

WAR DEPARTMENT,
WASHINGTON 25, D.C., 30 August 1944

FM 17-80, Armored Field Manual, Medical Units, Armored, is published for the information and guidance of all concerned.

L.A.G. 300.7 (28 Jul 44).1

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:

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

DISTRIBUTION:

As prescribed in paragraph 9a, FM 21-6 except Gen & Sp Sv Schs (5) except Armd Sch (400), D 2, 7(5), 17(10); Bn 17(20); I Bn 2(25), 5(15), 6(20), 7(20), 8(60), 9(15); IC 6, 11, 17(5).

I Bn 2: T/O & E 2-25;

I Bn 5: T/O & E 5-215;

I Bn 6: T/O & E 6-165;

I Bn 7: T/O & E 7-25;

I Bn 8: T/O & E 8-75;

I Bn 9: T/O & E 9-65;

IC 6: T/O & E 6-160-1;

IC 11: T/O & E 11-57;

IC 17: T/O & E 17-20-1; 17-22; 17-60-1.

For explanation of symbols see FM 21-6.

TABLE OF CONTENTS

	Paragraph	Page
CHAPTER 1. GENERAL.		
Section I. Characteristics of Armored Medical Units	1	1
II. Medical Service of Armored Group and Separate Armored Battalion	2-3	3
CHAPTER 2. MEDICAL SERVICE OF ARMORED DIVISION.		
Section I. General	4-8	4
II. Division Surgeon	9-12	8
III. Medical Detachment	13-19	10
IV. Armored Medical Battalion ...	20-25	25
CHAPTER 3. ARMORED DIVISION MEDICAL SERVICE IN COMBAT	26-30	38
CHAPTER 4. GENERAL AND SPECIAL TRAINING.		
Section I. General Training	31	41
II. Evacuation of Casualties from Tanks	32-39	41
III. Use of Expedient Ambulance..	40	63

CHAPTER 1

GENERAL

Section I. CHARACTERISTICS OF ARMORED MEDICAL UNITS

1. **GENERAL.** a. This manual is designed as a supplement to FM 8-10. Herein are contained only those subjects and procedures peculiar to armored medical units.

b. Armored medical organizations are specially equipped and trained for operations with armored units. (See fig. 1.)

(1) The medical detachment of the tank battalion moves in vehicles in close support behind the tank companies, and directs its principal efforts at emergency treatment, either in vehicles or on the battlefield. All casualties are promptly evacuated to battalion aid stations or to casualty collecting points established along the axis of evacuation.

(2) Battalion aid stations wherever established are closed when the attack starts and vehicles thereof are distributed to the individual companies to follow them during the attack. Aid station vehicles remain within sight distance of the attacking troops. For establishment of battalion aid stations, see paragraph 15.

(3) The principal effort of the medical battalion is directed toward the prompt evacuation of casualties from battalion aid stations or casualty collecting points to the clearing stations established by the medical companies. These clearing stations reflect the characteristic high mobility of armor; they are organized and equipped with extremely mobile

For military terms not defined in this manual see TM 20-205.

