

## **Regulations etc., re the Army Medical School, Netley, Hampshire**

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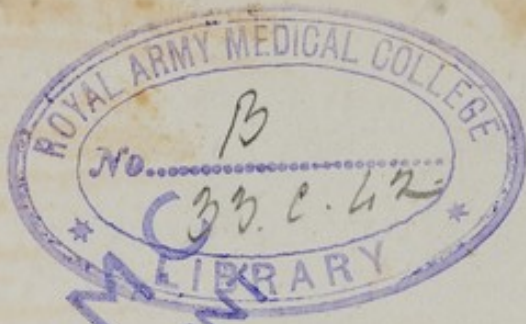
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Army Medical School  
Warrant of Oct 14<sup>th</sup> 1857

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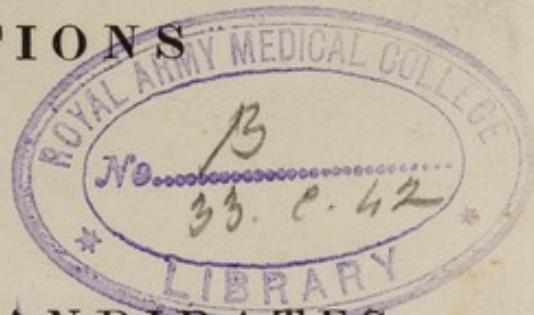


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# REGULATIONS

FOR THE



# GUIDANCE OF CANDIDATES

ATTENDING THE

ARMY MEDICAL SCHOOL AT NETLEY.



R.A.M.C.  
MUNIMENT  
ROOM

LONDON :

PRINTED BY GEORGE E. EYRE AND WILLIAM SPOTTISWOODE,  
PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.  
FOR HER MAJESTY'S STATIONERY OFFICE.

1866.



REGULATIONS

FOR THE

GUIDANCE OF CANDIDATES

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*A copy of these REGULATIONS will be furnished, free of expense, to each Candidate on joining the courses of instruction at Netley, and Candidates are required to make themselves familiar with them, and to use them for their guidance and direction throughout the session.*

*Each Candidate is held responsible for the good preservation of the copy of these REGULATIONS entrusted to him, and he will be required to return it to the Secretary of the Army Medical School before leaving Netley.*

*Candidates are also required at their own expense, to furnish themselves with a copy of the "QUEEN'S REGULATIONS" and also of the "MEDICAL REGULATIONS."*

*These Regulations are required to be in the possession of every Medical Officer, as well as of all Candidates; and the Candidates are expected to make themselves familiar with such parts of them as may bear upon their conduct and duties when attending the Army Medical School.*

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LONDON

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1881

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REGULATIONS  
FOR THE  
GUIDANCE OF CANDIDATES

ATTENDING THE  
ARMY MEDICAL SCHOOL AT NETLEY.

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Section I.

CONSTITUTION, GOVERNMENT AND GENERAL DISCIPLINE  
OF THE ARMY MEDICAL SCHOOL.

The Army Medical School has a distinct and independent existence under the Secretary of State for War, and is governed by its own SENATE, which holds a meeting for the dispatch of business once a month, or oftener if necessary.

The SENATE consists of the Director-General of the Army Medical Department, who presides at its meetings; the Physician to the Council of India; the Professors of the School; and the Principal Medical Officer of the Royal Victoria Hospital *ex officio*.

The SENATE regulates the routine business of the School; decides, subject to the sanction of the Secretary of State for War, on the arrangement, number, hours, &c. of the lectures and instructions; makes and amends rules for the conduct of the Candidates; preserves discipline; has the regulation and direction of the Candidates' Library, of the Museum, Model-room, and Laboratory; selects books, models, chemical and other apparatus necessary for the School; and makes up and submits to the Secretary of State for War all estimates of expenditure connected with the school.

No act of the Senate is binding until it has received the approval of the Secretary of State for War.

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## Section II.

CONSTITUTION AND ADMINISTRATION OF THE ROYAL  
VICTORIA HOSPITAL IN RELATION TO THE ARMY  
MEDICAL SCHOOL.

THE GOVERNOR AND COMMANDANT.—The Royal Victoria Hospital is under the government of a Governor and Commandant who is responsible to the Secretary of State for War for the discipline and good order of the whole establishment. (*Vide Med. Reg.*, p. 40.)

THE PRINCIPAL MEDICAL OFFICER has the control of everything belonging to the Medical Department of the Hospital. (*Vide Med. Reg.*, p. 42.)

OFFICERS IN CHARGE OF, AND SUPERVISING, THE DIVISIONS.—The wing of the Hospital set apart for the treatment of the sick is divided into two divisions, medical and surgical. Certain wards of each of these two divisions are set apart for purposes of clinical teaching by the Professors of Military Medicine and Surgery respectively.

ASSISTANTS TO THE PROFESSORS.—The Professors are assisted by Staff Surgeons. Two of these officers hold special appointments of Assistants to the Professors of Military Medicine and of Military Surgery. They have to assist the Professors in their clinical duties, being responsible to them for the due order of the wards and the regular performance of the duties by the Candidates attached to their respective divisions.

THE WARDMASTER of each division attends to the discipline of the Patients by day and night; to the regulation and conduct of the Orderlies, and sees that the latter carry out the instructions of the Nurses in the terms of the regulations. (*Vide Med. Reg.*, p. 46.)

THE ORDERLIES attend on the sick and conform to the requirements of the Nurses in all matters contained in the regulations for Nurses. (*Vide Med. Reg.* p. 46.)

NURSES.—The Candidates in charge of wards are required to deliver very clearly to the NURSES their orders with reference to the sick, and are expected to give every support to the Nurses in carrying out the important duties entrusted to them.

In the event of any Candidate having cause of complaint against a Nurse, Orderly, or Wardmaster, he shall report the



same to the Staff Surgeon of the division, who will deal with the case in conformity with the Medical Regulations.

**PAYMASTER.**—Candidates draw their pay through the Paymaster of the Hospital. For this purpose they must appear in person at the Paymaster's office punctually at such a day and hour (generally on the first or last day of each month) as will be made known to them in the orders contained in the Order Book of the previous day.

It is the Paymaster's, or in his absence the Cashier's, duty to deduct from the Candidates' pay the income tax,\* and also any charges for barrack damages or on public accounts.

Any complaints with regard to the issue of pay must be made, in writing, through the official channel pointed out in Section XIII. of these Regulations.

**THE BARRACKMASTER** is in charge of the public buildings. This officer gives over to each Candidate the quarter which he is to occupy, with a list of all articles of furniture, utensils, &c., which are contained in the quarter and are property of the Government, and for the good preservation of which the occupant is held responsible.

In entering on the occupation of quarters, the Candidate ought to satisfy himself, by comparing the inventory board supplied by the Barrackmaster with the contents of the room, that everything is in good condition, and that the doors, windows, locks, and window glass are in proper repair. When once the quarter has been taken over by a Candidate from the Barrackmaster, no change can be made without the permission of the Principal Medical Officer, concurrence of the Barrackmaster, and sanction of the Commandant.

The injuries which the quarter or its contents may sustain during occupation by the Candidate are assessed at the end of the session by the Barrackmaster, and under the name of "barrack damages," he recovers the amount of this assessment from the Paymaster, who deducts or withholds it from the pay due to the Candidate.

The position and duties of the **CAPTAIN OF ORDERLIES**, with whom Candidates may principally come into contact during their time of duty as *Orderly Officers*, are defined on page 44 et seq. of the Medical Regulations.

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\* Forms of claims for abatement or remission of income duty can be obtained, on application, at the Paymaster's office; but until the authority of the Commissioners for its remission arrives, the income duty has to be deducted from the pay.



### Section III.

#### COURSE OF INSTRUCTION IN THE ARMY MEDICAL SCHOOL.

THE LECTURES AND PRACTICAL INSTRUCTION given at the Army Medical School are directed exclusively to the specialities of the Military Medical Service.

The special practical instruction which the school is intended to afford is given by the following four Professors:—

The Professor of Clinical and Military Medicine,  
 The Professor of Clinical and Military Surgery,  
 The Professor of Military Hygiène,  
 The Professor of Pathology.

The course of CLINICAL AND MILITARY MEDICINE consists of two parts: clinical instruction in the wards, including the various methods of diagnosis, and especially the modes of investigating the history of diseases in relation to the previous life and service of the soldier. The Candidate is required to call in the aid of auscultation, the microscope, the laryngoscope, &c., and to apply the various chemical tests for the purposes of exhaustive diagnosis. The regulations regarding recruiting, sick certificates, and invaliding, are explained to the Candidates, who are required to examine men for these purposes under the supervision of the Professor or his assistant.

The Professor of Military Medicine also gives a course of lectures on those diseases which are most prevalent or fatal among soldiers and in tropical climates.

The course of CLINICAL AND MILITARY SURGERY has, like the preceding, a special and practical character, and consists of clinical instruction similar to that given in the wards of the Medical Division, embracing the duties of recruiting, invaliding, &c., and of systematic lectures. These latter refer chiefly to the duties of the military surgeon and the surgical arrangements in the field, the transport of sick and wounded, and the diagnosis and treatment of gunshot wounds and other injuries inflicted in warfare. The Professor of Military Surgery gives also instructions in the application of the ophthalmoscope, and in the practice of operative surgery.

The course of lectures on MILITARY HYGIÈNE is directed to impress on the mind of the candidates the principles on which the prevention of disease is based, not only in their scientific, but in their practical aspect, and from thence to



follow out the special application of these principles to the preservation of the health of troops in barracks, garrisons, stations, camps, and on marches. This is done by practical instruction in the problems of Army Hygiène and by reference to diagrams, models, and other modes of illustration.

This course also includes instructions in Meteorology, and in the practice of instituting and registering meteorological observations.

The Professor of PATHOLOGY delivers lectures and gives demonstrations in Pathology and Morbid Anatomy, conducts all the Post-mortem Examinations in presence of the Candidates, and gives, in the practical room, a complete course of instruction in the use of the Microscope, and its practical application to Morbid Anatomy and Pathology.

## Section IV.

### HOSPITAL DUTIES OF THE CANDIDATES.

#### A. IN CHARGE OF WARDS.

Candidates while in charge of wards will be held responsible with regard to the following duties:—

The treatment and management of the patients in the wards, subject to the supervision of the Professor or Staff Surgeon of the division;

The ventilation, general neatness, and cleanliness of the wards; and

The due keeping of the different books and documents ordered by the Medical Regulations.

The following are the ROUTINE DUTIES to be performed daily by the Candidates in charge of wards:

The MORNING VISIT is to be paid at 9 a.m. in summer, and at 10 a.m. in winter. At this visit the Candidate will inspect the ward first as to its ventilation, general order, and cleanliness; he will then go round all his patients, and ascertain if any important changes have taken place; but he will prescribe *at once* for any patient who may require immediate treatment.

The DIET for the *following* day is then to be marked on each patient's Diet Sheet, and any EXTRAS required are to be duly entered. The extras are issued to patients on the *same* day they are ordered for them.

DIETS AND EXTRAS.—The Candidate will make himself acquainted as soon as possible with the regulations on these subjects, as given at page 59 et seq. of the Medical Regulations.







and extras and the hours at which they are to be given. The Ward Book is to be open at all times to the Nurse, Wardmaster, and Officers of the attendance department.

2. The Ward Book must enable the inspecting officer to ascertain, at any time after the morning visit, what has been ordered for each patient for the day, so that it may be determined whether the directions for the administration of medicines, applications of dressings and other surgical remedies, have been attended to by the Nurses, Orderlies, or others concerned.
3. When fresh prescriptions are ordered they must be legibly written, so that there may be no chance of error on the part of the dispenser from absence of clearness in the written directions.

The candidate will then proceed to enter the detailed history of each case in the CASE BOOK and in the ADMISSION AND DISCHARGE BOOK.

The ADMISSION AND DISCHARGE BOOK explains itself. The Candidate has merely to fill up the blank spaces from the history and symptoms of the patient's case.

The CASE BOOK of each Candidate is made the subject of examination at the termination of the course of instruction at the Army Medical School, and marks are awarded for the manner in which it has been kept.

The following are the points to which the examination of the Candidates' Case Books is particularly directed :

- (a) Professional merit ;
- (b) Literary merit ;
- (c) Attention to the details of the regulations ; and
- (d) General neatness.

Regulations referring to the general objects and management of the Case Book will be found at page 121 of the Medical Regulations ; there are also printed instructions on these subjects on the first page of the Case Book itself. The following detailed instructions will guide the Candidate in certain particulars as to the manner of entering cases in his Case Book ;

1. The number of the folio is to be inserted at the top of each page of the Case Book.
2. In addition to the surname, the christian name of each patient must be inserted in full. The man's rank and regiment must be also noted.
3. In entering "years of service," after the number of years, the number of months must be inserted, thus,  $\frac{4}{12}$ ,  $\frac{9}{12}$ , &c.



4. The " Station " signifies the station where the disease or disability was contracted. (This applies to cases at the General Invalid Hospital only.)
5. The " Time on the Station " also refers to the time on the station where the disease was contracted. (This also only applies to cases at the General Invalid Hospital.)
6. " Completed days of disease." Here must be inserted the number of days since the disease was contracted.
7. After the printed word " Disease " must be inserted the name of the disease or disability for which the man is under treatment or observation. This name must be taken from the list of names of diseases in the authorized classification, and must correspond with the name of the disease written on the patient's bed-head ticket by the Staff Surgeon of the division.
8. Under the space in which is printed " Particulars of Case and Prescriptions," must be entered :
  - (a.) A complete history of the case obtained from the patient's own statement. The Candidate's professional acumen must of course be employed in sifting the evidence so obtained. The " Condition on Admission " of the patient is next to be carefully noted. If a surgical case, an exact description of the wound or injury is to be given ; if a medical case, the symptoms are to be detailed under the following heads, viz :
    - Circulatory system.
    - Respiratory        ,,
    - Digestive           ,,
    - Genito-Urinary   ,,
    - Nervous            ,,
 The Candidate's diagnosis and prognosis of the case will then be inserted.
  - (b.) When the Candidate's own account of the history of the case, diagnosis, and prognosis are completed, the abstract report of the case forwarded with the patient from the station or corps whence he came is to be obtained and entered in the Case Book as part of the record. The name of the Surgeon signing the report, and the place and date of signature, are to be invariably added.
9. When cases are transferred from one folio to another, the headings referred to in paragraphs 1 to 7 must be continued.



10. Whenever a case is carried forward to another folio, even though it may be an adjoining one, "To folio," naming the number of the fresh folio, must be written at the bottom, in the right-hand corner of the page from which the report is carried on. In like manner "From folio," must be written at the top of the page on which it is continued, on the left-hand corner.
11. If a case be transferred from one register to another, the register and folio *from* and *to* which the report of the case is carried must be recorded in the respective Case Books.
12. As soon as the name of a patient is entered in the Case Book, it must be registered in the index. The index must be kept up continuously in the following form, lines being ruled to make the indications more distinct:

Regt.	Regtl. No.	Rank.	Surname.	Christian Name.	Folios.

13. At the conclusion of each case, the destination of the patient must be stated, whether "discharged to duty," "to pension," "transferred elsewhere," or "died."
14. The registering Medical Officer's name is to be signed at the conclusion of the report of each case.
15. All records of cases must be made in the wards, and on no account are any of the Hospital books to be at any time taken from the Hospital. The Orderlies have instructions to return the books to the Serjeant in charge of the division as soon as the Medical Officer leaves the ward.
16. When fatal cases occur, the Candidate in charge of the ward will prepare an abstract report of the case upon a printed form for this purpose, which is to be obtained from the office of the Staff Surgeon of each division. This abstract is to be read at the post-mortem examination by the Candidate in charge of the case, and then to be handed over to the Professor of Pathology.

As the greater number of patients at the Royal Victoria Hospital have, generally speaking, been subjected to a long course of treatment before admission, Candidates are cautioned that it is *not always necessary to prescribe medicine* in every case on admission. This caution, however, is not to interfere



with his discretion in ordering what he may consider necessary in any particular case.

In the Surgical Division each candidate is to provide himself with a pocket case of surgical instruments.

In the Medical Division he is to furnish himself with a stethoscope. He will also be held responsible for the care of the thermometers and other public instruments and apparatus used for clinical purposes in the wards.

On no account is urine to be examined in the wards. All the reagents necessary for that process will be found in the office of the Staff Surgeon of the Medical Division, where these examinations have to take place, and from whence none of the reagents is to be removed.

As part of the WARD DISCIPLINE the Medical Candidate will take care that

No patient is allowed to make his bed down during the day unless, in the opinion of the Medical Officer of the ward, he is unfit to walk about; and that no patient leaves his ward during the morning visit, between 9 in summer, or 10 in winter, and 11.30 a.m., unless sent for by proper authority.

Candidates are to *remain in their wards until 11.30 a.m.* daily. They may then go to the Library where they must be found until 1 p.m., so as to be within call for any casual duty, unless required in the Laboratory, Microscope Room, or Ophthalmoscopic Room, or for examination of recruits, or in the Lecture Theatre.

The EVENING VISIT is to be made between the hours of 6 and 7 daily. The duties connected with this visit are defined on pages 36 and 37 of the Medical Regulations.

#### B. HOSPITAL DUTIES OF MEDICAL CANDIDATES WHEN ACTING AS ORDERLY OFFICERS.

Medical Candidates will be called upon in rotation to perform the duties of Orderly Medical Officer, and in the performance of these duties they will be guided by the following instructions:

1. The Orderly Medical Officer will commence his duties at 9 a.m., and will continue them until the same hour on the following day, when he will be relieved.
2. While on duty he must be in undress uniform. He is strictly required to remain in the room appointed for him in the Hospital, and not to leave it except for lecture or other duties, or if called away to a serious case or accident; and on such occasions he is to return as soon as possible. While so absent he must leave a memo. in the Orderly Officer's room stating where he is to be found.



- 3 He is to visit the wards and dining rooms, accompanied by the Orderly Serjeant of the day, at the hours of breakfast, dinner, and tea; also at 9 p.m., at which hour he will be careful to see that all the Orderlies are present, and that all the patients are in bed.
4. On visiting the Hospital at the hours of meals he will see that the diets and extras are properly cooked and served; he will ask if there are "any complaints;" if there are he will inquire into them, and should he consider them just and reasonable, he will send for the Captain of Orderlies and order them to be rectified, taking care to mention in his report the nature of the complaints and how it was proposed to rectify them.
5. At half past 4 p.m. he will inspect the bread and meat for the following day, and will see that the bread is of the best household sort, and that the meat is of good quality and of pieces best suited for the sick. The Orderly Serjeant of the day will inform the Orderly Officer when the bread and meat are ready for inspection, and a non-commissioned officer of the Purveyor's branch will be present at such inspection.
6. During his tour of duty the Orderly Medical Officer is responsible for the sanitary condition of the wards; he is to observe that the patients are clean, and that those allowed up are properly washed and dressed; that the wards are well aired and ventilated; that the waterclosets and urinals are clean and without smell; that excreta, dressings, poultices, blisters, &c., are at once removed, and that no undue noises or irregularities exist in the wards. Should any of the above irregularities exist, and should he consider it necessary that immediate attention be given to them, he will if unable to remedy them himself, at once bring them to the notice of the Captain of Orderlies, mentioning in his report that he did so, and with what result.
7. He will observe that the Nurses are kind and attentive to the patients, and in the absence of the Divisional Medical Officers that they carry out their instructions. Any improper conduct should be reported to the Principal Medical Officer for the information of the Superintendent General of Nurses.
8. Should any patient misconduct himself, the Captain of Orderlies should be at once, if necessary, made acquainted with the facts of the case, and the circumstance be reported to the Principal Medical Officer.



9. The Orderly Officer will see that in the absence of the Divisional Medical Officers the Orderlies are zealous in the discharge of their duties, and that they do not unnecessarily absent themselves from their wards. In case of any misconduct the Captain of Orderlies should be at once, if necessary, made acquainted with the facts of the case, and the circumstance be reported to the Principal Medical Officer.
10. He is to take instructions from the Medical Officers in charge of Divisions respecting the management of any serious cases in their absence.
11. He will have in his charge some instruments and appliances necessary in the treatment of serious cases or accidents. He must be very careful in ascertaining that they are in good order and correct according to the lists transferred to him, as he will be held responsible for any loss or damage that may appear to have occurred during his tour of duty.
12. On the arrival of invalids it is the duty of the Orderly Officer, under the directions of a Staff Surgeon, to admit them into Hospital, to diet them for the day, to prescribe for any who require immediate treatment, and to tell them off to their respective Divisions; and great care is necessary in the performance of this latter duty, since errors in diagnosis occasion needless writing and labour in the Medical and Surgical Divisions, and falsify the statistical returns of the Hospital. To expedite these important duties the Serjeant in charge of each division will attend on the Orderly Officer in the reception room, bringing with him a list showing the number of vacant beds in each ward of his division. In case any patient is ordered immediately to bed, the Sergeant of the division is to see that such patient is at once sent to his ward, and not detained in the reception or the bath room.
13. If an accident or any serious case is reported, the Orderly Officer is empowered to call upon any Medical Officer attached to the Hospital for assistance or advice, pending the arrival of the Staff Surgeon in charge of the division, who should be immediately sent for.
14. The Orderly Medical Officer is not to take his meals at mess, but will be supplied with a breakfast and a dinner in the Hospital by the messman, without any additional charge.
15. On no account are parties or noisy meetings to be held in the Orderly Officer's Room.



16. The Orderly Medical Officer is not to apply for leave of absence, and is on no account to delegate any part of his duties to another Officer. Should sudden illness, or other accidental cause, prevent the Orderly Officer from completing his tour of duty, such occurrence is immediately to be reported to the Principal Medical Officer, who will detail another Officer to complete it for him; but he is not to leave the Hospital until so relieved.
17. An Orderly Officer next for duty will be detailed daily. He must not leave the vicinity of the Hospital during his tour of duty, and on the arrival of invalids must always be present. When invalids are landed he will carefully select those who require to be carried by stretchers or ambulances from those who can walk, and he will see that they are transferred to the Hospital with care, and without unnecessary delay. In case of an accident he must afford any assistance the Orderly Officer may require.
18. When the tour of duty of the Orderly Officer is completed he will, by letter, report to the Principal Medical Officer the state of the wards, &c., and all occurrences connected with his duties which may have happened during the preceding 24 hours. The following is the form of report which the Orderly Medical Officer is required to use, and which, of course, must be altered as may be found necessary.

“Royal Victoria Hospital, Netley

“ \_\_\_\_\_ 186 .

“SIR

“ I HAVE the honour to report that from 9 a.m.

“ yesterday until 9 a.m. this day I performed the  
“ duties of Orderly Medical Officer.

“ I was relieved by

“ I visited the wards and dining rooms at the  
“ appointed hours, and found them well ventilated,  
“ clean, and regular; the waterclosets and urinals  
“ were pure and well washed, and I detected no bad  
“ smell from them (or otherwise).

“ The patients conducted themselves properly, and  
“ were all in bed at 9 p.m. (or otherwise).

“ The Orderlies performed their duties satisfac-  
“ torily (or otherwise).

“ The diets and extras were properly cooked, and  
“ the patients made no complaints (or otherwise).

B



“ I inspected the bread and meat, and found them  
 “ of good quality (or otherwise as the case may be).  
 “ I performed all the professional duties required  
 “ of me during the absence of the Staff Surgeons of  
 “ the divisions.

“ I received from \_\_\_\_\_ the instru-  
 “ ments and appliances necessary in the treatment of  
 “ accidents. I found them in good order and correct,  
 “ according to the list furnished to me.

“ I remained day and night in the room appointed  
 “ for the Orderly Medical Officer, and did not leave  
 “ it longer than was absolutely necessary, and when  
 “ so absent I posted a memo. on the door of the room  
 “ saying where I was to be found.

“ The following changes occurred during my tour  
 “ of duty:—

“ Remained	-	-
“ Admitted	-	-
“ Died	-	-
“ Discharged	-	-
“ Remaining	-	-

“ and the following events took place and were dealt  
 “ with as under:—

“ I have the honour to be,

“ Sir,

“ Your most obedient humble servant,  
 (Signature)

“ Medical Candidate.

“ The Principal Medical Officer,  
 “ Royal Victoria Hospital,  
 “ Netley.”

### C. HOSPITAL DUTIES OF MEDICAL CANDIDATES AT THE POST-MORTEM EXAMINATIONS.

*All Medical Candidates must be present at the Post-mortem Examinations, and no one may absent himself without leave obtained in the usual manner, unless another duty require his urgent attention, or he be on the sick list.*

The attendance must be punctual, and no Candidate is permitted to leave the Post-mortem Room till the inspection is concluded.

N.B.—One or other of the Post-mortem inspections made during the session will form one of the subjects of the examination at the end of the course.

The Post-mortem Examinations are made at such an hour as may best suit the daily routine work of the session, and



due notice will be given in the Order Book or the Lecture Room before their occurrence.

Previously to commencing the Post-mortem Examination the Candidate who had charge of the case in the Ward is required to furnish a complete abstract of the patient's MILITARY AND MEDICAL HISTORY (according to a form which will be supplied to him by the Ward-master of the division). This abstract is to be read aloud by the Candidate before the Post-mortem Examination is commenced, and then to remain as a historical record in the Post-mortem Room.

The Candidate who has to furnish the history of the case is also bound to take notes of the Post-mortem Examination for insertion

(a.) Into his Case Book and

(b.) Into the Hospital Necrological Register.

Three Candidates are detailed by turns to perform each Post-mortem Examination, under the direction of the Professor of Pathology or his assistant.

## Section V.

### SCHOOL DUTIES OF THE MEDICAL CANDIDATES.

#### A. IN THE LECTURE ROOM.

Candidates are expected to be present in the Lecture Room *prior* to the commencement of each lecture. No excuse for not attending a lecture is admissible, excepting duty elsewhere, or authorized leave of absence.

The names of all those "late" or "absent" without leave are reported to the Principal Medical Officer for the information of the Senate of the Army Medical School. Those Candidates who are returned as "late" or as "absent" without leave lose, in the former instance 10 marks, and in the latter 25 marks, for each occasion, these numbers being deducted from the total amount of marks gained at the close of the session.

The Candidates of each session, severally and collectively, are held responsible for any damage done to the seats or desks in the Lecture Room, by marking with ink or otherwise defacing them. The amount of damage done is assessed by the Barrackmaster at the termination of each session, and the charge is divided among all the Candidates occupying the seats, unless the damage is known to have been done by any particular individual.

#### B. IN THE LABORATORY.

The practical work in the Laboratory is intended to familiarise the Candidate with the processes he may be called



upon to perform in the analyses of drinking water, air, food, and soils.

The *regular hours of attendance* are published in the Order Book at the commencement of the session, and Candidates are expected to be punctual in their attendance; but they are permitted to work in the Laboratory during other hours, and as late as 10 p.m. if they please.

Candidates have to be *careful* of the *apparatus* put into their hands and *not to waste material or gas*. When not required for use, the gas should be turned off.

*Working Rules* are put up in the Laboratory, and the attention of Candidates is directed to them.

### C. IN THE MICROSCOPE ROOM.

The meetings for practical pathological instruction will be held, at the hours published in the Order Book, in the room fitted up for microscopic examination of tissues and the study of Morbid Anatomy.

The *Candidates* are required *to be in their places* in the Microscope Room not later than *ten minutes past the hour* fixed for assembling, at which time precisely the demonstration begins. This demonstration describes the work for the day and the manner in which it is to be done; or an account is given at this demonstration of typical specimens from the Museum illustrative of the morbid anatomy of the viscera.

*Absence from the demonstration* is only excusable in the event of the Candidate being actually on the Sick List or having obtained leave of absence in the usual manner.

*Each Candidate is provided with a microscope and other instruments* for his sole use during the course, and he has also handed over to him a press (with a lock and key) wherein to keep his microscope and his instruments when not in use.

