	(1)	(1)	(1)	(1)	(5)
17	Private, first class, and private, including	24	51	11	10	4	100
18	Stenographer		(2)				(2)
19	Technician, dental		(1)			(2)	(3)
20	Technician, laboratory			(4)			(4)
21	Technician, medical	(19)	(4)				(23)
22	Technician, pharmacist			(4)			(4)
23	Technician, surgical		(41)				(41)
24	Technician, X-ray				(7)		(7)
25	Typist	(1)	(1)	(1)	(1)		(4)
26	Basic	(4)	(2)	(2)	(2)	(2)	(12)
27	Total enlisted	35	65	14	14	5	133

(2) *Functions.*—(a) The X-ray service is responsible for the taking, the development, and the interpretation of such X-rays and the performance of such fluoroscopic examinations as may be requested and are within the capabilities of the personnel and equipment.

(b) In addition it is responsible for the packing and unpacking, installation, operation, care, and maintenance of all X-ray equipment. It makes minor repairs to such equipment, referring such as may be beyond the capabilities of its personnel to the army medical depot.

h. Dental service.—(1) *Personnel.*—(a) *Officer.*—The officer personnel includes two officers of the Dental Corps, the senior being the chief of the dental service. Ordinarily the service functions independently, the chief being directly responsible to the unit commander, although on occasion the unit commander at his discretion may place the service under the direct command of the chief of the surgical service.

(b) *Enlisted.*—See table II.

(2) *Functions.*—The dental service renders emergency dental treatment to the duty personnel and the patients of the hospital and in addition treats such dento-surgical cases as do not require the services of the plastic-maxillo-facial team. During combat the personnel may be utilized for such duties other than dental as the commander may deem necessary. For example, they may be utilized to augment the personnel of the receiving section or of some department of the surgical service.

i. Nurses.—The unit personnel includes 52 nurses, of whom 6 are assigned to the administrative service and 46 to the professional service. The need for their services within the different departments of the installation will vary with the number and type of cases admitted and with the situation. It is suggested that the chief nurse be directly subordinate to the unit commander and that through her the other nurses be distributed for duty as best meets the existing needs. This system should not prevent certain key nurses such as members of surgical teams from remaining continuously with one department. Too much fluctuation hinders rather than promotes general efficiency.

j. Enlisted personnel.—Table II is a suggested allocation of enlisted personnel to the various services and will serve as a point of departure in their actual assignment.

■ 312. ENLISTED PERSONNEL.—*a. General qualifications.*—See paragraph 20.

b. Vocational qualifications.—Included among the specialists of the unit are almost every type pertaining to administration, utilities, and hospital technique. When the unit is at station and the capacity of the hospital strained, many enlisted specialists function with little or no supervision. Hence practically all must possess considerable intelligence and initiative and be highly trained in the execution of their particular duties. Particularly is this true of the profes-

sional specialists who are members of the various surgical teams and those on duty in the shock wards, preoperative and post-operative wards, and such departments as the dressing, X-ray, sterilizing and operating rooms.

c. Noncommissioned officers.—See paragraph 22.

■ 313. TRAINING.—*a. Responsibility.*—The unit commander is responsible for all training other than such combined training as may be given in conjunction with that of other units. For the latter, the responsibility rests with the army surgeon.

b. Management.—(1) There being no plans and training officer on the unit staff, the actual management of individual training devolves upon the detachment commander. Acting within the policies and directives of the unit commander and subject to the latter's approval, he prepares the unit training programs and schedules, assigns instructors, and exercises general supervision. The unit commander in turn makes such training inspections as he deems necessary to insure the proper progress of training and the attainment of the prescribed objectives.

(2) Group training is managed by the section and service commanders; unit training by the unit commander.

c. Individual.—See paragraph 8*d*(1).

d. Specialist (see also par. 8*d*(4)).—(1) *Baker.*—One man from the mess section, preferably one with prior experience as a commercial baker, is trained in general bread baking. A knowledge of the more common pastries is desirable but not necessary. This training should be given whenever possible by causing the man to attend a course at a school for bakers and cooks.

(2) *Butcher.*—One man from the mess section is trained as a butcher, such training whenever possible to be given by attaching the individual to an appropriate quartermaster unit for temporary duty. When the latter plan is not feasible, the individual must be chosen because of prior experience as a retail butcher or a commercial packing house carver. He must possess the ability to carve and handle any kind of meat and a general knowledge of its care and storage.

(3) *Clerk, chief.*—(a) One staff sergeant from headquarters is trained to a high degree of proficiency in military correspondence, a knowledge of Army Regulations, and the reports and returns as might emanate from unit headquarters. In the absence of the sergeant major, he must be able to supervise the entire headquarters clerical force.

(b) Both staff sergeants in the office of the registrar should be familiar with casualty records and returns and in the general administration of the sick and wounded.

(4) *Foreman, utilities.*—One sergeant from the utilities group is trained in the supervision of the various utility specialists. Prior occupational experience in one or more of the pertinent specialties is highly desirable. Sufficient training in all to permit intelligent supervision is also necessary in as much as frequently he will exercise control over the whole group with little or no aid from the section commander or his assistant.

(5) *Mechanic, orthopedic.*—One sergeant from the surgical service possessed of a moderate amount of mechanical ingenuity and the ability to handle tools applicable to metal and leather work is trained in the improvisation of orthopedic splints and appliances for cases in which standard items are neither suitable nor available. A brief apprenticeship served in the orthopedic shop of a general hospital is highly desirable. Otherwise, special training with the personnel of the splint teams is substituted.

(6) *Pharmacist.*—Should be qualified as senior pharmacy technician. Effort should be made to effect the assignment to this hospital of previously trained pharmacists.

(7) *Plumbers.*—Certain men from the utilities group must have a general knowledge of the installation and repair of sanitary plumbing appliances and of hot water and steam heating systems. Prior experience as a pipe fitter or a plumber's helper is mandatory.

(8) *Technicians, laboratory.*—See paragraph 352d(1).

(9) *Technicians, medical and surgical* (see also par. 352d(1)).—Those technicians who are members of the various surgical teams are trained in the special duties required by their particular assignment.

(10) *Technicians, X-ray.*—Under Tables of Organization three staff sergeants from the roentgenological service are trained in the packing, unpacking, installation, operation, care, and maintenance, and the making of minor repairs of the X-ray equipment; the taking and the development of X-ray plates; the operation and precautions in the use of the X-ray and the fluoroscope. Prior experience in X-ray work plus attendance at the appropriate service school is highly desirable.

(11) *Transportation*.—Same as for truckmaster (see par. 8d(4)).

(12) *Typists*.—See paragraph 368d(9).

(13) *Miscellaneous*.—In addition to the specialists noted above Tables of Organization also prescribe the following specialists who must be trained: carpenters, chauffeurs, general and stock clerks, male nurses, automobile and general mechanics, mess personnel, motorcyclists, dental, medical, sanitary, and surgical technicians.

e. Group.—(1) Following the individual (and specialist) training, each section and service commander is charged with the group training of the personnel of his particular department(s). This includes the packing and unpacking of equipment, the establishment of that portion of the hospital for which the section or service is responsible, its operation, and the application of the special training of individuals to the operation of the entire department.

(2) Litter bearers are trained, as a group, in the technique of the litter and the ambulance (see FM 8-35) with emphasis on the handling of special orthopedic and surgical cases.

(3) The transportation group is trained in the operation and maintenance of motor transport, including convoy driving, day and night, with and without lights, and the concealment and camouflage of vehicles.

f. Unit.—All phases of training are important to the evacuation hospital unit, but none is so vital as the unit training. The amount of transport, motor or rail, to transport the unit and its equipment demands thorough and systematic packing and loading. Upon the training of the unit as a whole depends the rapidity with which the hospital can be established and made ready for operation as well as closure and movement of the installation after it has been cleared of patients. The scope of the unit training includes—

(1) *Technical*.—Establishment and operation of the hospital in buildings, under canvas, or by utilizing a combination of the two, by day or by night and under varying weather conditions.

(2) *Logistical*.—Packing, unpacking, loading, and unloading of organizational equipment, movement by rail and by motor transport, and supply during operations.

g. Combined.—Training with other units is possible only during large scale maneuvers and the responsibility for the

planning and actual management rests with the army surgeon. The unit commander is responsible only for the operation of his own unit.

■ 314. DRILLS AND CEREMONIES.—*a. Drill.*—The unit drills dismounted in accordance with FM 22-5. Except during active operations, all personnel regardless of how highly specialized professionally should receive a moderate amount of drill. This not only gives the personnel the proper exercise but also develops the soldierly qualities without which even the operation of a hospital becomes slovenly and inefficient.

b. Ceremonies.—The unit participates in the ceremonies of inspection and formations for the presentation of medals. The unit formations are those of an infantry battalion, the major services augmented by the personnel of headquarters simulating two infantry companies. (See FM 22-5.)

■ 315. EQUIPMENT.—See paragraph 10.

■ 316. INSTALLATION.—*a. Designation.*—The unit establishes one evacuation hospital.

b. Capacity.—The hospital has a normal capacity of 750 patients. To meet unusual demands the hospital may be expanded, the amount of such expansion depending upon equipment and supportive personnel available.

c. Location.—See FM 8-15.

d. Functional organization of personnel.—See paragraphs 310 and 311.

e. Physical arrangement.—(1) The physical arrangement of the installation depends upon the following factors: establishment in existing shelter, under canvas, or both; the terrain; the relative location of roads from the front; and roads, railroads, or waterways to the rear. The extent of the installation is such that seldom will the ideal arrangement be possible, nor will the various factors in any two situations be identical. However, for a point of departure a suggested conventional arrangement under canvas is shown in figure 36.

(2) In arranging the ground plan and designating locations for the various departments, strict adherence to the following general principles is advised:

(a) A basic unit (see fig. 36) is designated, including such departments as are needed for initial functioning, and is given first priority in the establishment of the hospital.

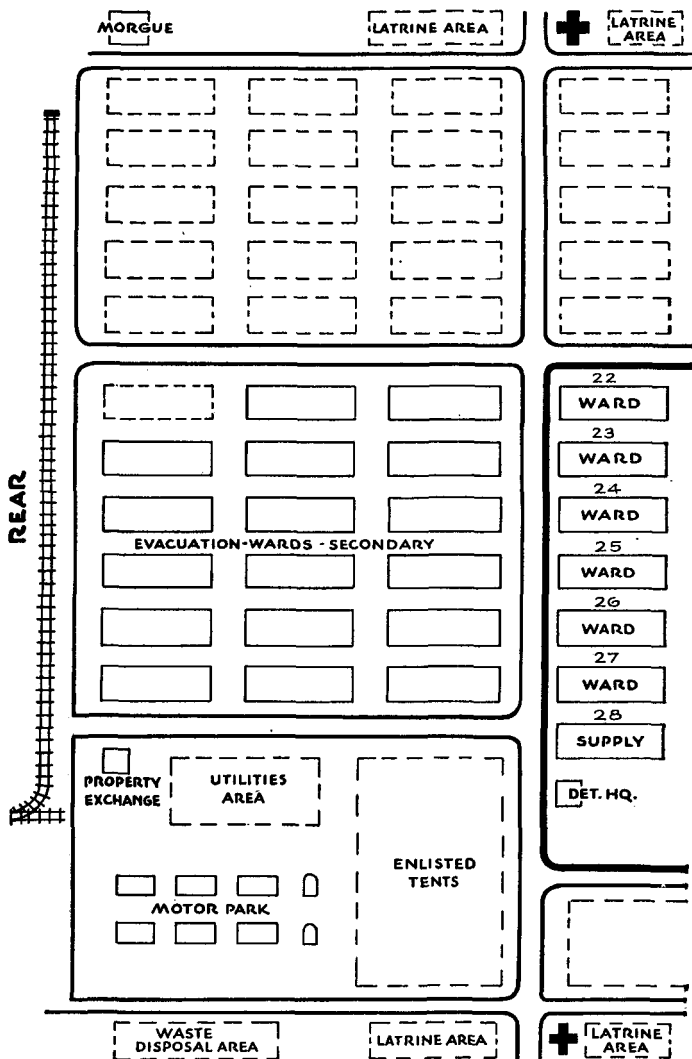
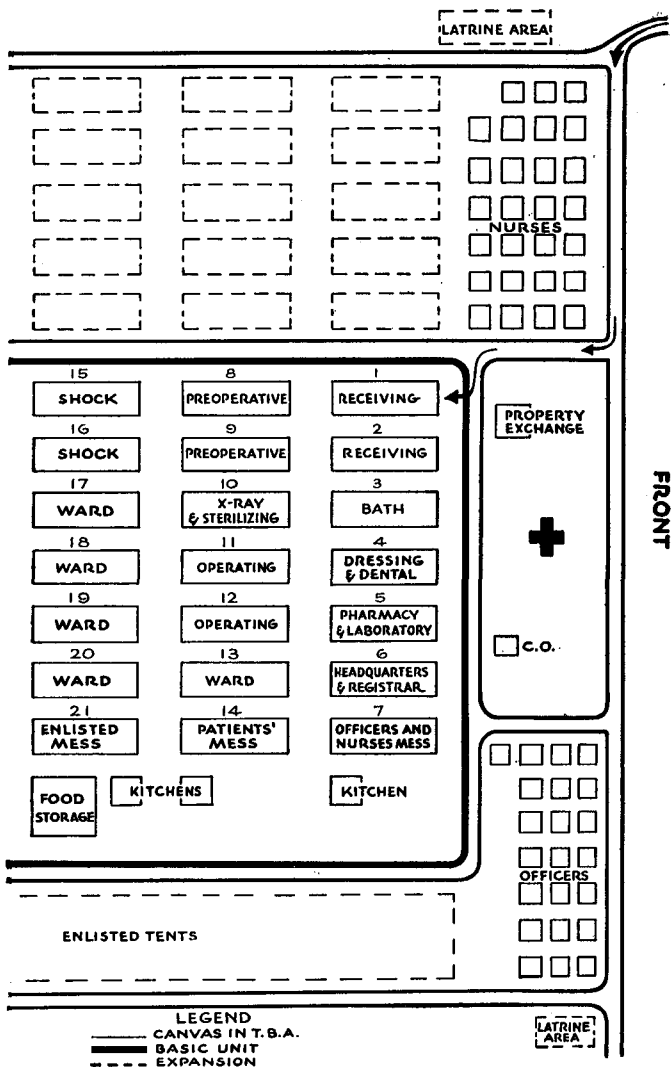


FIGURE 36.—Conventional arrange



ment of evacuation hospital.

(b) The receiving department and facilities for property exchange are located adjacent to the road from the front.

(c) Such professional departments as the X-ray, bath, shock, and preoperative are not only grouped but are located in the vicinity of the receiving department for the purposes of economizing time and effort and minimizing the patients' discomfort incident to movement.

(d) Service elements, except messing, are segregated for ease of control and are widely separated from wards containing critically ill or severely wounded patients.

(e) Messing elements are located to promote ease in serving patients and duty personnel.

(f) Evacuation department is located on railroad siding, motor road, or dock to be utilized by unit evacuating the installation.

(g) Waste disposal area is given a leeward location.

(h) Ground markers (Red Cross), if used, must occupy conspicuous positions.

(i) Morgue is inconspicuously placed in a location where ingress and egress will be least noticeable to patients.

(j) Proper separation of tents or buildings limits the fire hazard and permits the passage of bearers and vehicles.

(k) Arrangement must permit crisis expansion.

f. Establishing hospital.—(1) *Laying out.*—(a) Upon arrival at the proposed site, the unit commander decides upon the exact location, the type shelter to be utilized, the extent of the initial establishment, and the priority of departments. By the most convenient means he conveys these decisions to the section and service commanders and makes available, if possible, a sketch or diagram of the lay-out. When canvas is to be utilized following the conventional or a similar arrangement, the unit commander or his representative, usually the detachment commander, designates the exact location of the left front corner of the No. 1 (receiving) tent. Markers designating this and similar points for all tents to be erected are then placed in the manner described in paragraph 86c(1), but from left to right and front and rear.

(b) For the establishment of the installation under canvas, a space of 200 yards square or its equivalent is required. If utilizing existing shelter, the requirements are estimated at 80,000 square feet.

(2) *Erection of tentage* (see also par. 86c(2) and app. I).—

(a) *Priorities*.—A standard order of priority within a unit for the erection of tentage facilitates training, permits coordination of loading and unloading (train or trucks), and insures early establishment of vital departments with a minimum time lag between arrival and the time the installation is ready for actual operation. A conventional hospital plan and a priority list having been adopted, deviations therefrom are kept at an absolute minimum. The following order for the erection of tentage, also applicable to the establishment of departments in existing shelter, is suggested only as a guide (tent numbers refer to fig. 36) :

1. Receiving wards (department), tents Nos. 1 and 2.
2. Preoperative wards, tents Nos. 8 and 9.
3. Shock wards, tents Nos. 15 and 16.
4. Bath department, tent No. 3.
5. X-ray and sterilizing departments, tent No. 10.
6. Dressing and dental departments, tent No. 4.
7. Operating rooms, tents Nos. 11 and 12.
8. Pharmacy and laboratory, tent No. 5.
9. Headquarters and registrar's office, tent No. 6.
10. Messes (including kitchens), tents Nos. 7, 14, and 21.
11. Basic wards medical and surgical, tents Nos. 13, 17 to 20, inclusive, and 22 to 27, inclusive.
12. Latrines and screens in designated areas.
13. Quarters for personnel.
14. Remaining administrative offices, supply, and storage facilities.
15. Remaining wards.
16. Other sanitary installations.

With proper coordination of personnel canvas for several departments can be erected simultaneously. However, the completion of the basic unit or such part of it as the commander prescribes, together with the more important sanitary installations, takes precedence over the remaining priorities.

(b) *Distribution of personnel*.—Based upon the markers (see (1) above), tentage and department equipment are appropriately distributed throughout the area, following which the detachment commander assembles all available men, organizes squads consisting of nine men, one a noncommissioned officer, and assigns to each squad the erection of par-

ticular tent(s). Squads of men from a particular section or service such as the mess section may be directed to erect the canvas of that department, and immediately to continue with the installation of the operating equipment of that department. Following the erection of the canvas of the basic unit, a part or all of the bearer group is utilized as indicated to complete the project.

(3) *Installation of equipment.*—Each section and service commander or chief is charged with the installation of such equipment as pertains to his particular department(s). He inspects his equipment for serviceability, requesting emergency repairs as indicated, and draws any additional supplies required. When his department is prepared to operate he immediately notifies the unit commander or his designated representative.

g. Operation.—(1) *Headquarters.*—Headquarters is located conventionally in tent No. 6 and is part of the basic unit. The unit (hospital) commander's office may be in the headquarters tent or if desired may be located in a small tent adjacent to headquarters. During the operation of the hospital, the headquarters—

(a) Coordinates the functions of all departments, assigning wards to services, and redistributing if necessary the personnel among departments to meet most equably the demands of the situation.

(b) Makes such reports of admissions and dispositions as may be required by higher authority (normally a daily report is submitted to the army surgeon, stating the number of cases admitted and the number suitable for evacuation).

(c) Maintains liaison with the army surgeon or his representative regarding evacuation by hospital train or other unit, medical supplies, equipment for expansion, support by other medical elements, and future movements of the installation.

(2) *Receiving department.*—To this department every incoming patient is brought for preliminary examination, sorting, and admission. Although conventionally located in tents Nos. 1 and 2, at times the influx will demand expansion into adjacent departments such as the dressing tent and the preoperative wards.

(a) *Examination.*—Every patient is examined by an officer. During stress periods only one of the two regularly assigned officers can be on duty in the department. Augmentation

may be accomplished by temporary transfer of one or more officers from other departments, as from the dental service, to the receiving department. The chiefs of the medical and surgical services may help with the examining and sorting. Every effort is made to determine the exact nature of the condition of each patient so that transfer between services after admission will not be necessary. If the influx is too great, secondary sorting may be accomplished in the dressing tent or in the preoperative wards.

(b) *Administration.*—An improvised office is established in tent No. 1 with the clerical personnel of the section (one staff sergeant, one sergeant, two general clerks, and one typist) organized to perform the following functions (see also FM 8-45):

1. The field medical record (M. D. Form No. 52c and d) is initiated for each case unless previously initiated as in a surgical hospital, and such notations entered thereon as directed by the examining officer. At the same time, an index card (M. D. Form No. 52a) is made and forwarded to the registrar's office.
2. The EMT is removed from the patient, placed in the field medical jacket, and the whole reattached to the patient.
3. An officer receives and checks the patient's valuables, placing the receipt therefor in the field medical jacket. The valuables for each patient are sealed in a separate envelope, the latter clearly marked with the patient's name, organization, and serial number, and locked in a field safe or suitable substitute.
4. Clothing and equipment are removed, listed and stored, or turned over to the supply department for disposition in accordance with existing policies.
5. Each patient is issued hospital clothing and assigned to ward and service.

(c) *Route from receiving department.*—Walking patients are directed, litter cases are carried by section personnel to one of the following destinations:

1. Dressing tent.
2. Bath tent.
3. Preoperative ward.

4. X-ray.
5. Ward, medical or surgical
6. Evacuation wards.
7. Shock ward.

Assignment of patients to particular wards within a service may be made in accordance with directives from the chiefs of the services. For example, the chief of the surgical service may designate particular wards for particular type wounds as orthopedic, chest, head, or abdominal cases; or for ambulatory and litter cases.

(d) *Property exchange.*—Exchange of such items of medical supply as splints, blankets, etc., accompanying incoming patients is accomplished by representatives of the supply department operating adjacent to the receiving department.

(3) *Registrar's office.*—Located conventionally in tent No. 6, the office of the registrar is convenient to the unit headquarters and the receiving department. The personnel of this department receive the index cards from the receiving department and from them prepare the Record of Casualties or Station Log (M. D. Form No. 86e) and Report of Casualties (M. D. Form No. 86f). Together with information furnished by the wards and from the evacuation officer, the office prepares the report of sick and wounded as required from all hospitals in the theater of operations. For further information regarding reports and returns see FM 8-45.

(4) *Surgical service.*—During operations the surgical service includes the dressing department, the bath tent, the sterilizing and operating departments, and the shock, pre-operative, and other surgical wards. The personnel are distributed by the chief of the service best to meet existing needs.

(a) *Dressing department (tent).*

1. Located near the receiving department, it receives for dressing and further sorting all ambulant surgical cases except those sent directly to the pre-operative wards because of the obvious gravity of their wounds.
2. The officer in charge examines each patient carefully to determine the extent of the injury, administers prophylactic sera as indicated, dresses wounds, performs such minor surgery as may be indicated, and sends the patients to the proper

wards. Those found with serious wounds are sent to the X-ray, the preoperative ward, or the operating room, as indicated.

3. The personnel varies with the situation and the distribution as made by the chief of the surgical service. Normally, one nurse and a surgical technician assist the officer in charge.
4. Equipment should include chairs or benches, two litters on racks for use as operating tables, bedside tables, basins, pails, water heater, and irrigators. Instruments and dressings are obtained from the sterilizing department as needed.

(b) *Bath tent.*

1. The bath tent is an adjunct of the preoperative wards and is under the supervision of the surgical service. Normally, only surgical cases are sent there and then as a part of the preparation for operative procedures. The personnel consists of enlisted technicians supervised by male nurses. Cases are sent to the bath tent as admitted and clothing is removed and returned to the receiving department, and after bathing hospital clothing is furnished and the patients sent to the preoperative wards.
2. Equipment includes portable bath apparatus, water bags with attached hose and nozzles, litters on racks, rubber sheeting, blankets, soap, razors, water heater, and solutions for washing wounds.
3. Bathing facilities for appropriate gas cases are arranged in a separate department.

(c) *Preoperative wards.*

1. Patients are received in the preoperative wards from the receiving office direct or through the dressing or bath tent. Each patient is again examined, particular care being taken to determine blood vessel or nerve injury, condition as to shock, the presence of tourniquets, uncontrolled hemorrhage, and the necessity for immediate surgical procedure or for supportive treatment prior to operation. Sound judgment and proper care and treatment in this department are vital for the successful operation of the surgical service. Close

supervision by the chief of the service is indicated.

2. The equipment includes facilities for bathing, shaving, administration of sera, intravenous infusions, hypodermoclyses, enemata, transfusions, dressings, and allied functions.
3. The personnel should be carefully selected and changed only when absolutely necessary.
4. From the preoperative wards, patients are routed to—
 - (a) Evacuation wards for fractures and other traumatisms not complicated by open wounds and other cases operated on in clearing stations prior to admission who are in condition for immediate evacuation.
 - (b) Special wards for head, chest, abdominal, and shock cases, not yet ready for operation or evacuation.
 - (c) X-ray department.
 - (d) Operating rooms (tents), with the following priority: cases with active hemorrhage, those with tourniquet in place, and those with open unsplinted fractures.

(d) *Shock wards.*—The shock wards are located adjacent to other surgical departments and receive patients from the receiving department, the preoperative wards, and from the operating room. Equipment is limited to that necessary to combat shock. Personnel are the special shock teams (see T/O 8-232). After response to treatment, preoperative cases are sent to the operating room or to the preoperative wards; post-operative cases to surgical wards as indicated.

(e) *Sterilizing room (tent).*—This department sterilizes instruments, dressings, and operative packs for the entire service. Prepared package dressings are utilized to the fullest extent; otherwise, sheets, towels, dressings, etc., are prepared for all types of cases. Likewise, instruments are sterilized in lots as indicated for particular procedures such as debridement, intestinal surgery, brain operations, etc. The personnel are enlisted with a nurse in charge. Liaison with the other surgical departments to correlate their needs is essential.

