

MOBILE UNITS
OF THE
MEDICAL DEPARTMENT

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ERRATA SHEET

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Page 33. Subparagraph 30 *a*. Delete subparagraph heading "Headquarters and Headquarters Section" and substitute therefor "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." In the list of equipment set forth in the same subparagraph, delete line 3, and insert the word "or" between lines 11 and 12.

Pages 33 and 34. Subparagraph 30 *b*. (1). Delete subparagraph heading "For all battalion sections except those of separate battalions, squadron sections of horse cavalry regiments, and battalion sections of pack artillery regiments" and substitute therefor "Per Infantry Battalion Section." In the list of equipment set forth in the same subparagraph, insert the word "or" between lines 10 and 11, and add to the list the following:

- 2 each, Cover, load, heavy canvas
- 2 each, Brush, horse, Chinese bristle
- 2 each, Bag, Canvas, feed

Page 34. Subparagraph 30 *b* (2). Delete entire subparagraph.

Page 34. Subparagraph 30 *b*. (3). Delete subparagraph heading "For squadron sections of horse cavalry regiments and battalion sections of pack artillery regiments" and substitute therefor "Per Squadron Section, Cavalry (horse); Battalion Section Pack Artillery; 2 per Regimental Headquarters Section Pack Artillery; Section, Separate Battalion Pack Artillery." Add to the list of equipment set forth in same subparagraph the following:

Top load consisting of:

Splint set, case, empty: (Containing)

- 6 each, Bandage, muslin
- 2 each, Splint strap
- 2 each, Splint, Thomas, arm, hinged
- 2 each, Splint, Army, leg, half-ring
- 2 pairs, Splint, support and foot rests
- 2 each, Splint, wire ladder
- 2 rolls, Splint, wire gauze
- 1 each, Blanket, O. D.
- 1 each, Blanket, rubber
- 1 each, Litter, folding
- 1 each, Phillips pack saddle.

Page 34. Subparagraph 30 *d*. Delete subparagraphs (1), (2), and (3) and substitute therefor "For Veterinary Dispensary Equipment and Veterinary Pack Equipment, see TBA."

Page 277. Paragraph 317. In line 3, delete the word "eight" and substitute therefor the word "four."

U.S. Medical Field Service School,
Carlisle Barracks, Pa.

MOBILE UNITS of the MEDICAL DEPARTMENT



Prepared in the
Department of Extension Courses,
Medical Field Service School.

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WAR DEPARTMENT,
Office of The Surgeon General,
January 27, 1941

The doctrines and policies of medical service, set forth in this text, are approved, and will be followed in all instruction given by the Medical Field Service School pending the publication of FM 8-5, Mobile Units of the Medical Department.

James C. Magee,
Major General, U. S. Army,
The Surgeon General.

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CHAPTER I

GENERAL CONSIDERATIONS

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1. **PURPOSE.** This manual is prepared for the purpose of providing Medical Department officers with a ready reference on the details of the organization, functions, equipment, and technical training of medical troops, and to serve as a text in resident schools and in Army Extension Courses.

2. **SCOPE.** The matter presented herein is limited to the internal characteristics of medical units as distinguished from their tactical employment in connection with troops of the arms and other services. It is information that is 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 training or the discharge of their technical functions. It comprises: supply, maintenance, transportation (except of sick and

injured), military justice, reports and returns, and the house-keeping arrangements required for sheltering and feeding of personnel.

b. Administrative unit. An administrative unit is one charged with administrative functions (see subpar. *a*), although not necessarily all administrative functions. The administrative units of an army are companies, separate battalions, regiments, divisions, and the army. Corps have full administrative responsibilities in connection with corps troops and limited administrative responsibilities in connection with component divisions; but the medical responsibilities of a corps ordinarily are limited to those associated with corps troops.

c. Army. Used in a broad sense, an army is the aggregate of the land forces (including, sometimes, aviation) of a nation; such as the United States Army. In a restricted and specific sense, an army is a unit of a field force; and is composed of a headquarters, army troops, and two or more corps.

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 branches other than medical.

e. Battalion. A battalion is a unit composed of a headquarters and two or more companies. 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 all the administrative functions of a regiment. (See AR 240-5).

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 branch. As used herein, this definition applies with equal force to a troop of Cavalry, a battery of Artillery, a squadron of the Air Corps, 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 United States 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 composed of a headquarters, corps troops, and two or more divisions; and is often further specified as an *army corps*.

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 and troops of the essential arms and services, all in correct proportion and so organized as to make it tactically and administratively a self-contained force capable, to a limited extent, of independent action (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 the maintaining of a stock record account upon which is entered all the items of property to be accounted for. 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 that is 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. A regiment is a unit composed of a headquarters and two or more battalions. It is both a tactical and an administrative unit, and usually includes a service company and

other non-battalion elements with special tactical or administrative functions.

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

p. Squads. A squad is a group of soldiers 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; *e. g.*, 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 interdict the use of certain drugs, but he may not alter the military status of the medical personnel of a lower echelon.

4. THE 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*.

b. General organization. See Figure 1. The Medical Department consists of The Surgeon General and the Assistant Surgeons 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 communications 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 service 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 in 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 pars. 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 be an element of a division, of corps troops, of army troops, or the G H Q Reserve; or whether it be 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 be further evacuation of casualties to the Zone of the Interior, such service constitutes a fifth echelon of medical service, and is a function of G H Q.

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

f. In 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 THE MEDICAL DEPARTMENT. Except in very small units, a staff is provided to assist the commander in the exercise of his command functions. The staff may be subdivided into two groups—(1) the *general staff* and (2) 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 100-5).

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 be 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 THE 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 Bureau of Insular affairs, 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 of that 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. 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. A surgeon also commands such other medical units that may be assigned or attached under the provisions that are set forth in subpar. *c*, immediately following.

c. General command functions of all surgeons. Surgeons

of echelons other than are mentioned in subpar. *b*, immediately above, ordinarily are assigned to the headquarters of the commands of which they are staff officers. However, they are the immediate military superiors of all commanders of medical units that may be assigned or attached to the echelons of which they are surgeons, and which are not, in turn, assigned or attached to a subordinate element thereof. Thus, although not assigned thereto or in *immediate* command, a corps surgeon commands the corps medical battalion, and an army surgeon commands the medical regiments, evacuation and surgical hospitals, veterinary company, etc., that are assigned to the army and retained under army control.

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 this text 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 branches.

(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, communications, and similar ac-

tivities.

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

d. Methods. (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) *Combined training.* It is of the utmost importance that every officer and man of those medical units directly supporting troops of the arms and other services be thoroughly familiar with the tactical dispositions and operations of the troops they serve. While a certain amount of this knowledge may be imparted didactically, 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. It is administratively possible to concentrate upon training in one or two subjects until they have been exhausted and then to proceed to other subjects in turn. But such a course is objectionable for two reasons: (a) if it become 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 (b) 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.

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 exclu-

sively 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 branches.* Supplies are either *general* or *special*. *General supplies* are those used by two or more branches, 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) branches.* *General supplies* are issued (and, in so far 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 branch; such as engineer supplies, ordnance supplies, quartermaster supplies, medical supplies, etc.

(3) *By necessity for accountability.* 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, foot powder, 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*.

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 the field.* For simplicity and convenience in administration, all supplies required by troops in the field, regardless of other classification, are divided into five classes, as follows:

(a) *Class I.* Those articles which are consumed at an approximately uniform daily rate irrespective of combat oper-

ations or terrain, and which do not necessitate special adaptation to meet individual requirements; such as rations, forage, fuel, and illuminants. These supplies are distributed automatically on the basis of strength returns, and no requisitions are necessary.

(b) *Class II.* Those articles of equipment which, though consumed at an approximately constant rate, are for the personal use of the individual and necessitate special arrangements to meet individual requirements, such as clothing and gas masks; and those authorized articles of equipment for which allowances are established by Tables of Organization and Tables of Allowances, such as arms, and engineer, *medical*, ordnance, quartermaster, and signal equipment, including vehicles, both motorized and animal-drawn.

(c) *Class III.* Motor fuels and lubricants (air and ground).

(d) *Class IV.* Those articles of supply which are covered in Tables of Allowances and the demands for which are directly related to the operations contemplated or in progress (except for articles in Classes III and V), such as fortification materials, construction materials, and machinery.

(e) *Class V.* Ammunition, pyrotechnics, antitank mines, and chemicals.

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 *branch depots*, each of which is operated by a single supply arm or service.

(3) *Distribution.* (a) *Zone of Interior depots.* Supplies procured in the Zone of the Interior ordinarily are delivered to Z. of I. depots. These are the largest of all depots and maintain the highest levels of stockages. They ship supplies to—

(b) *Theater of Operations depots*, usually located in the Communications Zone when such is established. These depots may be either general or branch. They maintain a lower level of

stockages than Z. of I. depots; and, in turn, they ship to—

(c) *Army depots*, which normally are branch depots and are located in army areas. Levels of stockages rarely exceed ten days of supply in army depots; and they, in turn, ship to—

(d) *Corps and division supply officers* of the several supply arms and services. Corps and divisions normally operate no depots and maintain only small reserve stocks. An independent corps, however, will operate depots comparable to army depots; and, when operating independently or located in camp in a rear area, a division may operate depots temporarily. Corps and division supply officers usually distribute at once to the proper units the supplies received from the army depots.

d. *Unit supply officers*. (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) He keeps his commander informed of the supply situation within the unit, and advises him upon all supply matters.

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

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

(d) In many organizations he 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 branches 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 or detachment commander in supply matters. He prepares the requests for supplies, maintains all supply records, and keeps a constant check upon the property on hand.

(4) *Accounting.* 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.

CHAPTER 2

ATTACHED MEDICAL PERSONNEL

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SECTION I

GENERAL CHARACTERISTICS

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10. 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 very 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.

11. STATUS. The medical detachment of a regiment occupies the same general position in that regiment as any one of the companies that are not parts of a battalion, such as the head-

quarters company or the service company. The medical detachment of a separate battalion has the same general status as any company of that battalion.

12. TYPE ORGANIZATION. *a. Regimental medical detachments* are organized into a headquarters, a headquarters section, and a number of battalion sections corresponding to the number of battalions in the regiment. When veterinary service is provided, there is, in addition, one veterinary section in the regimental medical detachment. For examples, see Figures 2, 3, and 4.

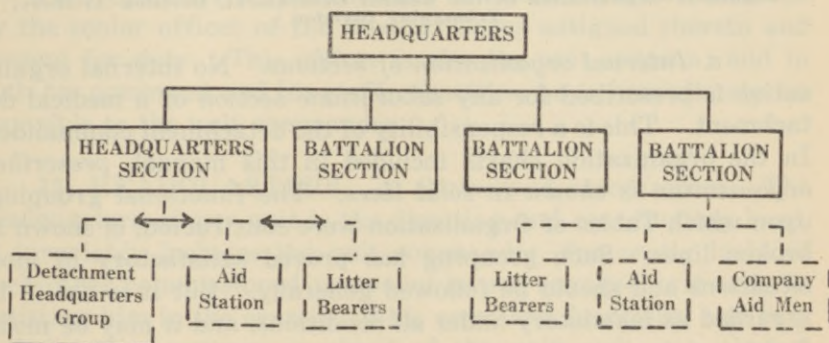
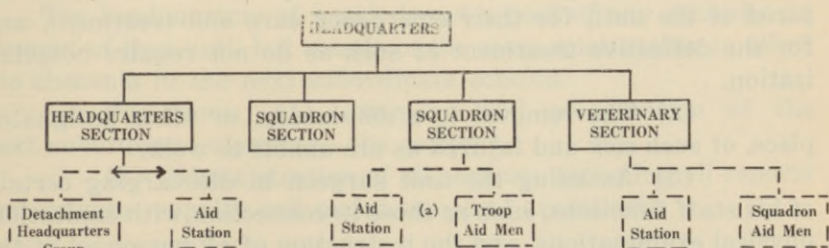


Figure 2: Organization of the Medical Detachment, Infantry Regiment

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.



(a) 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 the Medical Detachment, Cavalry Regiment

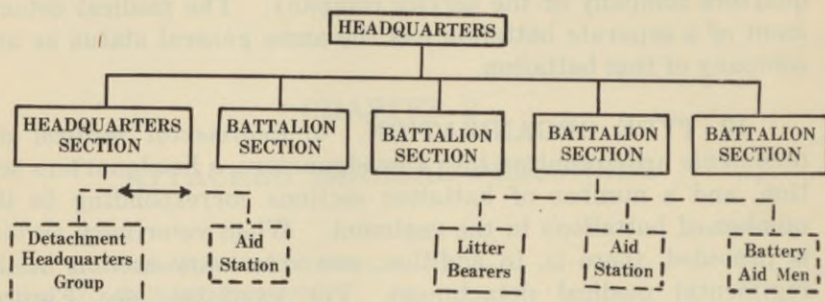


Figure 4: Organization of the Medical Detachment, Division Artillery, Triangular Division

c. Internal organization of sections. 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 were constructed, is shown in broken lines. Such grouping has proved satisfactory in most situations and should be followed generally. But it is *not* to be regarded as mandatory under all conditions, and it may be modified to meet unusual situations.

13. 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.

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.

14. **COMMAND.** Unit medical detachments are commanded by the senior officer of the Medical Corps assigned thereto and present for duty. This officer is also the unit surgeon; and in both his command and his staff capacities, he is immediately responsible to the unit commander.

15. **HEADQUARTERS.** *a. Status and organization.* 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 common overhead of the unit such as a clerical force and supply and housekeeping personnel.

The headquarters of a medical detachment is limited to the detachment commander. The other detachment overhead is assigned to the headquarters section [see par. 16 *b* (2)], dividing its activities between tactical and administrative functions as the situation indicates.

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.

16. **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. This is to say that 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—the one tactical and the other administrative.

(2) *Functional.* 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 subpar. *e*).

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) To relieve a battalion section of accumulated casualties in order that it may regain its tactical mobility.

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

(5) All administrative operations of the entire detachment.

(6) To assist the regimental surgeon in the discharge of certain of his staff duties [see par. 13 *a* (3)], although the personnel of the other medical sections, unless attached elsewhere, may also be used for such duty.

d. Command. The headquarters section is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. If no such officer be present, the section is commanded by the senior officer of the Medical Department present for duty therewith.

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. 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).

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.

17. 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 an exclusively 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).

18. VETERINARY SECTION. *a. Status.* The veterinary section is a subordinate element of the unit medical detachment, occupying a position comparable to that of any of the other sections.

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 are feasible:—

(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) To assist 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 detachment commander (unit surgeon).

SECTION II

ENLISTED PERSONNEL

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19. GENERAL QUALIFICATIONS. Admittedly, each arm and service regards its own personnel requirements as being of special importance. Obviously, all cannot have the choicest material. While the Medical Department cannot expect a preferred selection of enlisted manpower, it should guard against an adverse selection. 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 branches. 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. And 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.

Undersized men and those with little strength and endurance should not be assigned to medical detachments regardless of other qualifications. It must be remembered that a large part of the operations of most medical detachments consists of the

gruelling task of carrying casualties on litters; and for this type of duty weak men are useless.

20. VOCATIONAL QUALIFICATIONS. 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 *per se* any recommendation.

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. Experience gained in dispensing soft drinks or merchandising cosmetics is difficult to capitalize upon in the medical service of any echelon.

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 material is readily trained. Some education is desirable in noncommissioned officers and technical specialists; but a highly educated private may become discouraged if there be no opportunity for advancement in his unit.

21. NONCOMMISSIONED OFFICERS. 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.

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 on the basis of clerical ability or technical skill. Formal examinations are unreliable tests of the qualities essential in a satisfactory noncommissioned officer.

22. 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—*i. e.*, whether it be 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 *c*) and, in addition, are given the special training pertaining to their special duties (see par. 25).

SECTION III

TRAINING

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23. MANAGEMENT. *a.* See FM 21-5.

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

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. This is to say, for example, that the scope and objective of training in nursing in the medical detachment should be different than training in the same subject in an evacuation hospital. It is not only useless but also confusing to train a soldier in a technique that the situation or want of apparatus will not permit him to apply.

24. 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, so that each man is thoroughly familiar 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.

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, etc.

(3) Manual transport of patients (*i. e.*, 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 in so far as protected litter routes are concerned.

(3) Placing a patient upon a litter.

(4) Physical exercise directed toward increasing the strength and endurance required in their particular task. It cannot be over-stressed that strength and endurance are the most important qualifications of litter bearers. Faulty posture should be sought for and corrected, weak feet strengthened by appropriate exercises, and the most efficient manner of bearing their burdens taught them.

25. 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. Chauffeurs are 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 their respective vehicles and its proper loading; and in routine maintenance of and minor repairs to their vehicles.

c. Clerks are specially trained in the conduct of routine correspondence; in simple filing; in the preparation and maintenance of detachment and individual records and reports, such as the morning report, the daily sick report, the duty roster, the pay roll, service records, individual equipment and clothing records (when used), final statements, statements of charges, and discharge certificates; in the preparation of court-martial charges and specifications; and in the preparation of medical reports, such as the surgeon's morning report of the sick and casualty reports.

d. Dental technicians are 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.

e. Medical technicians are 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 materiel 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.

f. Motorcyclists. See also subpar. *a*, *Chauffeurs*. In addition, they should be specially trained as messengers which includes proficiency in the accurate transmission of oral messages; in 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.

g. Pack drivers are 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.

h. Sanitary technicians. (1) *Medical service.* Sanitary technicians of the medical service are 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, incinerators, 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.

(2) *Veterinary service.* 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.

i. Surgical technicians are trained in all aspects of surgical asepsis; in the materiel 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.

j. Veterinary technicians are 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 the 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.

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

a. The dispositions and operations of attached medical personnel in the various situations in which the regiment (or battalion) may find itself; such as in bivouac, on the march, and in the several types of combat.

b. The 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 ordinarily are easily obtained by veterinary sections.

c. The supply of sections in combat.

d. Entrucking and detrucking.

e. Entraining and detraining, including loading of materiel.

27. COMBINED TRAINING. 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.

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.

28. DRILLS. *a. Close order drill* is the only *drill* practised by medical detachments. 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.

b. Formations. Medical detachments approximate, as nearly as possible, the close order formations employed by the other elements of the units to which they belong. Dismounted detachments conform to infantry drill regulations (see FM 22-5). Whenever practicable, the internal tactical organization of the detachment is preserved; *i. e.*, each section is a unit in the formation.

c. Ceremonies. The detachment participates in the ceremonies of the unit. Sections may participate in battalion ceremonies. The detachment is formed as a unit in regimental ceremonies, rather than being divided among battalions, and ordinarily is commanded by the second senior officer of the Medical Corps assigned thereto and present for duty—the detachment commander participating as the surgeon on the staff of the unit commander.

d. Litters are *NOT* carried in drill and ceremonies.

SECTION IV

EQUIPMENT AND INSTALLATIONS

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29. INDIVIDUAL EQUIPMENT. 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 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 Medical Department Supply Catalog.

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 soldiers 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.

30. ORGANIZATIONAL EQUIPMENT. The equipment of the medical detachment varies with the character of the organization it serves.

a. Headquarters and Headquarters Section.

- 1 each, Chest, MD, No. 1.
- 1 each, Chest, MD, No. 2.
- 1 each, Chest MD, No. 4.
- 1 each, Water sterilizing set.
- 1 each, Lantern set.
- 1 each, Splint set.
- 1 each, Cocoa unit.
- 1 each, Tent, pyramidal, large, complete with fly, poles and pins.
- 1 case, Tent pins.
- 1 each, Blanket set.
- 6 each, Litter, aluminum poles.
- 6 each, Litters, wood poles.
- 1 each, Axe, with helve.
- 1 each, Pick, with helve.
- 1 each, Shovel, with D-handle.
- 3 each, Buckets, GI, 14-quart.
- 1 each, Flag, Geneva Convention.
- 1 each, Rope, $\frac{1}{2}$ -inch, 40 feet.

b. Battalion Sections. (1) *For all battalion sections except those of separate battalions, squadron sections of horse cavalry*

regiments, and battalion sections of pack artillery regiments.

- 2 each, Chest, MD, No. 1.
- 1 each, Chest, MD, No. 2.
- 1 each, Water sterilizing set.
- 2 each, Lantern sets.
- 2 each, Splint sets.
- 2 each, Cocoa units.
- 1 each, Tent, small wall, complete with fly, poles, and pins.
- 1 case, Tent pins.
- 2 each, Blanket sets.
- 12 each, Litters, aluminum poles.
- 12 each, Litters, wood poles.
- 2 each, Axes, with helves.
- 2 each, Picks, with helves.
- 2 each, Shovels, with D-handles.
- 2 each, Buckets, canvas, 18-quart.
- 2 each, Flags, Geneva Convention.
- 2 each, Ropes, $\frac{1}{2}$ -inch, 40 feet.

(2) *For detachments of all separate battalions and comparable units.* Same as for headquarters and headquarters section; see subpar. a.

(3) *For squadron sections of horse cavalry regiments and battalion sections of pack artillery regiments.*

- 1 each, Chest, Medical Pack A.
- 1 each, Chest, Medical, Pack B.

(4) *For battalion sections of armored regiments.* Not yet published.

c. Dental Dispensary. *For each dental officer assigned:*

- 1 each, Chest, MD, No. 60.

d. Veterinary Sections. (1) *For sections having more than one veterinary officer assigned.*

- 2 each, Chest, MD, No. 80.
- 2 each, Chest, MD, No. 81.
- 1 each, Field desk.
- 1 each, Axe, with helve.

- 1 each, Pickaxe, with helve.
- 1 each, Shovel, short-handled.
- 6 each, Buckets, GI.
- 1 each, Fly, wall tent large, complete with poles and pins.
- 1 each, Fork, stable.
- 1 each, Marker, Green Cross, with staff.
- 2 each, Picket pins.
- 1 each, Rope, 1-inch, 50 feet.

(2) *For sections having only one veterinary officer assigned.*

- 1 each, Chest, MD, No. 80.
- 1 each, Chest, MD, No. 81.
- 1 each, Lantern set.
- 1 each, Field desk.
- 1 each, Axe, with helve.
- 1 each, Pickaxe, with helve.
- 1 each, Shovel, short-handled.
- 3 each, Buckets, GI.
- 1 each, Fly, wall tent large, complete with poles and pins.
- 1 each, Fork, stable.
- 1 each, Marker, Green Cross, with staff.
- 2 each, Picket pins.
- 1 each, Rope, 1-inch, 50 feet.

(3) *Veterinary pack equipment. For each squadron of horse cavalry and each battalion of pack artillery.*

- 1 each, Chest, Veterinary Pack A.
- 1 each, Chest, Veterinary Pack B.

31. PHYSICAL ARRANGEMENT OF AN AID STATION.

The physical arrangement of an aid station is determined by the site and the situation. The materiel must be fitted to the site; and, in many situations, only a part of the materiel will be used.

It is important to provide proper spaces for three functions: *a.* The reception of casualties and where they can await treatment if the station be crowded; *b.* for the treatment of casualties, and this may be further divided into places for the treatment of litter cases and of walking cases; and *c.* for evacuees, after treatment, to await further evacuation. Cases awaiting treatment and evacuees should be separated.

Other functions may be allotted the most convenient spaces available. One conventional arrangement of an aid station is shown in Figure 5.

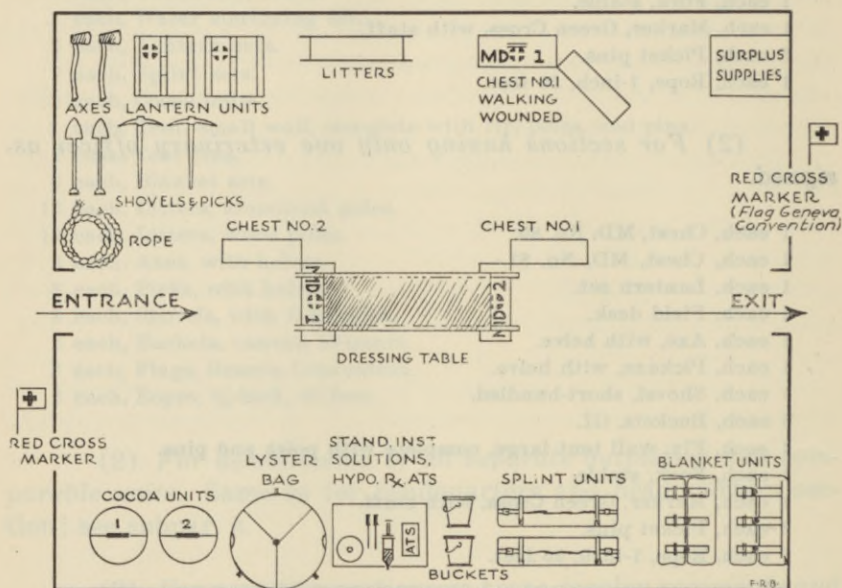


Figure 5: Conventional Arrangement of an Aid Station

32. ORGANIZATION AND OPERATION OF AN AID STATION. *a. General.* 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. In general, the following functions must be provided for:

- (1) Supply and property exchange (see FM 8-10).
- (2) Records of patients; casualty reports.
- (3) First aid treatment; sorting of casualties; preparation of evacuees for further evacuation.
- (4) Sterilization of instruments.
- (5) Prevention and emergency treatment of shock.
- (6) Hypodermic medication.
- (7) Supply of potable water.
- (8) Preparation and serving of hot liquid nourishment.

b. Type functional organization. As a type, the following functional organization of a battalion aid station may be suggested. With the assignment of five medical and three surgical technicians as company aid men, and twelve unrated privates first class or privates as litter bearers, there remain for the aid station group the following personnel: two officers, one staff sergeant, one corporal, one unrated private first class or private, and four 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 Officer | Commands section; battalion surgeon; in charge of aid station; first aid treatment, sorting, and preparation of <i>walking</i> wounded for evacuation. |
| 1 Officer | General assistant to section commander; first aid treatment and preparation of <i>litter</i> wounded for evacuation. |
| 1 Staff sergeant | Section sergeant; general supervision of all enlisted personnel; supply; assists the section commander in his technical functions. |
| 1 Corporal | Assists the officer in charge of the litter wounded; in absence of trained technician, performs shock nursing, sterilizes instruments, and administers hypodermic medication. |
| 1 Pvt. 1cl. or
Pvt., unrated | Casualty records. |
| 4 Chauffeurs
or Bearers | Utilized for the following when available: assistant in litter wounded department; assistant in walking wounded department; property exchange; drinking water; hot liquid nourishment for patients; shock nursing; sterilization of instruments; and hypodermic medication. |

c. Operations. 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.

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 E M T, and he is either turned over *at the aid station* to the medical unit in direct support or returned to his organization.

33. ORGANIZATION AND OPERATION OF A 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. 18). The following functions will usually have to be provided for:

- (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 non-salvageable animals and disposal of their carcasses.
- (5) Sterilization of instruments.
- (6) Preparation of special feeds.

b. Type functional organization. As a type, the following functional organization of a veterinary aid station of a Field Artillery Regiment, 75-mm Howitzer, Horse, may be suggested. With the assignment of two veterinary technicians, 4th class, and two unrated privates or privates first class as *battalion* veterinary aid men, there remain for the aid station group the following personnel:

1 Officer	Commands section; regimental veterinarian; in charge of veterinary aid station; sorting, and first aid treatment of animals to be returned at once to duty.
1 Officer	General assistant to section commander; in charge of the treatment of the more serious, but salvageable, cases and their preparation for evacuation.
1 Staff Sergeant	Section sergeant; general supervision of all enlisted personnel; supply; in charge of destruction and disposal of non-salvageable animals.
1 Corporal	Veterinary records and reports; sterilization; preparation of special feeds.
1 Veterinary technician, 5th cl.	Assistant to officer in charge of serious cases.
1 Veterinary technician, 6th cl.	Assistant to officer in charge of less serious cases.
2 Pvs 1 cl., or Pvs, unrated	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. 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.

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

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34. 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*. See par. 36.

(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.

35. ADMINISTRATIVE ORGANIZATION. Such enlisted personnel as may be required in 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, especially in combat, required of them.

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

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

(3) *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.

(4) *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.

(5) *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.

37. QUARTERS AND RATIONS. a. *In posts or camps.* 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.

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

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 more conveniently located.

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

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SECTION I

THE BATTALION

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38. ORGANIZATION. See Figure 6. The medical battalion is designed to serve the triangular infantry division and is, only incidentally, suitable 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.

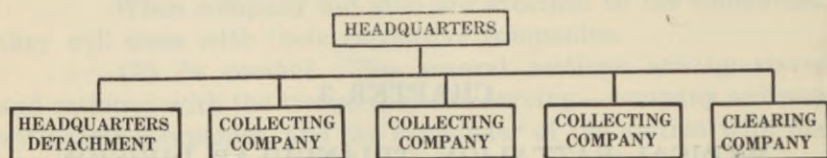


Figure 6: Organization of the Medical Battalion, Triangular Division & Corps

39. 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.

40. FUNCTIONS. *a. The division medical battalion.* (1) Second echelon medical service within its division (see par. 5 *b*).

(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. The 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 subpar. *a* (2)]. The corps surgeon plans and directs such medical supply.

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

41. COMMAND. *a. The division medical battalion* is commanded by the senior officer of the Medical Corps (normally a lieutenant colonel) 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. The corps medical battalion is commanded by the senior officer of the Medical Corps (normally a lieutenant colonel) assigned thereto and present for duty. *This officer has no staff functions.* He is immediately responsible, in his command function, to the corps surgeon.

42. HEADQUARTERS consists of the battalion commander and his staff (see par. 44). The *enlisted personnel* on duty with the headquarters, to simplify administration, are *assigned* to the headquarters detachment (see par. 56), in which unit they constitute the battalion headquarters section.

Battalion headquarters establishes and operates the *battalion C P*, 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 C P 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 C P. See FM 8-10.

43. BATTALION COMMANDER. See also par. 41. The battalion commander is directly responsible to the division commander, in division medical battalions, and to the corps surgeon, in corps medical battalions, for the administration, discipline, training, and operations of the battalion in all situations. He makes the basic decisions and his staff elaborates the details necessary to carry his decisions into effect.

44. BATTALION STAFF. *a. General.* The battalion staff assists the commander in the discharge of his *command* functions. They are not concerned, in the division medical battalion, with the *staff* functions of the division surgeon (see FM 8-10). The battalion staff includes the executive officer, the plans and training officer (S-3), the adjutant (S-1), and the supply officer (S-4).

b. The executive officer, ordinarily a major, is the principal assistant and advisor of the battalion commander. He heads the battalion staff. It is essential that he have 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 the basic decisions from the commander, makes the necessary supplemental decisions, and directs and

coordinates the work of other battalion staff officers in the preparation of plans and orders. He keeps abreast the situation in order to be able intelligently to advise the commander at all times.

In the absence of the commander, he directs the activities of the battalion in conformity with the established policies of the commander. When the commander cannot be reached in time, he meets unforeseen situations as they arise, taking such action as he believes the commander would take were he present. In combat, he remains at the battalion command post.

c. The plans and training officer (S-3) is 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) The collection and evaluation of all data bearing upon the operations of the battalion.

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

- (5) The preparation of the field orders issued by the battalion commander (see FM 8-10).

- (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) The preparation and maintenance of situation and operations maps; the supply of maps to subordinate commanders.

- (8) The preparation of reports pertaining to operations and to training.

- (9) The supervision, *under the commander*, of the training of the battalion.

d. The adjutant (S-1) is 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) The correspondence of the battalion.

(2) The 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) The operation of the battalion message center.

(7) The postal service of the battalion.

(8) Educational, recreational, and welfare activities.

e. The 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. 54); 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 finance 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. 57 a).

45. 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. 19).

b. Vocational qualifications. The range of vocational qualifications required is somewhat wider than in the case of unit medical detachments (see par. 20). Clerical personnel, in general, should be abler, 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 medical specialists, such as pharmacists and technicians trained in shock nursing.

c. Noncommissioned officers must be leaders. See par. 21.

46. 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. His subordinate commanders, in turn, are responsible to him for the training of their respective units; but the responsibilities of subordinate commanders in no wise relieves the battalion commander of his responsibility for the training of the battalion as a whole and of each subordinate element thereof.

b. Management. The next higher commander (see par. 41) 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 discretion; but training for a special operation, such as an attack of a river line or a night attack, should be closely coordinated and supervised.

Individual and subordinate unit training is conducted by the subordinate commanders who prepare the training programs, as-

sign 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 text pertaining to the unit concerned.

Combined training with other elements of the division or corps is the responsibility of the common commander, who prepares the programs and conducts the training.

c. 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 that the division (or corps troops) may engage in. 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.

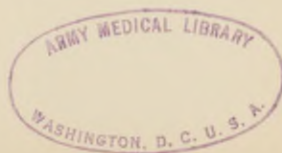
(2) *Logistical training* in—

(a) Unit supply of all kinds under all conditions; unit distribution, railhead distribution; 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.

47. DRILLS AND CEREMONIES. *a.* The battalion drills by command when in mass formation.

b. Training in ceremonies. The battalion should be trained in forming for inspection, with and without field equip-



ment. It may be required to participate in reviews, parades, and funerals, and should be given a reasonable amount of training in such ceremonies.

c. Formations. See FM 22-5.

48. EQUIPMENT. All equipment is in the possession of the subordinate units, *q. v.*

49. INSTALLATIONS. The various installations of the battalion are:

a. Battalion command post. See par. 42.

b. Battalion distributing point. See par. 62 *b.*

c. Battalion motor repair park. See par. 62 *d.*

d. Division (or corps) medical distributing point and dump(s). See par 62 *c.*

e. Collecting station(s). See par. 74.

f. Clearing station(s). See par. 85.

50. 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. 44 *e.* Supplies that are issued automatically in the field, such as rations, fuel, etc., are issued on the basis of strength 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.

d. Care of the 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) may, for the purpose of such reports and returns, be designated to act in such a capacity.

e. Messing. Each company and the headquarters detach-

ment operates a mess. The personnel of battalion headquarters are messed with the headquarters detachment.

SECTION II

HEADQUARTERS DETACHMENT

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51. ORGANIZATION. See Figure 7.

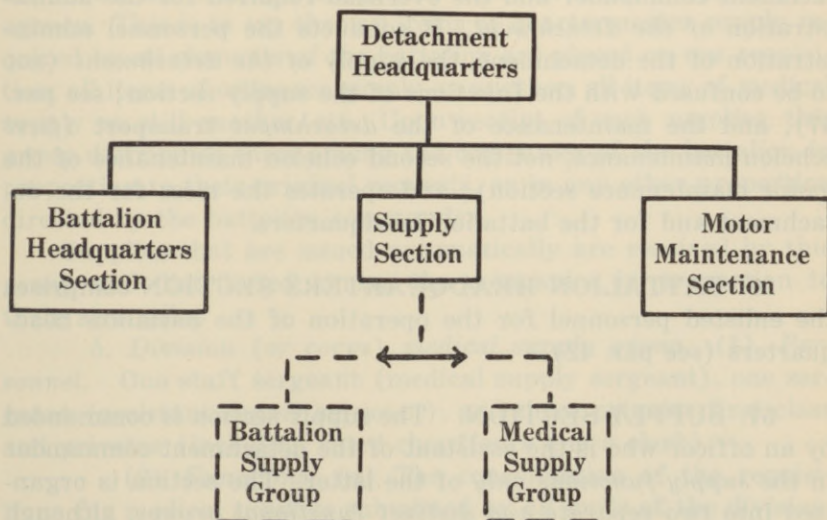


Figure 7: Organization of the Headquarters Detachment, Medical Battalion, Triangular Division & Corps

52. 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.

53. FUNCTIONS. The functions of the headquarters detachment are exclusively administrative and include:

a. The furnishing of the enlisted personnel required in the operation of battalion headquarters (see par. 42).

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.

54. 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. 44 d), and the division (or corps) medical supply officer (see FM 8-10).

55. 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. 57), 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.

56. BATTALION HEADQUARTERS SECTION comprises the enlisted personnel for the operation of the battalion headquarters (see par. 42).

57. 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 as-

sist 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 four 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. 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 branches*; and such consolidated requisitions are forwarded through the proper channels to the proper supply agency. This is to say that 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 still 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.

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 three privates first class and privates (including rated chauffeurs and a clerk).

(2) Functions. (a) The 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) The distribution of medical supplies, usually at the medical distributing point, *to unit supply officers.*

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

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.

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.

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 stockage from the medical depot of a higher echelon. Supplies are issued at the dump most informally to every unit sending for them. Other smaller dumps may be established at collecting stations.

58. MOTOR MAINTENANCE SECTION. 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.

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.

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.

59. TRAINING. *a. Management.* Based upon the training orders of the battalion commander, training programs are prepared by the detachment commander who assigns the instructors 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 branch, 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) *Chauffeurs.* See par. 25 *b.* In addition, 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.* See par. 25 *c.* It is not essential that the detachment clerk be familiar with purely medical reports and returns.

(3) *Clerk, general.* This specialist is assigned to the supply section and, in addition to general qualifications as a clerk [see subpar. (2)], he should be further specialized in the technique of supply, such as in preparing requisitions and memorandum receipts and in maintaining a stock record account.

(4) *Clerk, supply.* While he should be qualified generally as a clerk [see subpar. (2)], 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.

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

(6) *Mechanic, auto.* 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.

(7) *Mess sergeant.* Qualification as a cook [see subpar. (5)] and, in addition, in mess management, accounts, preparation of menus, constitution of all types of rations, and messing on trains and transports.

(8) *Motorcyclist.* See par. 25 *f.*

(9) *Motor sergeant.* All the qualifications of an auto

mechanic [see subpar. (6)] 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.

(10) *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.

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) The 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) The 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 movements by motor and rail.

60. DRILLS AND CEREMONIES. *a. Close order drill.* The functional demands upon this unit will limit the amount of close order drill that can be had. However, if the general soldierly qualities of the personnel are to be brought to and maintained at a satisfactory level, such drill must not be neglected altogether.

b. Ceremonies. The headquarters detachment participates in all ceremonies of the battalion. See par. 47.

c. Formations. Those of the infantry company; see FM 22-5. Functional organization may be disregarded in ceremonial formations in the interests of appearance and convenience of control.

61. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* See Medical Department Basic Equipment List for Medical Battalion, Triangular Division or Corps, dated September, 1940. The headquarters detachment has no function connected with the care and treatment of the sick and injured *except supply*; and the medical equipment and supplies listed therein (B E L) constitute the rolling reserve of medical supplies together with a few spare parts for the repair of medical equipment.

Medical Equipment, General:

	<i>Unit</i>	<i>Amount</i>
10060	Acetophenetidin USP 5 gr tab	1000 2
10100	Acid acetylsalicylic USP 5 gr tab	1000 12
10120	Acid boric USP	5 lb 2
10400	Acid tannic USP	¼ lb 12
10403	Acid tannic ointment USP	lb 3
10520	Alcohol denatured	5 gal 1
10570	Aloin compound pill	1000 6
10660	Ammonium chloride troches	1000 3
10860	Atropine sulfate USP 1/100 gr H.T.	20 50
11105	Caffeine w/sodium benzoate USP 7½ gr amp. doz	8
12180	Glycerine USP	lb 12
12210	Glyceryl trinitrate spirit USP 1/100 gr H.T. .	20 10
12640	Magnesium sulfate USP	4 lb 25
12750	Mercuric oxide yellow ointment	¼ oz 24
12800	Mercurous chloride mild USP 1/2 gr tab	1000 2
12854	Mercury bichloride large poison tab USP	250 4

13020	Normal saline sol tab	100	12
13350	Petrolatum USP	10 lb	2
13370	Petrolatum liquid heavy USP	gal	4
13390	Phenol USP	lb	4
13730	Potassium permanganate USP 5 gr tab	100	12
13820	Procaine hydrochloride USP 3/4 gr H.T.	20	50
14050	Silver nitrate USP	oz	2
14060	Silver nitrate toughened USP pencils	oz	2
14070	Silver nitrate and formalin	box	2
14120	Soap soft	lb	24
14160	Sodium bicarbonate USP	10 lb	4
14170	Sodium bicarbonate USP 5 gr tab	1000	6
14580	Strychnine sulfate USP 1/60 gr H.T.	20	12
14635	Sulfanilamide USP powder	lb	12
14637	Sulfanilamide USP 5 gr tab	1000	4
14920	Wax bone sterile	2.25 gm	6
91080	Cresol saponated sol USP 1 qt in	tin	24
91110	Iodine 15 gr potassium iodide 22.5 gm USP, 10 in	box	48
91120	Iodine swab 1½ cc, 6 in	box	200
91140	Mercurial ointment mild 1/2 oz USP	tube	50
91145	Mercuric ointment ammoniated 1 oz USP	tube	72
91150	Mercurous chloride ointment 1 oz	tube	72
91160	Oil castor 1/2 gal USP (in 97717)	tin	6
91190	Protein silver mild USP 4-6/10 gr tab, 100 in. bot		6
91200	Protein silver strong USP 4-6/10 gr tab, 100 in	bot	10
91215	Sulfur ointment 1 oz USP	tube	72
91230	Zinc oxide ointment 1 oz USP	tube	72
20090	Bandage muslin 5"	doz	24
20130	Cotton absorbent compressed	oz	500
20140	Cotton absorbent roll	lb	50
20150	Cotton batting roll	lb	25
20240	Gauze plain sterilized	pkg	1000
20300	Packet field aid (metal covered)	ea	100
20384	Sponge surgical 4 x 4	pkg	96
20386	Sponge surgical 4 x 8	pkg	96
36110	Applicator wood	cart	6
36680	Depressor tongue	cart	24
37386	Splints basswood	set	8
37455	Splint straps	ea	60
37480	Splint Thomas arm hinged	ea	48
37500	Splint army leg half ring	ea	48
37995	Suture silk dermal coarse	pkg	100
37996	Suture silk dermal medium	pkg	100
74930	Soap white floating	bar	100
76590	Tag shipping linen	ea	200

78010	Flashlight	ea	12
78020	Flashlight lamp	ea	24
78440	Litter complete w/slings	ea	24
78450	Litter brace	set	10
78460	Litter canvas	pc	12
78470	Litter ring	ea	25
78480	Litter sling	ea	12
78490	Litter strap	ea	24
78500	Litter stud	ea	24
78510	Litter tack	pkg	6
78680	Paper toilet	roll	100
79230	Strap and buckle 3 ft	ea	30
79240	Strap and buckle 6 ft	ea	30
79320	Thermometer clinical	ea	100
92010	Bandage gauze compressed 3", 72 in	box	24
92040	Bandage triangular compressed	ea	200
92050	Dressing first aid large	pkg	300
92060	Dressing first aid small	pkg	600
93750	Splint wire gauze	roll	50
93770	Suture silk braided noncapillary 3 sizes	pkg	500
97455	Blanket set large	ea	3
97535	Chest field plain (for packing drugs and dressings)	ea	6
97775	Lantern set	ea	3
97825	Surgical dressings	box	6
97865	Tray No. 6 plain	ea	6
97940	Water sterilizing set	ea	2
99405	Nails assorted 1/2 lb	tin	12
99630	Wire G.I. No. 14 gage	ft	200

Medical Equipment, Narcotics:

	<i>Unit</i>	<i>Amount</i>
10480	Alcohol USP	qt 48
11450	Cocaine hydrochloride	1/4 oz 2
11490	Codeine sulfate USP 1/2 gr tab	500 6
12410	Ipecac and opium powder 5 gr tab	500 6
12955	Morphine sulfate USP 1/4 gr H.T.	20 200
13396	Phenobarbital USP 1/2 gr tab	100 12
14860	Tincture opium camphorated USP	pt 12
14940	Whisky USP	qt 12
91155	Morphine sulfate USP 1/2 gr sol	box 75
N.S.I	Pentothal sodium (or equiv) 1 gm amp	25 24
N.S.I	Water C.P. 50 cc amp for use with pentothal. 25	24

Medical Equipment, Deteriorating Items:

	Unit	Amount
10600	Aromatic ammonia spirit USP	pt 25
11500	Collodion USP	oz 12
11747	Ephedrine sulfate NNR 1 cc amp 3/4 gr	doz 30
11750	Epinephrine hydrochloride USP sol	oz 8
11790	Ether (for anesthesia)	1/4 lb 100
11800	Ethyl chloride USP	3 oz 24
13806	Procaine hydrochloride USP 150 mgm amp...	10 40
13840	Procaine hydrochloride and epinephrine H.T.	20 50
13910	Quinine sulfate USP 5 gr tab	1000 6
16110	Tetanus antitoxin 1500 units	vial 1000
20340	Plaster adhesive 1"	spl 400
20340	Plaster adhesive 3"	spl 100
36830	Gloves medium size 7 1/2	pr 24
36840	Gloves medium size 8	pr 24
36850	Gloves medium size 8 1/2	pr 24
37780	Suture catgut chromic size 0	tube 300
37790	Suture catgut chromic size 1	tube 300
37800	Suture catgut chromic size 2	tube 300
37810	Suture catgut chromic size 3	tube 150
37850	Suture catgut size 0	tube 300
37860	Suture catgut size 1	tube 300
37870	Suture catgut size 2	tube 300
37880	Suture catgut size 3	tube 150
77160	Battery dry cell	ea 144

(2) *Quartermaster.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. The organizational equipment also includes certain Chemical Warfare, Engineer, Ordnance, and Signal Corps items (see War Department T. B. A. No. 8). These items are not furnished by medical depots but must be drawn from local supply officers of the branches indicated.

62. INSTALLATIONS. *a. Detachment command post.* The detachment C P is established by the detachment headquarters. Its location depends upon the situation. It may be located in the vicinity of the battalion C P 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.* 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.

In the distribution of Class I supplies among the companies, ultimate containers ordinarily are not broken. This is to say that a bottle of vinegar is not opened in order to give a company the six 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. If, in order to keep from breaking an ultimate container, 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, of course, 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.

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 point. (1) *Functions.* The receipt of all medical supplies for the division (or for corps troops) and their distribution among the units of the division (or corps

troops); in combat, stockage with a reserve of medical supplies (medical dump).

(2) *Location.* For administrative reasons, the medical distributing point is ordinarily established adjacent 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,* formality is abandoned in the interest of efficient medical supply. A medical dump is stocked initially with the rolling reserve and this stockage 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, re-

placement vehicles are checked and serviced before they are issued to the companies.

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

The headquarters detachment (see par. 55) 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 wise alters its supply procedures.

SECTION III

THE COLLECTING COMPANY

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64. ORGANIZATION. See Figures 8 and 9.

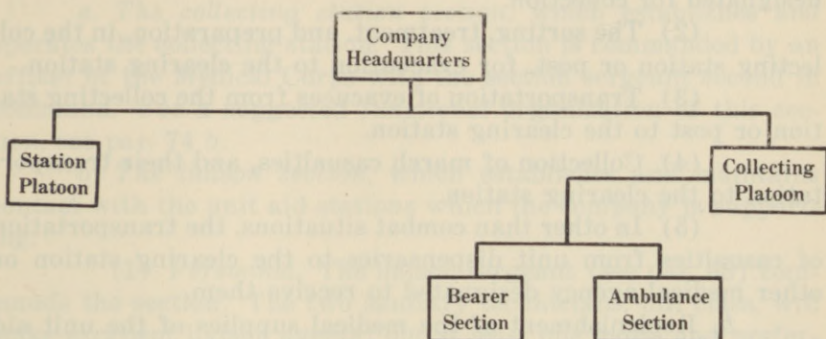


Figure 8: Organization (T. of O.) of the Collecting Company, Medical Battalion, Triangular Division & Corps

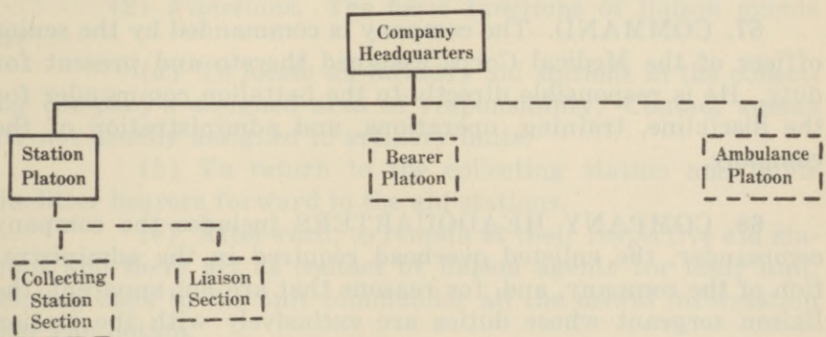


Figure 9: Organization (modified functional) of the Collecting Company, Medical Battalion, Triangular Division & Corps

65. 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.

66. FUNCTIONS. *a.* So much of second echelon medical service as is involved in:

(1) The 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) The 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) In 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).

67. 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.

68. COMPANY HEADQUARTERS includes the company commander, the enlisted overhead required in the administration of the company, and, for reasons that are not apparent, the liaison sergeant whose duties are exclusively with the station platoon (see par. 69).