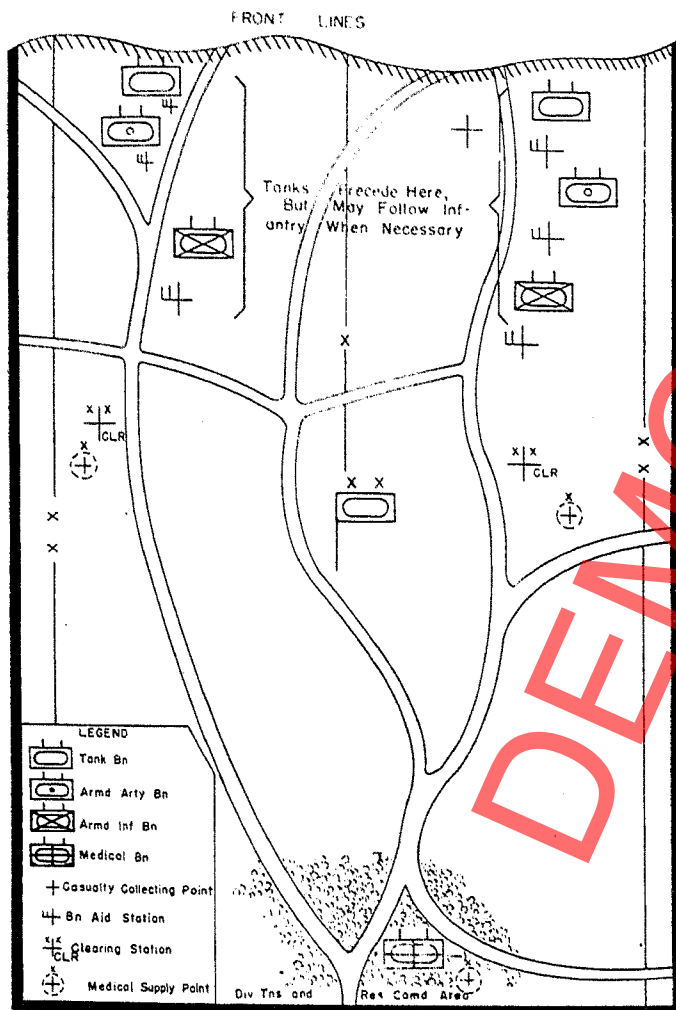


Figure 1. Medical installations of the armored division—schematic.

surgical trucks, and are capable of treating casualties in a short time after movement has ceased.

c. Armored medical units are closely supported by higher echelons of medical service to preserve their mobility, since accumulated casualties soon render medical units immobile.

Section II. MEDICAL SERVICE OF ARMORED GROUP AND SEPARATE ARMORED BATTALION

2. **GENERAL.** Separate tank battalions, armored infantry battalions and armored field artillery battalions are identical with those which are included in the armored division. They are self-sufficient administratively and tactically. Each includes a medical detachment. Separate battalions may be organized into armored groups for purposes of training and tactical control.

3. **METHODS OF ATTACHMENT.** a. Orders designating attachment of a group or separate battalion may be either oral or written. They emanate from higher headquarters.

b. Upon notification of such attachment, it is the responsibility of the surgeons concerned to establish personal contact with the senior medical officer of the unit to which attached.

c. Tentative plans are made for the medical support of attached troops based upon the anticipated employment of those troops. It is essential that the surgeon of the attached unit know the location, strength, and composition of medical units which support and supply his own medical service.

d. Upon learning of the tactical employment of his unit, the surgeon informs the commanding officer of the supporting medical unit of the axis of evacuation and probable locations of aid stations and casualty collecting points to be used in the anticipated tactical operation.

MEDICAL SERVICE OF ARMORED DIVISION

Section I. GENERAL

4. ORGANIZATION. *a.* The medical service of the armored division consists of all Medical Department personnel assigned to the armored division under existing Tables of Organization, functionally grouped as follows:

- (1) *Division surgeon's office.* See paragraph 9.
- (2) *Medical detachments.* These detachments provide first echelon medical service for the division and furnish the medical service of the organization to which attached. (See FM 8-10.)

(3) *Armored medical battalion.* This divisional medical organization provides second echelon medical service for the division and serves the division as a whole.

b. For organization of the armored division medical service, see figure 2.

5. STANDING OPERATING PROCEDURE. *a.* The armored division operates tactically in two or more combat commands. Combat commands are formed for a particular operation. Normally an armored medical company is included in each of the two combat commands and a part or all of the Third Company in the reserve command.

b. Standing operating procedures are essential in the performance of routine administrative and tactical functions. The medical detachments conform to the standing operating procedure of the organization to which attached. The

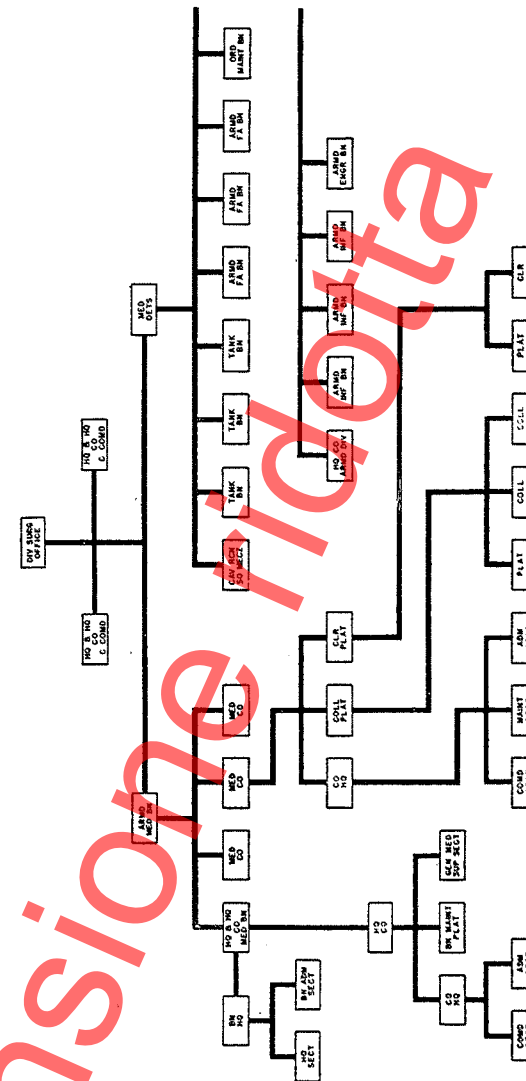


Figure 2. Organization, armored division medical units.