(f) *Operating rooms (tents).*

1. *Arrangement* (see fig. 37).—The operating rooms, identical in equipment, are located adjacent to the

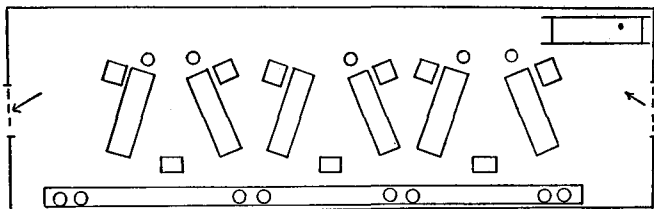


FIGURE 37.—Conventional arrangement of operating tent, evacuation hospital.

other surgical departments (see fig. 36). A conventional arrangement of the interior of an operating room or tent allows the simultaneous functioning of six specialist teams. Operating tables are litters on racks, and shelving along one side holds dressings, instruments, and scrubbing solutions. Tables between each two teams provide space for opening operative packs. One surgical nurse serves two operating teams, other operative nurses serving as operative assistants. One-way traffic is advised, patients being brought in at one end and removed through the opposite end. Personnel for the operating rooms are drawn from the surgical teams as indicated. All personnel should be relieved every 8 hours during periods of stress.

2. *Procedure in handling patients*.—Patients are brought in by the bearers and placed on the vacant operating tables without being removed from their litters. Final preoperative preparation is accomplished and the anesthetic begun while the preceding case is being completed. An appropriate team performs the indicated procedure, one of the operators dictates a short résumé of the procedure, and completes the report by adding the word **DETAIN** or **EVACUATE**. Cases to be evacuated are of two classes, those suitable for immediate evacuation and those requiring from 12 to 24 hours observation prior to

evacuation. In determining whether patients should be detained or evacuated the operator is guided by the condition of the patient, the available space in the hospital, and the policy of the commander under the existing situation. Clerical personnel enter on the field medical records and clinical cards, preferably with ink or typewriter, such pertinent data as the name of the operator, the anesthetic, operative time, type operative procedure, the time intervening between incurrence and operation, and such observations as removal of foreign bodies. Records of patients dying in the operating room are completed and sent to the evacuation officer. Bed assignments are made by a noncommissioned officer who keeps a list of available beds. Litter bearers are on call at all times. Patients in shock are sent to the shock wards, detained cases to the basic wards, those temporarily detained to the secondary wards. Patients to be evacuated are sent to the evacuation wards as soon as they have recovered from the anesthetic.

3. *Operative planning.*—Operating time for each case may be estimated as $\frac{1}{2}$ hour. Thus one team working 8 hours can operate 16 cases. One team handling minor cases only can care for approximately 50 cases per 8-hour shift. On this basis plans for augmentation of the surgical teams can be made in advance of the actual need.

(5) *X-ray department.*—This department is adjacent to the preoperative wards and the operating rooms. Part of the room (tent) is converted into a dark room for fluoroscopic examinations. Most cases are fluoroscoped, X-rays being taken only for those wounds requiring an accurate location of foreign bodies such as head and neck cases. Cases are handled without being removed from the litter whenever possible. The officer or X-ray technician handling the case locates foreign bodies, dictating to a clerk or typist the findings. These remarks are transcribed on the clinical card and supplemented by sketches when such appear advantageous. A brief entry is made also on the field medical record. Occasionally, the operating surgeon is called to verify the condition

before removal to the operating room. After X-ray examination the patient is returned to the preoperative ward or sent to the operating room as indicated. Those found negative for pathology and their condition otherwise permitting may be sent directly to the evacuation wards.

(6) *Dental department.*—The dental department is located in the tent with the dressing room, and its personnel furnish emergency dental treatment to patients and duty personnel, handle minor maxillo-facial wounds (of insufficient severity to warrant handling by the plastic-maxillo-facial team), and in emergency augment the personnel of such other departments as the receiving and dressing departments.

(7) *Laboratory and pharmacy.*—These services are grouped together and one officer supervises the operation of both departments. The laboratory confines its procedures, if possible, to blood counts, urinalyses, blood typing, and the making of Dakin's solution. More complicated procedures are referred to supporting laboratory installations. The pharmacy functions in its appropriate capacity, limited by the supplies available.

(8) *Wards.*—(a) *General.*—Wards are apportioned to the services by the commander according to existing needs. Each service furnishes the ward personnel for its assigned wards. Nurses are apportioned to the chiefs of services and assigned by them in the most advantageous manner. Privates (basic or technicians) are assigned to wards and noncommissioned officers to groups of wards.

(b) *Basic.*—In addition to such special wards as preoperative and shock, there are 11 basic wards. These are distributed as indicated in (a) above.

(c) *Secondary and evacuation.*—In addition to those within the basic unit, there are 17 other wards which may be utilized for secondary treatment or evacuation wards as the situation indicates.

(d) *Records* (see FM 8-45).—Such local reports may be instituted as periodic reports to the receiving department or to the chief of service as to available beds, reports to the registrar of admissions, available beds, patients suitable for evacuation, together with their classification (status, disease or injury, litter or ambulant, etc.).

(e) *Evacuation.*—When a call for evacuation is received by the ward officer, he verifies the suitability of patients for

evacuation; marks them for identification; sends their clinical cards to the evacuation officer; and just prior to their evacuation, adjusts splints and dressings, checks clothing and blankets for suitability, and makes sure that the field medical record is properly attached to each patient.

(9) *Deaths.*—(a) *Procedure.*—The evacuation officer, upon being notified of a death within the installation, obtains the field medical record and the clinical card of the deceased, closes them, and sends them to the registrar. The registrar, in his capacity of commanding officer of patients, with the ward (or department) officer, secures the personal belongings and the valuables of the deceased, inventories them, and transmits them to the unit supply officer. The body, properly tagged for identification, is removed to the morgue and prepared for burial. Final disposition of the remains is a function of the unit supply officer or a representative of the Graves Registration Service if one is attached to the unit. The registrar is responsible that report of death is forwarded to higher authority in accordance with existing regulations. (See TM 8-260.)

(b) *Morgue.*—The morgue is located inconspicuously under canvas and is large enough to accommodate four litters on racks, and should contain galvanized-iron cans, pails, rubber sheets, and sponges. One or two enlisted men are assigned to duty at the morgue. The responsibility for the morgue rests with the chief of the laboratory service.

(10) *Evacuation department.*—(a) *Source of patients.*—Patients may be admitted directly to the evacuation wards or may be transferred from medical or surgical wards when their condition warrants their evacuation. Other patients are moved by the evacuation department directly from medical or surgical wards to the transport of the evacuating unit.

(b) *Procedure.*

1. Upon receipt of information that a certain unit is to evacuate patients at a certain time, the evacuation officer notifies all wards that may have patients suitable for evacuation. Ward officers immediately furnish the evacuation officer with a list of such patients and shortly before loading time he dispatches bearers to the wards indicated for the movement of evacuees to the loading platform. As they are placed there, the evacuation officer or

his representative rechecks all patients for suitability of clothing, checks the attached field medical records for presence and completeness, prepares a list of patients having valuables deposited in the hospital (from receipts in field medical records) and obtains same from the receiving officer, and at the proper time turns such valuables over to the officer in charge of the unit receiving the patients. After checking the field medical records, clerks stamp them EVACUATED and add the designation of the evacuating unit and the date, and enter in the proper column on a tally sheet a check for each patient being loaded. This tally sheet (two copies) becomes, when signed by both, a list for the officer of the evacuating unit and a receipt for the evacuation officer of the hospital.

2. Patients being evacuated by hospital train or truck convoy are loaded by the personnel of the evacuation department of the hospital. If the patients are being evacuated by airplane ambulances, the loading thereon is performed by the personnel of the medical battalion, airplane ambulance.
3. Property exchange with the evacuating officer is handled by representatives of the supply officer.

(c) *Hospital trains.*—See chapter 13.

(d) *Airplane ambulances.*—See section II, chapter 7.

h. Disposition of patients.—(1) Patients fit for full field duty are discharged from the hospital, marked duty, and are taken over at the hospital by representatives of the nearest replacement depot.

(2) Patients requiring no further definitive treatment but who will be fit for full field duty within a reasonable length of time are transferred to a convalescent hospital (see sec. III).

(3) Patients requiring more definitive treatment than can be rendered in an evacuation hospital, or who will require lengthy hospitalization, or who, when hospitalization is completed, will be unable to perform military duty, are transferred to a general hospital within the communications zone.

(4) *Death.*

i. Movement of installation.—(1) When a functioning

hospital is directed to close and move, all patients are segregated in the evacuation wards. As soon as a tent is cleared of patients, the equipment is packed and the tent struck. The detachment commander is in charge of the packing, although each section or service commander supervises the packing of the equipment of his particular department. Dismantling normally proceeds in the following sequence:

- (a) Basic unit (less messes and the headquarters).
- (b) Secondary wards.
- (c) Evacuation wards.
- (d) Headquarters and other administrative offices.
- (e) Quarters for personnel.
- (f) Messes.
- (g) Sanitary installations.

(2) Properly trained, the unit should be able to establish the installation in from 4 to 6 hours and dismantle and move in from 8 to 10 hours after being cleared.

(3) Movement of the unit with equipment requires approximately two-thirds of a type A train, or 184 truck-tons in addition to its integral transport.

■ 317. ADMINISTRATION.—*a. Personnel.*—Unit headquarters submits morning reports and other personnel reports and returns to army headquarters through the army surgeon or as directed. To obtain the proper amount of rations, a similar report of patients hospitalized is also rendered.

b. Supply.—(1) Class I supplies are automatic, being drawn daily by the unit supply officer at a designated distributing point in the army service area. He in turn issues them to the mess officer.

(2) Medical supplies are obtained from the army medical depot in one of the following ways: by requisition through the army surgeon, by drawing upon established credits, by informal memorandum which also must be approved by the army surgeon. Delivery of medical supplies is by sending unit transport directly to the depot, by shipment from the communications zone to the nearest railhead or to the siding adjacent the installation, or in emergencies by the transport of the depot.

(3) Other supplies are obtained by requisition through the army surgeon on the nearest depot of the branch concerned.

c. Maintenance of transport.—First echelon maintenance is performed by the transportation group of the supply and

utilities section. Second and third echelon are by appropriate designated quartermaster units of the army service area.

d. Care of sick and injured.—When not at station, personnel of the medical service operate a dispensary for the care and treatment of the sick and injured personnel of the unit. When at station, sick and injured personnel are reported to the receiving department.

SECTION II

SURGICAL HOSPITAL

■ 318. ORGANIZATION (see fig. 38 and T/O 8-231).—*a. Orientation.*—The surgical hospital, a mobile unit, is composed of a headquarters and three subordinate elements, one mobile surgical unit (see par. 323) and two hospitalization units (see par. 324). No surgical hospital is completely motorized, the headquarters and the hospitalization units having only sufficient integral transport for their internal economy. However, within the hospital the mobile surgical unit is motorized. In some instances this organic transport takes the form of ordinary trucks; in others it consists of special bus or van-type motor vehicles in which are permanently installed the various functional elements of the surgical unit. In both cases the transport is sufficient to move the unit's personnel and matériel.

b. Characteristics.—The character of the organization of the surgical hospital permits—

- (1) Independent operation of the mobile surgical unit.
- (2) Independent operation of either or both hospitalization units.
- (3) Separate establishment of ward sections of the hospitalization unit with partial dependence upon the latter for administration (see par. 324f(1)).

■ 319. STATUS.—The surgical hospital is an independent, self-supporting army unit and is under the direct control of the army commander or the army surgeon as may be directed. A type army contains four such units.

■ 320. FUNCTIONS.—*a. General.*—See FM 8-15.

b. Special.—For functions of component elements, see paragraphs 322 and 324.

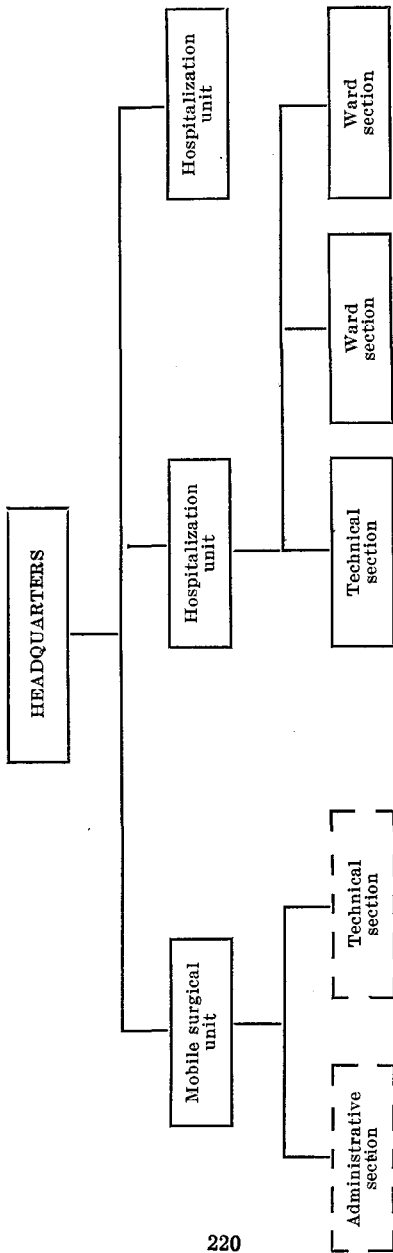


FIGURE 38.—Organization of surgical hospital.

■ 321. **COMMAND.**—The unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 322. **HEADQUARTERS AND STAFF.**—*a.* Under Tables of Organization the headquarters includes the unit commander, his staff, and the following enlisted assistants: a master sergeant (sergeant major), a chauffeur, a clerk, and an orderly.

b. The commander is responsible to the army commander or the army surgeon, as is prescribed, for the discipline, training, administration, and operations of the unit in all situations. Although retaining this responsibility, a great deal of the actual management of these four phases is delegated to the three subordinate commanders. Each of the latter, with his separate headquarters, is more or less administratively independent.

c. During operations if the subordinate elements of the unit are separated, the headquarters remains with one of the hospitalization units. Routinely, the headquarters personnel mess with the headquarters of one of the hospitalization units and the enlisted personnel are also attached thereto for discipline, training, and administration.

d. The staff consists of the adjutant, of the Medical Corps or Medical Administrative Corps, charged with the usual duties of that office and such other officers as may be charged by the commander with staff duties,

■ 323. **MOBILE SURGICAL UNIT.**—*a. General.*—Each surgical hospital contains one mobile surgical unit. This unit possesses sufficient integral transport for its own movement, together with the necessary facilities for messing, supply, and technical operation.

b. Types (see also par. 318*a*).—The personnel and functions of all mobile surgical units are identical. However, on the basis of means whereby the unit performs its peculiar functions, there are two types.

(1) One type moves its personnel and matériel by ordinary truck transport and upon arriving at the site of operations installs its equipment and performs its technical functions in existing shelter or under a canvas.

(2) The other type has included in its transport four operating rooms installed in a like number of bus or van-type motor vehicles in which the unit performs its technical functions.

c. *Command.*—The unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible to the commander of the hospital for the operation of the surgical unit.

d. *Functional organization* (see fig. 38).—Based upon type function, the unit divides itself into an administrative and a technical section.

e. *Administrative section.*—(1) *Personnel.*—(a) *Officer.*—The section contains two officers, one a member of the Sanitary Corps, and one a member of the Medical Administrative Corps. The former is an electrical and gas engineer and is charged with the operation of the power plants and other utilities. The latter is charged with the operation of the unit mess, supply, and transportation.

(b) *Enlisted.*—The section includes—

1. Technical sergeant who is the unit first sergeant.
2. Mess and supply group, 1 sergeant, 1 general clerk, 2 cooks, and 2 unrated privates, first class, or privates.
3. Transportation group, 1 sergeant, 1 automobile mechanic, 10 chauffeurs, and 1 unrated private, first class, or private.
4. Utilities group, 1 electrician, 1 electric plant operator, 1 gas engine mechanic, 1 plumber, and 1 unrated private, first class, or private.
5. One unrated private, first class, or private who functions as the orderly of the unit commander.

(2) *Functions.*—(a) Administrative supervision of all enlisted men of the surgical unit.

(b) Operation of the unit mess.

(c) Procurement and handling of all supplies required by the surgical unit.

(d) Operation and maintenance of the power plants (two) and other utilities. (Aids the technical section in the mechanical operation of the X-ray and sterilizing facilities.)

(e) Operation and second echelon maintenance of the unit transport. During movement of the unit, all personnel of the transportation group are required to act as chauffeurs.

(f) Furnishes assistance to the unit commander in the exercise of his administrative functions.

f. *Technical section.*—(1) *Personnel.*—The section includes two surgical, one splint, one shock, and one plastic-maxillo-

facial team (see par. 311*e*), one officer specially trained in X-ray procedures, and two staff sergeants (one surgical and one X-ray technician).

(2) *Functions.*—(a) Technical (surgical) procedures as implied in (1) above. In the normal situation, that is, while operating in the vicinity of a clearing station, these procedures will take the form of emergency measures. Definitive treatment is rendered in a surgical hospital to the extent of transforming nontransportable casualties into transportable casualties for evacuation to evacuation hospitals farther to the rear. The treatment of shock, control of stubborn hemorrhage, the reconstitution of blood following hemorrhage, and the fixation of fractures that are too complex to be handled in a clearing station are among the procedures carried out.

(b) If operating with a surgical hospital in the army area or if augmenting the surgical service of an evacuation hospital, the section may institute still more definitive procedures.

(c) The packing, unpacking, installation of equipment, and operation of the operating rooms, X-ray and sterilizing departments (in vehicles, existing shelter, or under canvas). (See *e*(2)(*d*) above.)

g. Employment (see also FM 8-15).—The mobile surgical unit may—

(1) Operate with the hospitalization units or elements thereof of the surgical hospital of which it is a part.

(2) Be detached to operate with the hospitalization units or elements thereof of other surgical hospitals.

(3) Be detached to supplement temporarily the surgical facilities of any army evacuation hospital or of any other medical unit requiring temporary surgical support.

■ 324. HOSPITALIZATION UNIT.—*a. Organization* (see fig. 38).—The surgical hospital contains two identical hospitalization units, each capable of independent operation. This permits echelonment laterally or in depth, and increases the hospital's mobility by permitting it to move with one hospitalization unit and initiate operation while the other unit remains at the former location pending clearance.

b. Command.—The unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. He is responsible to the hospital commander for the operation of the unit.

c. Functions.—(1) To render care and treatment, other than those technical procedures rendered by the mobile surgical unit, to all patients admitted to the surgical hospital until such time as the condition of such patients and the facilities of the army medical service permit their further evacuation.

(2) The normal capacity of one hospitalization unit is 200 patients, thus giving a surgical hospital a normal capacity of 400 patients.

d. Headquarters.—The headquarters consists of the unit commander, his staff, a principal chief nurse, and enlisted personnel to assist in the interior administration of the unit. If the unit is operating intact, the headquarters remains with it; if a ward section or a portion thereof is operating separately, it may be augmented by personnel from headquarters for operation of a mess.

(1) *Staff.*—Being a unit capable of independent operation, the commander thereof is assisted by a unit staff.

(a) *Supply and mess.*—One officer is charged with the duties of the unit supply and mess, and in addition may be designated detachment commander.

(b) *Chaplain.*—See TM 16-205 for duties.

(c) *Registrar and adjutant.*—This officer is charged with the duties of registrar (see par. 310*a*) and adjutant (see par. 45*d*), and in addition may be designated unit personnel officer and commanding officer, detachment of patients (see pars. 309*d* and 310*a*, in turn).

(2) *Enlisted personnel.*—The enlisted personnel with a suggested functional grouping are—

(a) Technical (first) sergeant, 2 corporals (a clerk and a chaplain's assistant), 1 stenographer, and 3 orderlies for duty in headquarters.

(b) Staff sergeant and 1 general clerk, registrar's office.

(c) Sergeant, 1 stock clerk, and 1 unrated private, first class, or private, unit supply.

(d) Staff sergeant, 8 cooks, and 2 unrated privates, first class, or privates, operation of mess(es).

(e) Sergeant and 3 chauffeurs, transportation.

(f) Sergeant, 1 general mechanic, and 1 unrated private, first class, or private, utilities.

e. Technical section.—(1) *Personnel.*—(a) *Officer.*—One Medical Corps officer, operating surgeon; 3 Medical Corps

officers, 1 anesthetist with special training in the treatment of shock, 1 roentgenologist, and 1 clinical pathologist with special training in wound bacteriology; 1 Dental Corps officer; and 2 nurses.

(b) Enlisted.—One technical sergeant and 4 privates, first class, or privates, laboratory technicians; 1 technical sergeant, pharmacist; 1 staff sergeant and 1 private, first class, or private, X-ray technicians; and 2 surgical technicians.

(2) *Functions.*—(a) The establishment and operation of an operating room (tent), and X-ray department, a laboratory, and a dental service. The scope of all departments is extremely limited.

(b) Assists the personnel of the ward sections in the treatment of cases, especially the post-operatives and those in shock.

(c) Packs, unpacks, and installs the section equipment as indicated.

(3) *Employment.*—The employment of the technical section varies with the situation. Depending upon the presence or absence of the mobile surgical unit and the other hospitalization unit, the section may—

(a) Act independently in the performance of technical procedures for one or both ward sections.

(b) Act jointly with the corresponding section of the other hospitalization unit in the establishment of its various services.

(c) Augment the technical section of the mobile surgical unit.

f. Ward section.—(1) *General.*—A ward section establishes and operates six wards (tents or buildings) with a total capacity of 100 patients. Each hospitalization unit contains two identical ward sections. A ward section routinely packs its equipment (including six ward tents) separately, and augmented by mess personnel from the unit headquarters may be detached to care for patients awaiting clearance. The condition of such patients may preclude their evacuation, although such procedures as are normally performed by the mobile surgical unit or the technical section of the hospitalization unit should be accomplished prior to such detachment. The ward section has neither the personnel nor the facilities for elaborate technical procedures.

(2) *Personnel*.—(a) *Officer*.—Four medical officers, a section commander and 3 ward officers, and 12 nurses.

(b) *Enlisted*.—One sergeant, section; 6 corporals, wardmasters; and 32 privates, first class, or privates, 6 medical, 1 sanitary, and 12 surgical technicians, and 13 unrated. Enlisted personnel are sufficient to keep six wards in continuous operation.

■ 325. ENLISTED PERSONNEL.—The qualifications required for the personnel of the surgical hospital approximate those for the enlisted personnel of the evacuation hospital (see par. 312).

■ 326. TRAINING.—a. *Responsibility*.—See paragraph 313a.

b. *Management*.—Since plans and training officers are not assigned the commander may either assign an officer from one of the units to his headquarters and charge him with the planning and management of all training, or he may issue general training directives and allow each of the three units to proceed with their training within the limits prescribed. A combination of these two possibilities is suggested. Centralized planning and management of all individual training, including specialist, will promote economy of time and effort, decrease the number of instructors needed, and insure a uniform attainment of objectives. To a greater extent, the management of group training may be delegated to the subordinate unit commanders. However, even in group training, especially within the two hospitalization units, much of the group training may be correlated and combined. Unit training resolves itself into two phases, a phase for the unit training of the three units of the hospital, and the unit training of the surgical hospital in its entirety. It is suggested that the management of the former phase be delegated to the unit commanders, and the latter be retained by the commander of the hospital and his designated assistants.

c. *Individual*.—See paragraph 8d(1).

d. *Specialist*.—Specialists shown in Table of Organization 8-231 must be trained (see also par. 8d(4)). Specialists requiring special attention are—

(1) *Mechanic, gas engine*.—One man in the administrative section of the mobile surgical unit who has a basic knowledge of automobile mechanics is especially trained in the opera-

tion, care and maintenance, and repair of gasoline engines, especially those used in the power plants of the unit.

(2) *Operator, electric plant.*—See paragraph 368d.

(3) *Plumber (see par. 313d).*—The plumber is also trained as a chauffeur, as during movement of the unit his services are required to drive one of the motor vehicles.

e. Group.—See paragraph 313e.

f. Unit.—(1) *First phase.*—During the first phase of unit training, each of the three units is trained to function as a unit. All individual and group training is correlated in the establishment and operation of that portion of the hospital for which each unit is responsible.

(2) *Second phase.*—During the second phase, the entire hospital unit is trained to function as a whole. The scope should include correlation with the army surgeon to obtain motor transport for the hospitalization units, thus allowing the entire unit to be trained in the loading and unloading, packing and unpacking of equipment, establishment and simulated operation of the surgical hospital. This phase of the training is vital, as upon it will depend much of the future efficiency of the hospital. Speed in movement and speed in the establishment of the installation are most important factors in the general value of the surgical hospital and their attainment is only to be gained by thorough training.

g. Combined.—As noted for evacuation hospital.

■ 327. DRILLS AND CEREMONIES.—*a. Drill.*—See paragraph 314a.

b. Ceremonies (see also par. 314b).—Formations are those of an infantry company, the two hospitalization units and the mobile surgical unit augmented by headquarters personnel simulating three platoons. (See FM 22-5.)

■ 328. EQUIPMENT.—*a. Individual.*—See paragraph 10.

b. Organizational.—(1) *Medical.*—See basic equipment list for surgical hospital, including mobile surgical unit (mounted in vehicles), mobile surgical unit (installed in tents), and hospitalization unit, Medical Department.

(2) *Other than medical.*—See T/BA No. 8.

■ 329. INSTALLATION.—*a. General.*—(1) The installation of the unit is the surgical hospital, and one unit (surgical hospital) establishes but one installation. Subordinate elements (hospitalization units) may be installed temporarily in two

locations but collectively they constitute a surgical hospital. The normal bed capacity is 400 patients.

(2) The discussion herein is applicable chiefly to the installation established to support a division clearing station but the principles may be applied to the same installation functioning in other capacities.

b. Movement into position.—Normally the entire unit, personnel and matériel, is moved by common carrier to a convenient railhead. From thence to a site in the vicinity of the clearing station the mobile surgical unit moves by its integral transport, the remainder of the hospital by motor transport, army or division.

c. Location.—(1) *Tactical.*—See FM 8-15.

(2) *Physical requirements.*—(a) *Road net.*—If not immediately adjacent to the clearing station, a good motor road should connect the two installations. Similarly, a motor road should lead to the rear for utilization of army evacuating elements.

(b) *Shelter.*—Suitable existing shelter being available in appropriate location, it will be utilized. The establishment of the entire installation in buildings requires approximately 30,000 square feet of floor space.