The C P 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 C P, although it functions with the collecting station whenever the latter is established.

Certain personnel of company headquarters are required in the operation of the collecting station (see par. 74).

69. 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. The 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 par. 74 *b*.

b. The liaison section, which establishes and maintains contact with the unit aid stations which the company is supporting.

(1) *Personnel*. The liaison sergeant (see par. 68) commands the section. The two sanitary technicians, 5th class, will make excellent liaison agents; but at least one more, and preferably two, are required and these must be had from the basic privates unless one or more of the medical or surgical technicians can be more profitably employed on such duty.

(2) *Functions*. The basic functions of liaison agents are:

(*a*) To locate all infantry aid stations in the collecting company's assigned area of responsibility. Contact agents are not usually assigned to artillery units.

(*b*) To return to the collecting station and guide the litter bearers forward to the aid stations.

(*c*) Afterward, to remain at their respective aid stations and there act as contact or liaison agents for their unit, sending back to the unit commander all the useful information they can obtain.

(3) *Establishing contact*. Contact is established in one of two different ways:

(*a*) *Collecting station to aid station*. The contact agents remain with the collecting unit until the site for the collecting station has been fixed. Then, while the station is being established, the contact agents are sent forward to locate the aid stations.

(*b*) *Aid station to collecting station*. The contact agents are sent to locate the aid stations before the establishment of the collecting station has been started. This may be done either by attaching a contact agent to each battalion medical section before it enters combat, so that the contact agent accompanies it into position, or by dispatching the contact agents forward after the battalion sections are in position but while

the collecting unit is still in a position of readiness. When this method is employed contact agents must be informed of the general area in which the collecting station will be located. The choice of methods will depend upon the situation; but the time consumed in one journey between the aid station and collecting station is saved if the contact agent can begin his duties at the aid station.

(4) *Instructions to contact agents.* When contact agents are not attached to battalion sections prior to combat, but are dispatched forward by the collecting unit commander, their instructions must include the following:

- (a) Direction of the enemy.
- (b) Boundaries of the zone of responsibility of the collecting unit—shown both on the ground and on the map.
- (c) Designation of the unit, or units, to which the contact agent is being sent.
- (d) Location of such unit, or units, if known.
- (e) General route to be followed.
- (f) Any information to be transmitted to the regimental or battalion surgeon to whom the contact agent will report, such as the location of the collecting station and when litter squads may be expected to arrive at the aid station.

(5) *Local distribution of contact agents.* When two or more contact agents are being dispatched to a combat regiment, all should report initially to the regimental surgeon so that he may distribute them according to the plans for the employment of the regiment.

(6) *Failure of a contact agent to report.* If a contact agent sent to locate an aid station does not report back to the collecting station at the proper time, another contact agent or other soldier capable of performing the duty must be sent. Liaison must be established and maintained.

(7) *Contact agents at aid stations.* Contact agents must not only be intelligent and highly trained, but must exhibit initiative and have a keen sense of the importance of their duties and the responsibilities of their position if they are to be of any value to their commanding officer and to the medical service. **They are there to obtain early and reliable information, and they must get it and transmit it.** Their duties are to keep the collect-

ing unit commander constantly informed of—

(a) A change or contemplated change in the location of the aid station.

(b) The prevailing type of wounds or gas casualties.

(c) The number of wounded and whether increasing or decreasing.

(d) The progress of the regiment or battalion to which attached.

(e) Enemy counterattacks, of new infantry units engaged or about to engage as communicated to the contact agent by the regimental or battalion surgeon, and any other information pertinent to the military situation if it concern the collecting unit.

(8) *Agencies for transmitting information.* (a) The agencies available to contact agents for transmitting their information to the collecting station are usually limited to returning litter bearers, walking wounded (unreliable, but used when necessary), ambulances arriving at the aid station or a near-by loading post, and the telephone, when available.

(b) Messages of special importance are sent in duplicate by two different agents. One message is marked "Duplicate." Each contact agent is provided with a field message book and pencils.

(c) Sketches are sent when they supplement a written message or better explain a certain situation than does a message.

70. COLLECTING PLATOON. As now organized the collecting platoon includes a bearer section and an ambulance section. Because the functions of these two sections lie at opposite poles of the center of the company's operations, one platoon commander cannot possibly control such a platoon. It will prove more efficient in practice to organize each of these sections into an autonomous platoon, and this organization will be followed in the discussion herein. With such change, then, a collecting company consists of a headquarters, a station platoon, a bearer platoon, and an ambulance platoon (see Figure 9).

a. *Bearer platoon.* The bearer section organization includes one officer, one sergeant, one corporal, and eight litter

squads. The sergeant will prove much more useful in the ambulance platoon (see subpar. *b*), and he can, with profit, be exchanged for the corporal allotted to the ambulance *section* in T. of O. 8-67. With this exchange, the bearer platoon will consist of the platoon commander and two bearer sections of four litter squads each—each section being commanded by a corporal.

For the technique of litter bearers, see FM 8-35; and for their tactical employment, FM 8-10.

b. Ambulance platoon. With the exchange of a corporal for a sergeant (see subpar. *a*), the organization of the ambulance platoon becomes: an officer as platoon commander, and two sections of six ambulances each—the sections being commanded by a staff sergeant and a sergeant, respectively.

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

71. 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 par. 8 *d* (1).

c. Specialists. See also par. 25 *a*. (1) *Bugler.* In proficiency with his instrument and in familiarity with all calls. In addition, the bugler should be trained as a runner (messenger); see par. 25 *f*.

(2) *Chauffeurs.* See par. 25 *b*. Ambulance chauffeurs must be particularly proficient in orienting themselves on the ground, day and night; and, with their assistants, must be thoroughly trained in first aid, especially in arresting hemorrhage and adjusting splints and other dressings, since casualties are committed to their sole care for considerable periods of time.

(3) *Clerks.* The company clerk must be familiar with the personnel administration of the company (see par. 25 *c*) and, in addition, must be able to operate the message center. The latter function requires training in map reading, in signal-

ling and other means of communication, and in the preparation and recording of messages.

The corporal in the collecting station section is trained in the maintenance of casualty records and reports.

(4) *Cooks*. See par. 59 c (5). The preparation of hot drinks under the conditions obtaining in a collecting station is a very important duty of the cooks of this company.

(5) *Mechanic, auto*. See also par. 59 c (6). This mechanic should be particularly expert in emergency road-side adjustments and repairs. He is not concerned with second echelon maintenance.

(6) *Medical and surgical technicians*. See par. 25 e and i. The emergency care and treatment of traumatic shock and of gas injuries is particularly important in this company.

(7) *Mess sergeant*. See par. 59 c (7).

(8) *Motor sergeant*. See par. 59 c (9).

(9) *Sanitary technician*. See par. 25 h (1).

(10) *Supply sergeant*. See par. 59 c (10).

d. *Group*. (1) *The collecting station section* is 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) *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 par. 24 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) *The ambulance platoon* is trained in individual and convoy driving, on roads and cross country, by day and night, 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 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. 46 *c*.

g. 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.

72. DRILLS AND CEREMONIES. See par. 47*b*. 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.

73. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational.

(1) *Medical.* See Medical Department Basic Equipment List for Medical Battalion, Triangular Division or Corps, dated September, 1940.

Medical Equipment:

	Unit	Amount
78440 Litter complete w/slugs	ea	60
93750 Splint wire gauze	ea	12
97455 Blanket set large	ea	7
97565 Chest M.D. No. 1	ea	3
97570 Chest M.D. No. 2	ea	2
97575 Chest M.D. No. 4	ea	2
97775 Lantern set	ea	2
97815 Splint set	ea	6
97825 Surgical dressings	ea	3
97940 Water sterilizing set	ea	2
99145 Buckets 3 in nest	ea	1
99175 Carrier field collapsible	ea	4

(2) *Quartermaster.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 c.

74. COLLECTING STATION. *a. Organization.* The conventional organization of a collecting station is shown in Figure 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 C P 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; 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:

Receiving department: The platoon sergeant.

Walking wounded department: The station platoon commander, who is also in immediate charge of the collecting station; one surgical technician, 3d class, and one surgical technician, 4th class, as assistants and dressers.

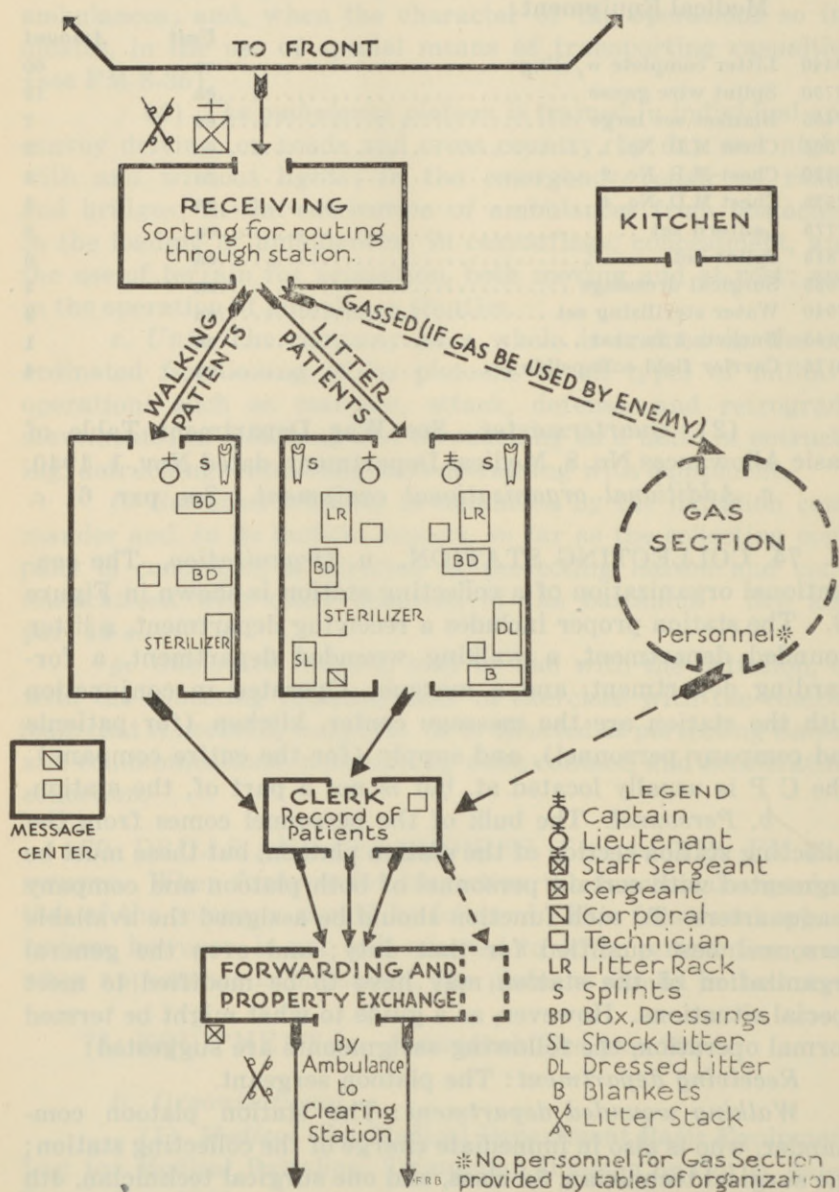


Figure 10: Conventional Arrangement of a Collecting Station

Litter wounded department: The collecting station section commander; one surgical technician, 4th class, as assistant to the officer in charge; one medical technician, 5th class, in charge of dressed litters; and one medical technician, 5th class, in charge of shock litters.

Sterilization and hypodermic medication: One medical technician, 4th class.

Casualty records clerk: The corporal in the collecting station section.

Forwarding department: The (collecting station) section sergeant.

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

The *morgue* is merely 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.* 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.

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 non-commissioned officers of the location of the nearest water point, and gives the first sergeant directions for the establishment of the C P and the motor park.

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.* 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 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.

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 equipments of the *litter wounded and walking wounded departments* are 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 of duty.



(4) *Directing signs.* As soon as practicable, plainly visible directing signs (see Figure 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.

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 be 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 wounded 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 farther.

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 be 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 of 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 de-gassing equipment.

(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) *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.* 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 the loading of ambulances 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 be cold or inclement. This is extremely important in the prevention and treatment of shock.

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

(a) 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.

(b) Those who must be transported apart from other classes of cases, such as gassed patients and those with contagious diseases.

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.

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) The personnel of each department packs its own equipment.

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

(4) The collecting station personnel strike and fold the tents.

(5) The 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) The loaded trucks take their march positions.

(8) The 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 may be accomplished by completely closing the station in one location, moving, and opening in another. However, frequently the situation will not permit

of the closing of the original station until the new one is opened; and 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.

75. ADMINISTRATION. 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.

The collecting company, in combat, 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

THE CLEARING COMPANY

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76. ORGANIZATION. See Figure 12.

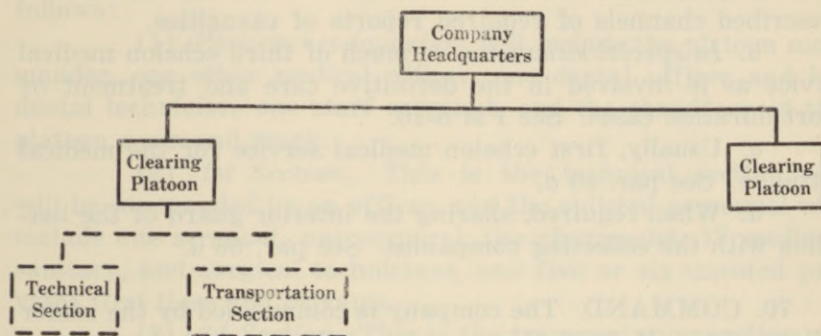


Figure 12: Organization of the Clearing Company, Medical Battalion, Triangular Division & Corps

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

78. FUNCTIONS. *a.* So much of second echelon medical service as is involved in:

(1) The 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) The sorting of all casualties admitted; and their classification into—

(a) Those that may safely be returned to duty at once.

(b) Those not fit for duty at once, and whose condition permits of further evacuation without delay.

(c) Those requiring emergency care or treatment for an indefinite period before they can safely be evacuated farther.

(3) The preparation of evacuees for further evacuation.

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

(5) The 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 definitive care and treatment of short duration cases. See FM 8-10.

c. Usually, first echelon medical service for the medical battalion. See par. 50 *d.*

d. When required, sharing the interior guard of the battalion with the collecting companies. See par. 66 *d.*

79. **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.

80. **COMPANY HEADQUARTERS** 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.

The C P 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.

81. **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; hence, see par. 78. 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* will include 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) *1st 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, 17 medical, sanitary, and surgical technicians, and five or six unrated privates first class and privates.

(3) *2d Section*. This is the transportation section. It will be commanded by an officer, and the enlisted personnel will include one sergeant, seven chauffeurs, 16 litter bearers, and two or three unrated privates first class and privates.

d. Operations. See par. 85.

82. TRAINING. *a. Management*. See par. 71 *a*. Since the two clearing platoons are 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. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a*.

(1) *Bugler*. See par. 71 *c* (1).

(2) *Chauffeurs*. See par. 25 *b*. Since, during the time that a platoon is at station its chauffeurs have no regular duties in connection with transportation, they should be trained as understudies of other men and in the general duties pertaining to the operation of the clearing station.

(3) *Clerks*. See par. 71 *c* (3). The corporal in the clearing platoon should be trained in casualty records and reports and in the general personnel administration of sick and wounded.

(4) *Cooks*. See par. 71 *c* (4). These cooks must also prepare hot liquid nourishment for patients and, when definitive treatment of patients is undertaken, the simpler special diets.

(5) *Dental technicians*. See par. 25 *d*.

(6) *Mechanic, auto*. See par. 71 *c* (5).

(7) *Medical and surgical technicians.* See par. 71 c (6). Nursing technique should be specially emphasized.

(8) *Mess sergeant.* See par. 59 c (7). The mess sergeant of this company should also be qualified to arrange and prepare the simpler special diets.

(9) *Pharmacists.* Because of the wide scope of education and the considerable amount of practical training required, it will be very difficult to train, in a company such as this, pharmacists who have had no previous experience. Every effort should be made to effect the assignment to the company of previously trained pharmacists competent to operate the small pharmacy of a clearing station. They should be qualified as senior pharmacy technicians (see Appendix A).

In addition, it will prove advantageous to train them in clinical laboratory technique so that they may be competent to perform the routine tests and, especially, to cross-type blood.

(10) *Sanitary technicians.* See par. 25 h (1).

d. *Group.* (1) The *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) The *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.

e. *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 one and one-half 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.

83. DRILLS AND CEREMONIES. See par. 47 *b*. FM 22-5 governs. The functional organization of this company is suited to all types of formations.

84. EQUIPMENT. *a. Individual*. See par. 29.

b. Organizational.

(1) *Medical*. See Medical Department Basic Equipment List for Medical Battalion, Triangular Division or Corps, dated September, 1940.

	Unit	Plat.	Co.
Medical Equipment, General:			
20384 Sponge surgical 4 x 4	pkg	24	48
20386 Sponge surgical 4 x 8	pkg	24	48
71600 Gown operating	ea	24	48
71720 Sheets	ea	80	160
71770 Towels bath	ea	80	160
71780 Towels hand	ea	200	400
78440 Litter complete w/slings	ea	100	200
78680 Paper toilet	roll	50	100
94095 Chest laboratory field (to be issued only to Corps Battalions)	ea	1	2
95025 Chest M.D. No. 60	ea	1	2
95026 Chest M.D. No. 61	ea	0	1
95027 Chest M.D. No. 62	ea	0	1
97450 Bedpans box of	ea	1	2
97455 Blanket set large	ea	18	36
97460 Blanket set large case empty	ea	5	10
97565 Chest M.D. No. 1	ea	3	6
97570 Chest M.D. No. 2	ea	2	4
97575 Chest M.D. No. 4	ea	1	2
97580 Chest M.D. No. 5	ea	1	2
97645 Chest tableware	ea	1	2
97775 Lantern set	ea	6	12
97815 Splint set	ea	6	12
97825 Surgical dressings	box	2	4
97940 Water sterilizing set	ea	3	6
99175 Carrier field collapsible	ea	2	4

99205	Cots folding canvas	ea	15	30
99280	Heater water	ea	1	2
99315	Lamp operating field	ea	1	2
99410	Pad heat complete large	ea	20	40
99415	Pad heat refill	ea	60	120
99420	Pajama coat winter	ea	50	100
99425	Pajama trousers winter	ea	50	100
99560	Table bath: with trusses	ea	1	2
99565	Table bedside folding	ea	6	12
99600	Unit power electric	ea	1	2
99630	Wire G.I. No. 14	ft	100	200

CHEST—ALCOHOL, ETHER AND DRUGS

97535	Chest Field Plain (containing)	ea	1	2
97865	Tray No. 6 plain	ea	1	2
10110	Acid boric USP	lb	1	2
10860	Atropine sulfate USP 1/100 gr typo tab	20	10	20
11105	Caffeine—sodium benzoate 7½ gr amp	doz	2	4
13020	Normal saline sol tab	100	2	4
13370	Petrolatum liquid heavy	gal	1	2
13820	Procaine hydrochloride USP 3/4 gr H.T.	20	15	30
14060	Silver nitrate toughened USP pencils	oz	1	2
14120	Soap soft	lb	3	6
14150	Sodium bicarbonate USP	lb	5	10
14635	Sulfanilamide USP powder	lb	2	4
91020	Alcohol denatured 1 pt in 99396	tin	2	4

CHEST—SURGICAL SUPPLIES

97535	Chest Field Plain (containing)	ea	1	2
97865	Tray No. 6 plain	ea	1	2
20140	Cotton absorbent roll	lb	18	36
20150	Cotton batting roll	lb	10	20
36680	Depressor tongue	cart	1	2

CHEST—SURGICAL INSTRUMENTS

97535	Chest Field Plain (containing)	ea	1	2
97865	Tray No. 6 plain	ea	1	2
31340	Curette ear	ea	1	2
31730	Director grooved	ea	4	8
33620	Needle spinal puncture 20 gage	ea	4	8
36030	Adapter tubing	ea	6	12
37995	Suture silk dermal coarse	pkg	20	40
37996	Suture silk dermal medium	pkg	20	40
38440	Syringe Luer 2 cc	ea	6	12
38450	Syringe Luer 10 cc	ea	10	20
38480	Syringe Luer needle gage 25	doz	4	8

38490	Syringe Luer needle gage 23	doz	4	8
38510	Syringe Luer needle 19 gage 1-3/4" canula	doz	1	2
38520	Syringe Luer needle 17 gage 3" canula	doz	1	2
38530	Syringe Luer needle 15 gage 3" canula	doz	1	2
38550	Syringe Luer needle wire	bdl	4	8
38720	Tube Murphy drip sight feed glass	ea	5	10
79320	Thermometer clinical	ea	20	40
93200	Basic instrument set complete	set	2	4
93220	Supplemental instrument set abdominal injuries complete	set	1	2
93240	Supplemental instrument set chest injuries complete	set	1	2
93260	Supplemental instrument set, ear nose & throat injuries, complete	set	1	2
93280	Supplemental instrument set eye injuries .. complete	set	1	2
93300	Supplemental instrument set, fractures and amputations complete	set	1	2
93320	Supplemental instrument set, genito-urinary injuries, complete	set	1	2
93340	Supplemental instrument set, skull and brain injuries, complete	set	1	2
93770	Suture silk braided 3 sizes	pkg	100	200

CHEST—RUBBER GOODS

97535	Chest Field Plain (containing)	ea	1	2
97865	Tray No. 6 plain	ea	1	2
20240	Gauze plain sterilized	pkg	75	150
20250	Mask face surgical	pkg	1	2
37040	Irrigator tips	pr	4	8
74560	Brush hand	ea	12	24
78130	Graduate 500 cc glass	ea	2	4

CHEST—ENAMELWARE

97535	Chest Field Plain (containing)	ea	1	2
77110	Basin hand EW	ea	12	24
77130	Basin pus 10" EW	ea	6	12
77150	Basin sponge 12" x 5"	ea	6	12
78050	Funnel 6" EW	ea	2	4
78220	Irrigator EW 2 qts	ea	2	4
78800	Pitcher 4 qt EW	ea	4	8
99145	Buckets 3 in nest EW 8, 10, 12 qts	nest	1	2
99215	Cup EW nesting	ea	50	100

CHEST—STERILIZER AND SOAP

97535	Chest Field Plain (containing)	ea	1	2
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74930	Soap white floating	bar	50	100
99530	Sterilizer instrument 14"	ea	1	2
99555	Stove 2 burner gasoline	ea	2	4

CHEST—MISCELLANEOUS

97535	Chest Field Plain (containing)	ea	1	2
97865	Tray No. 6 plain	ea	1	2
20140	Cotton absorbent roll	lb	12	24
36970	Intravenous apparatus salvarsan	ea	2	4
76640	Twine jute coarse	ball	2	4
76650	Twine jute fine	ball	6	12
77550	Clothesline	ft	100	200
78010	Flashlight	ea	12	24
78020	Flashlight lamp	ea	18	36
78180	Hatchet	ea	2	4
79257	Tool Universal	ea	1	2
99145	Buckets 3 in nest EW	nest	1	2
99405	Nails assorted 1/2 lb	tin	2	4
99470	Pliers slip joint	ea	2	4

Medical Equipment, Narcotics:

IN CHEST—ALCOHOL, ETHER AND DRUGS

10480	Alcohol USP in 97730	qt	6	12
14860	Tincture opium camphorated	pt	2	4
N.S.I	Pentothal sodium (or equiv) 1 gm amp	25	3	6
N.S.I	Water C.P. 50 cc amp for use with pentothal	25	3	6

Medical Equipment, Deteriorating Items:

IN CHEST—ALCOHOL, ETHER AND DRUGS

		Unit	Plat.	Co.
10600	Ammonia aromatic spirit USP	pt	1	2
11747	Ephedrine sulfate NNR 1 cc amp 3/4 gr	doz	2	4
11790	Ether (for anesthesia)	1/4 lb	35	70
13806	Procaine hydrochloride USP 150 mgm amp	10	2	4

IN CHEST—SURGICAL SUPPLIES

20340	Plaster adhesive 1" x 5 yds	spl	100	200
20350	Plaster adhesive 3" x 5 yds	spl	25	50

IN CHEST—SURGICAL INSTRUMENTS

37790	Suture catgut chromic size 1	tube	24	48
37800	Suture catgut chromic size 2	tube	24	48
37850	Suture catgut plain size 0	tube	24	48
37860	Suture catgut plain size 1	tube	24	48

37870	Suture catgut plain size 2	tube	24	48
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IN CHEST—RUBBER GOODS

36830	Gloves medium size 7½	pr	12	24
36840	Gloves medium size 8	pr	12	24
36850	Gloves medium size 8½	pr	12	24
37050	Irrigator tubing	ea	4	8
37370	Sphygmomanometer aneroid	ea	1	2
38685	Tube colon 30F rubber	ea	2	4
38750	Tube stomach 30F rubber	ea	2	4
38780	Tubing rubber 1/4"	ft	12	24
38790	Tubing rubber 1/2"	ft	16	32
77050	Bag hot water rubber 2 qt	ea	12	24

IN CHEST—MISCELLANEOUS

77160	Battery dry cell	ea	48	96
-------	------------------------	----	----	----

(2) *Quartermaster.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c.*

85. CLEARING STATION. *a. Organization and personnel.* A clearing station normally is organized into several departments; and, while the organization and allocation of personnel will vary with the situation, that discussed in subpar. *d* 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 shelter be used in whole or in part, the arrangement necessarily must conform to the facilities. If canvas be 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 the 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

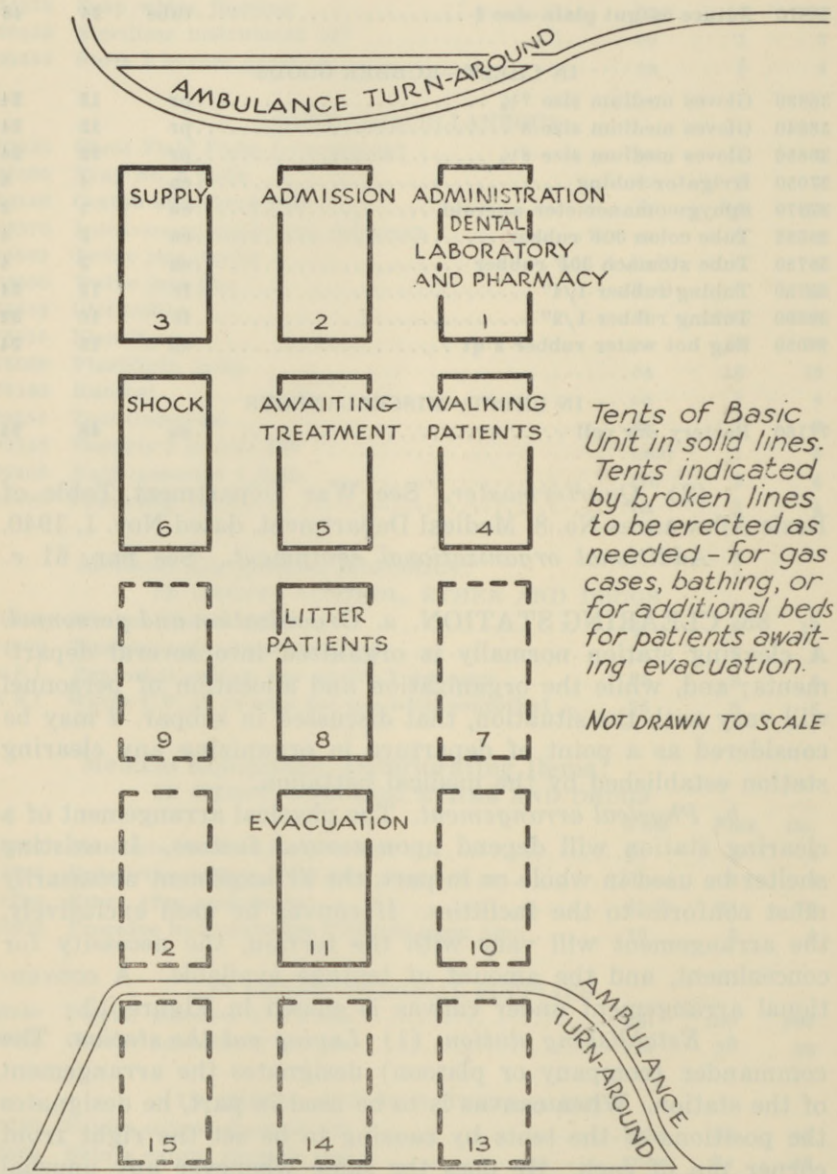


Figure 13: Conventional Arrangement of a Clearing Station

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 layout 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 equalling 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) The 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.* 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.

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.

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.* 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 fronts of the proper tents and the equipment is unloaded and placed in position by the personnel assigned to the tent.

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

(4) *Marking of site.* 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.

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 the clearing office* are 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.

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.

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) *The receiving department* is 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 arrive without an E M T, one is here made out and attached to him.

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.

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 be conveniently located.

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.

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 sending cases to them in the order of their priority. In addition, he performs such services as will add to the comfort of the waiting cases.

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

(3) *The litter wounded department* 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.

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 changing 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 may, if competent, work with less supervision. Hence the better trained technicians may be more valuable in the shock ward and in the walking wounded department.

Patients in shock are placed at once in the shock ward, which is supervised by the officer-in-charge of the litter wounded department, and 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.

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) *The walking wounded department* 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.

The officer-in-charge may also supervise the laboratory, if one be established, and the treatment of gas cases. He determines the disposition of all cases passing through the department.

If it be necessary to set up a gas treatment section, one of the reserve tents (conventionally No. 7) 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) *The 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) *The 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) *The supply department* is 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) *The mess* is 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) *The evacuating department* 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.

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:

(a) Patients to be held for further observation at the direction of another department.

(b) If there be a surgical hospital in immediate support, patients to be transferred there without delay.

(c) 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.

(d) *Bona fide* minor casualties to be returned to duty without custody.

(e) Malingerers and deserters fit for duty to be delivered to the custody of the military police.

(f) Prisoners of war, to be disposed of in accordance with existing instructions.

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.

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

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) The personnel on duty in each department pack their equipment and place it where it can be loaded.

(2) The vehicles allotted for the equipment of 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) The transport is formed for movement.

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

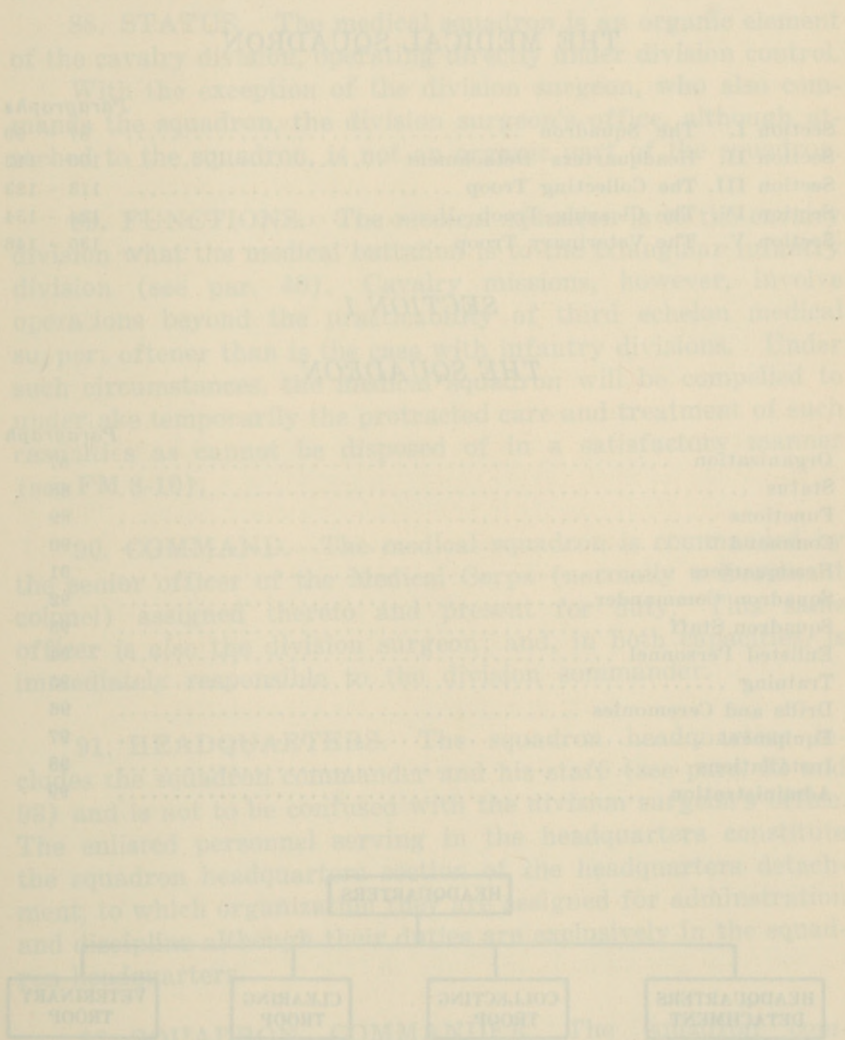
(6) The sanitary detail closes the last latrine.

(7) The unit commander inspects the area.

86. ADMINISTRATION. This company has the usual administrative responsibilities of any company. In combat, the administrative functions usually are centered at the clearing station of one or the other platoon; but, if the platoons be widely separated, it will be necessary to divide the bulk of the company overhead between them.

In addition, the clearing company is charged with more

administration of sick and wounded than are the other units of the medical battalion. It prepares the reports of sick and wounded of the battalion and the casualty reports for all admissions to its clearing stations.



CHAPTER 4

THE MEDICAL SQUADRON

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SECTION I

THE SQUADRON

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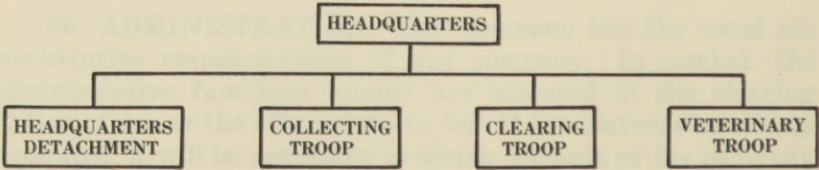


Figure 14: Organization of the Medical Squadron, Cavalry Division

87. ORGANIZATION. See Figure 14. 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.

88. STATUS. The medical squadron is an organic element of the cavalry division, operating directly under division control.

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

89. FUNCTIONS. The medical squadron is to the cavalry division what the medical battalion is to the triangular infantry division (see par. 40). Cavalry missions, however, involve operations beyond the practicability of third echelon medical support oftener than is the case with infantry divisions. Under such circumstances, the medical squadron will 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).

90. COMMAND. The medical squadron is commanded by the senior officer of the Medical Corps (normally a lieutenant colonel) 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.

91. HEADQUARTERS. The squadron headquarters includes the squadron commander and his staff (see pars. 92 and 93) 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 detachment, to which organization they are assigned for administration and discipline although their duties are exclusively in the squadron headquarters.

92. 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 basic decisions and his staff elaborates the details necessary 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.

93. SQUADRON STAFF. The staff of the medical squadron differs from that of the medical battalion of the triangular division in two respects: no executive officer is included; the staff does include a chaplain. For the duties of the squadron staff officers, see par. 44; and for the duties of the chaplain, see TM 2270-5.

Because of the multiplicity of duties of the squadron commander, it is quite essential that he have the assistance of an executive officer. If none be provided him in the authorized organization, he must create one by designating a member of his staff to act in this capacity in addition to his other duties. Which staff officer he shall select for this additional duty will depend entirely upon the capacities and personalities of the several staff officers. In the average case, S-4 is already too occupied to be considered and the choice will lie between S-1 and S-3. *All other considerations being equal*, S-3 should be the logical choice to act as executive officer in addition to his other duties.

94. 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 (see pars. 45 and 19, in turn). The personnel of the veterinary troop should be selected from men familiar with animals, who instinctively like animals and have no fear of them.

95. TRAINING. 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. 46), with appropriate modifications in terminology.

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.

96. DRILLS AND CEREMONIES. *a.* The squadron *drills* dismounted as prescribed in FM 22-5.

b. Ceremonies. The squadron may participate in the following ceremonies: reviews; 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 (see par. 143).

97. EQUIPMENT. All equipment is issued to the several subordinate elements of the squadron, *q.v.*

98. INSTALLATIONS. The medical squadron establishes and operates the following installations:

a. Squadron C P (see pars. 91 and 42, in turn).

b. Squadron distributing point (see pars. 106, 111, and 60, in turn).

c. Squadron motor repair park (see pars. 107, 111, and 60, in turn).

d. Division medical distributing point and dump(s)—(see pars. 106, 111, and 60, in turn).

e. Collecting station(s)—(see pars. 122 and 71, in turn).

f. Clearing station(s) for personnel (see pars. 133 and 81, in turn).

g. Clearing station(s) and clearing post(s) for animals (see par. 145).

99. ADMINISTRATION. The administrative responsibilities of the medical squadron are the same as those of the medical battalion of the triangular division (see par. 50). Due to the

wider dispersion of the squadron in support of cavalry missions, the distribution of supplies will, in many situations, be a more difficult problem than in its counterpart of the infantry division.

SECTION II

HEADQUARTERS DETACHMENT

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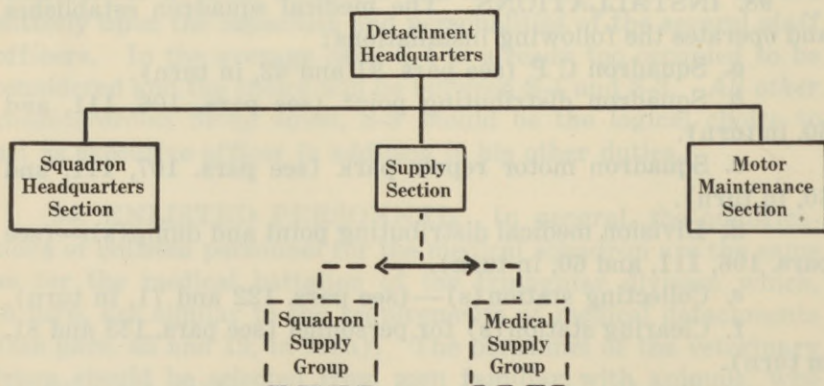


Figure 15: Organization of the Headquarters Detachment, Medical Squadron, Cavalry Division

100. ORGANIZATION. See Figure 15. The headquarters detachment is organized along functional lines—its subordi-

ate elements corresponding to the several principal functions of the unit.

101. STATUS. Like its prototype of the medical battalion of the triangular infantry division, the headquarters detachment is an autonomous subordinate unit, occupying a status similar to that of the troops of the medical squadron (see also par. 52).

102. FUNCTIONS. The functions of the headquarters detachment parallel those of the corresponding element of the medical battalion (see par. 53).

103. 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 (see par. 57).

104. DETACHMENT HEADQUARTERS. The functions of the detachment headquarters are analogous to those of the detachment headquarters of the medical battalion (see par. 55) and the personnel allocated are similar in number and qualifications.

105. 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.

106. SUPPLY SECTION. The supply section, including one officer, assists the detachment commander in the execution of his supply functions (see par. 57). * Due to the limited personnel of the section, any sharply defined division into two functional groups is hardly feasible. It is suggested that the technical sergeant be designated the squadron supply sergeant, the staff sergeant the medical supply sergeant, and that the remainder of the enlisted personnel of the section assist them in a manner discretionary with the section commander.

107. MOTOR MAINTENANCE SECTION. Except that its 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. 58).

108. TRAINING. See par. 59.

109. 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 (see par. 96).

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

110. EQUIPMENT. *a. Individual.* See par. 29.

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 herein constitute the rolling reserve of medical supplies together with a few spare parts for the repair of medical equipment.

Medical Equipment, General:

	Unit	Amount
10010 Acacia, USP	lb	2
10060 Acetphenetidin USP 5 gr tablet	1000	2
10070 Acid acetic glacial USP	lb	2
10100 Acid acetylsalicylic USP 5 gr tablet	1000	10
10120 Acid, boric, USP	5 lb	2
10160 Acid, hydrochloric*	lb	1
10400 Acid tannic USP	$\frac{1}{4}$ lb	8
10403 Acid, tannic, ointment USP	lb	3
10560 Aloin compound capsules	doz	20
10570 Aloin compound, pill	1000	6
10660 Ammonium chloride troches	1000	2
10690 Amyl nitrite USP 5 minim amp	doz	12
10860 Atropine sulphate USP 1/100 gr H.T.	20	100
10870 Atropine sulphate USP 1/4 gr H.T.	10	10

11505 Compound cathartic pills	1000	6
11555 Coryza tablets	100	10
11840 Eugenol USP	oz	2
11905 Ferric chloride USP solution	pt	1
12040 Foot powder	$\frac{1}{4}$ lb	300
12190 Glycerine USP	10 lb	5
12210 Glyceryl trinitrate spirit USP 1/100 gr H.T.	20	50
12490 Lead acetate A.C.S.	lb	6
12550 Litmus paper, blue strips	100	2
12560 Litmus paper, red strips	100	2
12640 Magnesium sulphate USP	4 lb	20
12700 Mercurial ointment, mild	lb	10
12750 Mercuric oxide, yellow, ointment	$\frac{1}{4}$ oz	2
12800 Mercurous chloride mild USP 1/2 gr tablet	1000	2
12850 Mercury ammoniated ointment USP	lb	10
12852 Mercury bichloride USP	1 lb	1
12854 Mercury bichloride large, poison, tablet USP	250	1
12859 Methanol, A.C.S.	pt	2
12870 Methenamine USP 5 gr tablet	1000	3
13020 Normal saline solution tablet	100	15
13140 Oil linseed USP	gal	6
13220 Oil turpentine	qt	2
13250 Orthotolidin, recrystallized, reagent	oz	10
13330 Peruvian balsam USP	lb	10
13350 Petrolatum	10 lb	2
13370 Petrolatum, liquid, heavy	gal	5
13390 Phenol	lb	5
13730 Potassium permanganate USP 5 gr tablet	100	10
13820 Procaine hydrochloride USP 3/4 gr H.T.	20	50
14050 Silver nitrate, USP	oz	2
14060 Silver nitrate, toughened USP pencils	oz	2
14130 Soap, soft	25 lbs	1
14160 Sodium bicarbonate USP	10 lbs	10
14220 Sodium bromide 5 gr tablet	500	5
14460 Sodium sulfate USP	lb	2
14580 Strychnine sulphate USP 1/60 gr H.T.	20	100
14705 Tar, pine, commercial	gal	5
14780 Tincture benzoin compound USP	pt	4
14920 Wax, bone, sterile	2 oz	6
15040 Zinc sulfate USP	lb	6
15290 Crystal violet	10 gms	2
15380 Methylene blue	10 gms	2
15400 Safranin "O"	10 gms	2
15440 Wright's stain, powder	0.2 gm	4
91020 Alcohol, denatured, 1 pint	tin	40
91080 Cresol, saponated sol. USP 1 gal.	tin	10

91110 Iodine 15 gr and potassium iodide 22.5 gr USP, 10 in	box	200
91120 Iodine swab, 6 in	box	200
91160 Oil castor 1/2 gallon USP in 99394	tin	10
91190 Protein silver mild USP 4-6/10 gr tab. 100 in	bot	10
91200 Protein silver strong, USP 4-6/10 gr tab 100 in	bot	10
20080 Bandage, muslin, 3 inch	doz	50
20140 Cotton, absorbent, roll	lb	100
20150 Cotton batting, roll	lb	100
20210 Gauze plain, 5 yards	roll	100
20300 Packet, first aid (metal covered)	ea	250
36110 Applicator, wood	cart	10
36680 Depressor, tongue, wood	cart	20
37515 Splint, support and foot rest	ea	30
37455 Splint straps	ea	30
37480 Splint, Thomas arm, hinged	ea	30
37500 Splint, Thomas, leg, half ring, hinged	ea	30
38440 Syringe, Luer, 2 cc	ea	24
38450 Syringe, Luer, 10 cc	ea	24
38480 Syringe, Luer, needle, 25 gage, 1/2 inch canula	ea	48
38490 Syringe, Luer, needle, 23 gage, 3/4 in. canula	ea	48
38500 Syringe, Luer, needle, 22 gage, 1 inch canula	ea	48
38520 Syringe, Luer, needle, 17 gage, 2 inch canula	ea	48
38610 Syringe, urethral prophylaxis	ea	50
74560 Brush, hand	ea	24
74620 Bucket, 15 quart	ea	4
74930 Soap, white, floating	bar	100
75150 Book, blank, 8 VO	ea	24
76590 Tag, shipping, linen	ea	200
77240 Box, ointment, 3 in nest	nest	100
77280 Box, tablet, folding	doz	100
78010 Flashlight	ea	12
78020 Flashlight, lamp	ea	48
78770 Pin, safety, large	card	24
78780 Pin, safety, medium	card	24
78790 Pin, safety, small	card	12
79230 Strap and buckle, 3 feet	ea	50
79320 Thermometer, clinical	ea	50
80993 Oakum; roll	lb	25
81062 Rope, manila	ft	20
81132 Suture, tape, cotton	roll	12
81270 Thermometer, clinical	ea	12
92010 Bandage, gauze, compressed 3 inch, 72 in	box	20
92040 Bandage, triangular, compressed	ea	500
93670 Splint, wire, gauze	roll	50
93710 Suture, silk braided, noncapillary, 3 sizes	pkg	500

98160 Surgical dressings, veterinary	box	3
99097 Blanket set, large	ea	10
99110 Book, note, manifolding, binder	ea	24
99115 Book, note, manifolding, filler	ea	72
99255 Chest, field, plain (for packing drugs and dressings)	"as required"	
99532 Lantern set	ea	2
99541 Litter aluminum pole canvas for 99550	ea	50
99543 Litter aluminum pole handle	ea	100
99546 Litter aluminum pole stirrup	ea	50
99548 Litter aluminum pole strap	ea	100
99550 Litter, folding	ea	50
99580 Nails, assorted, 1/2 lb	tin	12
99665 Surgical dressings	box	20
99815 Water sterilizing set	ea	2

Medical Equipment, Narcotics:

10480 Alcohol, USP (ethyl)	qt	24
10750 Arecoline hydrobromide 1/2 gr H.T. USP	10	10
11370 Chloral hydrate USP	1/4 lb	10
11450 Cocaine hydrochloride	1/4 oz	1
11490 Codeine sulphate USP 1/2 gr tablet	500	6
11950 Fl Ex cannabis USP	1/4 pt	1
12410 Ipecac and opium powder 5 gr tablet	500	5
12955 Morphine sulphate USP 1/4 gr H.T.	20	100
13396 Pheno-barbital USP 1/2 gr tablet	100	4
14860 Tincture opium camphorated USP	pt	10
14940 Whisky	qt	24

Medical Equipment, Deteriorating Items:

10600 Ammonia, aromatic spirit, USP	pt	24
11105 Caffeine - sodium benzoate USP 7 1/2 gr amp	amp	100
11750 Epinephrine hydrochloride, sol	oz	10
11790 Ether (for anesthesia)	1/4 lb	100
11800 Ethyl chloride USP	3 oz	30
13802 Procaine hydrochloride USP 100 mgm amp	10	50
13806 Procaine hydrochloride USP 150 mgm amp	10	25
13840 Procaine hydrochloride and epinephrine H.T.	20	20
13910 Quinine sulphate USP 5 gr tablet	1000	5
16110 Tetanus antitoxin, 1500 units	vial	2000
20340 Plaster adhesive, 1 inch	spl	300
20350 Plaster adhesive, 3 inch	spl	250
37780 Suture, catgut, chromic size O	tube	300

37790 Suture, catgut, chromic, size 1	tube	300
37800 Suture, catgut, chromic, size 2	tube	300
37850 Suture, catgut, plain, size 0	tube	300
37860 Suture, catgut, plain, size 1	tube	300
37870 Suture, catgut, plain, size 2	tube	300
37995 Suture, silk, Dermal, coarse	ea	100
37996 Suture, silk, Dermal, medium	ea	100
38057 Suture, silkworm gut, 100	coil	20
77160 Battery, dry cell	ea	50
77950 Dropper, medicine	doz	10
80093 Capsule, ½ oz	box	20
80095 Capsule, 1 oz	box	20
80260 Catheter, horse	ea	4
81350 Tube, stomach, horse	ea	4

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

111. INSTALLATIONS. Elements of the headquarters detachment establish installations as follows:

- a. *Detachment headquarters.* Detachment command post.
- b. *Squadron headquarters section.* Assist in establishing the squadron command post.

c. *Supply section.*

(1) In all situations:

Squadron distributing point.

Division medical distributing point.

(2) Additional during combat:

Division medical dump(s).

d. *Motor maintenance section.* Squadron motor repair park.

The functions, operation, and location of these installations are similar to those established by the corresponding elements of the medical battalion (see par. 61).

