HEADQUARTERS FOURTH ARMORED DIVISION
APO # 254, U. S. ARMY

3 July 1944

MEDICAL POLICIES WITHIN 4TH ARMORED DIVISION

1. During operations, principles as outlined below will be followed by this division in the evacuation of casualties. There is no routine evacuation procedure in combat.

2. MOVEMENTS:

a. Approach March.

(1) Medical detachments will normally march with "A" trains of units and organizations. They will at all times render close support to parent organization.

(2) Medical companies supporting combat commands will normally follow route of march combat commands. When "B" trains march under combat command control, supporting companies move with combat command trains under march control of Combat Command Trains Commander.

B. March Casualties (during approach march).

(1) Unit casualties will be carried until all available space, which includes empty or towed disabled vehicles, has been exhausted. When no available space remains, casualties will be deposited, with an aid man, along the axis of evacuation. Ambulances from the supporting medical company will evacuate these casualties.

3. EVACUATION:

a. General.

(1) Evacuation of march casualties as given in 2b.

(2) Bn Aid Stations will be located in visinity of Bn CP.

(3) Whenever practical, ambulances of supporting medical company will evacuate Bn Aid Stations.

b. Within Units.

(1) Reconnaissance Squadron.

(a) One (1) ¼-T Trk and two (2) aid men accompanies each leading reconnaissance troop. One (1) ¼-T Trk remains in reserve. Aid station is set up near squadron headquarters (forward echelon). Evacuation from leading troops is through squadron aid station.

(b) One ¼-T Trk with two (2) aid men assigned whenever practical (squadron leader's decision) to Ren Cos attached to combat commands. Combat Command Surgeon is responsible for evacuation.

(2) Tank Battalion.

(a) A medical peep, (¼-T Trk), will follow tanks engaging the enemy. Personnel in this peep will give emergency medical treatment. Litter cases will be evacuated by ¼-T Trk to aid station.

(b) When necessary, litter bearers will carry patients directly to a designated collecting point.

(c) Mobile aid station will be set up at rally point after an attack.

(3) Infantry Battalion.
(a) Aid men follow each company into action. They give emergency treatment and mark casualties for pick-up by the litter bearers in peep who follow each company.

(4) Field Artillery Battalion.
(a) One aid man will be assigned to each firing battery. Evacuation from gun positions to battalion aid station will be by ¼-T Trk.

(5) Engineer Battalion.
(a) River crossing (Par 4).
(b) Two aid men assigned to each detached company. Senior Surgeon of unit from which company is assigned is responsible for evacuation.

(6) Division Headquarters - Forward Echelon.
(a) Medical service is given by medical detachment of Division Headquarters; evacuation direct to nearest clearing platoon.

(7) Trains.
(a) Medical service given by reserve medical company.

(8) Maintenance Battalion.
(a) Companies supporting combat commands - Two aid men assigned to detached company. Combat Command Surgeon is responsible for evacuation.

(9) Administrative Center.
(a) Medical service will be arranged by Division Surgeon.

4. BRIDGING OPERATIONS:

a. Initial movement of casualties from the far shore to the near shore is the responsibility of the Engineer Battalion Surgeon. This responsibility shifts to the Combat Command Surgeon when medical detachment of leading combat unit crosses.

b. Medical personnel of units engaged accompany their organizations to the far shore. They will carry sufficient morphine, sulfa drugs, splints, and plasma to treat emergencies. They will treat and move casualties to the collecting post, (far shore), where they can be loaded on boats and returned to the near shore. Casualties will be given additional treatment at the near shore aid station under the Engineer Battalion Surgeon. The Combat Command Surgeon will direct evacuation from this aid station to the clearing station.

c. The aid station on the near shore will continue operating until an aid station can be established on the far shore. Collecting post on the far shore continues operating until a clearing station can be established at that point.

5. RETROGRADE MOVEMENTS:

a. During retrograde movements, the Combat Command Surgeon and the medical company commander will jointly select a new site for the clearing station. One section of the clearing station will fall back to the new site and begin operation. The other section at the old site will then join it.

b. The ambulance shuttle system will remain intact as long as possible.

c. Litter bearers (from collecting platoon of the medical company) will reinforce medical detachments when necessary.

d. If casualties cannot be evacuated, medical personnel will be left to care for them. The decision to abandon wounded is a command decision.

6. DUTIES OF COMBAT COMMAND SURGEON:

a. Responsibilities to Combat Commander.

(1) Keep Combat Commander informed on casualty density areas, type of casualties and status of medical supply of each battalion medical section.

(2) Advise Combat Commander on matters relating to care and evacuation of casualties.

b. Responsibilites to Battalion Surgeons.

(1) Maintain constant contact with Battalion Surgeons.

(2) Coordinate the evacuation of casualties from aid stations to clearing platoon.

c. Relationship with Combat Command Dental Surgeon.

(1) Combat Command Dental Surgeon will act as liaison officer for Combat Command Surgeon. He will remain at Combat Command Headquarters and take care of dental emergencies. Cases selected for him will be of a type not necessitating evacuation outside the combat command.

d. Relationship with supporting medical company.

(1) Combat Command Surgeon will receive a daily casualty report from supporting medical company and submit same to Combat Commander.

(2) Combat Command Surgeon will keep medical company commander informed of the tactical situation.

(3) Medical company will remain as close to the front as practical to insure speedy evacuation.

HEADQUARTERS FOURTH ARMORED DIVISION
APO # 254, U. S. ARMY

3 July 1944

OPERATIONS MEMORANDUM)
:
NUMBER. . . . . 5)

MEDICAL

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(a) A medical officer, in a ¼-T Trk, will follow tanks engaging the enemy. He will give emergency medical treatment. Litter cases will be evacuated by ¼-T Trk to aid station.

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(4) Field Artillery Battalion.

(a) One aid man will be assigned to each firing battery. Evacuation from gun positions to battalion aid station will be by ¼-T Trk.

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(a) River crossing (Par 4).

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By command of Major General WOOD:

W. A. BIGBY,
Colonel, G. S. C.,
Chief of Staff.

OFFICIAL:

J. H. HINCKLICK
Lt Col, A. G. D.
Adjutant General

COPY

COPY

TRAINING PROGRAM FOR REPLACEMENTS

TIME	SUBJECT	INSTRUCTOR
1st Day	Organization and Function of the Medical	To be selected
0900-0950	Service of an Armored Division	from Reserve
1000-1050	Elementary Anatomy and Physiology	Company
1300-1450	Wounds, types and dressings; Use of Morphine Syrette	
1500-1650	Bones and Joints; Fractures and Sprains	
2nd Day		
0900-1050	Treatment of Shock	
1100-1150	Hemorrhage; Pressure Points; Manual Cont	
1300-1450	Hemorrhage; Control, Review of pressure points; Use of Tourniquet (Br. and U.S.)	
1500-1650	Splinting and Bandaging	
3rd Day		
0900-0950	Treatment of Burns	
1000-1150	Diagnosis and Proper Abbreviations	
1300-1450	Preparation of MAT's; explanation and application	
1500-1650	Splinting and Bandaging	
4th Day		
0900-0950	Use of Plasma	
1000-1050	Ambulance loading (Jeep Ambulance)	
1100-1150	Review, Hemorrhage control	
1300-1350	Review, Treatment of Shock	
1400-1450	Preparation of MAT's	
1500-1650	Splinting and Bandaging	
5th Day		
0900-1050	Dressing the Litter and Litter Carrying	
1100-1150	EVACUATION	
1300-1350	Correction of Examination	
1400-1650	Splinting and Bandaging	