(c) *Space for canvas.*—The organizational equipment contains sufficient canvas for the entire installation when the utilization of such is necessary or desired. A space of approximately 125 by 80 yards is required under these circumstances, but allowance is made for possible expansion if the installation is augmented by additional hospitalization units.

d. Functional organization of personnel.—See paragraphs 323 and 324.

e. Physical arrangement.—(1) As in the evacuation hospital (see par. 316e), the physical arrangement will vary with such factors as type shelter (existing, or canvas, or both), the terrain, the road net, and the available space. Furthermore, unlike the evacuation hospital in which all departments constitute one unit, the integrity of the mobile surgical and the hospitalization units is preserved, thus allowing any one or more units to close and move without disrupting the installation. Reference to figure 36 may act as a guide, but in arranging the surgical hospital the following principles are most important:

(a) Only such elements for which a definite need is foreseen are established initially.

(b) Facilities for receiving patients are located adjacent to the road from the clearing station.

(c) The mobile surgical unit or such of its elements as may be established initially is located proximal to the receiving department with its service elements convenient to it but opposite the hospitalization unit(s).

(d) Hospitalization units are located adjacent to the mobile surgical unit, ward elements proximal to the operating rooms (vans or tents) of the surgical unit, service elements distal to the unit.

(e) Other principles as for the evacuation hospital (see par. 316e).

(2) Conventionally the arrangement of a surgical hospital is roughly triangular, the apex, receiving and hospital headquarters, being on a motor road, the surgical and hospitalization units forming the sides with their respective service elements on both flanks.

f. Establishing hospital.—(1) *Laying out* (see also par. 316f).—The hospital commander designates the locations of the units and the elements of each to be established. Acting upon his directives unit commanders in turn designate the exact location of the departments for which they are responsible. If utilizing canvas, the procedure for marking tent locations described in paragraph 86c(1) is applicable.

(2) *Erection of tentage* (see also par. 86c(2)).—In the erection of tentage and the installation of equipment for those departments designated for initial operation, unit commanders utilize routinely the personnel of temporarily inactive elements. Routine procedures for priorities and methods of establishing departments are the responsibility of the unit commanders subject to the approval of the hospital commander.

g. Sources of patients.—(1) The clearing station of which the hospital is in direct support.

(2) Other clearing stations conveniently located.

(3) In emergencies, aid and collecting stations. In this event, the records of patients admitted must be cleared through the proper clearing station.

h. Operation.—(1) *Headquarters.*—During operations the headquarters—

(a) Coordinates the functioning of the various units of the hospital.

(b) The units or elements thereof being separated, maintains control of their operation unless such elements are attached temporarily to another medical unit.

(c) Makes such reports and returns regarding patient and duty personnel as may be required by higher authority.

(d) Maintains liaison with the division surgeon and with the commanders of clearing elements of the division medical unit regarding future probable and possible movements of clearing installations; type and number of expected casualties, especially the nontransportables; and the transportation of casualties from the clearing station(s) to the surgical hospital.

(e) Maintains liaison with the army (or corps) surgeon regarding condition and movements of the hospital, medical supplies, and support by additional surgical hospitals or elements thereof, surgical teams from the auxiliary surgical group, and evacuation service by ground or airplane ambulance units.

(f) Contacts assistant chief of staff G-4 (army or division) regarding transport for contemplated movements.

(g) Contacts appropriate units of the Quartermaster Corps regarding disposal of salvage and the remains of personnel dying within the installation.

(2) *Receiving department* (see par. 316g(2)).—(a) The scope of the receiving department is more limited than is that of its prototype in the evacuation hospital. The number of patients is less and nearly all cases admitted are seriously wounded and are admitted directly to the preoperative section of the mobile surgical unit. The same medical records are initiated (see FM 8-45), patients' identification tags being utilized as a source of information in the unconscious cases. Clothing and equipment are disposed of as outlined in the above references.

(b) Personnel for the operation of the receiving department are furnished by the hospitalization unit actually receiving the patients admitted.

(c) Patients' valuables are removed, listed, receipts placed in the appropriate field medical jacket, and the containers (sealed envelopes properly identified) held in the unit headquarters to be turned over at the proper time to the officer

in charge of the evacuation of cases from that particular unit.

(d) The bulk of the patients admitted are sent to the surgical unit for various surgical procedures, others are admitted directly to wards as not requiring such procedures or for supportive treatment prior to their being undertaken.

(e) In the absence of the receiving officer, a noncommissioned officer from the hospitalization unit may be stationed with the surgical unit to designate the proper ward assignment as patients leave the operating rooms.

(f) Property exchange is accomplished by the supply officer of one of the hospitalization units or his representative.

(3) *Registrar's office.*—If both hospitalization units are active at the same location the two registrars combine their offices and submit indicated reports and returns for the installation rather than for both units. If operating independently the registrar of each unit maintains an office for that unit. (See par. 316g(3) and FM 8-45.)

(4) *Surgical service.*—In the normal situation, the mobile surgical unit is charged with all major surgical procedures. Patients sent to the unit are examined carefully by the commander thereof or his representative and distributed to the functional elements of the unit (X-ray and operating rooms) for indicated procedures. Cases arriving in the wards from the surgical unit become the responsibility of the personnel of the hospitalization unit(s). Post-operative care beyond the capabilities of the ward personnel is rendered by the technical section of the hospitalization unit, or when necessary by such personnel of the surgical unit as the shock team. The personnel of the surgical unit will not become so involved in routine ward treatment that the unit itself becomes immobilized (see also par. 316g(4)(e) and (f)).

(5) *X-ray department.*—See paragraph 316g(5).

(6) *Wards.*—(a) All wards are established and operated by the ward sections of the hospitalization units. Particular sections or wards thereof may be designated to receive certain type cases such as head, chest, fractures, etc. The section personnel is sufficient for the apportionment of one medical officer to each two wards, and two nurses, a corporal, and five privates, first class, or privates (technicians and ward attendants) to each ward.

(b) The operation of the wards is similar to that of wards in the evacuation hospital.

(7) *Deaths.*—Due to the type cases handled in the surgical hospital, normally the death rate is high. For procedure in such cases, see paragraph 316g(9).

(8) *Evacuation of cases.*—(a) The officer in charge of each ward section keeps a running tabulation of all cases within his section which are suitable for evacuation. Reports are made at required intervals to the unit or hospital headquarters and such headquarters in turn notifies section commanders of the arrival of evacuating elements. An officer designated by the hospital (or unit, if operating independently) acts as the evacuation officer. For his duties and those of the ward surgeons regarding evacuation see paragraph 316g(10)(b).

(b) The unit supply officer is charged with the property exchange.

i. Disposition of patients.—(1) The bulk of the patients are evacuated by ground ambulances to evacuation hospitals.

(2) In certain situations, appropriate cases are evacuated to general hospitals in the communications zone by airplane ambulances.

(3) Death.

j. Movement of installation.—A surgical hospital closes (suspends admission of new cases) ordinarily when the clearing station(s) it is supporting moves to a new location. The hospital is cleared as rapidly as suitability of patients for evacuation and the facilities of the army evacuating elements permit. When the total number of patients decreases sufficiently, hospitalization units or elements thereof are cleared by grouping remaining cases, thus allowing personnel and matériel to be withdrawn piecemeal and moved to a new location. So long as any nontransportables remain, personnel and matériel necessary for their care must remain in position, even though this may result in capture.

■ 330. ADMINISTRATION.—*a. Personnel.*—(1) Each unit submits a morning report of duty and patient personnel to hospital headquarters which in turn forwards a consolidated report to army headquarters while in the army service area, otherwise to the headquarters of the division whose medical service it supports. Other reports concerning patient admis-

sions, evacuations, deaths, etc., are forwarded to the army surgeon as required.

(2) In the event that a unit of the hospital is operating independently, such reports are submitted directly to the appropriate headquarters.

b. Supply.—(1) *Class I.*—If operating independently the supply officer of each unit draws class I supplies for his unit from the appropriate distributing point within the division area. If all units of the hospital are grouped, the hospital commander designates one unit supply officer to draw for the entire hospital.

(2) *Medical* (see par. 317b(2)).—In emergencies medical supplies may be brought forward by the transport of army ambulance units, or may be drawn in limited amounts from the division medical supply reserve.

(3) *Other supplies.*—See paragraph 317b(3).

c. Maintenance of transport.—(1) *First echelon.*—By the transport element of each unit.

(2) *Second echelon.*—By the transportation group of the mobile surgical unit, or if the latter is not available to the hospitalization unit(s), by appropriate quartermaster units operating in the vicinity.

(3) *Third echelon.*—By quartermaster units designated by G-4 (division or army).

d. Care of sick and wounded.—When not at station the hospital commander designates one of the hospitalization units to furnish personnel and equipment for the operation of a dispensary for the care of the hospital personnel. When at station sick and injured personnel are reported to the receiving department for appropriate action.

SECTION III

CONVALESCENT HOSPITAL

■ 331. *ORGANIZATION.*—See figure 39 and T/O 8-233. The general organization is designed to permit expansion to meet unusual requirements.

■ 332. *STATUS.*—The convalescent hospital, an independent unit, is an organic element of the army and is under such control of the army surgeon as the army commander designates. A type army contains one such unit.

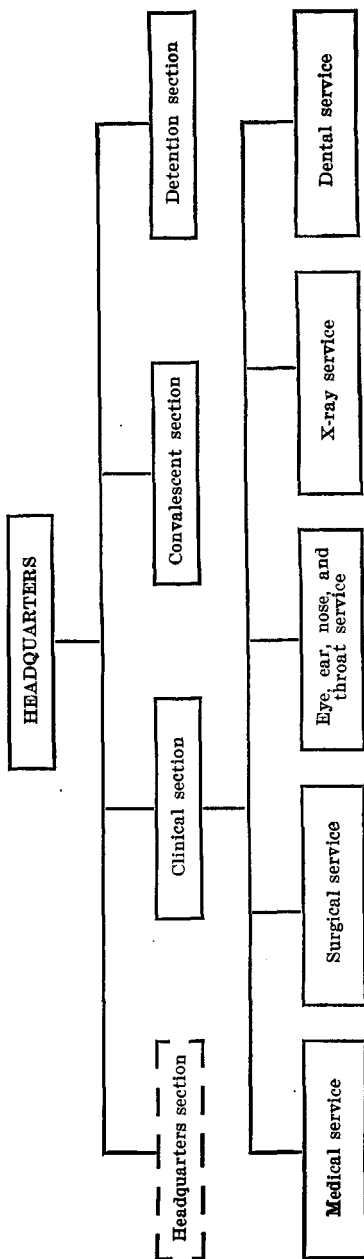


FIGURE 39.—Organization of convalescent hospital.

■ 333. FUNCTIONS.—*a. General.*—The convalescent hospital renders care and treatment to cases whose nature does not warrant further definitive treatment in an evacuation hospital and whose duration and prognosis do not warrant transfer to a general hospital. Such cases include—

(1) Convalescent cases from evacuation hospitals who will be fit for full field duty within a reasonable length of time.

(2) Venereals, by transfer or direct admission.

(3) Cases other than venereal, by direct admission from army (corps and division) clearing stations and from dispensaries operated by medical personnel attached to various units operating in the vicinity of the hospital such as the replacement depot.

b. Special.—See appropriate paragraphs below.

■ 334. COMMAND.—As in the case of the surgical and evacuation hospital this unit is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

■ 335. HEADQUARTERS.—The hospital headquarters consists of the hospital commander and the enlisted assistants necessary for the operation of headquarters and the administrative functions incident to the operation of the hospital. The number of such assistants make it advisable to form a headquarters section (see fig. 39 and *a* below).

a. Headquarters section.—(1) A suggested functional organization of a headquarters section consists of—

(a) *Detachment headquarters.*—One technical (first) sergeant, 1 sergeant, 1 bugler, 1 general clerk, and 1 typist.

(b) *Hospital headquarters group.*—One master sergeant (hospital sergeant major), 1 staff sergeant (chief clerk), 1 general clerk, 1 stenographer, and 2 typists.

(c) *Unit supply and utilities group.*—One technical sergeant (supply), 2 sergeants, 1 general carpenter, 1 general mechanic, 2 supply clerks, 2 typists, and 2 unrated privates, first class, or privates. This group bears no relation to the supply of the headquarters section, but to the hospital as a whole.

(d) *Unit transportation group.*—One sergeant, 11 chauffeurs, 1 automobile mechanic, 2 motorcyclists, and 1 unrated private, first class, or private.

(e) *Headquarters mess group.*—One sergeant, 2 bakers, 2 cooks, 2 cook's helpers, and 2 unrated privates, first class, or privates.

(2) The three pharmacists in the headquarters section function with the clinical section.

b. Location.—The unit being inactive, the headquarters is conveniently located in the bivouac or camp area; the unit being at station, the headquarters is located within and near the front of the installation.

■ 336. **COMMANDER** (see also par. 308).—The hospital commander is directly responsible to the army commander or the surgeon, as prescribed, for the administration, discipline, training, and operations of his unit in all situations. While at station, he maintains close liaison with the army surgeon and his assistants, the commanders of active evacuation hospitals within the army area, and with the commander of the replacement depot to which cases are sent upon complete recovery.

■ 337. **STAFF.**—The staff comprises the following officers:

a. Executive officer.—The executive officer, an officer of the Medical Corps, is also the medical inspector. For his duties, see paragraph 309a.

b. Supply officer.—An attached officer of the Quartermaster Corps functions as the unit (hospital) supply officer. In addition to his supply duties, he also may be charged with utilities, transportation, the duties of fire marshal, and may command the headquarters section (see par. 335).

c. Adjutant.—An officer of the Medical Administrative Corps is the adjutant and in addition may be charged with the duties of unit personnel and assistant fire marshal.

d. Chaplain.—See TM 16-205.

■ 338. **CLINICAL SECTION.**—*a. Organization.*—The clinical section is organized primarily into services. These services, with a suggested allotment of enlisted personnel, are—

(1) *Medical.*—Two officers of the Medical Corps, both internists, serve as chief and assistant chief, 1 technical sergeant (medical technologist), and 8 medical technicians.

(2) *Surgical.*—Three officers of the Medical Corps serve as an operating surgeon and chief of service, assistant operating surgeon and assistant chief of service, and anesthetist, respectively; 1 technical sergeant (medical technologist), and 6 surgical technicians.

(3) *Eye, ear, nose, and throat.*—Two officers of the Medical Corps serve as the chief of service and otorhinolaryngologist,

and the assistant chief and ophthalmologist, respectively; and 2 surgical technicians.

(4) *X-ray*.—An officer of the Medical Corps specially trained in roentgenology; 1 staff sergeant and 4 privates, first class, or privates (all X-ray technicians).

(5) *Dental*.—Four officers of the Dental Corps serve as chief of service and oral surgeon, an assistant chief and prosthetist, an assistant oral surgeon, and an officer trained in general clinical dentistry, respectively; and 4 dental technicians.

(6) *Laboratory and pharmacy*.—Two technical sergeants (a laboratory technician and a pharmacist), 2 sanitary technicians, and 3 pharmacists from the headquarters section (see par. 335a(2)). Supervision is exercised by the medical service.

(7) *Additional*.—One sergeant and 3 unrated privates, first class, or privates form a utility squad and act as replacements and reinforcements for the various services.

b. Functions.—The clinical section operates—

(1) Receiving office for the hospital.

(2) Dispensary for the treatment of convalescent patients and duty personnel.

(3) Clinics and departments wherein the special functions of the various services are accomplished such as operating room, X-ray clinic, pharmacy, etc.

(4) Wards for the care and treatment of sick and injured duty personnel and of hospital patients whose condition is such as precludes assignment to the convalescent or detention sections.

(5) Other functions as may be assigned by the hospital commander.

■ 339. CONVALESCENT SECTION.—*a. Organization*.—The organization of the section is skeletonized and roughly resembles that of a battalion.

(1) *Section (battalion) headquarters*.—An officer of the Medical Corps, chief of section (battalion commander), and one assistant, Medical Corps (adjutant).

(2) *Companies*.—Cadres for six companies, each consisting of 1 officer (company commander), 1 staff sergeant (first sergeant), 3 sergeants (two platoon and one mess), 1 corporal (clerk), 1 chauffeur (operates a company pick-up truck), 2 cooks, and 1 or 2 unrated privates, first class, or privates.

b. Functions.—The section administers, controls, and renders necessary care, treatment, and physical rehabilitation to such convalescent patients as may be assigned to it. The section personnel are capable of caring for approximately 1,800 such patients.

■ 340. DETENTION SECTION.—*a. Personnel.*—(1) *Officer.*—Three officers of the Medical Corps, chief of section and two assistants.

(2) *Enlisted.*—Two technical sergeants (male nurses), 2 staff sergeants (first sergeant and mess), 2 sergeants, 2 corporals, 8 cooks, 20 technicians (laboratory, medical, and surgical), and 9 unrated privates, first class, and privates.

b. Functional organization.—The cadre divides itself functionally into two groups, an administrative and a treatment. The former contains the personnel for forming a varying number of companies (up to four) and the operation of a like number of messes. The technical specialists form the treatment group but may be utilized also for administrative purposes. The officers function in both groups.

c. Functions.—The care, treatment, administration, and control of all venereals admitted to the hospital.

■ 341. ENLISTED PERSONNEL.—The qualifications of the enlisted personnel of the convalescent hospital are analogous to those required for similar personnel of the evacuation hospital (see par. 312).

■ 342. TRAINING.—Training in this unit parallels that of the convalescent hospital (see par. 313).

■ 343. DRILLS AND CEREMONIES.—See paragraph 314.

■ 344. EQUIPMENT.—See paragraph 10.

■ 345. INSTALLATION.—*a. Designation.*—The unit establishes one convalescent hospital.

b. Capacity.—The hospital has a normal capacity of 3,000 patients and can be expanded to accommodate 5,000 for a period not to exceed 1 week.

c. Location (see FM 8-15).—Usually located centrally but well to the rear of the army area in a place that is convenient to evacuation hospitals and army replacement units. It may be located in rear of the army rear boundary, although remaining under army control.

d. Functional organization.—As noted in previous paragraphs.

e. Physical arrangement.—(1) *Space.*—If to be installed in existing shelter, approximately 120,000 square feet of floor space is required. If under canvas, a space approximately 540 by 300 yards is required. In either case, ground or floor space should be such as to permit expansion.

(2) *Plan.*—There is no conventional arrangement for a convalescent hospital. Hospital headquarters and the receiving department are placed conveniently for transport elements arriving with patients. The clinical section is installed adjacent to the receiving department with messing facilities for bed patients in the same general vicinity. For detention and convalescent sections containing only ambulant patients considerable leeway in location is allowable. The detention section is so placed as to facilitate the segregation of its patients from those of other sections.

f. Establishing hospital.—The establishing of the installation is analogous to that of the evacuation hospital (see par. 316f). The commander makes such decisions as to the location of sections and the extent of the initial establishment, while the exact location of departments and the priorities within the section are the prerogatives of the section commanders subject to the approval of the hospital commander. No portion of the hospital is ever established until the need for it is definitely foreseen. The condition of patients arriving at the convalescent hospital is never such as demands extensive and elaborate hospital facilities requiring any considerable time for preparation.

g. Operation.—(1) *Source of patients.*—See paragraph 333a.

(2) *Receiving department.*—(a) This department is the responsibility of the clinical section and usually is operated by the medical service. The headquarters section furnishes clerical assistance and the property exchange is operated by the supply group of the same section. Clothing, valuables, and equipment are handled as in other army hospitals (see par. 316g).

(b) All patients brought to the receiving department are carefully examined by a medical officer, medical records checked or initiated, index cards initiated and sent to the registrar (adjutant), and assignment is made to ward or sec-

tion or both. In the case of patients admitted to the convalescent section, only the section assignment is necessary, the section chief being charged with assignment to company, tent, etc., within the section.

(c) At a specified time each day, or in emergencies at any time, the personnel of the receiving department examine cases referred to them by other sections of the hospital, either because of relapse or the presence of some intercurrent complication. Such cases are returned to their section with recommendations for treatment, or transferred to the clinical section for definitive treatment, or transferred to an evacuation hospital.

(3) *Headquarters.*—(a) While at station, the hospital headquarters becomes the administrative center of the installation. It contains the office of the commander and his staff, the offices of the medical inspector, the registrar, unit personnel officer, commander, detachment of patients, and the commander of the medical detachment. From it emanate all reports and returns relating to patients and duty personnel.

(b) Headquarters maintains liaison with all medical units which are sources of patients, with the army surgeon and his assistants, and with army replacement units.

(c) The commander and his staff correlate the functions of the various departments of the hospital, transfer personnel, both officer and enlisted, between sections to meet unusual situations as they arise, and conduct anticipatory planning relative to possible movements and expansion.

(4) *Clinical section.*—(a) *Source of patients.*—Direct admissions from the receiving department and transfers from the other sections.

(b) *Methods of rendering treatment.*—By the treatment of patients from the other sections in the various clinics (eye, ear, nose, and throat, X-ray, dental, etc.) and by the operation of wards for the treatment of such cases as are indicated. With the exception of the genito-urinary clinic operated by the personnel of the detention section, it operates all the professional services of the hospital.

(c) *Disposition of patients.*—Short duration cases from units operating in the immediate vicinity of the hospital upon complete recovery are returned to duty. Other cases as indicated are transferred to the section within the hospital

from whence they came, transferred to an evacuation hospital, or sent to designated replacement depot(s).

(5) *Convalescent section.*—(a) *Source of patients.*—By direct admission and by transfer from another department of the hospital.

(b) *Type patients.*—Patients other than venereal who have not fully recovered from the effects of injury or disease and who will be able to perform full military duty upon complete recovery, but who no longer require any definitive treatment.

(c) *Operation.*

1. All patients admitted to the section are assigned to a company commanded by a medical officer. Such assignment may be made without regard to the condition from which the patient is recuperating, or in some situations various companies may be designated to receive certain types of cases such as an orthopedic company, a respiratory disease company, etc., depending upon the condition from which the patients are convalescing.
2. Each company commander is responsible for the medical records of the patients assigned to his company, for thoroughly familiarizing himself with each case, and with the rehabilitation of all cases under his control. At least once each day, he makes a thorough physical inspection of each man in his company and arranges for a graduated scale of exercises, assigns hours for bed rest, and by any other means at his command endeavors to bring about complete recovery in the shortest possible period of time.
3. If at his daily inspection he discovers signs or symptoms indicating relapse or the presence of a complicating or an intercurrent condition, he immediately refers such cases to the clinical section for consultation. Decision as to the disposition of such cases rests with the latter section (see (4) above).

(d) *Disposition of cases.*—From the convalescent section, cases are either returned to duty (to replacement depot or to command operating in the vicinity of the hospital) or transferred to another section of the hospital.

(6) *Detention section.*—(a) The detention section renders care and treatment of venereal cases only.

(b) Patients are received by direct admission or by transfer from the installations of other medical units within the army.

(c) Treatment is definitive and supportive.

(d) Normally, control of patients is facilitated by the organization of companies as in the convalescent section.

(e) Patients recovering without permanent disability are returned to duty. Patients whose condition renders them unfit for further military service are transferred to an evacuation hospital for transfer to rearward installations.

(7) *Supply department.*—The supply group of the headquarters section procures and distributes supplies of all classes to the various sections and departments of the hospital (see also par. 310f).

(8) *Procedure in disposition of cases.*—(a) *Duty.*—All patients being returned to duty are reported to the receiving department, hospital headquarters and the registrar's office having been previously notified, where their clothing, equipment, and valuables, if any, are returned to them, and they are turned over at the hospital to representatives of an army replacement depot, or in indicated cases are sent to their organization (units operating in the vicinity).

(b) *Transfer.*—Cases requiring more elaborate treatment than can be rendered in the convalescent hospital and cases having conditions rendering their retention in the service undesirable are transferred to an evacuation hospital, usually by means of the ambulance elements of an army medical regiment. These arrangements are made by the receiving department through the hospital headquarters.

(c) *Death.*—Procedure in case of death occurring within the installation is similar to that outlined in paragraph 316g(9) for the evacuation hospital, the registrar, the ward surgeon, the laboratory officer, and the supply officer being charged with their appropriate pertinent functions.

h. Movement of hospital.—When necessary, the installation is moved by echelon. A proportion of the personnel and matériel is withdrawn from service and moved to a new location, by common carrier or army truck transport, to establish the new hospital. When the new hospital is ready to receive patients, the old one suspends admissions. The movement gradually proceeds from the old to the new loca-

tion as the patient population decreases in the former and increases in the latter.

■ 346. ADMINISTRATION.—*a. Personnel.*—All morning reports and other personnel reports and returns are submitted by the hospital headquarters to army headquarters.

b. Supply.—See paragraph 317b.

c. Motor maintenance.—First echelon, and such second echelon as is within their capabilities, is accomplished by the personnel of the transportation group of the headquarters section. Further repair and maintenance are accomplished by designated quartermaster unit in the army service area.

d. Care of sick and injured.—When not at station, personnel of the medical service operate a dispensary for the care and treatment of the sick and injured of the unit personnel. The hospital being active, sick and injured personnel are reported to the receiving department for appropriate action.

e. Messes.—The entire unit contains personnel and equipment for the operation of eleven messes, one for officers, one for enlisted duty personnel, the others for the patients of the various sections. The distribution of the latter will depend upon the number of patients within the various sections and may necessitate the transfer of mess personnel between sections. Usually, the supply officer operates the officers' and enlisted duty messes, officers of the section being designated as mess officers of the various patients' messes. The supply group draws the rations for all messes.

CHAPTER 10

ARMY MEDICAL LABORATORY

■ 347. ORGANIZATION (see fig. 40 and T/O 8-234).—*a. General.*—The army medical laboratory, a mobile unit, is included in this manual. For the medical laboratory, communications zone, a similar unit, see FM 8-20.

b. Functional (see fig. 40).—Functionally, the unit divides itself into a headquarters, a headquarters section, and four laboratory sections, one stationary and three mobile. The stationary section acts as the base laboratory and the mobile sections as satellites assisting the base laboratory in the study of epidemiological, sanitary, and other problems.