Each Candidate is *responsible for the careful preservation* of all instruments entrusted to his care, and receipts will be taken for the microscopes and instruments supplied for his use during the course. At the termination of the course he will be required to replace any article missing and to make good any damage done.

Candidates are required to continue at work in the Microscope Room all the time specified in the orders. The last quarter of an hour of the time fixed for instruction in the Microscope Room is allowed for cleaning and clearing away the instruments. Independent of the time fixed for demonstrations, opportunities are afforded for Candidates to return to their work in the afternoon or evening.



Those preparations from the Museum which have been the subjects of demonstration will remain in the Microscope Room for individual examination by the Candidates till the close of the session.

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## Section VI.

### DIVINE SERVICE.

Agreeably to the Queen's Orders and Regulations for the Army, Candidates are required to attend Divine Service every Sunday morning.

The hours of service will be notified to the Candidates on joining the Army Medical School.

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## Section VII.

### DUTIES OF THE CANDIDATES REGARDING THE LIBRARIES.

The Candidates have access to the Libraries, viz. :--

- A. The Medical Staff Library, and
- B. The Army Medical School or Candidates' Library.

#### A. THE MEDICAL STAFF LIBRARY.

This Library is the property of the Officers of the Medical Department of the Army, and maintained by their donations and entrance fees, and by their contributions during their stay at the Royal Victoria Hospital, which latter are assessed upon their daily pay.

For the use of the books in this Library all the Medical Candidates (both of the British and Indian medical services) have to contribute a subscription of 2s. per month.

In addition to this monthly subscription, the Candidates for the British medical service have to pay an entrance fee of 10s., this being one day's Assistant Surgeon's pay.

This entrance fee will be returned to any Candidate who should fail to obtain a commission as Assistant Surgeon.

#### *Regulations respecting the Use of the Library.*

1. No book is to be taken out of the Library without being shown to and duly entered by the Librarian.
2. No book ought to be kept beyond a fortnight; but if, at the expiration of that period, it is not claimed by another subscriber it may be retained for some time longer.
3. As the applicants for books enter their names, in chronological order, into a register kept by the Librarian for that



purpose, a system of interchanging books among the subscribers cannot be permitted. All books must be returned to the Librarian.

4. The following books, prints, and other publications, cannot be taken out of the Library:\*

- (a.) Books of Reference, as Dictionaries, Cyclopædias, Maps, Atlases, &c. ;
- (b.) Loose periodicals and pamphlets ;
- (c.) New works which have not been exposed on the Library table for at least one month ;
- (d.) All such publications or MSS. which are specially marked "Not to be removed from the table."

5. Any gentleman desirous to have a particular book added to the Library may enter its title and approximate price into a Proposal Book kept for that purpose. *But the proposer will take care, by previously consulting the Catalogue, to ascertain whether such work be not already on the Library shelves.*

Such proposals will be submitted, at the periodical general meetings, by the Library Committee to the Members of the Medical Staff Library, when the propriety of purchasing the publications in question will be discussed and eventually decided.

#### B. THE ARMY MEDICAL SCHOOL LIBRARY.

This Library has been established by Government for the purpose of assisting the Candidates attending the Army Medical School in the pursuit of their studies. This Library is the property of Government; it constitutes part of the Army Medical School.

Candidates have to contribute neither entrance fee nor monthly subscriptions towards the maintenance of this library, as its expenses are defrayed by an annual grant voted in the Army Estimates of each year.

There is no Proposal Book placed on the table of the Army Medical School Library; the applications for additional works to this Library being made by the Professors (who form the Committee of the Army Medical School Library), and periodically forwarded to the War Office authorities.

*The Rules regarding the issue and exchange of books from the Medical Staff Library hold equally good with respect to issues from the Army Medical School Library.*

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\* Except in special cases during the time the Library Room is closed, viz., between the hours of 4 p.m. and 9 a.m. the following morning, and from Saturdays at 1 p.m. until the following Mondays at 9 a.m.



## Section VIII.

### DUTIES OF THE CANDIDATES IN RELATION TO THE MEDICAL STAFF MESS.

Every Medical Candidate on joining the Army Medical School becomes an EXTRA MEMBER of the Medical Staff Mess and is furnished with a copy of the Mess Regulations.

He is required to make himself acquainted with the regulations just named, and in addition to them he will observe the following rules.

1. When a Medical Candidate has any complaint to prefer respecting any deficiency, irregularity, or inferior quality of the supplies at the Mess, he will, if dinner is going on, send a message by the Mess Butler reporting the same to the President of the Mess Table for the week, or, if the matter complained of occur at any other meal, he will make his complaint to the Senior Medical Officer present on the occasion. The President of the Mess Table or the Senior Medical Officer will investigate the alleged complaint, and, if found necessary, enter a statement of it into the Complaint Book, for the consideration of the Mess Committee, subject to the final decision of the Principal Medical Officer.

2. Candidates tearing or defacing the periodicals in the ante-room, or otherwise injuring the property of the mess, are liable to be charged for the cost of replacing the same.

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## Section IX.

### DRESS REGULATIONS.

Medical Candidates are to be in their authorized uniform during all hours of duty.

They are on no account, at any time, to appear dressed partly in plain clothes and partly in uniform.

The uniform to be worn at mess is laid down in the Mess Regulations, sect. iii. paragraphs 35 and 36.

---

## Section X.

### RULES RESPECTING THE QUARTERS OF MEDICAL CANDIDATES.

Order and propriety are to be maintained at all times in the Candidates' Quarters and their vicinity.



The Medical Candidates residing within the precincts of the Hospital, on returning to their Quarters at night, are to pass along the lower corridor of the building, in order to avoid disturbing the Patients in the Medical and Surgical Divisions.

All social meetings in the Candidates' quarters are invariably to break up at 12 o'clock at night.

---

## Section XI.

### REGULATIONS RESPECTING LEAVE OF ABSENCE.

Candidates requiring Leave of Absence shall, if doing duty in the wards, first obtain the signature of the Staff Surgeon of the Division to the application, which application must also state the name of the gentleman who undertakes to perform the duties of the applicant.

The Professor, in whose division the applicant is serving, may then, if he sees fit, countersign the application. After this the application must be forwarded to the office of the Principal Medical Officer for his official sanction.

Should the required leave involve absence from any lecture the signature of the lecturer for the day is also required.

Candidates doing duty in the Laboratory or Microscope Room must, in like manner, obtain the sanction of the Professors of Hygiène or Pathology, as the case may be.

It must, however, be distinctly understood that leave of absence on other than non-working days, Saturdays and Sundays, cannot be granted, save for urgent and sufficient reasons, such as for the transaction of some really important business requiring personal attendance, or the dangerous illness or death of a near relative. In either case the Professor who signs the application shall require reasonable proof of the necessity for the Candidate's absence from duty.

---

## Section XII.

### REGULATIONS REGARDING SICK LEAVE.

Whenever a Candidate is sick and unable to perform his duties he will report the same immediately to the Wardmaster's office of the Division of the Hospital to which he is attached, so that arrangements may be made to meet his absence from ward duty, and that information of his illness may be sent to the Principal Medical Officer as well as to



the Medical Officer whose duty it is to attend on Candidates placed on the sick report.

When a Candidate is entered on the sick list, his case will be duly recorded in the Officers' Medical Register (which is kept for that purpose in the Principal Medical Officer's office) by the medical attendant in charge.

---

### Section XIII.

#### CHANNELS OF OFFICIAL COMMUNICATION.

Any communication that a Candidate may have occasion to address to the Military or Medical authorities of the Hospital, shall be sent, under cover, to the Professor, in whose Division or Department the Candidate may be serving at the time.

All communications intended for transmission to the Secretary of State, or to the Senate of the Army Medical School must be sent, under cover, to the Secretary of the Senate, who will lay them before the Senate, and if approved, the former will then be transmitted to the Secretary of State for War through the usual channel.

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### Section XIV.

#### ON THE EXAMINATIONS AT THE END OF EACH SESSION.

The examinations at the end of the session are intended to test the proficiency of the Candidates in the studies carried on at Netley, and to settle the order in which their names will afterwards appear for Commissions in the Gazette.

The marks obtained at the Netley examination are added to those gained at Chelsea, and the result determines the Candidates' places in the list of Assistant Surgeons.

A written paper is required on such questions as may be given by the Professors on subjects which have been taught in the Army Medical School, and a practical examination is made in the wards by means of test cases, and in the Laboratory and Microscope Room by practical work, to judge as to each Candidate's progress.

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## Section XV.

## RELIEF FROM DUTY.

Medical Candidates, on being relieved from duty, will previous to their departure give over the professional care of their patients to the Officers appointed to relieve them. They will return all books that they may have obtained from the Libraries, and if either not forthcoming or damaged they must repay the cost of the same as assessed by the Library Committee. They will also hand over their Microscopes, and all other Instruments and appliances supplied to them by the Army Medical School for use during the session, to the persons appointed to receive them, making good all losses or damages. They will settle their Mess, Wine, and Library accounts, and hand over their quarters to the acting Barrackmaster, and finally send in to the Principal Medical Officer a certificate that they have done so, according to the following form :

“ I certify that I have given over the professional care of  
 “ my patients to the Officer appointed to relieve me ; that I  
 “ have returned all instruments and appliances, which, being  
 “ public property, had been entrusted to me for use during  
 “ the past session ; that I have settled my Mess, Wine, and  
 “ Library accounts ; and have handed over my quarters to  
 “ the Barrackmaster.

(Signature)

“ Royal Victoria Hospital,  
 “ Netley, 186  
 “ To the Principal Medical Officer, Netley.”

## CONCLUSION.

The Army Medical School is a place of probation as well as instruction.

At the close of each session, at the request of the Director General of the Army Medical Department—a request which has been sanctioned by the Right Honorable the Secretary of State for War—a report is furnished by the Professors recording the opinions they have formed of the character and conduct of each Candidate during his period of probation at the Army Medical School, giving at the same time from



a professional point of view, a full account of his general or special qualifications. This report remains as a permanent record in the office of the Director General, for whose information it is chiefly intended.

Should the Professors, at the conclusion of the course, see sufficient grounds for believing, from careful observation of a Candidate's character and conduct, that he is not likely to make a creditable Medical Officer, it is the duty of the Professors, acting in conjunction with the Principal Medical Officer, to bring his name to the notice of the Senate of the Army Medical School, with a recommendation to the Secretary of State for War to withhold a commission from the Candidate.

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Printed in the Queen's Arms, 15, York and Wiltshire Streets,  
For Her Majesty's Stationery Office.  
[10-100-100]

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Should the Professor at the conclusion of the course, and sufficient grounds for believing that general character of a Candidate's character and conduct, that he is not likely to make a creditable Medical Officer, it is the duty of the Professor to bring his name to the notice of the Senate of the Army Medical School, with a recommendation to the Secretary of State for War to withhold a commission from the Candidate.

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 For Her Majesty's Stationery Office.  
 [110.—500.—4/66.]

Royal Victoria Hospital,  
 Netley.  
 To the Principal Medical Officer, Netley.

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The Army Medical School is a place of instruction as well as of instruction.

At the close of each session, at the request of the Director-General of the Army Medical Department, a report shall be prepared by the Principal Medical Officer, which shall be submitted to the Senate of the Army Medical School, and to the Secretary of State for War. The report shall contain a statement of the progress of the candidates, and of the results of the examinations, and of the general character and conduct of the candidates during the course of instruction.



QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR  
COMMISSIONS IN THE MEDICAL SERVICE OF  
HER MAJESTY'S ARMY,

ORGANIZATION OF THE PRACTICAL ARMY  
MEDICAL SCHOOL,

INCLUDING THE SUBJECTS TO BE TAUGHT BY THE PROFESSORS;

AND

RULES FOR THE EXAMINATION OF ASSISTANT-  
SURGEONS PREVIOUS TO PROMOTION.



LONDON:

PRINTED BY GEORGE E. EYRE AND WILLIAM SPOTTISWOODE,  
PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.  
FOR HER MAJESTY'S STATIONERY OFFICE.

1865.



QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR  
COMMISSIONS IN THE MEDICAL SERVICE OF  
HER MAJESTY'S ARMY

ORGANIZATION OF THE BRITISH ARMY  
MEDICAL SCHOOL

ISSUED BY THE SECRETARY OF STATE FOR WAR

REGULATIONS FOR THE EXAMINATION OF ASSISTANT  
SURGEONS ELIGIBLE FOR PROMOTION



LONDON:  
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FOR THE MEDICAL SERVICE

1902

1121



## PREFACE.

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The following Qualifications of Candidates for Admission to the Army Medical Service, the Plan of Organization of the Army Medical School, and Rules for examining Assistant Surgeons previous to Promotion, are intended to give effect to the recommendations of the Royal Commission on the Sanitary State of the Army, and were included in the Warrant of October 17, 1859.

War Office, November 1862.

Revised May 19, 1865.

No.  $\frac{\text{Stationery, W.O.}}{489}$ .



## PREFACE

The following qualifications of candidates for admission to the Army Medical Service, the Army Medical School, and the Army Medical School, are intended to give effect to the requirements of the Army, and were included in the Manual of October 17, 1911.

Washington, December 1911.

General Staff, War Department.

General Staff, War Department.

General Staff, War Department.



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## Section I.

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### QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL SERVICE OF THE BRITISH ARMY.

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#### I.

EVERY Candidate presenting himself for admission to the competitive examination required for the Army Medical Service must be unmarried. He must produce a birth certificate from the District Registrar, or a certificate of baptism, in which the date of birth is stated. Or, if neither of these can be obtained, an affidavit from one of the parents or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the Candidate is not above 28, nor under 21 years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

Certificates.  
Age of candidates.

#### II.

The Candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical Officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

Declaration to be made by candidate.

#### III.

The Candidate must possess a diploma in surgery, or a licence to practise it, as well as a degree in medicine or a licence to practise it, in Great Britain or Ireland.

Candidate must possess degree, diploma, or licence to practise surgery and medicine.



## IV.

Certificates to be lodged a week before examination.

Certificates of Registration in accordance with the Medical Act, and of age and character, must be lodged at the Army Medical Department, for examination and registry at least one week before the Candidate appears for examination.

## V.

Subjects of examination.

On producing the foregoing qualifications the Candidate will be examined by the Examining Board in the following subjects:—

Anatomy and Physiology.

Surgery.

Medicine, included Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a practical knowledge of drugs.

(The examination in Medicine and Surgery will be in part practical and will include operations on the dead body, the application of Surgical Apparatus, and the examination of Medical and Surgical Patients at the bedside.)

The eligibility of each Candidate for the Army Medical Service will be determined by the result of the examinations in these subjects only.

Candidates who desire it will be examined in Comparative Anatomy, Zoology, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the Examination by Candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of Science.

The subjects for this part of the examination will be taken from the following books:—

- (1.) "Animal Kingdom," by W. S. Dallas, F.L.S.
- (2.) "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Élémentaire d'Histoire Naturelle," par Milne Edwards.
- (3.) Lindley's "School Botany;" Lindley's "Medical and Economic Botany;" Henfrey's "Elementary Course of Botany."



Candidates who may desire it, may also be examined in the Elements of Physics and in Physical Geography. The following books are recommended for this purpose:—

- (1.) "Elements of Natural Philosophy," by Golding Bird and C. Brooks.
- (2.) "Physical Geography," by Mrs. Somerville.

## VI.

The Examiners in London shall prepare a list in order of merit with the marks affixed in the different subjects to be transmitted to the Director-General, and communicated to the Professors of the Army Medical School. If any Candidate is found to be deficient in any particular subject, this shall be stated, in order that he may receive special instruction on the point at Netley.

Arrangement  
of successful  
candidates.

## VII.

After passing his preliminary examination, every Candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on

Course of  
practical in-  
struction at the  
Army Medical  
School.

- (1.) Hygiène.
- (2.) Clinical and Military Medicine.
- (3.) Clinical and Military Surgery.
- (4.) Pathology of Diseases and Injuries incident to Military Service.

These courses to be of not less than four months' duration.

## VIII.

At their conclusion the Candidate will be required to pass an examination on the subjects taught in the school. The examination will be conducted by the Professors of the school.

Examination  
for commission.

The Director-General, or any Medical Officer deputed by him, may be present, and take part in the examination. If the Candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as Assistant Surgeon.



IX.

Allowance to candidates at the medical school.

During the period of his residence at the Army Medical School, each Candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with uniform, viz., the regulation undress uniform of an Assistant Surgeon, but without the sword.

X.

Candidates to conform to discipline.

All Candidates will be required to conform to such rules of discipline as the Senate may from time to time enact.



## SCHEDULE OF QUALIFICATIONS.

Recommended by \_\_\_\_\_

Christian and Surname  
at full length.

I \_\_\_\_\_  
 \_\_\_\_\_ Years of Age, in \_\_\_\_\_ last, a Candidate  
 for employment in the Medical Department of the Army, do hereby  
 attest my readiness to engage for General Service whether at Home  
 or Abroad, and to proceed on Duty immediately on being Gazetted.

I declare that I am unmarried, and that I labour under no Mental  
 nor Constitutional Disease, nor *any imperfection* or disability that can  
 interfere with the most efficient discharge of the Duties of a  
 Medical Officer in any Climate.

The Dates of Graduations and the  
Universities or Colleges are to be stated.

I have the Degree of A.M. or A.B. from the \_\_\_\_\_

I have the Degree of M.D. from the \_\_\_\_\_

I have a Licence to practise Medicine from the \_\_\_\_\_

I have a Diploma in Surgery from the \_\_\_\_\_

I have a Licence to practise Surgery from the \_\_\_\_\_

(Signature at full length) \_\_\_\_\_

(Date) \_\_\_\_\_

(Place of Residence) \_\_\_\_\_

\_\_\_\_\_



## Section II.

---

### ORGANIZATION OF THE PRACTICAL ARMY MEDICAL SCHOOL.

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#### I.

Candidates for commissions to attend course of instruction.

After passing his preliminary examination, every Candidate for a Medical Commission in the British Army will be required to attend one entire course of practical instruction at the Army Medical School, and at the Military Hospital in connexion with it, on the subjects herein-after named, before being admitted to his examination for a Commission.

Cadets and Officers of the Royal Engineers and of the Indian Engineers may also attend a course of instructions on Hygiène. Combatant officers will have the same privilege extended to them should they desire it. Army Medical Officers will also have access to the School.

#### II.

Subjects of course.

The special practical instruction which the school is intended to afford will be given by the following four professors:—

The Professor of Hygiène.

The Professor of Clinical and Military Medicine.

The Professor of Clinical and Military Surgery.

The Professor of Pathology.

#### III.

Government of the school.

The School has a distinct and independent existence under the Secretary of State for War, and is governed by its own Senate, which will hold a meeting for the despatch of business at least once a month or oftener if necessary.

#### IV.

The Senate. Its functions.

The Senate consists of the Director-General of the Army Medical Department, who will preside, when present, at the meetings of Senate; the Professors, and the Principal Medical Officer on the station *ex officio*; but only those members of Senate who may be present shall vote on the questions discussed.



The Senate will regulate the routine of business of the School.

It will decide on the arrangement, number, hours, &c., of the Lectures, and instructions.

It will make and amend regulations for the conduct of the Students.

It will preserve discipline.

It will also have the regulation and direction of the Library, Museum, Model-room, and Laboratory; the selection of books, models, chemical and other apparatus necessary for the School, and will make up, and submit to the Secretary of State, all estimates of expenditure connected with the School.

All acts of the Senate will be communicated to the Director-General.

No act of the Senate shall be binding until it has received the approval of the Secretary of State.

#### V.

The Museum will consist of four divisions:—

Museum.

1. A collection of Pathological Anatomy, having special reference to the more prevalent diseases of the Army.

2. A collection of Specimens of Geology and Natural History.

3. A collection of Materia Medica and Alimentaria, containing specimens of the more important articles, both in their natural and prepared states; and of the principal seeds, grains, pulses, and other dry or prepared articles of food, from all parts of the world.

4. A collection of plans and models of whatever is used in the Army for the conveyance, support, or protection of wounded men; models of tents, hospitals, and the like.

Classified Catalogues of the contents of these several divisions are to be kept.

#### VI.

The Library contains standard works in every branch of Medicine, and the allied sciences. Attached to the Library there is a Reading-room furnished with maps, books of prints, &c., to be kept in the Library, but the pupils will have permission, under the regulations of the Senate, to take books to their own quarters.

Library.

#### VII.

The business of the session will be arranged by the Senate, in such manner that there shall be at least six months' residence at the School and Hospital, including courses of not less than four months' instruction by lectures, &c.; so that there shall be two sets of Candidates ready for examination for commissions every year.

Length of session.



## VIII.

Nature of the instruction.

The Lectures and Practical Instructions to be delivered at the School will be directed exclusively to the specialities of Military Medical Service.

The Courses of Lectures will include the subjects in the following five programmes arranged in such order and manner as the Senate may from time to time decide.

## I.

## HYGIÈNE.

LECTURES AND INSTRUCTIONS ON HYGIÈNE.

The Course of lectures and instructions in Hygiène will be directed to impress forcibly on the mind of the student the whole principles on which the prevention of disease is based not only in their scientific but in their practical aspect, and from thence to follow out the special application of those principles to the preservation of the health of troops in Barracks, Garrisons, Stations, Camps, and on Marches, both by practical instruction in the problems of Army hygiène, and by reference to maps, diagrams, models, instruments, and other methods of illustration.

PART I.  
HYGIÈNE,  
PRINCIPLES.

PART I.—*Principles of Hygiène.*

Nature and importance.

Hygiène, its nature, importance, historical notices of, objects as regards civil populations and armies. Literature, &c.

Physiological laws relating to health.

General statement of physiological laws relating to health and disease. Influence of age, sex, temperament, trades, and occupations. Longevity.

Comparative healthiness of different races. Physical and mental qualities of different races, influencing their fitness for military service.

External conditions as to climate, &c.

Examination of external conditions as to climate, &c., and the effect of these on health and life.

METEOROLOGY.

Meteorology: its importance in the science of hygiène.

Manner of making and keeping meteorological observations. Instruments. Barometer, &c. Reduction of observations.

Description of climates. Effect of different climates on health. Beneficial effects, or the reverse, of change of climate, and precautions required. Acclimatization.

PHYSICAL GEOGRAPHY.

Physical Geography. General sketch of the Earth's surface. Land. Water. Mountains. Hills. Plains. Plateaux.



Deserts. Valleys. The sea. Rivers. Lakes. Proportions of land and water. Natural drainage. Marshes and marshy ground. Vegetation.

General geological sketches of the Earth's surface. Stratification. Formations. Surface soils. Subsoils.

Medical topography of the British islands, colonies, and possessions. MEDICAL TOPOGRAPHY.

Geographical distribution of disease and mortality over the surface of the Earth in relation to physical geography.

Sketch of external conditions influencing the geographical distribution of disease, such as climate, elevation, marsh and subsoil miasm; miasm from river and lake banks, and stagnant waters. Salt marshes. Salt and fresh water marshes. Sea coasts. Defective natural drainage, irrigation, heavy rains, damp and stagnant air, and mists in plains, valleys, hollows, forests, jungles, rapid changes of temperature, decomposing organic matter, &c.

Influence of elevation above or below the sea-level on health. Beneficial effects of change of elevation.

Sanitaria. Rules for selecting them. Rules for selecting military stations.

Medical topography of mountain ranges in our foreign possessions, including the history of mountain climates. Sanitary advantages of such climates in our intertropical possessions. Necessity of establishing European troops in the hill ranges of our intertropical possessions. Advantages of solitary mountains. Advantages of mountain climates in tropical countries.

Meteorology of mountain ranges, specifying the different phenomena and their influences on health at different degrees of elevation.

Influence of marsh miasm in producing intermittent, remittent, and tropical bilious fevers, yellow fever, &c. Diseases arising from marsh miasm.

Effect of emanations from putrescent animal matter on health. Emanations from excreta: from the skin: from the lungs. Illustrations of the production of speedy death by such emanations; also of plague, gaol fever, typhus, &c. Sources of putrescent organic effluvia. Effects of miasmata from putrescent animal matter. Sources of putrescent organic effluvia.

Overcrowding of the population on a given area. Illustrative examples of this in civil life and in the Army: Relation of disease and mortality to surface overcrowding. Effect of surface overcrowding during epidemics, in increasing their intensity.

Beneficial effect of spreading the population during epidemics.

Influence of defective surface and subsoil drainage, in predisposing to epidemics, with illustrations. Similar illustrations from defective or deficient drainage in towns and buildings. Fatal effects of sewer air diffused through the atmosphere of towns and buildings. Miasmata from nuisances, Defective drainage, &c.



- unwholesome manufactories, cesspools, sewers, accumulation of decaying refuse, unburied carcasses, and offal, dead bodies, and overcharged grave-yards. Defective burial of the dead. Burial in churches, or under habitations. Illustrations of their influence on health, and in predisposing to epidemic disease.
- Overcrowding in cubic space. Influence of overcrowding in cubic space in the production of disease, especially during epidemic seasons. Amount of cubic space and superficial area requisite for health. Principles on which the amount of cubic space should be determined.
- Ventilation. Ventilation. Sources of atmospheric impurity in unventilated dwellings from respiration, exhalations from the skin: from foundations of buildings: from fires, lights, cooking, stables, under or near buildings. Their effects, especially during epidemic seasons.
- What constitutes good ventilation: quantity of air required. Simple methods of ventilation in use, with models and plans. Natural ventilation, artificial ventilation, their relative advantages.
- DIET.  
Animal diet. List of dietetic substances, animal and vegetable. General account of the classes of animals from which dietetic substances are derived. Comparative nutritive value of animal food; fresh, dried, salted, smoked.
- § Marks of health and disease in animals. Signs of fitness or unfitness for food. Signs of wholesome and unwholesome meat. Sanitary precautions to be adopted on board transports for animals. Diseases arising from the use of unwholesome or badly prepared flesh or fish.
- Cooking. Different forms of cooking apparatus and utensils. Benefits to health of change in the mode of preparing food.
- Cereals. List of grains used for food. Their geographical distribution. Comparative nutritive value. Signs of wholesome and unwholesome grain. Diseases arising from the use of unwholesome grains. Ergotism. Signs of good, bad, and adulterated flour. Microscopic characters. Deterioration by insects.
- Baking. Preparation of grains for food. Bread, its constituents and manner of preparation. Yeast and its substitutes. Field ovens.
- Roots. Bulbs, tubers, roots used as food. Nutritive qualities.
- Vegetables. Green vegetables. List of plants used as such. Their geographical distribution. Dried vegetables. Constituents. Mode of preparation and preservation. Nutritive value.
- Sugar. Sugar and Saccharine matter. Nutritive value.
- Condiments. Condiments. Their use and abuse.



Drinks. Water. Daily quantity per man required. Physical tests of pure water. Rain water, its composition and qualities. Hardness and softness. Saline ingredients. Their effects on the purity and wholesomeness of water.

DRINKS.

Sources of water. Rain, springs, streams, rivers, lakes, wells, ponds, marshes.

Diseases produced or aggravated by impure water.

Diseases from impure water.

Methods of purifying, collecting, storing, and distributing water. Subsidence, filtration, &c.

Storing and purifying water, &amp;c.

Collecting by superficial drains, by earthenware, metal, or wooden pipes. Necessity of guarding water sources and wells. Covering reservoirs. Precautions in distributing water to prevent pollution.

Supply of water for animals.

Tea, coffee, cocoa. Their chemical composition, dietetic properties, utility in repairing waste.

Tea, Coffee, &amp;c.

Wines. Adulterations, and the manner of detecting them.

Wines.

Spirits. Adulterations, and the means of detecting them. Influence of spirit drinking on health.

Spirits.

Malt liquors. Their dietetic qualities. Vinegar, lime-juice, acids. Their properties and uses in dietetics. Adulterations.