112. 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. See par. 55.

SECTION III

THE COLLECTING TROOP

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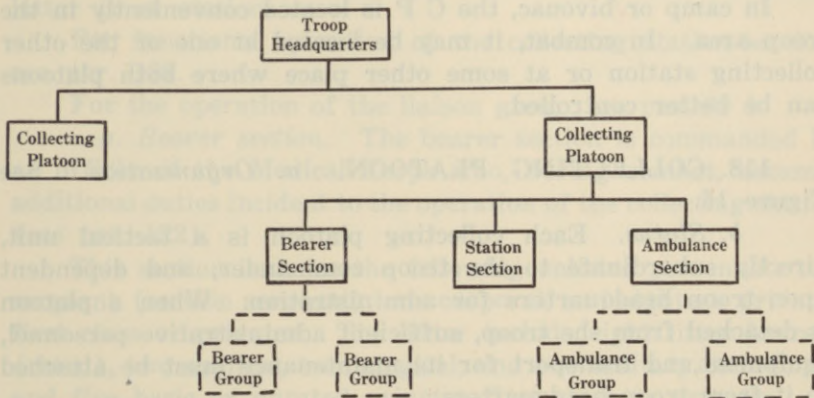


Figure 16: Organization of the Collecting Troop,
Medical Squadron, Cavalry Division

113. ORGANIZATION. See Figure 16. 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.

114. 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.

115. 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. 66).

116. 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.

117. TROOP HEADQUARTERS includes the troop commander and the enlisted overhead required for the administration of the troop. These personnel are also available for reinforcing the platoons in action when such is necessary.

In camp or bivouac, the C P is located conveniently in the troop area. In combat, it may be located at one or the other collecting station or at some other place where both platoons can be better controlled.

118. 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 personnel, 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 (see par. 115).

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 C P is located at, but is not a part of, the collecting station.

f. Station section. 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.

The station section establishes and operates the collecting station. However, no liaison group being provided, this section must also undertake this function, and should be augmented with the sanitary technician and one surgical technician from the bearer section. As then constituted, the station section will consist of sufficient enlisted personnel to divide it into two functional groups: a collecting station group, commanded by the sergeant, and including eight privates first class or privates; and a liaison group, commanded by the corporal and including 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.

In addition to his duties as commander of the bearer section, that individual functions with the station section when the latter is at station.

For functional operation of the collecting station section, see par. 122.

For the operation of the liaison group, see par. 69 b.

g. Bearer section. 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. 122).

This section includes the following enlisted personnel: one sergeant (section sergeant), one corporal, and eighteen privates first class or privates. The latter include eight litter bearers (rated), two medical, two surgical, and one sanitary technician, and five basic or unrated privates first class or privates.

For functional purposes, the following changes in this section are suggested: the transfer of two privates first class or privates to the station section (see subpar. f.) and the exchange of the sergeant for the corporal in the ambulance section. With these changes, the section consists of the section commander and two *bearer groups*, each consisting of two litter squads commanded by a corporal.

For the technique of litter bearers, see FM 8-35; and for their tactical employment, see FM 8-10.

h. Ambulance section. The ambulance section is com-

manded by an officer of the Medical Corps and includes one sergeant (section sergeant), one corporal, and twenty-four privates first class or privates, twelve of the latter being rated ambulance orderlies and twelve chauffeurs.

For functional purposes, with the exchange of the corporal for the sergeant of the bearer section (see subpar. *g.*), the section consists of the commander and two *ambulance groups*, each containing six chauffeurs and six ambulance orderlies, commanded by a sergeant, and operating six ambulances.

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

119. TRAINING. *a. Management.* Similar to that of the collecting company of the medical battalion, (see par. 71 *a.*).

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a.*

(1) *Ambulance orderlies*, as understudies to ambulance chauffeurs. See par. 71 *c* (2).

(2) *Bugler.* See pars. 71 *c* (1) and 25 *f*, in turn.

(3) *Chauffeurs.* See pars. 71 *c* (2) and 25 *b.*

(4) *Clerks.* The corporal in troop headquarters is trained as the troop clerk (see par. 25 *c*) and, in addition, to operate the message center [see par. 71 *c* (3)]. One general clerk in the station section of each platoon is trained in the maintenance of casualty records.

(5) *Cooks.* See par. 71 *c* (4).

(6) *Mechanic, auto.* See par. 71 *c* (5).

(7) *Mechanic, general.* The troop artificier, who should have some natural talent as a mechanic and is trained in the repair of equipment and in the construction of simple devices used in the field.

(8) *Mess sergeant.* See par. 59 *c* (7).

(9) *Motorcyclist.* See par. 25 *f.*

(10) *Motor sergeant.* See par. 59 *c* (9).

(11) *Supply sergeant.* See par. 59 *c* (10).

(12) *Technicians, medical and surgical.* See par. 25 *e* and *i.*

(13) *Technicians, sanitary.* See par. 25 *h* (1).

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. 71 *d*.

e. Unit. Due to its peculiar organization, the unit training of the collecting troop 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 training. Combined training with other elements of the squadron is conducted by the squadron commander [see par. 95 *b* (2)].

120. DRILLS AND CEREMONIES. *a. Drills.* The troop drills at close order, dismounted.

b. Ceremonies. The troop participates in all the ceremonies of the squadron (see par. 96).

c. Formations. Formations of the troop for drill or ceremonies are those of an infantry company (see FM 22-5).

121. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational.

Medical:

	<i>Unit</i>	<i>Platoon</i>	<i>Troop</i>
74620 Buckets, 15 quart	ea	4	8
99550 Litter, folding	ea	48	96
93650 Splint set	ea	6	12
93670 Splint, wire, gauze	roll	10	20
99097 Blanket set, large	ea	5	10
99280 Chest, M. D. no. 1	ea	2	4
99281 Chest, M. D. no. 2	ea	1	2
99283 Chest, M. D. no. 4	ea	1	2
99534 Lantern sets	ea	2	4
99665 Surgical Dressings	box	3	6
99815 Water Sterilizing Set	ea	2	4
99205 Carrier wheel litter (collapsible)	ea	4	8
99255 Chest, field, plain	ea	1	2

To contain			
Sucrose	tin	4	8
Coffee	tin	4	8
Tea	tin	4	8
Milk, 6 oz	can	4	8
Soups	can	50	100
99660 Stove, 2 burner, gasoline	ea	1	2

Quartermaster: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

122. 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 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 be in the vicinity of a station, the troop commander may assist or designate certain headquarters personnel to assist in such operation.

b. Organization. Although limited in equipment and personnel, the conventional organization of a collecting station is preserved (see Figure 10). The station includes a receiving department, a litter wounded department, a walking wounded department, a forwarding department, and a morgue.

If troop headquarters be present, that element establishes, in the vicinity of the station, its C. P., a message center, a kitchen (operated for patients and duty personnel), and a supply department. If the platoon be separated from the remainder of the troop, the platoon headquarters, in the vicinity of the receiving department, establishes its C. P., 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. 118), and upon troop headquarters and the supply section of the headquarters detachment of the squadron for supplies.

c. Personnel. The bulk of the personnel for the operation

of the station comes from the collecting station group (see suggested functional organization in par. 118) of the station section. For normal operation, the following assignment of personnel is suggested:

Receiving department. A staff sergeant (from platoon headquarters). He may also represent the platoon C. P. and operate a message center, aided by one private first class or private (chauffeur).

Litter wounded department. The platoon commander; one surgical technician, 3d class, assistant; one surgical technician, 4th class, in charge of dressed and shock litters.

Walking wounded department. One officer of the Medical Corps (from the bearer section); one surgical technician, 3d class, assistant and dresser.

Sterilization and hypodermic medication. One medical technician, 4th class.

Casualty records clerk. One clerk, general, 5th class.

Forwarding department. One sergeant (section sergeant and commander collecting station group).

One chauffeur acts as utility man and renders assistance as required. Personnel for ambulance loading 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 (see par. 74 b.).

d. Establishing station. See also par. 74 c. 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, usually, by at least one group of the 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. (For additional details, see above reference.)

e. Operations. See par. 74 *d*. In general, the collecting station operates similarly to that established by the collecting company of the medical battalion, but, at times, the treatment rendered is even more limited in character.

f. Closing station. See par. 74 *e*.

g. Forward displacement. See par. 74 *f*.

123. 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

THE CLEARING TROOP

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124. ORGANIZATION. See Figure 17.

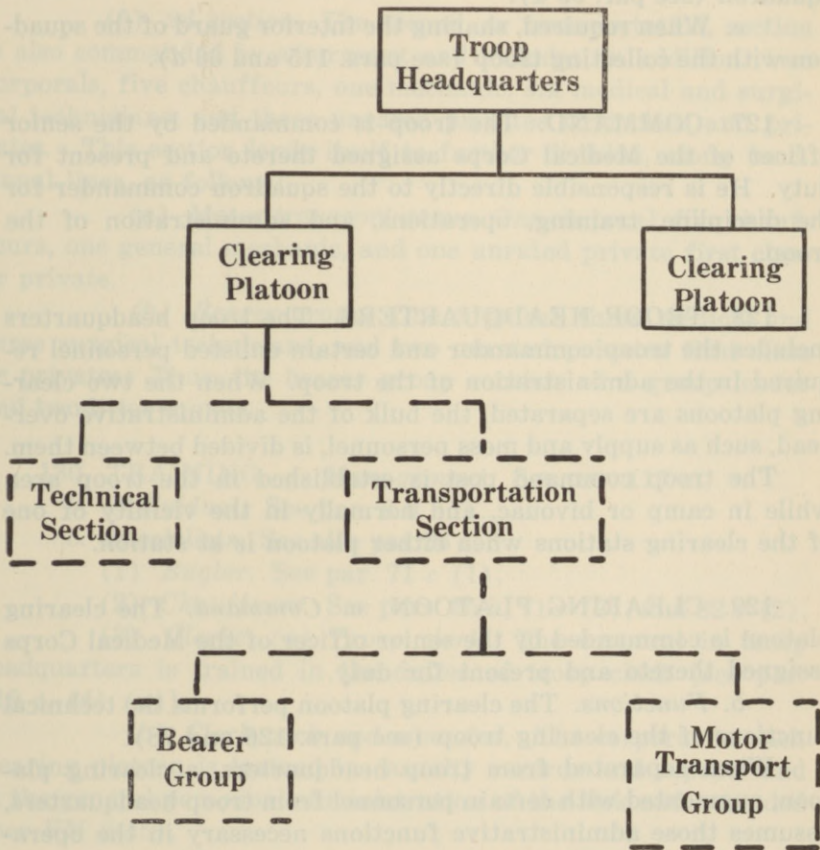


Figure 17: Organization of the Clearing Troop,
Medical Squadron, Cavalry Division

125. STATUS. The clearing troop is an autonomous element of the medical squadron, directly subordinate to the squadron commander.

126. 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. 78 *a*).

b. Usually, first echelon medical service for the medical squadron (see par. 99 d).

c. When required, sharing the interior guard of the squadron with the collecting troop (see pars. 115 and 66 d).

127. 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.

128. TROOP HEADQUARTERS. The troop headquarters includes the troop commander and certain enlisted personnel 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.

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.

129. 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.* The clearing platoon performs the technical functions of the clearing troop (see pars. 126 and 78).

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 suggested:

(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) *1st 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) *2d 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.

130. TRAINING. *a. Management.* See par. 119 *a.*

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par 25 *a.*

(1) *Bugler.* See par. 71 *c* (1).

(2) *Chauffeurs.* See pars. 25 *b*, 71 *c* (2), and 82 *c* (2).

(3) *Clerks. (a) Troop clerk.* The corporal in troop headquarters is trained in the duties of troop clerk [see par. 119 *c*. (4) *(a)*].

(b) *Clerk, sick and wounded.* The corporal in each clearing platoon is trained in casualty records and reports and in the general personnel administration of the sick and wounded (see FM 8-45).

(c) *Clerk, admission.* One private first class or private in each platoon is trained in the recording of admissions, the initiating and checking of the emergency tags, and the general working of the admission department and of property exchange.

(4) *Cooks.* See pars. 58 *b* (5) and 71 *c* (4).

(5) *Cook's helpers.* See par. 119 *c* (6).

(6) *Mechanic, auto.* See par. 71 *c* (5).

(7) *Mechanic, general.* One private first class or private in each platoon is trained to make minor repairs of mechanical items included in organizational equipment and, in addition,

should be trained in first echelon motor repair and maintenance (there being but one mechanic, auto, in the entire troop).

(8) *Mess sergeant*. See par. 119 c (8).

(9) *Motorcyclist*. See pars. 25 f and 119 c (9).

(10) *Motor sergeant*. See par. 119 c (10).

(11) *Orderlies*. See pars. 25 f and 119 c (11).

(12) *Pharmacist*. See par. 82 c (9).

(13) *Supply sergeant*. See par. 119 c (12).

(14) *Technicians, medical and surgical*. See pars. 25 e and i, and 71 c (6). There being no dental technicians, one technician, surgical, in each platoon must be trained in the care of dental supplies and the rendering of assistance to the dental officer.

d. *Group*. In general, the organization and functions of the clearing troop being similar to those of the clearing company of the medical battalion, the group training, also, is analogous (see par. 82 d).

e. *Unit*. See par. 82 e.

f. *Combined*. Combined training with other elements of the squadron is conducted by the squadron commander [see par. 95 b (2)].

131. DRILLS AND CEREMONIES. a. *Drills*. The troop drills at close order, dismounted.

b. *Ceremonies*. The troop participates in all ceremonies of the squadron (see par. 96).

c. *Formations*. Formations of the troop for drill or ceremonies are those of an infantry company (see FM 22-5).

132. EQUIPMENT. a. *Individual*. See par. 29.

b. *Organizational*.

Unit Platoon Troop

Medical, General:

37515 Splint support and foot rest	ea	12	24
71600 Gown operating	ea	12	24
71630 Pajama coat summer	ea	30	60
71650 Pajama trousers summer	ea	30	60
71670 Pillow feather	ea	6	12
71690 Pillow case	ea	24	48

THE MEDICAL SQUADRON

121

71720 Sheet	ea	50	100
71770 Towel bath	ea	50	100
71780 Towel hand	ea	100	200
74510 Broom corn	ea	3	6
74620 Bucket, 15 quart	ea	3	6
77560 Commode	ea	2	4
78680 Paper toilet	roll	20	40
93650 Splint set	ea	3	6
94095 Chest Laboratory Field (Packer's List at- tached)	ea	0	1
95025 Chest M. D. No. 60 (dental)	ea	0	1
99080 Bedpans, box of	ea	1	2
99097 Blanket set large	ea	10	20
99220 Case, bedding, large (as container for linens)	ea	4	8
99280 Chest M. D. No. 1	ea	1	2
99281 Chest M. D. No. 2	ea	1	2
99283 Chest M. D. No. 4 complete	ea	1	2
99284 Chest M. D. No. 5 complete	ea	1	2
99315 Chest mess	ea	1	2
99325 Chest tableware	ea	1	2
99534 Lantern set	ea	3	6
99550 Litter, folding	ea	100	200
99585 Pad heat complete large	ea	6	12
99587 Pad heat refill	ea	18	36
99670 Table bedside folding	ea	2	4
99815 Water sterilizing set	ea	2	4
99782 Unit, power, electric; gasoline motor-generator portable, field; complete with control panel, wiring, double outlets, sockets and lamps. 110 volts, 60 cycle, A. C., 1500 watts ca- pacity, 1800 R. P. M.	ea	0	1
N.S. 9 Range, AFR M-1937 gasoline (QMC) (as water heater set)	ea	1	2

CHEST, SURGICAL INSTRUMENTS

99255 Chest, field, plain	ea	1	2
Containing:			
31340 Curette, ear hook and spoon, Gross	ea	1	2
31730 Director, grooved, dressing, probe, pointed 5½ inch	ea	4	8
33620 Needle, spinal puncture, gage 20 Luer slip, stainless steel canula 3½ inch, Pitkin	ea	4	8
33631 Needles, catgut, Mayo, half-circle No. 2	ea	60	120
33641 Needles, catgut, Mayo, half-circle, No. 4	ea	60	120

33795	Needles, intestinal, curved, half-circle, size 4..	ea	36	72
33825	Needles, intestinal, straight, 1½ inch taper point	ea	36	72
33931	Needles, surgeon's regular, size 4, cutting edge	ea	36	72
36960	Inhaler, Yankauer	ea	3	6
37370	Sphygmomanometer, aneroid	ea	1	2
37730	Stethoscope	ea	1	2
38440	Syringe, Luer, 2 ml. graduated to 1/10 ml.	ea	6	12
38450	Syringe, Luer, 10 ml.	ea	6	12
38480	Syringe, Luer, needle, gage 25, canula ½ inch	ea	24	48
38490	Syringe, Luer, needle, gage 23, canula, ¾ inch canula	ea	48	96
38550	Syringe, Luer, needle, wire, 12	bdl	12	24
79320	Thermometer, clinical	ea	50	100
93040	Case, forceps, hemostatic, complete	ea	2	4
93070	Case, operating, large, complete	ea	2	4
93617	Headlight, metal band, complete	ea	1	2
93618	Headlight, metal band, lamp for	ea	2	4
93710	Sutures, silk braided, noncapillary, 3 sizes ..	pkg	200	400

CHEST, ALCOHOL, ETHER, AND DRUGS

99255	Chest, field, plain	ea	1	2
	Containing:			
10010	Acacia, USP	lb	1	2
10110	Acid, boric, USP	lb	1	2
10860	Atropine sulphate USP 1/100 gr hypo tablet..	20	10	20
12870	Methenamine USP 5 gr tablet	1000	1	2
13020	Normal saline solution, tablet	100	2	4
13370	Petrolatum, liquid, heavy, USP	gal	1	2
13820	Procaine hydrochloride USP ¾ gr H. T.	20	15	30
14060	Silver nitrate, toughened, USP pencils	oz	1	2
14120	Soap, soft	lb	3	6
14150	Sodium bicarbonate, USP	lb	1	2
14780	Tincture benzoin compound, USP	pt	1	2
91020	Alcohol, denatured, 1 pint in 99396	tin	4	8
91110	Iodine 15 gr and potassium iodide 22.5 USP	box	10	20

CHEST, RUBBER GOODS

99255	Chest, field, plain	ea	1	2
	Containing:			
37000	Irrigator Valentine, complete	ea	1	2
74560	Brush, hand, fiber	ea	18	36
74839	Soap, white, floating	bar	50	100

78130 Graduate 500 mil glass	ea	2	4
78220 Irrigator, enamelware 2 qts	ea	2	4

CHEST, SURGICAL SUPPLIES

99255 Chest, field, plain	ea	1	2
Containing:			
20150 Cotton batting, 1 lb roll	roll	10	20
36110 Applicator wood	cart	1	2
36680 Depressor tongue: wood	cart	1	2
92010 Bandage, gauze, compressed, 3"X6 yds, 72 in	box	4	8

CHEST, COTTON AND GAUZE

99255 Chest, field, plain	ea	1	2
Containing:			
20140 Cotton, absorbent, 1 lb roll	lb	30	60
20210 Gauze, plain, 5 yds in carton	roll	50	100
20270 Muslin, unbleached, 1 yd wide	yd	10	20

CHEST, ENAMELWARE

99255 Chest, field, plain	ea	1	2
Containing:			
77110 Basin, hand, 9- $\frac{3}{4}$ " E. W.	ea	20	40
77120 Basin, operating room, 14" x 4 $\frac{1}{2}$ " E. W.	ea	6	12
77130 Basin, pus, kidney shape, 10" E. W.	ea	6	12
77150 Basin, sponge, 12" x 5"	ea	6	12
78050 Funnel 6" E. W.	ea	2	4
78800 Pitcher, 4 quart - E. W.	ea	4	8
99150 Buckets 3 in nest E. W. 8, 10, 12 quarts	nest	1	2
99415 Cup, enamelware, nesting	ea	30	60
99480 Graduate 500 mil, E. W.	ea	2	4

CHEST, FOOD SUPPLIES

99255 Chest, field, plain	ea	1	2
Containing:			
99660 Stove, 2 burner gasoline	ea	1	2
Q. Coffee, ground, 1 lb in vacuum tin	can	6	12
Q. Sugar, white, 4 lb in screw cap tin	can	1	2
Q. Milk, evaporated 1 lb in can	can	30	60
Q. Soup, concentrated, assorted, 1 lb in can	can	50	100

CHEST, MISCELLANEOUS

99255 Chest, field, plain	ea	1	2
Containing:			
76640 Twine, jute, coarse	ball	2	4
76650 Twine, jute, fine	ball	6	12
77550 Rope, cotton	ft	100	200
78010 Flash light	ea	12	24
78020 Flash light lamp	ea	18	36
78180 Hatchet	ea	2	4
79357 Tool universal	ea	1	2
79532 Wire, annealed	coil	2	4
99580 Nails, assorted, ½ lb	tin	2	4
99615 Pliers, slip joint	ea	2	4

Medical, Narcotics:

IN CHEST. ALCOHOL, ETHER, AND DRUGS

10480 Alcohol, USP (ethyl) in 99398	qt	4	8
11490 Codeine sulfate USP ½ gr tablet	500	1	2
14860 Tincture opium, camphorated, USP	pt	1	2

Medical, Deteriorating Items:

IN CHEST, SURGICAL INSTRUMENTS

36820 Gloves, medium, Size 7	pr	6	12
36830 Gloves, medium, Size 8	pr	6	12
37780 Suture, catgut, chromic, Size 0	tube	50	100
37790 Suture, catgut, chromic, Size 1	tube	50	100
37800 Suture, catgut, chromic, Size 2	tube	50	100
37850 Suture, catgut, plain Size 0	tube	50	100
37860 Suture, catgut, plain, Size 1	tube	50	100
37870 Suture, catgut, plain, Size 2	tube	50	100
37995 Suture, silk, Dermal, coarse	ea	20	40
37996 Suture, silk, Dermal, medium	ea	20	40
38057 Suture, silkworm gut, 100	coil	10	20
38760 Tubing, rubber, ⅛ inch	ft	6	12
38780 Tubing, rubber, ¼ inch	ft	6	12

IN CHEST, ALCOHOL, ETHER, AND DRUGS

10600 Ammonia, aromatic spirit USP	pt	1	2
--	----	---	---

11105 Caffeine-sodium benzoate 7½ gr amp	amp	25	50
11675 Digitalis hypo solution: 1 amp equal 1 cat unit	doz	2	4
11747 Ephedrine sulfate, NNR, 1 cc amp ¼ gr	doz	2	4
11790 Ether (for anesthesia)	¼ lb	25	50
13802 Procaine hydrochloride USP 100 mgm amp ...	10	1	2
13806 Procaine hydrochloride USP 150 mgm amp ...	10	1	2

IN CHEST, SURGICAL SUPPLIES

20340 Plaster, adhesive, 1" x 5 yds	spl	100	200
20360 Plaster, adhesive, 3" x 5 yds	spl	25	50

IN CHEST, RUBBER GOODS

38685 Tube, colon, 30F rubber	ea	1	2
38750 Tube, stomach, 30F rubber	ea	2	4
38780 Tubing rubber ¼"	ft	8	16
38790 Tubing rubber 12 inch	ft	8	16
77050 Bag, hot water, rubber, 2 qt	ea	6	12

IN CHEST, MISCELLANEOUS

77160 Battery dry cell	ea	4	8
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Quartermaster: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

133. 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 each other.

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. 85). However, due to the limited number of personnel, the capacities of the various departments are decreased.

c. Physical arrangement. See also par. 85 *b.* If tentage be 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 par. 85 c (1).

(2) *Erection of tentage.* See also par. 85 c (2). In the erection of tentage the first section is assisted by the bearer group of the second section (see par. 129 c).

(3) *Installation of equipment.* See par. 85 c (3).

(4) *Marking the site.* See par. 85 c (4).

e. Operations. (1) *Platoon headquarters and the clearing office* are 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. 85 d (1)].

(2) *The dental department* usually is 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 par. 85 d (5).

(3) *The pharmacy and laboratory* also are located in Tent No. 1, in charge of the pharmacist and supervised by an officer. [See par. 85 d (6)].

(4) *The supply department* is 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) *The receiving department* is located conventionally in Tent No. 2. The personnel for the department include 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 par. 85 d (2).

A portion of Tent No. 2 is reserved for waiting patients.

(6) *The litter wounded department* is 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 par. 85 d (3).

(7) *The walking wounded department* is located conventionally in Tent No. 4 and is in charge of a medical officer, assisted by three surgical technicians. For operating details, see par. 85 d (4).

(8) *The evacuating department* is 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 par. 85 d (9).

(9) *The mess* is 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* (one corporal and eight privates or privates first class) from the second section.

(11) *Utility men*. With the above disposition of personnel, two privates first class or privates, one unrated from the first section and the chauffeur from platoon headquarters, are available for general utility work within the station.

f. Closing station. See par 85 e.

134. ADMINISTRATION. The clearing troop has the usual administrative responsibilities of any troop. In combat, the administrative functions are centered at the clearing station of one or the other platoon. If the stations be widely separated, it will be necessary to divide the bulk of the troop overhead between them.

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

THE VETERINARY TROOP

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135. ORGANIZATION. See Figure 18.

136. STATUS. The veterinary troop is an autonomous element of the medical squadron, directly subordinate to the squadron commander.

137. 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 non-effective 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 evac-

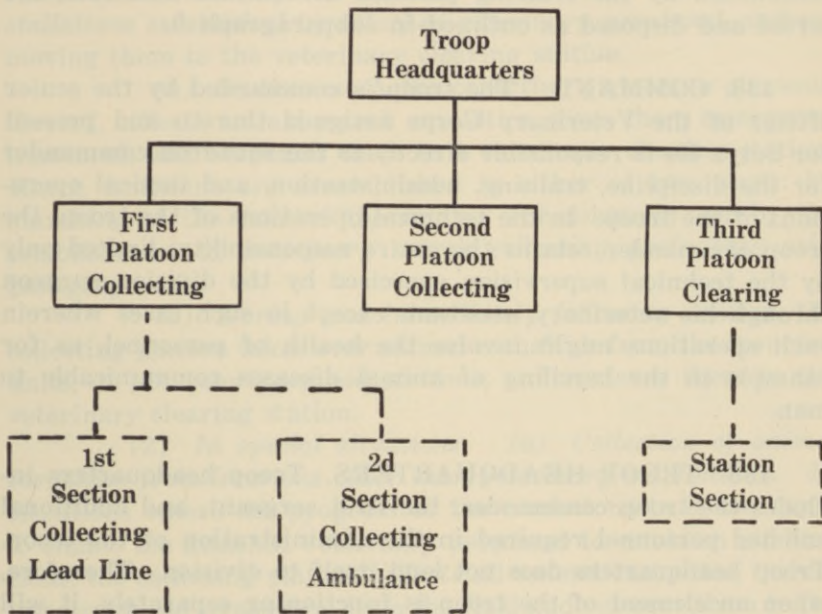


Figure 18: Organization of the Veterinary Troop,
Medical Squadron, Cavalry Division

uation to the rear; or destroyed as non-salvageable. 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) to take over non-effectives, or by the establishment of one or more veterinary march collecting posts (see par. 140).

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. 141). At the clearing station,

established by the clearing platoon, the animal casualties are sorted and disposed as outlined in subparagraph *b*.

138. **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 tactical operations of the troop. In the technical operations of the troop, the troop commander retains the entire responsibility, limited only by the technical supervision exercised by the division surgeon through his veterinary assistant, except in such cases wherein such operations might involve the health of personnel, as for example in the handling of animal diseases communicable to man.

139. **TROOP HEADQUARTERS.** 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.

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.

The troop commander and one enlisted orderly are mounted.

140. **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) *In normal situations.*

(a) *In camp or bivouac,* the collecting platoon relieves the mounted units of the cavalry division of their non-

effective 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 subparagraph d).

(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) *In 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 the veterinary clearing station.* If the collecting platoon, or a portion thereof, be 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 subparagraph d).

c. *Functional organization.* The internal organization of the collecting platoon not being prescribed, the following functional organization is suggested for actual operations:

(1) *Platoon headquarters* will consist of the platoon commander, one staff sergeant (platoon sergeant), one motorcyclist, and one orderly, horseholder. The platoon commander and the orderly are mounted.

(2) *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 (see par. 293 g).

(3) *Second section, collecting.* The second section in-

cludes 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.

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 depends 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 subparagraph *b* (1) (*b*). 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 subparagraph *b* (2) (*b*). 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 subparagraph *c*) 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.

141. 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) The 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) The careful sorting, classification, and disposition of cases in one of the following ways:

(a) The definitive treatment of those cases deemed fit for return to duty within the time limits imposed by the situation or other pertinent factors.

(b) The 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) The 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) The initiation of definitive treatment for those salvageable cases whose general condition contraindicates immediate evacuation.

(e) The destruction of non-salvageable animals.

(3) The administration of prophylactic sera as indicated.

(4) The initiation of the Emergency Veterinary Tag, (MD Form 115b) for those cases not previously tagged; the checking of those previously initiated for correctness and completeness.

(5) The keeping of all records of animal casualties pertaining to admission, types, treatment, and disposition; and the rendering of reports of casualties as required.

(6) The 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.* Platoon headquarters consists of the platoon commander and the platoon sergeant (staff sergeant).

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. 145).

(2) *Station section.* The station section includes a section leader (sergeant), a clinical horseshoer, a pharmacist, two veterinary and two veterinary surgical technicians.

The station section assists the platoon commander in the operation of the veterinary clearing station.

d. Operations. See par. 145.

142. TRAINING. *a. Management.* See par. 119 *a*.

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a*.

(1) *Chauffeurs.* All chauffeurs of the troop receive training as outlined in par. 25 *b*. 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) *Clerks.* (*a*). *Troop clerk.* The corporal in troop headquarters is trained in the duties of troop clerk (see par. 25 *c*).

(*b*) *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. 145).

(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) *Cooks*. See par. 58 b (5).

(5) *Cook's helpers*. See par. 119 c (6).

(6) *Mechanic auto*. See par. 71 c (5).

(7) *Mess sergeant*. See par. 119 c (8).

(8) *Motorcyclist*. See pars. 25 f and 119 c (9).

(9) *Motor sergeant*. See par. 119 c (10).

(10) *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.

(11) *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 material, and the compounding and dispensing of drugs and medicines used in the treatment of sick and injured animals.

(12) *Supply sergeant*. See par. 119 c (12).

(13) *Technician, veterinary*. See par. 25 j.

(14) *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 animals for operations; the application of simple surgical dressings; and the general treatment of veterinary surgical cases.

d. *Group*. (1) *Basic training 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 of 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 (see TR 425 series).

(5) *Contact agents.* Two 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 (see par. 71 d).

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.

143. DRILLS AND CEREMONIES. *a. Drills.* 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 (see par. 96). If the ceremony be with trans-

port, 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 Drill for Motor and Wagon Units, FM 22-5, and FM 25-5.

144. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational.

Medical:

	Unit	Amount
74620 Bucket, 15 quart	ea	4
97710 Veterinary dispensary equipment, complete (now under development)	ea	2
98140 Chest, restraint	ea	1
98160 Surgical dressings, veterinary	ea	4
99283 Chest, M. D. No. 4	ea	1
99815 Water sterilizing set	ea	2

Quartermaster: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

145. CLEARING STATION. *a. General.* 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.

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. 140).

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.* 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.

The platoon headquarters also is located in this department, and the platoon sergeant, assisted by a surgical technician, veterinary, and the clerk, general, from troop headquarters, operate both the headquarters and the department.

(2) *Pharmacy and supply department.* Adjacent 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 need 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 with such, stragglers, and strays.

(4) *Medical and surgical department.* 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 include 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.

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 non-salvageable 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. 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 is 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.

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, be it collecting platoon or attached vet-

erinary personnel. Upon arriving at the communicable disease or medical and surgical department, proper care and treatment is 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 turned over to personnel designated by higher authority, usually from the Quartermaster Corps, for disposition.

f. Closing station. The principles involved in the closure of the veterinary clearing station are similar to those involved in closing the medical clearing station. (See par. 85 *e*).

146. ADMINISTRATION. The veterinary troop has all the administrative responsibilities of any troop, plus all the administration of sick and wounded animals. However, rarely will troop headquarters be divided, and it 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.

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

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SECTION I

THE BATTALION

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147. ORGANIZATION. See Figure 19.

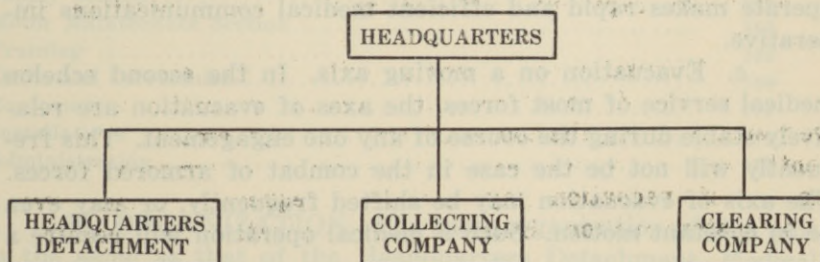


Figure 19: Organization of the Medical Battalion, Armored Division

148. STATUS. The Medical Battalion, Armored Division, is an organic component of the armored division, operating directly under division control.

149. FUNCTIONS. See par. 40. *a*. Due to the strategic and tactical employment of armored forces, this battalion frequently will be required to undertake more extended care and treatment of casualties than ordinarily is contemplated in second echelon medical service. This, however, will be the result of circumstances rather than of choice. See FM 8-10.

150. COMMAND. See par. 41 *a*.

151. HEADQUARTERS. See par. 42.

152. BATTALION COMMANDER. See par. 43.

153. BATTALION STAFF. The battalion staff is the same as that of the medical battalion, triangular division (see par. 44).

154. ENLISTED PERSONNEL. See par. 45. The exacting requirements of the medical service of an armored force can be met only with enlisted personnel of greater than average ability.

155. TRAINING. See par. 46. 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. Communications. The speed at which armored forces operate makes rapid and efficient medical communications 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.

156. DRILLS AND CEREMONIES. See par. 47. 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.

157. EQUIPMENT. All equipment is in the possession of the subordinate units, *q. v.*

158. INSTALLATIONS. See par. 49, and the appropriate paragraphs under Sections II, III, and IV of this chapter.

The battalion C P is located in a command truck.

159. ADMINISTRATION. See par. 50.

SECTION II

HEADQUARTERS DETACHMENT

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160. ORGANIZATION. The basic organization of this unit is the same as that of the Headquarters Detachment, Medical

Battalion, Triangular Division and Corps, see Figure 7. See also par. 147.

161. STATUS. See par. 52.

162. FUNCTIONS. See par. 53.

163. COMMAND. See par. 54.

164. DETACHMENT HEADQUARTERS. See par. 55.

165. BATTALION HEADQUARTERS SECTION. See par. 56.

166. 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 commanded by a technical sergeant. Like its prototype, however, it must be divided into two separate functional groups (see par. 57), 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) For *functions* and *operations* of this group, see par. 57 a (2) and (3), respectively.

b. *Division medical supply group.* (1) *Personnel.* One sergeant, two stock clerks, and one chauffeur.

(2) For *functions* and *operations*, see par. 57 b (2) and (3), respectively.

167. MOTOR MAINTENANCE SECTION. See par. 58.

168. TRAINING. The training of this detachment is like that of its prototype in the medical battalion, triangular division and corps; see par. 59. A few additional specialists must be trained, who are:

a. *Stenographer.* This specialist should be a qualified

stenographer prior to enlistment and should be trained, in addition, as a general clerk; see par. 25 c.

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*. See par. 25 f.

d. *Clerks, stock*. See par. 366 d (3) (e).

169. DRILLS AND CEREMONIES. See pars. 60 and 156.

170. EQUIPMENT. a. *Individual*. See paragraph 29.

b. *Organizational*.

Medical Equipment, General:

	Unit	Amount
10060 Acetophenetidin USP 5 gr tab	1000	2
10100 Acid acetylsalicylic USP 5 gr tab	1000	12
10120 Acid boric USP	5 lb	2
10400 Acid tannic USP	¼ lb	12
10403 Acid tannic ointment USP	lb	3
10520 Alcohol denatured	5 gal	1
10570 Aloin compound pill	1000	6
10660 Ammonium chloride troches	1000	3
10860 Atropine sulfate USP 1/100 gr H. T.	20	50
11105 Caffeine w/sodium benzoate USP 7½ gr amp ...	doz	8
12180 Glycerine USP	lb	12
12210 Glyceryl trinitrate spirit USP 1/100 gr H. T. ...	20	10
12640 Magnesium sulfate USP	4 lb	25
12750 Mercuric oxide yellow ointment	¼ oz	24
12800 Mercurous chloride mild USP ½ gr tab	1000	2
12854 Mercury bichloride large poison tab USP	250	4
13020 Normal saline sol tab	100	12
13350 Petrolatum USP	10 lb	2
13370 Petrolatum liquid heavy USP	gal	4
13390 Phenol USP	lb	4
13730 Potassium permanganate USP 5 gr tab	100	12
13820 Procaine hydrochloride USP ¾ gr H. T.	20	50
14050 Silver nitrate USP	oz	2
14060 Silver nitrate toughened USP pencils	oz	2
14070 Silver nitrate and formalin	box	2
14120 Soap soft	lb	24
14160 Sodium bicarbonate USP	10 lb	6
14170 Sodium bicarbonate USP 5 gr tab	1000	6
14580 Strychnine sulfate USP 1/60 gr H. T.	20	12

14635 Sulfanilamide USP powder	lb	12
14637 Sulfanilamide USP 5 gr tab	1000	4
14920 Wax bone sterile	2.25 gm	6
91080 Cresol saponated sol USP 1 qt in	tin	48
91110 Iodine 15 gr potassium iodide 22.5 gm USP, 10 in	box	48
91120 Iodine swab 1½ cc, 6 in	box	200
91140 Mercurial ointment mild ½ oz USP	tube	50
91145 Mercuric ointment ammoniated 1 oz USP	tube	72
91150 Mercurous chloride ointment 1 oz	tube	72
91160 Oil castor ½ gal USP (in 97717)	tin	6
91190 Protein silver mild USP 4-6/10 gr tab, 100 in...	bot	6
91200 Protein silver strong USP 4-6/10 gr tab, 100 in	bot	10
91215 Sulfur ointment 1 oz USP	tube	72
91230 Zinc oxide ointment 1 oz USP	tube	72
20090 Bandage muslin 5-inch	doz	24
20130 Cotton absorbent compressed	oz	500
20140 Cotton absorbent roll	lb	100
20150 Cotton batting roll	lb	50
20240 Gauze plain sterilized	pkg	1000
20300 Packet first aid (metal covered)	ea	250
20384 Sponge surgical 4 x 4	pkg	96
20386 Sponge surgical 4 x 8	pkg	96
36110 Applicator wood	cart	6
36680 Depressor tongue	cart	24
37386 Splints basswood	set	8
37455 Splint straps	ea	60
37480 Splint Thomas arm hinged	ea	48
37500 Splint Army leg half ring	ea	48
37995 Suture silk dermal coarse	pkg	100
37996 Suture silk dermal medium	pkg	100
74930 Soap white floating	bar	100
76590 Tag shipping linen	ea	200
78010 Flashlight	ea	12
78020 Flashlight lamp	ea	24
78440 Litter complete w/slings	ea	50
78450 Litter brace	set	20
78460 Litter canvas	pc	20
78470 Litter ring	ea	20
78480 Litter sling	ea	50
78490 Litter strap	ea	50
78500 Litter stud	pkg	10
78510 Litter tack	roll	100
78680 Paper toilet	ea	30
79230 Strap and buckle 3 ft	ea	30
79240 Strap and buckle 6 ft	ea	100
79320 Thermometer clinical	box	24

92010 Bandage gauze compressed 3", 72 in	ea	240
92040 Bandage triangular compressed	pkg	600
92050 Dressing first aid large	pkg	1000
92060 Dressing first aid small	roll	50
93750 Splint wire gauze	pkg	600
93770 Suture silk braided noncapillary 3 sizes	ea	50
97455 Blanket set large	ea	12
97535 Chest field plain (for packing drugs and dressings)	ea	6
97775 Lantern set	ea	3
97825 Surgical dressings	box	12
97865 Tray No. 6 plain	ea	6
97940 Water sterilizing set	ea	2
99405 Nails assorted 1/2 lb.	tin	12
99630 Wire G. I. No. 14 gage	ft	300

Medical Equipment, Narcotics:

10480 Alcohol USP	qt	60
11450 Cocaine hydrochloride	1/4 oz.	2
11490 Codeine sulfate USP 1/2 gr tab	500	6
12410 Ipecac and opium powder 5 gr tab	500	6
12955 Morphine sulfate USP 1/4 gr H. T.	20	200
13396 Phenobarbital USP 1/2 gr tab	100	12
14860 Tincture opium camphorated USP	pt	12
14940 Whisky USP	qt	12
91155 Morphine sulfate USP 1/2 gr sol	box	75
N.S. 1 Pentothal sodium (or equiv) 1 gm amp	25	24
N.S. 1 Water C. P. 50 cc amp for use with pentothal	25	24

Medical Equipment, Deteriorating Items:

10600 Aromatic ammonia spirit USP	pt	25
11500 Collodion USP	oz	12
11747 Ephedrine sulfate NNR 1 cc amp 3/4 gr	doz	30
11750 Epinephrine hydrochloride USP sol	oz	8
11790 Ether (for anesthesia)	1/4 lb	100
11800 Ethyl chloride USP	3 oz	24
13806 Procaine hydrochloride USP 150 mgm amp	10	40
13840 Procaine hydrochloride and epinephrine H. T. ..	20	50
13910 Quinine sulfate USP 5 gr tab	1000	6
16110 Tetanus antitoxin 1500 units	vial	1000
20340 Plaster adhesive 1-inch	spl	400
20350 Plaster adhesive 3-inch	spl	250
36830 Gloves medium size 7 1/2	pr	24
36840 Gloves medium size 8	pr	24

36850	Gloves medium size 8½	pr	24
37780	Suture catgut chromic Size 0	tube	300
37790	Suture catgut chromic Size 1	tube	300
37800	Suture catgut chromic Size 2	tube	300
37810	Suture catgut chromic Size 3	tube	150
37850	Suture catgut Size 0	tube	300
37860	Suture catgut Size 1	tube	300
37870	Suture catgut Size 2	tube	300
37880	Suture catgut Size 3	tube	150
77160	Battery dry cell	ea	144

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c.*

171. INSTALLATIONS. See par. 62. Having exactly the same functions as its prototype in the medical battalion, triangular division and corps, the installations that it establishes differ only in stability and completeness. Greater mobility is required in the armored division; and, in combat, rarely will there be formally organized distributing points established on the ground. Supplies either will be issued directly from trucks or from small dumps established beside the trucks.

172. ADMINISTRATION. See par. 63.

SECTION III

THE COLLECTING COMPANY

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Drills and Ceremonies	180

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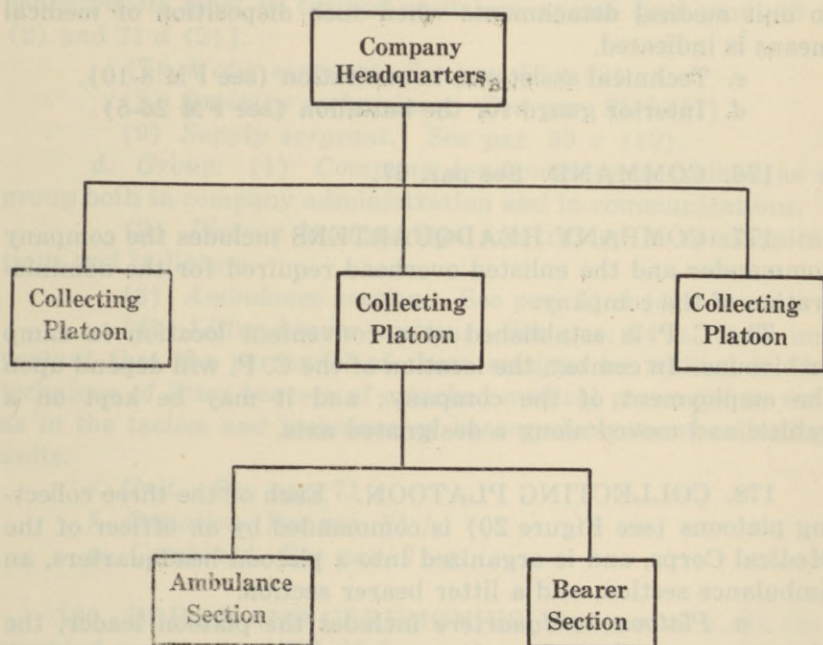


Figure 20: Organization of the Collecting Company,
Medical Battalion, Armored Division

173. ORGANIZATION. See Figure 20. Note that no collecting station group is included in the organization of this company.

174. STATUS. There is only one collecting company in this battalion, and it is an autonomous unit directly subordinate to the battalion commander.

175. 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 materiel 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).

176. COMMAND. See par. 67.

177. COMPANY HEADQUARTERS includes the company commander and the enlisted overhead required for the administration of the company.

The C P is established at a convenient location in camp or bivouac. In combat, the location of the C. P. will depend upon the employment of the company; and it may be kept on a vehicle and moved along a designated axis.

178. COLLECTING PLATOON. Each of the three collecting platoons (see Figure 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. *The ambulance section* is commanded by a sergeant and includes, in addition, two corporals, 10 chauffeurs, and 10 ambulance orderlies. It is equipped with 10 ambulances.

c. *The litter bearer section* is commanded by a sergeant and includes, in addition, one corporal and 16 privates first class and privates to constitute four litter squads.

179. TRAINING. *a.* *Management.* See par 71 *a.*

b. *Individual.* See par. 8 *d* (1).

c. *Specialists.* See also par. 25 *a.* (1) *Chauffeurs.* See pars. 25 *b* and 71 *c* (2). The chauffeurs of this company, and particularly those of the ambulance sections, must be especially proficient in cross-country driving.

(2) *Clerk.* See par. 71 *c* (3).

(3) *Cooks.* See par. 59 *b* (5).

(4) *Mechanic, auto.* See par. 71 c (5).

(5) *Mess sergeant.* See par. 59 c (7).

(6) *Motorcyclists.* See par. 25 f. In addition, these motorcyclists must be trained as liaison agents [see pars. 69 b (2) and 71 d (2)].

(7) *Motor sergeant.* See par. 59 c (9).

(8) *Sanitary technicians.* See par. 25 h (1).

(9) *Supply sergeant.* See par. 59 c (10).

d. *Group.* (1) *Company headquarters* is trained as a group both in company administration and in communications.

(2) *Platoon headquarters* are trained in communications and in liaison.

(3) *Ambulance sections.* See par. 71 d (4).

(4) *Litter bearer sections.* See par. 24 c. It is important that the personnel of these sections be trained in the technique of litter bearers of attached medical personnel as well as in the tactics and technique of bearer elements of collecting units.

e. *Unit.* See par. 71 e.

f. *Battalion.* See par. 71 f.

g. *Combined.* See par. 71 g.

180. DRILLS AND CEREMONIES. See par. 47 b. In dismounted ceremonies, FM 22-5 governs. See also par. 156.

181. EQUIPMENT. a. *Individual.* See par. 29.

b. *Organizational.*

Medical Equipment:

	<i>Unit</i>	<i>Plat.</i>	<i>Co.</i>
78440 Litter complete with slings	ea	55	110
97455 Blanket set large	ea	6	12
97775 Lantern sets	ea	2	5
97815 Splint set	ea	6	12
97940 Water sterilizing set	ea	1	2
99175 Carrier field collapsible	ea	4	8

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c.*

182. INSTALLATIONS. 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 par. 74.

Ambulance loading posts will be necessary on occasion (see FM 8-10).

183. ADMINISTRATION. See par. 75.

SECTION IV

THE CLEARING COMPANY

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184. ORGANIZATION. See Figure 21.

185. STATUS. The clearing company is an autonomous unit, directly subordinate to the battalion commander.

186. FUNCTIONS. See par. 78. In addition, whenever communications are interrupted so that evacuation by third

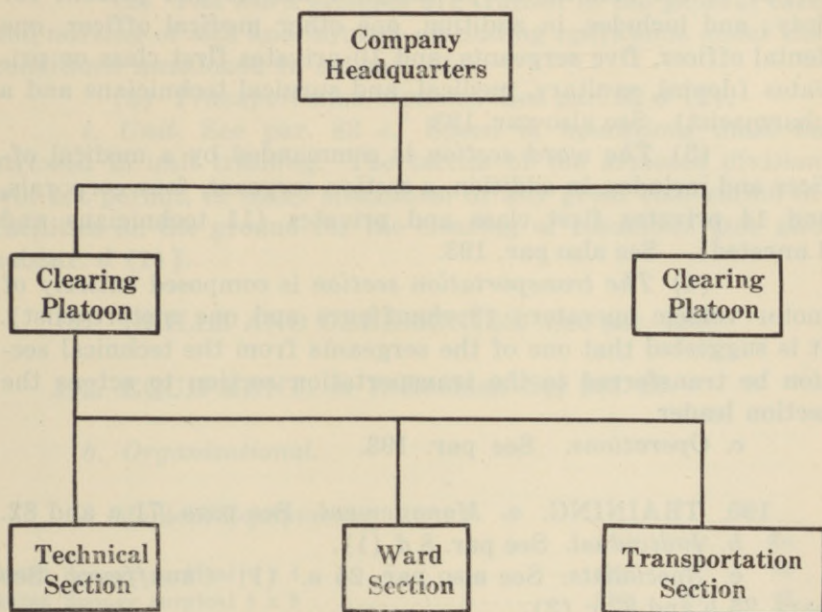


Figure 21: Organization of the Clearing Company, Medical Battalion, Armored Division

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.