■ 348. STATUS.—The army medical laboratory is an organic element of the army operating under such technical supervision of the army surgeon or his representative, the army medical inspector, as is prescribed by the army commander.

■ 349. FUNCTIONS.—*a. General.*—In general, the medical laboratory is designed to provide the army medical service with facilities that are immediately available for certain types of laboratory supplies; supplemental laboratory examinations, and epidemiological and sanitary investigations.

b. Specific.—(1) Performs routine water analyses.

(2) Performs special examinations pertaining to meat, food, and dairy supplies.

(3) Investigates epidemics and epizootics.

(4) Distributes special laboratory supplies such as special reagents and solutions, culture media, and diagnostic biologicals not furnished through routine supply channels.

(5) Performs for army medical units special serological, bacteriological, pathological, and chemical examinations when the emergency demands less delay than would be entailed by referring them to the general medical laboratory.

(6) Augments temporarily in emergencies the laboratory section of any army unit, or assists in the organization of a combined laboratory section functioning for several units grouped in the same locality. In performing such temporary augmentation, withdrawal is accomplished with the least possible delay.

(7) Performs post-mortem examinations incident to special investigations, and collects and preserves such pathological

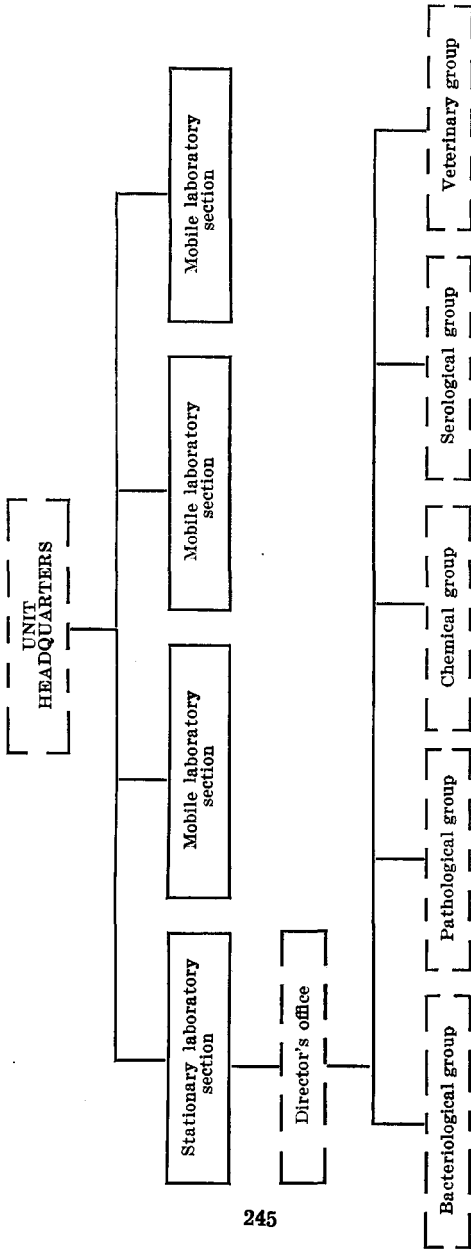


FIGURE 40.—Organization of army medical laboratory.

specimens as are of historical or educational value to the Medical Department.

■ 350. **COMMAND.**—*a.* The unit, medical laboratory, is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

b. The commander is an officer who has had broad training in general laboratory work and epidemiology. He is directly responsible to the army commander or the army surgeon, as may be prescribed, for the administration, discipline, training, and operations of the unit in all situations (see par. 7).

■ 351. **HEADQUARTERS.**—*a.* The headquarters consists of the unit commander, his staff, and certain enlisted personnel to assist in the internal administration of the unit. The latter include the first sergeant, a mess and supply sergeant, and such specialists as a clerk, cooks, motorcyclists, chauffeurs, and a typist.

b. The headquarters is located invariably with the basic element of the unit, the stationary laboratory.

c. The headquarters administers and supplies the unit, operates the unit transport other than the transportation which moves the mobile laboratories, messes the entire unit except when elements are widely separated, and occasionally furnishes clerical and transportation aid to the laboratory elements.

■ 352. **STAFF.**—*a.* The unit staff consists of one officer, usually an officer of the Medical Administrative Corps, who is the adjutant and as such is charged with the usual duties of that office (see par. 45*d*). In addition, he may be designated to perform other staff functions, including those of the unit supply officer.

b. If the commander desires additional staff officers, he may so designate them from the other officers of the unit. However, the detailing of officers for administrative duties must be carefully considered in the light of the technical functions of the unit and its installations.

■ 353. **ENLISTED PERSONNEL.**—*a. General qualifications.*—See paragraph 20.

b. Vocational qualifications.—The majority of the enlisted men of this unit are laboratory technicians. Individuals with

previous experience as medical students or technicians in civil clinical laboratories prior to entry into the service may be utilized to advantage.

c. Noncommissioned officers.—For general qualifications, see paragraph 22.

■ 354. TRAINING.—*a. Responsibility.*—The commander is charged with the responsibility for the training of the unit.

b. Management.—Based upon the training directives of higher authority, the unit commander prepares the training program, assigns instructors, and supervises the actual training.

c. Individual.—See paragraph 8*d*(1).

d. Specialists.—Specialists shown in Tables of Organization must be trained. Those requiring qualification for this particular unit are—

(1) *Technicians, laboratory.*—(a) *Noncommissioned.*—One master, four technical, two staff, and six sergeants trained as laboratory technicians. In addition to training in basic laboratory methods and technique, one noncommissioned officer is trained in each of the following laboratory specialties: chemistry and toxicology, bacteriology, pathology, serology, and veterinary laboratory procedures. The highly specialized technical training of these individuals is accomplished by attachment for temporary duty to the laboratory service of an army hospital authorized for such training in the zone of the interior or by attendance at appropriate resident courses offered by the Army medical and veterinary schools.

(b) *Privates, first class, and privates.*—Certain privates, first class, or privates trained as general laboratory technicians and two as veterinary laboratory technicians. The basic laboratory training of these individuals includes a knowledge of the more common laboratory terms; the handling, care, and operation of laboratory apparatus; the principles and practice of asepsis and sterilization; the obtaining of specimens such as nasal, throat, blood, urethral smears, and water samples; methods of collecting mosquitoes and other entomological specimens; the preparation and inoculation of culture media; and the technique of the more common staining methods. Following the basic technical training, various individuals are given special training to provide in

effect assistants for the noncommissioned specialists (see (a) above).

(2) *Stenographer*.—One man trained in the general duties of a stenographer (see par. 368*d*(7)), and in laboratory terminology, laboratory abbreviations, and the preparation of laboratory reports.

(3) *Typist*.—One man from the headquarters section trained as a typist. He must be proficient in grammar, spelling, and punctuation, and after training should be capable of operating any standard typewriter and transcribing at the rate of not less than 40 words per minute after having deducted for all errors.

e. Group.—Group training is applicable to the chauffeurs, cooks, motorcyclists, and laboratory technicians.

f. Unit.—(1) *General*.—Since the unit is composed of a stationary or base section and three satellite mobile sections, all of which will function as a team in the field, much of the unit training will be of a technical nature.

(2) *Technical*.—The establishment and operation of the laboratories, stationary and mobile, in improvised or existing shelter and under varying conditions of weather and terrain. Utilizing available facilities (terrain and personnel), epidemiological surveys requiring the participation of the entire unit may be executed.

(3) *Tactical*.—(a) The unit tactical training is limited to antiaircraft protection, selection of sites for installations, concealment, and camouflage.

(b) A general knowledge of the tactics of other army medical units is essential.

(4) *Logistical*.—Packing and unpacking of equipment, movement by motor (day and night), and supply while operating in the field.

■ 355. EQUIPMENT.—*a. Individual*.—See paragraph 10.

b. Organizational.—(1) *Medical*.—See unit equipment, medical laboratory, army or communications zone, Medical Department, basic equipment lists.

(2) *Other than medical*.—See paragraph 10.

■ 356. INSTALLATIONS.—*a. General*.—(1) The unit is capable of establishing and operating one stationary and three mobile laboratories, the former being the basic and the latter auxiliary elements.

(2) The unit, as a whole, moves by common carrier or by its integral transport augmented by additional trucks to the site previously designated for the location of the basic element.

b. Stationary laboratory.—(1) *Location.*—The stationary laboratory, together with the unit headquarters, is located well to the rear in the army area where it will not become involved in minor movements and where it is readily available. It is established in existing buildings, preferably in a civil laboratory, such as may be available in a school, a public health agency, or a commercial organization.

(2) *Organization.*—The internal functional organization must remain flexible as the demands upon the various laboratory specialties will fluctuate with the territorial location, the season, the character of the troops and the civil population, and various other factors. However, to promote the general efficiency of the establishment, the following organization based upon the qualifications of the personnel is suggested.

(a) *Headquarters section.*—Personnel consist of the unit commander; an assistant, an officer of the Medical or Sanitary Corps; the master sergeant (sergeant major); 1 technical sergeant; 1 sergeant; and 2 privates, first class, or privates; 1 stenographer, 1 laboratory technician and 2 basic. This group correlates the operations of the laboratory, assigns personnel to functional groups therein, receives and distributes incoming specimens, checks and dispatches outgoing reports, handles the laboratory supplies, records all statistical data concerning the work performed by the installation, and in emergencies furnishes technical aid to the various groups as indicated.

(b) *Bacteriological group.*—Personnel specially trained in bacteriology; 1 officer, Medical Corps; 1 staff sergeant; 1 sergeant; and 3 private, first class, or privates.

(c) *Pathological group.*—Personnel specially trained in pathology; one officer, Medical Corps; 1 sergeant; and 1 private, first class, or private.

(d) *Chemical group.*—Personnel specially trained in biochemistry, water chemistry, and toxicology; 1 officer, Medical or Sanitary Corps; 1 staff sergeant; 1 sergeant; and 1 private, first class, or private.

(e) *Serological group.*—Personnel specially trained in serology; 1 officer, Medical or Sanitary Corps; 1 sergeant; and

1 private, first class, or private.

(f) *Veterinary group*.—Personnel specially trained in veterinary bacteriology and pathology, the laboratory examination of foods, and other general veterinary laboratory procedures; 1 officer, Veterinary Corps; 1 sergeant; and 2 privates, first class, or privates.

(3) *Physical arrangement*.—The arrangement of the various groups within the laboratory will depend upon the plumbing and lighting facilities within the buildings utilized.

(4) *Operations*.—(a) *Sources of material*.—Within the purview of policies laid down by the army surgeon, material submitted to the stationary laboratory will come from—

1. Laboratory sections of army medical units.
2. Army medical inspector or his assistants.
3. One of the mobile laboratories operating apart from the stationary laboratory.
4. Other sources designated by the army surgeon.

(b) *Procedure at laboratory*.—All requests for laboratory procedures are routed to the headquarters section where they are disposed of as follows:

1. Classified and delivered to the appropriate functional group, or
2. Forwarded to the office of the army surgeon for transmittal to appropriate laboratory in the communications zone.

(c) *Reports of examinations*.—The examinations being completed, copies of reports are disposed of as follows:

1. One copy filed in the office of the headquarters section.
2. One copy to the unit submitting the request routinely through the message center, or in emergencies by courier or other means.

c. *Mobile laboratory*.—(1) *General*.—The unit contains three mobile laboratories, each capable of limited temporary independent technical operations. As implied by the designation, the mobile laboratory moves by means of light motor transportation and operates to solve a specific problem. It is not contemplated that the mobile units of army laboratories will ordinarily do complicated definitive laboratory work. They will carry out simple laboratory procedures and will collect material for epidemiological, sanitary, or supplemental laboratory examinations. More complicated examinations

such as certain types of bacteriological work and chemical analyses requiring equipment and facilities that are not easily transportable will ordinarily be performed in the stationary section of the army laboratory. The necessary equipment and supplies required to meet any specific situation will be furnished by the stationary section. Such equipment and supplies should be so organized that they can be rapidly assembled in standard Medical Department chests, placed in a station wagon or other light transportation, and transported where needed with the least possible delay, considering road priorities. Routinely, the mobile laboratories remain under the control of and are administered by the basic unit. However, when operating at a considerable distance from the basic element, they may be attached for rations only to other units.

(2) *Personnel*.—The personnel of each mobile laboratory include an officer of the Medical Corps, one technical sergeant, and three privates, first class, or privates. Of the latter, two should be laboratory technicians and one chauffeur. If required for the mission, this group may be augmented by additional specialists from the stationary laboratory.

(3) *Operations*.—(a) Upon receiving a directive from the unit commander, the officer in charge studies the mission, makes an estimate of the situation, selects and packs the required supplies, arranges for personnel as indicated, and moves out to the location specified. Upon arrival, he selects a suitable site for the installation and proceeds with the project. The laboratory may change its location whenever necessary, due notice of such moves being sent at once to the unit commander. Upon completion of the project, or earlier if so ordered, the laboratory returns to the headquarters of the unit without delay.

(b) During intervals between independent missions, the mobile laboratory personnel will be utilized in the stationary section at the discretion of the unit commander.

■ 357. *ADMINISTRATION*.—a. The unit has internal administrative responsibilities comparable to those of a company. These devolve upon the unit commander and his headquarters.

b. In addition, the unit is charged with the internal administration of the laboratory installations which it establishes. These also devolve upon the unit commander.

c. If elements of the unit operate separately, all administrative overhead remains at the unit headquarters (vicinity of the stationary laboratory).

d. Concerning supplies in general, the stationary laboratory section should be equipped for independent operation and in addition maintain sufficient supplies and equipment to operate the mobile sections. A complete list of the initial supplies and equipment is contained in the basic equipment lists, laboratory, army and communications zone. Additional supplies are obtained by requisition through command channels from proper army depots. Special laboratory supplies not handled by the army medical supply depot are obtained from designated laboratories in the communications zone. According to existing policy, formal requisition may or may not be necessary in obtaining such special items.

CHAPTER 11

ARMY MEDICAL SUPPLY DEPOT

■ 358. ORGANIZATION (see also T/O 8-235).—*a. Orientation.*—

(1) The army medical supply depot, a mobile unit, is discussed in this manual. For the medical supply depot, communications zone, see FM 8-20. The organization of the two units may be identical, although the optical repair section is seldom placed in the communications zone unit.

(2) Both the medical supply unit and the installation which it establishes are termed *depot*. To avoid confusion in this manual, the establishing agency is designated unit or medical supply unit, and its installation depot or medical supply depot.

b. Basic.—Basically, the unit is organized to establish and operate one medical supply depot. However, it is capable when the situation demands of operating one main depot and one or two auxiliary depot(s). The latter is also designated a section depot, implying that it is established and operated by a section of the medical supply unit.

c. Functional (see fig. 41).—A suggested functional organization of the unit (see also appropriate paragraphs) is a unit headquarters; a headquarters section having unit functions only; first platoon, depot, having depot functions only; and a second platoon, transportation, serving at various times both the unit and the depot(s).

■ 359. STATUS.—The medical supply unit (depot) is an organic element of the army operating directly under the army commander or the army surgeon, as prescribed.

■ 360. FUNCTIONS.—In general, the medical supply unit (depot) has two chief functions:

a. Its own internal administration and that of its installation.

b. The procurement, storage, and issue of medical (including dental and veterinary) supplies to all units, assigned or attached, of the army.

■ 361. COMMAND.—*a.* The medical supply unit (depot) is commanded by the senior officer of the Medical Corps assigned thereto and present for duty.

b. The unit commander is an officer having had prior training and experience in the various phases of medical supply

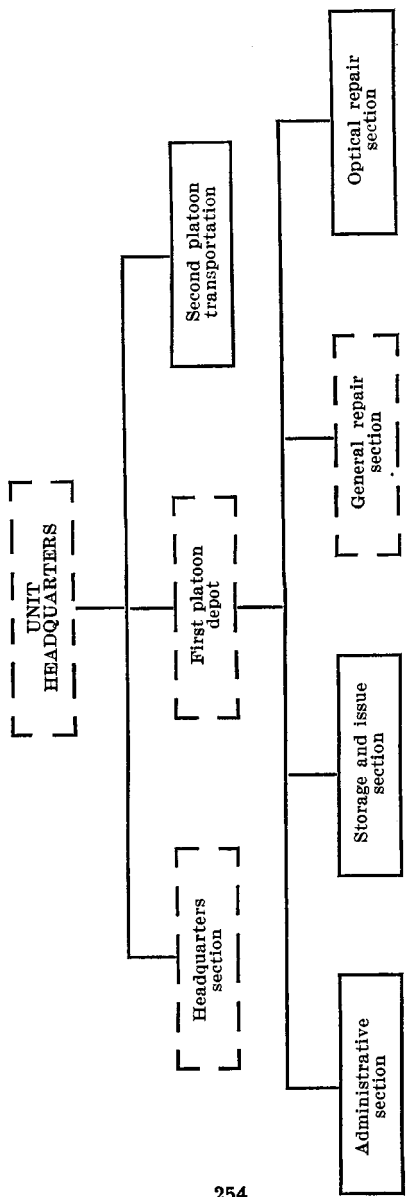


FIGURE 41.—Organization of army medical supply depot.

functions. He is directly responsible to the army commander or the army surgeon, as may be prescribed, for the administration, discipline, training, and operation of the unit in all situations.

■ 362. HEADQUARTERS.—*a.* The unit headquarters includes the unit commander and his staff. The enlisted assistance required in headquarters is furnished by the personnel of the headquarters section.

b. When the unit is not at station the headquarters is located at a convenient point in the unit camp area. When the unit is at station, if operating but one depot, the headquarters is located adjacent to the depot. If the unit is operating more than one depot, the headquarters remains with the main depot.

■ 363. STAFF.—*a. Executive officer.*—The executive is an officer of the Medical Corps with considerable experience and training in the procurement and handling of medical supplies (for routine duties see par. 45*b*).

b. Adjutant.—The adjutant is an officer of the Medical or the Medical Administrative Corps (for duties see par. 45*d*). In addition to handling the routine duties of his office he may be designated unit personnel officer (see par. 309*d*).

c. Unit supply officer.—The unit supply officer, an officer of the Medical or the Medical Administrative Corps, is usually charged with the operation of the unit mess and may be designated detachment commander. In the discharge of any or all of these functions, enlisted assistance is furnished by the headquarters section.

d. Dental and veterinary assistants.—Two officers, one each from the Dental Corps and Veterinary Corps, act as assistants to the unit commander on matters pertaining especially to their respective corps. Their services are especially valuable when necessity demands the local procurement by purchase of dental and veterinary supplies. Although they are staff assistants, most of their actual duties are performed in the administrative section of the depot.

■ 364. HEADQUARTERS SECTION (see fig. 41).—*a. Personnel.*—Under Tables of Organization the headquarters section includes 1 technical sergeant (first sergeant), 1 staff sergeant (supply), 2 sergeants (one mess), 1 corporal (unit clerk), 1

bugler, 1 general clerk, 3 stock clerks, 6 cooks, 4 cook's helpers, and 5 orderlies.

b. Functions.—The section furnishes enlisted assistance for the execution of purely unit functions such as the unit headquarters, the unit personnel section, the unit supply, and the mess.

■ 365. FIRST PLATOON, DEPOT.—*a. Organization.*—Based on their chief functions, four sections constitute the depot platoon, the administrative, storage and issue, general repair, and optical repair. Together, these sections establish and operate the medical supply depot(s).

b. Command.—The depot platoon is commanded by an officer of the Medical Corps highly specialized in all phases of medical supply functions. After the platoon has established the depot(s), he supervises all phases of its operation, exercising such command as the unit commander, who also is the depot commander, may delegate to him. He is in effect the executive officer of the depot. In addition, he is the accountable officer for the depot and maintains the depot stock record account (see also par. 370*b*).

c. Administrative section.—The administrative section furnishes the personnel for the depot office, assisting the platoon commander with the internal administration of the depot (not to be confused with the unit administration).

(1) *Personnel.*—The section includes 1 officer of the Medical Corps, 1 master sergeant (chief clerk), 1 staff sergeant (clerk, records), 1 sergeant and 1 corporal (clerks, stock), 2 general clerks, 1 stock clerk, 1 stenographer, 4 typists, and 4 basic privates, first class, or privates.

(2) *Functions.*—(a) Initiates the procurement by requisition or purchase order of all medical supplies not furnished automatically.

(b) Prepares and renders as required by higher authority, those reports and returns peculiar to a supply depot such as inventory of supplies on hand, report of expenditures, and estimates of future requirements.

(c) Reports to higher supply echelons any information received from consuming units regarding the suitability and serviceability of medical supply items, especially those of a type not previously field tested. Such reports, whether favorable or unfavorable, are of tremendous aid to the purchasing divisions of higher supply echelons.

(d) Maintains the depot stock record account.

(e) Furnishes clerical aid to the storage and issue section in the preparation of receiving reports, shipping tickets, storehouse records, reports of inventory, and related records and returns.

d. Storage and issue section.—(1) *Personnel.*—The section includes 1 officer, Medical Corps, 3 officers, Medical Corps or Medical Administrative Corps, 3 technical sergeants (2 storekeepers, 1 medical and 1 veterinary, and 1 stock clerk, shipping), 5 staff sergeants (3 assistant storekeepers, 1 stock clerk, shipping, and 1 clerk, records), 4 sergeants (1 section leader and 3 stock clerks), 1 corporal, 10 general carpenters, 1 general clerk, 4 stock clerks, 1 stenographer, 4 typists, 63 shipping packers, and 14 basic privates, first class, or privates.

(2) *Functions.*—This section receives, checks, stores, and issues all medical supplies handled by the depot. Aided when necessary by clerical personnel of the administrative section, it prepares all storeroom records, reports, and returns (see c(2)(e) above). This section furnishes the nuclei for detachments operating auxiliary depots (see par. 370c).

e. General repair section.—(1) *Personnel.*—The section includes 1 staff sergeant (instrument repairer), 1 sergeant (photographer, X-ray, and repairer, X-ray apparatus), 1 sergeant (instrument repairer), 1 sergeant (section leader), 1 corporal, 1 general carpenter, 1 instrument repairer, 1 general machinist, 2 electric plant operators, and 4 basic privates, first class, or privates.

(2) *Functions.*—The section repairs within limits of the capabilities of its personnel all items of medical supply, other than optical, damaged en route to, while in storage, or subsequent to issue from the depot.

f. Optical repair section.—(1) *Personnel.*—The section includes 3 officers, Sanitary Corps (opticians), 1 technical, 2 staff, and 3 sergeants (opticians), 1 corporal (optician), 8 surfacing and 8 optical mechanics.

(2) *Functions.*—This section, as implied by its designation, makes such repairs and adjustments of all optical items of medical supply as can reasonably be performed in the field with the available equipment.

(3) *Transport.*—Five 2½-ton cargo trucks furnish the transportation for the special equipment of the section.

■ 366. SECOND PLATOON, TRANSPORTATION.—*a. Personnel.*—The platoon includes 1 sergeant (platoon leader), 1 corporal (truckmaster), 10 chauffeurs, 2 motorcyclists, 1 automobile mechanic, and 4 basic privates, first class, or privates.

b. Functions.—The section operates and furnishes first echelon motor maintenance to the integral motor transport of the unit. This unit transport is insufficient to move the unit and its organizational equipment or the depot. However, it is sufficient to enable the platoon to furnish transportation for the staff officers in the exercise of their functions, for the hauling of unit supplies, for messenger service, for the movement of the equipment of the optical repair section, and in emergencies for the rapid transit of limited amounts of medical supplies to or from the depot. It may also be utilized to transport small detachments with a limited amount of supplies to the proposed site for an auxiliary depot.

■ 367. ENLISTED PERSONNEL.—*a. General qualifications.*—During active operations, the personnel of the medical supply unit will be subjected to long and arduous labor, the demands for supplies will be continuous, and any movement of the installation due to enemy air observation will be made under cover of darkness. For these reasons, the general qualifications of the enlisted personnel are the same as for other medical units in the combat zone (see par. 20).

b. Vocational qualifications.—The unit is one of specialists. Almost every enlisted man must possess, from training and experience received prior to or after entry into the service, a considerable knowledge of some particular specialty. Those specialists utilized in the routine administration of the unit are trained after entry into the service. However, such specialists as instrument and optical repairers are selected from individuals having actual knowledge of these occupations by reason of previous employment in civil concerns manufacturing and repairing surgical instruments and optical supplies. Every individual, officer and enlisted, in the optical repair section falls into the latter category.

c. Noncommissioned officers.—In addition to the general qualifications (see par. 22), the majority of the noncommissioned officers of the unit must possess knowledge of the technical specialties applicable to the unit's functions (see *b* above).

■ 368. TRAINING.—*a. Responsibility.*—The unit commander is charged with the responsibility for the training of the medical supply unit.

b. Management.—Aided by the executive officer or the detachment commander (see par. 363c) acting in the role of plans and training officer, the unit commander prepares the unit training program. Usually, the actual management of all instruction then becomes the prerogative of the following three individuals:

(1) *Detachment commander.*—Basic military training of all enlisted personnel and the specialist and group training of those individuals whose functions pertain solely to the unit administration.

(2) *Commander, first platoon, depot.*—All specialist and group training pertaining to the depot, including the supervision of the training of the optical repair section.

(3) *Unit commander.*—All unit training.

c. Individual (see par. 8d(1)).—Although the chief duties of the enlisted personnel of the unit pertain to administration and supply, nevertheless each man is trained in the basic qualifications of the Medical Department soldier.

d. Specialists.—(1) *Carpenters, general.*—Trained in the general functions of carpentry, such as shed construction and repair, the erection of shelving, the interpretation of rough drawings and sketches, concrete form work and the mixing and pouring of concrete, and the repair of appropriate items of medical supply. Prior experience in carpentry and a natural aptitude for using tools are highly desirable.

(2) *Clerk.*—(a) *Chief.*—Trained in the preparation and maintenance of all supply reports, records, and returns utilized in the operation of the depot.

(b) *General* (see par. 8d(4)).—Not only trained in general clerical work but also in the preparation of the simpler records and returns pertaining to medical supply.