Malt Liquors, &amp;c.

Clothing. Its weight, material, colour. Conducting or non-conducting power for heat. Also the fitting of clothes to allow free play to the muscles and internal organs.

Clothing, Composition, &amp;c.

Clothing for different countries, climates, and seasons.

General resumé of the conditions necessary to health already discussed. Limits within which these conditions may be imperfectly fulfilled without producing disease.

General Resumé.

Vital statistics. Their foundation. Method of collecting facts. Structure of tables and diagrams. Tables exhibiting the leading facts of comparative vital statistics referring to the health of countries, districts, cities, and towns, sex, age, occupation. Examination into the causes of mortality. Diseases which influence mortality to the greatest extent.

VITAL STATISTICS.

Prominence due to zymotic diseases in all classifications. Their importance to civilization. Their especial importance in armies.

Epidemiology. Importance of this branch of science. Laws of epidemics. Localizing conditions of epidemics. Predisposing effects of season, bad and unwholesome food, deficient clothing, misery.

Epidemiology.

Mediæval epidemics. Plague, black death, sweating sickness. Account of the conditions under which these diseases desolated Europe and Asia. Modern epidemics, cholera, yellow fever, typhus, &c.

Transmissibility of disease. Inoculation, vaccination, re-vaccination.

Transmissibility of disease.

Sanitary measures. Earliest records of their use for preserving health, and preventing epidemics. Sanitary legisla-

Sanitary measures and legislation.



tion. Authorities, Officers of Health, and Inspectors, their duties. General organization of sanitary police in towns; account of recent sanitary improvements introduced into towns, buildings, and country districts.

Drainage, its object and principles. Formation and construction of sewers and drains. Trapping, ventilation, flushing. Various forms of soil-pans, water-latrines, urinals.

Cleansing and preventing nuisances. Paving. Its great utility as a means of preventing disease, with illustrations. Limewashing of houses. Baths, ablution rooms, and wash-houses.

Improved health.

Instances of improved health from sanitary works. Improved towns. Model lodging-houses. Requisites for healthy buildings.

Influence of light on health and disease.

PART II.  
ARMY  
HYGIENE.  
MILITARY  
VITAL  
STATISTICS.

PART II.—*Application of Hygiène to Armies.*

Military Vital Statistics. Army ages. Mortality due to Army ages in civil life. Mortality in the Army. Inquiry as to its amount.

Invaliding, its amount at different ages. Causes of invaliding. Deaths amongst invalids.

Actual Army mortality, and comparison with that of civil life.

Mortality of different foreign armies. Comparison with that of the British Army.

Mortality in different branches and arms of the service, Household Troops, Foot Guards, Cavalry of the Line, Infantry of the Line, Artillery, Engineers, Sappers and Miners, Military Train, Colonial Corps, black and white troops.

Comparative mortality of troops on home and foreign service.

Comparative mortality in different Colonies and Possessions.

Mortality in War, Peninsula, Walcheren, Crimea, Napoleon's Russian Campaign.

Examination as to the diseases which occasion the high rate of Army mortality. Effect of zymotic diseases on the mortality of armies as compared with diseases of other classes.

Diseases incident to different Colonies and Stations:—India, West Indies, Ceylon, Cape, Mediterranean, Bermuda, Canada.

Per-centage of sick in Armies, and from what diseases.

Historical sketch of Army epidemics. Local and personal conditions with which they are usually connected.

Epidemic influence. Signs of its approach. Effect on other diseases.

Mortality of Foreign Armies.

Mortality in different Arms.

Comparative Mortality in different Colonies and Possessions.

Causes of high Mortality in Armies. Zymotic diseases.

Diseases of different Colonies and Stations.

Sick in Armies.

ARMY  
EPIDEMICS.

Yellow Fever.

Yellow fever. Temperature and latitude under which it exists. Yellow fever zones. Account of Army yellow fever epidemics. Barbadoes, Jamaica, Gibraltar, Bermuda, Trinidad, &c. Their history, origin, mode of propagation. Sta-



tistics. Sanitary defects in Stations, Barracks, Garrisons, and Hospitals with which they have been connected. Loss to the Army from them. Sanitary improvements already carried out to diminish their intensity. What preventive measures are further required.

Army Typhus. Nature of the disease. Causes. Influence of sanitary defects in predisposing to it, with illustrations. Sanitary and other prophylactic measures required to prevent it. Army Typhus.

Remittent Fevers. Their relation to yellow fever. Their origin. Local favouring conditions. Personal predisposing causes. Parts of the globe where they occur. Facts connected with their occurrence. Influence of marsh malaria, impure water, and decomposing vegetable matter under high temperature. Sanitary and other prophylactic measures required for their mitigation. Remittent Fevers.

Intermittents. Influence of malaria, impure water, extremes of heat and cold, exposure to night air, &c. Prophylactic and sanitary measures required for their mitigation. Intermittents.

Continued Fevers, their local favouring conditions. Influence of damp, overcrowding, defective ventilation. Prophylaxis. Continued Fevers.

Dysentery. Types of the disease. Predisposing causes from filthy camps, bad water, monotonous or unwholesome diet, exposure to extremes of heat and cold, night air, &c. Sanitary and prophylactic measures required. Dysentery.

Plague. Instances of its appearance in armies, and the conditions under which it has shown itself. Sanitary state of towns and districts visited by plague. Prophylactic measures. Plague.

Cholera. History, progress. Local and personal conditions under which cholera is most fatal. Bad water, overcrowding, defective ventilation, malaria, fatigue, filth, drunkenness, &c. Premonitory diarrhœa. Precautions against Cholera. Evacuating affected Barracks and Hospitals. Camping out. Shifting camps, reducing overcrowding, ventilating, lime-washing, cleansing, spreading the men on march. Avoiding bad camping ground on march. Spreading the troops. Short marches. Avoiding fatigue. Regulation of latrines. Great importance of inspection for the discovery of premonitory diarrhœa. Cholera. Precautions against Cholera.

Scorbutus. Importance of to armies. Causes, influence of salt provisions, monotonous diet, want of vegetables, damp, exposure, foul air, other concurrent causes. Prevention, rations, vegetables, and vegetable acids, lime-juice, lemon-juice, vinegar, acid fruits, vegetables. General attention to hygiene. Scorbutus.

Ophthalmia. Its great importance in armies. Predisposing conditions. Preventive measures against ophthalmia. Ophthalmia.



- Phthisis pulmonalis. Phthisis pulmonalis. Its predisposing causes in barracks. Necessary sanitary measures.
- Syphilis. Furunculus, sun-stroke, frost-bite. Foot lameness. Syphilis, its importance in armies. Prophylaxis of syphilis. Prevention of parasitic diseases.
- PRACTICE OF ARMY HYGIÈNE. Training. Drills, exercises. Games, gymnastics, their nature, and importance in developing different sets of muscles, of respiration, walking, running, arms, &c. Gymnastic apparatus.
- Training Exercises. Injurious gymnastic exercises and accidents that may arise from them, and precautions. Practical importance of gymnastics in improving health and increasing the agility and muscular power of the soldier.
- Gymnastics. Functions of the skin in preserving health. Personal cleanliness, bathing, different kinds of baths, bathing parades, hygiènic rules and precautions in respect to bathing in different climates and seasons.
- Personal cleanliness. Baths, &c. Prevention of cutaneous diseases. Scabies. Prevention of diseases of scalp.
- Stations. Construction of lavatories. Substitutes on field service. Stations. Selection of sites for buildings in different climates, with reference to elevation, exposure, configuration of ground, marshes, natural drainage, nature of surface and subsoil, water supply. Changes of station. Clearing away vegetation.
- Plans and construction of Barracks. Plans and constructions of barracks. Foundations of buildings for warm climates. Drainage of site. Materials for building. Arrangement of rooms and staircases to secure independent ventilation of every part of the building. Size and proportions of barrack rooms. Cubic space per man in different climates and seasons, and during epidemics. Means of ventilation and warming. Amount of window space. Means of lighting. Limewashing. Materials for walls, ceilings, and floors.
- Hygiène of Barracks. Latrines and urinals, their structure. Drainage. Drains not to pass under buildings, and why? Hygiène of barrack rooms. State of the air in unventilated barrack-rooms at night. Ventilation during night. Chest diseases produced by neglect of night ventilation. Methods of ventilation now in use in Barracks and Hospitals.
- Objections to basement barrack rooms.
- Barrack kitchens, their structure for various kinds of cooking. Boilers. Soyer's stove. Open fire-places. Ovens. Economy of fuel.
- Cavalry barracks. Special sanitary precautions regarding them. Position of stables. Arching of stables. Independent ventilation of stables. Cleansing. Drainage. Removal of manure. Separation of stables from men's barrack rooms.
- Selection of Buildings. Selection of existing buildings to be occupied as barracks. Their position, neighbourhood, drainage, structure, cleansing,



ventilating. Allotment of cubic space. Limewashing. Provision of latrines. Selection of quarters. Billeting of troops. Nature of the sanitary precautions required. Sanitary inspections, and reports on barracks. Points to be examined into.

Garrisons. General sanitary police. Drainage. Cleansing. Hygiène of buildings. Casemates, their construction. Their sanitary defects in want of light and ventilation. Special sanitary precautions required in regard to them, whether used as barracks or as hospitals. Garrisons.

Special sanitary precautions in respect to occupied towns during war. Duties of Quartermaster-General's Department in respect of buildings, stations, camps, marches. Duties of Medical Officers under the regulations. Inspection of towns as to vicinity, position, drainage, cleanliness, population. Water supply. Organization and duties of sanitary police. Selection of buildings for quarters and hospitals. Precautions against epidemic disease in occupied towns. Cleansing. Drainage. Removal of Nuisances, &c. Sanitary Police.

Seaports in occupation. Special sanitary precautions in regard to them. Harbour police. Co-operation of military and naval authorities in preserving the health of seaports.

Sanitary regulations and works for occupied towns and seaports.

Selection of sites for Hospitals. Exposure. Locality. Vicinity. Composition of surface and subsoil. Natural drainage. Hygiène of Hospitals.

Plan of hospitals. Discussion as to advantages and disadvantages of different plans for sanitary and administrative objects. Great principle in hospital construction to break up the sick into small numbers under separate roofs.

Number of flats. Size of wards for administration and salubrity. Number and position of windows. No more than two rows of beds in a ward. Amount of light required in hospitals. Illustrations of good and bad hospital construction. Advantages of recent improvements.

Ventilation of hospitals. Various methods. Artificial, by extraction: by injection of air. Natural, by doors, windows, and fire-places. Their comparative facility, and advantages in securing freshness of the air. Amount of air which can be admitted by natural methods.

Quantity of air requisite for sick. Usefulness of artificial ventilation in defective hospital construction.

Hospital water-closets. Their structure, position, and ventilation.

Cubic space for sick in different climates. Distance of beds.

Warming of hospitals. Advantages of open fire-places. Their great ventilating power. Radiant heat best for warming, and why?



- Walls and floors of hospitals should be of impervious materials. Position of nurses' and orderlies' rooms. Ward furniture and bedding. Water supply of hospitals. Baths, cold, hot, vapour, shower, medicated.
- Best structure of Hospital kitchens. Hospital cooking and diets. Diet rolls and tables. Analysis of diets. Explanation and use of diet tables.
- Examination and selection of buildings for temporary hospital purposes.
- Points requiring special inquiry. Position. Drainage. Ventilation. Cleanliness. Amount of accommodation. Adaptation of buildings. Improvements and works necessary to remove defects. Instances of disastrous results from sanitary neglects in hospital buildings.
- Preliminary inquiries before troops take the field as to physical geography. Medical topography. Climate. Supplies. Numbers, and habits, and diet of the population. Houses, &c. Prevalent epidemics and diseases. Manner of conducting inquiries. Reports. Precautions founded on reports. Selection of camp sites. Marks of positions favourable or unfavourable to health. Examination of vicinity, of surface and subsoil, of drainage, woods, vegetation, products, waters, prevailing winds.
- Sanitary reports to Quartermaster-General on these points. Methods of improving positions by drainage, cutting down timber and brushwood, &c. Details of sanitary inspection of camps. Arrangement of camp. Order and distance of tents best adapted for health. Estimate of the number of men on a given area in different forms of camp. Importance of the question as regards health.
- Drainage of camp sites, on hillsides, slopes, and flats. Nature of drainage required in different inclinations of ground and in different soils.
- Water supply of camps. Estimate of amount required for men and animals. Examination of water sources. Selection of sources. Plans and methods of supply in hilly countries and plains. Methods of purification of water, construction of filters, tanks, wells, &c. Arrangements for watering animals indispensable. Proper construction of watering troughs.
- Construction and position of camp kitchens. Position and distance of slaughtering-places. Latrines, Manure depôts, Stables, and Burial grounds.
- Huts. Materials for construction, stones, planks, panels, wattles. Best form and dimensions. Preparation of ground. Drainage of site. Raising of foundations above surrounding levels. Utility of this precaution. Ventilation, and best methods of effecting it. Means of keeping huts cool in hot weather. Utility of limewash. Protecting hut sides during
- Selection of Building for Temporary Hospitals.
- Hygiène of Camps.
- Arrangement of Camps.
- Drainage of Camps.
- Water.
- Camp Kitchens.
- Huts.



cold weather. Good and bad methods of doing so, and their influence on health. Dangers to health from excavated huts.

Tents. Preparation and drainage of sites. The importance of this to health. Methods of ventilating tents. Tents.

Bivouacs, &c. Sanitary precautions required as to ground, shelter, fires, food, clothing, &c. Bivouacs, &c.

Field hospitals. Selection and drainage of site and arrangements of Hospital. Hospital huts, their structure, preparation of sites, draining, ventilating, warming, limewashing. Marquees, their construction, and means of ventilation. Flooring for huts, marquees, and tents. Boards, punned earth, stones, &c. Paving vicinity of tents and huts. Field Hospital kitchens. Various forms of construction. Cooking utensils. Field Hospital.

Rations. Sources of supply. Those of every country should be known. Composition of rations on physiological grounds, according to the supplies available. Changes in rations required to prevent disease. Practical details of rations in conformity with the work, duties, climate, season, &c., to which the soldier is exposed. Rations.

Drinks best suited for soldiers in foreign countries and climates. Practical tests of their adulteration. Canteens. Their regulation and good sanitary state necessary to health. Intemperance. Means of suppressing it in camps. Disease, mortality, and loss of efficiency arising from it. Drinks. Canteens.

Military clothing and equipments. Their material parts, make, and adaptation to duties by day and night, in different weather, climates, and seasons. Clothing and Equipments.

Burial of the dead in armies. Position of burial grounds, their regulation. Burial grounds.

Troop and sick transports and Hospital ships. Requisites for health, ventilation, cleanliness, deodorising substances, pumping out bilge water. Cubic and superficial area required. Equipments. Sanitary duties of Medical Officers on board ship. Troop and sick transport.

Practical instructions on hygiene. Practical Instruction and Exercises.

*Exercises* in examination into the qualities of various articles of food, drink, and clothing.

*Exercises* in examination into the sanitary condition of districts, buildings, barracks, hospitals, &c., for the purpose of pointing out defects, and their remedies.

*Exercises* in making sanitary inspections and drawing up sanitary reports by Medical and Sanitary Officers.

*Exercises* on the sanitary regulations for the Army, explanation of their objects, and their application to the prevention of disease.

*Exercises* on the means of mitigating or preventing epidemic disease in armies.



*Exercises* in keeping statistical accounts of disease and mortality, with special reference to questions in Army hygiene. Statistical forms and reports in use.\*

*Exercises* on medical topography, showing its sanitary relations.

*Exercises* on the preparation of camping ground.

*Exercises* in the routine of sanitary inspections and reports by Inspectors and Deputy Inspectors.

Drawings and  
Models.

Drawings and Models of improved barracks, hospitals, tents, marquees, huts, kitchens, transport ships, drainage and ventilating arrangements, also illustrations of various temporary sanitary expedients, &c.

Poisons.

Poisons.

Signs of poisoning. Medico-legal inquiries on these points.  
Signs of death.

Death from violence.

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## II.

### CLINICAL AND MILITARY MEDICINE.

CLINICAL AND  
MILITARY  
MEDICINE.

This Course will consist of two parts:—

1. Clinical Instruction in the Hospital.
2. Systematic Lectures on the Diseases of Armies.

The Professor will give instruction at the bedside, more especially on the more prevalent diseases of armies. He will exercise the pupils in drawing up accurate histories of cases of disease under treatment. He will examine and practise them in various methods of diagnosis, by auscultation, the use of the microscope, and by the application of chemical tests. He will also deliver clinical lectures on the cases under treatment. In this part of the course the Professor will have an opportunity of illustrating the management of Hospitals, as to cleanliness, ventilation, nursing, &c., and of indicating the Hospital diets in different diseases and stages of disease, and during convalescence.

The method of drawing up Hospital Reports will also be properly taught in this part of the discourse.

The Professor will deliver lectures on the following subjects:—

History of Military Medicine, with notices of the more important writers on the subject.

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\* Whenever possible, the Student might be allowed to acquire practice in keeping Statistics in the Statistical Branch of the Army Medical Department.



The general character, habits, and duties of the soldier, and the influence of these in modifying his diseases.

General view of the diseases to which soldiers are most liable from exposure, fatigue, intemperance, &c., in different climates.

General view of the medical history and management of yellow fever, remittents and intermittents, dysentery, cholera, scorbutus, phthisis pulmonalis, venereal diseases, &c., in different countries and climates.

Lectures and Clinical Instructions on Mental Diseases.

Medical history of the more remarkable epidemics which have occurred in the British and other armies.

Nature and medical management of the more prevalent diseases in different climates, in the British Colonies, and other places where our troops may be stationed, as in the Mediterranean, West Indies, coast of Africa, East Indies, &c.

Beneficial effects of change of air and of climate on invalids, and in convalescence from disease or wounds, and in deteriorated health arising from long residence in unhealthy climates. Attention to this is of great importance in maintaining the efficiency of troops serving in tropical climates.

Advantages of frequent medical inspection of troops, particularly in unhealthy stations, with the view of detecting the commencement of disease.

Hospital regulations, books, and forms.

Regulations regarding recruiting, sick certificates, and invaliding. Principles on which sick certificates should be granted to officers, to prevent invalid officers from appearing on effective musters, and to ensure speedy recovery and return to duty. Importance of change of climate in cases where convalescence is arrested.

Instruction in Hospital duties.

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### III.

#### CLINICAL AND MILITARY SURGERY.

This course, like the preceding, will be of a special and practical character, and will have constant reference to Clinical instruction in the surgical wards of the Hospital. The instructions and lectures will comprehend the following subjects:—

1. History of Military Surgery. Measures adopted by the Military Powers of Europe to improve the Art of Military Surgery.

2. Surgical Anatomy, including Regional Anatomy, with special reference to wounds. Operations on the Dead Body, especially such operations as are required in the field.

CLINICAL AND  
MILITARY  
SURGERY.



3. Lectures on Inflammation; its immediate importance and constant relations to Military Surgery, as a morbid and curative agent.
4. Burns and Scalds. Ulcers.
5. Hospital Gangrene.
6. Wounds, Gunshot, Incised, Punctured, Lacerated, Wounds of Arteries and Nerves. Traumatic Aneurisms.
7. Tetanus.
8. Wounds of the Head, Face, and Neck, Spine, Thorax, Abdomen, Extremities. Fractures and Luxations. Poisoned Wounds.
9. Amputations.
10. Dental Surgery.
11. Ophthalmia.
12. Syphilis, Gonorrhœa, Gonorrhœal Ophthalmia, Gonorrhœal Rheumatism, Strictures of the Urethra.
13. Dracunculus, or Guinea-worm.
14. Furunculus, or Boil.
15. Feigned and Factitious Diseases.
16. Application of Bandages and Splints.
17. Transport of sick and wounded; fitting up of transports, and hospital ships; the use and selection of Ambulances. Proportion of sick and wounded in Armies.
18. The Examination and Selection of Recruits.
19. The Examination and classifying of Invalids.
20. Proportion of Medical and Surgical means and Appliances to Corps and Divisions in different Climates.
21. Surgical arrangements on landing on an enemy's Coast: on taking the Field; and during and after a general action. Surgical arrangements with an advancing Army; with an Army in retreat; with a besieging Force. Trench duties and arrangements.
22. Surgical arrangements within a besieged town or fort.

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#### IV.

#### LECTURES AND DEMONSTRATIONS IN PATHOLOGY AND MORBID ANATOMY.

PATHOLOGY  
AND MORBID  
ANATOMY.

Lectures and demonstrations on Morbid Anatomy, illustrated by specimens, selected from the Museum, and aided by accessory methods of observation, such as carefully recorded Clinical Histories of Cases of the more important and severe diseases prevalent at the Military Stations abroad.

1. A series of specimens to illustrate the Morbid Anatomy of Dysentery as it has existed in the East and West Indies, in the Peninsula; in the Crimea.



2. Specimens illustrating the Morbid Anatomy of the Liver in connection with Dysentery.

3. Specimens illustrative of the lesions which occur in Fevers, similarly considered, especially of Typhus Fevers, and of Malarial, Littoral, or Paludal Fevers.

4. Specimens illustrative of the Morbid Anatomy of Cholera.

5. Specimens to illustrate Scorbutic States and Types of Disease.

6. Specimens illustrating the nature of Parasites and of Parasitic Diseases, such as Tape-worm, Guinea-worm, and the like.

7. Specimens illustrating the general Morbid Anatomy of Parts, independent of Zymotic Diseases.

8. Specimens illustrative of the Morbid Anatomy of Wounds and Injuries.

9. These topics might be also illustrated by recent specimens of Morbid Anatomy, obtained from post-mortem examinations of patients dying in the Hospital.

Practical instruction will also be conveyed—

1. By the opening of dead bodies, when special instruction will be given as to (*a*) how post-mortem examinations are to be made; (*b*) how the viscera are to be examined; (*c*) and how the results of disease-processes are to be distinguished from post-mortem changes and other pseudo-morbid appearances.

2. In this practical work of manual labour, dexterity would be acquired by the student. Special instruction will be given to each individual as to how he should use the various means and instruments of research by which departures from the state of health may be appreciated, as, for example, the determination of the absolute and specific weights of the solid organs, membranes, and fluids in health and in disease, the determination of the bulk and capacity of parts and cavities.

3. A full course of practical instruction in the use of the Microscope, and its application in determining the nature of diseased conditions.

This Microscopic Course will embrace instruction—

(1) In the arrangement of the instrument, and how it is to be manipulated.

(2) In the various methods of examining objects by it, of drawing the objects seen, and of measuring the dimensions of the objects examined.

(3) In the examination of tissues and morbid products, and the application of chemical agents for their analysis under the microscope.

(4) Instruction in the preservation of microscopic objects.



One lecture, or series of lessons, weekly, till the topics are exhausted, will be sufficient for the microscopical instruction.

Practical instruction will also be given as to how specimens illustrative of Disease, Comparative Anatomy, or Natural History, are to be preserved, and sent home from abroad.

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### Section III.

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#### RULES FOR THE EXAMINATION OF ASSISTANT-SURGEONS PREVIOUS TO PROMOTION.

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This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

EXAMINATIONS  
FOR PROMOTION.

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons eligible for examination may be serving at the time. It will be the duty of the Principal Medical Officer of the Station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.\*

The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical account of the Station where he may happen to be at the time, or of some other Station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical Report of his Regiment for a period of at least twelve months.

If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the certificates and with the Medico-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.

The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service,

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\* The Assistant-Surgeon may see this Certificate before it is sent to the Director-General.



each examination having a definite object. The FIRST, to ascertain, previous to his admission into the service as a Candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The SECOND, after having passed through a Course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the THIRD, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

SIDNEY HERBERT.

War Office, October 17, 1859.

RECEIVED  
-OCTOBER 17 1859  
J.H.H.

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## ADDENDUM.

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At a meeting held at the War Office on 31st March 1860, the Senate of the Army Medical School was constituted by the Right Honourable Sidney Herbert, M.P., Secretary of State for War.

The following are the names of the Members of the Senate:—

Sir J. B. Gibson, M.D., K.C.B., Director-General Army Medical Department.

Sir J. R. Martin, C.B., Physician to the Council of India.

Thos. Longmore, Esq., Deputy Inspector-General, Professor of Military Surgery.

Dr. W. C. Maclean, Deputy Inspector-General of Hospitals, Professor of Military Medicine.

Dr. E. A. Parkes, Professor of Hygiène.

Dr. W. Aitken, Professor of Pathology.

Principal Medical Officer, Netley.