187. COMMAND. See par. 79.

188. COMPANY HEADQUARTERS. See par. 80.

189. CLEARING PLATOON. *a. Command and functions.* See par. 81 *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) *The technical section* is commanded by the senior

officer of the Medical Corps assigned thereto and present for duty; and includes, in addition, one other medical officer, one dental officer, five sergeants, and 10 privates first class or privates (dental, sanitary, medical, and surgical technicians and a pharmacist). See also par. 193.

(3) *The ward section* is commanded by a medical officer and includes, in addition, a section sergeant, four corporals, and 14 privates first class and privates (11 technicians and 3 unrated). See also par. 193.

(4) *The transportation section* is composed entirely of motor vehicle operators (9 chauffeurs and one motorcyclist). It is suggested that one of the sergeants from the technical section be transferred to the transportation section to act as the section leader.

c. Operations. See par. 193.

190. TRAINING. *a. Management.* See pars. 71 *a* and 82.

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a*. (1) *Chauffeurs.* See pars. 25 *b* and 82 *c* (2).

(2) *Clerks.* See par. 71 *c* (3). There is a company clerk in company headquarters, and one sergeant in charge of medical records in each clearing platoon, to be trained in those special phases of administrative procedure.

(3) *Cooks.* See par. 81 *c* (4).

(4) *Dental technicians.* See par. 25 *d*.

(5) *Mechanic, auto.* See par. 59 *c* (6).

(6) *Medical and surgical technicians.* See par. 25 *e* and *i*.

(7) *Mess sergeant.* See pars. 59 *c* (7) and 82 *c* (8).

(8) *Motorcyclists.* See par. 25 *f*.

(9) *Motor sergeant.* See par. 59 *c* (9).

(10) *Pharmacists.* See par. 82 *c* (9).

(11) *Sanitary technicians.* See par. 25 *h* (1).

d. Group. (1) *Technical sections.* See par. 82 *d* (1). 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) *The ward sections* are trained in the general care and nursing of sick and injured—including operations under the conditions mentioned in subpar. (1).

(3) *Transportation sections.* See par. 82 d (2).

e. Unit. See par. 82 *e.* Speed of operations must be stressed in unit training. The tactics of the armored division will not permit, in many situations, of any great elaboration of facilities on the ground for the clearing of casualties [see also subpar. *d* (1)].

191. DRILLS AND CEREMONIES. See par. 180.

192. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational.

Medical Equipment:

	<i>Unit</i>	<i>Plat.</i>	<i>Co.</i>
20384 Sponge surgical 4 x 4	pkg	24	48
20386 Sponge surgical 4 x 8	pkg	24	48
71600 Gown operating	ea	24	48
71670 Pillow feather	ea	24	48
71690 Pillow cases	ea	48	96
71720 Sheets	ea	100	200
71770 Towels bath	ea	100	200
71780 Towels hand	ea	200	400
77560 Commode	ea	4	8
78440 Litter complete w/slings	ea	200	400
78680 Paper toilet	roll	50	100
95025 Chest M. D. No. 60	ea	1	2
97450 Bedpans box of	ea	1	2
97455 Blanket set large	ea	20	40
97460 Blanket set large case empty	ea	12	24
97565 Chest M. D. No. 1	ea	3	6
97570 Chest M.D. No. 2	ea	2	4
97575 Chest M. D. No. 4	ea	2	4
97580 Chest M. D. No. 5	ea	1	2
97625 Chest mess	ea	1	2
97645 Chest tableware	ea	2	4
97775 Lantern set	ea	6	12
97815 Splint set	ea	6	12
97825 Surgical dressings	box	2	4
97940 Water sterilizing set	ea	3	6

99175 Carrier field collapsible	ea	4	8
99280 Heater water	ea	1	2
99315 Lamp operating field	ea	1	2
99410 Pad heat complete large	ea	20	40
99415 Pad heat refill	ea	60	120
99420 Pajama coat winter	ea	100	200
99425 Pajama trousers winter	ea	100	200
99560 Table bath: with trusses	ea	2	4
99565 Table bedside folding	ea	6	12
99600 Unit power electric	ea	1	2
99630 Wire G. I. No. 14	ft	100	200

CHEST, ALCOHOL, ETHER, AND DRUGS

97535 Chest Field Plain (containing)	ea	1	2
97865 Tray No. 6 plain	ea	1	2
10110 Acid boric USP	lb	1	2
10860 Atropine sulfate USP 1/100 gr hypo tab...	20	10	20
11105 Caffeine-sodium benzoate 7½ gr amp	doz	2	4
13020 Normal saline sol tab	100	2	4
13370 Petrolatum liquid heavy	gal	1	2
13820 Procaine hydrochloride USP 3/4 gr H. T. ..	20	15	30
14060 Silver nitrate toughened USP pencils	oz	1	2
14120 Soap soft	lb	3	6
14150 Sodium bicarbonate USP	lb	5	10
14635 Sulfanilamide USP powder	lb	2	4
91020 Alcohol denatured 1 pt in 99396	tin	2	4

CHEST, SURGICAL SUPPLIES

97535 Chest Field Plain (containing)	ea	1	2
97865 Tray No. 6 plain	ea	1	2
20140 Cotton absorbent roll	lb	18	36
20150 Cotton, batting roll	lb	10	20
36680 Depressor tongue	cart	1	2

CHEST, SURGICAL INSTRUMENTS

97535 Chest Field Plain (containing)	ea	1	2
97865 Tray No. 6 plain	ea	1	2
31340 Curette ear	ea	1	2
31730 Director grooved	ea	4	8
33620 Needle spinal puncture 20 gage	ea	4	8
36030 Adapted tubing	ea	6	12
37995 Suture silk dermal coarse	pkg	20	40

37996 Suture silk dermal medium	pkg	20	40
38440 Syringe Luer 2 cc	ea	6	12
38450 Syringe Luer 10 cc	ea	10	20
38480 Syringe Luer needle gage 25	doz	4	8
38490 Syringe Luer needle gage 23	doz	4	8
38510 Syringe Luer needle 19 gage 1- $\frac{3}{4}$ " canula..	doz	1	2
38520 Syringe Luer needle 17 gage 3" canula	doz	1	2
38530 Syringe Luer needle 15 gage 3" canula	doz	1	2
38550 Syringe Luer needle wire	bdl	4	8
38720 Tube Murphy drip sight feed glass	ea	5	10
79320 Thermometer clinical	ea	20	40
93200 Basic instrument set complete	set	2	4
93220 Supplemental instrument set abdominal injuries complete	set	1	2
93240 Supplemental instrument set chest in- juries complete	set	1	2
93260 Supplemental instrument set ear, nose, and throat injuries, complete	set	1	2
93280 Supplemental instrument set eye injuries complete	set	1	2
93300 Supplemental instrument set fractures and amputations, complete	set	1	2
93320 Supplemental instrument set genito- urinary injuries, complete	set	1	2
93340 Supplemental instrument set skull and brain injuries, complete	set	1	2
93770 Suture silk braided 3 sizes	pkg	100	200

CHEST, RUBBER GOODS

97535 Chest Field Plain (containing)	ea	1	2
97865 Tray No. 6 plain	ea	1	2
20240 Gauze plain sterilized	pkg	75	150
20250 Mask face surgical	pkg	1	2
37040 Irrigator tips	pr	4	8
74560 Brush hand	ea	12	24
78130 Graduate 500 cc glass	ea	2	4

CHEST, ENAMELWARE

97535 Chest Field Plain (containing)	ea	1	2
77110 Basin hand E. W.	ea	12	24
77130 Basin pus 10" E. W.	ea	6	12
77150 Basin sponge 12" x 5"	ea	6	12
78050 Funnel 6" E. W.	ea	2	4

78220 Irrigator E. W. 2 qts	ea	2	4
78800 Pitcher 4 qt E. W.	ea	4	8
78800 Pitcher 4 qt E. W.	ea	4	8
99145 Buckets 3 in nest E. W., 8, 10, 12 qts	ea	1	2
99215 Cup E. W. nesting	ea	50	100

CHEST, STERILIZER AND SOAP

97535 Chest Field Plain (containing)	ea	1	2
74930 Soap white floating	bar	50	100
99530 Sterilizer instrument 14"	ea	1	2
99555 Stove 2 burner gasoline	ea	2	4

CHEST, MISCELLANEOUS

97535 Chest Field Plain (containing)	ea	1	2
97865 Tray No. 6 plain	ea	1	2
20140 Cotton absorbent roll	lb	12	24
36970 Intravenous apparatus salvarsan	ea	2	4
76640 Twine jute coarse	ball	2	4
76650 Twine jute fine	ball	6	12
77550 Clothesline	ft	100	200
78010 Flashlight	ea	12	24
78020 Flashlight lamp	ea	18	36
78180 Hatchet	ea	2	4
79357 Tool Universal	ea	1	2
99145 Buckets 3 in nest E. W.	nest	1	2
99405 Nails assorted 1/2 lb	tin	2	4
99470 Pliers slip joint	ea	2	4

Medical Equipment, Narcotics:

IN CHEST, ALCOHOL, ETHER, AND DRUGS

10480 Alcohol USP in 97730	qt	6	12
14860 Tincture opium camphorated	pt	2	4
N.S. I Pentothal sodium (or equiv) 1 gm amp	25	3	6
N.S. 1 Water C. P. 50 cc amp for use with pentothal..	25	3	6

Medical Equipment, Deteriorating Items:

IN CHEST, ALCOHOL, ETHER, AND DRUGS

10600 Ammonia aromatic spirit USP	pt	1	2
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11747 Ephedrine sulfate NNR 1 cc amp $\frac{3}{4}$ gr	doz	2	4
11790 Ether (for anesthesia)	$\frac{1}{4}$ lb	35	70
13806 Procaine hydrochloride USP 150 mgm	10	2	4

IN CHEST, SURGICAL SUPPLIES

20340 Plaster adhesive 1" x 5 yds	spl	100	200
20350 Plaster adhesive 3" x 5 yds	spl	25	50

IN CHEST, SURGICAL INSTRUMENTS

37790 Suture catgut chromic Size 1	tube	24	48
37800 Suture catgut chromic Size 2	tube	24	48
37850 Suture catgut plain Size 0	tube	24	48
37860 Suture catgut plain Size 1	tube	24	48
37870 Suture catgut plain Size 2	tube	24	48

IN CHEST, RUBBER GOODS

36830 Gloves medium Size 7 $\frac{1}{2}$	pr	12	24
36840 Gloves medium Size 8	pr	12	24
36850 Gloves medium Size 8 $\frac{1}{2}$	pr	12	24
37050 Irrigator tubing	ea	4	8
37370 Sphygmomanometer aneroid	ea	1	2
38685 Tube colon 30F rubber	ea	2	4
38750 Tube stomach 30F rubber	ea	2	4
38780 Tubing rubber $\frac{1}{4}$ "	ft	12	24
38790 Tubing rubber $\frac{1}{2}$ "	ft	16	32
77050 Bag hot water rubber 2 qt	ea	12	24

IN CHEST, MISCELLANEOUS

77160 Battery dry cell	ea	48	96
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Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c*.

193. CLEARING STATION. *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 estab-

lishment possible can only approach the conventional arrangement of a clearing station of the medical battalion of the triangular division (see par. 85). However, in the majority of situations, such a complete station will be impracticable in the armored division.

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 C P and clearing office.* The platoon commander (who will also have technical duties in connection with the treatment of casualties), the platoon sergeant (who will also supervise 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.* 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.

If shock treatment be 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* will include 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.

If gas cases also be 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* 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 operation 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 (see par. 85 *d*) 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.

194. ADMINISTRATION. See par. 86.

CHAPTER 6

MEDICAL REGIMENT, SQUARE DIVISION AND ARMY

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SECTION I.

THE REGIMENT

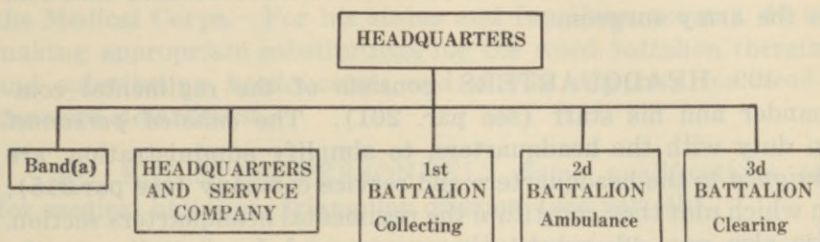
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195. ORGANIZATION. See Figure 22.

196. STATUS. The medical regiment is—

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

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



(a) The regimental band is organized only when specifically authorized.

Figure 22: Organization of the Medical Regiment, Square Division & Army

197. 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. 40 *a.*

b. Army medical regiment. (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, to reinforce division medical services.

(4) Under certain conditions, to undertake (with clearing elements) the definitive care and treatment of short-duration cases in rear areas.

198. COMMAND. *a. The division medical regiment* is commanded by the senior officer of the Medical Corps (normally a colonel) 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. The army medical regiment is commanded by the senior officer of the Medical Corps (normally a colonel) assigned thereto and present for duty. *This officer has no staff func-*

tions. He is immediately responsible, in his command function, to the army surgeon.

199. HEADQUARTERS consists of the regimental commander and his staff (see par. 201). The *enlisted personnel* on duty with the headquarters, to simplify administration, are *assigned* to the headquarters and service company (see par. 215), in which unit they constitute the regimental headquarters section. See also par. 42, substituting *regimental* for *battalion* in the text of that paragraph.

200. REGIMENTAL COMMANDER. See also par. 198. 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.

201. REGIMENTAL STAFF. *a. General.* 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 ordinarily is a lieutenant colonel of the Medical Corps. For his functions, see par. 44 *b*, substituting *regimental* and *regiment* for *battalion* in the text of that paragraph.

c. The plans and training officer (S-3) ordinarily is a major of the Medical Corps. For his functions, see par. 44 *c*, making appropriate substitutions for the word *battalion* therein. He has one assistant, normally a captain or lieutenant.

d. The adjutant (S-1) ordinarily is a captain of the Medical or Medical Administrative Corps. For his functions, see par. 44 *d*, making appropriate substitutions for the word *battalion* therein.

*e. The supply officer (S-4) ordinarily is a captain of the Medical Corps. For his status and functions, see par. 44 e, making appropriate substitutions for the word *battalion* therein and substituting *headquarters and service company* for *headquarters detachment*.*

202. ENLISTED PERSONNEL. Same qualifications as for medical battalion, triangular division (see par. 45).

203. BAND. 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.

The band is a standard regimental band of one 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.

204. BATTALIONS. See Figures 23, 24, and 25. *a. Organization.* The subordinate *tactical* elements of the regiment are organized into three battalions, viz.

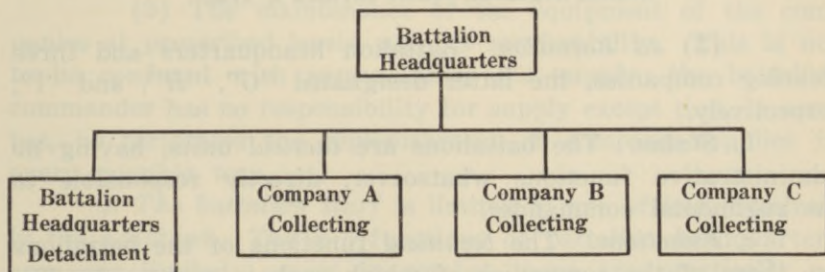


Figure 23: Organization of the 1st Battalion (Collecting), Medical Regiment, Square Division & Army

(1) *1st Battalion.* Battalion headquarters and three collecting companies, the latter designated "A", "B", and "C", respectively.

(2) *2d Battalion.* Battalion headquarters and three ambulance companies (motor), the latter designated "D", "E", and "F", respectively.

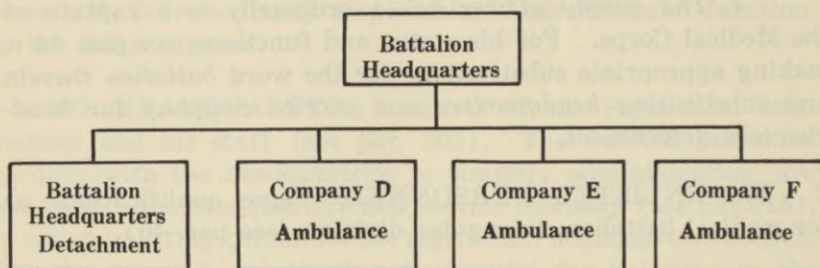


Figure 24: Organization of the 2d Battalion (Ambulance), Medical Regiment, Square Division & Army

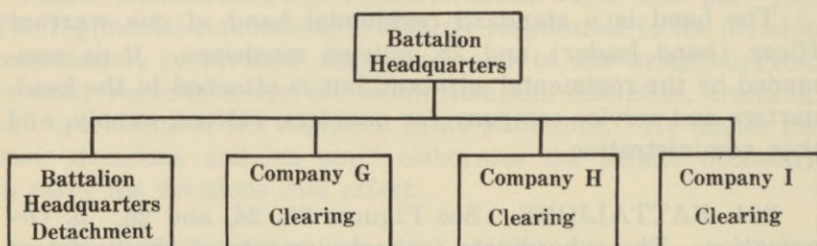


Figure 25: Organization of the 3d Battalion (Clearing), Medical Regiment, Square Division & Army

(3) *3d Battalion.* 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 subpar. *f*.

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. Battalion headquarters includes the battalion commander and his one staff officer (see subpar. *g*), 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.

The battalion C P 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—

(1) For the first battalion (collecting), at the farthest point forward on the ambulance route common to two or more companies at station.

(2) For the 2d Battalion (ambulance), in the general vicinity of the C P of the 1st Battalion.

(3) For the 3d Battalion (clearing), at the principal division clearing station.

f. The battalion commander is responsible to the regimental commander for—

(1) The training of the battalion and all companies thereof, except regimental and combined training.

(2) The operations of the battalion and each company thereof operating under battalion control.

(3) The 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. 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; and 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 par. 47.

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 War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940).

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.

205. TRAINING. See par. 46, substituting *regimental* and *regiment* for *battalion* in appropriate places in the text of that paragraph. See also par. 204 *h* for the responsibilities of battalion commanders in training.

a. Division medical regiment. Regimental training should be specially directed toward perfecting liaison and coordination between collecting and ambulance companies.

b. 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.

206. DRILLS AND CEREMONIES. See par. 47 *b*, substituting *regiment* for *battalion* in the text of that subparagraph. FM 22-5 governs.

207. EQUIPMENT. All equipment is in the hands of subordinate units. The headquarters and service company draws the equipment for the regimental headquarters.

208. INSTALLATIONS. The regiment can establish the following installations:

a. Regimental command post. See par. 199.

b. Regimental distributing point. See par. 62 *b*, substituting *regimental* and *regiment* for *battalion* in the text of that subparagraph.

c. Regimental motor repair park. See par. 62 *d*, making appropriate substitutions as set forth in subpar. *b*.

d. Division medical distributing point and dump(s). By division medical regiment only. See par. 62 *c*.

e. 3 battalion C P's. See par. 204 *e*.

f. 3 collecting stations. See par. 233.

g. 3 ambulance stations. See par. 244.

h. 3 clearing stations. See par. 256.

209. ADMINISTRATION. See par. 50, substituting *regimental* and *regiment* for *battalion* in the text of that paragraph. Regimental headquarters deals directly with companies on all administrative matters—the battalions having no administrative functions.

SECTION II

HEADQUARTERS AND SERVICE COMPANY

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Organization	210
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Functions	212
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Company Headquarters	214
Regimental Headquarters Section	215
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Regimental Motor Repair Section	217
Training	218
Drills and Ceremonies	219
Equipment	220
Installations	221
Administration	222

210. ORGANIZATION. See Figure 26.

211. 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.

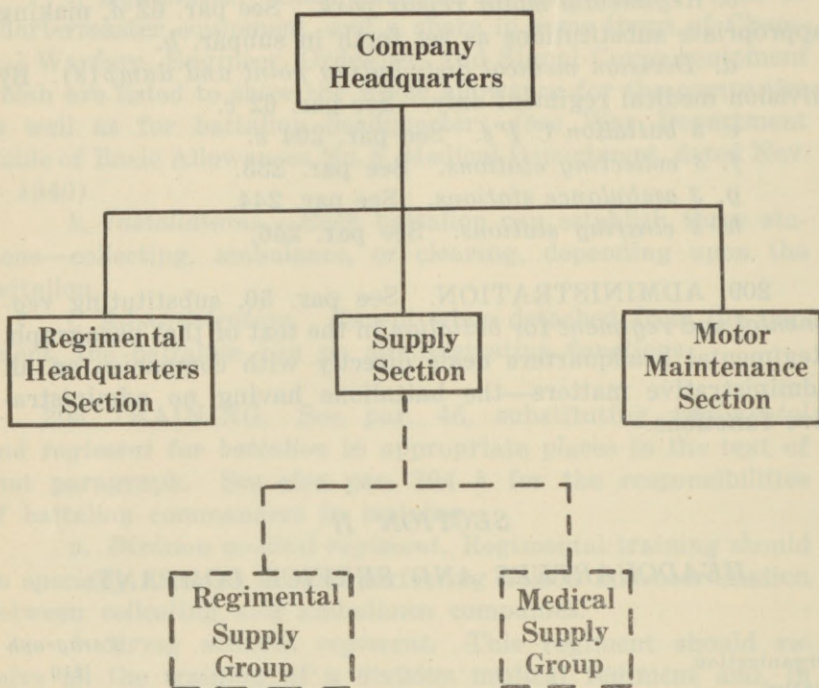


Figure 26: Organization of the Headquarters and Service Company, Medical Regiment, Square Division

212. 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. 53. The army medical regiment, however, has no supply functions other than those associated with its own supply.

213. 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. 54).

214. 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 of other sections of the company whose functions are in connection with the administration of the regiment. See also par. 55.

215. REGIMENTAL HEADQUARTERS SECTION comprises the enlisted personnel for the operation of the regimental headquarters (see par. 199).

216. 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:* 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.* The same functions in connection with the medical regiment as has the battalion supply group in connection with the medical battalion; see par. 57 a (2).

(c) *Operations.* The same as those of the battalion supply group of the headquarters detachment of the medical battalion. See par. 57 a (3), making appropriate substitutions of *regimental* and *regiment* for *battalion* in the text of that subparagraph.

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 subpar. (2) (a), above.

(b) *Functions*. Exactly the same as those of its prototype in the triangular division; see par. 57 b (2).

(c) *Operations*. The same as in the triangular division. See par. 57 b (3), making appropriate substitutions of *regimental* and *regiment* for *battalion* in the text of that subparagraph.

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, it 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 it is in division medical regiments; and the entire section will be required to discharge the one function.

Operations are the same as those of the regimental supply group of the division medical regiment; see subpar. 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.

217. 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. 58, making appropriate substitutions of *regimental* and *regiment* for *battalion* in the text of that subparagraph.

218. TRAINING. a. *Management*. See par. 59 a, substituting *regimental commander* for *battalion commander*, and *company commander* for *detachment commander*.

b. *Individual*. See par. 59 b.

c. *Specialists*. See also par. 25 a. (1) *Bugler*. See par. 71 c (1).

(2) *Chauffeurs*. See pars. 25 b and 59 c (1).

(3) *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.

(4) *Clerk, company.* See pars. 25 *c* and 59 *c* (2).

(5) *Clerks, general.* In correspondence, personnel reports and returns, filing, and other administrative procedures common to all headquarters.

(6) *Cooks.* See par. 59 *c* (5).

(7) *Mechanics, auto.* See par. 59 *c* (6).

(8) *Mechanic, general.* This is the company artificer. He should be a natural mechanic, capable of making and repairing all the simpler devices used by the company, and trained in the maintenance of the organizational equipment other than motor transport.

(9) *Mess sergeant.* See par. 59 *c* (7).

(10) *Motorcyclists.* See par. 25 *f*.

(11) *Motor sergeant.* See par. 59 *c* (9).

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

(13) *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 operations maps, and in other forms of draftsmanship useful in the preparation of training material. Should also be trained as a clerk.

(14) *Stenographer.* Must be qualified as a stenographer prior to joining the unit; and then trained in military terms, in military correspondence, and in reports and returns.

(15) *Supply sergeant.* There is a regimental supply sergeant (master sergeant) and a company supply sergeant to be trained. The former is trained in *unit* (regimental) supply, and the latter in company supply [see par. 59 *c* (10)]. In addition, the medical supply sergeant in the division medical regiment is specialized in division medical supply; see par. 59 *c* (4).

d. Group. See par. 59 *d*, with appropriate substitutions of *regimental* and *regiment* for *battalion*, and *headquarters and service company* for *headquarters detachment*, in the text of

that subparagraph.

e. Unit. See par. 59 *e*, substituting words as shown above.

219. DRILLS AND CEREMONIES. See par. 60, substituting *regimental* and *regiment* for *battalion*, and *headquarters and service company* for *headquarters detachment*, in the text of that paragraph.

220. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. Like its counterpart in the medical battalion, the medical equipment and supplies of this company constitute the rolling reserve of medical supplies. See par. 61 *b*.

Medical Equipment:

	Unit	Amount
10010 Acacia USP	lb	3
10060 Acetophenetidin USP 5 gr tab	1000	2
10070 Acid acetic glacial USP	lb	3
10100 Acid acetylsalicylic USP 5 gr tab	1000	15
10110 Acid boric USP	lb	20
10400 Acid Tannic USP	$\frac{1}{4}$ lb	12
10403 Acid tannic ointment USP	lb	3
10570 Aloin compound pill or tablet	1000	10
10660 Ammonium chloride troches USP X	1000	3
10690 Amyl nitrite USP 5 minim amp	doz	15
10860 Atropine sulfate USP 1/100 gr h. t.	20	100
11505 Compound cathartic pill	1000	10
12180 Glycerin USP	lb	10
12210 Glyceryl trinitrate spirit USP 1/100 gr h. t.	20	50
12550 Litmus paper blue strips USP indicator	100	3
12560 Litmus paper red strips USP indicator	100	3
12640 Magnesium sulfate USP	4 lb	50
12700 Mercurial ointment mild USP	lb	10
12750 Mercuric oxide yellow ointment USP	$\frac{1}{4}$ oz	2
12800 Mercurous chloride mild USP $\frac{1}{2}$ gr tab	1000	5
12854 Mercury bichloride large poison tab USP	250	6
12859 Methanol ACS	pt	3
12870 Methenamine USP 5 gr tab	1000	4
13020 Normal saline sol tab	100	20
13350 Petrolatum USP	10 lb	2
13370 Petrolatum liquid heavy USP	gal	10
13390 Phenol USP	lb	10

13730 Potassium permanganate USP 5 gr tab	100	15
13820 Procaine hydrochloride USP ¼ gr h. t.	20	50
14050 Silver nitrate USP	oz	3
14060 Silver nitrate toughened USP pencils	oz	3
14160 Sodium bicarbonate USP	10 lb	12
14170 Sodium bicarbonate USP 5 gr tab	1000	6
14220 Sodium bromide USP 5 gr tab	500	10
14460 Sodium sulfate USP	lb	3
14580 Strychine sulfate USP 1/60 gr h. t.	20	100
14635 Sulfanilamide USP powder	lb	12
14637 Sulfanilamide USP 5 gr tab	1000	6
14780 Tincture benzoin comp USP	pt	3
14920 Wax bone sterile	tube	6
15270 Crystal violet (gentian violet bacteriological) ...	10 gm	3
15380 Methylene blue	10 gm	3
15400 Safranin "O"	10 gm	3
15440 Wright's stain powder	0.2 gm	12
91020 Alcohol denatured 1 pt	tin	40
91080 Cresol saponated sol USP 1 qt in 97730	tin	96
91110 Iodine 15 gr & potassium iodide 22.5 gr USP		
10 in	box	200
91120 Iodine swab 1.5 cc	box	200
91145 Mercuric ointment ammoniated 1 oz USP	tube	100
91150 Mercurous chloride ointment 1 oz	tube	150
91160 Oil castor ½ gal USP in 99394	tin	10
91190 Protein silver mild USP 4-6/10 gr tab 100 in	bot	6
91200 Protein silver strong USP 4-6/10 gr tab 100 in ...	bot	12
91215 Sulfur ointment 1 oz USP	tube	150
91230 Zinc oxide ointment 1 oz USP	tube	150
20130 Cotton absorbent compressed	oz	500
20140 Cotton absorbent roll	lb	100
20150 Cotton batting roll	lb	100
20240 Gauze plain sterilized	pkg	1000
20300 Packet first aid (metal covered)	ea	500
20384 Sponge surgical 4 X 4	pkg	96
20386 Sponge surgical 4 X 8	pkg	96
36110 Applicator wood	cart	6
36680 Depressor tongue	cart	24
37386 Splints basswood	set	10
37455 Splint straps	ea	60
37480 Splint Thomas arm hinged	ea	60
37500 Splint Army leg half ring hinged	ea	60
37995 Suture silk dermal coarse	pkg	100
37996 Suture silk dermal medium	pkg	100
74930 Soap white floating	bar	100

76590 Tag shipping linen	ea	200
78010 Flashlight	ea	12
78020 Flashlight lamp	ea	24
78440 Litter complete with slings	ea	100
78450 Litter brace	set	20
78460 Litter canvas	pc	25
78470 Litter ring	ea	100
78490 Litter strap	ea	100
78500 Litter stud	ea	100
78510 Litter tack	pkg	10
78680 Paper toilet	roll	100
79230 Strap and buckle 3 ft	ea	30
79240 Strap and buckle 6 ft	ea	30
92010 Bandage gauze compressed 3", 72 in	box	32
92040 Bandage triangular compressed	ea	1000
92050 Dressing first aid large	pkg	300
92060 Dressing first aid small	pkg	500
93750 Splint wire gauze	roll	50
93770 Suture silk braided noncap. 3 sizes	pkg	1200
97455 Blanket set large	ea	6
97535 Chest field plain (for packing drugs & Dressings)	ea	7
97775 Lantern set	ea	3
97825 Surgical dressings	box	12
97865 Tray No. 6	ea	7
97940 Water sterilizing set	ea	2
99405 Nails assorted 1/2 lb	tin	12
99630 Wire G. I. No. 14	ft	100

Medical Equipment, Narcotics:

	<i>Unit</i>	<i>Amount</i>
10480 Alcohol USP	qt	36
11450 Cocaine hydrochloride USP	1/4 oz	2
11490 Codeine sulfate USP 1/2 gr tab	500	10
12410 Ipecac and opium powder USP 5 gr tab	500	10
12955 Morphine sulfate USP 1/4 gr h. t.	20	200
13396 Phenobarbital USP 1/2 gr tab	100	4
14860 Tincture opium camphorated USP	pt	25
14940 Whisky USP	qt	24
91155 Morphine sulfate USP 1/2 gr sol	box	75
N.S.1. Pentothal sodium (or equiv) 1 gm amp	25	24
N.S.1 Water C. P. 50 cc amp for use with pentothal	25	24

Medical Equipment, Deteriorating Items:

	Unit	Amount
10600 Ammonia aromatic spirit USP	pt	100
11105 Caffeine w/sodium benzoate USP 7.5 gr amp	doz	120
11747 Ephedrine sulfate NNR 1 cc amp $\frac{3}{4}$ gr	doz	20
11750 Epinephrine hydrochloride USP sol	oz	16
11790 Ether (for anesthesia)	$\frac{1}{4}$ lb	100
11800 Ethyl chloride USP	3 oz	50
13802 Procaine hydrochloride USP 100 mgm amp	10	20
13806 Procaine hydrochloride USP 150 mgm amp	10	20
13840 Procaine hydrochloride and epinephrine h. t.	20	50
13910 Quinine sulfate USP 5 gr tab	1000	10
16110 Tetanus antitoxin USP 1000 units	vial	5000
20340 Plaster adhesive 1"	spl	480
20350 Plaster adhesive 3"	spl	504
37780 Suture catgut chromic size 0	tube	600
37790 Suture catgut chromic size 1	tube	600
37800 Suture catgut chromic size 2	tube	600
37810 Suture catgut chromic size 3	tube	600
37850 Suture catgut plain size 0	tube	600
37860 Suture catgut plain size 1	tube	600
37870 Suture catgut plain size 2	tube	600
37880 Suture catgut plain size 3	tube	600
77160 Battery dry cell	ea	144

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c*.

221. INSTALLATIONS. *a. The company C P* is established by personnel of the company headquarters. Its location depends upon the situation. It may be located in the vicinity of the regimental C P or near the regimental distributing point.

b. Regimental distributing point. See par. 62 *b*, making appropriate substitutions of *regimental* and *regiment* for *battalion*, and *headquarters and service company* for *headquarters detachment*, in the text of that subparagraph.

c. Medical distributing point. Established only by the division medical regiment; see par. 62 *c*, making the substitutions in the text set forth in subpar. *b*, immediately above.

d. Regimental motor repair park. See par. 62 *d*, making the substitutions in the text set forth in subpar. *b*.

222. ADMINISTRATION. See par. 63, making substitutions in the text set forth in par. 221 *b*.

SECTION III

THE COLLECTING COMPANY

	<i>Paragraph</i>
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Command	226
Company Headquarters	227
1st Platoon	228
2d and 3d Platoons	229
Training	230
Drills and Ceremonies	231
Equipment	232
Collecting Station	233
Administration	234

223. ORGANIZATION. See Figure 27.

224. STATUS. There are three collecting companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. the commander of the 1st Battalion in all matters of operations and training.

b. the regimental commander in all matters pertaining to administration.

225. FUNCTIONS. *a.* (1) *In the division medical regiment*, so much of second echelon medical service as is involved in:

(*a*) The 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.

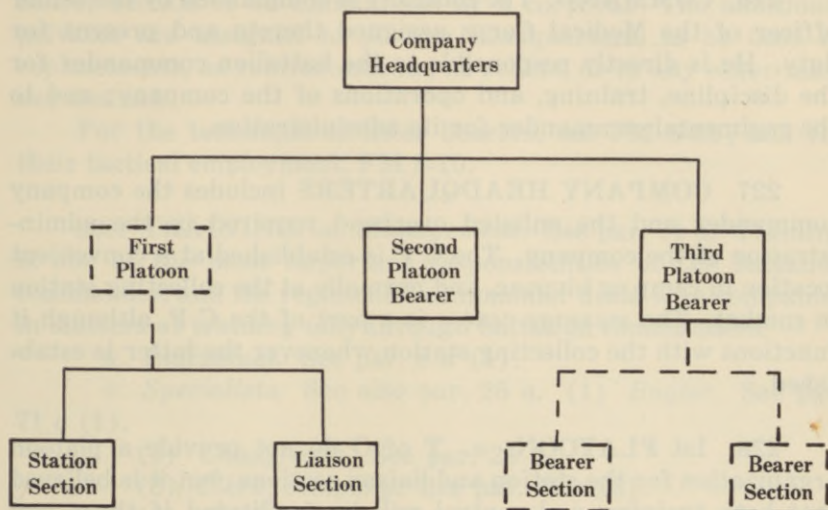


Figure 27: Organization of the Collecting Company, 1st Battalion Medical Regiment, Square Division & Army

(b) The sorting, treatment, and preparation, in the collecting station or post, for evacuation to the clearing station.

(c) The establishment and operation of march collecting posts.

(2) *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, however, collecting companies of army medical regiments rarely participate in combat.

b. *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.

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

d. Interior guard for the regiment.

226. **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.

227. **COMPANY HEADQUARTERS** includes the company commander and the enlisted overhead required in the administration of the company. The C P 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 C P, although it functions with the collecting station whenever the latter is established.

228. **1st PLATOON.** *a.* T of O do not provide a platoon organization for the station and liaison sections; but it is believed that both training and control will be facilitated if these two sections be joined to form the *1st Platoon*.

b. The platoon is commanded by the senior officer of the Medical Corps assigned thereto and present for duty. The staff sergeant is the platoon sergeant.

c. *The station section* is commanded by a medical officer and includes, in addition, the section sergeant, one medical technician, one sanitary technician, seven surgical technicians, two chauffeurs, and two privates first class or privates not rated. For a suggested functional organization of this section, see par. 233 *a*.

d. *The liaison section* is commanded by the liaison sergeant and includes, in addition, six sanitary technicians. For the functions and operations of the liaison section, see par. 69 *b*.

229. **2d AND 3d PLATOONS.** The 2d and 3d Platoons are organized alike. Each is commanded by an officer and includes, in addition, a platoon sergeant, one other sergeant, two corporals, three medical technicians, six sanitary technicians, five surgical technicians, ten rated litter bearers, and 12 privates first class and privates not rated.

Each platoon should 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.

For the technique of litter bearers, see FM 8-35; and for their tactical employment, FM 8-10.

230. TRAINING. *a. Management.* See par. 71 *a*. Training is one of the most important responsibilities of the battalion commander, and the regimental commander deals with companies in matters of training only through battalion commanders.

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a*. (1) *Bugler.* See par. 71 *c* (1).

(2) *Chauffeurs.* See par. 25 *b*.

(3) *Clerk, company.* See par. 71 *c* (3).

(4) *Clerk, general.* See par. 218 *c* (5).

(5) *Cooks.* See pars. 59 *c* (5) and 71 *c* (4).

(6) *Litter bearers.* See par. 24 *c*.

(7) *Mechanic, auto.* See pars. 59 *c* (6) and 71 *c* (5).

(8) *Mechanic, general.* See par. 218 *c* (8).

(9) *Medical and surgical technicians.* See pars. 25 *e* and *i*, and 71 *c* (6).

(10) *Mess sergeant.* See par. 59 *c* (7).

(11) *Motorcyclists.* See par. 25 *f*.

(12) *Motor corporal.* See par. 59 *c* (9).

d. Group. See par. 71 *d*.

e. Unit. See par. 71 *e*.

f. Battalion training is limited largely to close order drills, ceremonies, and to such phases of regimental training as may initially be decentralized to battalions.

g. Regimental training is conducted by the regimental commander and, in so far 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 par. 46 *c*.

h. Combined training is 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 division such as a brigade combat team.

231. DRILLS AND CEREMONIES. See par. 47 *b*. The collecting company participates in all ceremonies of its battalion and regiment. FM 22-5 governs.

232. EQUIPMENT. *a*. *Individual*. See par. 29.

b. *Organizational*.

Medical Equipment:

	Unit	Amount
78440 Litter complete with slings	ea	50
97455 Blanket set large	ea	8
97565 Chest M.D. No. 1	ea	4
97565 Chest M.D. No. 1, less contents of top drawer.		
Drawer to be used for utility purposes	ea	2
97570 Chest M.D. No. 2	ea	2
97575 Chest M.D. No. 4	ea	1
97775 Lantern sets	ea	5
97815 Splint sets	ea	4
97825 Surgical dressings	box	6
99175 Carrier field collapsible (for litter)	ea	12

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. *Additional organizational equipment*. See par. 61 *c*.

233. COLLECTING STATION. *a*. *Organization*. See par. 74 *a*.

b. *Personnel*. The normal complement of the collecting station comes from the station section augmented by the commander and platoon sergeant of the 1st Platoon. When necessary, additional medical officers are had from the commanders of the 2d and 3d Platoons, and the company commander may assist in the operation of the station. Reinforcements of enlisted men may be had from company headquarters.

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 to what might be termed normal operation, the following assignments are suggested:

Receiving department: The platoon sergeant and one surgical technician, 5th class.

Walking wounded department: The platoon commander, one surgical technician, 3d class, and two surgical technicians, 4th class.

Litter wounded department: The section commander, one surgical technician, 3d class, and one surgical technician, 4th class.

Sterilization and hypodermic medication: One medical technician, 4th class.

Casualty records clerk: One sanitary technician, 4th class.

Forwarding department: The station section sergeant and one surgical technician, 5th class.

The chauffeurs and basic privates, augmented if necessary from company headquarters, may be used for *ambulance loading* and general utility work. No personnel are required for the operation of the *morgue*.

c. Establishing station. See par. 74 *c*, substituting *1st Platoon* for *station platoon*, and *bearer platoons* for *bearer platoon*, in the text of that subparagraph.

d. Operations. See par. 74 *d*.

e. Closing station. See par. 74 *e*.

f. Forward displacement. See par. 74 *f*.

234. ADMINISTRATION. See par. 75.

SECTION IV

THE AMBULANCE COMPANY

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235. ORGANIZATION. See Figure 28.

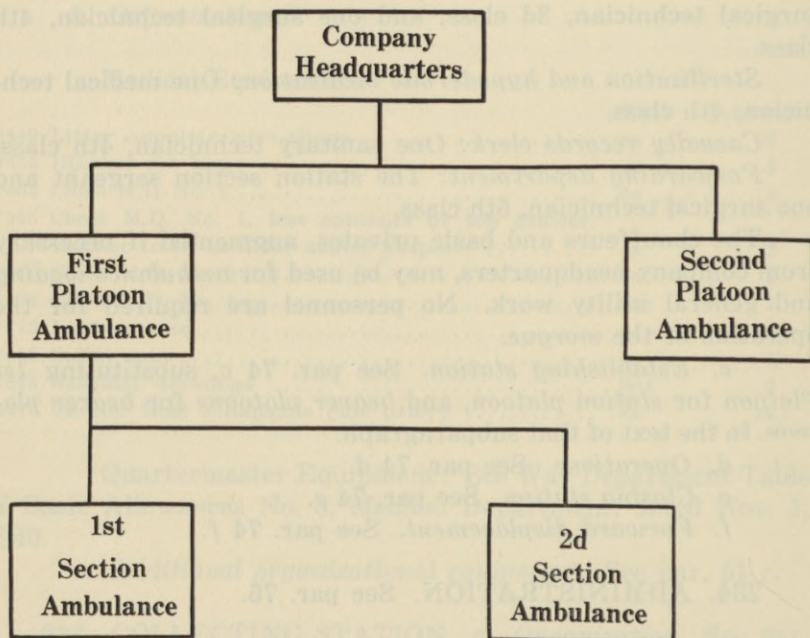


Figure 28: Organization of the Ambulance Company, 2d Battalion, Medical Regiment, Square Division & Army

236. STATUS. There are three ambulance companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. the commander of the 2d Battalion in all matters of operations and training.

b. the regimental commander in all matters pertaining to administration.

237. FUNCTIONS. *a. (1) In the division medical regiment, so much of second echelon medical service as is involved in:*

(a) The evacuation of collecting stations and posts and the delivery of such evacuees to clearing stations.

(b) The evacuation of aid stations by means of forward ambulance shuttles (see FM 8-10).

(c) When feasible, assisting collecting companies in clearing the field of wounded.

(d) The evacuation of march casualties, either from march collecting posts or directly from units.

(e) The transportation of medical supplies in combat.

(2) *In the army medical regiment, (a) 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.*

(b) To reinforce division ambulance and collecting companies in combat, or to replace 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.

b. In camp and bivouac, and in rear areas, the evacuation of dispensaries with delivery of such evacuees to clearing stations or other medical installations designated to receive them.

c. The transportation of foot elements of collecting companies.

238. 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.

239. COMPANY HEADQUARTERS includes the company commander and the enlisted overhead required in the admin-

istration of the company. The C P is established at a convenient location in camp or bivouac, and normally at the ambulance station in combat. The *message center* is a part of the C P.

240. PLATOONS. *a.* The tactical elements of the company are organized into two identical platoons. Each platoon is commanded by an officer (see par. 238), and is organized into two sections of five ambulances each.

b. Platoon headquarters includes the platoon commander and the platoon sergeant.

c. Each section includes the section leader (a sergeant for one section, a corporal for the other), five chauffeurs, and five ambulance orderlies.

d. Three unrated privates first class or privates complete the platoon organization, and these are assigned where needed—either to platoon headquarters or to one or the other of the sections.

241. TRAINING. *a. Management.* See pars. 71 *a* and 230.

b. Individual. See pars 8 *d* (1) and 71 *c* (2).

c. Specialists. See also par. 25 *a*. (1) *Ambulance orderlies* must be trained both in the emergency care of sick and injured and as chauffeurs. See par. 71 *c* (2) and subpar. (2), below.

(2) *Chauffeurs.* See pars. 25 *b* and 71 *c* (2). The ambulance chauffeurs of army medical regiments must be specially trained in convoy driving, both in daylight and at night without lights.

(3) *Clerk, company.* See par. 71 *c* (3).

(4) *Clerk, general.* See par. 218 *c* (5).

(5) *Cooks.* See par. 59 *c* (5).

(6) *Mechanic, auto.* See par. 59 *c* (6) and 71 *c* (5).

(7) *Mechanic, general.* See par. 218 *c* (8).

(8) *Mess sergeant.* See par 59 *c* (7).

(9) *Motorcyclists.* See par. 25 *f*.

(10) *Motor sergeant.* See par. 59 *c* (9).

(11) *Supply sergeant.* See par. 59 *c* (10).

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 par. 71 *e.* Convoy driving is stressed in the army medical regiment, and the operation of ambulance shuttles (see FM 8-10) in division medical regiments.

f. Battalion training. See par. 230 *f.* Convoy driving 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 training is conducted by the regimental commander and, in so far as the ambulance companies are concerned, is directed in its tactical aspects toward perfecting liaison, communications, and cooperation with collecting elements. For the scope of such training, see par. 46 *c.*

h. Combined training is 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.

242. DRILLS AND CEREMONIES. See par. 47 *b.* 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.

243. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. With the exceptions of the lantern set and the water sterilizing set, the medical equipment of an ambulance company is solely for the purpose of property exchange—although, of course, in emergencies it is used for any other purpose.

Medical Equipment:

	<i>Unit</i>	<i>Amount</i>
78440 Litters complete with slings	ea	80
93750 Splints wire gauze	roll	40
97455 Blanket set large	ea	7
97775 Lantern sets	ea	1
97815 Splint sets	ea	7
97940 Water sterilizing set	ea	1

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. Additional organizational equipment. See par. 61 *c*.

244. 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 C P 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 C P, 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:

(1) To receive, dispatch, and record all messages carried by ambulances, and all others carried by any other means to and from the company.

(2) To 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 be 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) To 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.

245. 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 ordinarily are fed from the collecting company mess.

SECTION V

THE CLEARING COMPANY

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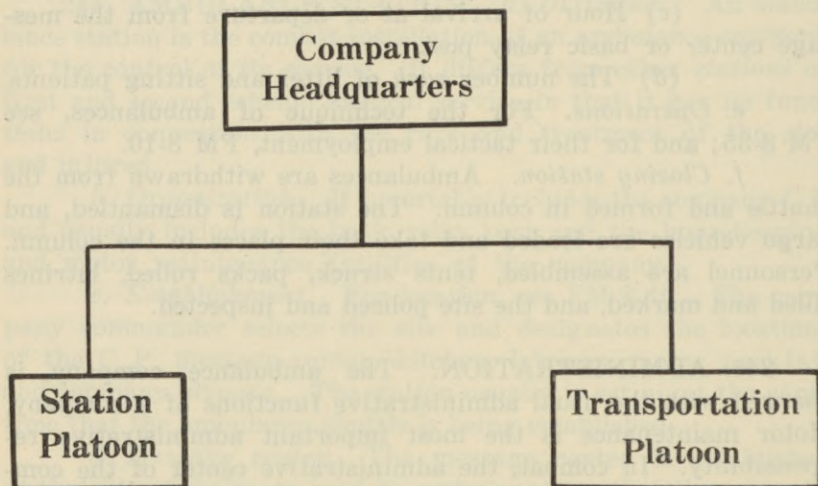


Figure 29: Organization of the Clearing Company, 3d Battalion, Medical Regiment, Square Division & Army

246. ORGANIZATION. See Figure 29. The basic difference between the organization of this company and the clearing company of the triangular division and corps is that in the former the company is the functional unit whereas in the latter the two collecting platoons are the functional units. The company is not designed to operate more than one clearing station.

247. STATUS. There are three clearing companies in the medical regiment. Each is an autonomous unit directly subordinate to—

a. the commander of the 3d Battalion in all matters of operations and training.

b. the regimental commander in all matters pertaining to administration.

248. FUNCTIONS. *a.* So much of second echelon medical service as includes the admissions of the evacuees of dispen-

saries, 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).

249. **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.