(3) *Instrument repairer.*—Trained in the care, handling, and repair (when feasible) of all types of standard Medical Department instruments. Experience gained in factory or laboratory manufacturing or repairing surgical instruments prior to entry into the service is highly desirable.

(4) *Machinist, general.*—Trained in the duties of a general mechanic, including construction, assembly, bench, and machine tool work. This individual is chosen if possible because

of experience prior to entry into the service in some phase of machinist work.

(5) *Photographer (repairer), X-ray.*—Trained in the operation, handling, and caring for X-ray machines and their accessories; the necessary precautions against injury to himself and others due to the X-ray and X-ray machines; the assembling, installing, repairing, and adjusting X-ray machines; and the handling and caring for X-ray plates and screens. Whenever possible, this training is acquired by attendance at appropriate service schools.

(6) *Storekeeper and assistant storekeeper.*—Trained in the storage, care, and issue of medical supplies. One individual is specially trained in the field of veterinary supplies.

(7) *Stenographer.*—Trained in the taking of dictation; the transcribing of dictation on a typewriter; the format of military correspondence; and the principles of office clerical work, filing, indexing, and card systems. They must have sufficient educational background to preclude the necessity for any training in grammar, spelling, punctuation, and composition.

(8) *Electric plant operators.*—Trained in the erecting and handling of small power or lighting plants; the operation and repair of generators and motors; the charging, operation, and maintenance of storage batteries; and the wiring necessary to connect motors with other electrical equipment.

(9) *Miscellaneous.*—Chauffeurs; clerks, headquarters, record, stock, stock shipping; motorcyclists; mess sergeants; orderlies; supply sergeants; typists; shipping packers; automobile mechanics; and optical specialists provided by Tables of Organization must be properly trained.

e. Group.—As soon as the individual and specialist training has progressed sufficiently, training in functional groups is instituted. This is applicable to the operation of unit headquarters, the mess, the depot office, the depot storeroom, the optical repair section, and the transportation personnel. Some group training is gained within the zone of the interior or the communications zone by actual apprenticeship in operating medical depots. This type of training is highly desirable whenever it can be arranged.

f. Unit.—After completion of group training, unit training is accomplished by actual participation by the entire unit in large scale field maneuvers. Due to lack of sufficient integral

transport to accomplish movement of the unit, other means of unit training are not available.

■ 369. *EQUIPMENT.*—See paragraph 10.

■ 370. *INSTALLATIONS.*—*a. General.*—The installations of the unit are medical supply depots. The term medical supply depot may be further qualified as a main or an auxiliary (section) depot. Ordinarily, the unit establishes and operates but one main depot but may operate in addition one or two auxiliary depots.

b. Medical supply depot.—(1) *Location.*—See FM 8-15.

(2) *Organization.*—When at station, the sole function of the unit becomes the operation of the depot. However, the technical operation rests with the first platoon, depot, and the unit headquarters and the second platoon, transportation, lend aid as indicated and perform all extraneous functions.

(3) *Physical arrangement, general.*—(a) In the ideal situation, the depot is established in permanent or semipermanent buildings. Canvas (tents or paulins) is utilized only when absolutely necessary. Conventionally, the depot requires two buildings (existing or constructed), one of the large warehouse type and one smaller, preferably adjacent to the former.

(b) A suggested arrangement of the depot within the larger building is, in one end, to establish the depot office (administrative section); adjacent to the office and occupying the bulk of the central portion of the building, to store the supplies (storage and issue section); the remainder of the building to be occupied by the general and optical repair sections. This building should have, on one side, a railroad siding, a dock, or a suitable approach for motor vehicles; on the other, a motor road.

(c) The second building houses the mess, the unit supply, and the transportation office. At the discretion of the unit commander, the headquarters may be established in this building or combined with the depot office. The former location is deemed preferable as it tends to delineate between purely unit and depot administration. The unit commander functions in both, controlling the unit headquarters through his executive officer and the depot office through the commander of the depot platoon.

(4) *Depot office.*—See paragraph 365c.

(5) *Storage and issue.*—Efficiency in the handling of the medical supplies is increased by dividing the storage and issue section into two functional groups:

(a) *Receiving and storage.*—Operates in that portion of the depot adjacent to the incoming carrier, rail, boat, or motor vehicle, receives all supplies consigned to the depot, checks all items against the packers' lists, and stores such supplies in a manner designed to facilitate their later issue.

(b) *Issue.*—Located on the opposite side of the building, receives requisitions, memoranda, or other authorized requests for supplies; removes from storage, packs, and segregates the orders; and loads supplies on the transport sent to the depot by the consuming units. This group, or the depot office from information submitted by this group, prepares invoices for the outgoing supplies, shipping tickets, or obtains informal receipts from the receiving agency.

(6) *Repair department.*—If considered desirable, the repair department may be divided into a general, an instrument, and an optical repair group, each functioning as implied by the designation.

(7) *Establishing depot.*—(a) As soon as possible after the general location of the depot has been designated, the unit commander accompanied by his staff, the commander of the depot platoon, and certain key enlisted personnel proceed to the site and survey the accommodations. Decision is made as to the utilization of existing shelter and arrangements made with army engineers for repairs, alterations, or any necessary new construction, including enlargement or installation of railway siding facilities. Usually, the integral motor transport of the unit with trucks carrying portions of the organizational equipment moves forward with the commander.

(b) When the bulk of the depot supplies and unit equipment arrives by rail or truck transport, the unit commander informs appropriate officer and enlisted personnel of the location of the various departments. Each functional group (section or platoon) then proceeds with the unloading of its particular equipment and the establishment of its department with the least possible delay. All possible aid is furnished the storage and issue section in the unloading of the depot supplies.

(8) *Operation.*—(a) *Procurement.*—Additional depot sup-

plies are procured from the next higher medical supply echelon, usually in the communications zone, by one of the following methods:

1. Automatically, wherein a flow of supplies to the army depot based on the average expenditures is initiated by the depots of the higher echelon in an effort to keep the stock of the army depot at a prescribed level (usually 10 days).
2. By formal requisition which must be approved by the higher echelon.
3. In emergencies, by informal request which also must receive the approval of the higher echelon.
4. By drawing against credits established in its depots by the higher echelons. Requisitions against credits require no individual approval. When exhausted, credits must either be renewed or other means of supply substituted. The credit system is invoked by higher echelons when there is a shortage in some particular item or items within the theatre and assures an equable distribution of the supply on hand.

(b) *Stock*.—Army medical depots, according to the policy established by the chief surgeon, endeavor to maintain a stock calculated to supply the army units for a definite period of time. Based on the type of operations, and the many factors influencing the flow of supplies from the zone of the interior to the theatre and from the communications to the combat zone, such period may vary from 3 to 10 days. In addition, complete sets of equipment for attached medical units are stocked. Usually the army depot does not stock complete sets of organizational equipment for larger medical units.

(c) *Stock record account*.—Usually, regardless of whether the unit is operating one or three installations, but one stock record account is maintained (for exception see *c* below). In situations other than combat, accomplished shipping tickets become vouchers for dropping from accountability all items issued. Under combat conditions, such records as hand receipts may become sufficient authority for relief from accountability.

(d) *Issue*.—Issue of medical supplies by the depot is accomplished by one of the following methods:

1. At the depot, either directly to subordinate supply officers who bring their own transport, or by shipment by common carrier to the railheads of divisions and corps.
2. By arranging with the higher supply echelon and the regulating officer for a carload shipment destined for one establishment, such as an evacuation hospital, to be sent direct to a railhead adjacent to such establishment. On depot records, such shipments are handled as though they had actually passed through the depot.
3. In emergencies, by delivering supplies on unit transport directly to the consuming installation.

(e) *Repair*.—The repair department of the depot within limits of ability of personnel and available equipment makes repairs to all items of medical supply damaged during shipment to the depot or after issue by the depot. Items belonging to the former category, as soon as the damage is discovered by the storage and issue section, are transferred informally to the appropriate repair section. Items damaged after issue are returned to the depot, usually on the transport of subordinate medical supply officers, and transferred to the repair department. All items received by the repair department are disposed of in one of the following ways:

1. Repaired and returned to the storage and issue department.
2. Repaired and returned to the supply officer requesting such repair.
3. Reported to the depot office as nonsalvageable and being held for survey (if such formality be necessary).
4. Returned to higher supply echelon for disposition.

(9) *Movement of depot*.—Any displacement of the depot forward or backward in its entirety disrupts its functional capacity. Therefore, movement is accomplished as follows:

(a) A portion of the unit (see *c*(2) below) transported by common carrier or trucks proceeds to the new location, carrying with it a varying amount of the more critical items of supply. Upon arrival, it lays out the new depot in skeletal fashion and initiates a limited operation.

(b) The main portion of the unit continues the operation of the old depot until a designated time and date, when it

packs the remaining organizational equipment and supply stock and moves to the new location.

(c) In the meantime, through arrangements with the higher supply echelon and the regulating station, all incoming shipments are routed directly to the new depot. Thus a continuous operation is permitted and the logistical problem is minimized.

c. Auxiliary or section depot.—Under certain situations (see FM 8-15) a medical supply unit may operate one or two auxiliary depots in addition to the main depot.

(1) *Location.*—See FM 8-15.

(2) *Personnel.*—The amount of personnel necessary for the operation of an auxiliary depot varies with the situation. For the average situation and as a point of departure, the following personnel are suggested: from the storage and issue section, 1 officer, 1 staff sergeant (assistant storekeeper), 1 sergeant (stock clerk), 27 privates, first class, or privates (2 carpenters, 1 typist, 21 shipping packers, and 3 basic); from the headquarters section, 4 privates, first class, or privates (1 stock clerk, 2 cooks and 1 cook's helper); from the administrative section, 1 private, first class, or private (general clerk); and from the second platoon, 1 chauffeur. Such a group totals 1 officer and 35 enlisted men and is capable of independent operation only when closely supported by the remainder of the unit. If the auxiliary depot is required to maintain a separate stock record account, the personnel must be increased accordingly.

(3) *Functional organization.*—In general, functional groups within an auxiliary depot are limited to a records, a storage and issue, and a mess group. No sharp delineation is possible as all personnel perform such duties as the situation demands.

(4) *Physical arrangement.*—There is no conventional arrangement of an auxiliary depot. Existing shelter at the designated site is utilized to the best advantage. Canvas is utilized when necessary and available.

(5) *Operation.*—(a) *Procurement.*—Ordinarily, supplies are procured informally from the main depot. Under exceptional circumstances, as when the depot is serving an independent corps, procurement may be from a designated communications zone depot (see b(8) (a) above).

(b) *Stock*.—The minimum amount of supplies compatible with the situation is stocked.

(c) *Issue*.—See *b(8)(d)* above.

■ 371. ADMINISTRATION.—*a*. The unit has internal administrative responsibilities comparable to those of a company. These devolve upon headquarters and the headquarters section.

b. In addition, the unit is charged with the internal administration of the depot(s). This responsibility devolves upon the administrative section of the first platoon, depot.

CHAPTER 12

VETERINARY EVACUATION AND CONVALESCENT HOSPITALS

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SECTION I

VETERINARY EVACUATION HOSPITAL

■ 372. ORGANIZATION.—See figure 42 and T/O 8-236.

■ 373. STATUS.—*a.* Veterinary evacuation hospitals are carried in the GHQ reserve and are assigned to armies according to needs. Thus, no veterinary evacuation hospital is shown in tables depicting a type army.

b. In the GHQ reserve, the veterinary evacuation hospitals are under direct control of the GHQ commander or the chief surgeon (his assistant, the chief veterinarian), as prescribed. When assigned to an army the veterinary evacuation hospital is under the direct control of the army commander or the army surgeon (his assistant, the army veterinarian), as may be prescribed.

■ 374. FUNCTIONS.—*a. General.*—Veterinary evacuation hospitals operating within the combat zone are designed to—

(1) Relieve the lower echelons of veterinary service (veterinary aid and clearing stations) of their animal casualties.

(2) Furnish definitive treatment to cases which give promise of recovering within a reasonable time.

(3) Continue the sorting of animal casualties. Appropriate cases requiring more prolonged treatment than it is practicable to give at the evacuation hospital are prepared for evacuation to the veterinary general hospital, others requiring only more prolonged convalescent treatment are evacuated to the convalescent hospital, and those ready for duty are transferred to a remount unit.

(4) Prepare appropriate cases for further evacuation to the rear by common carrier (stock cars), lead line, or animal ambulance.

(5) Destroy cases which because of their condition it would be unecomical to endeavor to salvage.

b. Special.—For functions of the various components, see paragraphs 378 and 379.

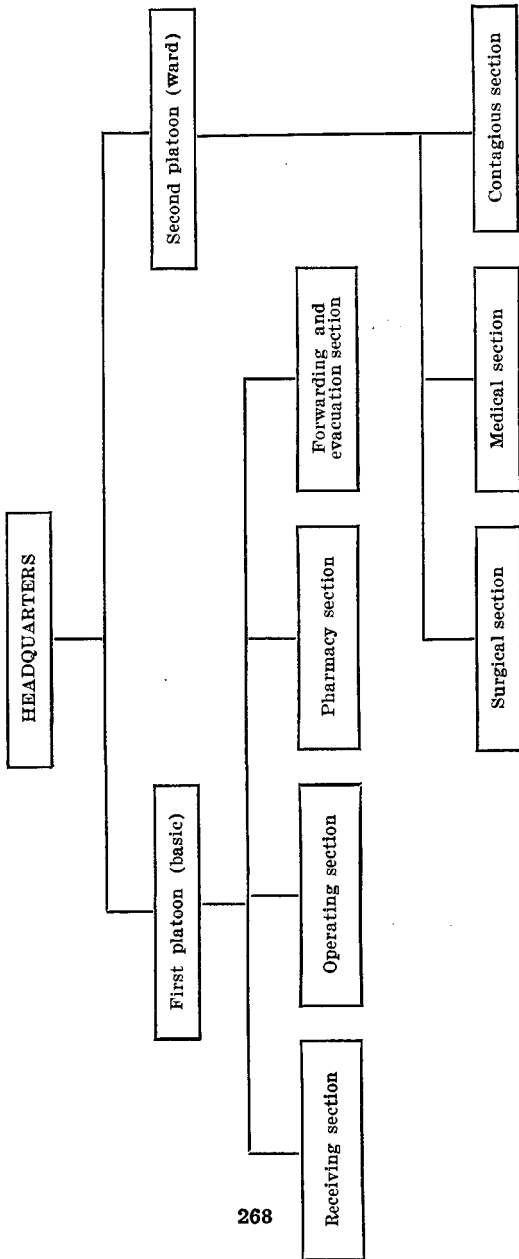


FIGURE 42.—Organization of veterinary evacuation hospital.

■ 375. **COMMAND.**—The unit is commanded by the senior officer of the Veterinary Corps assigned thereto and present for duty.

■ 376. **HEADQUARTERS.**—*a.* The headquarters consists of the commander, one commissioned assistant or adjutant of the Veterinary Corps, and such enlisted assistants as are necessary for the operation of headquarters and the general administrative functions of the unit and its installation.

b. The commissioned assistant relieves the hospital commander of such administrative responsibilities as the preparation of personnel reports and returns, the operation of the unit mess, supply, utilities, and transport. During the absence of the commander, he remains at headquarters and correlates the functioning of that office within bounds of the commander's policies and directives.

c. Normally, further staff assistance is unnecessary. However, if such is indicated, the commander of the first platoon may be charged in addition to his other duties with those of unit (hospital) executive officer.

d. Under Tables of Organization the enlisted personnel of headquarters include 1 first sergeant, 1 staff (supply) sergeant, 1 sergeant (mess), 1 corporal (clerk), and 14 privates, first class, and privates (1 bugler, 4 chauffeurs, 2 clerks, 2 cooks, 1 cook's helper, 1 general mechanic, 1 motorcyclist, 1 orderly, and 1 saddler and harnessmaker).

e. The headquarters invariably remains with the unit whether in camp, bivouac, or at station.

■ 377. **UNIT COMMANDER.**—The unit being attached to an army, the commander thereof is responsible to the army commander or the army surgeon (through the army veterinarian) for the administration and operations of the unit, as is prescribed. Specifically his duties include—

a. Exercise of general supervision over both the administrative and technical departments of the hospital.

b. Transfer of personnel within the unit to meet unusual situations.

c. Maintenance of liaison with the commander of the separate veterinary company or an element thereof charged with the evacuation of animal casualties from forward veterinary establishments to the evacuation hospital, thus keeping abreast of the military situation as it bears upon the number, type, and expected animal casualties.

d. Liaison with the commander of the veterinary convalescent hospital, if one is operating in the army area, regarding animals to be evacuated to that installation.

e. Liaison with the commanding officer of the remount unit charged with receiving cases ready for return to duty.

f. Liaison with the army veterinarian regarding general operative policies, movement, and expansion of the installation, and the evacuation of cases to the veterinary convalescent or veterinary general hospital(s).

g. For training responsibilities, see paragraph 381.

■ 378. FIRST PLATOON (BASIC).—*a. Organization.*—The first platoon consists of 1 officer and 28 enlisted men. A suggested functional distribution of the personnel follows.

(1) *Platoon headquarters.*—The platoon commander, an officer of the Veterinary Corps, and 1 staff (platoon) sergeant.

(2) *Receiving section.*—Seven privates, first class, and privates (1 clerk, 3 ambulance orderlies, 1 stable orderly, 1 veterinary technician, and 1 unrated). In addition to this enlisted group, the platoon sergeant functions with this section as well as in platoon headquarters.

(3) *Operating section.*—A sergeant (section and veterinary surgical technician) and 9 privates, first class, and privates (5 veterinary surgical technicians, 1 veterinary technician, 1 horseshoer, 1 clinical horseshoer, and 1 unrated).

(4) *Pharmacy section.*—One sergeant (veterinary pharmacist) and 3 privates, first class, or privates (2 veterinary pharmacists and 1 unrated).

(5) *Forwarding and evacuation section.*—Six privates, first class, or privates (3 ambulance orderlies, 1 stable orderly, 1 veterinary technician, and 1 unrated).

b. Functions.—(1) *Platoon headquarters.*—The platoon headquarters correlates the operations of the various sections, distributing and transferring personnel within the platoon to meet existing needs of situations as they arise. In addition, it correlates all data within the installation pertaining to sick and wounded animals and prepares and submits required reports and returns pertaining thereto (see par. 384g(7)).

(2) *Receiving section.*—This section carefully examines, classifies, and distributes within the installation all incoming animal casualties. It maintains and operates a property ex-

change. For duties pertaining to casualty records, see paragraph 384g(3).

(3) *Operating section*.—This section establishes and operates a combination dressing and operating department wherein it performs such technical surgical procedures as are beyond the scope of the ward facilities. Such measures may be definitive, palliative, or merely procedures incident to the preparation of casualties for further evacuation. They may be performed on cases while en route from the receiving section to the wards, after preliminary treatment in a ward, or immediately prior to evacuation.

(4) *Pharmacy section*.—This section operates a veterinary pharmacy, preparing and dispensing appropriate veterinary medicines, drugs, and special solutions. It acts as the storage and issuing agency for all prophylactic and diagnostic sera. In addition, it performs simple veterinary laboratory procedures.

(5) *Forwarding and evacuation section*.—This section acts in a capacity analogous to that of a bearer section of a unit handling sick and wounded personnel. Its personnel remove from the various wards all animals to be evacuated or returned to duty, assemble them at a designated point, and assist the evacuating element in attaching the animals to lead lines or in loading them in veterinary ambulances or other transport.

■ 379. SECOND PLATOON, WARD.—*a. Organization*.—(1) *Platoon headquarters*.—The platoon commander, 1 officer of the Veterinary Corps, 1 staff (platoon) sergeant, 1 clerk, 1 orderly, and 1 private, first class, or private, unrated. In addition to being platoon commander, that individual exercises direct command over a section, usually the surgical section.

(2) *Surgical section*.—The section commander (see (1) above), 1 sergeant (section sergeant and wardmaster), 2 corporals (assistant wardmasters), and 11 privates, first class, and privates (4 veterinary surgical and 2 veterinary technicians, 4 stable orderlies, and 1 unrated).

(3) *Medical section*.—The section commander, 1 officer of the Veterinary Corps, 1 sergeant (section sergeant and wardmaster), 2 corporals (assistant wardmasters), and 12 privates, first class, and privates (7 veterinary technicians, 4 stable orderlies, and 1 unrated).

(4) *Contagious section.*—The section commander, usually a junior officer of the Veterinary Corps, 1 sergeant (section sergeant and wardmaster), 2 corporals (assistant wardmasters), and 7 privates, first class, and privates (2 veterinary technicians, 4 stable orderlies, and 1 unrated).

b. Functions.—(1) The platoon is charged with the care and treatment, other than such specialized procedures as are performed by the operating section of the first platoon (see par. 378b(3)), of all animal casualties admitted to the hospital.

(2) The contagious section receives all cases of communicable diseases, cases known or suspected of having had contact with such, as well as all strays and stragglers admitted to the hospital.

(3) Section commanders, in consultation with the commander of the operating section (first platoon), make decisions as to which animals will be destroyed, acting within the policies and directives of the hospital commander or higher authority.

(4) Periodically or on call, the platoon headquarters reports to the hospital headquarters and to the commander of the first platoon (in charge of animal casualty records) the following information:

(a) Number of animals in each ward and section grouped by type, that is, medical, surgical, contagious, etc.

(b) Number of animals ready for evacuation or return to duty.

(c) Number of animals for which space and facilities are available (also by ward and section).

(5) Each section commander is responsible for the safeguarding of the records of animals within the section, for the proper entries therein, and for their proper disposition when the animals leave the installation (see par. 384g(3)).

■ 380. ENLISTED PERSONNEL.—See paragraph 296, substituting “hospital” for “company”, and “veterinary evacuation hospital” for “separate veterinary company” therein.

■ 381. TRAINING.—*a. Responsibility.*—The hospital commander is responsible for all training of the unit other than for such training as may be combined with that of other units, in which case he is responsible only for the participation of his own unit.

b. Management.—Acting within the limits of the general training directives issued by the chief surgeon and the chief veterinarian, the hospital commander prepares his unit training plan, programs, and schedules; assigns instructors; and arranges other details and training facilities. Utilizing his officers as instructors in appropriate subjects, he makes such training inspections as are necessary to insure progressive training and the attainment of the proper objectives. Group training is managed by platoon commanders, unit training by the hospital commander.

c. Scope.—(1) *Individual.*—See paragraph 297c(1).

(2) *Specialist.*—(a) *Clerk.*

1. The corporal in the hospital headquarters is trained in the duties of a company clerk, and in addition is trained in the preparation of such reports and returns as are required by all veterinary hospitals in the theater of operations (see par. 384g(7)).
2. The clerk assigned to the first platoon is trained in the checking, preparation, and disposition of M. D. Form No. 115b, the recording of hospital admissions, and the preparation of the veterinary report of sick and wounded animals (see par. 384g(7)).
3. The clerk assigned to the second platoon is trained in the safeguarding, making of entries therein, and the disposition of the records of hospitalized animals; and in the preparation of reports rendered by the various wards and sections.

(b) *Orderlies, stable.*—Certain enlisted men from each section of the second platoon are trained in the general care, handling, and feeding of sick and injured animals; and in veterinary sanitation as it pertains to stables, wards, and picket lines.

(c) *Wardmaster and assistant.*—Trained in ward administration and in other duties similar to those of a stable sergeant (see par. 8d(4)(z)).

(d) *Miscellaneous.*—All technicians shown in Tables of Organization must receive proper training. These will include bugler; chauffeur; cooks; horseshoer; horseshoer, clinical; mechanic, general; mess sergeant; motorcyclist; orderlies; drivers, ambulance (horse).

(3) *Group*.—(a) Conducted by the commander's assistant, the personnel of headquarters are trained as a group in the establishment and operation of the hospital headquarters and the various service elements of the hospital such as supply, mess, and transportation.

(b) The platoons, under the direction of the respective platoon commanders, are trained as groups in the establishment and operation of the portions of the hospital for which each is responsible.

(4) *Unit*.—The unit, as a whole, is trained in the packing and unpacking, the loading and unloading of equipment; the establishment and simulated operation of the hospital under canvas and existing shelter, and under varied conditions of weather and terrain; and, with transport secured through appropriate channels, movement of the unit with equipment, accomplished under simulated combat conditions, thus allowing for training in cover, concealment, and camouflage of vehicles, and the various methods of individual and unit defense against air attack and observation.

(5) *Combined*.—Combined training for the veterinary evacuation hospital is rarely feasible and of questionable value, except that during large scale maneuvers an opportunity is presented for the perfection of unit training, that is, the movement, establishment, and actual operation of the unit installation.

■ 382. DRILLS AND CEREMONIES.—*a. Drill*.—For purposes of insuring the proper discipline and soldierly bearing for the unit personnel, drill is utilized routinely throughout the training period and as often thereafter as indicated to preserve the standards attained. Such drill is dismounted and in accordance with FM 22-5.

b. Ceremonies.—The unit seldom participates in ceremonies but when so ordered forms as an infantry company, dismounted, the internal functional organization of the unit being disregarded. For inspections requiring the participation of the unit transport, appropriate sections of FM 22-5 are utilized, with such modifications as may be indicated.

■ 383. EQUIPMENT.—See paragraph 10.

■ 384. INSTALLATION.—*a. Designation*.—The unit establishes one veterinary evacuation hospital.

b. Capacity.—The hospital has a normal capacity of 150 animals, but may be expanded in an emergency to care for approximately 300 animals.

c. Location (see also FM 8-15).—The following considerations enter into the location of a veterinary evacuation hospital, bearing in mind that this unit should be located as far forward in the corps area as possible:

- (1) Location of the animal population of the army.
- (2) Location and operations of army cavalry.
- (3) Location of the installations of the first and second echelons of veterinary service.
- (4) Water and existing shelter.

(5) Motor roads from forward installations and to the veterinary convalescent hospital, remount depot, and railroad for rearward shipments to veterinary general hospitals.

d. Functional organization of personnel.—See paragraphs 376, 378, and 379.

e. Physical arrangement.—No conventional arrangement is prescribed. The following procedure should be observed whenever possible:

(1) Receiving department and the hospital headquarters are located on the road leading from the front.