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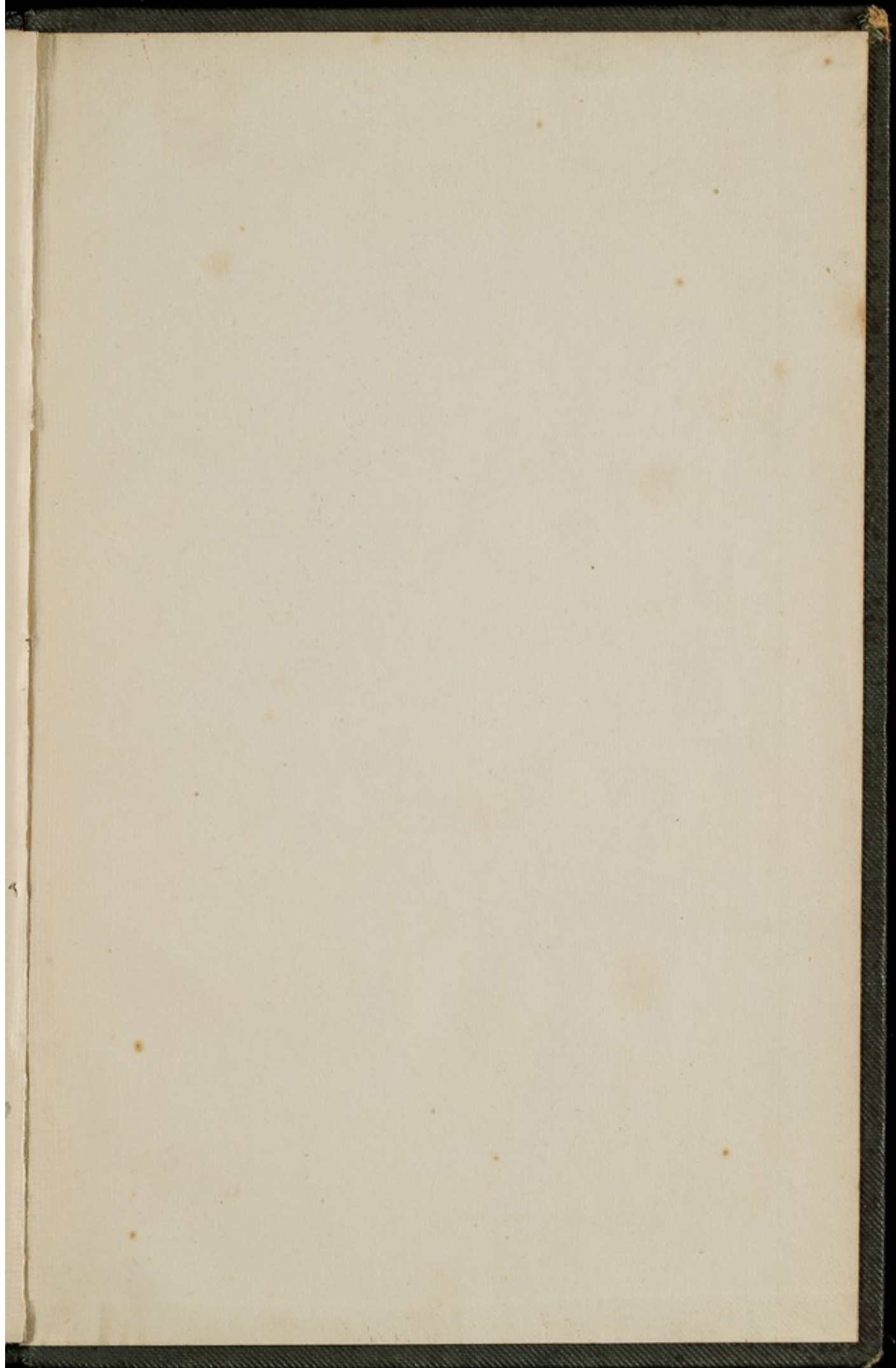


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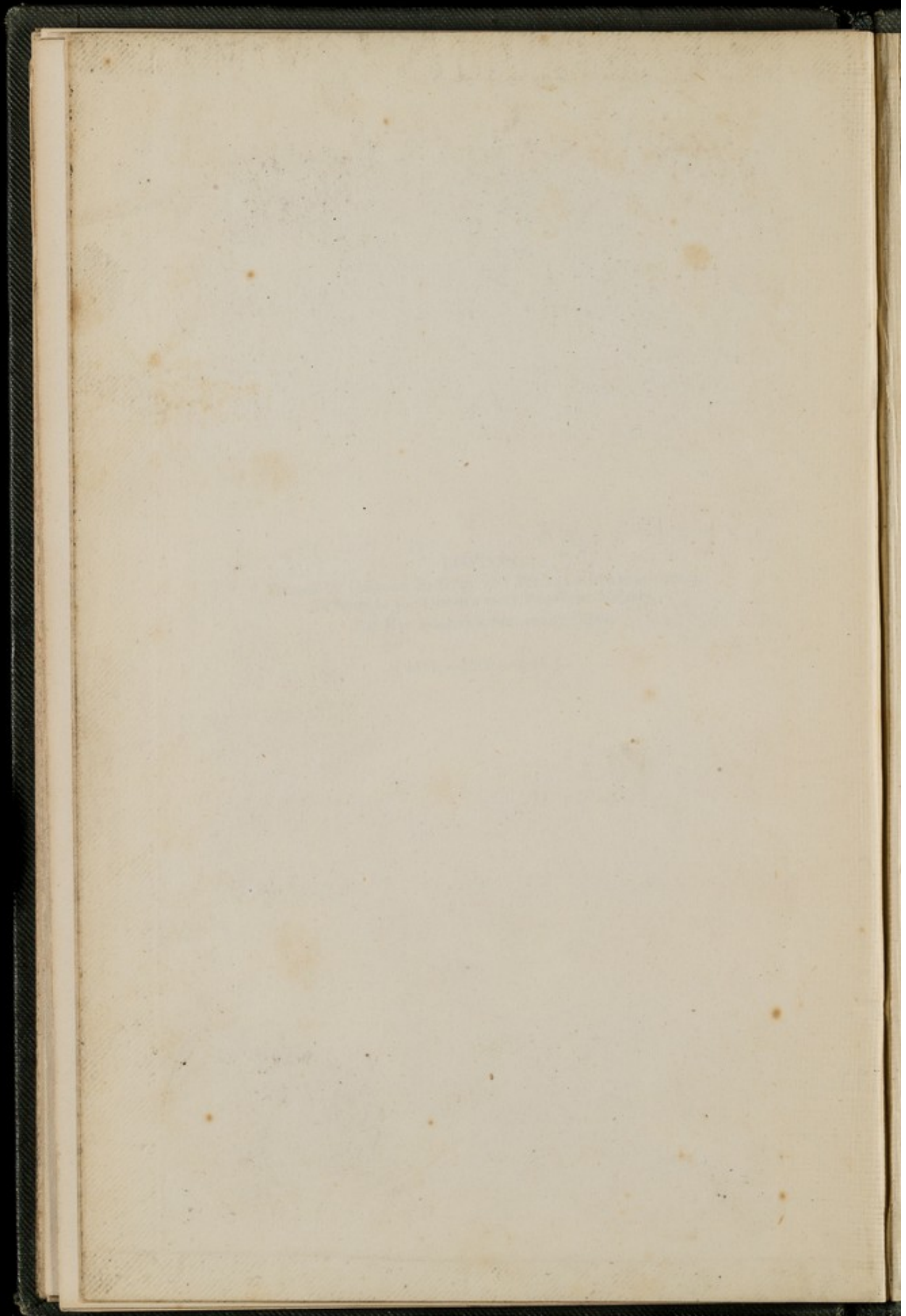
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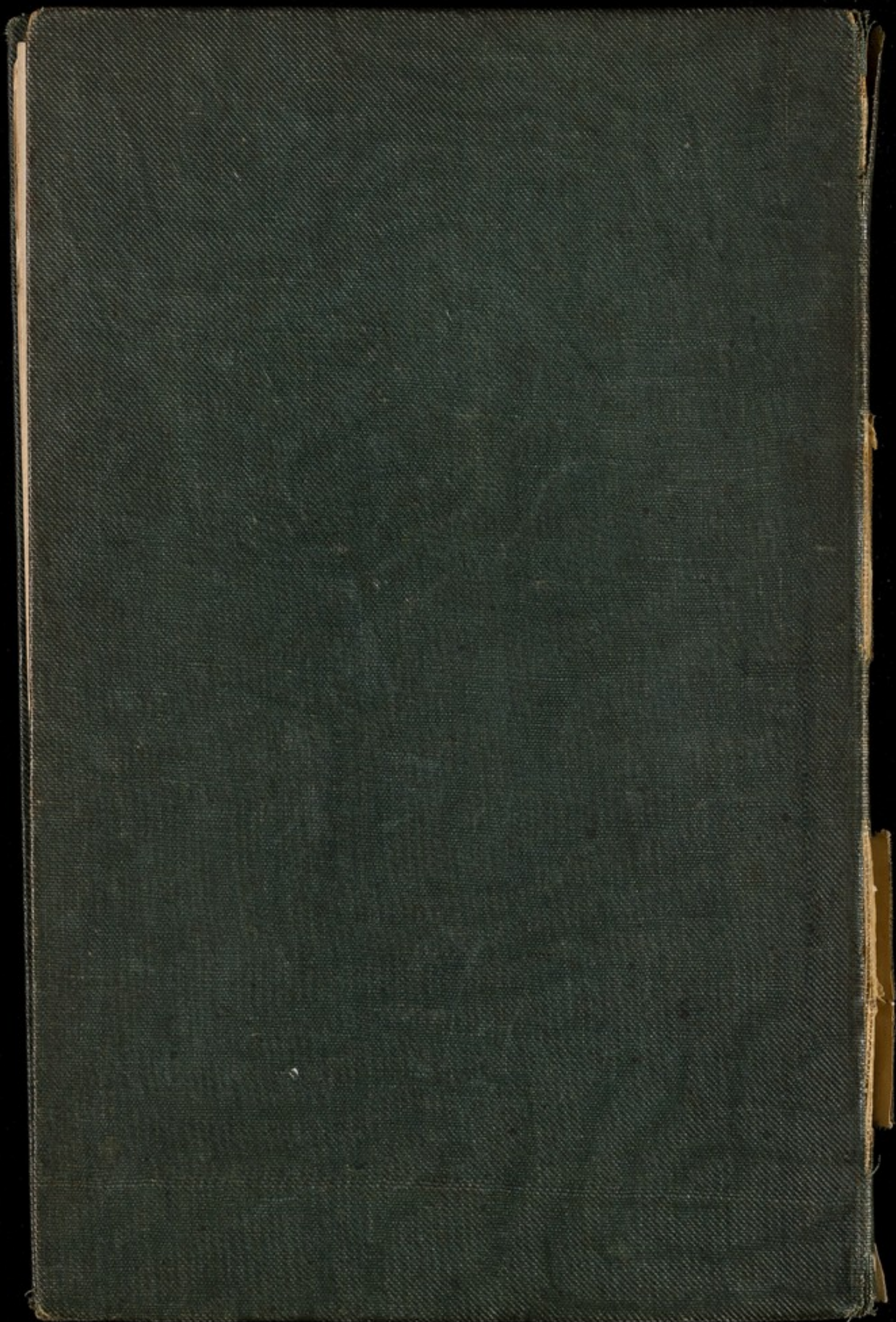




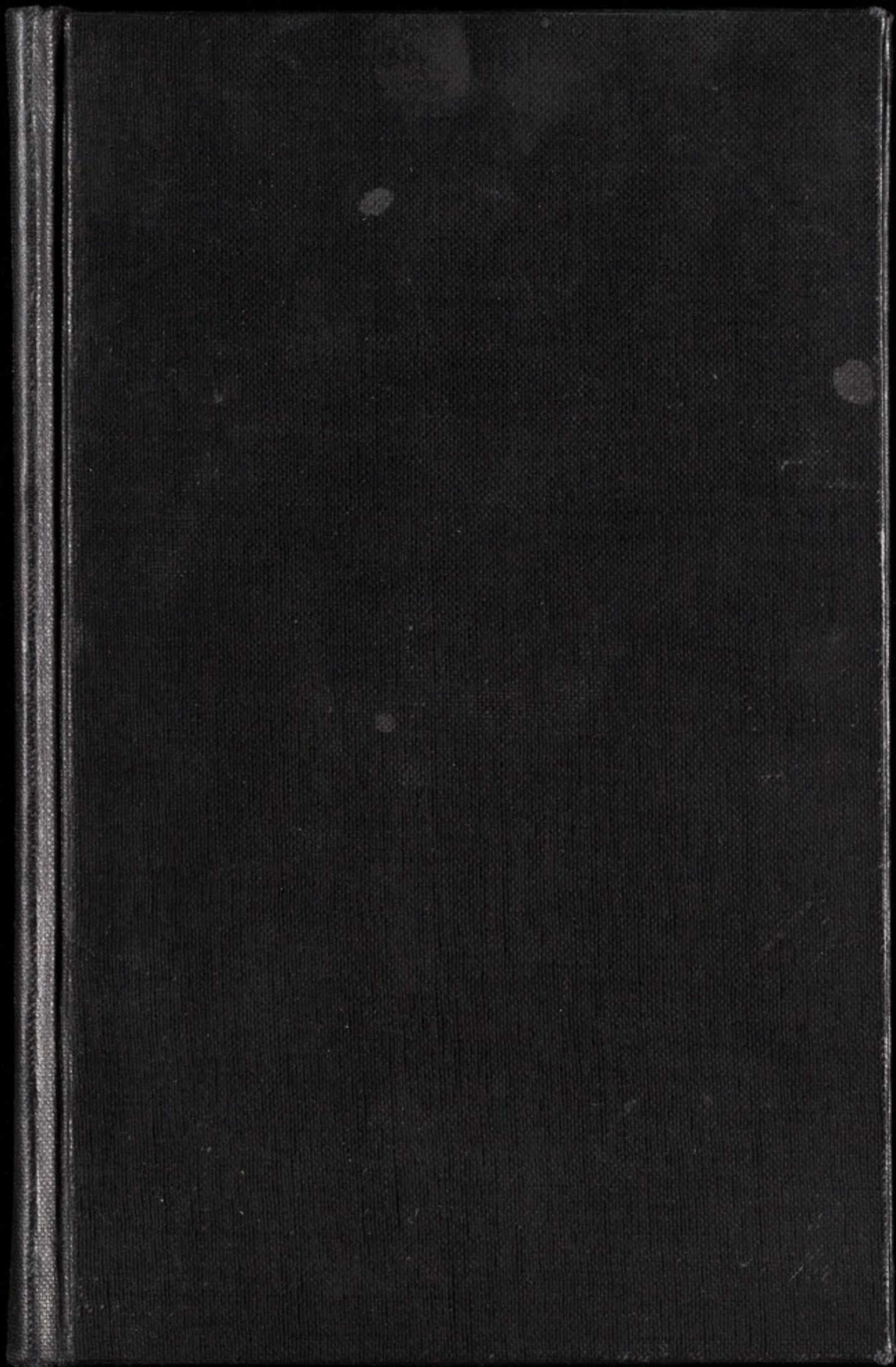


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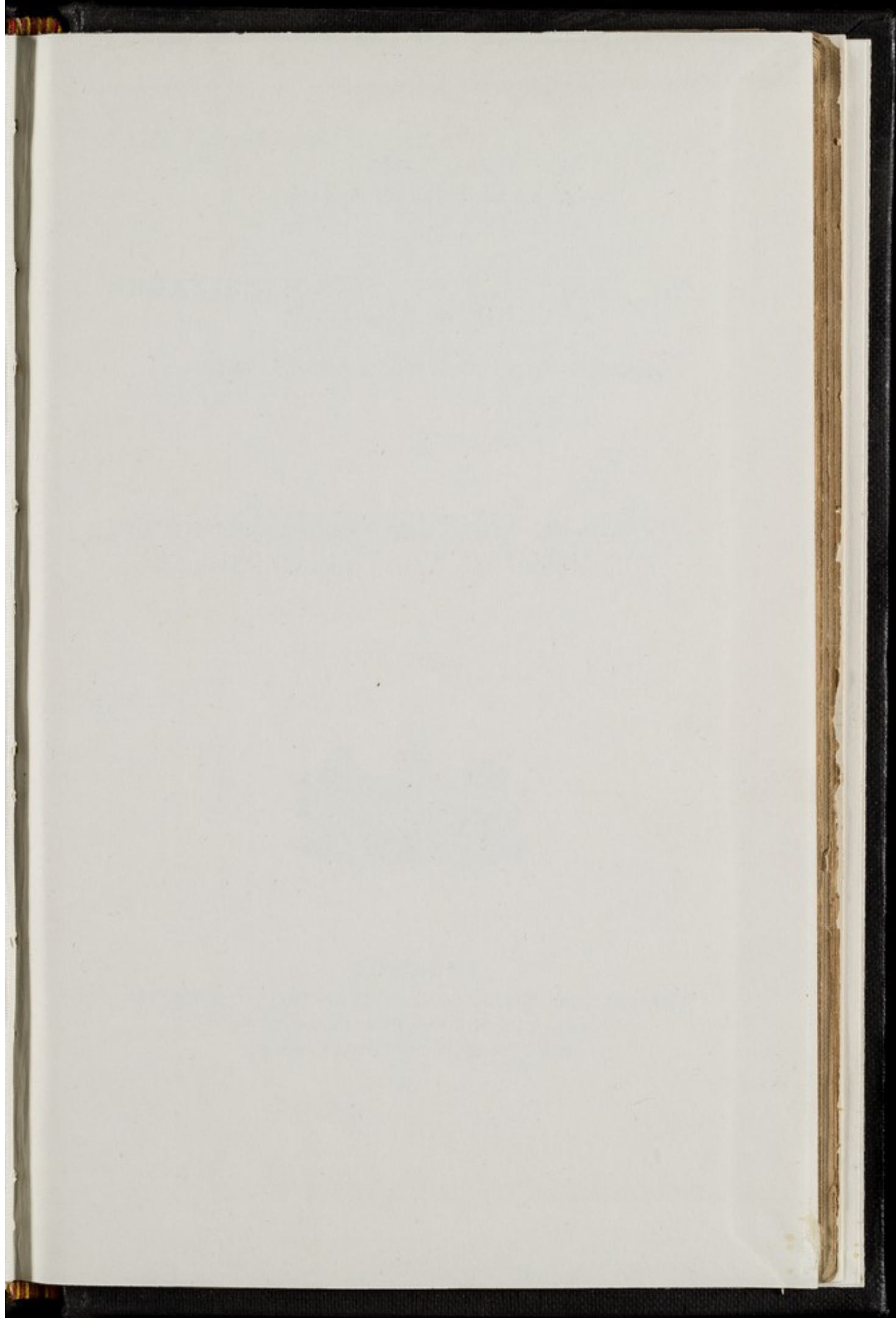




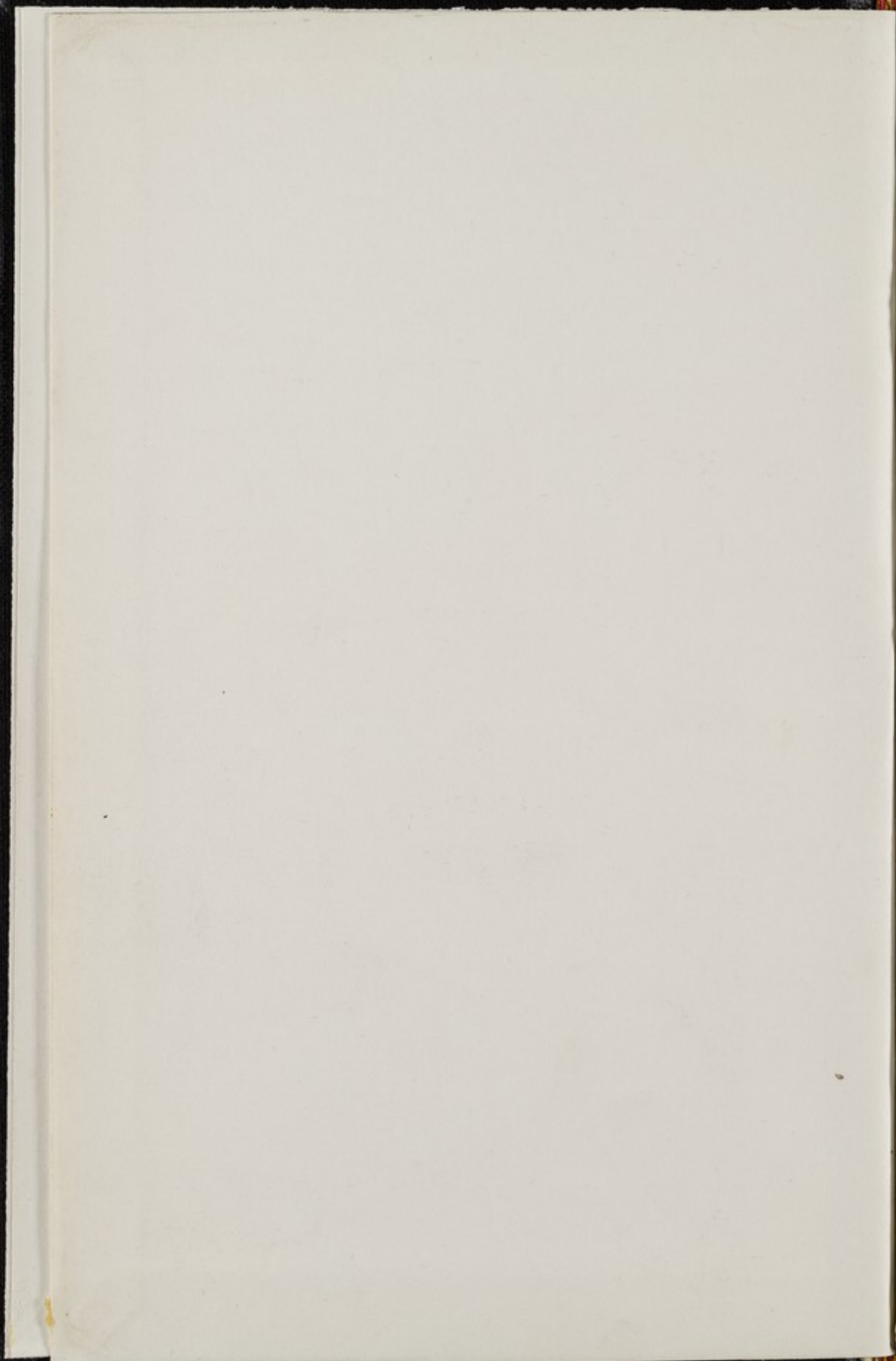














QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR  
COMMISSIONS IN THE MEDICAL SERVICE OF  
HER MAJESTY'S ARMY, 4

ORGANIZATION OF THE PRACTICAL ARMY  
MEDICAL SCHOOL,

INCLUDING THE SUBJECTS TO BE TAUGHT BY THE PROFESSORS;

AND

RULES FOR THE EXAMINATION OF ASSISTANT-  
SURGEONS PREVIOUS TO PROMOTION.



LONDON:

PRINTED BY GEORGE E. EYRE AND WILLIAM SPOTTISWOODE,

PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.

FOR HER MAJESTY'S STATIONERY OFFICE.

1862.



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PREFACE

The following Qualifications of Candidates for Admission to the Army Medical Service, the Plan of Organization of the Army Medical School, and Rules for examining Assistant Surgeons previous to Promotion, are intended to give effect to the recommendations of the Royal Commission on the Sanitary State of the Army, and were included in the Warrant of October 17, 1888.

PREFACE

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War Office, November 1888.



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## Section I.

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### QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL SERVICE OF THE BRITISH ARMY,

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#### I.

EVERY Candidate presenting himself for admission to the competitive examination required for the Army Medical Service must be unmarried. He must produce a birth certificate from the District Registrar, or a certificate of baptism, in which the date of birth is stated. Or, if neither of these can be obtained, an affidavit from one of the parents or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the Candidate is not above 26, nor under 21 years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

Certificates.  
Age of candidates.

#### II.

The Candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical Officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

Declaration to be made by candidate.

#### III.

The Candidate must possess a diploma in surgery, or a licence to practise it, as well as a degree in medicine or a licence to practise it, in Great Britain or Ireland.

Candidate must possess degree, diploma, or licence to practise surgery and medicine.

#### IV.

Degrees, Diplomas, Licences, and Certificates of age and character, must be lodged at the Army Medical Department, for examination and registry at least one week before the Candidate appears for examination.

Qualifications and certificates to be lodged a week before examination.



## V.

Subjects of  
examination.

On producing the foregoing qualifications the Candidate will be examined by the Examining Board in the following subjects:—

Anatomy and Physiology.

Surgery.

Medicine, included Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a practical knowledge of drugs.

(The examination in Medicine and Surgery will be in part practical and will include operations on the dead body, the application of Surgical Apparatus, and the examination of Medical and Surgical Patients at the bedside.)

The eligibility of each Candidate for the Army Medical Service will be determined by the result of the examinations in these subjects only.

Candidates who desire it will be examined in Comparative Anatomy, Zoology, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the Examination by Candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of Science.

The subjects for this part of the examination will be taken from the following books:—

(1.) "Animal Kingdom," by W. S. Dallas, F.L.S.

(2.) "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Élémentaire d'Histoire Naturelle," par Milne Edwards.

(3.) Lindley's "School Botany;" Lindley's "Medical and Economic Botany;" Henfrey's "Elementary Course of Botany."

Candidates who may desire it, may also be examined in the Elements of Physics and in Physical Geography. The following books are recommended for this purpose:—

(1.) "Elements of Natural Philosophy," by Golding Bird and C. Brooks.

(2.) "Physical Geography," by Mrs. Somerville.

## VI.

Classification  
of successful  
candidates.

The Names of Candidates who pass the Preliminary Examination of the Examining Board will be sent to the Director-General, and communicated to the Professors of the Army Medical School. The Names will be arranged in the following Classes:—



## CLASS I.

Names of those who have passed a pre-eminently distinguished examination, *arranged in their order of merit.*

Characters which distinguish the excellence of each.  
Fitness for special service.

## CLASS II.

Names of those who have passed a creditable examination, *arranged in alphabetical order.*

Statement of the topics in which each has individually excelled or fallen short.

## CLASS III.

Names of Candidates who have passed the MINIMUM examination, *arranged in alphabetical order.*

Statement of the particular branches of science in which each has been found to be DEFICIENT.

This information will enable the Professors of the Army Medical School to carry out their instructions with a definite aim as regards each Class.

## VII.

After passing his preliminary examination, every Candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on

Course of practical instruction at the Army Medical School.

- (1.) Hygiène.
- (2.) Clinical and Military Medicine.
- (3.) Clinical and Military Surgery.
- (4.) Pathology of Diseases and Injuries incident to Military Service.

These courses to be of not less than four months' duration.

## VIII.

At their conclusion the Candidate will be required to pass an examination on the subjects taught in the school. The examination will be conducted by the Professors of the school.

Examination for commission.

The Director-General, or any Medical Officer deputed by him, may be present, and take part in the examination. If the Candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as Assistant Surgeon.



IX.

Allowance to candidates at the medical school.

During the period of his residence at the Army Medical School, each Candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with uniform, viz., the regulation undress uniform of an Assistant Surgeon, but without the sword.

X.

Candidates to conform to discipline.

All Candidates will be required to conform to such rules of discipline as the Senate may from time to time enact.

Class III

Names of Candidates who have passed the entrance examination, and in which branch of science in which each has been found to be deficient. This information will enable the Professors of the Army Medical School to carry out their instructions with a definite view as regards each Class.

VII

Course of practical instruction at the Army Medical School.

After passing his preliminary examination, every Candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission on  
(1.) Hygiene.  
(2.) Clinical and Military Medicine.  
(3.) Clinical and Military Surgery.  
(4.) Pathology of Diseases and Injuries incident to Military Service.  
These courses to be of not less than four months' duration.

VIII

Examination for commission.

At their conclusion the Candidate will be required to pass an examination on the subjects taught in the school. The examination will be conducted by the Professors of the school. The Director-General, or any Medical Officer deputed by him, may be present and take part in the examination. If the Candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as Assistant Surgeon.



SCHEDULE OF QUALIFICATIONS.

Recommended by \_\_\_\_\_

Christian and Surname  
at full length.

I \_\_\_\_\_  
\_\_\_\_\_ Years of Age, in \_\_\_\_\_ last, a Candidate  
for employment in the Medical Department of the Army, do hereby  
attest my readiness to engage for General Service whether at Home  
or Abroad, and to proceed on Duty immediately on being Gazetted.

I declare that I am unmarried, and that I labour under no Mental  
nor Constitutional Disease, nor *any imperfection* or disability that can  
interfere with the most efficient discharge of the Duties of a  
Medical Officer in any Climate.

The Dates of Graduations and the  
Universities or Colleges are to be stated.

I have the Degree of A.M. or A.B. from the \_\_\_\_\_

I have the Degree of M.D. from the \_\_\_\_\_

I have a Licence to practise Medicine from the \_\_\_\_\_

I have a Diploma in Surgery from the \_\_\_\_\_

I have a Licence to practise Surgery from the \_\_\_\_\_

(Signature at full length) \_\_\_\_\_

(Date) \_\_\_\_\_

(Place of Residence) \_\_\_\_\_



## Section II.

### ORGANIZATION OF THE PRACTICAL ARMY MEDICAL SCHOOL.

#### I.

Candidates for commissions to attend course of instruction.

After passing his preliminary examination, every Candidate for a Medical Commission in the British Army will be required to attend one entire course of practical instruction at the Army Medical School, and at the Military Hospital in connexion with it, on the subjects herein-after named, before being admitted to his examination for a Commission.

Cadets and Officers of the Royal Engineers and of the Indian Engineers may also attend a course of instructions on Hygiène. Combatant officers will have the same privilege extended to them should they desire it. Army Medical Officers will also have access to the School.

#### II.

Subjects of course.

The special practical instruction which the school is intended to afford will be given by the following four professors:—

The Professor of Hygiène.

The Professor of Clinical and Military Medicine.

The Professor of Clinical and Military Surgery.

The Professor of Pathology.

#### III.

Government of the school.

The School has a distinct and independent existence under the Secretary of State for War, and is governed by its own Senate, which will hold a meeting for the despatch of business at least once a month or oftener if necessary.

#### IV.

The Senate. Its functions.

The Senate consists of the Director-General of the Army Medical Department, who will preside, when present, at the meetings of Senate; the Professors, and the Principal Medical Officer on the station *ex officio*; but only those members of Senate who may be present shall vote on the questions discussed.



The Senate will regulate the routine of business of the School.

It will decide on the arrangement, number, hours, &c., of the Lectures, and instructions.

It will make and amend regulations for the conduct of the Students.

It will preserve discipline.

It will also have the regulation and direction of the Library, Museum, Model-room, and Laboratory; the selection of books, models, chemical and other apparatus necessary for the School, and will make up, and submit to the Secretary of State, all estimates of expenditure connected with the School.