casualties remaining to be evacuated. Litter bearers may also be used to evacuate medical detachments when ambulances cannot reach the battalion aid stations or casualty collecting points, either because of enemy fire or impassable terrain. In this event, litter bearers carry or guide casualties to a point accessible to the medical company ambulances.

c. Clearing platoon. (1) *Organization.* The clearing platoon consists of a platoon headquarters and a clearing section. The platoon headquarters is transported in a vehicle equipped with a radio set included in the group medical net (FM). Included in the transportation of the clearing section are two surgical units, each of which is a specially constructed operating room inclosed in a sheet metal panel body and mounted on a 2½-ton, 6 x 6, truck chassis. (See figs. 7 and 8 and TM 9-2800 and 9-801.)



Figure 7. Surgical truck.



Figure 8. Interior of surgical truck.

(2) Each surgical unit contains an operating table with operating lights, cabinets for supplies, instruments and sterile dressings, hot water heater with boiler, a supply of cold water, a sterilizing unit and facilities for ventilation and heating. Electric power is furnished by a gasoline-operated generator. Each surgical unit includes a specially constructed blackout tent to provide additional space for the treatment of casualties. One surgical unit has in addition the necessary items of equipment to treat gas casualties. In the event of an enemy gas attack, this unit operates for the emergency treatment of systemic symptoms incident to toxic

gases and the emergency treatment of chemical burns. It is equipped to perform essential decontamination of personnel and equipment.

(3) *Functions and operation.* (a) This platoon is the nucleus of second echelon medical service in combat. The clearing station does not attempt surgical procedures better performed by specialized units of supporting medical elements. Its primary purpose is to perform emergency surgery, including amputation, to combat shock, to administer blood and plasma transfusions, tetanus toxoid, apply splints, and check dressings.

(b) Mobile medical supplies are maintained normally at this station by the division medical supply officer. Such medical supplies are intended for all medical troops in the forward area and may be delivered to them by any means available. The medical company commander is responsible that these medical supplies are moved forward with the clearing station.

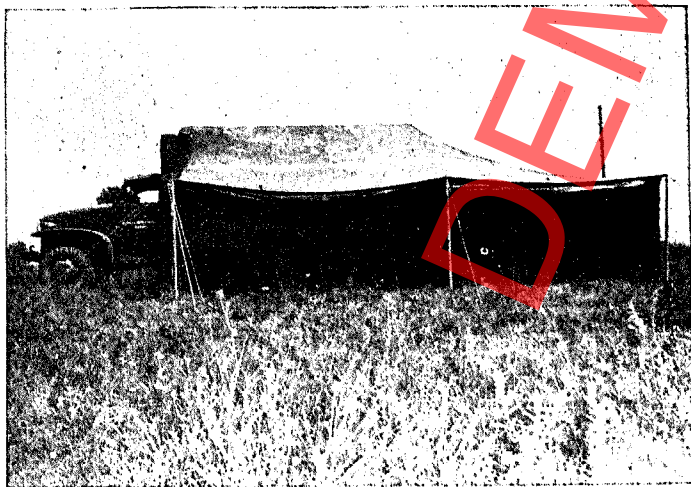


Figure 9. Surgical truck with blackout tent.

(c) Personnel of the clearing platoon headquarters records and maintains accurate data on casualties. Patients are sorted upon arrival. The slightly wounded are given necessary emergency medical treatment and returned to their units. Serious cases are prepared for further evacuation to the rear. When the station moves forward to maintain close support, one surgical unit may "leap-frog" the established station, provided the remaining unit is not needed for treatment of gas casualties (see (2) above). When the advance section is functioning in the new site, the rearmost unit upon being evacuated by the supporting higher echelon moves forward and the station is again complete.