(2) Operating section establishes its facilities adjacent to the receiving department.

(3) Wards established by the surgical section should be adjacent to the operating section.

(4) Wards of the contagious section are located so as to facilitate admission of animals directly (without passing through the receiving department), and to achieve complete segregation from the remainder of the hospital.

f. Establishing hospital.—Upon arriving at the site of the installation, the hospital commander—

(1) Designates the general location of the various sections and departments.

(2) Limits the extent of the initial establishment and announces any desired priorities. Prior to operating under combat conditions the hospital commander designates a basic unit, that is, certain portions of the installation which are to be routinely established in every situation. These include the headquarters, the receiving department, the operating department, one ward of each section of the second platoon, the mess for personnel, and certain sanitary installations.

A routine priority list within the basic unit is also highly desirable.

(3) Leaves to subordinate commanders the details of exact locations of their departments, the actual establishment thereof, and the installation of appropriate equipment therein. Such commanders proceed at his command and promptly notify him when their respective departments are ready for operation.

g. Operation.—(1) *Source of patients.*—Veterinary aid and clearing stations.

(2) *Headquarters.*—The unit being at station, the personnel of headquarters coordinates all activities of the hospital, makes such changes in personnel distribution as may be indicated, and operates all service facilities. It arranges with the army veterinarian for evacuation by the separate veterinary company of animals to veterinary convalescent hospitals, to railhead for shipment to veterinary general hospitals of cases requiring more definitive treatment, and to a remount unit of animals fit for return to duty. It arranges for any movement of the installation, and for its equipment for possible expansion. It maintains liaison with veterinary installations within the army area from which and to which animals are being evacuated. It prepares and forwards all reports and returns pertaining to the unit personnel, and checks and forwards all reports prepared by the headquarters of the first platoon pertaining to animal casualties.

(3) *Receiving department.*—Operated by the personnel of the receiving section of the first platoon augmented by the personnel of the platoon headquarters, this department examines, admits, classifies, assigns to ward and section, and delivers to such wards all animal casualties brought to the hospital and for which hospitalization is indicated. Responsibility regarding animal casualty records for animals—

(a) *Already tagged.*—The attachment of the original emergency veterinary tag (M. D. Form No. 115b) to the animal's halter is verified. The duplicate Form 115b is obtained from the senior noncommissioned officer of the evacuating element bringing the animal to the hospital. Both the original and the duplicate are checked for correctness and omissions, the former being corrected immediately and the latter filled in, if the information is obtainable either from the delivering personnel or from an examination of the animal.

Pertinent data are abstracted from the EVT and entered in a log of animal casualties admitted to the installation. The animal, with the original EVT attached, is then assigned a ward and delivered thereto, the duplicate being sent to the headquarters of the first platoon, usually located in or adjacent to the receiving department.

(b) *Not tagged.*—A Form 115b is initiated, the original attached to the animal's halter, the log entry made, and the duplicate sent to the first platoon headquarters. The triplicate is filed, either in the receiving department or in the headquarters of the first platoon as a permanent record.

(c) *Admitted directly to contagious section.*—The procedure is the same, except that receiving personnel check or initiate such records in the ward of the contagious section rather than in the receiving office.

(4) *Second platoon.*—All sections of the second platoon operate such wards as are necessary in the care of the animal casualties admitted to the installation, rendering such routine care and treatment as are indicated. Each ward or section makes such periodic reports of animals therein and available space for additional cases as may be required by the hospital commander. In addition to these reports each section commander is charged with the following responsibilities regarding the records of animal casualties:

(a) *Animals returned to duty.*—The EVT is removed from the animal when the latter is taken over by the personnel of the forwarding and evacuating section, notation made thereon of the date, method of disposition, and the receiving unit, and the tag sent to the headquarters of the first platoon.

(b) *Animals transferred to another veterinary installation.*—The presence of the original EVT on the animal's halter is verified, its legibility checked, and all appropriate entries made thereon. At the same time, the headquarters of the first platoon is duly notified of the disposition, sufficient data being included to facilitate identification of the proper duplicate on file in that office.

(c) *Animals dying or destroyed.*—Procedure is as in (a) above.

(5) *Operating and pharmacy sections.*—Perform appropriate technical procedures as indicated. The personnel of the operating section assist the various sections of the second

platoon, especially the surgical section, in special treatment procedures, and in the preparation of animals for further evacuation, for example, pathological shoeing.

(6) *Forwarding and evacuation section.*—Assembles, usually in the vicinity of the receiving department, such animals as are being evacuated or returned to duty and assists in their loading on transport or attachment to lead lines. The section assumes no responsibility regarding casualty records.

(7) *Headquarters first platoon.*—This office, besides correlating and controlling the operations of all sections of the platoon, is the office of record for animal casualties. It receives from the receiving office the duplicate M. D. Form No. 115b of every animal admitted to the hospital. Disposal of Form No. 115b is as follows:

(a) *Duplicate.*

1. *Animals destroyed or returned to duty.*—The duplicates are completed and inclosed with the next veterinary report of sick and wounded animals (see (c) below).
2. *Animals transferred.*—From information furnished by the various wards, duplicate Form 115b for animals being transferred to other veterinary installations is withdrawn from file, proper entries made pertaining to date and the unit receiving the evacuated animals, and the form inclosed in envelope and delivered to the officer or senior non-commissioned officer in charge of the evacuating element.

(b) *Original.*—The original EVT of animals destroyed or returned to duty is delivered to the animal casualty office where, after any pertinent data are abstracted, such record is destroyed.

(c) *Veterinary report of sick and wounded.*—While the responsibility rests with the hospital commander, the commander of the first platoon and his headquarters prepare for the commander a monthly veterinary report of sick and wounded animals on W. D., M. D. Form No. 102. The report is prepared in triplicate, one copy being forwarded direct to the chief surgeon (chief veterinarian), one to the army surgeon (army veterinarian), if operating with an army, and a third retained for file within the hospital. Each report is accompanied by the duplicate Form 115b of all cases com-

pleted (by death or return to duty) during the month. The second and third sections of Form 102 may be submitted more frequently if so desired by higher authority. (For further details see AR 40-2245).

(d) Hospital log of animal casualties.—Initiated in the receiving department, the hospital log of animal casualties becomes a part of the casualty records within the platoon headquarters, and is further utilized for entries of dispositions. The log thus becomes a running tabulation of all cases in or having been in the installation, and is invaluable for extracting data rapidly for reports and returns required on short notice. The log is a *hospital record* and is *never forwarded to higher authority*.

h. Disposition of animal casualties.—Cases admitted to the veterinary evacuation hospital are disposed of by one of the following procedures, utilizing elements from the separate veterinary company:

(1) Transfer to the veterinary convalescent hospital of cases requiring further convalescent treatment.

(2) Transfer to railhead for shipment to a veterinary general hospital, patients requiring more definitive treatment than can be given at the evacuation hospital.

(3) Transfer to a remount unit of cases fully recovered from illness or injury and fit for duty.

(4) In exceptional cases where circumstances warrant and distances permit return of recovered animals directly to the unit from which received.

(5) Death or destruction.

i. Movement of installation.—See paragraph 345*h*, substituting “animal casualties” for “patients,” and “animal” for “patient” therein.

■ 385. ADMINISTRATION.—*a. Personnel.*—The unit headquarters prepares and renders the usual personnel reports and returns, such as morning report, reports of casualties among unit personnel, etc.

b. Animals.—All reports concerning animal casualties are prepared for the signature of the hospital commander in the headquarters of the first platoon (animal casualty office), and forwarded through the hospital headquarters to appropriate higher headquarters. A morning report of animals hospitalized is submitted daily as a basis for forage

supply. For further details of the reports required by the Medical Department, see paragraph 384g(7).

c. Messing.—The unit has the personnel and equipment for operating one enlisted and one officer's mess. When the installation is moving its location by leapfrogging its equipment and personnel, a portion of the personnel is attached to the most convenient medical or other unit for rations.

d. Supplies.—Class I supplies are received automatically, either at the installation or at a designated distributing point established for army troops. Supplies other than class I are obtained from appropriate army depots by formal or informal requisition.

e. Care of sick and injured personnel.—Sick and injured personnel, the unit being inactive or at station, are reported to designated medical installations for care and treatment.

SECTION II

VETERINARY CONVALESCENT HOSPITAL

■ 386. ORGANIZATION.—See figure 43 and T/O 8-237.

■ 387. STATUS.—*a.* The veterinary convalescent hospitals are carried in the GHQ reserve and are assigned to armies according to needs; thus, no veterinary convalescent hospital is shown in tables depicting a type army.

b. In the GHQ reserve the veterinary evacuation hospitals are under direct control or supervision of the chief surgeon (his assistant, the chief veterinarian) as prescribed. These hospitals are normally located in the army area and if receiving animal casualties from the veterinary installations of but one army usually are under army control; if receiving animals from the veterinary installations of more than one army are under communications zone control.

■ 388. FUNCTIONS.—*a. General.*—(1) The veterinary convalescent hospital is an advanced unit designed to keep convalescents from further rearward progress, although a small number may have to be evacuated to a veterinary general hospital and a small number have to be destroyed. Under normal conditions the veterinary convalescent hospital issues practically all of its animals to the remount depot and further evacuation from this unit is restricted to exceptional

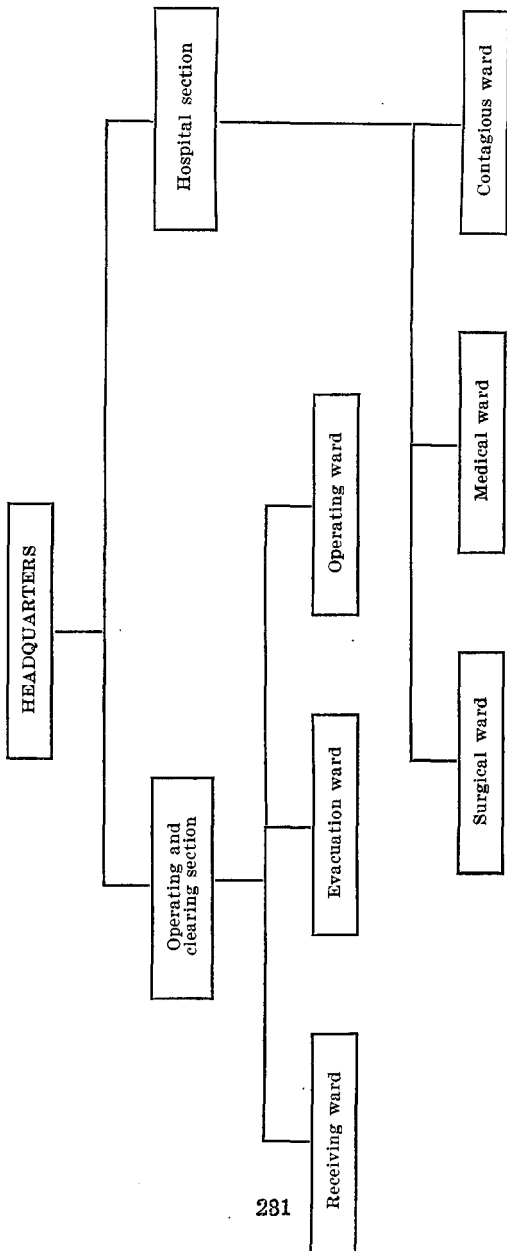


FIGURE 43.—Organization of veterinary convalescent hospital.

cases requiring definitive treatment. Veterinary convalescent hospitals normally operate in the army area but may operate in the forward portion of the communications zone.

(2) The veterinary convalescent hospital relieves the load on veterinary evacuation hospitals by taking from them cases requiring no further active treatment but more prolonged convalescent treatment.

(3) An occasional function of the veterinary convalescent hospital is to prepare for further evacuation appropriate cases which may be brought to this hospital from units operating in the vicinity.

b. Special.—For functions of the various components, see paragraphs 390, 392, 393.

■ 389. **COMMAND.**—The unit is commanded by the senior officer of the Veterinary Corps assigned thereto and present for duty (see also par. 391).

■ 390. **HEADQUARTERS.**—*a. Personnel.*—(1) *Officer.*—The commander (see par. 391) and two commissioned assistants, one an officer of the Veterinary Corps, the other an officer of the Medical Corps.

(2) *Enlisted.*—Under Tables of Organization the enlisted personnel of headquarters include 7 noncommissioned officers and 33 privates, first class, and privates, who assist in the operation of headquarters and the various administrative functions of that office. The number of personnel warrants the organization of a headquarters section for their administration (see *b* below).

b. Headquarters section.—A suggested functional distribution of the enlisted personnel is—

(1) *Section headquarters group.*—A technical (first) sergeant, 1 corporal (clerk), 1 bugler, and 1 orderly. This group furnishes the office personnel for the detachment (hospital personnel) commander.

(2) *Hospital headquarters group.*—One master sergeant (sergeant major), 1 clerk (personnel), 1 stenographer, and 1 motorcyclist (also functions as messenger). This group furnishes enlisted personnel for the operation of the hospital headquarters.

(3) *Supply and utilities group.*—One staff (supply) sergeant, 2 general carpenters, 1 receiving and shipping clerk, 1 saddle and harnessmaker, and 1 sergeant and private, first

class, or private (forage inspectors). The last two individuals, when not occupied in their special duties, assist the remainder of the group in supply functions.

(4) *Transportation group*.—Six chauffeurs and an automobile mechanic. This group operates the integral transport (except motorcycle) of the hospital and furnishes limited care and maintenance for it.

(5) *Mess group*.—A sergeant (mess), 6 cooks, and 4 cook's helpers. This group operates one officers' and two (or three) enlisted messes.

(6) *Medical dispensary group*.—A sergeant (medical technician), and 6 privates, first class, and privates (1 medical, 4 sanitary, and 1 surgical technician). This group assists the medical officer in the operation of a dispensary for the care and treatment of sick and injured unit personnel. The sanitary technicians, in addition to their other duties, are utilized in supervising the hospital sanitary installations and such other duties as are indicated.

c. Functions of officers.—(1) *Hospital commander*.—See paragraph 391.

(2) *Veterinary assistant*.—The lieutenant, Veterinary Corps, is the chief assistant of the commander. He functions in the capacity of hospital adjutant, the detachment commander, and operates such other activities (for example, mess, supply, transportation, etc.) as the commander deems fit to assign him.

(3) *Medical assistant*.—The captain, Medical Corps, with the personnel of the medical dispensary group (see *b*(6) above) renders professional care and treatment for sick and injured unit personnel. He is the commander's adviser on all matters pertaining to the health of the unit. In addition to his other duties, he may also be assigned the operation of one or more administrative activities such as mess or supply.

d. Location.—Invariably, the headquarters remains with the unit whether in camp, bivouac, or at station.

■ 391. UNIT COMMANDER.—*a*. The unit commander is responsible to the GHQ commander or chief surgeon (through the chief veterinarian), as the commander prescribes, for the discipline, training, administration, and operations of the unit and the installation it establishes. When attached for functional purposes to the communications zone or to an army, he becomes responsible to the commander thereof or

the surgeon thereof (through his veterinary assistant), as may be prescribed, for the operations of the unit while so attached.

b. During the operation of the installation his functions are—

(1) General supervision over all departments, administrative and technical, of the hospital.

(2) Transfer of personnel within the unit to meet unusual situations.

(3) Maintenance of liaison with—

(a) Army or communications zone veterinarian regarding medical (veterinary) supplies, the condition of the installation, movement or expansion of the hospital, and general policies of the office of the surgeon.

(b) Commanders of veterinary evacuation hospitals regarding animal casualties being or to be evacuated therefrom to the convalescent hospital.

(c) Commander of remount units designated to receive animals ready for duty.

(d) Commander of veterinary evacuating element(s) of the separate veterinary company functioning within the same area.

(4) Makes such reports and returns, routine and otherwise, concerning personnel and animal casualties within the installation as may be required by higher authority.

■ 392. OPERATING AND CLEARING SECTION.—*a. Organization.*—The section consists of 2 officers and 87 enlisted men. The organization of the section and a suggested distribution of its personnel are—

(1) *Section headquarters.*—(a) The personnel include the section commander, an officer of the Veterinary Corps, usually a major; 1 staff (section) sergeant; 1 corporal (clerk); and 4 privates, first class, and privates (1 general clerk, 1 typist, 1 orderly, and 1 unrated).

(b) The section headquarters supervises and controls all the elements of the section and in addition is the office of record for animal casualties.

(c) The section commander also assumes direct charge of the receiving department and the evacuation wards.

(2) *Receiving department.*—The personnel include the officer in charge (also the section commander; see (1) above);

1 sergeant; 11 privates, first class, and privates (2 veterinary pharmacists, 4 laboratory technicians, 2 veterinary technicians, 2 veterinary surgical technicians, and 1 unrated).

(3) *Evacuation wards*.—The personnel include the officer in charge (the section commander); 1 sergeant (wardmaster); 3 corporals (assistant wardmasters); and 49 privates, first class, and privates (6 horseshoers, 10 stable orderlies, 9 ward orderlies, 2 veterinary surgical technicians, 16 veterinary technicians, and 6 unrated).

(4) *Operating department*.—The personnel include 1 officer of the Veterinary Corps, usually a captain; 1 sergeant; and 15 privates, first class, and privates (13 veterinary surgical technicians and 2 clinical horseshoers).

b. Functions.—(1) *Section headquarters*.—See *a*(1) above.

(2) *Receiving department*.—The department examines, classifies, and distributes all incoming animal casualties, and operates the hospital pharmacy and laboratory.

(3) *Evacuation wards*.—The evacuation wards care for all animals admitted thereto pending their return to duty. Normally, no animals requiring special treatment or observation are placed in such wards, hence the majority of the animals received therein are transferred to the evacuation wards from the wards operated by the hospital section (see par. 393).

(4) *Operating department*.—The functions of this department are analogous to those of the operating section of the veterinary evacuation hospital (see par. 378*b*(3)).

■ 393. HOSPITAL SECTION.—*a. Organization*.—The section consists of 5 officers and 126 enlisted men. The organization of the section and a suggested distribution of its personnel are—

(1) *Section headquarters*.—(a) The personnel include 1 officer of the Veterinary Corps, usually a captain; 1 staff (section) sergeant; and 7 privates, first class, and privates (3 teamsters, 1 orderly, and 3 unrated).

(b) The section commander, in addition to his duties as such, assumes direct charge of one of the ward services, usually the surgical.

(2) *Surgical wards*.—The personnel include 2 officers of the Veterinary Corps, 1 captain and 1 lieutenant (see (1) above); 1 sergeant (wardmaster); 3 corporals (assistant wardmasters); and 40 privates, first class, and privates (6

ward orderlies, 8 veterinary surgical technicians, 22 stable orderlies, and 4 unrated).

(3) *Medical wards*.—The personnel include 2 officers of the Veterinary Corps, usually a captain and a lieutenant; 1 sergeant (wardmaster); 3 corporals (assistant wardmasters); and 38 privates, first class, and privates (6 ward orderlies, 6 veterinary technicians, 22 stable orderlies, and 4 unrated).

(4) *Contagious wards*.—The personnel include 1 officer of the Veterinary Corps, usually a lieutenant; 1 sergeant (wardmaster); 1 corporal (assistant wardmaster); and 30 privates, first class, and privates (6 ward orderlies, 4 veterinary technicians, 16 stable orderlies and 4 unrated).

b. Functions.—The functions of the hospital section are analogous to those of the second platoon (ward) of the veterinary evacuation hospital (see par. 379b).

■ 394. ENLISTED PERSONNEL.—See paragraph 296, substituting “hospital” for “company” and “veterinary convalescent hospital” for “separate veterinary company” therein.

■ 395. TRAINING.—The training of the personnel of the veterinary convalescent hospital is analogous to that of the personnel of the veterinary evacuation hospital (see par. 381 making appropriate substitutions in terminology as indicated).

■ 396. DRILLS AND CEREMONIES.—See paragraph 382.

■ 397. EQUIPMENT.—See paragraph 10.

■ 398. INSTALLATION.—*a. Designation*.—The unit establishes one veterinary convalescent hospital.

b. Capacity.—The hospital has a normal capacity of 1,000 animals, but may be expanded in an emergency to care for approximately 2,000 animals.

c. Location.—A veterinary convalescent hospital is located conveniently with regard to the veterinary installations (veterinary evacuation hospitals) being served and to the installations of the remount unit(s). Good motor roads to both the veterinary and remount installations are essential, but the presence or absence of railway facilities has little bearing. Water, pasturage, and existing shelter are factors to be considered.

d. Functional organization of personnel.—See paragraphs 390, 392, and 393.

e. Physical arrangement.—The principles outlined in paragraph 384e for the veterinary evacuation hospital are applicable.

f. Establishing hospital.—See paragraph 384f.

g. Operation.—(1) *Source of patients.*—(a) Veterinary evacuation hospitals.

(b) Veterinary aid stations and dispensaries operated by attached veterinary personnel with units in the vicinity of the hospital when the facilities of this type of hospital will suffice.

(c) Remount installations in the vicinity of cases requiring this type of hospitalization.

(2) *Hospital headquarters.*—(a) The unit being at station, the headquarters supervises and coordinates all activities of the hospital, makes indicated changes in personnel, and operates all service facilities. It prepares and forwards all reports and returns pertaining to personnel, and checks and forwards, after being approved and signed by the commander, all reports and returns pertaining to animals.

(b) The commander or his assistant arranges with the army veterinarian for any movement or expansion of the installation, for medical (veterinary) supplies, and for the evacuation of appropriate cases to other veterinary installations and transfers to remount units such animals as are ready for duty. He maintains liaison with the commanders of veterinary evacuation hospitals regarding animal casualties destined for the convalescent installation.

(3) *Operating and clearing section.*—(a) *Receiving department.*

1. The receiving department examines, admits, classifies, and assigns to wards all animals brought to the hospital and for which hospitalization is indicated. Forms 115b are checked or initiated, and disposed as outlined in paragraph 384g(2), except that duplicates are forwarded to the office of record for animal casualties in the headquarters of the operating and clearing section. A log of all patients admitted, as described for the evacuation hospital, is kept in a similar manner.
2. The majority of the animals admitted go directly to the various wards operated by the hospital section. A few animals, for which no treatment is

indicated and which are not appropriate cases for observation in the contagious wards (contacts, suspected contacts, strays, and stragglers), are admitted directly to the evacuation wards. Appropriate cases are sent to the wards by way of the operating department for indicated technical procedures.

(b) *Section headquarters*.—See paragraph 384g(6).

(c) *Evacuation wards*.

1. The evacuation wards receive a few animals directly from the receiving department, but these wards chiefly form the reservoir to which animals are transferred from the various wards operated by the hospital section when such animals are ready for duty or when they require only ordinary care pending their complete recovery.
2. These wards being supervised by the section commander, that individual correlates data concerning animals being returned to duty with the records prepared in the office of record for animal casualties.
3. Animals in the evacuation wards which become ill, sustain injuries, or suffer relapse, are transferred back to appropriate wards of the hospital section.

(d) *Operating department*.—See paragraph 384g(4).

(4) *Hospital section*.—See paragraph 384g(3).

h. Disposition of animal casualties.—All cases admitted to the veterinary convalescent hospital are disposed of in one of the following ways:

(1) Animals which have recovered completely and are fit for duty are evacuated by elements of the separate veterinary company to a remount unit.

(2) Cases which relapse and require more definitive treatment than is available at the convalescent hospital are transferred to the nearest veterinary hospital where the required treatment may be given (ordinarily the veterinary general hospital).

(3) Death or destruction.

i. Movement of hospital.—See paragraphs 345*h* and 384*i*, in turn.

■ 399. ADMINISTRATION.—*a. Personnel.*—See paragraph 385*a*.

b. Animals.—See paragraph 385*b*, substituting “operating and clearing” for “first” therein.

c. Messing.—The unit has personnel and equipment for the operation of one officers’ and three enlisted messes. Therefore when the installation is being moved by leap-frogging its equipment and personnel, all elements continue to be messed by the unit.

d. Supplies (see also par. 385*d*).—If the hospital is operating in the communications zone, supplies are obtained from appropriate distributing points (for class I supplies) and depots (for other supplies) in that zone.

e. Care of sick and injured personnel.—Medical personnel of the installation establish and operate, within the hospital, a dispensary for the treatment of sick and injured personnel. Cases, the gravity of which warrant, are transferred to other medical installations in the vicinity (evacuation or convalescent hospital).

CHAPTER 13

HOSPITAL TRAIN

■ 400. GENERAL (T/O 8-506).—See FM 8-35 and FM 100-10.

a. Definitions.—(1) *Hospital train.*—(a) *Means of transport.*—A hospital train is a railway unit, locomotive and cars, specially designed for the transportation of sick and wounded personnel.

(b) *Medical Department unit.*—The unit, hospital train, is a grouping of Medical Department personnel suitable for administering one hospital train and rendering medical care and treatment for the patients thereon.

(c) *Composition.*—The hospital train within the theater of operations by common usage includes the train itself, the engineer personnel required for its operation, and the medical personnel required for administrative and professional functions.

(2) *Hospital unit car.*—A standard Pullman car, the interior of which has been altered according to plans and specifications approved by the Medical Department to provide cooking facilities, a dressing and operating room, an office, and quarters for officers and cooks.

b. Classification.—(1) A *type hospital train* consists of a locomotive and 22 cars of the 20-ton boxcar type, the superstructure of the cars having been altered to meet Medical Department requirements. For further details of the type train, see FM 8-35.

(2) An *improvised hospital train* consists of a locomotive, one hospital unit car, one baggage car, and a variable number of Pullman or tourist sleepers or chair cars, depending upon the need and the availability.

c. Where employed.—Hospital trains operate between—

(1) Evacuation hospitals in the combat zone and general hospitals in the communications zone.

(2) General hospitals within the communications zone.

(3) General hospitals of the communications zone and the zone of the interior.

(4) Medical installations of the zone of the interior.

NOTE.—This chapter deals primarily with the hospital train operating within the theater of operations.