All acts of the Senate will be communicated to the Director-General.

No act of the Senate shall be binding until it has received the approval of the Secretary of State.

#### V.

The Museum will consist of four divisions:—

Museum.

1. A collection of Pathological Anatomy, having special reference to the more prevalent diseases of the Army.

2. A collection of Specimens of Geology and Natural History.

3. A collection of *Materia Medica* and *Alimentaria*, containing specimens of the more important articles, both in their natural and prepared states; and of the principal seeds, grains, pulses, and other dry or prepared articles of food, from all parts of the world.

4. A collection of plans and models of whatever is used in the Army for the conveyance, support, or protection of wounded men; models of tents, hospitals, and the like.

Classified Catalogues of the contents of these several divisions are to be kept.

#### VI.

The Library contains standard works in every branch of Medicine, and the allied sciences. Attached to the Library there is a Reading-room furnished with maps, books of prints, &c., to be kept in the Library, but the pupils will have permission, under the regulations of the Senate, to take books to their own quarters.

Library.

#### VII.

The business of the session will be arranged by the Senate, in such manner that there shall be at least six months' residence at the School and Hospital, including courses of not less than four months' instruction by lectures, &c.; so that there shall be two sets of Candidates ready for examination for commissions every year.

Length of session.



## VIII.

Nature of the instruction.

The Lectures and Practical Instructions to be delivered at the School will be directed exclusively to the specialities of Military Medical Service.

The Courses of Lectures will include the subjects in the following five programmes arranged in such order and manner as the Senate may from time to time decide.

## I.

## HYGIÈNE.

LECTURES AND INSTRUCTIONS ON HYGIÈNE.

The Course of lectures and instructions in Hygiène will be directed to impress forcibly on the mind of the student the whole principles on which the prevention of disease is based not only in their scientific but in their practical aspect, and from thence to follow out the special application of those principles to the preservation of the health of troops in Barracks, Garrisons, Stations, Camps, and on Marches, both by practical instruction in the problems of Army hygiène, and by reference to maps, diagrams, models, instruments, and other methods of illustration.

PART I.  
HYGIÈNE,  
PRINCIPLES.

PART I.—*Principles of Hygiène.*

Nature and importance.

Hygiène, its nature, importance, historical notices of, objects as regards civil populations and armies. Literature, &c.

Physiological laws relating to health.

General statement of physiological laws relating to health and disease. Influence of age, sex, temperament, trades, and occupations. Longevity.

Comparative healthiness of different races. Physical and mental qualities of different races, influencing their fitness for military service.

External conditions as to climate, &c.

Examination of external conditions as to climate, &c., and the effect of these on health and life.

METEOROLOGY.

Meteorology: its importance in the science of hygiène.

Manner of making and keeping meteorological observations. Instruments. Barometer, &c. Reduction of observations.

Description of climates. Effect of different climates on health. Beneficial effects, or the reverse, of change of climate, and precautions required. Acclimatization.

PHYSICAL GEOGRAPHY.

Physical Geography. General sketch of the Earth's surface. Land. Water. Mounties. Hills. Plains. Plateaux.



Deserts. Valleys. The sea. Rivers. Lakes. Proportions of land and water. Natural drainage. Marshes and marshy ground. Vegetation.

General geological sketches of the Earth's surface. Stratification. Formations. Surface soils. Subsoils.

Medical topography of the British islands, colonies, and possessions.

MEDICAL  
TOPOGRAPHY

Geographical distribution of disease and mortality over the surface of the Earth in relation to physical geography.

Sketch of external conditions influencing the geographical distribution of disease, such as climate, elevation, marsh and subsoil miasm; miasm from river and lake banks, and stagnant waters. Salt marshes. Salt and fresh water marshes. Sea coasts. Defective natural drainage, irrigation, heavy rains, damp and stagnant air, and mists in plains, valleys, hollows, forests, jungles, rapid changes of temperature, decomposing organic matter, &c.

Influence of elevation above or below the sea-level on health. Beneficial effects of change of elevation.

Sanitaria. Rules for selecting them. Rules for selecting military stations.

Medical topography of mountain ranges in our foreign possessions, including the history of mountain climates. Sanitary advantages of such climates in our intertropical possessions. Necessity of establishing European troops in the hill ranges of our intertropical possessions. Advantages of solitary mountains.

Advantages of mountain climates in tropical countries.

Meteorology of mountain ranges, specifying the different phenomena and their influences on health at different degrees of elevation.

Influence of marsh miasm in producing intermittent, remittent, and tropical bilious fevers, yellow fever, &c.

Diseases arising from marsh miasm.

Effect of emanations from putrescent animal matter on health. Emanations from excreta: from the skin: from the lungs. Illustrations of the production of speedy death by such emanations; also of plague, gaol fever, typhus, &c. Sources of putrescent organic effluvia.

Effects of miasmata from putrescent animal matter.

Sources of putrescent organic effluvia.

Overcrowding of the population on a given area. Illustrative examples of this in civil life and in the Army: Relation of disease and mortality to surface overcrowding. Effect of surface overcrowding during epidemics, in increasing their intensity.

Beneficial effect of spreading the population during epidemics.

Influence of defective surface and subsoil drainage, in predisposing to epidemics, with illustrations. Similar illustrations from defective or deficient drainage in towns and buildings. Fatal effects of sewer air diffused through the atmosphere of towns and buildings. Miasmata from nuisances,

Defective drainage, &c.



- unwholesome manufactories, cesspools, sewers, accumulation of decaying refuse, unburied carcasses, and offal, dead bodies, and overcharged grave-yards. Defective burial of the dead. Burial in churches, or under habitations. Illustrations of their influence on health, and in predisposing to epidemic disease.
- Overcrowding in cubic space.** Influence of overcrowding in cubic space in the production of disease, especially during epidemic seasons. Amount of cubic space and superficial area requisite for health. Principles on which the amount of cubic space should be determined.
- Ventilation.** Ventilation. Sources of atmospheric impurity in unventilated dwellings from respiration, exhalations from the skin: from foundations of buildings: from fires, lights, cooking, stables, under or near buildings. Their effects, especially during epidemic seasons.  
What constitutes good ventilation: quantity of air required. Simple methods of ventilation in use, with models and plans. Natural ventilation, artificial ventilation, their relative advantages.
- DIET.**
- Animal diet.** List of dietetic substances, animal and vegetable. General account of the classes of animals from which dietetic substances are derived. Comparative nutritive value of animal food; fresh, dried, salted, smoked. Marks of health and disease in animals. Signs of fitness or unfitness for food. Signs of wholesome and unwholesome meat. Sanitary precautions to be adopted on board transports for animals. Diseases arising from the use of unwholesome or badly prepared flesh or fish.
- Cooking.** Different forms of cooking apparatus and utensils. Benefits to health of change in the mode of preparing food.
- Cereals.** List of grains used for food. Their geographical distribution. Comparative nutritive value. Signs of wholesome and unwholesome grain. Diseases arising from the use of unwholesome grains. Ergotism. Signs of good, bad, and adulterated flour. Microscopic characters. Deterioration by insects.
- Baking.** Preparation of grains for food. Bread, its constituents and manner of preparation. Yeast and its substitutes. Field ovens.
- Roots.** Bulbs, tubers, roots used as food. Nutritive qualities.
- Vegetables.** Green vegetables. List of plants used as such. Their geographical distribution. Dried vegetables. Constituents. Mode of preparation and preservation. Nutritive value.
- Sugar.** Sugar and Saccharine matter. Nutritive value.
- Condiments.** Condiments. Their use and abuse.



Drinks. Water. Daily quantity per man required. Physical tests of pure water. Rain water, its composition and qualities. Hardness and softness. Saline ingredients. Their effects on the purity and wholesomeness of water.

Sources of water. Rain, springs, streams, rivers, lakes, wells, ponds, marshes.

Diseases produced or aggravated by impure water.

Methods of purifying, collecting, storing, and distributing water. Subsidence, filtration, &c.

Collecting by superficial drains, by earthenware, metal, or wooden pipes. Necessity of guarding water sources and wells. Covering reservoirs. Precautions in distributing water to prevent pollution.

Supply of water for animals.

Tea, coffee, cocoa. Their chemical composition, dietetic properties, utility in repairing waste.

Wines. Adulterations, and the manner of detecting them.

Spirits. Adulterations, and the means of detecting them. Influence of spirit drinking on health.

Malt liquors. Their dietetic qualities. Vinegar, lime-juice, acids. Their properties and uses in dietetics. Adulterations.

Clothing. Its weight, material, colour. Conducting or non-conducting power for heat. Also the fitting of clothes to allow free play to the muscles and internal organs.

Clothing for different countries, climates, and seasons.

General resumé of the conditions necessary to health already discussed. Limits within which these conditions may be imperfectly fulfilled without producing disease.

Vital statistics. Their foundation. Method of collecting facts. Structure of tables and diagrams. Tables exhibiting the leading facts of comparative vital statistics referring to the health of countries, districts, cities, and towns, sex, age, occupation. Examination into the causes of mortality. Diseases which influence mortality to the greatest extent.

Prominence due to zymotic diseases in all classifications. Their importance to civilization. Their especial importance in armies.

Epidemiology. Importance of this branch of science. Laws of epidemics. Localizing conditions of epidemics. Predisposing effects of season, bad and unwholesome food, deficient clothing, misery.

Mediæval epidemics. Plague, black death, sweating sickness. Account of the conditions under which these diseases desolated Europe and Asia. Modern epidemics, cholera, yellow fever, typhus, &c.

Transmissibility of disease. Inoculation, vaccination, re-vaccination.

Sanitary measures. Earliest records of their use for preserving health, and preventing epidemics. Sanitary legisla-

DRINKS.

Diseases from impure water.

Storing and purifying water, &c.

Tea, Coffee, &c.

Wines.

Spirits.

Malt Liquors, &c.

Clothing, Composition, &c.

General Resumé.

VITAL STATISTICS.

Epidemiology.

Transmissibility of disease.

Sanitary measures and legislation.



tion. Authorities, Officers of Health, and Inspectors, their duties. General organization of sanitary police in towns; account of recent sanitary improvements introduced into towns, buildings, and country districts.

Drainage, its object and principles. Formation and construction of sewers and drains. Trapping, ventilation, flushing. Various forms of soil-pans, water-latrines, urinals.

Cleansing and preventing nuisances. Paving. Its great utility as a means of preventing disease, with illustrations. Limewashing of houses. Baths, ablution rooms, and wash-houses.

Improved health.

Instances of improved health from sanitary works. Improved towns. Model lodging-houses. Requisites for healthy buildings.

Influence of light on health and disease.

PART II.

ARMY

HYGIÈNE.

MILITARY

VITAL

STATISTICS.

PART II.—*Application of Hygiène to Armies.*

Military Vital Statistics. Army ages. Mortality due to Army ages in civil life. Mortality in the Army. Inquiry as to its amount.

Invaliding, its amount at different ages. Causes of invaliding. Deaths amongst invalids.

Actual Army mortality, and comparison with that of civil life.

Mortality of Foreign Armies.

Mortality of different foreign armies. Comparison with that of the British Army.

Mortality in different Arms.

Mortality in different branches and arms of the service, Household Troops, Foot Guards, Cavalry of the Line, Infantry of the Line, Artillery, Engineers, Sappers and Miners, Military Train, Colonial Corps, black and white troops.

Comparative Mortality in different Colonies and Possessions.

Comparative mortality of troops on home and foreign service. Comparative mortality in different Colonies and Possessions. Mortality in War, Peninsula, Walcheren, Crimea, Napoleon's Russian Campaign.

Causes of high Mortality in Armies. Zymotic diseases.

Examination as to the diseases which occasion the high rate of Army mortality. Effect of zymotic diseases on the mortality of armies as compared with diseases of other classes.

Diseases of different Colonies and Stations.

Diseases incident to different Colonies and Stations:—India, West Indies, Ceylon, Cape, Mediterranean, Bermuda, Canada.

Sick in Armies.

Percentage of sick in Armies, and from what diseases. Historical sketch of Army epidemics. Local and personal conditions with which they are usually connected.

ARMY EPIDEMICS.

Epidemic influence. Signs of its approach. Effect on other diseases.

Yellow Fever.

Yellow fever. Temperature and latitude under which it exists. Yellow fever zones. Account of Army yellow fever epidemics. Barbadoes, Jamaica, Gibraltar, Bermuda, Trinidad, &c. Their history, origin, mode of propagation. Sta-



tistics. Sanitary defects in Stations, Barracks, Garrisons, and Hospitals with which they have been connected. Loss to the Army from them. Sanitary improvements already carried out to diminish their intensity. What preventive measures are further required.

Army Typhus. Nature of the disease. Causes. Influence of sanitary defects in predisposing to it, with illustrations. Sanitary and other prophylactic measures required to prevent it.

Remittent Fevers. Their relation to yellow fever. Their origin. Local favouring conditions. Personal predisposing causes. Parts of the globe where they occur. Facts connected with their occurrence. Influence of marsh malaria, impure water, and decomposing vegetable matter under high temperature. Sanitary and other prophylactic measures required for their mitigation.

Intermittents. Influence of malaria, impure water, extremes of heat and cold, exposure to night air, &c. Prophylactic and sanitary measures required for their mitigation.

Continued Fevers, their local favouring conditions. Influence of damp, overcrowding, defective ventilation. Prophylaxis.

Dysentery. Types of the disease. Predisposing causes from filthy camps, bad water, monotonous or unwholesome diet, exposure to extremes of heat and cold, night air, &c. Sanitary and prophylactic measures required.

Plague. Instances of its appearance in armies, and the conditions under which it has shown itself. Sanitary state of towns and districts visited by plague. Prophylactic measures.

Cholera. History, progress. Local and personal conditions under which cholera is most fatal. Bad water, overcrowding, defective ventilation, malaria, fatigue, filth, drunkenness, &c. Premonitory diarrhœa. Precautions against Cholera. Evacuating affected Barracks and Hospitals. Camping out. Shifting camps, reducing overcrowding, ventilating, lime-washing, cleansing, spreading the men on march. Avoiding bad camping ground on march. Spreading the troops. Short marches. Avoiding fatigue. Regulation of latrines. Great importance of inspection for the discovery of premonitory diarrhœa.

Scorbutus. Importance of to armies. Causes, influence of salt provisions, monotonous diet, want of vegetables, damp, exposure, foul air, other concurrent causes. Prevention, rations, vegetables, and vegetable acids, lime-juice, lemon-juice, vinegar, acid fruits, vegetables. General attention to hygiene.

Ophthalmia. Its great importance in armies. Predisposing conditions. Preventive measures against ophthalmia.

Army Typhus.

Remittent  
Fevers.

Intermittents.

Continued  
Fevers.

Dysentery.

Plague.

Cholera.

Precautions  
against Cholera.

Scorbutus.

Ophthalmia.



- Phthisis pulmonalis. Phthisis pulmonalis. Its predisposing causes in barracks. Necessary sanitary measures.
- Syphilis. Furunculus, sun-stroke, frost-bite. Foot lameness. Syphilis, its importance in armies. Prophylaxis of syphilis. Prevention of parasitic diseases.
- PRACTICE OF ARMY HYGIÈNE. Training. Drills, exercises. Games, gymnastics, their nature, and importance in developing different sets of muscles, of respiration, walking, running, arms, &c. Gymnastic apparatus.
- Training Exercises. Gymnastics. Injurious gymnastic exercises and accidents that may arise from them, and precautions. Practical importance of gymnastics in improving health and increasing the agility and muscular power of the soldier.
- Personal cleanliness. Baths, &c. Functions of the skin in preserving health. Personal cleanliness, bathing, different kinds of baths, bathing parades, hygienic rules and precautions in respect to bathing in different climates and seasons.
- Prevention of cutaneous diseases. Scabies. Prevention of diseases of scalp.
- Stations. Construction of lavatories. Substitutes on field service. Stations. Selection of sites for buildings in different climates, with reference to elevation, exposure, configuration of ground, marshes, natural drainage, nature of surface and subsoil, water supply. Changes of station. Clearing away vegetation.
- Plans and construction of Barracks. Plans and constructions of barracks. Foundations of buildings for warm climates. Drainage of site. Materials for building. Arrangement of rooms and staircases to secure independent ventilation of every part of the building. Size and proportions of barrack rooms. Cubic space per man in different climates and seasons, and during epidemics. Means of ventilation and warming. Amount of window space. Means of lighting. Limewashing. Materials for walls, ceilings, and floors.
- Hygiène of Barracks. Latrines and urinals, their structure. Drainage. Drains not to pass under buildings, and why? Hygiène of barrack-rooms. State of the air in unventilated barrack-rooms at night. Ventilation during night. Chest diseases produced by neglect of night ventilation. Methods of ventilation now in use in Barracks and Hospitals.
- Objections to basement barrack-rooms.
- Barrack kitchens, their structure for various kinds of cooking. Boilers. Soyer's stove. Open fire-places. Ovens. Economy of fuel.
- Cavalry barracks. Special sanitary precautions regarding them. Position of stables. Arching of stables. Independent ventilation of stables. Cleansing. Drainage. Removal of manure. Separation of stables from men's barrack rooms.
- Selection of Buildings. Selection of existing buildings to be occupied as barracks. Their position, neighbourhood, drainage, structure, cleansing,



ventilating. Allotment of cubic space. Limewashing. Provision of latrines. Selection of quarters. Billeting of troops. Nature of the sanitary precautions required. Sanitary inspections, and reports on barracks. Points to be examined into.

Garrisons. General sanitary police. Drainage. Cleansing. Hygiene of buildings. Casemates, their construction. Their sanitary defects in want of light and ventilation. Special sanitary precautions required in regard to them, whether used as barracks or as hospitals. Garrisons.

Special sanitary precautions in respect to occupied towns during war. Duties of Quartermaster-General's Department in respect of buildings, stations, camps, marches. Duties of Medical Officers under the regulations. Inspection of towns as to vicinity, position, drainage, cleanliness, population. Water supply. Organization and duties of sanitary police. Selection of buildings for quarters and hospitals. Precautions against epidemic disease in occupied towns. Cleansing. Drainage. Removal of Nuisances, &c. Sanitary Police.

Seaports in occupation. Special sanitary precautions in regard to them. Harbour police. Co-operation of military and naval authorities in preserving the health of seaports.

Sanitary regulations and works for occupied towns and seaports.

Selection of sites for Hospitals. Exposure. Locality. Vicinity. Composition of surface and subsoil. Natural drainage. Hygiene of Hospitals.

Plan of hospitals. Discussion as to advantages and disadvantages of different plans for sanitary and administrative objects. Great principle in hospital construction to break up the sick into small numbers under separate roofs.

Number of flats. Size of wards for administration and salubrity. Number and position of windows. No more than two rows of beds in a ward. Amount of light required in hospitals. Illustrations of good and bad hospital construction. Advantages of recent improvements.

Ventilation of hospitals. Various methods. Artificial, by extraction: by injection of air. Natural, by doors, windows, and fire-places. Their comparative facility, and advantages in securing freshness of the air. Amount of air which can be admitted by natural methods.

Quantity of air requisite for sick. Usefulness of artificial ventilation in defective hospital construction.

Hospital water-closets. Their structure, position, and ventilation.

Cubic space for sick in different climates. Distance of beds.

Warming of hospitals. Advantages of open fire-places. Their great ventilating power. Radiant heat best for warming, and why?



Walls and floors of hospitals should be of impervious materials. Position of nurses' and orderlies' rooms. Ward furniture and bedding. Water supply of hospitals. Baths, cold, hot, vapour, shower, medicated.

Best structure of Hospital kitchens. Hospital cooking and diets. Diet rolls and tables. Analysis of diets. Explanation and use of diet tables.

Selection of  
Building for  
Temporary  
Hospitals.

Examination and selection of buildings for temporary hospital purposes.

Points requiring special inquiry. Position. Drainage. Ventilation. Cleanliness. Amount of accommodation. Adaptation of buildings. Improvements and works necessary to remove defects. Instances of disastrous results from sanitary neglects in hospital buildings.

Hygiène of  
Camps.

Preliminary inquiries before troops take the field as to physical geography. Medical topography. Climate. Supplies. Numbers, and habits, and diet of the population. Houses, &c. Prevalent epidemics and diseases. Manner of conducting inquiries. Reports. Precautions founded on reports. Selection of camp sites. Marks of positions favourable or unfavourable to health. Examination of vicinity, of surface and subsoil, of drainage, woods, vegetation, products, waters, prevailing winds.

Arrangement  
of Camps.

Sanitary reports to Quartermaster-General on these points. Methods of improving positions by drainage, cutting down timber and brushwood, &c. Details of sanitary inspection of camps. Arrangement of camp. Order and distance of tents best adapted for health. Estimate of the number of men on a given area in different forms of camp. Importance of the question as regards health.

Drainage of  
Camps.

Drainage of camp sites, on hillsides, slopes, and flats. Nature of drainage required in different inclinations of ground and in different soils.

Water.

Water supply of camps. Estimate of amount required for men and animals. Examination of water sources. Selection of sources. Plans and methods of supply in hilly countries and plains. Methods of purification of water, construction of filters, tanks, wells, &c. Arrangements for watering animals indispensable. Proper construction of watering troughs.

Camp Kitchens.

Construction and position of camp kitchens. Position and distance of slaughtering-places. Latrines, Manure depôts, Stables, and Burial grounds.

Huts,

Huts. Materials for construction, stones, planks, panels, wattles. Best form and dimensions. Preparation of ground. Drainage of site. Raising of foundations above surrounding levels. Utility of this precaution. Ventilation, and best methods of effecting it. Means of keeping huts cool in hot weather. Utility of limewash. Protecting hut sides during



cold weather. Good and bad methods of doing so, and their influence on health. Dangers to health from excavated huts.

Tents. Preparation and drainage of sites. The importance of this to health. Methods of ventilating tents. Tents.

Bivouacs, &c. Sanitary precautions required as to ground, shelter, fires, food, clothing, &c. Bivouacs, &c.

Field hospitals. Selection and drainage of site and arrangements of Hospital. Hospital huts, their structure, preparation of sites, draining, ventilating, warming, limewashing. Marquees, their construction, and means of ventilation. Flooring for huts, marquees, and tents. Boards, punned earth, stones, &c. Paving vicinity of tents and huts. Field Hospital kitchens. Various forms of construction. Cooking utensils. Field Hospital.

Rations. Sources of supply. Those of every country should be known. Composition of rations on physiological grounds, according to the supplies available. Changes in rations required to prevent disease. Practical details of rations in conformity with the work, duties, climate, season, &c., to which the soldier is exposed. Rations.

Drinks best suited for soldiers in foreign countries and climates. Practical tests of their adulteration. Canteens. Their regulation and good sanitary state necessary to health. Intemperance. Means of suppressing it in camps. Disease, mortality, and loss of efficiency arising from it. Drinks. Canteens.

Military clothing and equipments. Their material parts, make, and adaptation to duties by day and night, in different weather, climates, and seasons. Clothing and Equipments.

Burial of the dead in armies. Position of burial grounds, their regulation. Burial grounds.

Troop and sick transports and Hospital ships. Requisites for health, ventilation, cleanliness, deodorising substances, pumping out bilge water. Cubic and superficial area required. Equipments. Sanitary duties of Medical Officers on board ship. Troop and sick transport.

Practical instructions on hygiene.

*Exercises* in examination into the qualities of various articles of food, drink, and clothing. Practical Instruction and Exercises.

*Exercises* in examination into the sanitary condition of districts, buildings, barracks, hospitals, &c., for the purpose of pointing out defects, and their remedies.

*Exercises* in making sanitary inspections and drawing up sanitary reports by Medical and Sanitary Officers.

*Exercises* on the sanitary regulations for the Army, explanation of their objects, and their application to the prevention of disease.

*Exercises* on the means of mitigating or preventing epidemic disease in armies.



*Exercises* in keeping statistical accounts of disease and mortality, with special reference to questions in Army hygiene. Statistical forms and reports in use.\*

*Exercises* on medical topography, showing its sanitary relations.

*Exercises* on the preparation of camping ground.

*Exercises* in the routine of sanitary inspections and reports by Inspectors and Deputy Inspectors.

Drawings and Models.

Drawings and Models of improved barracks, hospitals, tents, marquees, huts, kitchens, transport ships, drainage and ventilating arrangements, also illustrations of various temporary sanitary expedients, &c.

Poisons.

Poisons.

Signs of poisoning. Medico-legal inquiries on these points. Signs of death.

Death from violence.

## II.

CLINICAL AND  
MILITARY  
MEDICINE.

### CLINICAL AND MILITARY MEDICINE.

THIS Course will consist of two parts:—

1. Clinical Instruction in the Hospital.
2. Systematic Lectures on the Diseases of Armies.

The Professor will give instruction at the bedside, more especially on the more prevalent diseases of armies. He will exercise the pupils in drawing up accurate histories of cases of disease under treatment. He will examine and practise them in various methods of diagnosis, by auscultation, the use of the microscope, and by the application of chemical tests. He will also deliver clinical lectures on the cases under treatment. In this part of the course the Professor will have an opportunity of illustrating the management of Hospitals, as to cleanliness, ventilation, nursing, &c., and of indicating the Hospital diets in different diseases and stages of disease, and during convalescence.

The method of drawing up Hospital Reports will also be properly taught in this part of the discourse.

The Professor will deliver lectures on the following subjects:—

History of Military Medicine, with notices of the more important writers on the subject.

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\* Whenever possible, the Student might be allowed to acquire practice in keeping Statistics in the Statistical Branch of the Army Medical Department.



The general character, habits, and duties of the soldier, and the influence of these in modifying his diseases.

General view of the diseases to which soldiers are most liable from exposure, fatigue, intemperance, &c., in different climates.

General view of the medical history and management of yellow fever, remittents and intermittents, dysentery, cholera, scorbutus, phthisis pulmonalis, venereal diseases, &c., in different countries and climates.

Lectures and Clinical Instructions on Mental Diseases.

Medical history of the more remarkable epidemics which have occurred in the British and other armies.

Nature and medical management of the more prevalent diseases in different climates, in the British Colonies, and other places where our troops may be stationed, as in the Mediterranean, West Indies, coast of Africa, East Indies, &c.

Beneficial effects of change of air and of climate on invalids, and in convalescence from disease or wounds, and in deteriorated health arising from long residence in unhealthy climates. Attention to this is of great importance in maintaining the efficiency of troops serving in tropical climates.

Advantages of frequent medical inspection of troops, particularly in unhealthy stations, with the view of detecting the commencement of disease.

Hospital regulations, books, and forms.

Regulations regarding recruiting, sick certificates, and invaliding. Principles on which sick certificates should be granted to officers, to prevent invalid officers from appearing on effective musters, and to ensure speedy recovery and return to duty. Importance of change of climate in cases where convalescence is arrested.

Instruction in Hospital duties.

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### III.

#### CLINICAL AND MILITARY SURGERY.

This course, like the preceding, will be of a special and practical character, and will have constant reference to Clinical instruction in the surgical wards of the Hospital. The instructions and lectures will comprehend the following subjects:—

1. History of Military Surgery. Measures adopted by the Military Powers of Europe to improve the Art of Military Surgery.

2. Surgical Anatomy, including Regional Anatomy, with special reference to wounds. Operations on the Dead Body, especially such operations as are required in the field.

CLINICAL AND  
MILITARY  
SURGERY.