250. **COMPANY HEADQUARTERS** includes the company commander and the enlisted overhead required in the administration of the company. The C P is established at a convenient location in camp or bivouac when the company is not at station, and at the clearing station when it is.

251. **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, 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. 256.

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.

252. 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.

253. TRAINING. *a. Management.* See pars. 71 *a* and 230 *a*.

b. Individual. See par. 8 *d* (1).

c. Specialists. See also par. 25 *a*. (1) *Bugler.* See par. 71 *c* (1).

(2) *Chauffeurs.* See par. 25 *b*.

(3) *Clerk, company.* See par. 71 *c* (3).

(4) *Clerk, general.* See par. 218 *c* (5). This clerk must be specially trained in the medical records of a clearing station.

(5) *Cooks.* See pars. 59 *c* (5) and 71 *c* (4).

(6) *Dental technicians.* See par. 25 *d*.

(7) *Mechanic, auto.* See par. 71 *c* (5).

(8) *Mechanic, general.* See par. 218 *c* (8).

(9) *Medical and surgical technicians.* See pars. 25 *e* and *i*, and 71 *c* (6).

(10) *Medical records sergeant.* As the general clerk in the company [see subpar. (4), above].

(11) *Mess sergeant*. See pars. 59 *c* (7) and 82 *c* (8).

(12) *Pharmacists*. See par. 82 *c* (9).

(13) *Sanitary technician*. See par. 25 *h* (1).

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

d. Group. See par. 82 *d*, making appropriate changes in terminology to correspond with the differences in organization.

e. Unit. The company is the basic operating unit. Otherwise unit training is that outlined in par. 82 *e*.

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 training is conducted by the regimental commander. For the scope of such training, see par. 46 *c*.

h. Combined training is rarely possible for an army medical regiment. In division regiments, clearing companies participate in the combined training of the regiment.

254. DRILLS AND CEREMONIES. See par. 47 *b*. FM 22-5 governs.

255. EQUIPMENT. *a. Individual*. See par. 29.

b. Organizational.

Medical Equipment, General:

	Unit	Amount
71600 Gowns operating	ea	36
71670 Pillows feather	ea	80
71690 Pillow cases	ea	120
71720 Sheets	ea	265
71770 Towels bath	ea	150
71780 Towels hand	ea	375
74510 Brooms corn	ea	12
77560 Commodes	ea	6
78440 Litters complete with slings	ea	200
78680 Paper toilet	roll	50

94095 Chest laboratory field	ea	1
95025 Chests M.D. No. 60	ea	2
95026 Chest M.D. No. 61	ea	1
95027 Chest M.D. No. 62	ea	1
97450 Bedpans box of	ea	1
97455 Blanket sets large	ea	32
97460 Blanket set large, empty cases for (for linens) ...	ea	14
97565 Chests M.D. No. 1 complete	ea	6
97570 Chests M.D. No. 2 complete	ea	3
97575 Chests M.D. No. 4 complete	ea	2
97580 Chests M.D. No. 5 complete	ea	2
97625 Chest mess	ea	1
97645 Chest tableware	ea	1
97775 Lantern sets	ea	8
97815 Splint sets	ea	6
97940 Water sterilizing set	ea	1
99175 Carriers field collapsible (for litters)	ea	4
99205 Cots folding canvas	ea	75
99280 Heater water	ea	1
99305 Irrigator stand folding	ea	1
99315 Lamp operating field	ea	1
99410 Pads heat complete large	ea	25
99415 Pad heat refills	ea	75
99420 Pajama coats winter	ea	150
99425 Pajama trousers winter	ea	150
99555 Stove 2-burner gasoline	ea	2
99560 Tables bath	ea	2
99570 Table dining folding	ea	1
99600 Unit power electric	ea	1
99630 Wire G. I. No. 14	ft	100

CHEST, SURGICAL INSTRUMENTS

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
31340 Curette ear	ea	1
31730 Directors grooved	ea	4
33620 Needles spinal puncture C.R.S. 20-ga.	ea	4
37995 Suture silk dermal coarse	pkg	20
37996 Suture silk dermal medium	pkg	20
38057 Suture silkworm gut medium	coil	10
38440 Syringes Luer 2-cc	ea	6
38450 Syringes Luer 10-cc	ea	10
38480 Springe Luer needles 25 ga $\frac{1}{2}$ " can	doz	2
38490 Syringe Luer needles 23 ga $\frac{3}{4}$ " can	doz	4
38520 Syringe Luer needles 17 ga 3" can	doz	2

38550	Syringe Luer needle wires	bdl	6
38720	Tubes Murphy drip	ea	5
79320	Thermometers clinical	ea	50
93200	Basic instrument sets complete	ea	2
93220	Supplemental instrument set, abdominal in- juries, complete	ea	1
93240	Supplemental instrument set, chest injuries, complete	ea	1
93260	Supplemental instrument set, ear, nose and throat injuries, complete	ea	1
93280	Supplemental instrument set, eye injuries com- plete	ea	1
93300	Supplemental instrument set, fractures and am- putations, orthopedic, complete	ea	1
93320	Supplemental instrument set, genito-urinary in- juries, complete	ea	1
93340	Supplemental instrument set, skull and brain injuries, complete	ea	1
93370	Suture silk braided noncapillary, 3 sizes	pkg	200

CHEST, MEDICINES

97535	Chest field plain, containing	ea	1
97865	Tray No. 6	ea	1
10010	Acacia USP	lb	1
10060	Acetophenetidin USP 5-gr tablets	1,000	1
10110	Acid boric USP	lb	1
10400	Acid tannic USP	$\frac{1}{4}$ lb	2
10860	Atropine sulfate USP 1/100-gr h.t.	20	10
11105	Caffeine w/sod benz $7\frac{1}{2}$ -gr amp	doz	2
12850	Mercury ammoniated ointment USP	lb	1
12870	Methenamine USP 5-gr tablets	1,000	1
13020	Normal saline solution	100	5
13370	Petrolatum liquid heavy USP	gal	1
14050	Silver nitrate USP	oz	1
14060	Silver nitrate toughened USP pencil	oz	1
14120	Soap soft	lb	6
14780	Tincture benzoin compound USP	pt	1
37000	Irrigator valentine (less rubber goods)	ea	1
78130	Graduate 500-cc	ea	3
91030	Bismuth subcarbonate USP 50-gr tablets	bot	1
91110	Iodine 15-gr and potassium iodide 22.5-gr USP	box	20

CHEST, SURGICAL SUPPLIES

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
20150 Cotton batting roll	lb	12
36970 Intravenous apparatus (salvarsan)	ea	1
37386 Splint basswood	set	12

CHEST, SURGICAL SUPPLIES

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
78010 Flashlights	ea	10
78020 Flashlight lamps	ea	30
92010 Bandages gauze compressed 3"	box	10
93632 Headlight metal band	ea	1
93634 Headlight metal band lamps	ea	4

CHEST, SURGICAL SUPPLIES

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
20140 Cotton absorbent	lb	24
20420 Wadding sheet	roll	20

CHEST, COTTON AND GAUZE

97535 Chest field plain, containing	ea	1
20140 Cotton absorbent	lb	4
20270 Muslin	yd	5
20384 Sponge surgical 4 x 4	pkg	48
20386 Sponge surgical 4 x 8	pkg	48

CHEST, ENAMELWARE AND SOAP

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
74560 Brush hand	ea	36
74930 Soap white floating	bar	100
77110 Basin hand	ea	28
77130 Basin pus	ea	6
99145 Buckets, 3 in nest	nest	1
99215 Cups, enamelware	ea	50

99220 Cup feeding enamelware	ea	6
99275 Graduate 500-cc	ea	3

CHEST, ENAMELWARE

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
77120 Basin operating room	ea	6
77150 Basin sponge	ea	6
78800 Pitcher 4-qt	ea	2
78010 Flashlights	ea	10
78020 Flashlight lamps	ea	30

CHEST, MISCELLANEOUS

97535 Chest field plain, containing	ea	1
97865 Tray No. 6	ea	1
76640 Twine jute coarse	ball	2
76650 Twine jute fine	ball	6
77550 Clothesline	ft	200
78050 Funnel 6" enamelware	ea	4
78220 Irrigator, e.w., 2-qt (less rubber goods)	ea	2
78800 Pitcher 4-qt enamelware	ea	2
79357 Tool Universal	ea	1
99145, Buckets, 3 in nest, enamelware	nest	2
99405 Nails assorted 1/2-lb	tin	2
99470 Pliers slip joint	ea	2
99625 Wire annealed	coil	2

CHEST, RUBBER GOODS

97535 Chest field plain, equipped w/tray set Type 1 (97890)	ea	1
<i>Packed in top tray (97850):</i>		
36820 Gloves medium size 7	pr	6
36830 Gloves medium size 7 1/2	pr	18
36840 Gloves medium size 8	pr	6
38780 Tubing rubber 1/4-inch	ft	14
38760 Tubing rubber 1/8-inch	ft	6
38750 Tube stomach	ea	2
38790 Tubing rubber 1/2-inch	ft	8
77050 Bag hot water	ea	4
<i>Packed in middle tray (97855):</i>		
11790 Ether (for anesthesia)	1/4 lb	35
<i>Packed in bottom tray (97860):</i>		

11790 Ether (for anesthesia)	¼ lb	15
20340 Plaster adhesive 1"	spl	144
37000 Irrigator Valentine, rubber goods for	ea	1
37370 Sphygmomanometer aneroid	ea	1
38685 Tube colon	ea	1

CHEST, DETERIORATING ITEMS AND NARCOTICS

97535 Chest field plain equipped w/tray set Type 1 (97890)	ea	1
<i>Packed in top tray (97850):</i>		
37780 Suture catgut chromic size 0	tube	100
37790 Suture catgut chromic size 1	tube	100
37800 Suture catgut chromic size 2	tube	100
37850 Suture catgut plain size 0	tube	100
37860 Suture catgut plain size 1	tube	100
37870 Suture catgut plain size 2	tube	100
<i>Packed in middle tray (97855):</i>		
11665 Digitalis tab or cap, 1 cat unit	100	1
11747 Ephedrine sulfate NNR 1cc amp, ¾-gr	doz	2
13802 Procaine HC USP 100-mgm amp	10	1
13806 Procaine HCL USP 150-mgm amp	10	1
13890 Quinine di-HCL USP 5-gr amp	doz	10
13396 Phenobarbital USP ½-gr tab	100	1
13820 Procaine HCL USP ¼-gr h.t.	20	20
N.S.1 Pentothal sodium (or equiv) 1-gm amp	25	3
N.S.1 Water C.P. 50-cc amp, for use with pentothal ..	25	3
<i>Packed in bottom tray (97860):</i>		
10600 Ammonia aromatic spirits USP	pt	1
11490 Codeine sulfate USP ½-gr tab	500	7
14635 Sulfanilamide USP powder	lb	2
14860 Tincture opium camphorated USP	pt	1
77160 Battery dry cell	ea	40
97730 Container metal No. 14, containing	ea	4
10510 Alcohol ethyl denatured	qt	4
97730 Container metal No. 14, containing	ea	6
10480 Alcohol ethyl USP	qt	6
99535 Sterilizer instrument 12"	ea	1

Quartermaster Equipment: See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

c. *Additional organizational equipment.* See par. 61 c.

256. CLEARING STATION. *a. Organization.* The clearing station of this company follows the same general functional organization as those of the clearing company of the medical battalion, triangular division and corps (see par. 85). 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 of a station of considerably greater capacity.

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.

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.

Mess and supply are functions of company headquarters. Medical records are kept by a special section of the station platoon headquarters (see par. 251 *d*).

b. Physical arrangement. See par. 85 *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 par. 85 *c*.

d. 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 par. 85 *e*.

257. ADMINISTRATION. See par. 86. Being a single functional unit instead of two, all administrative functions are centered at the *one* clearing station in combat.

CHAPTER 7

MEDICAL BATTALION, AMBULANCE ANIMAL-DRAWN

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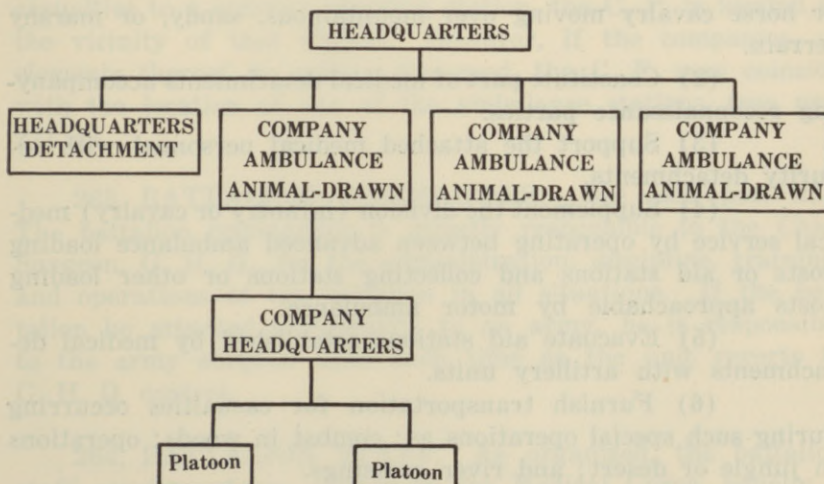


Figure 30: Organization of the Ambulance Battalion, Animal-Drawn

258. ORGANIZATION. See Figure 30. The medical battalion, ambulance, animal-drawn, is designed to *support* other medical units in situations wherein its employment becomes particularly appropriate.

The battalion contains three identical companies, each capable of *independent* action.

259. STATUS. The medical battalion, ambulance, animal-drawn is—

- a. A *separate battalion*, and
- b. A *G. H. Q. unit*, under the direct control of the Chief Surgeon, G. H. Q. Usually, for operations, it is attached, *temporarily*, to an army or an independent corps, in which case control passes to the army or corps surgeon.

260. 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 parties.

- (3) Support the attached medical personnel with security detachments.

- (4) Supplement the division (infantry or cavalry) medical service by operating between advanced ambulance loading 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 evac-

uation 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 element.

261. **COMMAND.** The battalion is commanded by the senior officer of the Medical Corps, usually a lieutenant colonel, assigned thereto and present for duty.

262. **HEADQUARTERS.** The headquarters consists of the battalion commander and his staff (see par. 264). Enlisted assistance for headquarters is furnished by the headquarters detachment.

The headquarters establishes and operates the battalion C. P., in which are located the offices of the battalion commander and his staff and the message center. In situations other than combat, the C. P. occupies a convenient location within the battalion camp area. During operations, the location of the C. P. 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 be evacuating casualties to a common clearing station, the C. P. is located in the vicinity of that station. However, if the companies, or elements thereof, be widely dispersed, the C. P. may coincide with the location of one of the ambulance stations (see par. 271 b).

263. **BATTALION COMMANDER.** See also par. 261. The battalion commander is directly responsible to the Chief Surgeon, G. H. Q., for the administration, discipline, training, and operations of the battalion in all situations. If the battalion be attached temporarily to an army, he is responsible to the army surgeon until such time as the unit reverts to G. H. Q. control.

264. **BATTALION STAFF.** As organized, the battalion staff consists of one officer of the Medical Corps, usually a

lieutenant, who is the battalion adjutant. The same individual may be assigned additional staff duties. The battalion commander may detail one of the company officers for staff duties. As then constituted, the staff would consist of:

a. Adjutant. The adjutant performs the routine duties of his office (see par. 44 *d*) and, in the absence of the battalion commander, assumes the role of battalion executive (see par. 44 *b*). In addition, he may be charged with the duties of battalion plans and training (see par. 44 *c*).

b. Supply officer. Usually, the supply officer is a lieutenant of the Medical Administrative Corps, selected from the company which habitually remains with the battalion headquarters during operations. 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.

In addition, he may be designated *unit personnel officer* (see AR 345-5). In the discharge of his personnel duties, he is assisted by the personnel sergeant major and clerks detailed from the various company headquarters. This group, collectively, is the *unit personnel section*.

The supply officer, or the adjutant, commands the headquarters detachment.

265. HEADQUARTERS DETACHMENT. *a. Personnel, enlisted.* The enlisted personnel of the headquarters detachment include: one master sergeant (the battalion sergeant major), one technical sergeant (the battalion supply sergeant), one staff sergeant (the personnel sergeant major), one corporal (general clerk), and four privates first class or privates (a chauffeur, a general clerk, a motorcyclist, and an orderly, horseholder).

b. Functions. The personnel of the headquarters detachment furnish enlisted assistance to the staff officers in the execution of their several functions.

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.

The battalion supply sergeant assists the supply officer in the discharge of his *unit* supply functions.

The personnel sergeant major assists the unit personnel officer in directing the work of the unit personnel section (see par. 264 b).

The clerks, corporal and private, act in general clerical capacities in the routine work of the headquarters.

The chauffeur and the motorcyclist operate the motor vehicles assigned to battalion headquarters.

The orderly, horseholder, is the mounted orderly of the battalion commander.

266. COMPANY, AMBULANCE, ANIMAL-DRAWN.

a. Organization. The company consists of a headquarters and two platoons, each of the latter operating ten ambulances, animal-drawn.

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 par. 260.

d. Headquarters. The company headquarters consists of the company commander, usually a captain, Medical Corps, and the enlisted personnel required in the administration of the company, including: the first sergeant; the stable, mess, and supply sergeants; the company clerk; the cooks; and such vocational specialists as the horseshoer, the saddler, and the wheelwright.

e. Platoon. Each platoon includes a lieutenant of the Medical Administrative Corps, and the following enlisted personnel: a platoon sergeant; a section and an assistant section leader; ten ambulance drivers; five ambulance orderlies; three basic privates; and a mounted orderly for the platoon leader. Thus, for operations the platoon is divisible 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. Enlisted personnel. See par. 267.

g. Training. See par. 268.

h. Tactical employment. See FM 8-10.

267. ENLISTED PERSONNEL. *a. General qualifications.*
See par. 19.

b. Vocational qualifications. Outside the limited number of administrative specialists in battalion and the various company headquarters, the bulk of the enlisted personnel have 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. Ideally, such specialists as saddlers, etc., are selected because of previous occupational experience, but, unfortunately, these are rare in present-day civil life and usually must be trained after entry into the service. Again, men from the farm possess a varying degree of knowledge pertaining to such specialties and are most suited for such special training.

c. Noncommissioned officers. See also par. 21. Many of the noncommissioned officers also have duties bringing them into frequent contact with animals and the remarks of subpar. *b* are equally applicable to this group.

268. TRAINING. *a. Responsibility.* See par. 46 *a*.

b. Management. See par. 46 *b*.

c. Scope. (1) *Of individual training.* 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) *Of specialist training.* (a) *Buglers.* See par. 71 c (1).

(b) *Chauffeurs.* See par. 25 b.

(c) *Clerks.* The corporal in each company is trained in the duties of company clerk [see pars. 25 c and 71 c (3)]. Two men in the headquarters detachment are trained in the general clerical duties involved in supply and personnel functions.

(d) *Cooks.* See par. 71 c (4).

(e) *Drivers (horse or mule).* Sixty-three men, thirty-one from each company, are trained in the driving of animal-drawn vehicles, including: the harnessing of animals and the care, adjustment, and minor repair of harness; the temporary replacement of loosened shoes; the driving of a team under difficult circumstances, with light and heavy load, and using check or jerk lines; the care and feeding of animals; and the responsibilities of the driver regarding the care and maintenance of the vehicle.

(f) *Horseshoers.* One man from each company headquarters is trained in the duties of horseshoer, including: the forging, shaping, and punching horse or mule shoes from standard stock; removing shoes; paring and dressing hoofs; welding calks and shaping shoes; the handling and shoeing of unbroken animals under field conditions; the handling of heavy mules and horses; light welding and blacksmith work; and pathological horseshoeing under the direction of a veterinary officer [see par. 142 c (3)]. Previous experience as a horseshoer or blacksmith is highly desirable.

(g) *Mess sergeants.* See par. 59 c (7).

(h) *Motorcyclists.* See par. 25 f.

(i) *Orderlies, ambulance.* Ambulance orderlies are trained in the loading and unloading of the animal-drawn ambulance (see FM 8-35) and the care and emergency treatment of cases being transported therein. In addition, they receive the same training as the drivers [see subpar. (e)] to prepare them to act as relief or replacement drivers.

(j) *Saddlers.* One man from each company headquarters is trained in the making, repairing, and fitting of harness, saddles, and leather equipment in general. Men with previous pertinent occupational experience are highly desirable.

(k) *Stable sergeants.* The stable sergeants are trained in stable management and sanitation; the care, handling, and feeding of animals; the rudiments of caring for the 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.

(l) *Supply sergeants.* See par. 59 c (10).

(m) *Wheelwrights.* One man from each company is trained in the construction, maintenance, and repair of wheels of the various types encountered in the organization. Previous occupational experience as wheelsmith, blacksmith, or furniture factory worker is highly desirable.

(3) *Of group training.* (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) *Of unit training.* 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.* The establishment and operation of the ambulance station under all reasonable conditions of terrain and weather.

(b) *Tactical.* The 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.

269. DRILLS AND CEREMONIES. *a. 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.

b. 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.

If, for ceremonies, the battalion, or the company, be 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.

270. EQUIPMENT. *a. Individual*. See par. 29.

b. Organizational. (1) *Medical*. Unit Equipment, Ambulance Company (Animal-drawn).

(2) *Other than medical*. See War Department Table of Basic Allowances No. 8, dated Nov. 1, 1940. (For description of animal-drawn ambulance, see FM 8-35).

271. INSTALLATIONS. *a. Battalion*. The installations of the battalion are:

(1) *Battalion command post*. See par. 262.

(2) *Battalion distributing point*. See par. 62 *b*.

b. Company. The installations of the company are:

(1) *Ambulance station*. See par. 244.

(2) *Ambulance loading post*. See FM 8-10.

(3) *Ambulance relay post*. See FM 8-10.

272. 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 par. 44 *e*.

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 operates a mess. The personnel of battalion headquarters and the headquarters detachment are messed with that company habitually remaining with battalion headquarters during operations.

CHAPTER 8

MEDICAL BATTALION, AIRPLANE AMBULANCE

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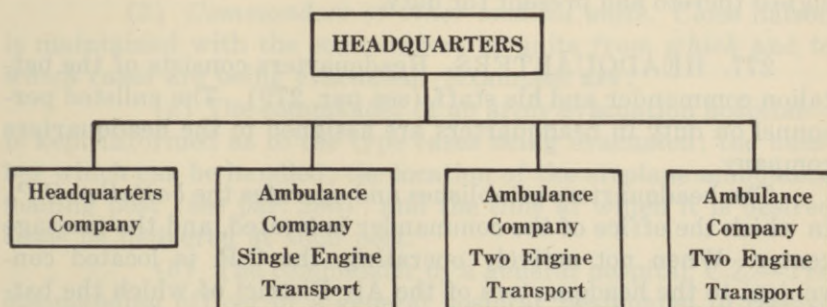


Figure 31: Organization of the Medical Battalion, Airplane Ambulance

273. ORGANIZATION. See Figure 31. 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 Tables of Organization 1-352 and 1-355).

The battalion is constituted from personnel attached to the Air Corps for duty and all the medical officers of the battalion are *flight surgeons*.

Note: Airplane ambulances are *operated by Air Corps personnel*.

274. STATUS. One Medical Battalion, Airplane Ambulance, is *assigned* to each of the four Air Districts, GHQ Air Force, and is under the direct control of the Air District Surgeon.

275. FUNCTIONS. The chief functions of the battalion are:

a. To 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. To 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.

276. COMMAND. The battalion is commanded by the senior officer of the Medical Corps, usually a lieutenant colonel, assigned thereto and present for duty.

277. HEADQUARTERS. Headquarters consists of the battalion commander and his staff (see par. 279). The enlisted personnel on duty in headquarters are assigned to the headquarters company.

The headquarters establishes and operates the *battalion C.P.*, in which the office of the commander is located, and the message center. When not actively operating, the C.P. is located convenient to the headquarters of the Air District of which the battalion is a part. While operating, the location of the C.P. 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 is based or the field from which air evacuation is being initiated.

278. BATTALION COMMANDER. a. *Designation*. The battalion commander is designated *Medical Director, Battalion*,

Airplane Ambulance.

b. Responsibilities. The medical director is directly responsible to the surgeon of the Air District, GHQ Air Force, 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) surgeon 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) The commander of an 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. 286); and the time at which it is desired cases be delivered at such post.

(b) The commander of a general hospital, C.Z.—The commanding officer of a general hospital, designated to receive patients by the C.Z. surgeon, is kept informed as to the location of the field at which casualties will be delivered; the time of arrival of ambulance planes; and the number and type of cases being transported.

279. BATTALION STAFF. As organized, the staff of the commander consists of one officer of the Medical Corps, usually a major. 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 locations of the two do not coincide. On the other hand, he may be utilized entirely in a liaison role [see par. 286 b (6) (c)].

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.

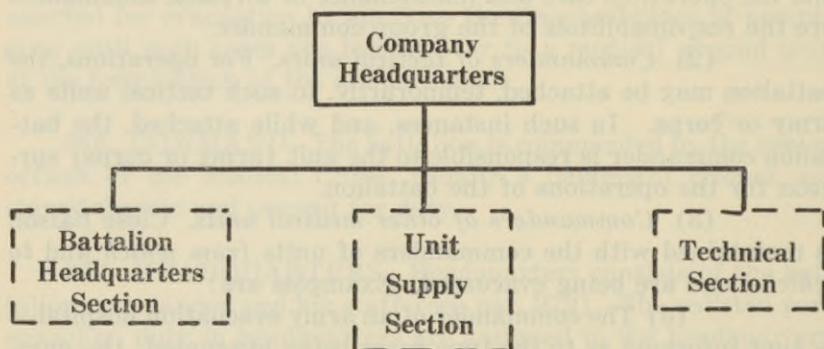


Figure 32: Organization of the Headquarters Company, Medical Battalion, Airplane Ambulance

280. HEADQUARTERS COMPANY. *a. Organization* (see Figure 32). There being no prescribed internal organization of the headquarters company, the following functional organization is suggested:

(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 con-

sists 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. 286).

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 subpar. *a.*

d. Headquarters. Company headquarters establishes and operates the company C.P., usually in the vicinity of the battalion C.P. 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.

e. Enlisted personnel. See par. 283.

f. Training. See par. 284.

g. Installations. See par. 286.

281. AMBULANCE COMPANY, SINGLE ENGINE TRANSPORT. *a. General.* The company is designed to function as a companion unit for the Air Corps squadron, transport (light), which operates eighteen single engine transport planes in three flights of six planes each.

b. Organization. See Figure 33. There being no prescribed internal organization for the company, the following functional grouping is suggested:

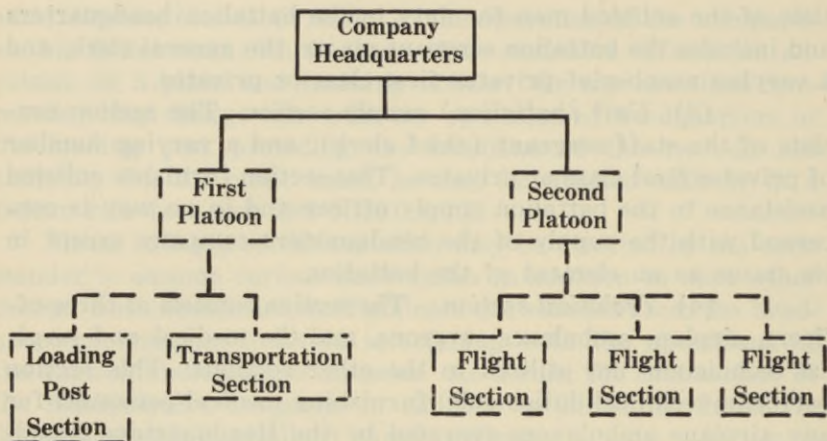


Figure 33: Organization of the Ambulance Company, Medical Battalion, Airplane Ambulance

(1) *Company headquarters.* Company headquarters consists of the company commander (Medical Director, Company, Airplane Ambulance), an officer of the Medical Corps, usually a major, and his assistant (Assistant Medical Director and Liaison Officer, Company), 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. 286). The staff sergeant (medical technician) is the platoon leader.

(a) *Loading post section.* The section consists of nine privates first class or privates (medical and surgical tech-

nicians) who perform technical functions incident to the operation of the loading post.

(b) *Transportation section.* The section consists of four chauffeurs, four motorcyclists, and two ambulance orderlies, and is charged with the operation of the company motor transport.

(3) *Second platoon.* The platoon consists of six airplane ambulance surgeons, usually lieutenants, six sergeants, nine medical and eighteen surgical technicians, and furnishes medical care and treatment, en route, for the patients transported by the eighteen 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 to best 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 Battalion, Airplane Ambulance, 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: (1) the internal economy of the company and (2) the care and treatment, loading and unloading, of the cases transported by the airplane ambulances (18) operated by the companion Air Corps Transport Squadron.

e. *Headquarters.* The headquarters establishes and operates a company C P. Depending upon the situation, the C P 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.

f. *Enlisted personnel.* See par. 283.

g. *Training.* See par. 284.

282. AMBULANCE COMPANY, TWO 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 Squadron, Transport (bi-engined), which operates twelve two engine transport planes in three flights of four planes each.

b. Organization. See Figure 33. A functional organization, similar to that outlined in par. 281 *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 are divisible into three flight sections.

c. Status. See par. 281 *c.*

d. Functions. See par. 281 *d.*

e. Enlisted personnel. See par. 283.

f. Training. See par. 284.

283. ENLISTED PERSONNEL. *a. General qualifications.* See par. 19.

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 is satisfactory. However, many of the technicians frequently function apart from medical officers or even non-commissioned officers. Hence, they must possess a relatively high degree of intelligence, initiative, and training in their respective specialties as applied to air transport. On their prompt action, common sense, and proper treatment will depend the lives and limbs of the patients placed under their care.

c. Noncommissioned officers. See par. 21.

284. TRAINING. *a. Responsibility.* The battalion commander is responsible for all training of the unit except the combined training with the companion Air Corps unit. The company commanders, in turn, are responsible to the battalion commander for the training of their respective units (see also par. 46 *a*).

b. Management. Training orders containing the scope,

policies, and objectives of the training emanate from the surgeon 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.

Company commanders conduct all individual training and such unit training as the battalion commander directs.

The battalion commander, assisted by his staff, conducts all battalion training and such unit training as may be common to all companies.

Combined training with the companion Air Corps unit is planned and conducted by the surgeon of the Air District.

c. Individual. See par. 8 *d* (1).

d. Specialists. (1) *Clerks, company.* See par. 25 *c*.

(2) *Clerks, general.* See par. 25 *c*.

(3) *Chauffeurs.* See par. 25 *b*.

(4) *Orderlies, ambulance.* See par. 71 *c* (2).

(5) *Motorcyclists.* See par. 25 *f*.

(6) *Technician, dental.* See par. 25 *d*.

(7) *Technicians, medical and surgical.* See also par. 71 *c* (6). In addition to the usual elementary technical training, these individuals are trained in the following:

(a) The loading and unloading of airplane ambulances.

(b) The proper handling of patients within the ambulance, with special attention to their immobilization and disposition in emergencies.

(c) The care of patients being transported by plane over distances varying from a few to a thousand miles.

(d) The recognition of untoward symptoms developing as a result of transportation by air.

(e) The treatment of air sickness.

(f) A knowledge of aero-otitis media and its prevention.

(g) The operation of the oxygen apparatus.

(h) The adaptation of litters to air transports.

(i) The application of first aid measures in a moving airplane ambulance.

(j) The principles and practice of 'property exchange.'

e. Unit. Unit training includes: (1) The collection and selection of cases for transportation by air ambulances.

(2) The maintenance of liaison between flight sections, between companies, and between patient source and reception centers.

(3) The 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.

285. EQUIPMENT. *a. Individual.* See par. 29.

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. 286).

(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 plane.

c. Organizational motor transport (ground). See appropriate T. of O.

286. INSTALLATION. *a. General.* 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: (1) *Collection.* Frequently, by its own motor transport, the battalion evacuates cases from the installations of other units to a designated landing field. (2) *Sorting.* All cases, prior to movement, are examined and only *selected* cases accepted for air evacuation. (3) *Care and treatment.* It 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. (4) *Loading and unloading.* Airplane ambulance loading and unloading is a technical procedure and is performed by the battalion personnel.

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 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 be 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, and of any available canvas.

(5) *Personnel.* The amount of personnel for the opera-

tion of the post will vary from a noncommissioned officer and two or three privates to one or more loading platoons (see par. 281 b).

(6) *Operations.* The operations of a typical (company) loading post are described.

(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 medical director, company, or his representative, designates the location of the following 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 subpar. (c)]. Accepted cases are recorded properly in the company log of patients, their E. M. 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 is 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 be located adjacent the loading post, it establishes and operates the message center. If the loading post be 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 responsibilities 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.

287. ADMINISTRATION. a. *Personnel.* See par. 50 a.

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 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 9

THE VETERINARY COMPANY, SEPARATE

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288. ORGANIZATION. See Figure 34. *a. Orientation.* Each *type* army includes *one* veterinary company, separate. However, veterinary companies, separate, are also contained in G.H.Q. 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 principles 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. 293).

289. STATUS. The veterinary company, separate, is either:

a. An autonomous element of *army troops* and under the

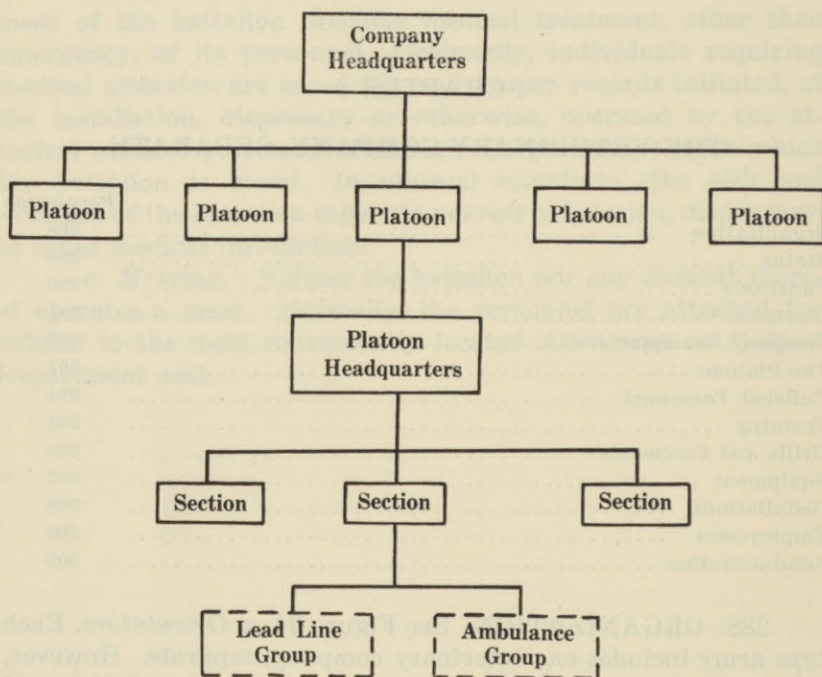


Figure 34: Organization of the Veterinary Company, Separate

direct control of the army surgeon (his representative, the army veterinarian), or

b. A *G.H.Q. unit*, operating under the direct control of the Chief Surgeon, G.H.Q.

290. **FUNCTIONS.** The chief functions of the veterinary company, separate, are: the evacuation of non-effective 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 stations and clearing posts) to the veterinary evacuation hospitals.

c. Within the army service area, it furnishes evacuation service as follows:

(1) From the veterinary evacuation hospital to:

(a) The veterinary convalescent hospital; or

(b) The railhead for further evacuation to the rear.

(2) From the veterinary convalescent hospital to: The veterinary evacuation hospital (relapsed cases).

291. COMMAND. The company is commanded by the senior officer of the Veterinary Corps, usually a captain, assigned thereto and present for duty. He is directly responsible to the army surgeon for the administration, discipline, training, and operations of the company in all situations.

Although the army surgeon *cannot* delegate his command responsibilities pertaining to the veterinary company, separate, 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.

292. COMPANY HEADQUARTERS. a. *Personnel*. The company headquarters consists of the company commander (see par. 291); a commissioned assistant, usually a lieutenant, 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 auto mechanics. The stable sergeant and two orderlies (privates) are mounted.

b. *Functions*. The personnel of company headquarters establish and operate an installation designated also—the *company headquarters*. As established, the company headquarters consists of the company C P (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.

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.

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.

293. THE PLATOON. See Figure 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 veterinary company, separate, 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. 290) 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 sub-par. *f*). Inasmuch as motor transport (motorcycle and truck)

is available, this transfer results in no impairment to the mobility of either individual.

(2) *Functions.* (a) *The Platoon C P.* The platoon headquarters establishes the platoon C P which consists of the office of the platoon commander and the message center. The latter is omitted if the message center of the company be in the same vicinity. Ordinarily, the C P is located proximal to 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) *Records of animal casualties.* The platoon headquarters personnel are charged with—

i. The checking 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, and

ii. The maintenance of a log of evacuated animals containing the following data re 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.

iii. The senior noncommissioned officer with elements actually moving casualties is responsible for the transmission of the duplicate Forms 115 b

(c) *Control of operation.* Through the personnel of platoon headquarters and the C P 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 C P 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 subpar. *e*), 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 specially 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 par. 298.

(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. The lead line. (1) *Description.* The *leading apparatus*, veterinary, 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 ten animals with a maximum, for the two sections, of twenty-five. 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 one to four, 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 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, when all mount and move out. The former trail horse becomes the lead horse, and vice versa.

(f) *Precautions.* 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.

In operation of the line, the slower horse should be placed in the lead.

Turning corners must be executed at the walk.

h. The veterinary ambulance. (1) *Definition.* The term—*veterinary ambulance*—may be applied to any vehicle capable of transporting sick or injured animals. Such a vehicle may be a two wheel trailer van or it may be a cargo type truck.

(2) *Description.* The ambulance of the veterinary company, separate, is a two and one-half ton truck, with stock-rack body, capable of transporting six animals. The stock rack is built sufficiently high to prevent animals from falling or jumping out; strongly enough to withstand the surge of the animals' weight when the vehicle rounds a curve; and with adequate separation of bars to promote ventilation. 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.

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 degrees from the horizontal. If wooden, the ramp is equipped with cleats affixed about six inches apart; and, if metallic, is covered entirely with canvas 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 subpar. *g*), 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 pars. 293 *f* (3) and 298 *d*, in turn).

(4) *Personnel.* One veterinary ambulance is operated by an ambulance group which, in the veterinary company, separate, 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 methods 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.* 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. Usually, animals are led into the vehicle and placed crosswise, alternating head to croup, and tied securely to the side of the stock-rack. Animals with communicable diseases are loaded in separate ambulance if one be 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.

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.

During movement, the ambulance orderlies ride in a space provided in the front of the stock-rack body, while the corporal 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.* Extra ropes should be carried by the ambulance for use in emergencies, such as the loading of unruly animals.

The inside of the ambulance must be thoroughly cleansed and disinfected after the transportation of animals with communicable disease, whether diagnosed or suspected.

294. ENLISTED PERSONNEL. *a. General qualifications.* See par. 19.

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 the farm 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. 21), those of the veterinary company, separate, should possess the characteristics enumerated in subpar. *b*.

295. 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 of the army surgeon, prepares the company training program and schedules, assigns instructors, and supervises the training to assure himself that proper methods are being utilized, that the training is progressive, and that the prescribed objectives are being attained.

c. Scope. (1) *Of individual training.* 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. 268 *c* (1)], the following are emphasized:

(a) The emergency veterinary tag, its use and dispositions.

(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) The general operative procedure of other mobile veterinary units.

(2) *Of specialist training.* (a) *Bugler.* See par. 71 c (1).

(b) *Chauffeurs.* In addition to the training common to all chauffeurs (see par. 25 b), 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) *Clerks.* The corporal from company headquarters is trained in the duties of company clerk (see par. 25 c) 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. 298).

(d) *Cooks.* See par. 71 c (4).

(e) *Horseshoer, clinical.* See par. 142 c (3).

(f) *Mechanic, auto.* See par. 71 c (5).

(g) *Mess sergeant.* See par. 119 c (8).

(h) *Motorcyclists.* See pars. 25 f and 119 c (9).

(i) *Motor sergeant.* See par. 119 c (10).

(j) *Orderlies, ambulance (horse).* See par. 142 c (10).

(k) *Stable sergeant.* See par. 268 c (2) (k).

(l) *Supply sergeant.* See par. 119 c (12).

(m) *Technicians, surgical, veterinary.* See par. 142 c (14).

(n) *Technicians, veterinary.* See par. 25 j.

(3) *Of group training.* (a) *Company headquarters.* The personnel of the company headquarters are trained in the establishment of the company C P 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 C P and the transport as-

signed to the headquarters.

(b) *Platoon*. See par. 142 d.

(4) *Of unit training*. 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) *Of combined training*. 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.

296. DRILLS AND CEREMONIES. *a. Dismounted*. The company habitually drills and participates in ceremonies *dismounted*. 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.

297. EQUIPMENT. *a. Individual*. See par. 29.

b. Organizational. (1) *Medical*. Unit equipment, Veterinary Company, Separate.

(2) *Other than medical*. See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

298. 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 purpose of company control and administration.

(2) *Organization.* It includes the company C P, the housekeeping 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. 244 d) and the C P of platoon(s) operating with the company headquarters are placed adjacent the route of evacuation. Otherwise, there is no conventional arrangement for the installation.

(5) *Operation.* (a) The *company C P* 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. Under the supervision of the unit supply, each platoon operates its own *property exchange* for such items as halters, blankets, etc.

(e) *Maintenance.* The motor sergeant and the auto 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.

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. 140 d (1)], may be established by elements of the company. If so, their operation parallels that outlined in the above reference.

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, may be established and operated by elements of the company [see par. 293 f (3)]. The installation, veterinary ambulance loading post, 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*.

299. EMPLOYMENT. See also FM 8-15. Emphasis is placed on the following principles:

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 ration*, is to be avoided whenever possible.

300. 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, are procured normally, by formal or informal requisition, from the nearest appropriate depot. In emergencies, veterinary supplies are obtained from the nearest veterinary evacuation 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 10

THE EVACUATION HOSPITAL

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301. ORGANIZATION. See Figure 35. The organization falls naturally into three divisions: the headquarters; the administrative, and the professional services. However, the two services 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.

302. STATUS. The evacuation hospital, an independent unit, is an organic element of the army and is under the direct control of the *army surgeon*. A *type army* contains ten such units.

303. FUNCTIONS. *a. General.* Evacuation hospitals are designed—

(1) To provide, as near the front as practicable, facilities for major medical and surgical procedures in the care

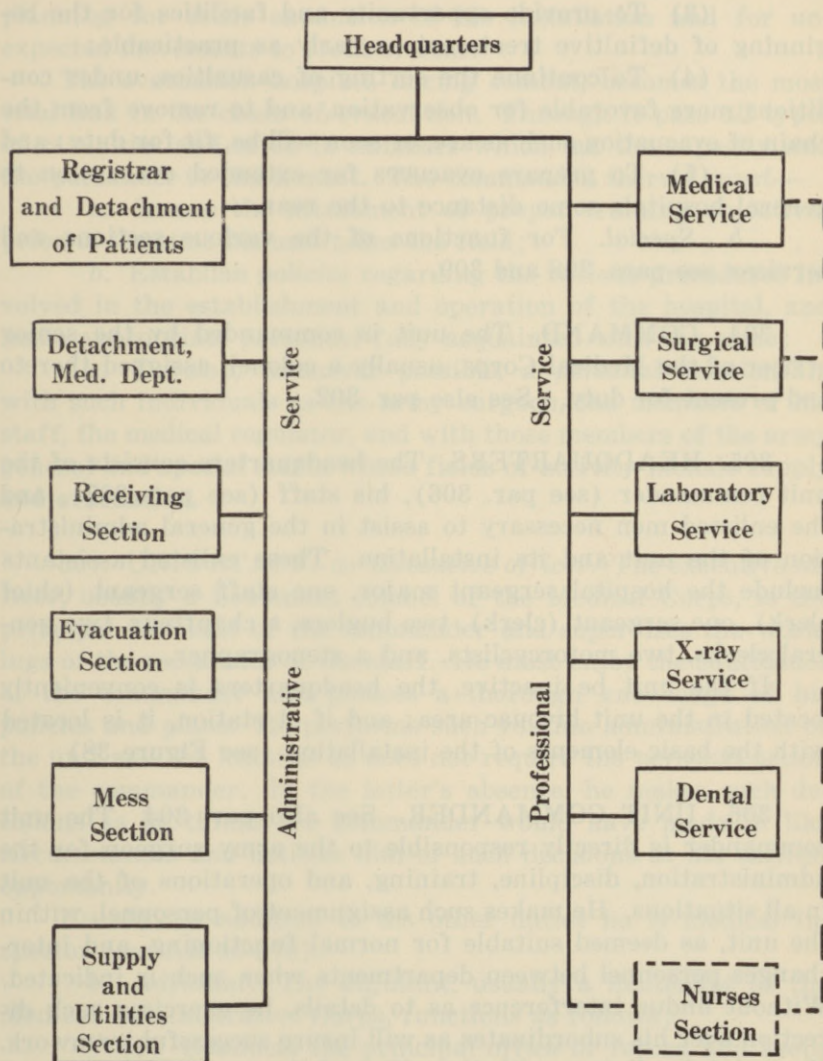


Figure 35: Organization of the Evacuation Hospital

and treatment of *all* casualties;

(2) To provide facilities for the concentration of evacuees in such numbers and at such locations that mass evacuation by common carrier can be undertaken economically;

(3) To provide opportunity and facilities for the beginning of definitive treatment as early as practicable;

(4) To continue the sorting of casualties, under conditions more favorable for observation, and to remove from the chain of evacuation such as are, or soon will be, fit for duty; and

(5) To prepare evacuees for extended evacuation to general hospitals some distance to the rear.

b. Special. For functions of the various sections and services, see pars. 308 and 309.

304. **COMMAND.** The unit is commanded by the senior officer of the Medical Corps, usually a colonel, assigned thereto and present for duty. See also par. 302.

305. **HEADQUARTERS.** The headquarters consists of the unit commander (see par. 306), his staff (see par. 307), 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, one staff sergeant (chief clerk), one sergeant (clerk), two buglers, a chauffeur, two general clerks, two motorcyclists, and a stenographer.

If the unit be inactive, the headquarters is conveniently located in the unit bivouac area; and if at station, it is located with the basic elements of the installation (see Figure 38).

306. **UNIT COMMANDER.** See also par. 304. The unit commander is directly responsible to the army surgeon 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.

The evacuation hospital, during combat, becomes the most vital link in the chain of evacuation. Through it pass *all* types of casualties and often in numbers which tax the capacity and the personnel to the utmost. The commander thereof *must*—

a. Insure the attainment of proper training objectives prior to the time his unit takes the field;

b. Establish *policies* regarding the various procedures involved in the establishment and operation of the hospital, and make appropriate personnel fully acquainted with the same;

c. 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.

307. UNIT STAFF. *a. Executive officer.* The executive officer, usually a lieutenant colonel of the Medical Corps, 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 his earliest opportunity.

Usually, in addition to his other duties he is medical inspector (see AR 40-270).

b. Adjutant. The adjutant, usually a lieutenant of the Medical Administrative Corps, functions as follows:

(1) Conducts the principal office of record and keeps the diary (see AR 345-100).

(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.

For additional duties, see par. 44 d.

c. *Chaplain*. See TM 2270-5.

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 lieutenant, Medical Administrative Corps, 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. 308 f (3)].

308. 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, usually a major, and he 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. 307 d). For a suggested assignment of enlisted personnel for this section, see Figure 36.

The section commander acts in a dual capacity as follows:

(a) As *Registrar*, he is 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) As *commanding officer, detachment of patients*, he is 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. 307 d), and performs such other pertinent duties as may be required by higher authority.

(2) *Location of office*. When the unit is at station, the office of the section commander is located adjacent unit headquarters; if operating under canvas, in the same tent (see Figure 38).