(4) *Necessity for sorting casualties* (see FM 8-10). Prompt and accurate sorting of casualties upon their arrival at the clearing station is important. Efficiency in this function prevents confusion and assures that casualties are seg-



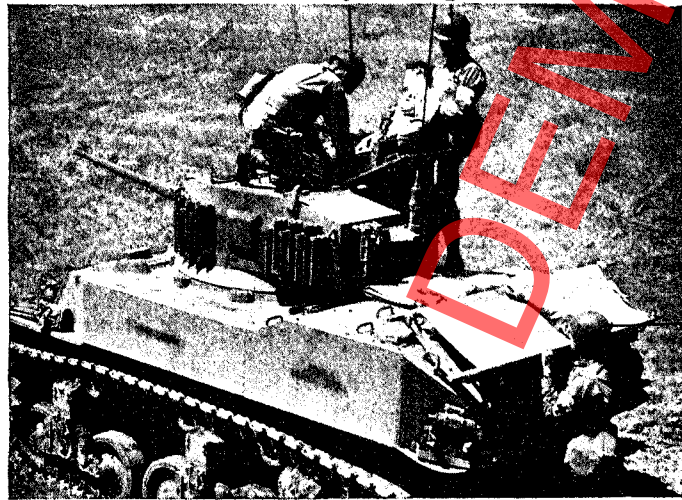
Figure 10. Blackout tent.



① Front.
Figure 13. Pistol belt hitch.



② Side.
Figure 13. Pistol belt hitch—Continued.



①
Figure 15. Light tank, M5 series. Evacuation of right turret compartment.



②
Figure 15. Light tank, M5 series. Evacuation of right turret compartment
—Continued.

takes position at normal interval to the left of No. 1. Nos. 3 and 4 take position as rear files of Nos. 1 and 2, respectively.

38. EVACUATION FROM LIGHT TANK, M5 SERIES.

a. The command is: EVACUATE RIGHT TURRET COMPARTMENT, PREPARE TO MOUNT, MOUNT (fig. 15). No. 1 mounts the tank from the front, calls "Friendly troops," and opens the right turret hatch. Nos. 2 and 3 mount the tank and take positions on the right and left sides of the turret, respectively. No. 4 opens the litter, places it on motor deck, and takes positions at the rear of the tank. No. 1, after opening the hatch, examines the gunner and applies the supporting sling, when necessary. He may have to enter the turret to do this. Nos. 1, 2, and 3 raise the casualty to a supported sitting position on the right side of the turret rim. By a left side carry (No. 3 at the feet, No. 1 supporting the buttocks and trunk, No. 2 supporting the head and shoulders) the casualty is placed upon the litter which is steadied by No. 4. No. 3 jumps to the ground and assists No. 4 in rotation of the head end of the litter so that only its foot end rests on the motor deck. No. 3 takes position at one side of the litter. No. 2 then takes position opposite No. 3 and Nos. 2, 3, and 4 lower the litter to the ground. No. 2 removes the supporting sling. The team then places the litter in a position of delilade designated by the team commander.

b. The command is: EVACUATE LEFT TURRET COMPARTMENT, PREPARE TO MOUNT, MOUNT (fig. 17). No. 1 mounts the tank in the prescribed manner, unlatches and opens the left turret hatch, examines the tank commander, and applies a supporting sling where necessary. Nos. 2 and 3 mount the tank and take positions to the right and left of the turret, respectively. No. 4 places the open litter on the motor deck and takes position to the rear of the tank. Nos. 1, 2, and 3 raise the casualty to a supported sitting position on the left side of the turret rim. Nos. 1, 2, and 3 lower the casualty to the



Figure 16. Evacuation of bow gunner's compartment.

INDEX

	<i>Paragraph</i>	<i>Page</i>
Aid station:		
General	1	1
Employment	15	12
Ambulances	40	63
Armored group	2, 3	3
Attachment	3	3
Battalion surgeon	18	23
Casualties, removal	32-39	41
Clearing platoon	23	29
Collecting platoon	23	29
Combat command surgeon	8	7
Communication	25	34
Defensive operations	28	39
Detachment, medical:		
Armored infantry battalion	16	15
Armored engineer battalion	16	15
Armored field artillery battalion	16	15
Employment	15	12
General	1, 4	1, 4
Ordnance maintenance battalion	16	15
Organization	14	10
Status	13	10
Tank battalion	16	15
Division medical service:		
Armored medical battalion	4	4
Defensive operations	28	39
Medical detachments	4	4
Offensive operations	27	38
Organization	4	4
Retrograde movements	29	39
Special operations	30	40
Division surgeon	4, 9-12	4, 8
Relationships	8	7
Doctrines of employment	5	4
Drill	32-39	41
Evacuation:		
Casualties from tanks	32-39	41
Clearing station	24	30
Collecting platoon	24	30
Liaison	25	36
Medical battalion:		
Employment	20	25
Headquarters	21-23	25
Organization	4, 19	4, 24
Medical company	23	29

	<i>Paragraph</i>	<i>Page</i>
Offensive operations	26	38
Principles of employment	6	6
Retrograde movements	29	39
Special movements	30	40
Supply:		
General	25	36
Medical detachment	18	23
Support, necessity for close	7	7
Training	31	41

☆ 603683—1944

DEMO
dimensione ridotta