1<sup>st</sup> Course at R.A.M. School. NETLEY  
1859<sup>26</sup>

3. Lectures on Inflammation; its immediate importance and constant relations to Military Surgery, as a morbid and curative agent.
4. Burns and Scalds. Ulcers.
5. Hospital Gangrene.
6. Wounds, Gunshot, Incised, Punctured, Lacerated, Wounds of Arteries and Nerves. Traumatic Aneurisms.
7. Tetanus.
8. Wounds of the Head, Face, and Neck, Spine, Thorax, Abdomen, Extremities. Fractures and Luxations. Poisoned Wounds.
9. Amputations.
10. Dental Surgery.
11. Ophthalmia.
12. Syphilis, Gonorrhœa, Gonorrhœal Ophthalmia, Gonorrhœal Rheumatism, Strictures of the Urethra.
13. Dracunculus, or Guinea-worm.
14. Furunculus, or Boil.
15. Feigned and Factitious Diseases.
16. Application of Bandages and Splints.
17. Transport of sick and wounded; fitting up of transports, and hospital ships; the use and selection of Ambulances. Proportion of sick and wounded in Armies.
18. The Examination and Selection of Recruits.
19. The Examination and classifying of Invalids.
20. Proportion of Medical and Surgical means and Appliances to Corps and Divisions in different Climates.
21. Surgical arrangements on landing on an enemy's Coast: on taking the Field; and during and after a general action. Surgical arrangements with an advancing Army; with an Army in retreat; with a besieging Force. Trench duties and arrangements.
22. Surgical arrangements within a besieged town or fort.

III.

IV.

PATHOLOGY  
AND MORBID  
ANATOMY.

#### LECTURES AND DEMONSTRATIONS IN PATHOLOGY AND MORBID ANATOMY.

Lectures and demonstrations on Morbid Anatomy, illustrated by specimens, selected from the Museum, and aided by accessory methods of observation, such as carefully recorded Clinical Histories of Cases of the more important and severe diseases prevalent at the Military Stations abroad.

1. A series of specimens to illustrate the Morbid Anatomy of Dysentery as it has existed in the East and West Indies; in the Peninsula; in the Crimea.



2. Specimens illustrating the Morbid Anatomy of the Liver in connection with Dysentery.

3. Specimens illustrative of the lesions which occur in Fevers, similarly considered, especially of Typhus Fevers, and of Malarial, Littoral, or Paludal Fevers.

4. Specimens illustrative of the Morbid Anatomy of Cholera.

5. Specimens to illustrate Scorbutic States and Types of Disease.

6. Specimens illustrating the nature of Parasites and of Parasitic Diseases, such as Tape-worm, Guinea-worm, and the like.

7. Specimens illustrating the general Morbid Anatomy of Parts, independent of Zymotic Diseases.

8. Specimens illustrative of the Morbid Anatomy of Wounds and Injuries.

9. These topics might be also illustrated by recent specimens of Morbid Anatomy, obtained from post-mortem examinations of patients dying in the Hospital.

Practical instruction will also be conveyed—

1. By the opening of dead bodies, when special instruction will be given as to (*a*) how post-mortem examinations are to be made; (*b*) how the viscera are to be examined; (*c*) and how the results of disease-processes are to be distinguished from post-mortem changes and other pseudo-morbid appearances.

2. In this practical work of manual labour, dexterity would be acquired by the student. Special instruction will be given to each individual as to how he should use the various means and instruments of research by which departures from the state of health may be appreciated, as, for example, the determination of the absolute and specific weights of the solid organs, membranes, and fluids in health and in disease, the determination of the bulk and capacity of parts and cavities.

3. A full course of practical instruction in the use of the Microscope, and its application in determining the nature of diseased conditions.

This Microscopic Course will embrace instruction—

(1) In the arrangement of the instrument, and how it is to be manipulated.

(2) In the various methods of examining objects by it, of drawing the objects seen, and of measuring the dimensions of the objects examined.

(3) In the examination of tissues and morbid products, and the application of chemical agents for their analysis under the microscope.

(4) Instruction in the preservation of microscopic objects.



One lecture, or series of lessons, weekly, till the topics are exhausted, will be sufficient for the microscopical instruction.

Practical instruction will also be given as to how specimens illustrative of Disease, Comparative Anatomy, or Natural History, are to be preserved, and sent home from abroad.



### Section III.

#### RULES FOR THE EXAMINATION OF ASSISTANT-SURGEONS PREVIOUS TO PROMOTION.

This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

EXAMINATIONS  
FOR PROMOTION.

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons may be eligible for examination. It will be the duty of the Principal Medical Officer of the Station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.\*

The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical account of the Station where he may happen to be at the time, or of some other Station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical Report of his Regiment for a period of at least twelve months.

If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the certificates and with the Medico-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.

The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service,

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\* The Assistant-Surgeon may see this Certificate before it is sent to the Director-General.



each examination having a definite object. The FIRST, to ascertain, previous to his admission into the service as a Candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The SECOND, after having passed through a Course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the THIRD, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

SIDNEY HERBERT.

War Office, October 17, 1859.

EXAMINATIONS  
- ON THE  
PART

This examination is to be held at any time after the Assistant-Surgeon has served five or more years. When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions prepared by the Examining Board will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons may be eligible for examination. It will be the duty of the Principal Medical Officer of the Station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed and delivered sealed to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a certificate from the Surgeon of the Regiment or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.

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## ADDENDUM.

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At a meeting held at the War Office on 31st March 1860, the Senate of the Army Medical School was constituted by the Right Honourable Sidney Herbert, M.P., Secretary of State for War.

The following are the names of the Members of the Senate, all of whom were present:—

J. B. Gibson, M.D., C.B., Director-General Army Medical Department.

J. R. Martin, Esq., Physician to the Council of India.

Thos. Longmore, Esq., Deputy Inspector-General, Professor of Military Surgery.

Dr. C. Morehead, Indian Medical Service, Professor of Military Medicine.

Dr. É. A. Parkes, Professor of Hygiène.

Dr. W. Aitken, Professor of Pathology.

\* \* \* \* \* Principal Medical Officer, Chatham.

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APPENDIX

At a meeting held at the War Office on 21st March 1880,  
the Senate of the Army Medical School was constituted by  
the Right Honourable Sidney Herbert M.L., Secretary of  
State for War.

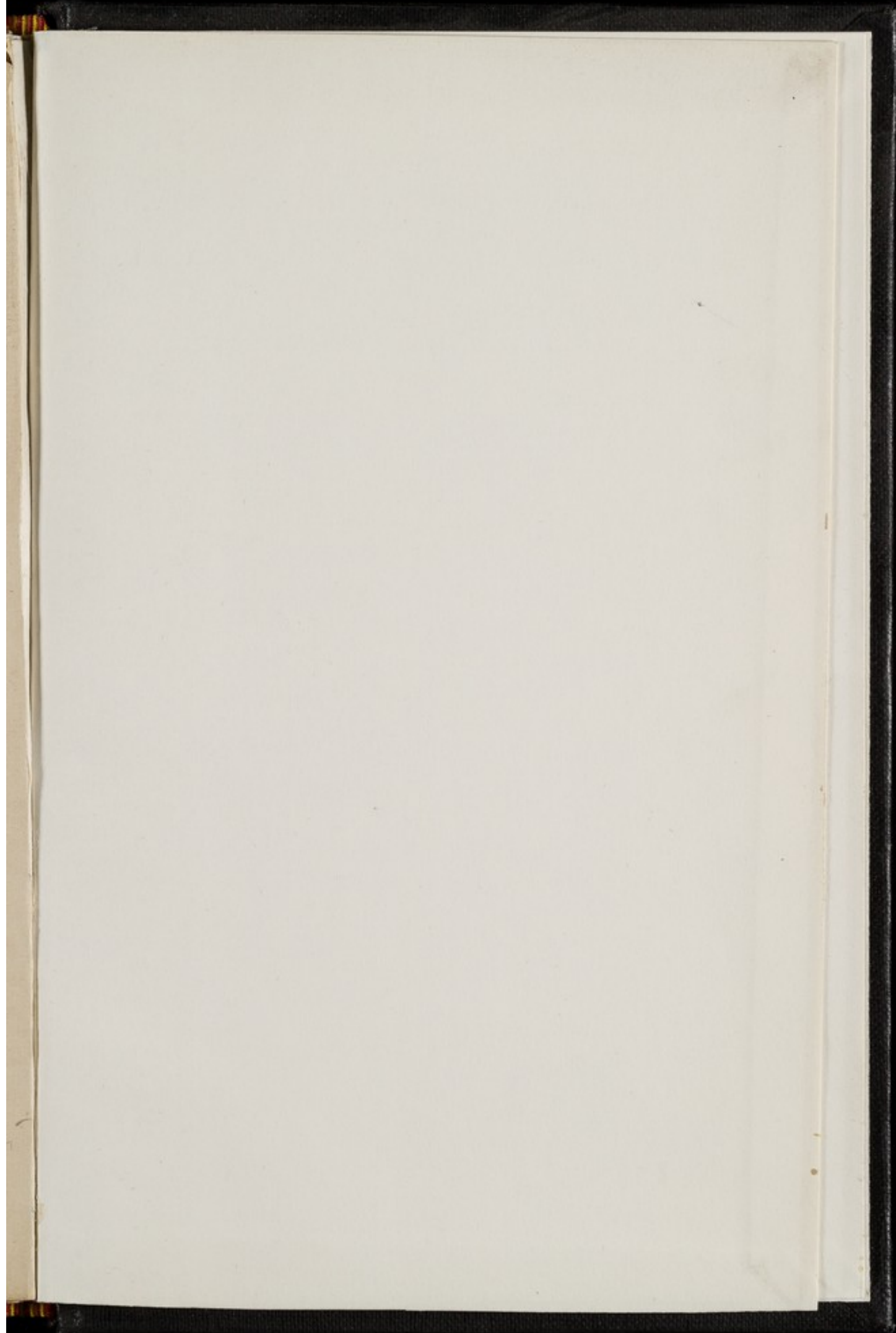
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Department.
- J. H. Martin, Esq., Physician to the Council of India.
- Thos. Langmore, Esq., Deputy Inspector-General, Pro-  
fessor of Military Surgery.
- Dr. C. W. Keen, Indian Medical Service, Professor of  
Military Medicine.
- Dr. A. A. Parker, Professor of Hygiene.
- Dr. W. Aitken, Professor of Pathology.

LONDON:

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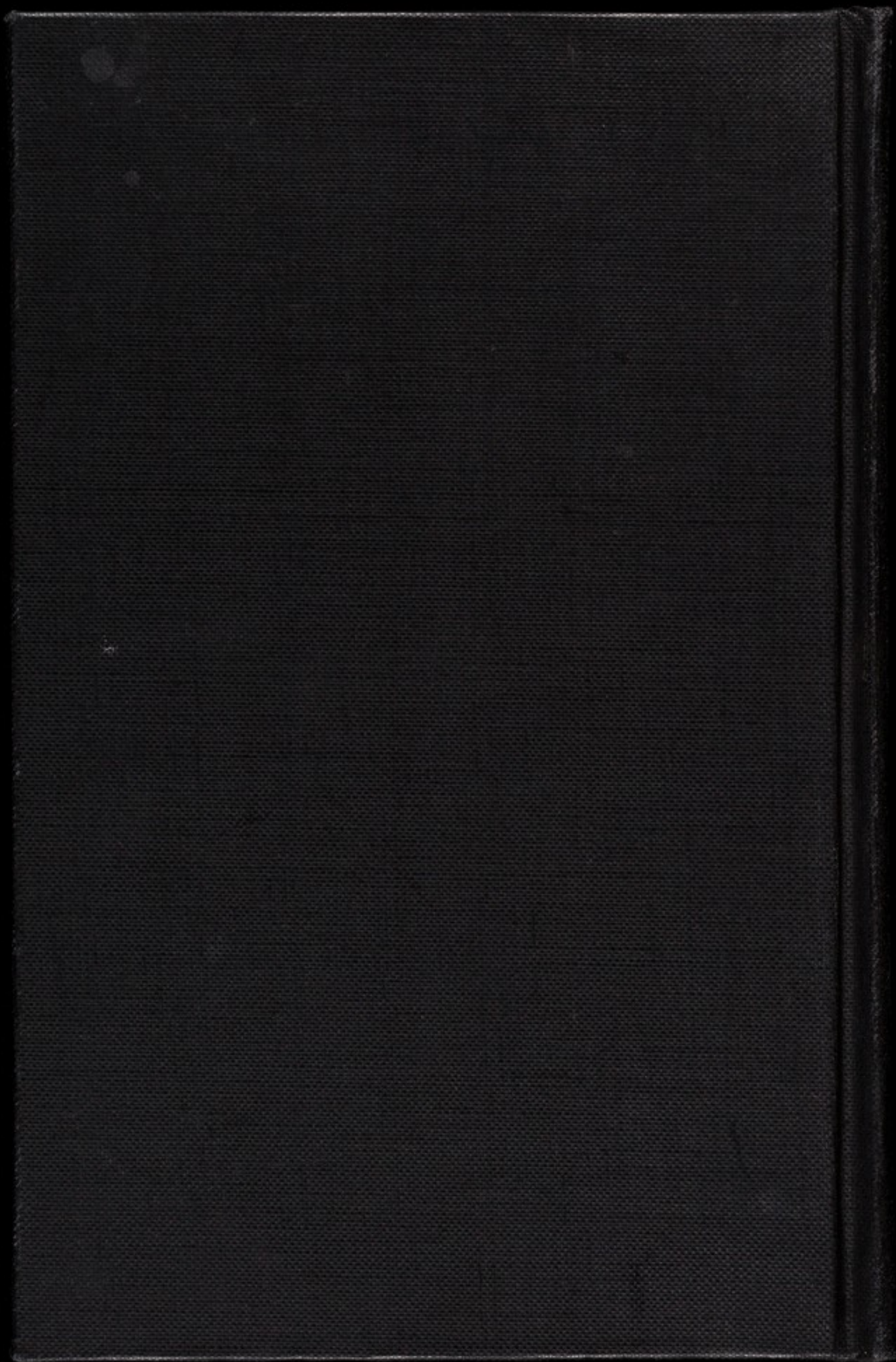




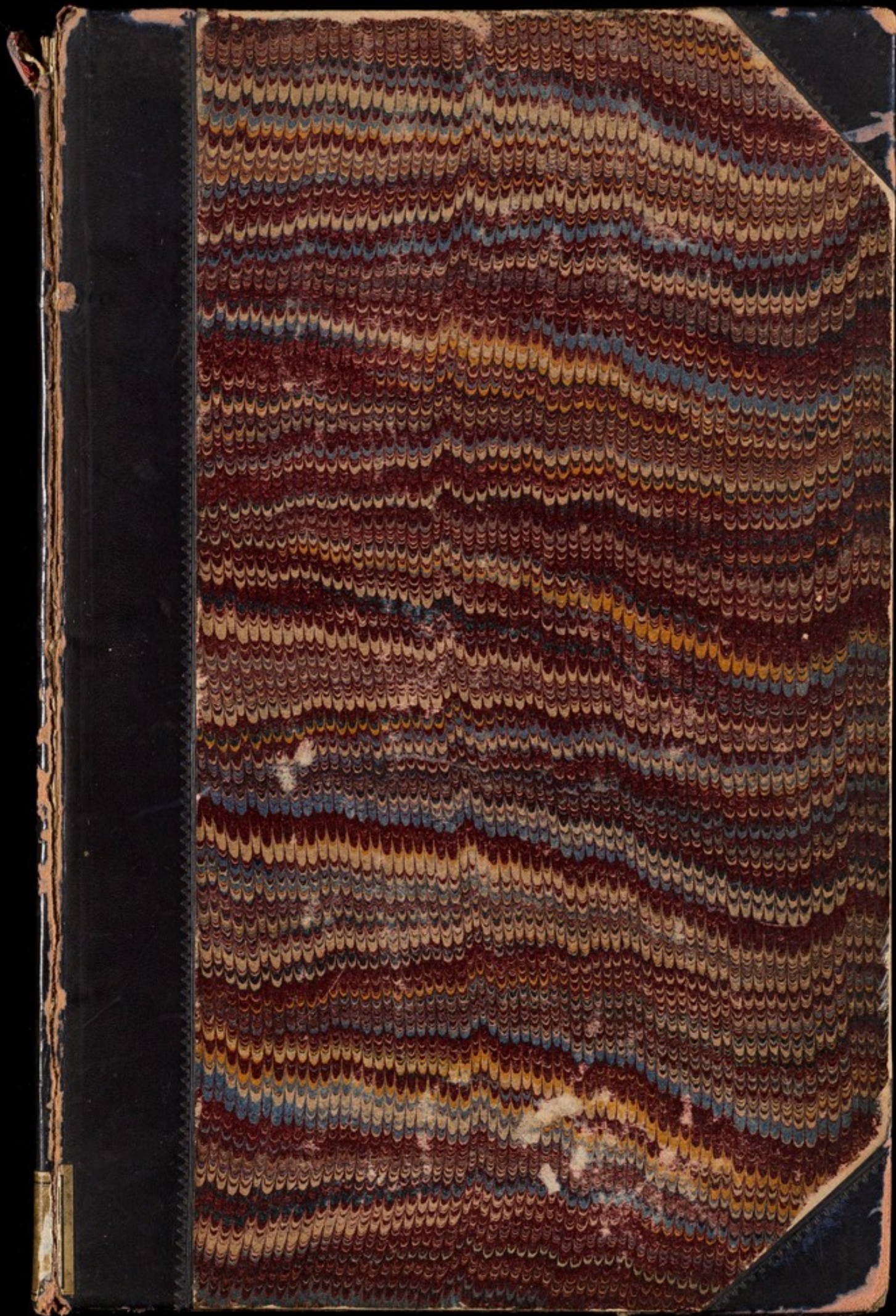




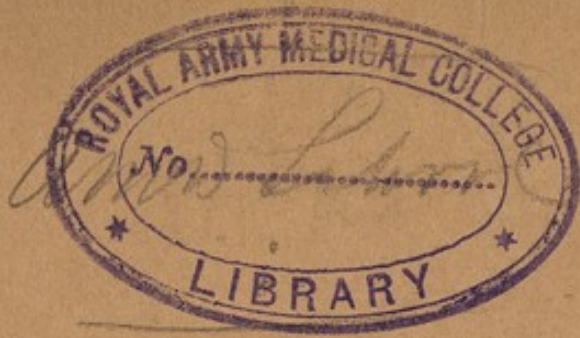












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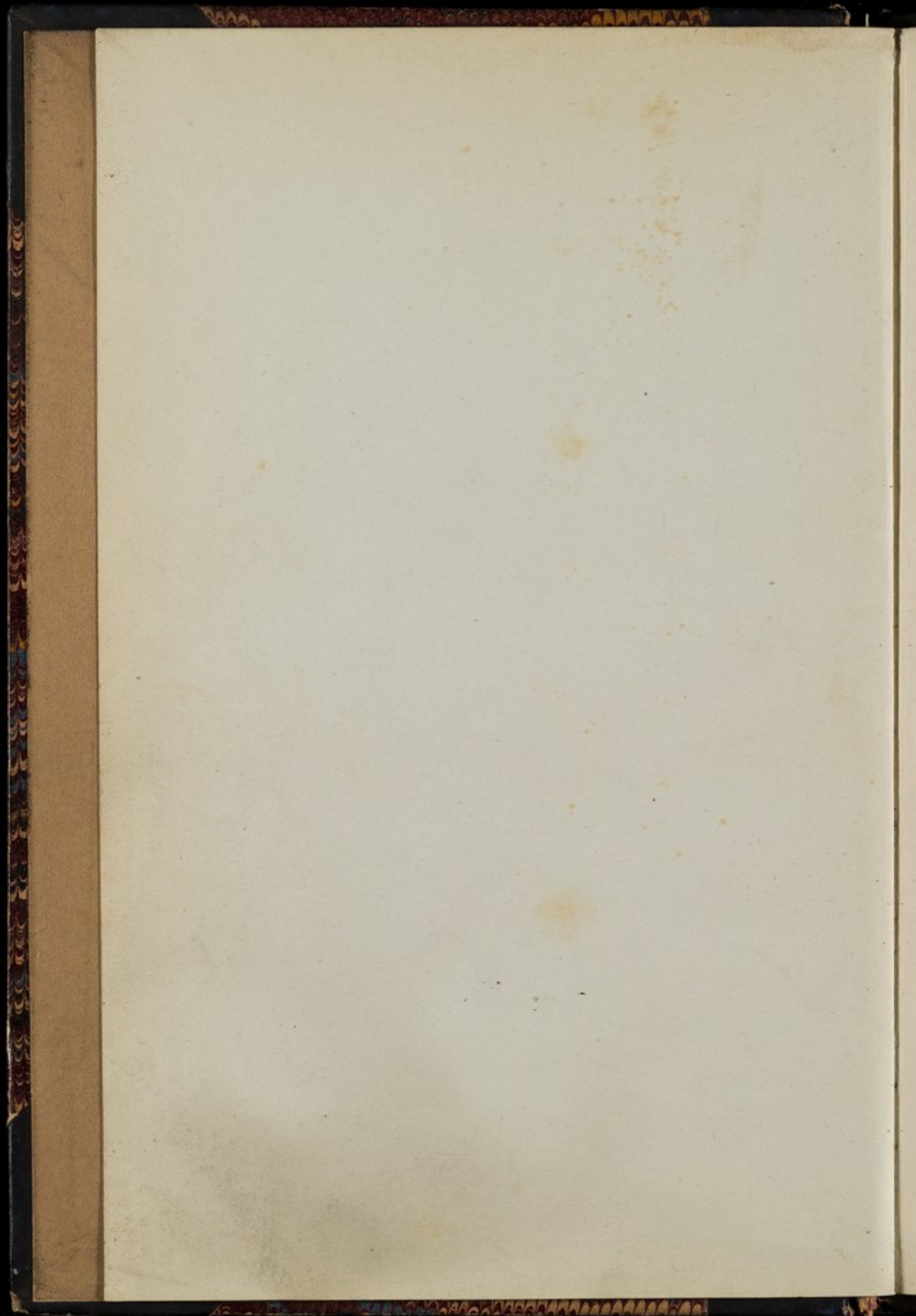


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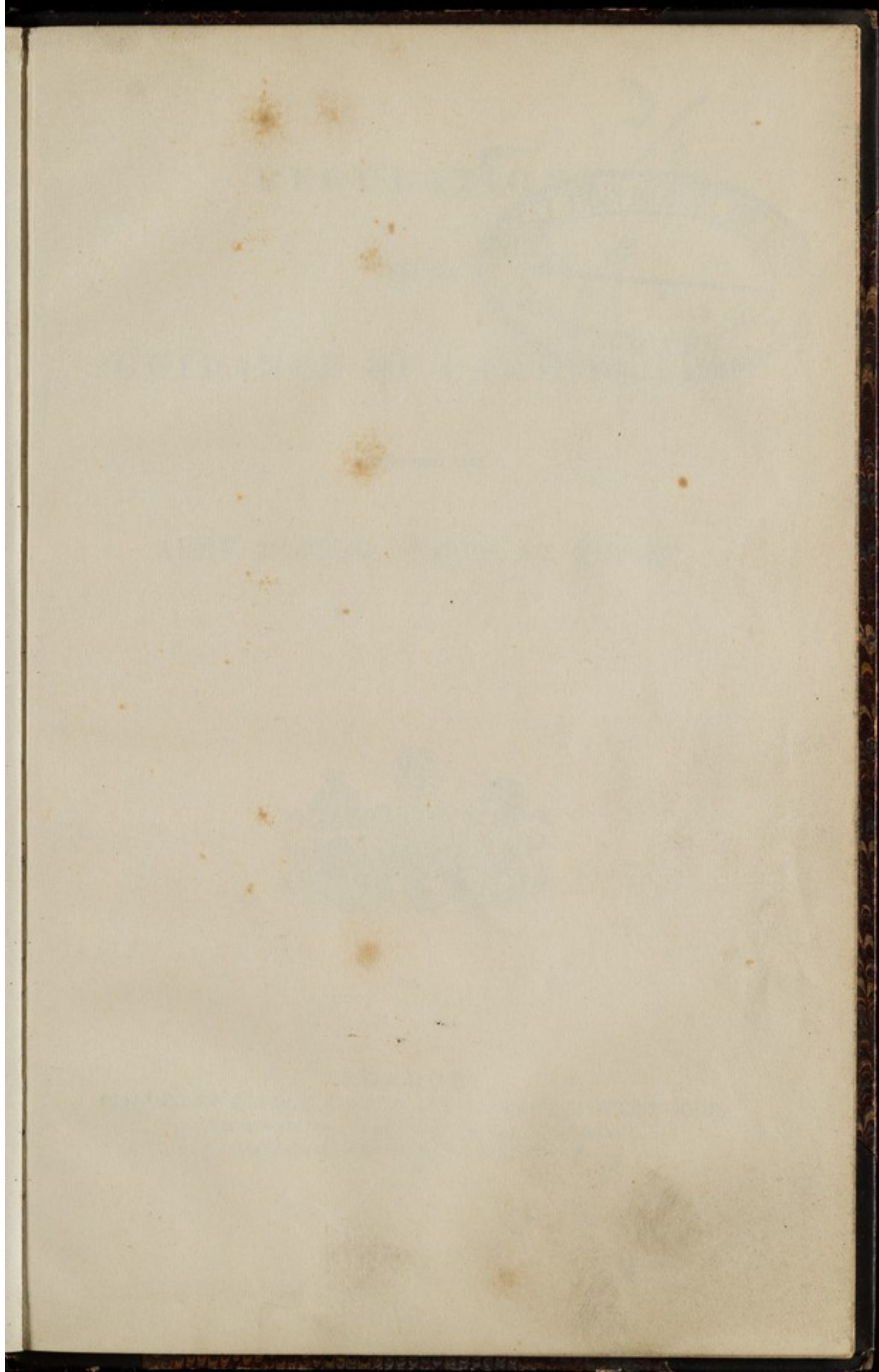
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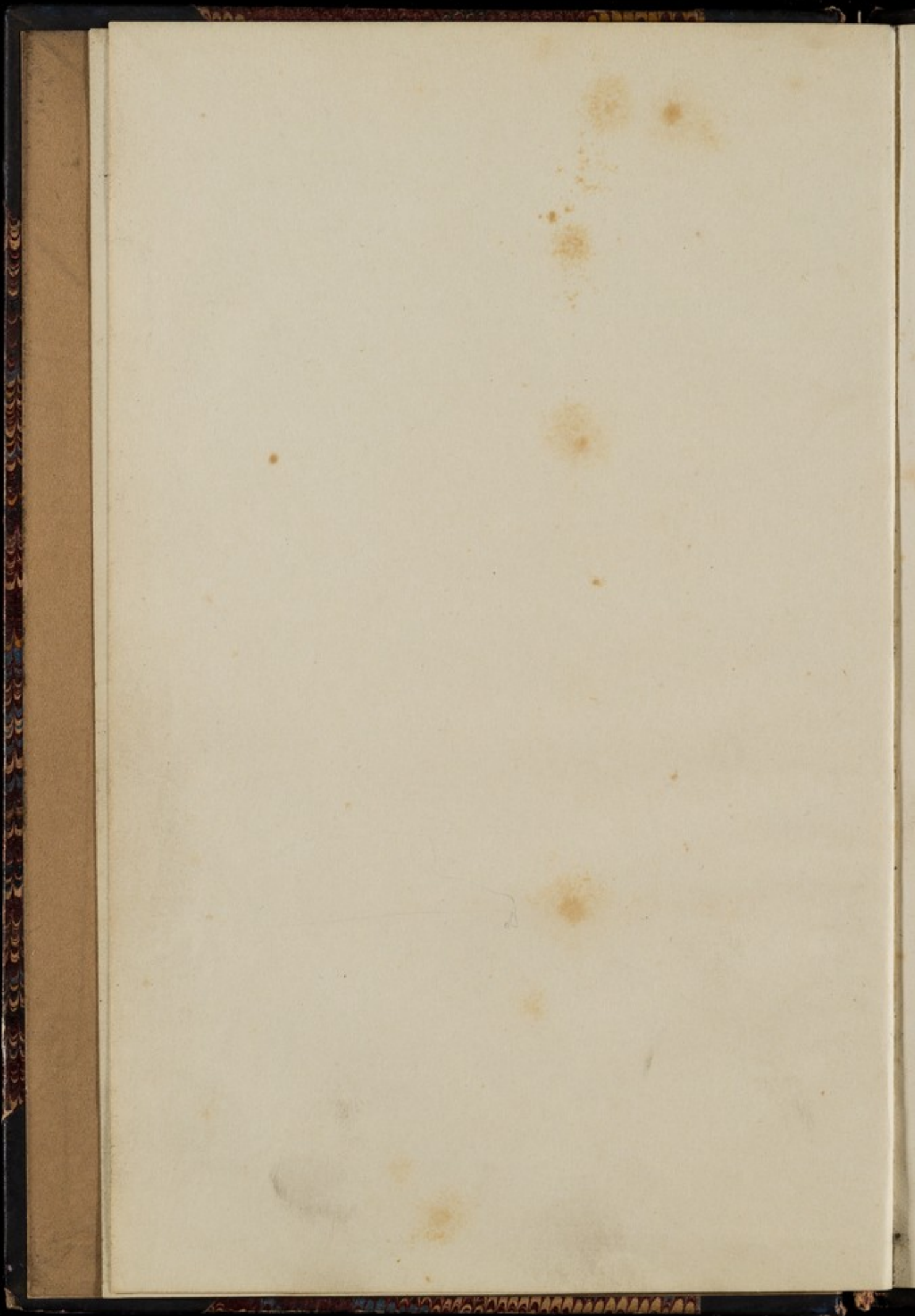








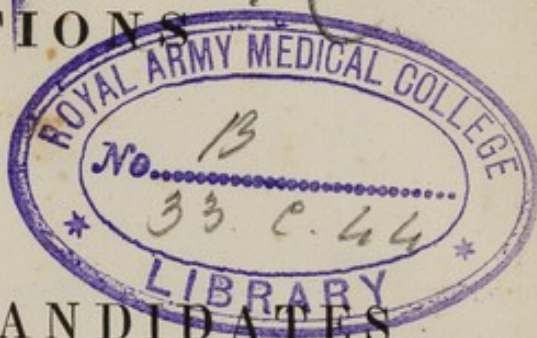






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REGULATIONS

FOR THE



GUIDANCE OF CANDIDATES

ATTENDING THE



ARMY MEDICAL SCHOOL AT NETLEY.