Grade and Specialty	Registrar and Detach- ment of Patients	Med. Dept. Personnel Section	Receiving Section	Evacuation Section	Mess Section	Supply and Utilities Section	TOTAL
Technical Sergeant (1st Sgt)		1					1
Staff Sergeant	2	1	1	1	1	2	8
Chief clerk	(1)						(1)
Clerk, general	(1)	(1)	(1)	(1)		(1)	(5)
Mess					(1)		(1)
Supply						(1)	(1)
Sergeant	1	2	2	2	4	5	16
Clerk, general		(1)	(1)	(1)			(3)
Clerk, stock						(2)	(2)
Foreman, utilities						(1)	(1)
Mess					(3)		(3)
Section	(1)	(1)	(1)	(1)	(1)	(1)	(6)
Technician, sanitary						(1)	(1)
Corporal	1	2	2	2	1	3	11
Assistant section	(1)	(2)	(2)	(2)	(1)	(2)	(10)
Transportation						(1)	(1)
Pvts. 1cl. and Pvts.	8	8	29	29	41	23	138
Automobile mechanic						(1)	(1)
Baker					(1)		(1)
Butcher					(1)		(1)
Carpenter						(1)	(1)
Chauffeur						(5)	(5)
Clerk, general	(2)	(2)	(2)	(2)			(8)
Clerk, stock					(1)	(2)	(3)
Cook					(20)		(20)
Cook's helper					(16)		(16)
Electrician, general						(1)	(1)
Litter bearer			(20)	(20)			(40)
Mechanic, general						(3)	(3)
Operator electric plant						(1)	(1)
Plumber						(2)	(2)
Stenographer	(1)	(1)					(2)
Technician, sanitary			(6)	(6)			(12)
Typist	(1)	(1)	(1)	(1)			(4)
Basic	(4)	(4)			(2)	(7)	(17)
Total Enlisted	12	14	34	34	47	33	174

Figure 36: Distribution (suggested) of Enlisted Personnel,
Administrative Service, Evacuation Hospital

(3) *Operations.* See par. 314.

b. Medical Department personnel section. 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, usually a captain, and he 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. 307 *d*). He commands the guard when this duty devolves upon the unit. In all situations he is directly responsible to the unit commander.

A suggested assignment of enlisted personnel to this section is shown in Figure 36.

c. Receiving section. (1) *Personnel.* The section consists of two officers of the Medical Corps, usually a captain and a lieutenant, and certain enlisted personnel (see Figure 36). Nurses may be assigned for duty with this section.

(2) *Functions.* (*a*) The reception of incoming patients.

(*b*) The examination and classification of patients and their assignment to service and ward.

(*c*) The initiation of proper field medical records.

(*d*) The 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. Items of clothing and equipment, if time and the situation permit, are carefully listed and tagged with the man's name and organization. Whether such items accompany the patient if he be evacuated, again depends upon existing policy and the exigencies of the situation.

(*f*) The issuing of hospital clothing to incoming patients.

(*g*) The notation on patients' records of important *omissions* of treatment.

(*h*) The delivery of the patients to the proper ward,

section, or department.

(3) *Property exchange.* See subpar. f.

(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 Figure 36). 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, usually a captain and a lieutenant, certain enlisted personnel (see Figure 36), 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:

(a) Acts 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) Assumes charge of all evacuation ward tents and the treatment of the patients therein pending their further evacuation.

(c) Gives due notice to ward surgeons and chiefs of services regarding the arrival and departure of evacuating units (trains, airplane or motor ambulance units), and keeps a running tabulation on the number, type, and location of patients deemed fit for immediate evacuation.

(d) Collects and makes appropriate entries on the medical records of all outgoing patients.

(e) Obtains from the receiving section and delivers to the evacuating officer any valuables previously deposited for safekeeping by patients being evacuated.

(f) Checks the clothing, hospital or otherwise, of outgoing patients for completeness and suitability.

(g) Furnishes 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. 286).

(h) Prepares a *tally sheet* of outgoing patients during the loading, furnishes one copy to the receiving officer (of the evacuating unit) and obtains the latter's signature on another copy as a receipt for the patients being evacuated.

(i) Actions in case of death—see par. 314 g (9).

(3) *Location*. The evacuation section operates in building(s) or tents adjacent 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 Figure 38). The amount of space or tentage occupied depends upon the existing needs.

(4) *Property exchange*. See subpar. f.

(5) *Litter bearers*. See subpar. c.

e. *Mess section*. (1) *Personnel*. The section consists of one officer of the Medical Administrative Corps, usually a captain, one dietitian (civilian employee), and certain enlisted personnel (see Figure 36).

(2) *Functions*. The general functions of the mess officer and his section are:

(a) Procures from the unit supply officer (see subpar. f), stores, and issues all food supplies.

(b) Operates three messes: one for the officers and nurses; the patients; and the enlisted duty personnel.

(c) Provides hot liquid nourishment for the shock wards on call.

(d) Packs and loads all mess canvas and equipment when the installation moves.

(e) Acts 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 be operating under canvas, is shown in Figure 38.

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, usually a captain; one commissioned assistant, a lieutenant of the Medical Administrative Corps; and certain enlisted personnel (see Figure 36).

(2) *Organization*. To facilitate the execution of the

various functions of the section, it is suggested that the personnel be divided into three groups—a supply, an utility, and a transportation group. 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.

(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:

i. The procurement, storage, and issue of all supplies required by the unit or its installation.

ii. The maintenance of the only stock record account within the unit.

iii. The accountability for all property issued to the unit until such time as property accountability may be suspended.

iv. The collection and proper disposal of all salvage within the unit.

v. The conduct of the laundry exchange.

vi. The 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 Figure 38) and supply personnel stationed there to conduct such exchange with incoming ambulance and outgoing evacuating elements, respectively.

vii. The 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 be unserviceable, it is turned over to the supply officer for disposition and the soldier is issued serviceable clothing, of whatever type available, 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 is held invariably 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*. He is charged with the operation, care, and first echelon maintenance of all the unit motor transport.

(e) *Miscellaneous*. He is 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. The group includes two staff sergeants (supply and clerk), three sergeants (two stock clerks), a corporal, and six privates first class or privates (two stock clerks).

(5) *Utilities group*. This group includes two sergeants (an utilities foreman and a sanitary technician), a corporal, and such specialists (privates) as a carpenter, a general electrician, three general mechanics, an electric plant operator, and two 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 offices of the medical inspector.

(6) *Transportation group.* The group includes a corporal (transportation), an auto mechanic, five chauffeurs, and one 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.

309. PROFESSIONAL SERVICE. *a. Organization.* See Figure 35.

b. Status. The *professional service* represents a grouping of certain functional elements of the hospital and is not an organic element of the unit.

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 decisions for the unit commander and do not change the various functions of the services involved.

c. Functions. 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 exception to this rule are those cases, requiring little or no immediate treatment, which the receiving officer may admit directly to the evacuation wards.

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) *Officers.* The officer personnel include six officers of the Medical Corps; a lieutenant colonel, chief of the medical service; two captains; and three lieutenants.

MOBILE UNITS OF THE MEDICAL DEPARTMENT

Grade and Specialty	Medical Service	Surgical Service	Laboratory Service	X-Ray Service	Dental Service	TOTAL
Technical Sergeant	4	4	2			10
Laboratory technician			(1)			(1)
Male nurse	(4)	(4)				(8)
Pharmacist			(1)			(1)
Staff Sergeant	1	3		3		7
Clerk, general	(1)	(1)				(2)
Technician, surgical		(2)				(2)
Technician, x-ray				(3)		(3)
Sergeant	5	6				11
Orthopedic mechanic		(1)				(1)
Section	(2)	(2)				(4)
Technician, medical	(3)					(3)
Technician, surgical		(3)				(3)
Corporal	1	1	1	1	1	5
Assistant Section	(1)	(1)	(1)	(1)	(1)	(5)
Pvts. 1cl. and Pvts.	24	51	11	10	4	100
Stenographer		(2)				(2)
Technician, dental		(1)			(2)	(3)
Technician, laboratory			(4)			(4)
Technician, medical	(19)	(4)				(23)
Technician, pharmacist			(4)			(4)
Technician, surgical		(41)				(41)
Technician, x-ray				(7)		(7)
Typist	(1)	(1)	(1)	(1)		(4)
Basic	(4)	(2)	(2)	(2)	(2)	(12)
Total Enlisted	35	65	14	14	5	133

Figure 37: Distribution (suggested) of Enlisted Personnel,
Professional Service, Evacuation Hospital

(b) *Nurses*. See subparagraph *i*.

(c) *Enlisted*. See Figure 37 and subparagraph *j*.

(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) *Officers*. The officer personnel include twenty-one officers of the Medical and one officer of the Dental Corps: one lieutenant colonel, chief of the surgical service; seven majors (one dental); nine captains; and five lieutenants.

(b) *Nurses*. See subparagraph *i*.

(c) *Enlisted*. See Figure 37 and subparagraph *j*.

(2) *Functions*. The general functions of the surgical service include:

(a) The 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) The operation of the following departments:

i. Bath department.

ii. Dressing room for slightly wounded.

iii. Preoperative treatment department (wards).

iv. Shock treatment department (wards).

v. Sterilizing room.

vi. 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 as follows:

(a) *Three general surgical teams*, each consisting of: one operating surgeon, a major, M.C.; an assistant, a captain, M.C.; an anesthetist, a lieutenant, M.C.; one nurse; and one surgical technician.

(b) *Two splint teams*, each consisting of: one or-

thopedist, a captain, M.C.; and two surgical technicians.

(c) *Two shock teams*, each consisting of: one captain, M.C., specially trained in the treatment of shock; 2 nurses; and two medical technicians.

(d) *One plastic-maxillo-facial team*, consisting of: one plastic surgeon, a major, M.C.; one dental oral surgeon, a major, D.C.; two nurses, one an anesthetist; and one dental technician.

(e) *One neuro-surgical team*, consisting of: one neuro-surgeon, a major, M.C.; one assistant, a captain, M.C.; one anesthetist, a lieutenant, M.C.; one nurse; and one surgical technician.

(f) *One thoracic-surgical team*, consisting of: one thoracic surgeon, a major, M.C.; one captain, M.C., specially trained in intra-tracheal anesthesia; one assistant surgeon, a lieutenant, M.C.; one nurse; and one surgical technician.

(4) *Chief of the surgical service*. 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 as follows:

(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 the evacuation hospital.

(d) Attachment of the mobile surgical unit, or portions thereof, of a surgical hospital.

f. *Laboratory service*. (1) *Personnel*. (a) *Officer*. The officer personnel consists of one captain, M.C., 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 Figure 37.

(2) *Functions.* The service is responsible for the performance of such laboratory procedures as may be requested and are feasible, such as uninalyses, 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. 347).

g. Roentgenological service. (1) *Personnel.* (a) *Officers.* The officer personnel include two officers of the Medical Corps, usually a captain and a lieutenant. The former 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 Figure 37.

(2) *Functions.* The X-Ray service is responsible for the taking, the development, and the interpretation of such X-Rays, and the performance of such flourescopic examinations as may be requested and are within the capabilities of the personnel and equipment.

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) *Officers.* The officer personnel include two officers of the Dental Corps, a captain and a lieutenant, the former 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 Figure 37.

(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 include 52 nurses, six of whom 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. Rather than definitely place a certain number of these nurses in the various departments, 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 the general efficiency of the installation.

j. *Enlisted personnel*. The chart shown in Figure 37 is a suggested allocation of enlisted personnel to the various services and will serve as a point of departure in their actual assignment.

310. ENLISTED PERSONNEL. a. *General qualifications*. See par. 19.

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 professional specialists who are members of the various surgical teams and those on duty in the shock wards, preoperative and postoperative wards, and such departments as the dressing, X-Ray, sterilizing and operating rooms.

c. Noncommissioned officers. See par. 21.

311. 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. 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.

Group training is managed by the section and service commanders; unit training, by the unit commander.

c. Individual. See par. 8 *d* (1).

d. Specialist. See also par. 25 *a*. (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) *Buglers.* See pars. 71 *c* (1) and 25 *f* in turn.

(3) *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.

(4) *Carpenter.* See par. 366 *d* (1).

(5) *Chauffeurs*. See par. 25 b.

(6) *Clerk, chief*. 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.

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.

(7) *Clerks, general*. See also par. 25 c. 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.

(8) *Clerks, stock*. See par. 366 d (3) (e).

(9) *Cooks*. See par. 59 c (5).

(10) *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.

(11) *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, inasmuch as frequently he will exercise control over the whole group with little or no aid from the section commander or his assistant.

(12) *Male nurses*. See also par. 25 e. Eight technical sergeants, who act in a supervisory capacity, are trained in the following: 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, postoperative, 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.

(13) *Mechanic, auto.* See par. 59 c (6).

(14) *Mechanic, general.* See par. 366 d (6).

(15) *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.

(16) *Mess.* See par. 59 c (7).

(17) *Motorcyclists.* See par. 25 f.

(18) *Operator, electric plant.* See par. 366 d (18).

(19) *Pharmacists.* See par. 82 c (9).

(20) *Plumbers.* Two 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.

(21) *Stenographers.* See par. 366 d (12).

(22) *Technicians, dental.* See par. 25 d.

(23) *Technicians, laboratory.* See par. 352 d (7).

(24) *Technicians, sanitary.* See par. 25 h (1).

(25) *Technicians, medical and surgical.* See also par. 25 e and i. Those technicians, who are members of the various surgical teams are trained in the special duties required by their particular assignment.

(26) *Technicians, X-Ray.* 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 fluroscope. Prior experience in X-Ray work, plus attendance at the appropriate service school, is highly desirable.

(27) *Transportation*. See par. 366 *d* (14).

(28) *Typists*. See par. 366 *d* (12) and (15).

e. Group. 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.

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.

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*. The 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*. The 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.

312. 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 following ceremonies: inspections, 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.

313. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* See Basic Equipment List for 750-Bed Evacuation Hospital, Medical Department, dated September, 1940.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

314. 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 pars. 308 and 309.

e. Physical arrangement. The physical arrangement of the installation depends upon the following factors: establishment in existing shelter, under canvas, or both; the terrain, and 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 38.

In arranging the ground plan and designating locations for the various departments, strict adherence to the following general principles is advised:

(1) A *basic unit* (see Figure 38) is designated, including such departments as are needed for initial functioning, and is given first priority in the establishment of the hospital.

(2) The *receiving department* and facilities for property exchange are located adjacent the road from the front.

(3) 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.

(4) Service elements, except messing, are segregated for ease of control and are widely separated from wards containing critically ill or severely wounded patients.

(5) Messing elements are located to promote ease in serving patients and duty personnel.

(6) The evacuation department is located on railroad siding, motor road, or dock to be utilized by unit evacuating the installation.

(7) Waste disposal area is given a leeward location.

(8) Ground markers (Red Cross), if used, must occupy conspicuous positions.

(9) The morgue is inconspicuously placed in a location where ingress and egress will be least noticeable to patients.

(10) Proper separation of tents or buildings limits the fire hazard and permits the passage of bearers and vehicles.

(11) *Arrangement must permit crisis expansion.*

f. Establishing hospital. (1) *Laying out hospital.* 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 layout. When canvas is to be utilized,

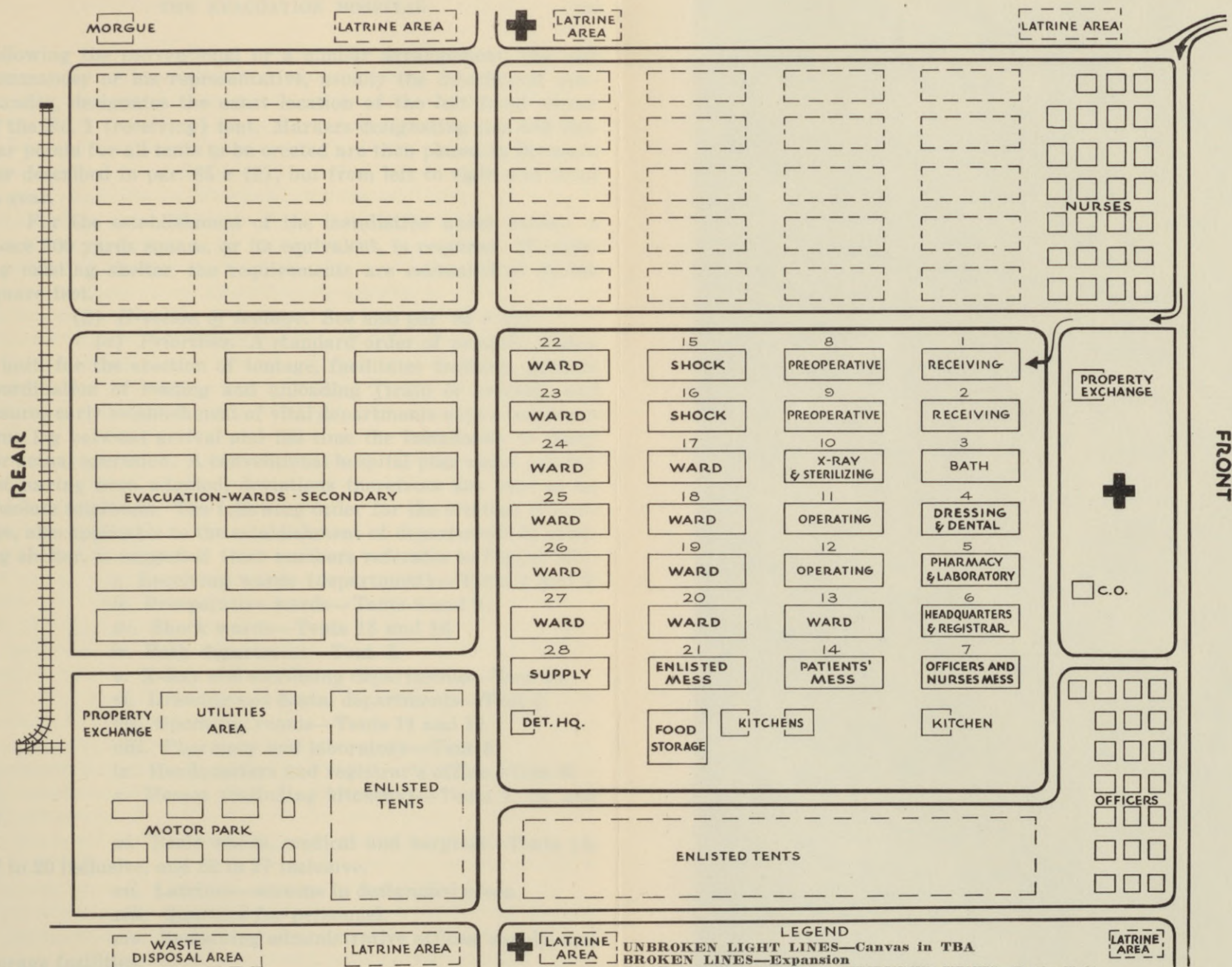


Figure 38: Conventional Arrangement of an Evacuation Hospital

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 par. 85 c (2), but from left to right and front to rear.

For the establishment of the installation under canvas, a space 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. 85 c (2).

(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 (tent numbers referable to Figure 38) :

- i. Receiving wards (department)—Tents 1 and 2.
- ii. Preoperative wards—Tents 8 and 9.
- iii. Shock wards—Tents 15 and 16.
- iv. Bath department—Tent 3.
- v. X-Ray and sterilizing departments—Tent 10.
- vi. Dressing and dental departments—Tent 4.
- vii. Operating rooms—Tents 11 and 12.
- viii. Pharmacy and laboratory—Tent 5.
- ix. Headquarters and registrar's office—Tent 6.
- x. Messes (including kitchens)—Tents 7, 14, and

21.

- xi. Basic wards, medical and surgical—Tents 14, 17 to 20 inclusive, and 22 to 27 inclusive.
- xii. Latrines—screens in designated areas.
- xiii. Quarters for personnel.
- xiv. Remaining administrative offices, supply, and storage facilities.

xv. Remaining wards.

xvi. 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 subpar. *f* (1)], 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 particular 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. Immediately, when his department is prepared to operate, he 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 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 most equably meet 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 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 be 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 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)

i. The *field medical record* (Forms 52 c and d, M 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* (Form 52 a, M D) is made and forwarded to the Registrar's office.

ii. The E. M. T. is removed from the patient, placed in the field medical jacket, and the whole reattached to the patient.

iii. A noncommissioned officer of known probity, if an officer is unable to perform the function, receives and checks patients' 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.

iv. Clothing and equipment are removed, listed and stored, or turned over to the supply department for disposition in accordance with existing policies.

v. 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:

i. Dressing tent.

ii. Bath tent.

iii. Preoperative ward.

iv. X-Ray.

v. Ward, medical or surgical.

vi. Evacuation wards.

vii. Shock ward.

Assignment of patients to particular wards, within a service, may be made in accordance with directives from chiefs of the services. For example, the chief of the surgical service may designate particular wards for particular type wounds, as orthopedic, head, chest, 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 the receiving department.

(3) Registrar's office. Located conventionally in Tent 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* (Form 86 e M D) and *Report of Casualties* (Form 86 f M D). 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 Opera-

tions. 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, preoperative, and other surgical wards. The personnel are distributed by the chief of the service to best meet existing needs.

(a) *Dressing department (tent).* Located near the receiving department, it receives, for dressing and further sorting, all ambulant surgical cases except those sent directly to the preoperative wards because of the obvious gravity of their wounds.

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.

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.

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.* 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 consist 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.

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.

Bathing facilities for appropriate gas cases are arranged

in a separate department.

(c) *Preoperative wards.* Patients are received on 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.

The equipment includes facilities for bathing, shaving, administration of sera, intravenous infusions, hypodermoclyses, enemata, transfusions, dressings, and allied functions.

The personnel should be carefully selected and changed only when absolutely necessary.

From the preoperative wards, patients are routed to:

i. The evacuation wards—fractures and other traumatisms not complicated by open wounds and other cases operated in clearing stations prior to admission, who are in condition for immediate evacuation.

ii. To special wards for head, chest, abdominal, and shock cases, not yet ready for operation or evacuation.

iii. To the X-Ray department.

iv. To the 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 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 par. 309 e (3)]. After response to treatment, preoperative cases are sent to the operating room or to the preoperative wards; postoperative 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.

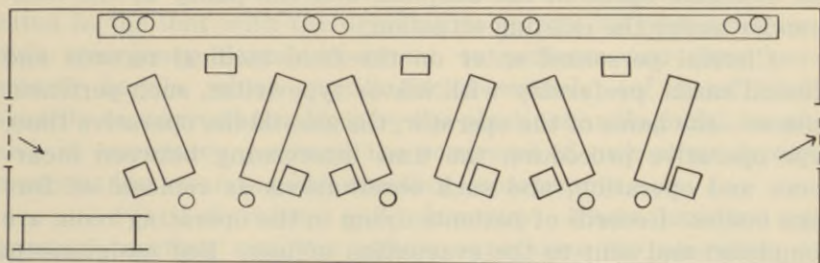


Figure 39: Conventional Arrangement of an Operating Tent, Evacuation Hospital

(f) *Operating rooms (tents). i. Arrangement.* See Figure 39. The operating rooms, identical in equipment, are located adjacent the other surgical departments (see Figure 38). 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 eight hours during periods of stress.

ii. 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 resume of the procedure and completes the report by ad-

ding the word DETAIN or EVACUATE. Cases to be evacuated are 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.

iii. Operative planning. Operating time for each case may be estimated as one-half hour. Thus, one team, working eight hours, can operate 16 cases. One team handling minor cases only can care for approximately 50 cases per eight 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 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 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 having been 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, uninalyses, 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 wards.* In addition to such special wards as preoperative and shock, there are 11 basic wards. These are distributed as indicated in subpar. (a).

(c) *Secondary and evacuation wards.* 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) *Ward 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 any such be attached to the unit.

The registrar is responsible that report of death is forwarded to higher authority in accordance with existing regulations.

(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.* 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, re-checks 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 evacuating officer and a receipt for the evacuation officer of the hospital.

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.

Property exchange with the evacuating officer is handled by representatives of the supply officer.

(c) *Hospital trains.* See Chapter 17.

(d) *Airplane ambulances.* See Chapter 8.

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 Chapter 12).

(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. 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:

- (1) Basic unit (less messes and the headquarters).
- (2) Secondary wards.
- (3) Evacuation wards.
- (4) Headquarters and other administrative offices.
- (5) Quarters for personnel.
- (6) Messes.
- (7) Sanitary installations.

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.

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.

315. ADMINISTRATION. *a. Personnel.* Unit headquarters submits morning reports and other personnel reports and returns to army headquarters, through the army surgeon. 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.

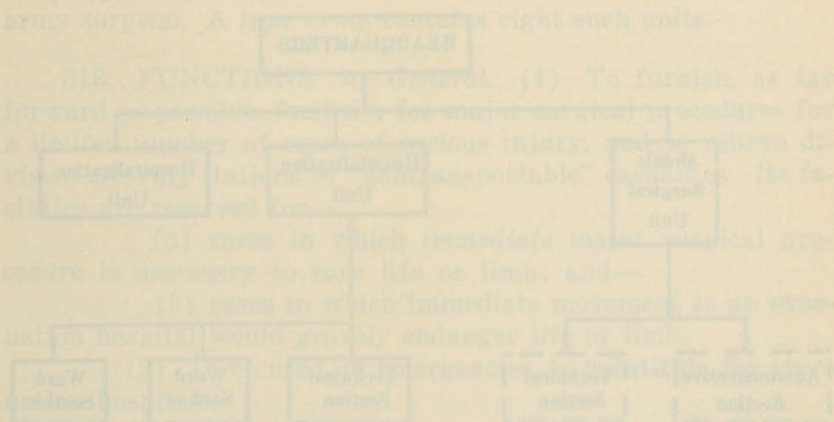
(2) Medical supplies are obtained from the army medical depot in one of the following ways: by requisition through the army surgeon; by drawing upon established credits; by informal memorandum, which also must be approved by the army surgeon. Delivery of medical supplies is: by sending unit transport 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 for appropriate action.



CHAPTER 11

THE SURGICAL HOSPITAL

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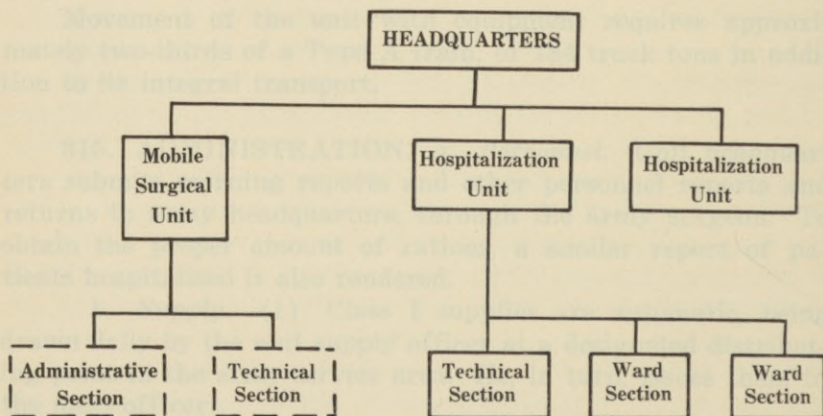


Figure 40: Organization of the Surgical Hospital

316. ORGANIZATION. See Figure 40. *a. Orientation.* The surgical hospital, a *mobile* unit, is composed of a headquarters and three subordinate elements—one mobile surgical unit (see par. 321) and two hospitalization units (see par. 322). *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 materiel.

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. 322 *f* (1)].

317. STATUS. The surgical hospital is an independent, self-supporting army unit and is under the direct control of the army surgeon. A *type army* contains eight such units.

318. FUNCTIONS. *a. General.* (1) To furnish, as far forward as possible, facilities for major surgical procedures for a limited number of cases of serious injury, and to relieve division clearing stations of "nontransportable" casualties. Its facilities are reserved for—

- (a) cases in which *immediate* major surgical procedure is necessary to save life or limb; and—

- (b) cases in which immediate movement to an evacuation hospital would gravely endanger life or limb.

- (2) To be used, in emergencies, to substitute for evacuation hospitals.

- (3) To reinforce other medical units at station by furnishing detachments of technical personnel, such as operating teams or ward sections.

b. Special. For functions of component elements, see pars. 321 and 322.

319. COMMAND. The unit is commanded by the senior officer of the Medical Corps, usually a colonel, assigned thereto

and present for duty. See also appropriate subparagraphs of pars. 321 and 322.

320. HEADQUARTERS AND STAFF. 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.

The commander is responsible to the army surgeon 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.

During operations, if the subordinate elements of the unit be 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.

The staff consists of the adjutant, usually a lieutenant of the Medical or Medical Administrative Corps, charged with the usual duties of that office (see par. 44 *d*), and such other officers as may be charged, by the commander, with staff duties.

321. 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. 316 *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 materiel 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 canvas;

(2) While 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, usually a lieutenant colonel, assigned thereto and present for duty. He is responsible to the commander of the hospital for the operations of the surgical unit.

d. *Functional organization*. See Figure 40. 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, a captain of the Sanitary Corps and a lieutenant 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:

i. A technical sergeant who is the unit first sergeant.

ii. A mess and supply group—one sergeant, a general clerk, two cooks, and two unrated privates first class or privates.

iii. A transportation group—a sergeant, an auto mechanic, ten chauffeurs, and one unrated private first class or private.

iv. An utilities group—an electrician, an electric plant operator, a gas engine mechanic, a plumber, and one unrated private first class or private.

v. 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) Furnish 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. 309e); 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 subpar. (1). In the normal situation, *i. e.*, while operating in the vicinity of a clearing station, these procedures will take the form of emergency measures. Definitive treatment, as such, is not undertaken in a surgical hospital although the emergency measures may have definitive value. The treatment of shock, control of stubborn hemorrhage, and the reconstitution of blood following hemorrhage, and the fixation of fractures that are too complex to be handled in a clearing station are the most important procedures.

If operating with a surgical hospital in the army service area, or if augmenting the surgical service of an evacuation hospital, the section may institute more definitive procedures.

(b) 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 subpar. e (2) (d).

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 an army evacuation hospital or of any other medical unit requiring temporary surgical support.

322. HOSPITALIZATION UNIT. *a. Organization.* See Figure 40. The surgical hospital contains two identical hospital-

ization 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, usually a lieutenant colonel, assigned thereto and present for duty. He is responsible to the hospital commander for the operation of the unit.

c. Functions. 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.

The normal capacity of one hospitalization unit is two hundred patients, thus giving a surgical hospital a normal capacity of four hundred.

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 be operating intact, the headquarters remains with it. If a ward section, or a portion thereof, be 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, usually a captain, is charged with the duties of the unit supply and mess and, in addition, may be designated detachment commander.

(b) *Chaplain.* For duties, see TM 2270-5.

(c) *Registrar and adjutant.* One officer, usually a lieutenant, is charged with the duties of registrar (see par. 308 a) and adjutant (see par. 44 d) and in addition, may be designated unit personnel officer and commanding officer detachment of patients (see pars. 307 d and 308 a, in turn).

(2) *Enlisted personnel.* The enlisted personnel, with a suggested functional grouping, follow:

(a) A technical (first) sergeant, two corporals (a clerk and a chaplain's assistant), a stenographer, and three or-

derlies—for duty in headquarters.

(b) A staff sergeant and a general clerk—registrar's office.

(c) A sergeant, a stock clerk, and one unrated private first class or private—unit supply.

(d) A staff sergeant, eight cooks, and two unrated privates first class or privates—operation of mess(es).

(e) A sergeant and three chauffeurs—transportation.

(f) A sergeant, a general mechanic, and one unrated private first class or private—utilities.

e. Technical section. (1) *Personnel.* (a) *Officer.* One major of the Medical Corps (operating surgeon); three captains, Medical Corps, (one anesthetist with special training in the treatment of shock, one roentgenologist, and one clinical pathologist with special training in wound bacteriology); a lieutenant of the Dental Corps; and two nurses.

(b) *Enlisted.* One technical sergeant and four privates first class or privates (laboratory technicians); one technical sergeant (pharmacist); one staff sergeant and one private first class or private (X-Ray technicians); and two surgical technicians.

(2) *Functions.* (a) The establishment and operation of an operating room (tent), an 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 postoperatives 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 three ward officers; and twelve nurses.

(b) *Enlisted.* One sergeant (section); six corporals (ward masters); and thirty-two privates first class or privates (six medical, one sanitary, and twelve surgical technicians, and thirteen unrated). Enlisted personnel are sufficient to keep six wards in continuous operation.

323. ENLISTED PERSONNEL. The qualifications required for the personnel of the surgical hospital approximate those for the enlisted personnel of the evacuation hospital (see par. 310).

324. TRAINING. *a. Responsibility.* See par. 311 *a.*

b. Management. (1) In general, the training of the surgical hospital personnel presents a peculiar problem. As organized, the commander's staff contains no plans and training officer. Hence, 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, the latter be retained by the commander of the hospital and his plans and training officer, if any.

c. Individual. See par. 8 *d* (1).

d. Specialist. See also par. 25 *a*. (1) *Chauffeurs.* See par. 25 *b*.

(2) *Clerk, general.* See pars. 25 *c* and 311 *d* (7) in turn.

(3) *Clerk, stock.* See par. 366 *d* (3) (*e*).

(4) *Cooks.* See par. 59 *c* (5).

(5) *Electrician.* See par. 311 *d* (10).

(6) *Mechanic, auto.* See par. 59 *c* (6).

(7) *Mechanic, gas engine.* One man in the administrative section of the mobile surgical unit, who has a basic knowledge of automobile mechanics, is specially trained in the operation, care and maintenance, and repair of gasoline engines, especially those used in the power plants of the unit.

(8) *Mechanic, general.* See par. 366 *d* (6).

(9) *Mess.* See par. 59 *c* (7).

(10) *Operator, electric plant.* See par. 366 *d* (18).

(11) *Plumber.* See par. 311 *d* (20). 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.

(12) *Stenographer.* See par. 366 *d* (12).

(13) *Supply.* See par. 59 *c* (10).

(14) *Technicians, dental.* See par. 25 *d*.

(15) *Technicians, sanitary.* See par. 25 *h* (1).

(16) *Technicians, medical and surgical.* See pars. 25 *e* and *i* and 311 *d* (25) in turn.

(17) *Technicians, X-Ray.* See par. 311 *d* (26).

(18) *Transportation*. See par. 366 *d* (14).

e. Group. See par. 311 *e*.

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. See par. 311 *g*.

325. DRILLS AND CEREMONIES. *a. Drill*. See par. 312 *a*.

b. Ceremonies. See also par. 312 *b*. 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.

326. EQUIPMENT. *a. Individual*. See par. 29.

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, dated December, 1940.

(2) *Other than medical*. See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

327. INSTALLATION. *a. General*. 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.

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 materiel, 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 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 be augmented by additional hospitalization units.

d. Functional organization of personnel. See pars. 321 and 322.

e. Physical arrangement. As in the evacuation hospital (see par. 314 *e*), 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

38 may act as a guide, but in arranging the surgical hospital the following principles are most important:

(1) Only such elements for which a definite need is foreseen are established initially.

(2) Facilities for receiving patients are located adjacent the road from the clearing station.

(3) 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).

(4) Hospitalization units are located adjacent the mobile surgical unit, ward elements proximal to the operating rooms (vans or tents) of the surgical unit, service elements distal to the unit.

(5) Other principles as for the evacuation hospital (see par. 314 e).

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 hospital.* See also par. 314 f. 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 par. 85 c (2) is applicable.

(2) *Erection of tentage.* See also par. 85 c (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 be 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 divisional medical unit regarding future probable and possible movement 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 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. 314 *g* (2). 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 as outlined in above reference.

Personnel for the operation of the receiving department are furnished by the hospitalization unit actually receiving the patients admitted.

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.

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.

The receiving officer not being able to designate a particular ward in all cases, 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.

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. 314 g (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). Postoperative 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. 314 g (4) (e) and (f).

(5) *X-Ray department.* See par. 314 g (5).

(6) *Wards.* 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. Each section operates six wards with a total capacity of 100 patients. 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.

The operation of the wards is similar to that of wards in the evacuation hospital [see par. 314 *g* (8)].

(7) *Deaths*. Due to the type cases handled in the surgical hospital, normally the death rate is high. For procedure in such cases, see par. 314 *g* (9).

(8) *Evacuation of cases*. 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 par. 314 *g* (10) (b).

The unit supply officer is charged with the property exchange.

i. Disposition of patients.

(1) Most 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 materiel to be withdrawn piecemeal and moved to a new location. So long as any non-

transportables remain, personnel and materiel necessary for their care must remain in position, even though this may result in capture.

328. ADMINISTRATION. *a. Personnel.* 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 admissions, evacuations, deaths, etc., are forwarded to the army surgeon as required.

In the event that a unit of the hospital be 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. 315 *b* (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 par. 315 *b* (3).

c. Maintenance of transport. (1) *1st echelon.* By the transport element of each unit.

(2) *Second echelon.* By the transportation group of the mobile surgical unit, or, if the latter be 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.

CHAPTER 12

THE CONVALESCENT HOSPITAL

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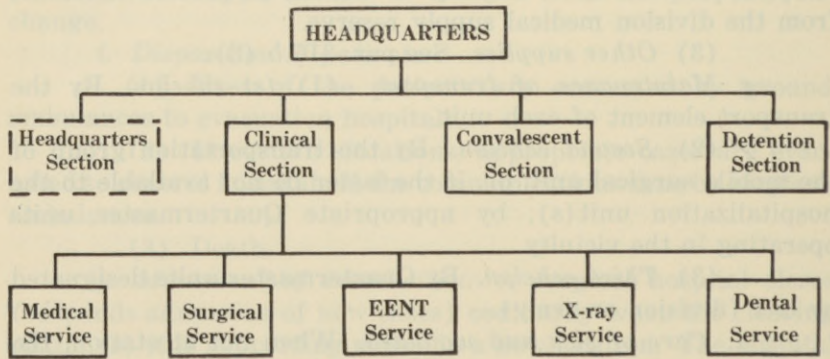


Figure 41: Organization of the Convalescent Hospital

329. ORGANIZATION. See Figure 41. The general organization is designed to permit expansion without serious difficulty to meet unusual requirements.

330. STATUS. The convalescent hospital, an independent unit, is an organic element of the army and is under the direct control of the army surgeon. A *type army* contains *one* such unit.

331. 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 subparagraphs of pars. 336, 337, and 338.

332. COMMAND. See par. 304.

333. HEADQUARTERS. The hospital headquarters consists of the hospital commander (see par. 334), his staff (see par. 335), 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 Figure 41 and subpar. *a*).

a. Headquarters section. A suggested functional organization of a headquarters section follows:

(1) *Detachment headquarters*—One technical (first) sergeant, one sergeant, a bugler, a general clerk, and a typist.

(2) *Hospital headquarters group*—One master sergeant (hospital sergeant major), a staff sergeant (chief clerk), a general clerk, a stenographer, and two typists.

(3) *Unit supply and utilities group*—One technical sergeant (supply), two sergeants, one general carpenter, one general

mechanic, two supply clerks, two typists, and two 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.

(4) *Unit transportation group*—One sergeant, 11 chauffeurs, one auto mechanic, two motorcyclists, and one unrated private first class or private.

(5) *Headquarters mess group*—One sergeant, two bakers, two cooks, two cook's helpers, and two unrated privates first class or privates.

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.

334. **COMMANDER.** See also par. 306. The hospital commander is directly responsible to the army surgeon 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.

335. **STAFF.** The staff comprises the following officers:

a. Executive officer. The executive officer, usually a lieutenant colonel of the Medical Corps, is also the medical inspector. For his duties, see par. 307 *a*.

b. Supply officer. An attached officer of the Quartermaster Corps, usually a captain, functions as the unit (hospital) supply officer. In addition to his supply duties, he also is charged with utilities, transportation, and the duties of fire marshal, and may command the headquarters section (see par. 333).

c. Adjutant. A lieutenant of the Medical Administrative Corps is the adjutant and, in addition, is charged with the duties of the unit personnel and assistant fire marshal (see pars. 307 *b* and 44 *d*, in turn).

d. Chaplain. See TM 2270-5.

336. CLINICAL SECTION. a. *Organization.* The clinical section, primarily, is organized into services. These, with a suggested allotment of enlisted personnel, follow:

(1) *Medical service*—Two officers of the Medical Corps, usually a major and a captain, a chief of service and an assistant, both internists; a technical sergeant (medical technologist), and eight medical technicians.

(2) *Surgical service*—Three officers of the Medical Corps, usually a major, a captain, and a lieutenant, the three being an operating surgeon and chief of service, assistant operating surgeon and assistant chief of service, and anesthetist, respectively; a technical sergeant (medical technologist), and six surgical technicians.

(3) *Eye, ear, nose, and throat service*—Two officers of the Medical Corps, usually a major and a captain, the chief of service and otorhinolaryngologist, and the assistant chief and ophthalmologist, respectively; and two surgical technicians.

(4) *X-Ray service*—An officer of the Medical Corps, usually a captain, specially trained in reontgenology; a staff sergeant and four privates first class or privates (all X-Ray technicians).

(5) *Dental service*—Four officers of the Dental Corps, usually a major, a captain, and two lieutenants, the four being the chief of service and oral surgeon, an assistant chief and prosthodontist, an assistant oral surgeon, and an officer trained in general clinical dentistry, respectively, and four dental technicians.

(6) *Laboratory service and pharmacy*—Two technical sergeants (a laboratory technician and a pharmacist), two sanitary technicians, and three pharmacists from the headquarters section (see par. 333 a). Supervision is exercised by the medical service.

(7) One sergeant and three unrated privates first class or privates form an utility squad and act as replacements and reinforcements for the various services.

b. *Functions.* The clinical section operates the following:

(1) The receiving office of 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.

337. CONVALESCENT SECTION. *a. Organization.* The organization of the section is skeletonized and roughly resembles that of a battalion:

(1) *Section (battalion) headquarters*—a major of the Medical Corps, chief of section (battalion commander), and a captain of the Medical Corps, assistant (adjutant).

(2) *Companies*—cadres for six companies, each consisting of a lieutenant (company commander), a staff sergeant (first sergeant), three sergeants (two platoon and one mess), one corporal (clerk), a chauffeur (operates a company pick-up truck), two cooks, and one or two 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 1800 such patients.

338. DETENTION SECTION. *a. Personnel.* (1) *Officer.* Three officers of the Medical Corps, a major (chief of section), a captain (assistant chief), and a lieutenant.

(2) *Enlisted.* Two technical sergeants (male nurses), two staff sergeants (first sergeant and mess), two sergeants, two corporals, eight cooks, twenty technicians (laboratory, medical, and surgical), and nine unrated privates first class and privates.

b. Functional organization. The cadre divides itself, functionally, into two groups, an *administrative* and a *treatment group*. 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.

339. 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. 310).

340. TRAINING. See par. 311.

341. DRILLS AND CEREMONIES. See par. 312.

342. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* Unit equipment, Convalescent Hospital.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

343. INSTALLATION. *a. Designation.* The unit establishes *one convalescent hospital*.

b. Capacity. The hospital has a normal capacity of 3000 patients and can be expanded to accommodate 5000 for a period not to exceed one week.

c. Location. See also FM 8-15. It is 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. See pars. 333, 336, 337, and 338.

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 X 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 the receiving department with messing facilities for bed patients in the same general vicinity. The detention and convalescent sections containing only ambulant patients, considerable leeway in their 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. 314 *f*). The commander makes such decisions as to the location of the 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 need for same 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 par. 331 *a*.

(2) *Receiving department.* 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. 314 *g*).

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 made to ward or section, 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.

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 (a) returned to their section with recommendations for treatment, or (b) transferred to the clinical section for definitive treatment, or (c) transferred to an evacuation hospital.

(3) *Headquarters.* 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 personnel.

Headquarters maintains liaison with all medical units which are sources of patients, with the army surgeon and his assistants, and with army replacement units.

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) *Sources 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 (EENT, 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.* 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 type(s) of cases, such as an orthopedic company, a respiratory disease company, etc. depending upon the condition from which the patients are convalescing.

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.

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 subpar. (4)].

(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.* The detention section renders care and treatment for venereal cases only.

Patients are received by direct admission or by transfer from the installations of other medical units within the army.

Treatment is definitive and supportive.

Normally, control of patients is facilitated by the organization of companies as in the convalescent section.

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. 308 f.

(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 par. 314 g (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 materiel is withdrawn from service and moved to the 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 location as the patient population decreases in the former and increases in the latter.

344. ADMINISTRATION. *a. Personnel.* All morning reports and other personnel reports and returns are submitted by the hospital headquarters to army headquarters.

b. Supply. See par. 315 *b*.

c. Motor maintenance. 1st 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 is 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 sections being designated as mess officers of the various patients' messes. The supply group draws the rations for all messes.

CHAPTER 13

MEDICAL LABORATORY, ARMY

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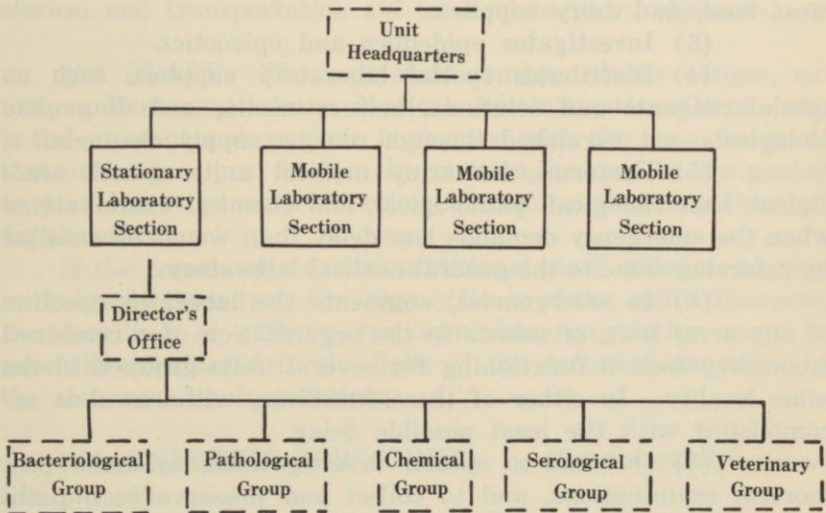


Figure 42: Organization of the Medical Laboratory

345. ORGANIZATION. See Figure 42. *a. General.* The medical laboratory, army, a *mobile* unit, is included in this manual. For the medical laboratory, C. Z., a *fixed* unit, see

FM 8-20.

b. Functional. See Figure 42. Functionally, the unit divides itself into a headquarters, a headquarters section, and four laboratory sections, one *stationary* and three mobile, each capable of independent *laboratory* action. However, insufficient administrative overhead precludes independent action other than of a technical nature.

346. STATUS. The medical laboratory, army, is an organic element of the army, operating directly under the army surgeon or his representative, the army medical inspector.

347. FUNCTIONS. *a. General.* In general, the medical laboratory is designed to provide the army medical service with facilities that are immediately available for laboratory examinations and investigations.

b. Specific. (1) Performs routine water analyses.

(2) Performs special examinations pertaining to meat, 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 same to the general medical laboratory.

(6) In emergencies, augments 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 either of these functions, withdrawal is accomplished with the least possible delay.

(7) Incident to special investigations, to make post mortem examinations, and to collect and preserve such pathological specimens as would be of historical or educational value to The Surgeon General.

348. COMMAND. The unit, medical laboratory, is commanded by the senior officer of the Medical Corps, usually a

lieutenant colonel, assigned thereto and present for duty.

The commander is an officer having had broad training in general laboratory work and epidemiology. He is directly responsible to the army surgeon for the administration, discipline, training, and operations of the unit in all situations.

349. HEADQUARTERS. The headquarters consists of the unit commander, his staff (see par. 350), 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, motorcycleists, chauffeurs, and a typist.

The headquarters is located, invariably, with the basic element of the unit, the stationary laboratory.

The headquarters administers and supplies the unit; operates the unit transport other than the trucks and trailers which move the mobile laboratories; messes the entire unit except when elements are widely separated; and, occasionally, furnishes clerical and transportation aid to the laboratory elements.

350. STAFF. The unit staff consists of one officer, usually a lieutenant of the Medical Administrative Corps, who is the adjutant and, as such, is charged with the usual duties of that office (see par. 44 d). In addition, he may be designated to perform other staff functions, including those of the unit supply officer.

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.

351. ENLISTED PERSONNEL. *a. General qualifications.*
See par. 19.

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 par. 21.

352. 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 par. 8 *d* (1).

d. Specialists.

(1) *Chauffeurs.* Two men from the headquarters section and one from each of the mobile laboratory sections are trained as chauffeurs (see par. 25 *b*).

(2) *Clerk, general.* One man from the headquarters section is trained in the duties of unit clerk (see par. 25 *c*).

(3) *Cooks.* Two men from the headquarters section are trained as cooks [see par. 59 *c* (5)].

(4) *Mess sergeant.* See par. 59 *c* (7).

(5) *Motorcyclists.* Three men from the headquarters section are trained as motorcyclists (see par. 25 *f*).

(6) *Stenographer.* One man from the director's office is trained in the general duties of a stenographer [see par. 366 *d* (12)] and, in addition, is taught laboratory terminology, laboratory abbreviations, and the preparation of laboratory reports.

(7) *Technicians, laboratory.* (*a*) *Noncommissioned.* One master, four technical, two staff, and six sergeants are trained as laboratory technicians. In addition to being trained in the 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 a general hospital 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.* Eleven privates first class or privates are 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; principles and practice of asepsis and sterilization; the obtaining of specimens, such as nasal, throat, blood, urethral smears, and water samples; methods of catching 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 subpar. (a)].

(8) *Typist*. One man from the headquarters section is trained as a typist. He must have proficiency 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 forty words per minute after having deducted for all errors.

e. Group. Group training is applicable to the chauffeurs, cooks, motorcycleists, and laboratory technicians.

f. Unit. (1) *General*. Since the unit is composed of four laboratories, any or all of which will function separately in the field, much of the unit training will be by technical element.