■ 401. ORGANIZATION.—*a. Personnel* (as shown in Tables of Organization).—(1) *Officers and nurses*.—Four officers of the Medical Corps and 6 nurses.

(2) *Enlisted*.—Seven noncommissioned officers and 28 privates, first class, and privates.

b. Functional organization.—There being no prescribed internal organization of the unit, the following is suggested:

(1) *Train headquarters*.—A major, Medical Corps, the train commander.

(2) *Administrative section*.—(a) *Headquarters group*.—One technical (first) sergeant; and 1 private, first class, or private (general clerk).

(b) *Supply and mess group*.—One staff (supply) sergeant; and 7 privates, first class, and privates (1 supply clerk, 4 cooks, and 2 cook's helpers).

(3) *Professional section*.—(a) *Surgical group*.—Two medical officers, a captain and a lieutenant; 4 nurses; 1 staff (surgical technician) sergeant; 1 sergeant (medical technician); and 12 privates, first class, and privates (6 medical and 4 surgical technicians, and 2 unrated).

(b) *Medical group*.—One lieutenant, Medical Corps; 2 nurses; 1 technical (medical technologist) sergeant; 2 sergeants (a medical and a pharmacist technician); and 8 privates, first class, and privates (6 medical technicians and 2 unrated).

■ 402. STATUS.—The hospital train is an independent unit under the direct control of the GHQ commander or the chief surgeon, as may be prescribed. For trains operating within the communications zone, this control is exercised through the surgeon of that zone. For trains operating between the combat and the communications zone, this control is exercised through the regulating officer (his assistant, the medical regulator).

■ 403. FUNCTIONS.—*a.* In general, the functions of the Medical Department unit, hospital train, are the general administration of the train and the care and treatment of patients transported thereon.

b. The hospital train is the principal evacuating element between the evacuation hospital of the army and the general hospital of the zone of the interior.

c. Within the theater, the hospital train forms the chief link between the medical service of the combat zone and that of the communications zone.

■ 404. **COMMAND.**—The hospital train is commanded by the senior officer of the Medical Corps, usually a major, assigned thereto and present for duty.

■ 405. **HEADQUARTERS.**—*a.* The train headquarters is the office of the train commander. He is assisted in the operation of headquarters by the headquarters group of the administrative section (see par. 401b(2)).

b. The headquarters is located in the hospital unit car of the improvised train, and in the car for officer personnel of the type train.

c. The headquarters correlates the administrative and professional activities of the train. It prepares and renders required reports concerning duty personnel and patients transported. It is the repository for all valuables and records (other than those attached to individual patients) of all patients transported.

d. The personnel of headquarters, in an emergency, aid the professional section in the care and treatment of patients.

■ 406. **TRAIN COMMANDER.**—*a. General.*—The commander is responsible to the chief surgeon for the administration, discipline, training, and operations of his unit in all situations, although at times (see par. 400) the responsibility may be through the surgeon of the communications zone or the regulating officer.

b. During operations.—Specifically during operations the train commander is charged with the following responsibilities:

(1) Prior to movement of the train to the installation being evacuated, he is responsible that all medical equipment necessary is aboard and in serviceable condition; that medical and other supplies are replenished in sufficient quantity to cover the contemplated time required for the complete trip (usually 3 days' supply is carried); for the desired arrangement of cars within the train; and that all duty personnel are trained and familiarized with their particular duties.

(2) Upon arrival at the installation being evacuated, he is responsible for the supervision of the loading. He checks

patients and their records, segregates cases by type in cars if desired, and rejects such cases as he deems unsuited for evacuation (contagious or otherwise). He checks and accepts patients' valuables and finally tenders receipts to an officer of the installation for such valuables and for such patients as have been accepted and loaded.

(3) From the moment that the patients have been loaded until they are unloaded at an other installation, he is responsible for all care and treatment required during the interim. He supervises all activities of his unit and all administrative procedures pertaining either to duty personnel or patients.

(4) Maintains liaison with the office of the surgeon of the communications zone regarding supplies and personnel replacements or reinforcements.

(5) Maintains liaison with the medical regulator (acting for the regulating officer) or the communications zone regarding source and destination of patients, and pertinent evacuation policies.

(6) Forwards to the proper source any requests for mechanical care, maintenance, or repair of the train submitted to him by the operating personnel of the Corps of Engineers.

(7) At the destination of a loaded train, he is responsible for the supervision of the unloading of patients and for the obtaining of receipts from an officer of the receiving installation for all patients and patients' valuables transported by the train.

(8) At both the point of loading and unloading he supervises the operation of property exchange.

■ 407. ADMINISTRATIVE SECTION.—*a. Functional organization.*—See paragraph 401*b*(2).

b. Functions.—(1) Furnishes enlisted assistance for the operation of the train headquarters.

(2) Operates the mess, the unit supply, and the property exchange.

(3) Furnishes assistance to the professional section when so directed by the train commander.

■ 408. PROFESSIONAL SECTION.—*a. Functional organization.*—See paragraph 401*b*(3).

b. Functions.—(1) Operates the dressing and operating

room, performing therein such specialized procedures as are indicated.

(2) Furnishes all medical care and treatment to all patients being transported.

(3) Makes appropriate entries in the attached medical records of the patients and insures the presence of such records on the patient at the destination.

■ 409. ENLISTED PERSONNEL.—See paragraphs 20 to 23, inclusive.

■ 410. TRAINING.—*a. Responsibility.*—The commander is responsible for the training of the unit.

b. Management.—Based upon the training directives of higher authority, the train commander prepares the training program, assigns instructors, and supervises the actual training.

c. Individual.—See paragraph 8*d*(1).

d. Specialist (see also par. 8*d*(4)).—Technicians shown in Tables of Organization must receive proper training to qualify them for their respective duties.

e. Group.—Such functional groups as the mess and supply group, the personnel designated to function in the dressing and operating room, etc., are trained as groups in the operation of the appropriate function or department.

f. Unit.—If possible, the unit should be trained to function as an entity aboard a hospital train. However, the exigencies of the situation probably will preclude such training. However, with a thorough ground work prior to active operations, the unit should function satisfactorily even at the initiation of such operations.

■ 411. DRILLS AND CEREMONIES.—*a. Drill.*—Drill, dismounted, is utilized whenever the opportunity is presented for the purpose of developing discipline and soldierly bearing and for the physical exercise involved. FM 22-5 governs.

b. Ceremonies.—Normally, the unit participates in no ceremonies. If called upon to do so, appropriate formations and movements are executed in conformance with FM 22-5.

■ 412. EQUIPMENT.—See paragraph 10.

■ 413. TRAIN.—*a. Arrangement.*—(1) *Type.*—A suggested arrangement of cars within the type train is two enlisted personnel cars, eight ward cars, utilities car, kitchen car,

dressing and operating car, nine ward cars, officer and non-commissioned personnel car.

(2) *Improvised.*—The composition of the improvised train will vary within wide limits, but the general arrangement outlined in (1) above will serve as point of departure.

(3) *Nurses' quarters.*—Note that in neither case is a car designated for the quarters of nurses. In the type train, the employment of female nurses is not contemplated. In the improvised train, nurses may be quartered in the drawing rooms of the sleeping cars, or additional sleeping cars may be added for this purpose.

b. Loading of patients.—Contagious cases invariably are segregated in separate cars. Other cases such as medical, surgical, etc., are segregated if time and the situation permit. Furthermore, to facilitate their treatment during the movement the more serious surgical cases are placed in cars adjacent to the operating and dressing car.

c. Baggage.—All baggage (including equipment) accompanying the patients and all excess baggage of the duty personnel are stored in the baggage car of the improvised train and in the utilities car of the type train.

d. Casualty records.—The only medical records accompanying the patients are the field medical records (attached to the patients) and the tally sheet presented by the evacuation officer of the installation being evacuated to the train commander. During the movement, the professional section makes such entries in the field medical records as are applicable. The train headquarters acts as the custodian of the tally sheet and extracts therefrom for the train records the number and type patients transported. Aside from this, which becomes the basis for reports to higher authority, no other medical records are initiated. The tally sheet at the destination is again utilized for checking purposes in turning the patients over to the receiving installation.

e. Treatment of patients en route.—The treatment is limited so far as is possible to emergency measures such as changing dressings, adjusting splints, and administering medication as indicated. However, the dressing and operating car has the facilities for major operative procedures if such become necessary. Ordinarily the train trip will be less than 24-hour duration. However, the military situation, the distance involved, or the destruction of bridges or track may

delay the train for a matter of 2 or 3 days. In this event, the demands for more definitive and more complicated treatment procedures are correspondingly increased.

f. Cleaning and fumigation.—At the termination of each round trip, the unit is responsible that the entire train is thoroughly cleaned and, if necessary, disinfected.

g. Capacity.—The capacity of a hospital train varies with the number and capacity of the component cars, with the availability of cars, with the condition of the track over which the train is to move, and with the type beds or bunks with which the cars are equipped. Furthermore, the length of the trip (all cases are considered litter cases for trips consuming more than 48 hours) and the nature of the cases to be transported (sitting or recumbent) are pertinent factors. As a basis for planning, the average capacity of a type train is considered 300 patients; improvised train, 450 patients.

h. Operation.—(1) The train commander operates the train headquarters, supervises all administrative functions, and exercises such supervision over the professional section as he deems fit.

(2) The commander of the professional section assigns his personnel to various duties, the dressing and operating room, the pharmacy, and to the patient cars. Normally, he remains in the operating and dressing car where, assisted by a nurse and appropriate enlisted personnel, he performs such procedures as are impracticable of performance in other portions of the train. He makes such inspections of the remainder of the train as are necessary to insure efficient and proper treatment of patients.

i. Control.—For employment of hospital trains and their control by higher authority, see FM 8-20.

■ 414. ADMINISTRATION.—The unit has administrative responsibilities similar to those of a company. However, depending upon the location and the employment of the train, the method of rendering reports and returns pertaining to duty and patient personnel, the method of hospitalizing appropriate cases of the unit personnel, and the procurement of supplies will vary greatly. In the normal situation, the majority of administrative procedures will be directed by the surgeon of the communications zone.

APPENDIX I

DEMONSTRATION AND APPLICATION, PITCHING AND STRIKING WARD TENT

The following is a recommended procedure in teaching a method of pitching and striking a ward tent by the group method of instruction.

■ 1. PRELIMINARY PREPARATION.—*a. Personnel required.*—One officer or noncommissioned officer (instructor in charge), one noncommissioned officer, and eight enlisted men.

b. Uniform.—Field or fatigue, as prescribed.

c. Equipment.—One ward tent complete, one box large pins (100), one box small pins (100), four mauls or axes per student squad.

d. Demonstration group.—The demonstration group is placed on the field and the equipment on the ground where the tent is to be erected. Ground must be suitable for tent pitching.

e. Students.—Students are seated in the observation area.

f. Instructor.—The officer or noncommissioned officer instructor introduces the demonstration.

■ 2. DEMONSTRATION BY STEPS.—*a. General.*—The instructor briefly describes each step, then has the demonstration group execute it slowly. When the explanation of a step is necessarily long or involved, the demonstration of that step should be carried out concurrently with its description. He proceeds with the demonstration as prescribed in paragraphs 3 and 4 below.

b. Designation of landmarks on tent.—The ends and sides of the tent are numbered 1, 2, 3, 4, beginning at the front end and continuing clockwise. The poles are numbered from front to rear 1, 2, 3, 4, as are the rings at the top of the tent.

c. Organization of tent pitching group.—(1) Eight men and a noncommissioned officer are required. The normal formation of the squad is a single rank or single file as prescribed in FM 22-5, but to facilitate the explanation while the demonstration group carries out the various steps, the group of eight men is arranged in two ranks and divided into four sets of files numbered 1, 2, 3, 4, from right to left.

(2) Each file works at an end or side as follows:

No. 1 file, front end, including the right front corner and No. 1 pole.

No. 2 file, right side, including the right rear corner and No. 2 pole.

No. 3 file, rear end, including the left rear corner and No. 3 pole.

No. 4 file, left side, including the left front corner and No. 4 pole.

■ 3. PITCHING WARD TENT BY STEPS.—After designating the direction in which the tent will face and placing a marker for the right front corner, the noncommissioned officer commands: PITCH TENT. The squad proceeds as follows:

a. Step No. 1.—Distribution of corner and door wall loop pins; unrolling tent.

All rear-rank men--- Secure an ax or maul and place it at the side or end of the tent at which they are to work.

No. 1 front rank---- Secures eight short pins and proceeds to right front corner of tent area, throwing a pin to each corner of tent area and two pins to each end for fixing of doors. He places right front corner pin at marker where it is driven by No. 1 rear rank.

Remainder of squad. Unroll tent.

b. Step No. 2.—Unfolding tent; fixing doors; driving corner wall loop pins.

All men----- Throw all hoods and storm guys to front of tent.

Nos. 1 and 3 files---- Pull out doors of tent; all men then go to bottom of tent, grasping hold of top skirt, pulling skirt to left so that inner surface of tent is on the ground. Men then drop skirt and walk over the tent to the other side, grasping skirt and pulling it so that No. 1 file can put corner wall loop on their corner pin; men then drop skirt and go to their respective rings, pulling them to right until rings are about 18 inches inside right skirt.

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- Nos. 1 and 3 files.--- Fix doors, No. 1 file taking care of front door and No. 3 file rear door. Door is tied by overlapping folds of door in place and placing a short pin through wall loops on each side at junction of the door.
- No. 4 file----- The front rank man, inserting a short pin through left front corner wall loop, pulls front of tent taut. When alined by the noncommissioned officer, he moves pin in 6 inches toward right front corner for slack. The pin is driven by rear rank man.
- No. 2 file----- Does likewise after No. 4 file drives their pin.
- No. 3 file----- Stretches tent to left and rear to its fullest extent. The front rank man, inserting a short pin through corner wall loop, moves it 8 inches toward center of tent. The rear rank man then drives the pin. In the meantime, files are unrolling storm guys.

c. Step No. 3.—Distribution of all remaining pins; driving corner guy rope pins.

- All men----- Secure sufficient pins for respective sides or ends of tent. Front rank men get short pins and place one at each wall loop while rear rank men get long pins and place one in line with each wall loop along guy pin line.
- All front rank men. Place corner guy pin in position. Pins are driven by rear rank men. Position of corner guy pins is $4\frac{1}{2}$ long pin lengths from corner pin and in line with eighth wall loop of opposite side of tent. Fix alinement ropes.

NOTE.—For purpose of training and demonstrations it is considered good practice to use alinement ropes for the alinement of all pins.

Procure and fix alinement ropes (storm guy ropes are used for this purpose).

One set of ropes is stretched between the four corner wall pins and another set between the four corner guy pins. All pins are driven outside alinement ropes.

d. Step No. 4.—Driving remaining pins.

All men----- Drive all pins. *Wall pins are driven straight into the ground, one for each wall loop. Guy pins are driven sloping toward tent at a 30° angle, one in line with each wall loop and on guy pin line which extends between all corner guy pins. Front rank men drive them. When Nos. 1 and 3 files have finished driving their pins they assist Nos. 2 and 4 files, respectively. (This equalizes pin driving.)*

Remove alinement ropes, placing two opposite each ring on right side of tent. (Long pins: 64, 24 to each side, 8 to each end. Short pins: 44, 20 to each side, 2 to each end. Corner wall pins are already in; the two pins used in tying doors can be used at each end.)

Place all guy ropes, fully slackened and in proper order, over *second notch* of guy pins. (*Make certain that correct rope, the one sewn in the canvas and extending to the ring, is used as corner guy rope.*) Untie doors and remove four corner wall loops from corner wall pins.

e. Step No. 5.—Inserting tent poles, hoods, and storm guy ropes in place preparatory to raising tent.

All front rank men. Proceed and insert their pole through their respective ring of tent, putting butt of pole through ring first and then pike of pole through collar of ring.

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All rear rank men-- Get hoods and place them on their poles with opening to left while front rank men support poles.

Each file----- Now secured and places two storm guy ropes over pike of their pole.

f. Step No. 6.—Tent raised.

All men----- Go under tent, each to his proper pole, front rank to top of pole and rear rank to bottom. Each front rank man raises his pole about 4 feet.

(1) The noncommissioned officer now checks hoods and guy ropes on each pole.

(2) The noncommissioned officer commands: **ARE YOU READY?** Each front rank man calls out from front to rear, "No. 1, ready, No. 2, ready," etc. If not ready, "No. 1, not ready," etc. When all are ready, the noncommissioned officer commands: **RAISE.**

(3) The tent is raised by elevating poles to the vertical, front rank men raising poles while rear rank men keep bottom of poles on the ground. As soon as tent is raised rear rank men leave tent, place corner wall loops over corner wall pins, and then each tightens his respective corner guy rope. Front rank men remain at poles until they are alined by the noncommissioned officer. The noncommissioned officer then commands: **ALL TIGHTEN.** Front rank men place wall loops over wall pins while rear rank men tighten guy ropes and storm guys. Nos. 1 and 3 files assist Nos. 2 and 4 files, respectively. Each file places corner wall poles in position.

(4) In case it is desired to roll sides of tent, all men first tighten all guy ropes and then proceed inside tent and roll the sides.

g. Step No. 7.—Policing area.

All men----- Police area. All extra pins are picked up and placed in containers. Axes and mauls are placed in front of tent on right side with handles inclined toward the door. Each file is responsible for policing of its area. The noncommissioned officer gives tent a final inspection.

■ 4. STRIKING WARD TENT BY STEPS.

a. Step No. 1.—Removing wall loop pins and slackening ropes.—At the command STRIKE TENT given by the noncommissioned officer, each file proceeds to its respective side or end of the tent and acts as follows:

All front rank men. Remove all wall loops and pull all wall pins except right front corner and right rear corner ones. They also remove corner wall poles and carry them, together with the short pins, to front of tent.

All rear rank men... Slacken all guy ropes fully and untie all hood ropes.

b. Step No. 2.—Removing tent poles.

All front rank men... Proceed to their respective poles within tent and move bottom of pole about 24 inches to left.

All rear rank men. Take position on right side of tent, each opposite his respective ring, securing anchor rope of storm hood, ready to pull hood from pole when tent is struck.

The noncommissioned officer gives the command: DOWN. The front rank men carry poles to left, out under left side of tent. The poles are then carried to front of tent and piled. Rear rank men drop hoods.

c. Step No. 3.—Guy rope pins removed; hoods and storm guy ropes rolled.

All men----- Remove all long pins, disengaging rope from pins. Remove pins in same manner as they were driven, leaving right front corner wall loop pin and right rear corner wall loop pin, and bring them to front.

All men----- Then roll up hoods and storm guys and bring them to front of the tent.

d. Step No. 4.—Folding tent.

Each file----- Goes to its ring at top of tent and on the command of the noncommissioned officer drags tent to right as far as the two remaining wall pins will permit.

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This action folds tent with inner surfaces together. Pull corner wall pins.

Nos. 1 and 3 files--- Straighten out doors of tent.

Nos. 2 and 4 files--- Straighten out skirts of tent.

e. Step No. 5.—Folding tent (continued).

The tent being ready to fold, the men take positions as follows:

Nos. 1 and 3 files----- At doors which are pulled out to their fullest extent.

Nos. 2 and 4 files--- Stand on tent.

No. 2 file----- Of rear rank stands at first ring.

No. 2 file----- Of front rank takes his position on opposite side on the skirt.

No. 4 file----- Takes position at fourth ring in same manner as the No. 2 file.

All men----- Being in place, No. 1 and No. 3 files walk in toward center of tent, drawing doors in. All men go to bottom of tent, grasp skirts and fold them inward until wall seam is showing. All men now go to top of tent, grasp it, and standing on tent make two 18-inch folds, bringing top of tent to edge of upturned skirt.

f. Step No. 6.—Rolling tent.

No. 4 file----- Throws in all guy ropes, except front four.

Remainder of squad-- Procure hoods and storm guy ropes and distribute them along tent.

Entire squad----- Now makes its last fold, folding top folds over skirts.

No. 4 file----- Forces out all air within tent by taking short steps down tent.

Nos. 2 and 3 files--- Then roll this into a drum-shaped roll, starting roll from rear. The four loose guy ropes are now used for securing tent roll, crossing ropes at right angles about roll.

Nos. 1 and 4 files--- Then give area of tent a final policing.

■ 5. APPLICATION.—*a.* At the conclusion of this demonstration, squads may be formed to the limit of available tents and areas. The demonstrators are assigned as assistant instructors and each of these squads proceeds to pitch its assigned tent. Each tent when pitched should be inspected by the noncommissioned officer or officer in charge and errors corrected.

b. When all tents have been properly erected, the signal to strike tents should be given and tents properly folded. Other equipment should be placed neatly near the folded tent.

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APPENDIX II

MOBILIZATION TRAINING PROGRAM 8-5

*MTP 8-5

MOBILIZATION TRAINING PROGRAM
No. 8-5 } WAR DEPARTMENT,
WASHINGTON, August 5, 1941.

MEDICAL DEPARTMENT MOBILIZATION TRAINING PROGRAM FOR MEDICAL REPLACEMENT TRAINING CENTERS

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SECTION I

GENERAL

■ 1. AUTHORIZATION.—This Mobilization Training Program is issued in compliance with MR 3-1.

■ 2. PURPOSE.—The purpose of this program is to furnish a general guide for the balanced basic training of individuals assigned to the Medical Department so that they may reach

*This pamphlet supersedes in whole that portion of MTP 8-1, September 9, 1940, which relates to replacements at medical replacement training centers.

such a standard that their time in unit training may be devoted entirely to—

a. Practice in elementary subjects already taught.

b. Building upon this base the technical knowledge peculiar to the Medical Department.

■ 3. APPLICATION.—*a.* The training programs apply to enlisted replacements for all types of medical units and installations. Based upon these programs, training schedules will be prepared by the responsible commanders of medical replacement training centers.

b. The instruction day is 8 hours, with 4 hours on Saturday. More time per day may be utilized when desirable, especially in connection with marches, field exercises, and the like. The open time will be used to compensate for interruptions, to bring individuals or units of the center up to standard, to provide refresher training, or for purposes of mass athletics, competitive games, and morale building in general. Training and open time in the schedule will *not* be used for processing.

c. In order to obtain the latest references it is essential to consult the most recent edition of FM-21-6, which contains a list of training publications, training films (sound and silent), and film strips. This manual is frequently revised. Normally, field and technical manuals, training, and strip films will contain sufficient instructional matter for training purposes. Army Regulations may also be used.

■ 4. MODIFICATIONS.—*a.* The programs may require modification to adapt them to training for the type of medical unit for which individuals are being trained, to shorten or lengthen the time of training in order to conform to time available, to make the best use of existing facilities and of training expedients, and to conform to the climatic or other conditions affecting the training situation. However, progressive and balanced training in subjects essential to accomplish the training mission must be observed at all times.

b. In order that prompt recommendations may be submitted when called for, replacement training centers using this training program will keep a folder of suggested changes. Serious errors or omissions will be reported at once.

■ 5. SCOPE OF INSTRUCTION.—*a.* *First or basic period (1st and 2d weeks for all trainees).*—The preliminary training of the

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individual enlisted man will be stressed. At the end of this period he should be able to wear properly, display, and care for his uniform and equipment, understand and correctly practice indoor and outdoor military courtesy, and have an applicatory knowledge of the essentials of all basic subjects prescribed in this program.

b. Technical period (3d to 10th weeks, incl.).—Training of the individual enlisted man continues, but emphasis is placed upon basic technical subjects which will fit him for actual practice or further training in a medical unit or installation. In addition to the basic technical subjects, specialist (common or administrative specialties) training, and tactical and logistical training is begun.

c. Tactical period (11th to 13th weeks, incl.).—This period should be largely devoted to field and applicatory exercises. At the end of this period personnel intended for tactical medical units should be able to march and execute tactical movements with facility, establish and operate stations, collect and treat casualties in the field during day or night, operate battalion or regimental dispensaries, and participate with the associated arms in field exercises and under combat conditions. Generally, personnel intended for professional units or installations should be able to qualify as junior technicians, either medical or surgical, and have sufficient technical knowledge to be eligible for fifth class rating in these two Medical Department specialties. It is not contemplated that training under these programs will qualify either medical or surgical technicians for the higher ratings in the Medical Department. Individuals intended for professional units or installations, and qualified to receive further training in Medical Department specialties such as dental, laboratory, pharmacy, surgery, veterinary, X-ray, medical, and surgical technicians, may be selected out of the medical replacement training centers by the end of the 8th to 10th weeks and sent to the Medical Department enlisted technicians' schools for enlisted specialists' courses.

d. Subjects.—(1) *Basic period.*—The essential minimum of military training consists of the following instruction, the foundation of which must be completed within the first 2 weeks:

(a) *Military courtesy and discipline.*—An understanding of the necessity for discipline, the punitive Articles of War, the

penalties for violation, and the methods of administering military justice. Instruction in the essentials of correct military conduct should be supplemented by continuous attention to its application during all subsequent training.

(b) *Personal hygiene and first aid.*—An understanding of the importance of personal hygiene (including sex hygiene), the prevention of venereal disease, group sanitation and the rules for maintaining sanitary conditions, particularly in the field; an understanding of the proper rendering of first aid to the wounded and gassed, and practice in the use of the first-aid packet, splints, and tourniquets.

(c) *Equipment, clothing, and tent pitching.*—Practical knowledge of the correct manner of displaying clothing and equipment; the care and preservation of arms, equipment, and clothing; the assembling and adjusting of the pack and caring for individual equipment; the pitching and striking of shelter tents; and inspection formations.

(d) *Physical training.*—Participation in group calisthenics for improving the physical condition of the individual.

(e) *Interior guard and drill for foot troops.*—Ability to execute individual movements and those of close order formation with reasonable precision. Have a practical knowledge of the duties of a sentry on interior guard duty.

(f) *Nomenclature and care of organization equipment.*—This time is to be utilized in familiarizing individuals with equipment and supplies peculiar to the Medical Department and the proper care of this equipment.

(g) *Marches and bivouacs.*—An understanding of march discipline and technique. Ability to march with a unit carrying full field equipment and to occupy and break bivouac. During this training, opportunities should be created for supplementing and practicing the instruction contained in (b), (c), (e), and (h).