LONDON:  
PRINTED BY GEORGE E. EYRE AND WILLIAM SPOTTISWOODE,  
PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY,  
FOR HER MAJESTY'S STATIONERY OFFICE.

1866.



REGULATIONS  
OF THE  
SCHOOL OF CANDIDATES

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*A copy of these REGULATIONS will be furnished, free of expense, to each Candidate on joining the courses of instruction at Netley, and Candidates are required to make themselves familiar with them, and to use them for their guidance and direction throughout the session.*

*Each Candidate is held responsible for the good preservation of the copy of these REGULATIONS entrusted to him, and he will be required to return it to the Secretary of the Army Medical School before leaving Netley.*

*Candidates are also required at their own expense, to furnish themselves with a copy of the "QUEEN'S REGULATIONS" and also of the "MEDICAL REGULATIONS."*

*These Regulations are required to be in the possession of every Medical Officer, as well as of all Candidates; and the Candidates are expected to make themselves familiar with such parts of them as may bear upon their conduct and duties when attending the Army Medical School.*

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LONDON:  
PRINTED BY GEORGE R. FINE AND WILLIAM COTTELL, ST. MARTIN'S LANE.  
FOR HER MAJESTY'S STATIONERY OFFICE.

1887



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# REGULATIONS

FOR THE

## GUIDANCE OF CANDIDATES

ATTENDING THE

ARMY MEDICAL SCHOOL AT NETLEY.

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### Section I.

#### CONSTITUTION, GOVERNMENT AND GENERAL DISCIPLINE OF THE ARMY MEDICAL SCHOOL.

The Army Medical School has a distinct and independent existence under the Secretary of State for War, and is governed by its own SENATE, which holds a meeting for the dispatch of business once a month, or oftener if necessary.

The SENATE consists of the Director-General of the Army Medical Department, who presides at its meetings; the Physician to the Council of India; the Professors of the School; and the Principal Medical Officer of the Royal Victoria Hospital *ex officio*.

The SENATE regulates the routine business of the School; decides, subject to the sanction of the Secretary of State for War, on the arrangement, number, hours, &c. of the lectures and instructions; makes and amends rules for the conduct of the Candidates; preserves discipline; has the regulation and direction of the Candidates' Library, of the Museum, Model-room, and Laboratory; selects books, models, chemical and other apparatus necessary for the School; and makes up and submits to the Secretary of State for War all estimates of expenditure connected with the school.

No act of the Senate is binding until it has received the approval of the Secretary of State for War.

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## Section II.

CONSTITUTION AND ADMINISTRATION OF THE ROYAL  
VICTORIA HOSPITAL IN RELATION TO THE ARMY  
MEDICAL SCHOOL.

**THE GOVERNOR AND COMMANDANT.**—The Royal Victoria Hospital is under the government of a Governor and Commandant who is responsible to the Secretary of State for War for the discipline and good order of the whole establishment. (*Vide Med. Reg.*, p. 40.)

**THE PRINCIPAL MEDICAL OFFICER** has the control of everything belonging to the Medical Department of the Hospital. (*Vide Med. Reg.*, p. 42.)

**OFFICERS IN CHARGE OF, AND SUPERVISING, THE DIVISIONS.**—The wing of the Hospital set apart for the treatment of the sick is divided into two divisions, medical and surgical. Certain wards of each of these two divisions are set apart for purposes of clinical teaching by the Professors of Military Medicine and Surgery respectively.

**ASSISTANTS TO THE PROFESSORS.**—The Professors are assisted by Staff Surgeons. Two of these officers hold special appointments of Assistants to the Professors of Military Medicine and of Military Surgery. They have to assist the Professors in their clinical duties, being responsible to them for the due order of the wards and the regular performance of the duties by the Candidates attached to their respective divisions.

**THE WARDMASTER** of each division attends to the discipline of the Patients by day and night; to the regulation and conduct of the Orderlies, and sees that the latter carry out the instructions of the Nurses in the terms of the regulations. (*Vide Med. Reg.*, p. 46.)

**THE ORDERLIES** attend on the sick and conform to the requirements of the Nurses in all matters contained in the regulations for Nurses. (*Vide Med. Reg.* p. 46.)

**NURSES.**—The Candidates in charge of wards are required to deliver very clearly to the NURSES their orders with reference to the sick, and are expected to give every support to the Nurses in carrying out the important duties entrusted to them.

In the event of any Candidate having cause of complaint against a Nurse, Orderly, or Wardmaster, he shall report the



same to the Staff Surgeon of the division, who will deal with the case in conformity with the Medical Regulations.

**PAYMASTER.**—Candidates draw their pay through the Paymaster of the Hospital. For this purpose they must appear in person at the Paymaster's office punctually at such a day and hour (generally on the first or last day of each month) as will be made known to them in the orders contained in the Order Book of the previous day.

It is the Paymaster's, or in his absence the Cashier's, duty to deduct from the Candidates' pay the income tax,\* and also any charges for barrack damages or on public accounts.

Any complaints with regard to the issue of pay must be made, in writing, through the official channel pointed out in Section XIII. of these Regulations.

**THE BARRACKMASTER** is in charge of the public buildings. This officer gives over to each Candidate the quarter which he is to occupy, with a list of all articles of furniture, utensils, &c., which are contained in the quarter and are property of the Government, and for the good preservation of which the occupant is held responsible.

In entering on the occupation of quarters, the Candidate ought to satisfy himself, by comparing the inventory board supplied by the Barrackmaster with the contents of the room, that everything is in good condition, and that the doors, windows, locks, and window glass are in proper repair. When once the quarter has been taken over by a Candidate from the Barrackmaster, no change can be made without the permission of the Principal Medical Officer, concurrence of the Barrackmaster, and sanction of the Commandant.

The injuries which the quarter or its contents may sustain during occupation by the Candidate are assessed at the end of the session by the Barrackmaster, and under the name of "barrack damages," he recovers the amount of this assessment from the Paymaster, who deducts or withholds it from the pay due to the Candidate.

The position and duties of the **CAPTAIN OF ORDERLIES**, with whom Candidates may principally come into contact during their time of duty as *Orderly Officers*, are defined on page 44 et seq. of the Medical Regulations.

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\* Forms of claims for abatement or remission of income duty can be obtained, on application, at the Paymaster's office; but until the authority of the Commissioners for its remission arrives, the income duty has to be deducted from the pay.



## Section III.

## COURSE OF INSTRUCTION IN THE ARMY MEDICAL SCHOOL.

THE LECTURES AND PRACTICAL INSTRUCTION given at the Army Medical School are directed exclusively to the specialities of the Military Medical Service.

The special practical instruction which the school is intended to afford is given by the following four Professors:—

The Professor of Clinical and Military Medicine,  
 The Professor of Clinical and Military Surgery,  
 The Professor of Military Hygiène,  
 The Professor of Pathology.

The course of CLINICAL AND MILITARY MEDICINE consists of two parts: clinical instruction in the wards, including the various methods of diagnosis, and especially the modes of investigating the history of diseases in relation to the previous life and service of the soldier. The Candidate is required to call in the aid of auscultation, the microscope, the laryngoscope, &c., and to apply the various chemical tests for the purposes of exhaustive diagnosis. The regulations regarding recruiting, sick certificates, and invaliding, are explained to the Candidates, who are required to examine men for these purposes under the supervision of the Professor or his assistant.

The Professor of Military Medicine also gives a course of lectures on those diseases which are most prevalent or fatal among soldiers and in tropical climates.

The course of CLINICAL AND MILITARY SURGERY has, like the preceding, a special and practical character, and consists of clinical instruction similar to that given in the wards of the Medical Division, embracing the duties of recruiting, invaliding, &c., and of systematic lectures. These latter refer chiefly to the duties of the military surgeon and the surgical arrangements in the field, the transport of sick and wounded, and the diagnosis and treatment of gunshot wounds and other injuries inflicted in warfare. The Professor of Military Surgery gives also instructions in the application of the ophthalmoscope, and in the practice of operative surgery.

The course of lectures on MILITARY HYGIÈNE is directed to impress on the mind of the candidates the principles on which the prevention of disease is based, not only in their scientific, but in their practical aspect, and from thence to



SUPPLEMENTARY INSTRUCTIONS FOR SURGEONS ON PROBATION,  
AND MEDICAL CANDIDATES DOING DUTY IN THE MEDICAL  
DIVISION.

*MORNING VISIT.*

1.—The morning visit will be made on Sundays as well as on week days; in summer at 9 a.m.; in winter at 10 a.m.; at which hour the Surgeons on probation and Medical Candidates are to report themselves at the Division Office before proceeding to their Wards.

*EVENING VISIT.*

2.—*a.* The evening visit is to be made between 6 and 7 p.m.; but as a general rule, not later than 6.30 p.m. At this visit each gentleman will sign the Evening Report Book on the completion of his ward duties. This book will be kept on the table in the corridor outside the Division Office.

*b.* Any Surgeon on probation or Medical Candidate requiring to be absent from the evening visit must obtain the permission of the Medical Officer under whom he is serving, and acquaint him with the name of the gentleman who will undertake the duty in his stead. The substitute must always be one of the gentlemen belonging to the Division.

*HOSPITAL BOOKS.*

3.—*a.* Each Surgeon on probation and Medical Candidate will be required to keep the following books, viz.:—An Admission and Discharge Book, a Case Book, and a Ward Book.

*b.* In the Admission and Discharge Book he will enter the names, diseases (according to his own diagnosis), destination, &c., of all the patients allotted to him.

*c.* In the Case Book he will make notes of every case treated, in accordance with the instructions given at pages 11, 12, and 13 of the Army Medical School Regulations.

*d.* The notes should be entered directly into the Case Books, and not into private memorandum books for subsequent transcription. Marks will not be awarded for any case in which this rule is found not to have been complied with.

*e.* The first entry for each case is to be signed; the subsequent entries are not to be signed except at the termination or transfer of a case, when the full signature must be appended.

*f.* The "Abstract Report of the Case," mentioned at page 10, paragraph 8 of the A.M.S. Regulations, now called the "Detailed Medical History of the Invalid," will be supplied on requisition, but must invariably be returned to the Division Office at the end of the morning visit.

*g.* In the Ward Book are to be entered the prescriptions, and also the directions to the Sisters and Orderlies for the administration of medicines and stimulants, the application of external remedies, and the like.

*PRESCRIPTIONS.*

4.—In prescribing medicines the following rules are to be adhered to as far as practicable.

*a.* The prescriptions are to be written in Latin, without abbreviations; the directions in English.



*b.* The quantity of a mixture is usually to be six ounces, and the dose one ounce.

*c.* Pills and powders are not to be ordered in larger quantities than are necessary for the ensuing day, or two days at the utmost.

*d.* The total quantities of the ingredients for mixtures, pills or powders are to be written, and not merely the quantity of each ingredient for a single dose.

*e.* The prescriptions should, as far as possible, be confined to the list of drugs mentioned at page 76 *et seq.* of the Army Medical Regulations. Medicines not mentioned in the official list are liable to be expunged.

*f.* Cod liver oil and the ordinary liniments are kept by the Sisters, who will issue or apply them to the patients when the necessary directions are written in the Ward Book.

*g.* The Ward Books are to be signed, not merely initialed, at the termination of the morning visit; but they need not be signed at the evening visit except when prescriptions are entered.

#### DIETS AND EXTRAS.

5.—The following rules are especially to be observed in filling up the Diet Sheets:—

*a.* With varied or entire diet the only extras allowed are wine, spirits, malt liquor, and the diet drinks, viz., barley water, rice water, gruel and lemonade (from lemons).

*b.* As a general rule, bottled ale or porter is allowed only to patients who are confined to their wards.

*c.* Fish may be given as an extra, but only with half, milk, or low diet.

*d.* Requisitions for special articles not contained in the sanctioned list of extras must be countersigned by the Medical Officer in charge of the Division. Those for ice must contain both the name and the disease of the patients for whom it is required.

*e.* When a patient is unable to take his meals in the dining hall, the word "Excused" or the abbreviation "Ex." is to be written on the side of his diet sheet.

*f.* Chicken diet is to be initialed by the letters "Ck.;" chop diet by the letter "C," preceded by "R" for roast or "S" for stewed, as occasion may require.

#### TEMPERATURE CHARTS.

6.—The sisters will administer the medicines and stimulants, and will apply poultices, blisters, &c.; but it will not be their duty to record the temperature, pulse, or respiration. This must be done by the Surgeon on probation or Medical Candidate in charge of the case.

7.—It is particularly requested that the case books, note books, professional books, copies of regulations, stethoscopes, and clinical thermometers may not be left in the wards.

8.—Order books will be placed on the table in the corridor, and it is expected that before going to their wards, the gentlemen serving in the division will read the orders of the day published therein.



follow out the special application of these principles to the preservation of the health of troops in barracks, garrisons, stations, camps, and on marches. This is done by practical instruction in the problems of Army Hygiène and by reference to diagrams, models, and other modes of illustration.

This course also includes instructions in Meteorology, and in the practice of instituting and registering meteorological observations.

The Professor of PATHOLOGY delivers lectures and gives demonstrations in Pathology and Morbid Anatomy, conducts all the Post-mortem Examinations in presence of the Candidates, and gives, in the practical room, a complete course of instruction in the use of the Microscope, and its practical application to Morbid Anatomy and Pathology.

## Section IV.

### HOSPITAL DUTIES OF THE CANDIDATES.

#### A. IN CHARGE OF WARDS.

Candidates while in charge of wards will be held responsible with regard to the following duties:—

The treatment and management of the patients in the wards, subject to the supervision of the Professor or Staff Surgeon of the division;

The ventilation, general neatness, and cleanliness of the wards; and

The due keeping of the different books and documents ordered by the Medical Regulations.

The following are the ROUTINE DUTIES to be performed daily by the Candidates in charge of wards:

The MORNING VISIT is to be paid at 9 a.m. in summer, and at 10 a.m. in winter. At this visit the Candidate will inspect the ward first as to its ventilation, general order, and cleanliness; he will then go round all his patients, and ascertain if any important changes have taken place; but he will prescribe *at once* for any patient who may require immediate treatment.

The DIET for the *following* day is then to be marked on each patient's Diet Sheet, and any EXTRAS required are to be duly entered. The extras are issued to patients on the *same* day they are ordered for them.

DIETS AND EXTRAS.—The Candidate will make himself acquainted as soon as possible with the regulations on these subjects, as given at page 59 et seq. of the Medical Regulations.







and extras and the hours at which they are to be given. The Ward Book is to be open at all times to the Nurse, Wardmaster, and Officers of the attendance department.

2. The Ward Book must enable the inspecting officer to ascertain, at any time after the morning visit, what has been ordered for each patient for the day, so that it may be determined whether the directions for the administration of medicines, applications of dressings and other surgical remedies, have been attended to by the Nurses, Orderlies, or others concerned.

3. When fresh prescriptions are ordered they must be legibly written, so that there may be no chance of error on the part of the dispenser from absence of clearness in the written directions.

The candidate will then proceed to enter the detailed history of each case in the CASE BOOK and in the ADMISSION AND DISCHARGE BOOK.

The ADMISSION AND DISCHARGE BOOK explains itself. The Candidate has merely to fill up the blank spaces from the history and symptoms of the patient's case.

The CASE BOOK of each Candidate is made the subject of examination at the termination of the course of instruction at the Army Medical School, and marks are awarded for the manner in which it has been kept.

The following are the points to which the examination of the Candidates' Case Books is particularly directed :

- (a) Professional merit ;
- (b) Literary merit ;
- (c) Attention to the details of the regulations ; and
- (d) General neatness.

Regulations referring to the general objects and management of the Case Book will be found at page 121 of the Medical Regulations ; there are also printed instructions on these subjects on the first page of the Case Book itself. The following detailed instructions will guide the Candidate in certain particulars as to the manner of entering cases in his Case Book ;

1. The number of the folio is to be inserted at the top of each page of the Case Book.
2. In addition to the surname, the christian name of each patient must be inserted in full. The man's rank and regiment must be also noted.
3. In entering "years of service," after the number of years, the number of months must be inserted, thus,  $\frac{4}{12}$ ,  $\frac{9}{12}$ , &c.



4. The " Station " signifies the station where the disease or disability was contracted. (This applies to cases at the General Invalid Hospital only.)
5. The " Time on the Station " also refers to the time on the station where the disease was contracted (This also only applies to cases at the General Invalid Hospital.)
6. " Completed days of disease." Here must be inserted the number of days since the disease was contracted.
7. After the printed word " Disease " must be inserted the name of the disease or disability for which the man is under treatment or observation. This name must be taken from the list of names of diseases in the authorized classification, and must correspond with the name of the disease written on the patient's bed-head ticket by the Staff Surgeon of the division.
8. Under the space in which is printed " Particulars of Case and Prescriptions," must be entered :
  - (a.) A complete history of the case obtained from the patient's own statement. The Candidate's professional acumen must of course be employed in sifting the evidence so obtained. The " Condition on Admission " of the patient is next to be carefully noted. If a surgical case, an exact description of the wound or injury is to be given ; if a medical case, the symptoms are to be detailed under the following heads, viz. :
    - Circulatory system.
    - Respiratory „
    - Digestive „
    - Genito-Urinary „ *microscop.*
    - Nervous „
 The Candidate's diagnosis and prognosis of the case will then be inserted.
  - (b.) When the Candidate's own account of the history of the case, diagnosis, and prognosis are completed, the abstract report of the case forwarded with the patient from the station or corps whence he came is to be obtained and entered in the Case Book as part of the record. The name of the Surgeon signing the report, and the place and date of signature, are to be invariably added.
9. When cases are transferred from one folio to another, the headings referred to in paragraphs 1 to 7 must be continued.



10. Whenever a case is carried forward to another folio, even though it may be an adjoining one, "To folio," naming the number of the fresh folio, must be written at the bottom, in the right-hand corner of the page from which the report is carried on. In like manner "From folio," must be written at the top of the page on which it is continued, on the left-hand corner.
11. If a case be transferred from one register to another, the register and folio *from* and *to* which the report of the case is carried must be recorded in the respective Case Books.
12. As soon as the name of a patient is entered in the Case Book, it must be registered in the index. The index must be kept up continuously in the following form, lines being ruled to make the indications more distinct:

Regt.	Regtl. No.	Rank.	Surname.	Christian Name.	Folios.

13. At the conclusion of each case, the destination of the patient must be stated, whether "discharged to duty," "to pension," "transferred elsewhere," or "died."
14. The registering Medical Officer's name is to be signed at the conclusion of the report of each case.
15. All records of cases must be made in the wards, and on no account are any of the Hospital books to be at any time taken from the Hospital. The Orderlies have instructions to return the books to the Serjeant in charge of the division as soon as the Medical Officer leaves the ward.
16. When fatal cases occur, the Candidate in charge of the ward will prepare an abstract report of the case upon a printed form for this purpose, which is to be obtained from the office of the Staff Surgeon of each division. This abstract is to be read at the post-mortem examination by the Candidate in charge of the case, and then to be handed over to the Professor of Pathology.

As the greater number of patients at the Royal Victoria Hospital have, generally speaking, been subjected to a long course of treatment before admission, Candidates are cautioned that it is *not always necessary to prescribe medicine* in every case on admission. This caution, however, is not to interfere



with his discretion in ordering what he may consider necessary in any particular case.

In the Surgical Division each candidate is to provide himself with a pocket case of surgical instruments.

In the Medical Division he is to furnish himself with a stethoscope. He will also be held responsible for the care of the thermometers and other public instruments and apparatus used for clinical purposes in the wards.

On no account is urine to be examined in the wards. All the reagents necessary for that process will be found in the office of the Staff Surgeon of the Medical Division, where these examinations have to take place, and from whence none of the reagents is to be removed.

As part of the WARD DISCIPLINE the Medical Candidate will take care that

No patient is allowed to make his bed down during the day unless, in the opinion of the Medical Officer of the ward, he is unfit to walk about; and that no patient leaves his ward during the morning visit, between 9 in summer, or 10 in winter, and 11.30 a.m., unless sent for by proper authority.

Candidates are to *remain in their wards until 11.30 a.m.* daily. They may then go to the Library where they must be found until 1 p.m., so as to be within call for any casual duty, unless required in the Laboratory, Microscope Room, or Ophthalmoscopic Room, or for examination of recruits, or in the Lecture Theatre.

The EVENING VISIT is to be made between the hours of 6 and 7 daily. The duties connected with this visit are defined on pages 36 and 37 of the Medical Regulations.

#### B. HOSPITAL DUTIES OF MEDICAL CANDIDATES WHEN ACTING AS ORDERLY OFFICERS.

Medical Candidates will be called upon in rotation to perform the duties of Orderly Medical Officer, and in the performance of these duties they will be guided by the following instructions:

1. The Orderly Medical Officer will commence his duties at 9 a.m., and will continue them until the same hour on the following day, when he will be relieved.
2. While on duty he must be in undress uniform. He is strictly required to remain in the room appointed for him in the Hospital, and not to leave it except for lecture or other duties, or if called away to a serious case or accident; and on such occasions he is to return as soon as possible. While so absent he must leave a memo. in the Orderly Officer's room stating where he is to be found.



3. He is to visit the wards and dining rooms, accompanied by the Orderly Serjeant of the day, at the hours of breakfast, dinner, and tea; also at 9 p.m., at which hour he will be careful to see that all the Orderlies are present, and that all the patients are in bed.
4. On visiting the Hospital at the hours of meals he will see that the diets and extras are properly cooked and served; he will ask if there are "any complaints;" if there are he will inquire into them, and should he consider them just and reasonable, he will send for the Captain of Orderlies and order them to be rectified, taking care to mention in his report the nature of the complaints and how it was proposed to rectify them.
5. At half past 4 p.m. he will inspect the bread and meat for the following day, and will see that the bread is of the best household sort, and that the meat is of good quality and of pieces best suited for the sick. The Orderly Serjeant of the day will inform the Orderly Officer when the bread and meat are ready for inspection, and a non-commissioned officer of the Purveyor's branch will be present at such inspection.
6. During his tour of duty the Orderly Medical Officer is responsible for the sanitary condition of the wards; he is to observe that the patients are clean, and that those allowed up are properly washed and dressed; that the wards are well aired and ventilated; that the waterclosets and urinals are clean and without smell; that excreta, dressings, poultices, blisters, &c., are at once removed, and that no undue noises or irregularities exist in the wards. Should any of the above irregularities exist, and should he consider it necessary that immediate attention be given to them, he will if unable to remedy them himself, at once bring them to the notice of the Captain of Orderlies, mentioning in his report that he did so, and with what result.
7. He will observe that the Nurses are kind and attentive to the patients, and in the absence of the Divisional Medical Officers that they carry out their instructions. Any improper conduct should be reported to the Principal Medical Officer for the information of the Superintendent General of Nurses.
8. Should any patient misconduct himself, the Captain of Orderlies should be at once, if necessary, made acquainted with the facts of the case, and the circumstance be reported to the Principal Medical Officer.



9. The Orderly Officer will see that in the absence of the Divisional Medical Officers the Orderlies are zealous in the discharge of their duties, and that they do not unnecessarily absent themselves from their wards. In case of any misconduct the Captain of Orderlies should be at once, if necessary, made acquainted with the facts of the case, and the circumstance be reported to the Principal Medical Officer.
10. He is to take instructions from the Medical Officers in charge of Divisions respecting the management of any serious cases in their absence.
11. He will have in his charge some instruments and appliances necessary in the treatment of serious cases or accidents. He must be very careful in ascertaining that they are in good order and correct according to the lists transferred to him, as he will be held responsible for any loss or damage that may appear to have occurred during his tour of duty.
12. On the arrival of invalids it is the duty of the Orderly Officer, under the directions of a Staff Surgeon, to admit them into Hospital, to diet them for the day, to prescribe for any who require immediate treatment, and to tell them off to their respective Divisions; and great care is necessary in the performance of this latter duty, since errors in diagnosis occasion needless writing and labour in the Medical and Surgical Divisions, and falsify the statistical returns of the Hospital. To expedite these important duties the Serjeant in charge of each division will attend on the Orderly Officer in the reception room, bringing with him a list showing the number of vacant beds in each ward of his division. In case any patient is ordered immediately to bed, the Serjeant of the division is to see that such patient is at once sent to his ward, and not detained in the reception or the bath room.
13. If an accident or any serious case is reported, the Orderly Officer is empowered to call upon any Medical Officer attached to the Hospital for assistance or advice, pending the arrival of the Staff Surgeon in charge of the division, who should be immediately sent for.
14. The Orderly Medical Officer is not to take his meals at mess, but will be supplied with a breakfast and a dinner in the Hospital by the messman, without any additional charge.
15. On no account are parties or noisy meetings to be held in the Orderly Officer's Room.



16. The Orderly Medical Officer is not to apply for leave of absence, and is on no account to delegate any part of his duties to another Officer. Should sudden illness, or other accidental cause, prevent the Orderly Officer from completing his tour of duty, such occurrence is immediately to be reported to the Principal Medical Officer, who will detail another Officer to complete it for him; but he is not to leave the Hospital until so relieved.
17. An Orderly Officer next for duty will be detailed daily. He must not leave the vicinity of the Hospital during his tour of duty, and on the arrival of invalids must always be present. When invalids are landed he will carefully select those who require to be carried by stretchers or ambulances from those who can walk, and he will see that they are transferred to the Hospital with care, and without unnecessary delay. In case of an accident he must afford any assistance the Orderly Officer may require.
18. When the tour of duty of the Orderly Officer is completed he will, by letter, report to the Principal Medical Officer the state of the wards, &c., and all occurrences connected with his duties which may have happened during the preceding 24 hours. The following is the form of report which the Orderly Medical Officer is required to use, and which, of course, must be altered as may be found necessary.