(2) *Technical*. The establishment and operation of the laboratories, stationary and mobile, in integral trailers 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*. The unit tactical training is limited to anti-aircraft protection, selection of sites for installations, concealment and camouflage.

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.

353. EQUIPMENT. *a. Individual*. See par. 29.

b. Organizational. (1) *Medical.* See Unit Equipment, Medical Laboratory, Army or Communications Zone, Medical Department Basic Equipment Lists.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

354. INSTALLATIONS. The unit is capable of establishing and operating one stationary and three mobile laboratories, the former being the basic and the latter auxiliary elements.

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.

a. The stationary laboratory. (1) *Location.* The stationary laboratory, together with the unit headquarters is located well to the rear of 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 that of 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) *Director's office.* For purposes of internal laboratory administration, a director's office is constituted as follows: a director (either the *unit* commander or another officer designated by him); an assistant, the first lieutenant, Medical or Sanitary Corps; the master sergeant (sergeant major); one technical sergeant; one sergeant; and four privates first class or privates, one stenographer, one laboratory technician and two 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: a major, Medical Corps; one staff sergeant; one sergeant; and one private first class or private.

(c) *Pathological group.* Personnel specially trained in pathology: one major, Medical Corps; one sergeant; and one private first class or private.

(d) *Chemical group.* Personnel specially trained in biochemistry, water chemistry, and toxicology: one captain, Medical or Sanitary Corps; one staff sergeant; one sergeant; and one private first class or private.

(e) *Serological group.* Personnel specially trained in serology: one captain, Medical or Sanitary Corps; one sergeant; and one 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: one major, Veterinary Corps; one sergeant; and two privates first class or privates.

(3) *Physical arrangement.* The arrangement of the various groups within the laboratory will depend upon the interior arrangement and the plumbing and lighting facilities within the building or 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 the following sources:

i. From the laboratory sections of army medical units.

ii. From the army medical inspector or his assistants.

iii. From one of the mobile laboratories operating apart from the stationary laboratory.

iv. Other sources designated by the army surgeon.

(b) *Procedure at the laboratory.* All requests for laboratory procedures are routed to the director's office where

they are disposed as follows:

i. Approved and sent to the appropriate functional group, or;

ii. Forwarded to the office of the army surgeon for transmittal to appropriate laboratory in the communications zone for action.

(c) *Reports of examinations.* The examination being completed, copies of reports are disposed as follows:

i. One copy filed in the office of the director.

ii. One copy to the unit submitting the request—routinely, through the message center, or, in emergencies, by motorcycle courier.

b. *The mobile laboratory.* (1) *General.* The unit contains three *mobile* laboratories, each capable of *independent technical operations*. As implied by the designation, the mobile laboratory moves and operates in its integral transport—one truck tractor, 2½-ton, and one semi-trailer laboratory. Routinely, it remains under the control of and is administered by the unit. However, when operating at a considerable distance from the basic element, it is attached, for rations only, to an adjacent unit.

(2) *Personnel.* The personnel of each mobile laboratory include: one captain, Medical Corps; one technical sergeant, and three privates first class or privates, one chauffeur and two laboratory technicians. This group is trained in general laboratory procedures and, if the mission indicates, is augmented by certain appropriate specialists from the stationary laboratory.

(3) *Operations.* Upon receiving a directive from the unit commander, the officer in charge studies the mission, makes an estimate of the situation, requests special supplies and 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. All procedures may be performed in the mobile laboratory or certain portions may be returned to the stationary laboratory for more elaborate execution if so indicated. The laboratory moves 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.

During intervals between independent missions, the mobile laboratory personnel are utilized in the stationary laboratory at the discretion of the unit commander.

355. ADMINISTRATION. The unit has internal administrative responsibilities comparable to those of a company. These devolve upon the unit commander and his headquarters.

In addition, the unit is charged with the internal administration of the laboratory installations which it establishes. These, also, devolve upon the unit commander, if acting in the capacity of laboratory director, or upon an assistant delegated by the commander.

If elements of the unit operate separately, all administrative overhead remains at the unit headquarters (vicinity of the stationary laboratory).

Supplies, in general, 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 requisitions may or may not be necessary in obtaining such special items.

CHAPTER 14

MEDICAL SUPPLY DEPOT, ARMY

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356. ORGANIZATION. See also T. of O. 8-235. *a. Orientation.* The medical supply depot, army, 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.

Both the medical supply unit and the installation which it establishes are termed—*depot*. For academic purposes and 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 Figure 43. The following is a suggested functional organization of the unit: (see also appropriate

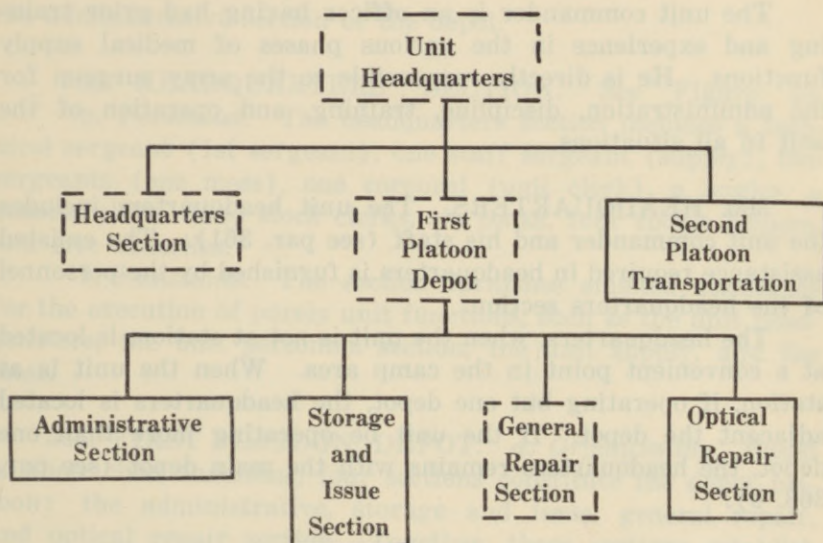


Figure 43: Organization of the Medical Supply Depot

paragraphs) 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).

357. STATUS. The medical supply unit (depot) is an organic element of the army, operating directly under the army surgeon.

358. 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.

359. COMMAND. The medical supply unit (depot) is commanded by the senior officer of the Medical Corps, usually a lieutenant colonel, assigned thereto and present for duty.

The unit commander is an officer having had prior training and experience in the various phases of medical supply functions. He is directly responsible to the army surgeon for the administration, discipline, training, and operation of the unit in all situations.

360. HEADQUARTERS. The unit headquarters includes the unit commander and his staff (see par. 361). The enlisted assistance required in headquarters is furnished by the personnel of the headquarters section.

The headquarters, when the unit is not at station, is located at a convenient point in the camp area. When the unit is at station, if operating but one depot, the headquarters is located adjacent the depot. If the unit be operating more than one depot, the headquarters remains with the main depot (see par. 368. b).

361. STAFF. *a. Executive officer.* The executive is an officer of the Medical Corps, usually a major, with considerable experience and training in the procurement and handling of medical supplies. (For routine duties see par. 44. b).

b. Adjutant. The adjutant is an officer of the Medical or the Medical Administrative Corps, usually a lieutenant (for duties see par. 44. d). In addition to handling the routine duties of his office, he may be designated *unit personnel officer* (see par. 307 d).

c. Unit supply officer. The unit supply officer is an officer of the Medical or the Medical Administrative Corps, usually a captain. The same officer usually is 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 and Veterinary Corps, usually majors, 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.

362. HEADQUARTERS SECTION. See Figure 43.

a. Personnel. The headquarters section includes a technical sergeant (1st sergeant), one staff sergeant (supply), two sergeants (one mess), one corporal (unit clerk), a bugler, a general clerk, three stock clerks, six cooks, four cook's helpers, and five 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.

363. 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 section. 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, usually a major, 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. 368 *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 one officer of the Medical Corps, usually a lieutenant, one master sergeant (chief clerk), one staff sergeant (clerk, records), one sergeant and one corporal (clerks, stock), two general clerks, one stock clerk, one stenographer, four typists, and four basic privates first class or privates.

(2) *Functions.* (*a*) To initiate the procurement, by requisition or purchase order, of all medical supplies not furnish-

ed automatically.

(b) To prepare and render, 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) To report 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) To maintain the depot stock record account.

(e) To furnish 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 one captain, Medical Corps, three lieutenants, Medical or Medical Administrative Corps, three technical sergeants (two stores keepers, one medical and one veterinary, and one stock clerk, shipping), five staff sergeants (three assistant stores keepers, one stock clerk, shipping, and one clerk, records), four sergeants (one section leader and three stock clerks), one corporal, ten carpenters, general, one general clerk, four stock clerks, one stenographer, four typists, sixty three shipping packers, and fourteen 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 store room records, reports, and returns [see subpar. c (2) (e)]. This section furnishes the nuclei for detachments operating auxiliary depots (see par. 368 c).

e. General repair section. (1) *Personnel.* The section includes one staff sergeant (instrument repairer), one sergeant (photographer X-Ray and repairer of X-Ray apparatus), one sergeant (instrument repairer), one sergeant (section leader), one corporal, one general carpenter, one instrument repairer, one general machinist, two electric plant operators, and four 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 one captain and two lieutenants, Sanitary Corps, (opticians), one technical, two staff, and three sergeants (opticians), one corporal (optician), eight surfacing and eight 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 trucks, 2½-ton, cargo, furnish the transportation for the special equipment of the section.

364. SECOND PLATOON, TRANSPORTATION. *a. Personnel.* The platoon includes one sergeant (platoon leader), one corporal (truckmaster), ten chauffeurs, 2 motorcyclists, one auto mechanic, and four 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.

365. 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. 19).

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 speciality. 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 in the latter category.

c. Noncommissioned officers. In addition to the general qualifications (see par. 21), the majority of the noncommissioned officers of the unit must possess knowledge of the technical specialties applicable to the unit's functions (see subpar. b).

366. 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. 361 *c*), 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 three individuals:

(1) *The detachment commander*—of the 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) *The commander, first platoon, depot*—of all specialist and group training of the optical repair section.

(3) *The unit commander*—of all unit training.

c. Individual. See par. 8 *d* (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*, are 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) *Chauffeurs.* See par. 25 b.

(3) *Clerks.* (a) *The chief clerk* is trained in the preparation and maintenance of all supply reports, records, and returns utilized in the operation of the depot.

(b) *Clerks, general*, (see par. 25 c) are not only trained in general clerical work but also in the preparation of the simpler records and returns pertaining to medical supply.

(c) *The clerk, headquarters*, is trained in the duties of detachment clerk (see par. 25 c).

(d) *Clerks, record*, are trained in the maintenance of stock record accounts (numbering and filing of vouchers, arrangement and posting of stock record cards, etc.) and other supply records applicable to field usage.

(e) *Clerks, stock*, are 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 the checking of incoming shipments and the rapid filling and checking of issues to consuming units.

(f) *Clerks, stock (shipping)*, are trained in the accomplishment of shipping tickets, invoices, and similar supply forms.

(4) *Cooks.* See par. 59 c (5).

(5) *Instrument repairers* are 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.

(6) *The machinist, general*, is 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.

(7) *Motorcyclists*. See par. 25 f.

(8) *Mess sergeant*. See par. 59 c (7).

(9) *Orderlies*. See par. 25 f.

(10) *Photographer (repairer)*, *X-Ray*, is trained in the following: 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.

(11) *Stores keepers and assistant stores keepers* are trained in the storage, care, and issue of medical supplies. One individual is specially trained in the field of veterinary supplies.

(12) *Stenographers* are trained in the following: 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.

(13) *Supply sergeant (unit)*. See par. 59 c (10).

(14) *Truckmaster* is trained in the following: the duties of a chauffeur (see par. 25 b); 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.

(15) *Typists*. The training of typists is similar to that the stenographers [see subpar. (12)] except that the taking and transcribing of dictation is omitted.

(16) *Shipping packers* are trained in 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.

(17) *Mechanic, auto.* See par. 59 c (6).

(18) *Electric plant operators* are trained in the following: the 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.

(19) *Optical specialists* are 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.

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 is not available.

367. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* Unit Equipment, Medical Supply Depot, Army.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

368. 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* (*sec-*

tion) depot. Ordinarily, the unit establishes and operates but one *main* depot but may operate, in addition, one or two *auxiliary* depots.

b. *The 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.* In the ideal situation, the depot is established in permanent or semi-permanent 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 the former.

The arrangement of the depot within the larger building follows: in one end is established the depot office (administrative section); adjacent the office, and occupying the bulk of the central portion of the building, are stored the supplies (storage and issue section); and the remainder of the building is 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.

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, of course, 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 par. 363 c.

(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) A *receiving and storage* group operates in that portion of the depot adjacent 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) An *issue* group, 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.* The repair department may, if considered desirable, be divided into a general, an instrument, and an optical repair group, each functioning as implied by the designation.

(7) *Establishing the depot.* 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, proceeds to the site and surveys 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.

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 supplies are procured from the next higher medical supply echelon, usually in the communications zone, by one of the following methods:

i. 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 stockage of the army depot at a prescribed level (usually ten days).

ii. By formal requisition, which must be approved by the higher echelon.

iii. In emergencies, by informal request, which also must receive the approval of the higher echelon.

iv. 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 Theater and assures an equable distribution of the supply on hand.

(b) Stockage. Army medical depots, according to the policy established by the Chief Surgeon, endeavors to maintain a stockage 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 Theater and from the communications to the combat zone, such period may vary from three to ten 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 be operating one or three installations, but one stock record account is maintained (for exception see subpar. *e*). In situations other than combat, accomplished shipping tickets become vouchers for the 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:

i. 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.**

ii. 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 such establishment. On depot records, such shipments are handled as though they had actually passed through the depot.

iii. 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: *i.* during shipment to the depot or *ii.* 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 in one of the following ways:

i. Repaired and returned to the storage and issue department.

ii. Repaired and returned to the supply officer requesting such repair.

iii. Reported to the depot office as non-salvageable and being held for survey (if such formality be necessary).

iv. Returned to higher supply echelon for disposition.

(9) Movement of depot. Any displacement of the depot, forward or backwards, in its entirety, disrupts its functional capacity. Therefore, movement is accomplished as follows:

(a) A portion of the unit [see subpar. *c* (2)], 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 stockage 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 con-

tinuous 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—one officer, one staff sergeant (assistant stores keeper), one sergeant (stock clerk), twenty-seven privates first class or privates (two carpenters, one typist, twenty-one shipping packers, and three basics); from the headquarters section—four privates first class or privates (one stock clerk, two cooks and one cook's helper); from the administrative section—one private first class or private (general clerk); and from the second platoon—one chauffeur. Such a group totals one officer and thirty-five men and is capable of independent operation only when closely supported by the remainder of the unit. If the auxiliary depot be 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 subpar. b (8) (a)].

(b) *Stockage.* The minimum amount of supplies, compatible with the situation, is stocked.

(c) *Issue.* See subpar. b (8) (d).

369. ADMINISTRATION. The unit has internal administrative responsibilities comparable to those of a company. These devolve upon headquarters and the headquarters section.

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 15

THE VETERINARY EVACUATION HOSPITAL

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370. ORGANIZATION. See Figure 44.

371. STATUS. The veterinary evacuation hospital is an independent GHQ unit, under the direct control of the Chief Surgeon (his assistant, the Chief Veterinarian).

Although the *type army* contains no veterinary evacuation hospital, when the number of animals within *an army* renders it judicious, one or more such units are included in its veterinary service, the operations of such *attached* units being under the direct control of the army surgeon (his veterinary assistant).

Similarly, a veterinary evacuation hospital, operating within the communications zone, is placed under the control of the surgeon of that zone.

372. FUNCTIONS. *a. General.* Veterinary evacuation hospitals, operating within the combat zone, are designed—

(1) To relieve the lower echelons of veterinary service (veterinary aid and clearing stations) of their animal casualties.

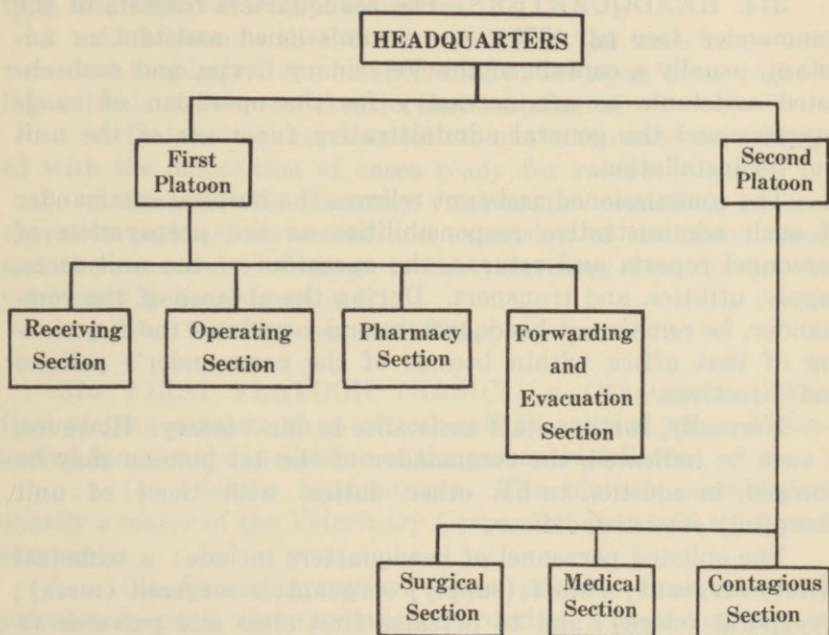


Figure 44: Organization of the Veterinary Evacuation Hospital

(2) To furnish definitive treatment to short-duration cases.

(3) To continue the sorting of animal casualties, returning to duty such as recover within a reasonable period of time.

(4) To prepare appropriate cases for further evacuation to the rear by common carrier (stock cars), lead line, or animal ambulance.

(5) To destroy such cases as are non-salvageable or whose salvaging would prove uneconomical.

b. Special. For functions of the various components, see pars. 376 and 377.

373. **COMMAND.** The unit is commanded by the senior officer of the Veterinary Corps, usually a lieutenant colonel, assigned thereto and present for duty. See also par. 375.

374. HEADQUARTERS. The headquarters consists of the commander (see par. 375), one commissioned assistant or adjutant, usually a captain 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.

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.

Normally, further staff assistance is unnecessary. However, if such be indicated, the commander of the 1st platoon may be charged, in addition to his other duties, with those of unit (hospital) executive officer.

The enlisted personnel of headquarters include: a technical (first) sergeant; a staff (supply) sergeant; a sergeant (mess); a corporal (clerk); and 14 privates first class and privates (a bugler, four chauffeurs, two clerks, two cooks, a cook's helper, a general mechanic, a motorcyclist, an orderly, and a saddler and harness maker).

The headquarters invariably remains with the unit, whether in camp, bivouac, or at station.

375. UNIT COMMANDER. The unit being attached to an army, the commander thereof is responsible to the army surgeon (through the army veterinarian) for the administration and operations of the unit. Specifically, his duties include:

a. The exercise of general supervision over both the administrative and technical departments of the hospital.

b. The transfer of personnel, within the unit, to meet unusual situations.

c. The maintenance of liaison with the commander of the veterinary company, separate, 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 be operating in the army area, regarding animals to be evacuated to that installation.

e. Liaison with representatives of the remount unit charged with the disposition of 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 par. 379.

376. FIRST PLATOON (BASIC). a. *Organization*. The first platoon consists of an officer and 28 enlisted men. A suggested functional distribution of the personnel follows:

(1) *Platoon headquarters*. The platoon commander, usually a major of the Veterinary Corps, and one staff (platoon) sergeant.

(2) *Receiving section*. Seven privates first class and privates (a clerk, three ambulance orderlies, a stable orderly, a veterinary technician, and one 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 nine privates first class and privates (five veterinary surgical technicians, one veterinary technician, one horseshoer, one clinical horseshoer, and one unrated).

(4) *Pharmacy section*. One sergeant (veterinary pharmacist) and three privates first class or privates (two veterinary pharmacists and one unrated).

(5) *Forwarding and evacuation section*. Six privates first class or privates (three ambulance orderlies, one stable orderly, one veterinary technician, and one 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. 382 g (6)].

(2) *Receiving section.* This section carefully examines, classifies, and distributes, within the installation, all incoming animal casualties. It maintains and operates a property exchange. For duties pertaining to casualty records, see par. 382 g (2).

(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 on a ward, or immediately prior to evacuation. In addition, the section is charged with the destruction and supervision of disposition of appropriate cases.

(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, or the remount personnel, in attaching the animals to lead lines or in loading them aboard veterinary ambulance or other transport.

377. SECOND PLATOON (WARD). *a. Organization.*

(1) *Platoon headquarters.* The platoon commander, usually a captain of the Veterinary Corps, a staff (platoon) sergeant, a clerk, an orderly, and one 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 sub-

par. (1)], one sergeant (section sergeant and wardmaster), two corporals (assistant wardmasters), and eleven privates first class and privates (four veterinary surgical and two veterinary technicians, four stable orderlies, and one unrated).

(3) *Medical section.* The section commander, usually a captain of the Veterinary Corps, a sergeant (section sergeant and wardmaster), two corporals (assistant wardmasters), and twelve privates first class and privates (seven veterinary technicians, four stable orderlies, and one unrated).

(4) *Contagious section.* The section commander, usually a lieutenant of the Veterinary Corps, a sergeant (section sergeant and wardmaster), two corporals (assistant wardmasters), and seven privates first class and privates (two veterinary technicians, four stable orderlies, and one unrated).

b. Functions. The platoon is charged with the care and treatment, other than specialized procedures as are performed by the operating section of the first platoon [see par. 376 *b* (3)], of all animal casualties admitted to the hospital.

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.

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.

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: (1) the number of animals in each ward and section, grouped by type, i. e., medical, surgical, contagious, etc; (2) the number of animals ready for evacuation or return to duty; and (3) the number of animals for which space and facilities are available (also by ward and section).

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. 382 *g* (3)].

378. ENLISTED PERSONNEL. See par. 294, substitut-

ing hospital for company and veterinary evacuation hospital for veterinary company, separate, in the context of the paragraph.

379. 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 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 proper objectives. Group training is managed by platoon commanders, unit training by the hospital commander.

c. Scope. (1) *Of individual training.* See par. 295 *c.* (1).

(2) *Of specialist training.* (a) *Bugler.* See par. 71 *c.* (1).

(b) *Chauffeurs.* See par. 25 *b.*

(c) *Clerks.* The corporal in the hospital headquarters is trained in the duties of company clerk (see par. 25 *c.*), 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. 382 *g.* (6)].

The clerk assigned to the first platoon is trained in the checking, preparation and disposition of M D Forms 115 *b.*, the recording of hospital admissions, and the preparation of the Veterinary Report of Sick and Wounded Animals [see par. 382 *g.* (6)].

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; in the preparation of reports rendered by the various wards and sections (see par. 377 *b.*).

(d) *Cooks.* See par. 71 *c.* (4).

(e) *Horseshoer.* See par. 268 *c.* (2) (f).

(f) *Horseshoer, clinical*. See par. 142 c (3).

(g) *Mechanic, general*. See par. 366 d (6).

(h) *Mess sergeant*. See par. 119 c (8).

(i) *Motorcyclist*. See pars. 25 f and 119 c (9).

(j) *Orderlies*. Orderlies are also trained as messengers (see par. 25 f).

(k) *Orderlies ambulance (horse)*. See par. 142 c (10).

(l) *Orderlies, stable*. Four 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.

(m) *Pharmacists, veterinary*. See par. 142 c (11).

(n) *Saddler and harness maker*. See par. 268 c (2) (j).

(o) *Technicians, surgical veterinary*. See par. 142 c (14).

(p) *Technicians, veterinary*. See par. 25 j.

(q) *Wardmasters and assistants*. Trained in ward administration and in other duties similar to those of a stable sergeant [see par. 268 c (2) (k)].

(3) *Of group training*. 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.

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) *Of unit training*. 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, is 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) *Of combined training.* 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, i. e., the movement, establishment, and actual operation of the unit installation.

380. 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.

381. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* See Basic Equipment List for Veterinary Evacuation Hospital, Medical Department, dated November, 1940.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

382. 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:

(1) The location of the animal population of the army.

(2) The location and operations of the army cavalry.

(3) The location of the installations of the first and second echelons of veterinary service.

(4) The proximity of a railroad with siding facilities for a stock train and the installation of the army remount unit (if any). It is advantageous to evacuate animal casualties by the same stock cars being utilized to bring forward animal replacements.

(5) Such requirements as water, pasturage, and existing shelter common to all veterinary installations, are to be considered.

(6) Motor roads from forward installations and to the veterinary convalescent hospital and remount depot.

d. Functional organization of personnel. See pars. 374, 376, and 377.

e. Physical arrangement. No conventional arrangement is prescribed. The following principles should be followed, whenever possible.

(1) The receiving department and the hospital headquarters are located on the road leading from the front.

(2) The operating section establishes its facilities adjacent the receiving department.

(3) The wards established by the surgical section should be adjacent the operating section.

(4) The 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*, i. e., 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 proper equipment therein. Such commanders proceed at his command and notify him promptly when their respective departments are ready for operation.

g. Operation. (1) *Headquarters.* The unit being at station, the personnel of headquarters coordinate all activities of the hospital; make such changes in personnel distribution as may be indicated; operate all *service* facilities; arrange with the army veterinarian for evacuation of animals to veterinary convalescent and veterinary general hospitals, for any movement of the installation, and for equipment for possible expansion; arrange with appropriate remount units for the taking over, *at the hospital*, of animals fit for return to duty; and maintain 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.

(2) *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:

(a) *For animals already tagged.* The attachment of the original Emergency Veterinary Tag (W. D., M. D. Form 115 b) to the animal's halter is verified. The duplicate Form 115 b 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 be obtainable either from the delivering personnel or from an examination of the animal. Pertinent data is abstracted from the E. V. T. and entered in a *log of animal casualties* admitted to the installation. The animal,

with the original E. V. T. 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 the receiving department.

(b) *For animals not tagged.* A form 115 b is initiated, the original attached to the animal's halter, the log entry made, and the duplicate sent to the 1st platoon headquarters. The triplicate is filed, either in the receiving department or in the headquarters of the first platoon as a permanent record.

(c) *For animals admitted directly to the contagious section.* The procedure is the same, except that receiving personnel check or initiate such records *on the ward* of the contagious section rather than in the receiving office.

(3) *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 E. V. T. is removed from the animal, when the latter is taken over by the personnel of the forwarding and evacuation 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 E. V. T. 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 as in subpar. (a).

(4) *The 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, e. g., pathological shoeing. The operation section is charged also with the destruction of non-salvageable animals.

(5) *The 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.

(6) *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 Form 115 b of every animal admitted to the hospital.

(a) *Disposal of duplicate Forms 115 b.*

i. *Animals destroyed or returned to duty.* The duplicates are completed and enclosed with the next Veterinary Report of Sick and Wounded Animals [see subpar. (c)].

ii. *Animals transferred.* From information furnished by the various wards, duplicate Forms 115 b for animals being transferred to other veterinary installations are withdrawn from file, proper entries made pertaining to date and the unit receiving the evacuated animals, and the forms enclosed in envelope(s) and delivered to the officer or senior noncommissioned officer in charge of the evacuating element.

(b) *Disposal of original Form 115 b.* The original E. V. T.s' of animals destroyed or returned to duty are delivered to the animal casualty office where, after any pertinent data is abstracted, such records are 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, prepares for the commander a monthly Veterinary Report of Sick and Wounded Animals on W. D., M. D. Form 102. The report is prepared in triplicate, one copy being forwarded direct to the Chief Surgeon (Chief Veterinarian), one to the army surgeon (his veterinary assistant), if operating with an army, and a third retained for file within the hospital. Each report is accompanied by the duplicate Forms 115 b of all cases completed (by death or

return to duty) during the month. The Second and Third Sections of Form 102 may be submitted more frequently if so directed by higher authority. (For further details, see AR 40-2245.)

(d) *The hospital log of animal casualties*, initiated in the receiving department, 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. All cases admitted to the veterinary evacuation hospital are disposed in one of the following ways:

(1) Transfer to the veterinary convalescent hospital of such cases as require no further definitive treatment, are not fully recovered from illness or injury, but which, within a reasonable period of time, will be able to return to duty.

(2) Transfer to a veterinary general hospital of such salvageable animals as will require a long period of definitive treatment.

(3) Return to duty—either directly to the unit to which the animal belonged prior to hospitalization or to the remount depot. In either case, the responsibility of the hospital ends when the animal is turned over, at the hospital, to appropriate unit (depot or otherwise) personnel.

(4) Death.

i. Movement of the installation. See par. 343 *h*, substituting *animal casualties* for *patients* and *animal* for *patient* in the context of that subparagraph.

383. 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 par. 282 g (6).

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 quartermaster 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.

CHAPTER 16

THE VETERINARY CONVALESCENT HOSPITAL

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384. ORGANIZATION. See Figure 45.

385. STATUS. The veterinary convalescent hospital is an independent GHQ unit, under the direct control of the Chief Surgeon (his assistant, the Chief Veterinarian).

The *type army* contains no such unit, nor seldom will the animal strength within *an army* justify its attachment. However, if so attached (never more than one unit), its operations are under the direct control of the army surgeon (his veterinary assistant).

A veterinary convalescent hospital when located in the forward portion of the communications zone, if receiving animal casualties from the veterinary installations of *but one army*, usually is under army control; if receiving animals from the veterinary installations of *more than one army*, it is under communications zone control.

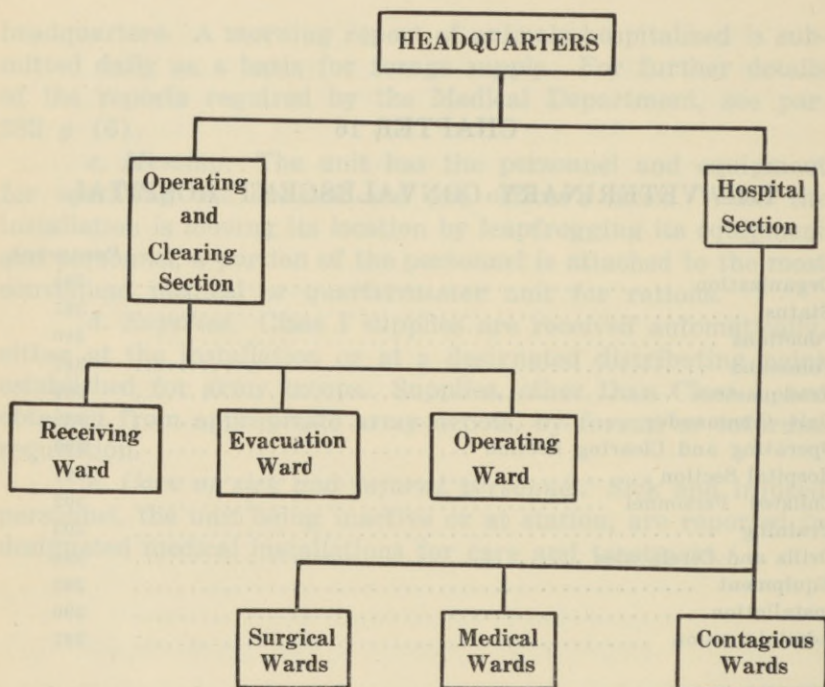


Figure 45: Organization of the Veterinary Convalescent Hospital

386. FUNCTIONS. *a. General.* Veterinary convalescent hospitals, operating within the combat zone or in the forward portion of the communications zone, are designed—

(1) To furnish care for such salvageable animals as require no further active treatment in a veterinary evacuation hospital but that are not yet ready for full duty.

(2) To furnish definitive treatment for short-duration cases brought to the hospital from the installations of the first echelon veterinary service operating in the vicinity.

(3) To prepare appropriate cases, brought to the hospital by the attached veterinary personnel of units operating in the vicinity, for further evacuation.

b. Special. For functions of the various components, see pars. 388, 390, and 391.

387. COMMAND. The unit is commanded by the senior

officer of the Veterinary Corps, usually a lieutenant colonel, assigned thereto and present for duty (see also par. 389).

388. HEADQUARTERS. *a. Personnel.* (1) *Officer.* The commander (see par. 389); and two commissioned assistants, one an officer of the Veterinary Corps, usually a lieutenant, the other an officer of the Medical Corps, usually a captain.

(2) *Enlisted.* The enlisted personnel of headquarters, including seven noncommissioned officers and thirty-three privates first class and privates, 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 subpar. *b*).

b. Headquarters section. A suggested functional distribution of the enlisted personnel follows:

(1) *Section headquarters group.* A technical (first) sergeant, a corporal (clerk), a bugler, and an orderly.

This group furnishes the office personnel for the detachment (hospital personnel) commander.

(2) *Hospital headquarters group.* One master sergeant (sergeant major), one clerk (personnel), one stenographer, and a 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, two general carpenters, one receiving and shipping clerk, one saddle and harness maker, and a 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 a motorcycle) of the hospital and furnishes limited care and maintenance for same.

(5) *Mess group.* A sergeant (mess), six cooks, and four cook's helpers.

This group operates one officers and two (or three) enlisted messes.

(6) *Medical dispensary group.* A sergeant (medical technician), and six privates first class and privates (one medical, four sanitary, and one 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 par. 389).

(2) *His 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 (e.g. mess, supply, transportation, etc.) as the commander deems fit to assign him.

(3) *His medical assistant.* The captain, Medical Corps, with the personnel of the medical dispensary group [see subpar. b (6)], renders professional care and treatment for sick and injured 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.

389. **UNIT COMMANDER.** The unit commander is responsible to the Chief Surgeon (through the Chief Veterinarian) 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 surgeon thereof (through his veterinary assistant) for the operations of the unit while so attached.

During the operation of the installation, his functions are:

a. General supervision over all departments, administrative and technical, of the hospital.

b. The transfer of personnel, within the unit, to meet unusual situations.

c. The maintenance of liaison with:

(1) The 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.

(2) The commanders of veterinary evacuation hospitals regarding animal casualties being or to be evacuated therefrom to the convalescent hospital.

(3) The commander of remount units designated to take over animals ready for duty.

(4) The commander of veterinary evacuating element(s) functioning within the same area.

d. Makes such reports and returns, routine and otherwise, concerning personnel and animal casualties within the installation as may be required by higher authority.

390. OPERATING AND CLEARING SECTION. *a. Organization.* The section consists of two officers and 87 enlisted men. The organization of the section and a suggested distribution of its personnel follow:

(1) *Section headquarters.* The personnel include: the section commander, an officer of the Veterinary Corps, usually a major; a staff (section) sergeant; a corporal (clerk); and four privates first class and privates (a general clerk, a typist, an orderly, and one unrated).

The section headquarters supervises and controls all the elements of the section and, in addition, is the *office of record for animal casualties*.

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 subpar. (1)]; one sergeant; eleven privates first class and privates (two veterinary pharmacists, four laboratory technicians, two veterinary technicians, two veterinary surgical technicians, and one unrated).

(3) *Evacuation wards.* The personnel include: the officer in charge (the section commander); one sergeant (wardmaster); three corporals (assistant wardmasters); and 49

privates first class and privates (six horseshoers, ten stable orderlies, nine ward orderlies, two veterinary surgical technicians, sixteen veterinary technicians, and six unrated).

(4) *Operating department.* The personnel include: one officer of the Veterinary Corps, usually a captain; one sergeant; and fifteen privates first class and privates (thirteen veterinary surgical technicians and two clinical horseshoers).

b. Functions. (1) *Section headquarters.* See subpar. a (1).

(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. 391).

(4) *Operating department.* The functions of this department are analogous to those of the operating section of the veterinary evacuation hospital [see par. 376 b (3)].

391. HOSPITAL SECTION. *a. Organization.* The section consists of five officers and 126 enlisted men. The organization of the section and a suggested distribution of its personnel follow:

(1) *Section headquarters.* The personnel include: one officer of the Veterinary Corps, usually a captain; one staff (section) sergeant; and seven privates first class and privates (three teamsters, one orderly, and three unrated).

The section commander, in addition to his other duties as such, assumes direct charge of one of the ward services, usually the surgical.

(2) *Surgical wards.* The personnel include: two officers of the Veterinary Corps, one captain and one lieutenant [see subpar. (1)]; one sergeant (wardmaster); three corporals (assistant wardmasters); and 40 privates first class and privates (six ward orderlies, eight veterinary surgical technicians, 22 stable orderlies, and four unrated).

(3) *Medical wards.* The personnel include: two officers of the Veterinary Corps, usually a captain and a lieutenant; one sergeant (wardmaster); three corporals (assistant wardmasters); and 38 privates first class and privates (six ward orderlies, six veterinary technicians, 22 stable orderlies, and four unrated).

(4) *Contagious wards.* The personnel include: one officer of the Veterinary Corps, usually a lieutenant; one sergeant (wardmaster); one corporal (assistant wardmaster); and 30 privates first class and privates (six ward orderlies, four veterinary technicians, 16 stable orderlies, and four 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. 377 b).

392. ENLISTED PERSONNEL. See par. 294, substituting *hospital for company* and *veterinary convalescent hospital for veterinary company, separate*, in the context of that paragraph.

393. 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. 379 making appropriate substitutions in terminology as indicated).

394. DRILLS AND CEREMONIES. See par. 380.

395. EQUIPMENT. a. *Individual.* See par. 29.

b. *Organizational.* (1) *Medical.* See Unit Equipment List for Veterinary Convalescent Hospital, Medical Department.

(2) *Other than medical.* See War Department Table of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

396. INSTALLATION. a. *Designation.* The unit establishes *one veterinary convalescent hospital*.

b. *Capacity.* The hospital has a normal capacity of 1000 animals, but may be expanded, in an emergency, to care for approximately 2000 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 pars. 388, 390, and 391.

e. Physical arrangement. The principles outlined in par. 382 *e* for the veterinary evacuation hospital are applicable.

f. Establishing hospital. See par. 382 *f*.

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.

(*c*) Remount installations in the vicinity.

(2) *Hospital headquarters.* 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.

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. He arranges with remount units for the removal from the installation of 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.* The receiving department examines, admits, classifies, and assigns to wards all animals brought to the hospital and for which hospitalization is indicated. Forms 115 *b* are checked or initiated, and disposed as outlined in par. 382 *g* (2), except that the 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.

The majority of the animals admitted go directly to the various wards operated by the hospital section. A few animals, in 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 par. 382 g (6).

(c) *Evacuation wards.* 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.

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.

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 par. 382 g (4).

(4) *Hospital section.* See par. 382 g (3).

h. Disposition of animal casualties. All cases admitted to the veterinary convalescent hospital are disposed in one of the following ways:

(1) Animals which have recovered completely and are fit for duty are turned over, at the hospital, to the personnel of the units to which they belong or to the personnel of a remount unit.

(2) Animals which recover and are unfit for duty, or for which more elaborate treatment is indicated than is available at the convalescent hospital, are transferred routinely to a veterinary evacuation hospital. In certain situations, such cases

may be transferred to a veterinary general hospital, but this procedure is to be regarded as the *exception*.

(3) Death.

i. Movement of hospital. See pars. 382 *i* and 343 *h*, in turn.

397. ADMINISTRATION. *a. Personnel.* See par. 383 *a*.

b. Animals. See par. 383 *b*, substituting *operating and clearing for first* in the context of that subparagraph.

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 leapfrogging its equipment and personnel, all elements continue to be messed by the unit.

d. Supplies. See also par. 383 *d*. If the hospital be operating in the communications zone, supplies are obtained from appropriate distributing points (for Class 1 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 warrants, are transferred to other medical installations in the vicinity (evacuation or convalescent hospital).

CHAPTER 17

THE HOSPITAL TRAIN

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398. GENERAL. *a. Hospital train.* (1) *Cross references.*
FM 8-35 and FM 100-10.

(2) *Definitions.*

(a) *The 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) *The hospital train, a 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) *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.*

(d) *The Hospital Unit Car* is a standard Pullman car, the interior of which has been altered, according to plans and specifications approved by the Medical Department, to pro-

vide cooking facilities, a dressing and operating room, an office, and quarters for officers.

(3) *Classification.* (a) A *type train* consists of a locomotive and 22 cars of the 20-ton box 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.

(b) An *improvised 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.

b. *Where employed.* Hospital trains operate:

(1) Between evacuation hospitals in the combat zone and general hospitals in the communications zone.

(2) Between general hospitals within the communications zone.

(3) Between general hospitals of the communications zone and the Zone of the Interior.

(4) Between medical installations of the Zone of the Interior.

Note: This chapter deals, primarily, with the hospital train operating within the Theater of Operations.

399. ORGANIZATION. a. *Personnel.* (1) *Officers and nurses.* Four officers of the Medical Corps, usually a major, a captain, and two lieutenants; and six 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.* A technical (first) sergeant; and a private first class or private (general clerk).

(b) *Supply and mess group.* A staff (supply) sergeant; and seven privates first class and privates (a supply clerk, four cooks, and two cook's helpers).

(3) *Professional section.* (a) *Surgical group.* Two medical officers, a captain and a lieutenant; four nurses; a staff

(surgical technician) sergeant; a sergeant (medical technician); and twelve privates first class and privates (six medical and four surgical technicians, and two unrated).

(b) *Medical group.* One lieutenant, Medical Corps; two nurses; a technical (medical technologist) sergeant; two sergeants (a medical and a pharmacist technician); and eight privates first class and privates (six medical technicians and two unrated).

400. STATUS. The Hospital Train is an independent unit under the direct control of the Chief Surgeon. 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*).

401. FUNCTIONS. 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.

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.

Within the Theater, the hospital train forms the chief link between the medical service of the combat zone and that of the communications zone.

402. COMMAND. The hospital train is commanded by the senior officer of the Medical Corps, assigned thereto and present for duty.

403. HEADQUARTERS. 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. 399 b (2)].

The headquarters is located in the hospital unit car of the improvised train, and in the car for officer personnel of the type train.

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.

The personnel of headquarters, in an emergency, aid the professional section in the care and treatment of patients.

404. TRAIN COMMANDER. The train 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.

Specifically, during operations, he is charged with the following responsibilities:

a. 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 three 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.

b. Upon arrival at the installation being evacuated, he is responsible for the supervision of the loading—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.

c. From the moment that the patients have been loaded until they are unloaded at another 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.

d. He maintains liaison with the office of the surgeon of the communications zone regarding supplies and personnel replacements or reinforcements.

e. He 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.

f. He 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.

g. 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.

h. At both the point of loading and unloading he supervises the operation of 'property exchange'.

405. ADMINISTRATIVE SECTION. *a. Functional organization.* See par. 399 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.

406. PROFESSIONAL SECTION. *a. Functional organization.* See par. 399 b (3).

b. Functions. (1) Operate the dressing and operating room, performing therein such specialized procedures as are indicated.

(2) Furnish all medical care and treatment to all patients being transported.

(3) Making appropriate entries in the attached medical records of the patients and insure the presence of such records, on the patients, at the destination.

407. ENLISTED PERSONNEL. See pars. 19 to 22, inclusive.

408. 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 training. See par. 8 *d* (1).

d. Specialist. See also par. 25 *a*. (1) *Clerk, general.* See par. 25 *c*.

(2) *Clerk, supply.* One private first class or private from the administrative section is trained in the preparation of requisitions, surveys, O. S. and D reports, and the maintenance of a stock record account.

(3) *Cooks.* See par. 59 *c* (5).

(4) *Technicians, medical and surgical.* See par. 25 *e* and *i*.

(5) *Technologist, medical (male nurse).* See par. 311 *d* (12).

(6) *Supply sergeant.* See par. 119 *c* (12).

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.

409. 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.

410. EQUIPMENT. *a. Individual.* See par. 29.

b. Organizational. (1) *Medical.* See Unit Equipment for Hospital Train, Medical Department.

(2) *Other than medical.* See War Department Table

of Basic Allowances No. 8, Medical Department, dated Nov. 1, 1940.

411. THE TRAIN. *a. Arrangement.* (1) *For type train.* A suggested arrangement of cars within the *type* train follows: two enlisted personnel cars; eight ward cars; utilities car; kitchen car; dressing and operating car; nine ward cars; officer and noncommissioned personnel car.

(2) *For the improvised train.* The composition of the improvised train will vary within wide limits, but the general arrangement outlined in subparagraph (1) will serve as a point of departure.

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 are quartered in the drawing rooms of the ward cars.

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 the operating and dressing car.

c. Baggage. All baggage (including equipment) accompanying the patients and all excess baggage of the duty personnel is 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 limit-

ed, 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 of less than 24 hours duration. However, the military situation, the distance involved, or the destruction of bridges or track may delay the train for a matter of two or three days. In this event, the demand for more definitive and more complicated treatment procedures are correspondingly increased.

f. Cleansing and disinfection. At the termination of each round trip, the unit is responsible that the entire train is thoroughly cleansed, and, if necessary, disinfected.

g. Train capacities. The capacities of hospital trains vary 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, 500 patients.

h. Operation. The train commander operates the train headquarters, supervises all administrative functions, and exercises such supervision over the professional section as he deems fit.

The commander of the professional section assigns his personnel to the 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 is 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.

412. 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 A

MEDICAL DEPARTMENT MOBILIZATION
TRAINING PROGRAM

for

Medical Department units at Unit Training Centers
and Medical Department replacements at Enlisted
Replacement 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 training of medical units so that they may be prepared to take the field on short notice.

3. *Application.*—*a.* The Training Programs herewith apply to all types of medical field units. Based on these programs, weekly training schedules will be prepared by responsible commanders.

b. The instruction day is assumed to be 8 hours. 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 units or individuals up to standard, or to provide refresher training.

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 and which is frequently revised. Normally, Field and Technical Manuals will contain sufficient instructional matter for training purposes. Other text references such as Army Regulations have been included to assist the instructor. The references to "standard text" in programs indicate authority to employ any civilian text satisfactorily covering the details of the subject.

<i>Pending receipt of</i>	<i>Use</i>
FM 5-15	TR 195-5, 195-50.
7-5	When published.
8-10	Medical Service, Infantry Division, M.F.S.S.
8-35	TR 405-50, 405-60.
8-50	When published.
21-5	TR 10-5.
21-15	Ch. 3, BFM, Vol. I; TR 225-5, 225-15.
21-20	Ch. 4, BFM, Vol. I.
21-45	Ch. 9, BFM, Vol. I.
21-50	Ch. 1, BFM, Vol. I.
100-10	When published.
TM 8-210	When published.
8-220	Tuttle's Handbook.
8-225	When published.
8-227	When published.
8-230	When published.
8-233	When published.
8-238	When published.
8-240	When published.
8-255	Army Medical Bulletin No. 23.
8-270	When published.
8-275	When published.
10-405	TM 2100-152.
10-410	TM 2100-151.

4. *Modification.*—*a.* The character of operations which will be required, the character and armament of the enemy, the probable theater of operations, including the geographical, topographical, sanitary, and climatic conditions therein and the results that may be expected should always be considered. The programs may, therefore, require modification to adapt them to the type of medical unit to be trained, to meet the status of the individual or unit, to shorten or lengthen the time of training in order to conform to the time available, to make the best use of existing facilities and of training expedients, and to conform to the climatic or other conditions of the training situation. Progressive and balanced training in subjects essential to accomplish the training mission, however, must be preserved at all times.

b. In order that prompt recommendations may be submitted when called for, each activity using these training programs

will keep a folder of suggested changes. Serious errors or omissions will be reported at once.

5. *Scope of instruction.*—*a. Unit Training Center.*—(1) *Basic period (1st and 2d weeks).*—The training of the individual enlisted man will be stressed. At the end of the period he should be able to wear, display, and properly care for his uniform and equipment; to march and pitch shelter tent; and to understand the essentials of the basic subjects prescribed in this program.

(2) *Technical period (3d to 10th weeks, incl.).*—Training of the individual enlisted man continues, but stress is placed upon basic technical subjects which fit him for his place in the unit. In addition to the basic technical subjects, specialized training and tactical and logistical training is started.

(3) *Tactical period (10th to 13th weeks, incl.).*—At the end of this period the medical unit should be able to march and execute tactical movements with facility, to establish and operate station, to collect and treat casualties in the field, to operate battalion or regimental dispensaries, and to participate with the associated arms in field exercises and under combat conditions.

b. Enlisted Replacement Center.—(1) *First or basic period (1st and 2d weeks for all trainees).*—As prescribed for the basic period of Unit Training Center (see par. 5a (1)).