(h) *Individual defense measures.*—Practice in the use and wearing of the gas mask. Identification and means of defense against hostile chemical agents. Elementary knowledge of how and when the enemy may use such agents. Knowledge of the essentials of scouting and patrolling and the use of cover and concealment. An understanding of the location and construction of individual shelter and the use of camouflage. A knowledge of the markings identifying friendly and

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hostile aircraft and armored troops, and the passive measures of antiaircraft and antimechanized defense.

(2) *Technical, tactical, and logistical.*—See section II for subjects, hours, and text references.

(3) *Specialists.*—Insofar as practicable, administrative (common) specialists will receive instruction concurrently with the instruction of the training unit as a whole, and proportionately with the rates of occurrence for such specialists as determined and published from time to time by the War Department. Within the discretion of the commanders of the medical replacement training centers, administrative specialists will be excused from instruction in subjects *not* particularly allied to their intended or contemplated specialty, provided they have been thoroughly qualified in the basic subjects. For detailed programs, common or administrative specialists, see section III.

SECTION II

DETAILED PROGRAMS

■ 6. DETAILED PROGRAMS.—*a. Basic.*

MEDICAL FIELD MANUAL

Subject	Text reference	Total hours	Hours per week																
			Basic training		Technical, tactical, and logistical training														
			1	2	3	4	5	6	7	8	9	10	11	12	13				
Military courtesy and discipline.....	Secs. I-III, FM 21-50; AR 600-355 and 615-290; AW 110, MCM; TF 11-157 (26 min.).	6	4	2	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Personal hygiene and first aid.....	Chs. 6 and 8-10, FM 21-10; TF 8-83 and 8-150 (40 min.); TF 8-154 and 8-155 (30 min.).	5	4	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Equipment, clothing, and tent pitching.	Secs. I-V, FM 21-15.....	9	4	4	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Individual defense against chemical attack.	Secs. I-V, FM 21-40; FS 3-1 and 3-3.....	6	2	4	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Individual defense against air and mechanized attack.	Sec. VII, ch. 3, FM 25-10; pars. 245-262, FM 100-5; TF 5-145 to 5-149 (55 min.); TF 7-109 (18 min.); TF 7-110 (7 min.); FS 4-2; TC 2 and 10, WD, 1940; TC 31, WD, 1941.	5	1	1	1	1	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Interior guard and drill for foot troops..	Pars. 1-31, FM 26-5; pars. 1-32, and 114-158, FM 22-5; TF 7-143 and 7-144 (24 min.).	32	7	7	3	3	3	2	1	1	1	-----	-----	-----	-----	-----	-----	-----	-----
Marches and bivouacs.....	Ch. 8, FM 21-10; ch. 3, FM 25-10; chs. 9 and 10, FM 100-5.	45	6	9	3	3	4	4	4	4	4	2	2	-----	-----	-----	-----	-----	-----
Physical training, group games, and mass athletics.¹	Chs. 1-3, FM 21-20; AR 605-110.....	(39)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)

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b. Technical.

Hasty entrenchments and shelter (camouflage).	Secs. I, VIII, and IX, FM 5-15; secs. 1-4, FM 5-20; TF 7-35 (30 min); FS 5-3.	12								4	4	4	4
Movement by motor, entrucking and detrucking. ³	Par. 109, FM 22-5; sec. V, FM 25-10; ch. 9, FM 100-5.	4					2					2	
Movement by rail, entraining and detraining.	Sec. I, ch. 6, FM 25-10; sec. I, ch. 3, FM 100-10.	4										2	2

c. Medical Department.

Elementary anatomy and physiology	Ch. 2, TM 8-220	21												
Nomenclature and care of organization equipment.	App. MD Sup. Catalog; T/BA 8; app II, III, IV, and V, FM 8-10.	6	2				2						4	4
Field medical records	FM 8-45; ch. 6, TM 8-220	5	1	2								2		
Treatment of gas casualties	Ch. 7, TM 8-220; TM 8-285	8										4	2	2
Litter drill, including ambulance loading and unloading; and passage of obstacles.	Chs. 3 and 4, FM 8-35; FS 8-16	10	2	2	2							2		
Field sanitation and sanitary appliances	FM 8-10; FM 21-10; ch. 5, TM 8-220; FS 8-1 to 8-5; FS 8-9 to 8-12.	20					1	3	2	2		4	4	4
Materia medica and pharmacy	TM 8-233	12										4	3	3
Medical and surgical nursing	Ch. 4, TM 8-220	16	1	1	2	4						2	2	2
Heavy tent pitching	FM 8-5 (to be distributed about Nov. 1, 1941); sec. VI, FM 21-15.	6	2									2		2
Organization and function of the arms	Ch. 2, FM 4-5; secs. I-IV, FM 5-5; secs. I and II, FM 6-5; app. II, FM 7-5; appropriate T/O's.	9	1									3		2

Subject	Text reference	Total hours	Hours per week															
			Basic training		Technical, tactical, and logistical training													
			1	2	3	4	5	6	7	8	9	10	11	12	13			
Organization and function of the medical unit.	FM 8-5 (to be distributed about Nov. 1, 1941); FM 8-10; T/O 8-series.	9		1	1	2	3	2										
Medical aid (splints and splinting; bandages and dressings).	FM 8-50; ch. 10, FM 21-10; ch. 3, TM 8-220; FS 8-15.	63	1	4	7	6	7	8	10	8			6	4	2			
d. Tactical and logistical.																		
Scouting and patrolling; use of cover and concealment.	Pars. 201, 206, 215, 231-233, and 286, FM 7-5; pars. 222, 224, 231 and 232, FM 21-100; FM 30-30.	6	3		3													
Orientation in night combat ³	Par. 212, FM 7-5; pars. 587-601, FM 100-5.	14				2	2	2				3	4					
Communications in combat ³	Ch. 8, FM 11-5; chs. 2, 3, 5, and 6, FM 24-5; FS 11-1.	10										3	2	3	2			
Technical and tactical employment of medical field units. ^{3 4}	FM 8-5 (to be distributed about Nov. 1, 1941) and 8-10; TM 8-220 and 8-260; FS 8-14 and 8-17 to 8-22.	122			1	1	4	3	4	10	20	20	20	20	19			
Tactical training, battalion medical detachment. ^{3 5}	FM 8-10.	8										3	4					

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Training subject	Elements and hours					
	Attached medical	Headquarters and service	Collecting	Clearing	Ambulance	Professional
Functions and combat dispositions of headquarters and service, collecting, ambulance, or clearing elements.....		20	20	20	20	
Reconnaissance, use of cover and concealment.....	10	10	10	10	10	
*Collection and evacuation of casualties from the field (day and night).....	40		40			
*Ambulance driving, shuttle (day and night).....					20	
*Ambulance driving, convoy (day and night).....					20	
*Nursing and ward management. (See scope of instruction for junior medical and surgical technicians.) (122 hours).....				40		122
*Transportation and supply requirements.....		20				
*Procurement and issue of supplies.....		20				
Selection and occupation of various station sites, and the functioning of integral parts of station.....	20	20	20	20	20	
Forward displacements and withdrawals during action.....	10	10	10	10	10	
Operation of regimental and battalion dispensaries.....	20					
Battalion or regiment training (field exercises).....	22	22	22	22	22	
Total.....	122	122	122	122	122	122

* To be carried on concurrently in elements which have the subject as a major project.

e. Junior technicians (medical or surgical).

Subject	Number hours	Scope of instruction	Text reference
General.....	13	Responsibility of public property; Medical Department property lists, issue, exchange, and credit; patients' property and effects; personal effects in case of death; care of linen, soiled and clean; special linen.	Sec. III, ch. 6, TM 8-220.
Ward management.....	90	Duties of wardmasters; duties of ward attendants; ward discipline; prison wards; care of ward supplies, medicines, narcotics, whisky, and poisons; isolation and care of communicable diseases; care of and reports in connection with seriously ill and insane; care of mail and telegrams. Structure and mechanism of sterilizers. Preparation of lineus and instruments (for sterilizers) and their sterilization. Antiseptics and asepsis as applied in preparation of patients, surgeon, and assistants.	Ch. 4, TM 8-220.
Care and treatment of patients.....	50	Admission and bathing of patients. Taking and recording pulse, temperature, and respiration; change in appearance of patients; bed making and changing of linen; use of urinals and bed pans; alcohol rubs; care of hair, mouth, and nails of patients; administration of medicines, routine and special; ice bags, hot water bags, uses and cautions in placing them; enemas, all types, their composition, preparation, use, and methods of administration.	Ch. 4, TM 8-220.
Diets.....	10	Care of dishes, set-up of trays, size of servings; diets, light, soft, liquid, regular, and special.	Sec. IV, ch. 6, TM 8-500.
Ward records.....	12	Admission cards and Medical Department 55-series forms. Interward transfer cards; diet lists, ward morning report, laundry lists; disposition roster, seriously ill roster; patients' pass list; notice of death. Duty cases. Filing of all records.	Sec. I, ch. 6, TM 8-220; FM 8-45.
Total.....	175		

NOTE.—The detailed instruction referred to covers only 175 hours of the total instruction. It includes the 122 hours shown under note 7 and the 53 hours specifically indicated under note 8.

SECTION III
PROGRAMS FOR SPECIALISTS' TRAINING

7. BANDSMAN (021).

Subject	Text reference	Total hours	Hours per week ^a							
			3	4	5	6	7	8	9	10
<i>Basic ^b (all individuals)</i>										
Dismounted drill ^c	Pars. 114-158, FM 22-5.....	8	1	1	1	1	1	1	1	1
Physical training ^c	Chs. 1-3, FM 21-20; AR 605-110.....	8	1	1	1	1	1	1	1	1
Inspections.....	Sec. IV, FM 21-15; pars. 230-242, FM 22-5.....	12	1	2	1	2	2	1	2	1
Total basic.....		28	3	4	3	4	4	3	4	3
<i>Technical ^d (occupational)</i>										
Field music.....	Chs. I and II, FM 28-5.....	12	4	4					2	2
Military bugle music.....	Ch. I, TM 20-250.....	152	15	14	21	20	20	21	20	21
Band training.....	Ch. I, TM 20-250; chs. 1 and 2, FM 28-5.....	20	4	4	4	4	4	2	2	2
Bugler.....	Ch. I, TM 20-250.....	28	10	10				2	2	2

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Salutes and ceremonies.....	AR 600-30.....	28	2	2	4	4	4	4	4	4	4	4
Messenger.....	Chs. 2 and 3, FM 24-5.....	52	2	2	8	8	8	8	8	8	8	8
Total technical.....		292	37	36	37	36	36	36	37	36	36	37
Open time.....		32	4	4	4	4	4	4	4	4	4	4
Grand total.....		352	44	44	44	44	44	44	44	44	44	44

a For the 11th, 12th, and 13th weeks, as provided in detailed program, section II.

b All individuals for the first 2 weeks will receive the same basic instruction. See detailed program, section II.

c Ceremonies and organized athletics will be conducted during other than scheduled hours.

d Proficiency in specialty is to be acquired by soldier upon completion of instruction through service in an organization where applicable exercise is to be obtained.

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8. CLERK (052) AND (055).

Subject	Text reference	Total hours	Hours per week ^a									
			3	4	5	6	7	8	9	10		
<i>Basic ^b</i> (all individuals)												
Dismounted drill ^c	Pars. 114-158, FM 22-5.....	8	1	1	1	1	1	1	1	1	1	1
Physical training ^e	Chs. 1-3, FM 21-20; AR 605-110.....	8	1	1	1	1	1	1	1	1	1	1
Inspections.....	Sec. IV, FM 21-15; pars. 239-242, FM 22-5.....	12	1	2	1	2	1	2	1	2	1	1
Total basic.....		28	3	4	3	4	4	3	4	3	4	3
<i>Technical ^d</i>												
Military correspondence, authorized abbreviations, filing.....	AR 340-15; AR 850-150.....	14	4	5	5							
Morning report.....	AR 345-400; pars. 58-65, ch. 5, TM 12-250.....	22	3	5	4	5	4	1				
Service record.....	AR 345-125; pars. 23-57, ch. 4, TM 12-250.....	12	4	5	3							
Payrolls, final statement, allotments.....	AR 35-5520; AR 345-155; AR 345-475; pars. 148-179, ch. 13, TM 12-250.....	22	4	5	3	5	5					
Personal records and duty roster.....	AR 345- and 615-series.....	22				5	2	5	3	7		
Property record and company supply.....	AR 35-6520 to 35-6700; AR 40-1705.....	8						4	2	2		
Charge sheets.....	P. 233, App. 3, MCM.....	6				5	1					
War Department publications and Army Regulations.....	AR 1-15; AR 310-50; TM 12-250.....	10						5	2	3		

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Medical Department report, sick and wounded, sick report, death report.	AR 40-1025; AR 345-415; AR 600-550.....	18					3	5	5	5
Company funds and collection sheet	AR 210-50; pars. 84-02, ch. 9, TM 12-250	6							3	3
Typing (applicatory)	Standard text.....	152	22	16	22	16	21	17	21	17
Total technical.....		*292	37	36	37	36	36	37	36	37
Open time.....		32	4	4	4	4	4	4	4	4
Grand total.....		352	44	44	44	44	44	44	44	44

^a For the 11th, 12th, and 13th weeks, as provided in detailed program, section II.

^b All individuals for the first 2 weeks will receive the same basic instruction. See detailed program, section II.

^c Ceremonies and organized athletics will be conducted during other than scheduled hours.

^d Proficiency in specialty is to be acquired by soldier upon completion of instruction through service in an organization where a applicatory exercise is to be obtained.

* See scope of instruction and text references.

Scope of instruction and text references.

Subject	Number hours	Scope of instruction	Text reference
Military correspondence.....	9	Preparation of military letters and indorsements in conformity with Army Regulations; heading, body, signature, unused margins, arrangements of letters, folding, and channels of communication. Applicatory exercises.	AR 340-15; pars. 7 to 20, ch. 2, T'M 12-250.
Authorized abbreviations.....	3	The most frequently used abbreviations as listed in Army Regulations and proper application in the various reports and returns.	AR 850-150; pars. 198 and 199, ch. 16, T'M 12-250.
Filing.....	2	The Dewey Decimal Filing System and its classification of all military correspondence relevant to filing.	Pp. 7 to 23, War Department correspondence file.
Morning reports.....	22	The importance of this basic report. Thorough knowledge of the various sections of the reports; recording changes of status of personnel in proper spaces, and entries under "Remarks" in a clear and concise manner. Computation of rations and proper recording in ration section. Applicatory exercises.	AR 345-400; pars. 58 to 65, ch. 5, T'M 12-250.
Service record.....	12	Object of maintaining a service record. Its great importance to the individual, Government, and family of soldier; discussion of each entry under the various headings therein. Next indorsements, final indorsement, extract of service record and procedure of securing new service record when lost. Applicatory exercises.	AR 345-125; pars. 23 to 57, ch. 4, T'M 12-250.
Pay rolls.....	14	Preparation of Army pay rolls; number of copies, certification and distribution; recording remarks affecting pay, such as stoppages, allowances, and changes in grades and ratings. Pertinent regulations affecting the enlisted man's pay. Applicatory exercises.	AR 345-155; pars. 148 to 179, ch. 13, T'M 12-250.
Final statement.....	4	Preparation of final statements from a completed service record; pertinent regulations referring to this form and its entries. Applicatory exercises.	AR 345-475; pars. 180-182, ch. 13, T'M 12-250.

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Allotments.....	4	Preparation of forms for authorization of allotments and discontinuance of allotments. Pertinent instructions affecting entries thereon. Procedure in making and discontinuing an allotment. Applicatory exercises.	AR 35-5520; pars. 116 to 147, ch. 12, TM 12-250.
Personnel records:			
Discharges.....	7	Enumerate and explain the various discharges; authority and procedure for discharge; thorough knowledge of pertinent regulations.	AR 615-360.
Discharge certificates.....	2	Preparation of certificates; kinds of discharge certificates, and character given thereon.	AR 345-470.
Desertion.....	3	Administrative procedure of desertion. Preparation of forms and kinds required. Disposition of these forms, such as report of desertion, service record, and antedescription pay roll.	AR 615-300.
Transfer.....	2	Application for transfers, initiation of procedure, channels of approving authority, requirements for application, and final authority.	AR 615-200.
Appointments and re- duction of noncom- missioned officers and privates in the Medical Depart- ment.	2	Authority to appoint and to reduce enlisted men. Procedure and qualifications required. Permanency of grades.	AR 615-15.
Ratings and disrat- ings of specialists in Medical Depart- ment.	2	Authority to rate and disrate. Qualifications required.....	AR 615-20.
Roster of troops.....	2	Initial rosters, special rosters, final rosters, report of change card, contents of these cards, and classes of personnel to be recorded thereon.	Letter WD, AG 320.2 (10-30-40) EX, Subject "Reorganization of Army Personnel System."
Duty roster.....	2	Object of a duty roster. Preparation of form. Various duties to be recorded thereon and classes of personnel. Pertinent rules affecting this roster. Applicatory exercises.	AR 345-25; pars. 72 to 75, TM 12-250.

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Subject	Number hours	Scope of instruction	Text reference
Property record and company supply.	8	General knowledge of the principles of the supply system; procurement, storage, issue, and disposition of supplies and blank forms used. Report of surveys; inventory and inspection reports and statement of charges. Preparation of requisitions for supplies and clothing. Classification of property with regard to accountability and responsibility.	AR 35-6520; AR 35-6540; AR 35-6560; AR 35-6580, AR 35-6620 to AR 35-6700; AR 40-1705.
Charge sheet.....	6	Preparation of a charge sheet; general knowledge of the Articles of War, specifications and technical charge; number of copies required and disposition of form.	Par. 233, App 3, MCM.
War Department publications.	6	Definitions of bulletins, circulars, memoranda, general and special orders, court-martial orders, contents, authority and purpose.	AR 310-50.
Army Regulations.....	4	Purpose, scope, contents of regulations. Numbers, arrangement, and distribution. Changes in Army Regulations. Conversancy with regulations pertaining to the various arms and services of the Army and ability to interpret them correctly.	AR 1-10; AR 1-15.
Register of sick and wounded.	10	Preparation of the report of sick and wounded; report card, register card, and remaining card. Nomenclature of diagnoses, operations, and anatomical locations. Data to be recorded on the monthly report and the report card. General study of regulations relevant to the register of the sick and wounded.	AR 40-1025; AR 40-1080.
Statistical reports.....	6	Preparation of the weekly and monthly statistical reports. Contents, number of copies, and distribution. Applicatory exercises.	AR 345-415.
Daily sick report.....	6	Proper preparation of the daily report. Classes of personnel to be recorded thereon. Composition of the report, disposition of each entry, signature of officers, and the various entries under "line of duty" and how it affects the individual with regard to time and pay. Applicatory exercises.	AR 345-415.

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Death report.....	2	Preparation of report, when and by whom made. Number of copies and ultimate disposition. Contents of report. Applicatory exercises.	AR 600-550.
Company fund and collection sheet.	6	Object of fund. Sources, receipts and authorized disbursements. Conservancy with the rules relevant thereto. Custodian of fund, council book, and filing of vouchers. Preparation of collection sheet, itemized statement of each authorized activity. Certification and disposition of form. Applicatory exercises.	AR 210-50; pars. 84 to 92, ch. 9, TM 12-250.
Typing.....	152	Knowledge of keyboard. Control and manipulation drills. Speed and accuracy in touch typewriting and ability to write from solid copy.	Standard text.
Total.....	292		

MEDICAL FIELD MANUAL

9. SUPPLY SERGEANT AND RECEIVING AND SHIPPING CLERK (186).

Subject	Text reference	Total hours	Hours per week ^a		
			11	12	13
<i>Basic ^b (all individuals)</i>					
Dismounted drill ^c		1		1	
Physical training ^c	Pars. 114-158, FM 22-5.....	3	1	1	1
Inspections.....	Chs. 1-3, FM 21-20; AR 605-110..... Sec. IV, FM 21-15; pars. 239-242, FM 22-5.....	2	1	1	
Total basic.....		6	2	3	1
<i>Technical ^d</i>					
Supply and equipment, records, requisitions, and transfer.....	Ch. 11, TM 12-250.....	22	22		
Care, handling and storage of property.....	Secs. III, IV, and V, TM 10-250.....	10		10	
Organizational property.....	T/BA 8.....	8	8		
Medical Department instruments and equipment.....	MD Sup Catalog; T/BA 8.....	35			35
Preparation of Medical Department requisitions.....	MD Sup Catalog; T/BA 8.....	16		16	
Vehicles.....	T/BA 8.....	7		7	

MOBILE UNITS OF MEDICAL DEPARTMENT

Unserviceable property.....	Ch. 11, TM 12-250.....	8	4	4
Property records.....	Ch. 11, TM 12-250.....	8	8	4
Total technical.....		114	38	39
Open time.....		12	4	4
Grand total.....		132	44	44

^a Training is to be in addition to and after completion of course of instruction (3d to 10th weeks, incl.) of clerk (055). (See detailed program for clerk (055) and (052), also scope of instruction and text references.)

^b All individuals for the first 2 weeks will receive the same basic instruction. See detailed program, section II.

^c Ceremonies and organized athletics will be conducted during other than scheduled hours.

^d Proficiency in specialty is to be acquired by soldier upon completion of instruction through service in an organization where applicatory exercise is to be obtained.

MEDICAL FIELD MANUAL

10. MESS SERGEANT (124) AND COOK (060).

Subject	Text reference	Total hours	Hours per week ^a												
			3	4	5	6	7	8	9	10	11	12	13		
<i>Basic ^b (all individuals)</i>															
Dismounted drill ^c	Pars. 114-188, FM 22-5.....	11	1	1	1	1	1	1	1	1	1	1	1	1	
Physical training ^c	Chs. 1-3, FM 21-20; AR 605-110.....	11	1	1	1	1	1	1	1	1	1	1	1	1	
Inspections.....	Pars. 239-242, FM 22-5.....	22	2	2	2	2	2	2	2	2	2	2	2	2	
Total basic.....		44	4	4	4	4	4	4	4	4	4	4	4	4	
<i>Technical ^d</i>															
Cook, general duties; mess sanitation.....	TM 10-405; AR 40-205.....	8	8												
Care of all kinds of food.....	TM 10-405.....	8	8												
Preparation (cooking and baking) of various kinds of food; nutrition.....	TM 10-405; TM 10-410.....	64	20	24	20										
Meat cutting.....	TM 10-405.....	16	8	8											
Mess management; menus; accounts; all types of rations.....	TM 10-405; AR 30-2210.....	24	4	8	12										
Field cooking.....	TM 10-405.....	16											16		
Messing on trains and transports.....	TM 10-405; Cir. 56 and 63, WD, 1940; Cir. 39, WD, 1941.....	8											8		

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11. TRUCKMASTER (068), FOREMAN MECHANIC (086), AND AUTOMOBILE MECHANIC (014).

Subject	Text reference	Total hours	Hours per week										
			3	4	5	6	7	8	9	10	11	12	13
<i>Basic ^a (all individuals)</i>													
Dismounted drill ^b	Pars. 114-158, FM 22-5	11	1	1	1	1	1	1	1	1	1	1	1
Physical training ^b	Chs. 1-3, FM 21-20; AR 605-110	11	1	1	1	1	1	1	1	1	1	1	1
Inspections	Pars. 239-242, FM 22-5; TM 10-545	22	2	2	2	2	2	2	2	2	2	2	2
Total basic		44	4	4	4	4	4	4	4	4	4	4	4
<i>Technical ^c (occupational)</i>													
Automobile repair tools	FM 25-10	8	4	4									
Maintenance methods	AR 850-15	4	2	2									
Motor terminology, units and assemblies	Secs. II, VIII, and IX, TM 10-510; FS 10-43.	36	12	12	12								
Vehicle inspection	TM 10-545	24	4	4	4	4			4				
Driver maintenance	Ch. 5, FM 25-10	36	8	8	10	10							
Second echelon maintenance	TM 10-510; TM 10-515; TM 10-540; TM 10-550; TM 10-565; TM 10-570; TM 10-580; TM 10-585; FM 25-10.	252	6	6	10	22	32	32	36	36	24	24	24

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	T/BA 8																	
Company repair equipment	36																	
Total technical	396	36	36	36	36	36	36	36	36	36	36	35	36	36	36	36		
Open time	44	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
Grand total	484	44	44	44	44	44	44	44	44	44	44	44	44	44	44	44		

^a All individuals for the first 2 weeks will receive the same basic instruction. See detailed program section II.

^b Ceremonies and organized athletics will be conducted during other than scheduled hours.

^c Proficiency in specialty is to be acquired by soldier upon completing instruction through service in an organization where applicatory exercise is to be obtained.

MEDICAL FIELD MANUAL

12. TRUCKDRIVER (245) AND MOTORCYCLIST (678).

Subject	Text reference	Total hours	Hours per week ^a					
			3	4	5	6		
<i>Basic b (all individuals)</i>								
Dismounted drill ^c	Pars. 114-158, FM 22-5.....	4	1	1	1	1	1	1
Physical training ^c	Chs. 1-3, FM 21-20; AR 605-110.....	4	1	1	1	1	1	1
Inspections.....	Pars. 239-242, FM 22-5.....	8	2	2	2	2	2	2
Total basic.....		16	4	4	4	4	4	4
<i>Technical a (occupational)</i>								
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Traffic rules.....	Ch. 2, FM 25-10.....	8	2	2	2	2	2	2
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Trouble shooting.....	TM 10-550; TM 10-580.....	8	8	2	2	2	6
Total technical.....		144	36	36	36	36	36
Open time.....		16	4	4	4	4	4
Grand total.....		176	44	44	44	44	44

^a For the period 7th to 13th weeks inclusive, see detailed program, section II.

^b All individuals for the first 2 weeks will receive the same basic instruction. See detailed program, section II.

^c Ceremonies and organized athletics will be conducted during other than scheduled hours.

^d Proficiency in specialty is to be acquired by soldier upon completing instruction through service in an organization where applicable exercise is to be obtained.

[A. G. 381 (8-5-41).]

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