(2) *Second period (3d to 13th weeks, incl.).*—For this period trainees are divided into basics and specialists. Training of the individual enlisted man continues, but emphasis is placed on the basic technical subjects to prepare him for his place in the organization to which he is to be assigned. The training time varies depending upon the duty for which he is being trained and his ability, but the maximum time allowable in the replacement center will be 13 weeks. Normally, individuals qualified to receive training in the Medical Department specialties as dental, laboratory, pharmacy, medical, surgical, sanitary, veterinary, and X-ray technicians will be selected out by the end of 4, 8, or 12 weeks and sent to Medical Department special service schools, existing general hospitals, and certain civilian educational institutions for 8 or 12-week enlisted specialist courses.

c. Subjects.—(1) *Basic course.*—The essential minimum of military instruction consists of the following instruction which must be completed within the first two weeks:

(a) *Military courtesy and discipline.*—Understanding of the necessity for discipline; the punitive Articles of War; the penalties for violation; and the methods of administering military justice. Understanding of the essentials of correct military conduct. This latter instruction should be supplemented by continuous attention to its application during all subsequent training.

(b) *Military sanitation and first aid.*—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. Understanding of the proper rendering of first aid to the wounded and gassed. Practice in the use of the first-aid packet, splints, and tourniquets.

(c) *Equipment, clothing, and tent pitching.*—Practical knowledge of the care and preservation of arms, equipment, and clothing; the assembling, adjusting, and caring of individual equipment; the pitching and striking of shelter tents; inspection formations; and the correct manner of displaying clothing and equipment.

(d) *Physical training.*—Participation in group calisthenics for improving the physical condition of the individual.

(e) *Drill for foot troops.*—Ability to execute the individual movements and those of close formation with reasonable precision.

(f) (Practical knowledge of the use of weapons sufficient to insure the observance of safety precautions and the ability to load, aim, and fire.) As far as practicable this instruction should be given in those techniques appropriate to the Medical Department.

(g) *Guard duty.*—Practical knowledge of the duties of a sentry on interior guard duty.

(h) *Marching and bivouac.*—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 subparagraphs b, c, g, and i.

(i) *Individual defense measures.*—Practice in the

use and wearing of the gas mask. Identification of 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. Understanding of the location and construction of individual shelter and the use of camouflage. Knowledge of the ways of identifying aircraft and armored troops, the markings identifying hostile aircraft and armored troops, the passive measures of anti-aircraft and anti-mechanized defense.

(2) *Technical, tactical and logistical.*—See Training Program, Medical Units at Unit Training Centers and for individuals at Enlisted Replacement Centers.

(3) *Technicians, Medical Department.*—The scopes of instructions with minimum standards have been outlined for technicians, Medical Department (see section III). Detailed programs covering these specialties will be prepared by special service schools as follows:

Sanitary technicians . . . Medical Field Service School.
Dental, laboratory,
pharmacy, medical,
surgical, veterinary,
and X-Ray Professional service schools.

(4) *Administrative specialists.*—Insofar as practicable, the administrative (common) specialists will receive instruction concurrently with the instruction of the unit as a whole. Within the discretion of the commanders, Unit Training and Enlisted Replacement Centers, administrative specialists will be excused from instruction in the subjects not particularly allied to their specialist duty, provided they have been thoroughly qualified in the basic subjects. Instruction for administrative specialists will be given in schools operated by an organization or branch in which the particular subject is a major project. Detailed programs for the administrative specialists (common) prepared by other arms or services may be used.

For examples of detailed program for administrative specialists (mess sergeants, cooks, and for clerks) see tables following the "detailed program." For schedules of instruction, driver training, see appendix FM 25-10.

Section II

DETAILED PROGRAMS

Organizations

Subject (1)	Total Hours	Hours per week													Text reference
		Total period may be telescoped and made of varying length.													
		Basic Training													
	1	2	3	4	5	6	7	8	9	10	11	12	13		
BASIC															
Military courtesy and and discipline	2	2												MCM; AR 600-355 and 615-290; *FM 21-50.	
Military sanitation and first aid	4	4												*FM 21-10.	
Care of clothing and equipment	5	2	2	1										*FM 21-15.	
Individual defense against chemical warfare	5	2	3											FM 21-40.	
Individual defense against air and mechanized attack	5	1	1	1	1									FM 100-5; Training Cir. No. 3 War Dept. Sept. 23, 1940.	
Interior guard and close order drills	32	7	7	3	3	3	2	1	1	1	1	1		FM 22-5 and FM 26-5.	
Equipment, clothing and tent pitching	6	2	4											*FM 21-15.	
Marches and bivouacs...	45	6	9	3	3	4	4	4	4	2	2			FM 100-5 and *21-10.	
Physical training, group games and mass athletics (2)	(39)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	*FM 21-20.	

*See paragraph 3c.

Section II (cont'd)
DETAILED PROGRAMS
Organizations

Subject (1)	Total Hours	Hours per week													Text reference		
		Total period may be telescoped and made of varying length.															
		Basic Training		1	2	3	4	5	6	7	8	9	10	11		12	13
TECHNICAL																	
Hasty entrenchments and shelter (camouflage)	12										4		4		4		FM*5-15 and 5-20.
Drill, motor (3) carriers and motor units (2)	(3)																FM 28-5.
Motor vehicles, care, operation, and convey (4)	(76)																AR 850-15; FM 25-10.
Map and aerial photograph reading (5)	(16)																*FM 21-25.
Movement by motor trucking and detrucking (6)	4								2			2					FM 25-10 and 100-5.
Movement by rail, entraining and detraining	4												2		2		FM*7-5, 25-10, 100-5. and *100-10.
Loading and handling cargo (7)	(4)																FM 25-10.
MEDICAL DEPARTMENT TRAINING																	
Elementary anatomy and physiology	21	1	1	1	2	2	3	4	4	4	4						*TM 8-220.

*See paragraph 3c.

Section II (cont'd) DETAILED PROGRAMS *Organizations*

Subject (1)	Total Hours	Hours per week													Text reference
		Total period may be telescoped and made of varying length.													
		Basic Training													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Nomenclature and care of organization equip- ment	6	2		2	2										Medical supply cata- logue TBA, M.D. *FM 8-10; 8-220. *FM 8-45.
Field medical records ...	5	1	2			2									
Treatment of gas casualties	8				4			2	2						
Litter drill, including ambulance loading and unloading; and passage of obstacles	10	2	2	2	2		2								*FM 21-10; *TM 8-240.
Field sanitation and sanitary appliances ...	20		1	3	2	2	4	4	4						*FM 8-35.
Material medica and pharmacy	12	1	1	4	2	2		2							*FM 21-10 and 8-40; *TM 8-255.
Medical and surgical nursing	16	1	1	2	4	2	2	2	2						*TM 8-220.
Heavy tent pitching	6	2			2		2								*TM 8-220.
Organization and func- tion of the arms	9	1		3		3		2							*FM 21-15.
Organization and func- tion of the medical unit	9		1	1	2	3	2								FM 6-20 and 7-5. *FM 8-5 and 8-10.

*See paragraph 3c.

Section II (cont'd)
DETAILED PROGRAMS
Organizations

Subject (1)	Total Hours	Hours per week													Text reference
		Basic Training	Total period may be telescoped and made of varying length.												
			1	2	3	4	5	6	7	8	9	10	11	12	
Medical aid (splints and splinting; bandages and dressings)	67	1	4	8	8	8	8	10	8	6	4	2			*TM 8-220; *FM 8-50 and 21-10.
TACTICAL AND LOGISTICAL															
Scouting and patrolling, use of cover and concealment	6	3		3											*FM 21-45.
Orientation in night combat	14				2	2	2			(S) 4	(S) 4				FM 7-5 and 100-5
Communications in combat	10									3	2	(S) 3	(S) 2		FM 24-5
Unit training (medical units) (8), (9)	122			1	1	4	3	4	10	20	20	20	19		*FM 8-5 and 8-10.
Battalion tactical training (8), (10)	8								4		4				FM 6-20, 7-5, and 8-10
Regimental tactical training (8)	16									2	2	4	8		FM 6-20, 7-5, and 8-10
Troop movements by motors (8)	16											8	8		FM 6-20, *7-5, 25-10, and 100-5.
Inspections	17	1	1	1	2	1	2	2	1	2	1	1	1	1	FM 22-5
Open time (11)	50	2	4	4	4	4	4	4	4	4	4	4	4	4	
Total	572	44	44	44	44	44	44	44	44	44	44	44	44	44	

*See paragraph 3c.

NOTES

- 1 Figures appearing in parentheses do not apply to unit totals; they apply to individuals whose duties require this training. These individuals may take this training with organizations in which this subject is a major project.
- 2 Physical training may be given as 30-minute periods in calisthenics each morning except Sunday or as group games or mass athletics on Saturday afternoons.
- 3 Preliminary training preparatory to drill with company or higher units.
- 4 Applies to individuals charged with care, operation, or maintenance of a motor vehicle. Training may be with service company or headquarters batteries, for medical detachments of infantry or artillery regiments, or with motor transport schools.
- 5 Applies to chauffeurs, motorcyclists, messengers, buglers, or contact men of medical battalions or regiments.
- 6 Practice in entrucking and detrucking only; 2 hours daylight, 2 hours dark.
- 7 Applies to chauffeurs of motor trucks and carriers.
- 8 This time available to Medical Department professional units for technical employment in operation of stations. See note 12, which indicates the detailed training to be given to elements of medical units.
- 9 Unit training covers the training necessary for the technical and tactical employment of the medical field unit such as establishment and operation of station; collection and treatment of casualties in the field; the operation of a regimental and battalion dispensaries; and the preparation for participation with the associated arms in field exercises and under combat conditions. See note 12 which indicates the detailed training to be given to elements of medical units.
- 10 Applies to battalion sections of regimental medical detachments and such other personnel as needed.
- 11 Open time to be used for additional training, when necessary, and regimental inspections and ceremonies.

Training subject	Elements and hours				
	Medical detachments	Headquarters and service	Collecting	Clearing	Ambulance
Functions and combat dispositions of sections 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	—	—	—	40	—
†Transportation and supply requirements	—	20	—	—	—
†Procurement and issue of supplies	—	20	—	—	—
Selection and occupation of various station sites, and the functioning of such stations	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	22	22	22	22	22
Total	122	122	122	122	122

†To be carried on concurrently in elements which have the subject as a major project.

Clerk (055)

Subject	Total Hrs.	Hours per week												Text reference
		3	4	5	6	7	8	9	10	11	12	13		
BASIC														
(all individuals)														
Dismounted drill	†11	1	1	1	1	1	1	1	1	1	1	1	1	FM 22-5.
Physical training	†11	1	1	1	1	1	1	1	1	1	1	1	1	*FM 21-20.
Inspections	22	2	2	2	2	2	2	2	2	2	2	2	2	*FM 21-15.
Total basic	44	4	4	4	4	4	4	4	4	4	4	4	4	
TECHNICAL														
Morning report, sick report, duty roster	8	8												AR 345-25, 345-400 and 345-415.
Military correspondence, field artillery organization	20	20												AR 340-15; *FM 8-5; appropriate T of O's, Standard text.
Typing	40	8	12	12	8									AR 1-15 and 35-series.
Army Regulations	20		12	8										AR 345-series.
Use of all War Department forms	48		12	16	20									AR 345-620, section X, SR 57 (1919).
Field desks and contents; filing	8			8										
Practical duties	\$164					28	28	28	20	20	20	20	20	
Total technical	308	36	36	36	36	28	28	28	20	20	20	20	20	
TACTICAL														
Field exercises, marches, camps	88					8	8	8	16	16	16	16	16	*FM 8-5, 8-10, 21-5, and 21-10.
Open time	44	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	

*See paragraph 3c.

† All individuals for the first two weeks will receive the same basic instruction. They will then be assigned to units, depending upon their qualifications for the remainder of the training period.

‡ Ceremonies and organized athletics will be conducted during other than scheduled hours.

§ Practical duties (7th to 13th weeks) and preliminary instruction (3d to 6th weeks) are mutually interchangeable at times.

Mess sergeant (124) and cook (060)

Subject	Total Hrs.	Hours per week.												Text reference
		3	4	5	6	7	8	9	10	11	12	13		
BASIC														
(all individuals)														
Dismounted drill	11	1	1	1	1	1	1	1	1	1	1	1	1	FM 22-5.
Physical training	11	1	1	1	1	1	1	1	1	1	1	1	1	*FM 21-29.
Inspections	22	2	2	2	2	2	2	2	2	2	2	2	2	*FM 21-15.
Total basic	44	4	4	4	4	4	4	4	4	4	4	4	4	
TECHNICAL														
Cooks, general duties; mess sanitation	8	8												*TM 10-405; AR 40-205.
Care of all kinds of foods	8	8												*TM 10-405.
Preparation (cooking and baking) of various kinds of food; nutrition	64	20	24	20										*TM 10-405 and 10-410.
Meat cutting	16		8	8										*TM 10-405.
Mess management; menus; accounts; all types of rations	24		4	8	12									*TM 10-405; AR 30-2210.
Field cooking	16				16									*TM 10-405.
Messing on trains and transports	8				8									*TM 10-405; Cir. 56, W.D., 1940.
Practical cooking	\$164					28	28	28	20	20	20	20	20	
Total technical	308	36	36	36	36	28	28	28	20	20	20	20	20	
TACTICAL														
Field exercises, marches, camps	88					8	8	8	16	16	16	16	16	
Open time	44	4	4	4	4	4	4	4	4	4	4	4	4	*FM 8-5, 8-10, 21-5, and 21-10.
Grand total	484	44	44	44	44	44	44	44	44	44	44	44	44	

*See paragraph 3c.

† All individuals for the first two weeks will receive the same basic instruction. They will then be assigned to units, depending upon their qualifications for the remainder of the training period.

‡ Ceremonies and organized athletics will be conducted during other than scheduled hours.

§ Practical cooking (7th to 13th weeks) and preliminary instruction (3d to 6th weeks) are mutually interchangeable at times.

SECTION III

TRAINING PROGRAMS

FOR

MEDICAL DEPARTMENT TECHNICIANS

The detailed training programs for each specialty will be prepared by the professional service schools with reference to dental, laboratory, medical, surgical, pharmacy, veterinary and X-Ray technicians; and by the Medical Field Service School for sanitary technicians. The following training programs are for Medical Department technicians selected for this training after 4, 8, or 12 weeks training (See par. 5b(2)). The following paragraphs prescribe the scope of instruction and training qualifications of each technician; text references and suggested allotment of hours are included.

DENTAL

Training qualifications

a. Junior dental technician, 5th class.

(1) Graduate of the technicians' course at the Army Dental School or the equivalent knowledge of dental laboratory procedure from civil or military training or experience.

(2) Capable of constructing simple or routine prosthetic appliances and relating work under direct supervision.

(3) Mechanical ability, manual dexterity, and ingenuity in dental laboratory procedure.

b. Dental technician, 4th class.

(1) Qualifications of junior dental technician (*a.* above).

(2) Capable of constructing routine prosthetic appliances and related work as outlined by the dental officer in charge.

(3) Skilled in one or more of the following branches of mechanical dentistry.

(a) Bridgework; assembling, soldering, and finishing.

(b) Dentures, full and partial. Setting up teeth, packing, vulcanizing, and finishing.

(c) Gold and chrome alloy castings: waxing, casting,

and finishing.

(d) Wrought clasps, lingual and palatal bar bending.

(e) Dental ceramics.

c. *Senior dental technician, 3d class.*

(1) Qualifications of dental technician (b. above).

(2) Superior ability in the construction of routine prosthetic appliances and related work as outlined by the dental officer.

(3) Qualified as assistant supervisor or instructor under the direction of the dental officer in charge.

(4) Familiar with maintenance and ordering of dental supplies.

d. *Expert dental technician, 2d class.*

(1) Qualifications of senior dental technician (c. above).

(2) Basic knowledge of all the standard practices and processes of mechanical dentistry.

(3) Expert skill and wide experience in dental laboratory procedure.

(4) Thorough working knowledge in special dental technique.

(5) Ability to perform independently difficult work as outlined by the dental officer.

(6) Qualified instructor of subordinate dental technicians.

e. *Master dental technician, 1st class.*

(1) Qualifications of expert dental technician (d. above).

(2) Expert knowledge of all standard practices and processes in mechanical dentistry demonstrated during long and excellent service.

(3) Ability to take charge of a large dental laboratory under the supervision of an officer.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Dental anatomy	30	Nomenclature; surfaces and angles; upper and lower teeth; bones of the head; mandible and maxillae; muscles of mastication.	AR 615-20; *TM 8-225.
Oral bacteriology	34	First hour of each period will consist of a lecture, followed by a practical laboratory exercise. Care and use of the microscope; smear preparation; staining technique; sterilization of laboratory glassware; micro-organisms of the mouth; oral infections; dark field preparation, sterilization of dental instruments.	*TM 8-225.
Oral hygiene	70	Manikin instruction and practical cases.	*TM 8-225.
Dental prosthesis	320	Full and partial denture prosthesis; tooth carving; care of laboratory equipment, composition of dental materials.	*TM 8-225.
Dental Roentgenology	74	Instruction in use of U. S. Army bedside x-ray unit.	U. S. Army X-ray Manual; *TM 8-225.

*See paragraph 3c.

LABORATORY (MEDICAL AND VETERINARY)

*Training qualifications**a. Junior laboratory technician, 5th class.*

A graduate of the course for laboratory technicians, Army Medical School or an equivalent course in a civil institution or the equivalent in practical experience, and able to perform the following:

(1) Cleaning and sterilization of laboratory glassware and equipment under direct supervision.

(2) Ordinary routine laboratory procedures such as urinalysis, blood counts, preparation and staining of slides and care of cultures.

(3) Care of laboratory animals.

(4) Preparation of routine culture media.

b. Laboratory technician, 4th class.

Qualified as in *a* above and able to perform the following:

(1) All routine tests on blood, urine, sputum, stools, and pus exudates.

(2) Elementary bacteriology and agglutination and serological tests.

c. Senior laboratory technician, 3d class.

Qualified as in *b* above and able to perform the following:

(1) Medical.

(a) Preparation of all stains, solutions, and media.

(b) Routine procedures in any department of a corps area or similar laboratory.

(c) The preservation, preparation, and mounting of pathological materials.

(2) Veterinary:

(a) As (1) above.

(b) Ability to conduct under supervision, quantitative and qualitative laboratory examinations of meat, meat food, and dairy products, and forage.

d. Expert laboratory technician, 2d class.

Qualified as in *c* above and able to perform the following:

(1) Train laboratory technicians in lower grades in the performance of routine laboratory tests.

(2) Assume technical charge of one or more divisions of a corps area laboratory or equivalent.

(3) Carry out, under supervision, more complicated laboratory tests in serology, chemistry and pathology.

e. Master laboratory technician, 1st class.

(1) Qualified as in *d* above.

(2) Special ability in one or more laboratory specialties, demonstrated during long and excellent service.

(3) Ability to take charge of any corps area laboratory or equivalent under direction of an officer.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. Hours	Scope of instruction (minimum standards to be reached)	Text reference
Bacteriology	150	Laboratory equipment, use, cleaning, and sterilization. Preparation of stains, solutions and media. Care and use of microscope. Weight and measures. Culturing routine specimens of sputum, blood, urine, feces, and purulent material. Recognition of some common pathogenic bacteria. Preparation, shipment, and handling of specimens. Laboratory animals, care of and uses.	AR 615-20; *TM 8-227 and 8-270.
Chemistry	100	Elementary chemistry, definitions, terms, cleaning and care of glassware. Solutions and titrations. Urine, ordinary chemical and microscopic examinations. Gastric contents.	
Feces,—Examination for helminths and protozoa.	48	Routine methods of stool examination. Identification of human parasitic worms, their ova and protozoa. Culturing of amoeba histolytica.	
Blood—Examination for malaria.	50	Methods of staining and identification of the plasmodia of malaria.	
Hematology	60	General knowledge of characteristics of human blood. Knowledge of commonly used terms. Complete blood counts on at least 100 individuals. Estimation of hemoglobin, coagulation and bleeding time. Care of apparatus. Stains and solutions.	
Pathology	50	Care of autopsy room. Preparation of material for sectioning and staining. Duties of an assistant.	
Serology—Wassermann and Kahn reactions, the colloidal gold test, blood grouping.	70	Technique of obtaining blood and its preparation for the tests. Theory, description, and requirements of these tests, by demonstration. Cleaning and care of glassware.	AR 615-20; *TM 8-227 and 8-270.

*See paragraph 3c.

MEDICAL

Training qualifications

a. Junior medical technician (assistant wardmaster), 5th class,

Competent to:

- (1) Take temperature, pulse, and respirations.
- (2) Cleanse and disinfect ordinary ward equipment.
- (3) Care and maintenance of ordinary ward property, linen, and equipment.
- (4) Serve ward diets.
- (5) Sterilize ward instruments.

b. Medical technician (wardmaster), 4th class.

Qualified as in *a* above and competent to:

- (1) Act as a practical nursing assistant.
- (2) Prepare and serve simple ward diets.
- (3) Prepare and maintain ward records (administrative and professional).
- (4) Give enemas and baths to patients.
- (5) Administer routine medications.

c. Senior medical technician (assistant nurse), 3d class.

Qualified as in *b* above and competent to:

- (1) Act as a nursing assistant in special cases, as acute infectious and contagious or neuropsychiatric cases.
- (2) Administer hypodermic medications and do catheterizations.

(3) Set up, maintain, and operate specialized equipment.

d. Expert medical technician (junior nurse), 2d class.

Qualified as in *c* above and competent to:

- (1) Take charge of the ward nursing service in the absence of Army Nurse Corps personnel.
- (2) Special skill and experience in genito-urinary, physiotherapy, and neuropsychiatric nursing.

e. Master medical technician (nurse), 1st class.

- (1) Qualified as in *d* above.
- (2) A registered nurse or graduate of a recognized school for male nurses or has the equivalent in practical experience as demonstrated by long and excellent service.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
General	50	Responsibility of public property; patients' property and effects; general rules of Medical Department, duties of sanitation, personal and general. Personal effects in case of death; care of linen, soiled and clean; special linen.	AR 40-590, *TM 8-220 and 8-230.
Ward management	110	Duties of ward master. Duties of ward attendants. Ward discipline. Prison wards. Care of ward supplies, medicines, alcohol, narcotics, whiskey, and poisons. Isolation of infectious and noninfectious cases. Care of seriously ill cases. Care of insane. Ward, bed, furniture, and linen disinfection. Disposal of human waste. Care of mail and telegrams.	AR 40-590; *TM 8-220 and 8-230.
Medical records	60	Admission cards (55a). Medical Department forms, 55-series. Interward transfer cards. Diet lists. Ward morning reports. Laundry lists, special laundry lists. Patients, property cards. Medical Department property cards (issue, exchange, credit). Disposition roster. Change of diagnosis cards. Seriously ill list. Report of contagious cases. Register sick and wounded cards. Report sick and wounded. Malarial and syphilitic register. Patients' pass lists. Notice of death. Duty cases. Filing of all records.	AR 40-590, 40-1005, 40-1025, and 40-1030; *TM 8-220 and 8-230.
Care of patients	120	Admission. Bathing of all types and reasons for same. Taking and recording temperature, pulse, and respiration. Change of appearance of patients. Bed making, and changing linen. Use of urinals and bed pans, alcohol rubs. Care of hair, mouth, and nails. Care of and disposal of the dead.	AR 40-590; *TM 8-220 and 8-230.
Treatments	130	Administration of medicines, routines and special; ice bags; hot water bags, uses and placing of same; turpentine stupes; enemas, all types, their composition, use, and method of administration. Care of drowning, sunstroke, heatstroke, electrical shock.	AR 40-590; *TM 8-220.
Diets	58	Care of dishes. Set-up of tray. Size of servings. Disposal of garbage. Feeding of patients. Bed trays. Use of feeding tube. Diets—liquid, soft, light, regular, and special. Liquid nourishment, cold and hot drinks, fruit juices, water (ice and tap water).	*TM 8-220.

*See paragraph 3c.

PHARMACY

*Training qualifications**a. Junior pharmacy technician, 5th class.*

Ability to:

- (1) Care and clean equipment in pharmacy.
- (2) Care for stock of drugs, chemicals, and pharmaceutical preparations.
- (3) Dispense routine stock preparations to wards.
- (4) Do simple pharmaceutical arithmetic to include the metric system, ratio and proportion.
- (5) Perform simple pharmacy procedures, such as clarification and simple comminutions processes.

b. Pharmacy technician, 4th class.

(1) Qualified in the performance of the duties of junior pharmacy technician (*a* above).

(2) Qualified in:

(*a*) Management and administration under supervision of the pharmacy stock room.

(*b*) The pharmacy of and routine manufacture, under direct supervision, of Galenical individual and stock preparations.

(*c*) Supervision of routine dispensing of medicines to wards and departments.

(*d*) Pharmaceutical arithmetic.

(*e*) The use of the United States Pharmacopoeia, the National Formulary, and other authorized texts.

c. Senior pharmacy technician, 3d class.

(1) Ability to perform the duties of pharmacy technician (*b* above).

(2) Ability to perform under general supervision the following:

(*a*) Management of the prescription department.

(*b*) The compounding of prescriptions and stock solutions and the maintenance of required records.

(*c*) Dispensing of narcotic and alcoholic preparations and the maintaining of required records.

(d) Prescription compounding including common incompatibilities, with special reference to the formation of dangerous and toxic substances.

(e) The instruction of pharmacy technicians of the lower grades.

d. Expert pharmacy technician, 2d class.

(1) Ability to perform the duties of senior pharmacy technician (*c* above).

(2) Expert in:

(a) Management of a large hospital pharmacy, training of pharmacy technician and preparation of solutions for hypodermic and parenteral injections, under supervision.

(b) Knowledge of the following:

1. Pharmaceutical arithmetic in all its phases.

2. Pharmacy and pharmacology to include thorough knowledge of the principles involved in dispensing and compounding required in a large hospital pharmacy.

c. Master pharmacy technician, 1st class.

(1) Ability to perform the duties of pharmacy technicians of lower grades.

(2) Expert in:

(a) General management of a pharmaceutical laboratory and its various functions.

(b) The performance under supervision of routine assays and chemical analysis of drugs and pharmaceutical preparations.

(c) Knowledge of the following:

1. Pharmaceutical and chemical mathematics.

2. The source, preparation, common adulterations, and impurities in drugs and medicinal preparations.

3. Materia medica and therapeutics.

4. Pharmaceutical chemistry.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
General	20	Care of equipment (apparatus). Care of store room stock and identification of items on Medical Department Supply Tables.	Medical Department Supply Catalogue;
Pharmaceutical apparatus	25	Description and uses of all equipment used in pharmacy.	*TM 8-220 and 8-233.
Requisitions	34	Requisitioning of standard, non-standard, and emergency items. Leteriorating drugs, serums, and vaccines.	Medical Department Supply Catalogue; *TM 8-233
Metrology	60	Metric weights and measures and their equivalents in the apothecaries' system. Percentage solutions.	*TM 8-220 and 8-233.
Materia medica	108	Derivation, nomenclature, and therapeutic action, posology, and toxicology of drugs. Solubility of drugs.	*TM 8-220 and 8-233.
Incompatibility	40	Chemical, pharmaceutical, and therapeutical incompatibilities of drugs and chemicals.	*TM 8-220 and 8-233.
Pharmaceutical Chemistry	80	Fundamental principles of chemistry.	*TM 8-220 and 8-233.
Charges for medicines	6	Collections for medicines from civilians eligible to purchase in military pharmacy. Report of sales. Disposition of funds.	AR 40-590.
Alcohol, whiskey, narcotics, and poisons	6	Methods of storing, dispensing, and records kept of same. Narcotic register.	*TM 8-220 and 8-233; AR 40-590.
Records	34	Various methods of filing prescriptions and records kept of same.	*TM 8-220 and 8-233; AR 40-590.
Prescriptions	100	Reading, filing, and dispensing prescriptions.	*TM 8-220 and 8-233; Remington's Practice of Pharmacy, Chapter 96.
Deteriorating drugs and chemicals	6	Care of all drugs and chemicals which deteriorate.	*TM 8-220 and 8-233; Medical Department Supply catalogue.
Serums and biological products	6	Methods of storage and proper care of same.	*TM 8-220; Medical Department Supply catalogue. Remington's Practice of Pharmacy, Chapter 118.

*See paragraph 3c.

SANITARY

*Training qualifications**a. Junior sanitary technician, 5th class.*

A graduate of the course for sanitary technician, Medical Field Service School, or an equivalent course in a civil institution or the equivalent in practical experience, and qualified in the following:

(1) Construction and operation of field sanitary devices for disposal of wastes.

(2) Supervision of minor fly and mosquito control work, and collecting of epidemiological material for examination.

(3) Preparation of routine forms pertaining to sanitation.

b. Sanitary technician, 4th class.

Qualified as in *a* above and able to perform the following:

(1) General inspection of sanitary devices, and application of control measures for one type of communicable disease.

(2) Compilation and preparation of routine statistical records and reports.

c. Senior sanitary technician, 3d class.

Qualified as in *b* above and able to perform the following:

(1) Routine area inspections under supervision, and the application of control measures for at least two (2) types of communicable disease.

(2) Supervise installation of field sanitary appliances and instruct others in their operation.

(3) Computation of rates and preparation of graphs and sanitary reports.

d. Expert sanitary technician, 2d class.

Qualified as in *c* above and able to perform the following:

(1) Act as assistant to sanitary inspector of large tactical command or geographical area.

(2) Direction of field measures for control of major epidemic disease.

e. Master sanitary technician, 1st class.

Qualified as in *d* above with expert ability as demonstrated by long and excellent service in the lower classes and in addition able to perform the following:

(1) Assist in making area sanitary surveys and in gathering data for special sanitary reports.

(2) Technical supervision of a large field sanitary force.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Communicable diseases and their control in general	40	The disease to be controlled, methods of study and measurement—general control measures.	AR 40-205 and 40-210; *FM 21-10; *TM 8-210.
Respiratory diseases	100	Familiarity with their nature; methods of spread and control; the students to learn how to apply all control measures.	AR 40-220; *FM 21-10; *TM 8-210.
Intestinal diseases	120	Familiarity with their nature; methods of spread and control; the students to learn how to apply all control measures.	AR 40-225 and 40-2250; *FM 21-10; *TM 8-210.
Insect-borne diseases	95	Familiarity with their nature; methods of spread and control; students to learn how to collect and recognize the insects concerned and how control measures are applied.	AR 40-230; *FM 21-10; *TM 8-210.
Venereal diseases	20	Familiarity with operation of control measures.	AR 40-235; *FM 21-10; *TM 8-210.
Miscellaneous diseases	15	The nature, methods of spread and control of these diseases.	AR 40-240; *FM 21-10; *TM 8-210.
Sanitary surveys and reports	28	Students to learn how to render intelligent assistance in conduct of sanitary surveys and preparation of sanitary reports.	AR 40-270, 40-275, 40-310, and 40-1080; *TM 8-210; *FM 8-40 and 21-10.
Vital statistics	10	Students to learn to keep statistical records, and prepare simple charts and graphs of same.	AR 40-270 and 40-275.
Applicatory work in sanitary devices and appliances	90	The student to become familiar with the instruments and tools used, the care of tools, the laying out and execution of work done in the buildings and maintenance of sanitary appliances.	*FM 21-10.
Total	528		

See paragraph 3c

SURGICAL

*Training qualifications**a. Junior surgical technician, 5th class.*

(1) Qualified to perform the work of a junior medical technician as applied to surgical wards; or

(2) Competent to act as junior assistant in the dressing or operating room or in a surgical clinic.

b. Surgical technician, 4th class.

(1) Qualified to perform the work of a medical technician as applied to surgical ward; or

(2) Qualified as in *a* above and competent to:

(a) Act as an assistant in the dressing or operating room or surgical clinic.

(b) Prepare patients for operation.

(c) Take charge of the preparation and maintenance of records in surgical clinics.

c. Senior surgical technician, 3d class.

(1) Qualified to perform the work of a senior medical technician as applied to surgical wards; or

(2) Qualified as in *b* above and competent to:

(a) Administer routine treatments in genito-urinary diseases under the direction of a medical officer; or

(b) Take charge, under supervision, of an operating room and care of the equipment; or

(c) Make or modify braces, and leather or other orthopedic appliances; or

(d) Take charge of the sterilization of all instruments and dressings in an operating room or surgical clinic.

d. Expert surgical technician, 2d class.

(1) Qualified as in *c* above.

(2) Competent, under a medical officer, to take charge of a dressing or operating room or a surgical clinic in a large hospital and administer routine treatments.

e. Master surgical technician, 1st class.

Qualified as a master medical technician as applied to the surgical service of a large Army hospital.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Ward Management	20	Ward management. Requisition and care of ward supplies. The proper administration of enemas. Bathing of patients. Bed making. Proficiency in taking temperature, pulse, and respiratory rate.	*TM 8-220 and 8-230; Principle of nursing, Horner.
Anatomy and Physiology	10	Gross anatomy, with sufficient knowledge to locate and grossly identify the organs, bones, and principal structures of body and their functions.	*TM 8-220 and 8-230; Gray's Anatomy.
Operating room technique	120	The cleanliness and sanitation of operating room and equipment. Care, preservation, procurement, and maintenance of instruments and equipment. Preparation of linen for sterilization. Structure and mechanism of sterilizers. The sterilization of linen and instruments. Anesthesia—methods of administration, preparation, and care of patients. Antisepsis and asepsis as applied in preparation of patients, surgeon, and assistants and as carried out during operative procedures.	Operating room procedures for nurses and internes - Falk, Henry C.; *TM 8-230.
Genito-urinary	110	The importance of venereal disease among armed forces and its prophylaxis. The care of special instruments and equipment. The technique of irrigations of genital tract. Technique of intravenous therapy for diagnosis and treatment. Catheterization. Nursing care of injuries, emergencies, and post-operative cases.	Urology of Nursing, David M. Davis, Modern Clinical Syphilology-Stokes. *TM 8-230
Ear, nose, and throat	18	Ability to perform hearing tests; voice, watch and audiometer; irrigation of the external auditory canal in otitis media and externa; care of special E. N. T. instruments; preparation of special dressings used in E. N. T. surgery. Recognition of acute inflammatory diseases of ear.	Diseases of the Ear, Nose, and Throat - Ballenger; *TM 8-230.
Eye	12	Ability to perform determination of vision, field of vision, color vision. Methods of hot and cold compresses and special dressings used in eye surgery. Removal of foreign bodies.	Diseases of the Eye - May; *TM 8-230.

*See paragraph 3c.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Dental	24	Ability to instruct patients in oral hygiene, to administer dental prophylaxis and to recognize and give emergency treatment in common dental pathological conditions.	Mouth Hygiene-Fones. Special Dental Pathology - Black; *TM 8-230
Orthopedics	120	The form, structure, and function of bones, joints, and muscle. The etiology and type of fractures. Bone healing and complications of fractures. Dislocations and sprains. First-aid treatment of fractures including treatment of shock, immobilization, and preparation for transportation. The types of splints, their uses and application. Plaster of Paris; its preparation and application as splint or cast. Suspension traction—structure of Balkan frame. Principles and application of traction. Special nursing care of fracture cases, including the prevention and care of complications.	*FM 8-50; *TM 8-220 and 8-230.
Septic surgery	30	An understanding of what is meant by infection. The causes and character of wound infection. Bacteriology of wound infections as determined by laboratory methods. Prevention and treatment of infections; Dakinization, debridement. Methods of drainage. The prevention of gas infections and tetanus.	Any standard text on general surgery; Medical History of World War. *TM 8-220 and 8-230.
General surgery	64	In addition to knowledge of special subjects outlined above, the student should understand the care, treatment, and transportation of injuries involving other anatomical areas; head injuries, chest injuries, and injuries to the abdominal viscera, particularly their emergency treatment, preparation for transportation, recognition of those cases not fit for transportation and the necessity for rapid transportation when indicated. The ability to act as a surgical assistant when necessary.	Medical History of World War; Any standard text on general surgery; *TM 8-230.

*See paragraph 3c.

X-RAY

*Training qualifications**a. Junior X-ray technician, 5th class.*

- (1) Preparation of chemicals and processing of films.

- (2) Maintaining the register and filing records.
- (3) Taking of dictation of scientific phraseologies in connection with radiography and X-ray therapy.
- (4) Scientific positioning of patients and manipulation of X-ray machines.
- (5) Assisting with fluoroscopy.
- (6) Assisting with therapy machines.

b. X-ray technician, 4th class.

- (1) Qualifications required of junior X-ray technicians (*a* above).

(2) A certificate of graduation from the course for enlisted X-ray technicians, Army Medical School, or its equivalent in training or experience in X-ray work either in the Army or in civilian institutions.

- (3) Proficiency in the following:

- (a) The minor repair of X-ray equipment.
 - (b) The practical application of osteology and fundamental X-ray physics.

c. Senior X-ray technician, 3d class.

- (1) Qualifications required of the X-ray technician (*b* above).

- (2) Special ability in:

- (a) Radiological or X-ray therapy procedures.
 - (b) Repair of X-ray equipment.

- (3) The testing and calibration of radiographic therapy machines.

d. Expert X-ray technician, 2d class.

- (1) Qualifications required of the senior X-ray technician (*c* above).

- (2) Expert ability in:

- (a) Installation, maintenance, and ordering of X-ray supplies and equipment.
 - (b) Maintaining X-ray therapy records.

e. Master X-ray technician, 1st class.

- (1) Qualifications required of the expert X-ray technician (*d* above).

- (2) Expert ability as demonstrated by long and excellent service in the lower classes in:

(a) The technique and procedure of all phases of radiology.

(b) The maintenance and operation of special equipment.

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
X-ray	60	Theoretical and practical.	AR 615-20; Physics of Radiology, Weatherwax, 1931; Practice of electricity, Croft, 1930; AMS Manual No. 164, 1935; *TM 8-240 and 8-275.
Wiring diagrams	90	Maintenance and repair of X-ray and accessory equipment.	AMS Manual No. 164, 1935; Practice of Electricity, Croft, 1930; *TM 8-240 and 8-275.
Films, X-ray	60	Film factors and processing.	Eastman Laboratory Manual, 1st Ed., 1934; *TM 8-240.
Films, X-ray	14	Handling and filing.	Eastman Laboratory Manual, 1st Ed., 1934; *TM 8-240.
Anatomy	60	Roentgen and surface anatomy.	Gray's Anatomy, 22d Edition, 1930; *TM 8-240.
X-ray units	167	Positioning and manipulation of.	AMS Manual No. 164, 1935; Roentgenographic Technique, 1st Ed., Moore and DeLorimer, 1934; Roentgenographic Technique, Rhinehard, 1930; X-ray Studies, Advanced, General Electric Company, 1931; *TM 8-240 and 8-275.

*See paragraph 3c

SCOPE OF INSTRUCTION AND TEXT REFERENCES

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Fluoroscopy	18	Preparation of patients and routine handling of.	AMS Manual No. 164, 1935; *TM 8-240 and 8-275.
Localization of foreign bodies	12	Double exposure method and Strohl wire.	AMS Manual No. 164, 1935; U. S. Army X-ray Manual, 2d Ed., 1931; *TM 8-275.
Property	14	Medical Department property.	AR 40-1705.
Review	10	Review of past subjects.	
Examinations	20	Weekly examinations on subjects of past week.	AMS Manual No. 162; *TM 8-275.
Additional	13	Added instruction where indicated.	AMS Manual No. 162; *TM 8-240 and 8-275.
Total hours	528		

*See paragraph 3e.

VETERINARY MEDICAL

Training qualifications

a. Junior medical technician, veterinary, 5th class.

Competent to:

- (1) Take temperature, pulse, and respiration.
- (2) Cleanse and disinfect ordinary dispensary equipment.
- (3) Care for and maintain ordinary veterinary ward property and equipment.
- (4) Prepare and feed special rations.
- (5) Administer medicines orally, apply bandages, give enemas, and employ simple methods of restraint.

b. Medical technician, veterinary, 4th class.

(1) Qualified as in *a* above and competent to:

(a) Act as a practical animal nurse.

(b) Prepare and maintain clinical records.

(c) Act as an assistant in charge of a medical or communicable disease ward, including feeding and shoeing of patients.

(d) Detect defects in the fitting and adjusting of equipment including the Phillips' pack saddle.

(2) Practical knowledge of the dosage and administration of drugs and of elementary therapeutics.

(3) Knowledge of the principles of disinfection and isolation, and methods for elimination of flies and other common insects.

c. Senior medical technician, veterinary, 3d class.

(1) Qualified as in *b* above and competent to:

(a) Administer hypodermic medications and to pass the stomach tube.

(b) Compound simple preparations commonly used in veterinary medicine.

(2) Graduate, enlisted technicians' course, Army Medical School or Army Veterinary School or its equivalent in either civil or military experience.

d. Expert medical technician, veterinary, 2d class.

Qualified as in *c* above and competent to:

(1) Maintain all veterinary records pertaining to sick and wounded animals.

(2) Supervise and train technicians in lower grades in the performance of their duties.

(3) Dispense stock drug preparations and compound ordinary veterinary prescriptions and properly keep the records.

(4) Take charge, under general supervision of the handling of communicable diseases, quarantines and disinfections including dipping vats, stock cars, and corrals.

e. Master medical technician, veterinary, 1st class.

(1) Highly qualified as in *d* above and competent to take charge, under general supervision, of a pharmacy, or pharmacy stock room, disposing of stock and keeping records.

(2) Qualified to assist or perform under supervision specialized veterinary medical procedures.

VETERINARY SURGICAL

Training qualifications

a. Junior surgical technician, veterinary, 5th class.

- (1) Qualified to perform the work of a junior medical technician, veterinary, as applied to surgical wards; or
- (2) Competent to act as junior assistant in the dressing or operating room or in a surgical ward.

b. Surgical technician, veterinary, 4th class.

- (1) Qualified to perform the work of a medical technician, veterinary, as applied to a surgical ward; or
- (2) Qualified as in *a* above and competent to:

(a) Act as an assistant in the dressing or operating room or surgical clinic.

(b) Prepare operating room and instruments and, with assistance, place an animal on an operating table.

(c) Take charge of the preparation and maintenance of records in a surgical clinic.

(d) Take charge of the sterilization of all instruments and dressings in operating room or surgical clinic.

(3) Knowledge of elementary anatomy and physiology.

c. Senior surgical technician, veterinary, 3d class.

(1) Qualified to perform the work of a senior medical technician, veterinary, as applied to surgical wards; or

(2) Qualified as in *b* above and knowledge of pharmaceutical arithmetic sufficient for routine dispensing of stock drug preparations for use on the wards and for properly keeping the records.

d. Expert surgical technician, veterinary, 2d class.

(1) Qualified to perform the work of an expert medical technician, veterinary, as applied to surgical wards; or

(2) Qualified as in *c* above and competent to:

(a) Apply special bandages and appliances; do simple suturing of wounds and prepare fields of operations.

(b) Supervise and train technicians in lower grades in the performance of their duties.

e. Master surgical technician, veterinary, 1st class.

(1) Qualified as a master medical technician, veterinary, as applied to the surgical ward of a veterinary general hospital.

(2) Qualified as in *d* above and competent to administer general anesthetics to large animals.

VETERINARY

MEATS AND DAIRY HYGIENISTS

Training qualifications

a. Junior hygienist, meat and dairy, 5th class.

(1) Capable of:

(a) Making routine inspections of meats, meat food and dairy products, under direct supervision.

(b) Preparing routine records and reports of inspections.

(c) Selection, preparing, and proper packing specimens of meats, food and dairy products for shipment to food analysis laboratories.

(2) Knowledge of the sanitary requirements of personnel, store rooms, inspection rooms, docks, and trucks used in the storage and handling of food.

b. Hygienist, meat and dairy, 4th class.

(1) Qualifications of junior hygienist, meat and dairy, in *a* above.

(2) Capable of:

(a) Making routine inspections, under general supervision, of meat, meat food and dairy products at purchase, in storage, and at issue.

(b) Interpreting Federal Specifications and Army Regulations pertaining to meat and dairy products.

(3) Knowledge of the requirements of sanitation, temperatures, and ventilation of storage rooms and basic understanding of the methods of curing, canning and processing of meats and the manufacture of dairy products.

c. Senior hygienist, meat and dairy, 3d class.

(1) Qualifications of hygienist, meat and dairy, *b* above.

(2) Graduate of the enlisted technicians' course, Army

Veterinary School, or its equivalent in either civil or military experience.

(3) Competent to make inspections, under supervision, of methods of curing, canning, and processing meats and the manufacture of dairy products, and to evaluate the standards of sanitation maintained.

(4) Able to:

(a) Instruct hygienists, meat and dairy, in lower grades and to supervise the inspection made by his assistants.

(b) Prepare and keep all records necessary in the office of a depot or port veterinarian.

d. Expert hygienist, meat and dairy, 2d class.

(1) Qualifications of senior hygienist, meat and dairy, in *c* above.

(2) Competent to:

(a) Make the inspection, under general supervision, of the methods used in curing, canning, freezing, selecting, and grading of meats and meat food products, and the manufacture of dairy products; and in the sanitary requirements of establishments including milk plants and dairies.

(b) Make the inspection, under general supervision, of poultry, eggs, and fish.

(c) Instruct subordinate technicians.

e. Master hygienist, meat and dairy, 1st class.

(1) Qualifications of expert hygienist, meat and dairy, in *d* above.

(2) Expert inspector of food and dairy products as demonstrated during long and excellent service.

SCOPE OF INSTRUCTION AND TEXT REFERENCE, VETERINARY TECHNICIANS

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Veterinary hygiene	46	Veterinary station service. Veterinary service in the theater of operations. Scheme of evacuation. Veterinary reports, returns, and records. Stable construction, hygiene, and ventilation. Quarantine and isolation. Dipping and dipping vats. Stable management. Conditioning of animals. Fitting and care of equipment. Conditioning and care of animals on march and in field. Forage, composition of feeds, feeding factors, food values, and watering. Dressing teeth. Aging of animals. Classification and specifications—branding and registration of public animals.	AR 30-440, 30-445, 40-203 and 40-2195 to 40-2270, inclusive; Medical Bulletin No. 19; Medical Bulletin Technical information for Enlisted Personnel of the Veterinary Service; FM 25-5; *TM 8-238.
Veterinary anatomy	22	Anatomy of the skeleton. Muscles, ligaments, tendons, and joints. The digestive, respiratory, urogenital, circulatory, and lymphatic systems. Pulse and temperature. The special senses. Nervous system. The eye, ear, nose, and skin.	FM 25-5.
First aid—animal nursing, including minor surgery	30	Diseases and common injuries of the muscles, tendons, ligaments, and joints. Diseases of the digestive, respiratory, urogenital, circulatory, lymphatic, and nervous systems. Diseases of the eye, ear, nose, and skin. Diseases of the foot, the bone, and lameness. Wounds, their control and treatment; control of hemorrhage. Animal nursing. First aid. Operating room technique and post-operative care.	Medical Bulletin, Technical Information for Enlisted Personnel of the Veterinary Service; *TM 8-238.
Veterinary bacteriology	39	Preparation and shipping of specimens. Bacteria, distribution, nature, and classification. Sterilization methods. Preparation of culture media. Pathogenic bacteria; morphology. Identification of bacteria. Staining methods. Artificial cultivation. Amoebic and anerobic bacteria. Bacteriology of milk and water. Infection, immunity, and allergy.	Manual of Veterinary Bacteriology, Kelser; AR 40-2145; *TM 8-238.
Materia medica, Therapeutics, and pharmacy	28	General therapeutics. Recognition of poisons. Dosage and administration. Specific action. Metrology and prescription writing. Pharmaceutical processes and pharmacy management.	Medical Bulletin, Technical Information for Enlisted Personnel of the Veterinary Service; *TM 8-238.

*See paragraph 3e.

SCOPE OF INSTRUCTION AND TEXT REFERENCE, VETERINARY TECHNICIANS

Subject	No. hours	Scope of instruction (minimum standards to be reached)	Text reference
Horseshoeing	8	Practical horseshoeing and shoeing defects.	*FM 25-5; *TM 8-240.
Roentgenology	61	Elementary electricity and physics. X-ray apparatus and safety factors. Films and developers. Positioning and restraint. Practice exposures. Fluoroscopy.	U. S. Army X-ray Manual; *TM 8-240 and 8-275.
Procurement and inspection of hay, straw, and grain	136	Practical laboratory analysis of hay, straw, and grain. Analyzing and scoring timothy, alfalfa, clover, Johnson, prairie, and grain hays. Grades and classes of oats and corn. Storing and sampling of concentrates. Practical laboratory analysis of grains.	U. S. Standards for Hay and Straw. Hay Inspector's Manual; Official Grain Standards of the United States.
Meat and dairy hygiene	158	Understanding the sanitary requirements and interpretation of Federal Specifications relating to the procurement of meats, meat food, dairy and marine products. Sanitary inspection of establishments. Ante mortem, slaughter, and post mortem. Sanitary inspection, classification and grading fresh meats, cured, smoked and canned meats, rendered products, sausages, poultry, eggs, fish and sea foods, butter, cheese, and miscellaneous products.	Military Meat and Dairy Hygiene - Eakins; AR 40-2150 to 40-2230, inclusive, and 40-2260; *TM 8-238.

*See paragraph 3c.

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