“Royal Victoria Hospital, Netley

“\_\_\_\_\_ 186 .

“SIR

“ I HAVE the honour to report that from 9 a.m.

“ yesterday until 9 a.m. this day I performed the  
“ duties of Orderly Medical Officer.

“ I was relieved by

“ I visited the wards and dining rooms at the  
“ appointed hours, and found them well ventilated,  
“ clean, and regular; the waterclosets and urinals  
“ were pure and well washed, and I detected no bad  
“ smell from them (or otherwise).

“ The patients conducted themselves properly, and  
“ were all in bed at 9 p.m. (or otherwise).

“ The Orderlies performed their duties satisfac-  
“ torily (or otherwise).

“ The diets and extras were properly cooked, and  
“ the patients made no complaints (or otherwise).

B



“ I inspected the bread and meat, and found them  
 “ of good quality (or otherwise as the case may be).

“ I performed all the professional duties required  
 “ of me during the absence of the Staff Surgeons of  
 “ the divisions.

“ I received from the instru-  
 “ ments and appliances necessary in the treatment of  
 “ accidents. I found them in good order and correct,  
 “ according to the list furnished to me.

“ I remained day and night in the room appointed  
 “ for the Orderly Medical Officer, and did not leave  
 “ it longer than was absolutely necessary, and when  
 “ so absent I posted a memo. on the door of the room  
 “ saying where I was to be found.

“ The following changes occurred during my tour  
 “ of duty:—

“ Remained	-	-
“ Admitted	-	-
“ Died	-	-
“ Discharged	-	-
“ Remaining	-	-

“ and the following events took place and were dealt  
 “ with as under:—

“ I have the honour to be,

“ Sir,

“ Your most obedient humble servant,  
 (Signature)

“ Medical Candidate.

“ The Principal Medical Officer,

“ Royal Victoria Hospital,

“ Netley.”

### C. HOSPITAL DUTIES OF MEDICAL CANDIDATES AT THE POST-MORTEM EXAMINATIONS.

*All Medical Candidates must be present* at the Post-mortem  
 Examinations, and no one may absent himself without leave  
 obtained in the usual manner, unless another duty require  
 his urgent attention, or he be on the sick list.

The attendance must be punctual, and no Candidate is  
 permitted to leave the Post-mortem Room till the inspection  
 is concluded.

N.B.—One or other of the Post-mortem inspections made  
 during the session will form one of the subjects of the  
 examination at the end of the course.

The Post-mortem Examinations are made at such an hour  
 as may best suit the daily routine work of the session, and



due notice will be given in the Order Book or the Lecture Room before their occurrence.

Previously to commencing the Post-mortem Examination the Candidate who had charge of the case in the Ward is required to furnish a complete abstract of the patient's MILITARY AND MEDICAL HISTORY (according to a form which will be supplied to him by the Ward-master of the division). This abstract is to be read aloud by the Candidate before the Post-mortem Examination is commenced, and then to remain as a historical record in the Post-mortem Room.

The Candidate who has to furnish the history of the case is also bound to take notes of the Post-mortem Examination for insertion

- (a.) Into his Case Book and
- (b.) Into the Hospital Neurological Register.

Three Candidates are detailed by turns to perform each Post-mortem Examination, under the direction of the Professor of Pathology or his assistant.

## Section V.

### SCHOOL DUTIES OF THE MEDICAL CANDIDATES.

#### A. IN THE LECTURE ROOM.

Candidates are expected to be present in the Lecture Room *prior* to the commencement of each lecture. No excuse for not attending a lecture is admissible, excepting duty elsewhere, or authorized leave of absence.

The names of all those "late" or "absent" without leave are reported to the Principal Medical Officer for the information of the Senate of the Army Medical School. Those Candidates who are returned as "late" or as "absent" without leave lose, in the former instance 10 marks, and in the latter 25 marks, for each occasion, these numbers being deducted from the total amount of marks gained at the close of the session.

The Candidates of each session, severally and collectively, are held responsible for any damage done to the seats or desks in the Lecture Room, by marking with ink or otherwise defacing them. The amount of damage done is assessed by the Barrackmaster at the termination of each session, and the charge is divided among all the Candidates occupying the seats, unless the damage is known to have been done by any particular individual.

#### B. IN THE LABORATORY.

The practical work in the Laboratory is intended to familiarise the Candidate with the processes he may be called



upon to perform in the analyses of drinking water, air, food, and soils.

The *regular hours of attendance* are published in the Order Book at the commencement of the session, and Candidates are expected to be punctual in their attendance; but they are permitted to work in the Laboratory during other hours, and as late as 10 p.m. if they please.

Candidates have to be *careful* of the *apparatus* put into their hands and *not to waste material or gas*. When not required for use, the gas should be turned off.

*Working Rules* are put up in the Laboratory, and the attention of Candidates is directed to them.

### C. IN THE MICROSCOPE ROOM.

The meetings for practical pathological instruction will be held, at the hours published in the Order Book, in the room fitted up for microscopic examination of tissues and the study of Morbid Anatomy.

The *Candidates* are required to be in their places in the Microscope Room not later than *ten minutes past the hour* fixed for assembling, at which time precisely the demonstration begins. This demonstration describes the work for the day and the manner in which it is to be done; or an account is given at this demonstration of typical specimens from the Museum illustrative of the morbid anatomy of the viscera.

*Absence from the demonstration* is only excusable in the event of the Candidate being actually on the Sick List or having obtained leave of absence in the usual manner.

*Each Candidate* is provided with a microscope and other instruments for his sole use during the course, and he has also handed over to him a press (with a lock and key) wherein to keep his microscope and his instruments when not in use.

Each Candidate is *responsible for the careful preservation* of all instruments entrusted to his care, and receipts will be taken for the microscopes and instruments supplied for his use during the course. At the termination of the course he will be required to replace any article missing and to make good any damage done.

Candidates are required to continue at work in the Microscope Room all the time specified in the orders. The last quarter of an hour of the time fixed for instruction in the Microscope Room is allowed for cleaning and clearing away the instruments. Independent of the time fixed for demonstrations, opportunities are afforded for Candidates to return to their work in the afternoon or evening.



Those preparations from the Museum which have been the subjects of demonstration will remain in the Microscope Room for individual examination by the Candidates till the close of the session.

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### Section VI.

#### DIVINE SERVICE.

Agreeably to the Queen's Orders and Regulations for the Army, Candidates are required to attend Divine Service every Sunday morning.

The hours of service will be notified to the Candidates on joining the Army Medical School.

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### Section VII.

#### DUTIES OF THE CANDIDATES REGARDING THE LIBRARIES.

The Candidates have access to the Libraries, viz. :—

- A. The Medical Staff Library, and
- B. The Army Medical School or Candidates' Library.

#### A. THE MEDICAL STAFF LIBRARY.

This Library is the property of the Officers of the Medical Department of the Army, and maintained by their donations and entrance fees, and by their contributions during their stay at the Royal Victoria Hospital, which latter are assessed upon their daily pay.

For the use of the books in this Library all the Medical Candidates (both of the British and Indian medical services) have to contribute a subscription of 2s. per month.

In addition to this monthly subscription, the Candidates for the British medical service have to pay an entrance fee of 10s., this being one day's Assistant Surgeon's pay.

This entrance fee will be returned to any Candidate who should fail to obtain a commission as Assistant Surgeon.

#### *Regulations respecting the Use of the Library.*

1. No book is to be taken out of the Library without being shown to and duly entered by the Librarian.
2. No book ought to be kept beyond a fortnight; but if, at the expiration of that period, it is not claimed by another subscriber it may be retained for some time longer.
3. As the applicants for books enter their names, in chronological order, into a register kept by the Librarian for that



purpose, a system of interchanging books among the subscribers cannot be permitted. All books must be returned to the Librarian.

4. The following books, prints, and other publications, cannot be taken out of the Library:\*

- (a.) Books of Reference, as Dictionaries, Cyclopædias, Maps, Atlases, &c. ;
- (b.) Loose periodicals and pamphlets ;
- (c.) New works which have not been exposed on the Library table for at least one month ;
- (d.) All such publications or MSS. which are specially marked " Not to be removed from the table."

5. Any gentleman desirous to have a particular book added to the Library may enter its title and approximate price into a Proposal Book kept for that purpose. *But the proposer will take care, by previously consulting the Catalogue, to ascertain whether such work be not already on the Library shelves.*

Such proposals will be submitted, at the periodical general meetings, by the Library Committee to the Members of the Medical Staff Library, when the propriety of purchasing the publications in question will be discussed and eventually decided.

#### B. THE ARMY MEDICAL SCHOOL LIBRARY.

This Library has been established by Government for the purpose of assisting the Candidates attending the Army Medical School in the pursuit of their studies. This Library is the property of Government; it constitutes part of the Army Medical School.

Candidates have to contribute neither entrance fee nor monthly subscriptions towards the maintenance of this library, as its expenses are defrayed by an annual grant voted in the Army Estimates of each year.

There is no Proposal Book placed on the table of the Army Medical School Library; the applications for additional works to this Library being made by the Professors (who form the Committee of the Army Medical School Library), and periodically forwarded to the War Office authorities.

*The Rules regarding the issue and exchange of books from the Medical Staff Library hold equally good with respect to issues from the Army Medical School Library.*

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\* Except in special cases during the time the Library Room is closed, viz., between the hours of 4 p.m. and 9 a.m. the following morning, and from Saturdays at 1 p.m. until the following Mondays at 9 a.m.



## Section VIII.

### DUTIES OF THE CANDIDATES IN RELATION TO THE MEDICAL STAFF MESS.

Every Medical Candidate on joining the Army Medical School becomes an EXTRA MEMBER of the Medical Staff Mess and is furnished with a copy of the Mess Regulations.

He is required to make himself acquainted with the regulations just named, and in addition to them he will observe the following rules.

1. When a Medical Candidate has any complaint to prefer respecting any deficiency, irregularity, or inferior quality of the supplies at the Mess, he will, if dinner is going on, send a message by the Mess Butler reporting the same to the President of the Mess Table for the week, or, if the matter complained of occur at any other meal, he will make his complaint to the Senior Medical Officer present on the occasion. The President of the Mess Table or the Senior Medical Officer will investigate the alleged complaint, and, if found necessary, enter a statement of it into the Complaint Book, for the consideration of the Mess Committee, subject to the final decision of the Principal Medical Officer.

2. Candidates tearing or defacing the periodicals in the ante-room, or otherwise injuring the property of the mess, are liable to be charged for the cost of replacing the same.

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## Section IX.

### DRESS REGULATIONS.

Medical Candidates are to be in their authorized uniform during all hours of duty.

They are on no account, at any time, to appear dressed partly in plain clothes and partly in uniform.

The uniform to be worn at mess is laid down in the Mess Regulations, sect. iii. paragraphs 35 and 36.

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## Section X.

### RULES RESPECTING THE QUARTERS OF MEDICAL CANDIDATES.

Order and propriety are to be maintained at all times in the Candidates' Quarters and their vicinity.



The Medical Candidates residing within the precincts of the Hospital, on returning to their Quarters at night, are to pass along the lower corridor of the building, in order to avoid disturbing the Patients in the Medical and Surgical Divisions.

All social meetings in the Candidates' quarters are invariably to break up at 12 o'clock at night.

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### Section XI.

#### REGULATIONS RESPECTING LEAVE OF ABSENCE.

Candidates requiring Leave of Absence shall, if doing duty in the wards, first obtain the signature of the Staff Surgeon of the Division to the application, which application must also state the name of the gentleman who undertakes to perform the duties of the applicant.

The Professor, in whose division the applicant is serving, may then, if he sees fit, countersign the application. After this the application must be forwarded to the office of the Principal Medical Officer for his official sanction.

Should the required leave involve absence from any lecture the signature of the lecturer for the day is also required.

Candidates doing duty in the Laboratory or Microscope Room must, in like manner, obtain the sanction of the Professors of Hygiène or Pathology, as the case may be.

It must, however, be distinctly understood that leave of absence on other than non-working days, Saturdays and Sundays, cannot be granted, save for urgent and sufficient reasons, such as for the transaction of some really important business requiring personal attendance, or the dangerous illness or death of a near relative. In either case the Professor who signs the application shall require reasonable proof of the necessity for the Candidate's absence from duty.

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### Section XII.

#### REGULATIONS REGARDING SICK LEAVE.

Whenever a Candidate is sick and unable to perform his duties he will report the same immediately to the Wardmaster's office of the Division of the Hospital to which he is attached, so that arrangements may be made to meet his absence from ward duty, and that information of his illness may be sent to the Principal Medical Officer as well as to



the Medical Officer whose duty it is to attend on Candidates placed on the sick report.

When a Candidate is entered on the sick list, his case will be duly recorded in the Officers' Medical Register (which is kept for that purpose in the Principal Medical Officer's office) by the medical attendant in charge.

### Section XIII.

#### CHANNELS OF OFFICIAL COMMUNICATION.

Any communication that a Candidate may have occasion to address to the Military or Medical authorities of the Hospital, shall be sent, under cover, to the Professor, in whose Division or Department the Candidate may be serving at the time.

All communications intended for transmission to the Secretary of State, or to the Senate of the Army Medical School must be sent, under cover, to the Secretary of the Senate, who will lay them before the Senate, and if approved, the former will then be transmitted to the Secretary of State for War through the usual channel.

### Section XIV.

#### ON THE EXAMINATIONS AT THE END OF EACH SESSION.

The examinations at the end of the session are intended to test the proficiency of the Candidates in the studies carried on at Netley, and to settle the order in which their names will afterwards appear for Commissions in the Gazette.

The marks obtained at the Netley examination are added to those gained at Chelsea, and the result determines the Candidates' places in the list of Assistant Surgeons.

A written paper is required on such questions as may be given by the Professors on subjects which have been taught in the Army Medical School, and a practical examination is made in the wards by means of test cases, and in the Laboratory and Microscope Room by practical work, to judge as to each Candidate's progress.



## Section XV.

## RELIEF FROM DUTY.

Medical Candidates, on being relieved from duty, will previous to their departure give over the professional care of their patients to the Officers appointed to relieve them. They will return all books that they may have obtained from the Libraries, and if either not forthcoming or damaged they must repay the cost of the same as assessed by the Library Committee. They will also hand over their Microscopes, and all other Instruments and appliances supplied to them by the Army Medical School for use during the session, to the persons appointed to receive them, making good all losses or damages. They will settle their Mess, Wine, and Library accounts, and hand over their quarters to the acting Barrackmaster, and finally send in to the Principal Medical Officer a certificate that they have done so, according to the following form :

“ I certify that I have given over the professional care of  
 “ my patients to the Officer appointed to relieve me ; that I  
 “ have returned all instruments and appliances, which, being  
 “ public property, had been entrusted to me for use during  
 “ the past session ; that I have settled my Mess, Wine, and  
 “ Library accounts ; and have handed over my quarters to  
 “ the Barrackmaster.

(Signature)

“ Royal Victoria Hospital,  
 “ Netley, 186  
 “ To the Principal Medical Officer, Netley.”

## CONCLUSION.

The Army Medical School is a place of probation as well as instruction.

At the close of each session, at the request of the Director General of the Army Medical Department—a request which has been sanctioned by the Right Honorable the Secretary of State for War—a report is furnished by the Professors recording the opinions they have formed of the character and conduct of each Candidate during his period of probation at the Army Medical School, giving at the same time from



a professional point of view, a full account of his general or special qualifications. This report remains as a permanent record in the office of the Director General, for whose information it is chiefly intended.

Should the Professors, at the conclusion of the course, see sufficient grounds for believing, from careful observation of a Candidate's character and conduct, that he is not likely to make a creditable Medical Officer, it is the duty of the Professors, acting in conjunction with the Principal Medical Officer, to bring his name to the notice of the Senate of the Army Medical School, with a recommendation to the Secretary of State for War to withhold a commission from the Candidate.

LONDON:

Printed by George E. Eyre and William Spottiswood,

Printers to the Queen's most Excellent Majesty,

For Her Majesty's Stationery Office.

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Printers to the Queen's most Excellent Majesty.

For Her Majesty's Stationery Office.

[110.—500.—4/66.]



QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR  
COMMISSIONS IN THE MEDICAL SERVICE OF  
HER MAJESTY'S ARMY,

ORGANIZATION OF THE PRACTICAL ARMY  
MEDICAL SCHOOL,

INCLUDING THE SUBJECTS TO BE TAUGHT BY THE PROFESSORS;

AND

RULES FOR THE EXAMINATION OF ASSISTANT-  
SURGEONS PREVIOUS TO PROMOTION.



LONDON:

PRINTED BY GEORGE E. EYRE AND WILLIAM SPOTTISWOODE,  
PRINTERS TO THE QUEEN'S MOST EXCELLENT MAJESTY.  
FOR HER MAJESTY'S STATIONERY OFFICE.

1865.

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MEDICAL SCHOOL.

PREPARED FOR THE SERVICE BY THE MEDICAL DEPARTMENT.

1911.

RULES FOR THE EXAMINATION OF ASSISTANT  
SURGEONS PREVIOUS TO PROMOTION.



LONDON.

PRINTED BY GEORGE H. KEE AND WILLIAM BOWEN.

PRINTED TO THE ORDER OF THE MEDICAL DEPARTMENT.

THE MEDICAL DEPARTMENT, WHITE.



## PREFACE.

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The following Qualifications of Candidates for Admission to the Army Medical Service, the Plan of Organization of the Army Medical School, and Rules for examining Assistant Surgeons previous to Promotion, are intended to give effect to the recommendations of the Royal Commission on the Sanitary State of the Army, and were included in the Warrant of October 17, 1859.

War Office, November 1862.

Revised May 19, 1865.

No.  $\frac{\text{Stationery, W.O.}}{489.}$



PREFACE

The following Contributions of Officers for Admission  
to the Army Medical Service, in view of the  
the Army Medical School and Rules for examining  
certain surgical questions. The following are referred to  
reference to the regulations of the Army and  
mission on the Medical Staff of the Army, and were  
included in the Volume of October 1898.

Wm. O. ...

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## Section I.

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### QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL SERVICE OF THE BRITISH ARMY.

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#### I.

EVERY Candidate presenting himself for admission to the competitive examination required for the Army Medical Service must be unmarried. He must produce a birth certificate from the District Registrar, or a certificate of baptism, in which the date of birth is stated. Or, if neither of these can be obtained, an affidavit from one of the parents or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the Candidate is not above 28, nor under 21 years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

Certificates.  
Age of candidates.

#### II.

The Candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical Officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

Declaration to be made by candidate.

#### III.

The Candidate must possess a diploma in surgery, or a licence to practise it, as well as a degree in medicine or a licence to practise it, in Great Britain or Ireland.

Candidate must possess degree, diploma, or licence to practise surgery and medicine.



## IV.

Certificates to be lodged a week before examination.

Certificates of Registration in accordance with the Medical Act, and of age and character, must be lodged at the Army Medical Department, for examination and registry at least one week before the Candidate appears for examination.

## V.

Subjects of examination.

On producing the foregoing qualifications the Candidate will be examined by the Examining Board in the following subjects:—

Anatomy and Physiology.

Surgery.

Medicine, included Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a practical knowledge of drugs.

(The examination in Medicine and Surgery will be in part practical and will include operations on the dead body, the application of Surgical Apparatus, and the examination of Medical and Surgical Patients at the bedside.)

The eligibility of each Candidate for the Army Medical Service will be determined by the result of the examinations in these subjects only.

Candidates who desire it will be examined in Comparative Anatomy, Zoology, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the Examination by Candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of Science.

The subjects for this part of the examination will be taken from the following books:—

- (1.) "Animal Kingdom," by W. S. Dallas, F.L.S.
- (2.) "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Élémentaire d'Histoire Naturelle," par Milne Edwards.
- (3.) Lindley's "School Botany;" Lindley's "Medical and Economic Botany;" Henfrey's "Elementary Course of Botany."



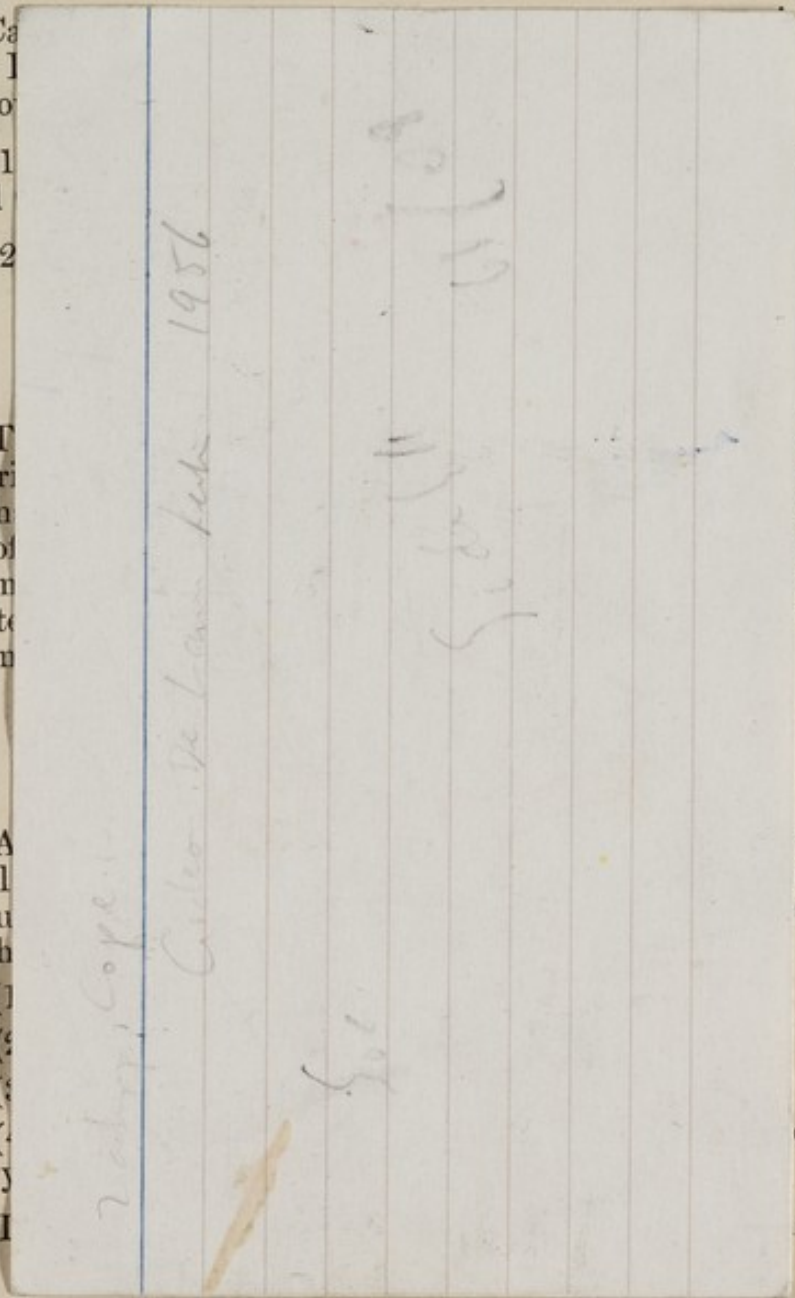
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Army Medical  
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ration.

VIII.

At their conclusion the Candidate will be required to pass an examination on the subjects taught in the school. The examination will be conducted by the Professors of the school.

Examination  
for commission.

The Director-General, or any Medical Officer deputed by him, may be present, and take part in the examination. If the Candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as Assistant Surgeon.



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Surgery.

Medicine, included Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a practical knowledge of drugs.

(The examination in Medicine and Surgery will be in part practical and will include operations on the dead body, the application of Surgical Apparatus, and the examination of Medical and Surgical Patients at the bedside.)

The eligibility of each Candidate for the Army Medical Service will be determined by the result of the examinations in these subjects only.

Candidates who desire it will be examined in Comparative Anatomy, Zoology, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the Examination by Candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of Science.

The subjects for this part of the examination will be taken from the following books:—

- (1.) "Animal Kingdom," by W. S. Dallas, F.L.S.
- (2.) "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones; or "Cours Élémentaire d'Histoire Naturelle," par Milne Edwards.
- (3.) Lindley's "School Botany;" Lindley's "Medical and Economic Botany;" Henfrey's "Elementary Course of Botany."



Candidates who may desire it, may also be examined in the Elements of Physics and in Physical Geography. The following books are recommended for this purpose:—

- (1.) "Elements of Natural Philosophy," by Golding Bird and C. Brooks.
- (2.) "Physical Geography," by Mrs. Sommerville.

## VI.

The Examiners in London shall prepare a list in order of merit with the marks affixed in the different subjects to be transmitted to the Director-General, and communicated to the Professors of the Army Medical School. If any Candidate is found to be deficient in any particular subject, this shall be stated, in order that he may receive special instruction on the point at Netley.

Arrangement  
of successful  
candidates.

## VII.

After passing his preliminary examination, every Candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on

Course of  
practical in-  
struction at the  
Army Medical  
School.

- (1.) Hygiène.
- (2.) Clinical and Military Medicine.
- (3.) Clinical and Military Surgery.
- (4.) Pathology of Diseases and Injuries incident to Military Service.

These courses to be of not less than four months' duration.

## VIII.

At their conclusion the Candidate will be required to pass an examination on the subjects taught in the school. The examination will be conducted by the Professors of the school.

Examination  
for commission.

The Director-General, or any Medical Officer deputed by him, may be present, and take part in the examination. If the Candidate give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a commission as Assistant Surgeon.



IX.

Allowance to candidates at the medical school.

During the period of his residence at the Army Medical School, each Candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with uniform, viz., the regulation undress uniform of an Assistant Surgeon, but without the sword.

X.

Candidates to conform to discipline.

All Candidates will be required to conform to such rules of discipline as the Senate may from time to time enact.



## SCHEDULE OF QUALIFICATIONS.

Recommended by \_\_\_\_\_

Christian and Surname  
at full length.

I \_\_\_\_\_  
 \_\_\_\_\_ Years of Age, in \_\_\_\_\_ last, a Candidate  
 for employment in the Medical Department of the Army, do hereby  
 attest my readiness to engage for General Service whether at Home  
 or Abroad, and to proceed on Duty immediately on being Gazetted.

I declare that I am unmarried, and that I labour under no Mental  
 nor Constitutional Disease, nor *any imperfection* or disability that can  
 interfere with the most efficient discharge of the Duties of a  
 Medical Officer in any Climate.

The Dates of Graduations and the  
Universities or Colleges are to be stated.

I have the Degree of A.M. or A.B. from the \_\_\_\_\_

I have the Degree of M.D. from the \_\_\_\_\_

I have a Licence to practise Medicine from the \_\_\_\_\_

I have a Diploma in Surgery from the \_\_\_\_\_

I have a Licence to practise Surgery from the \_\_\_\_\_

(Signature at full length) \_\_\_\_\_

(Date) \_\_\_\_\_

(Place of Residence) \_\_\_\_\_

\_\_\_\_\_



## Section II.

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### ORGANIZATION OF THE PRACTICAL ARMY MEDICAL SCHOOL.

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#### I.

Candidates for commissions to attend course of instruction.

After passing his preliminary examination, every Candidate for a Medical Commission in the British Army will be required to attend one entire course of practical instruction at the Army Medical School, and at the Military Hospital in connexion with it, on the subjects herein-after named, before being admitted to his examination for a Commission.

Cadets and Officers of the Royal Engineers and of the Indian Engineers may also attend a course of instructions on Hygiène. Combatant officers will have the same privilege extended to them should they desire it. Army Medical Officers will also have access to the School.

#### II.

Subjects of course.

The special practical instruction which the school is intended to afford will be given by the following four professors:—

The Professor of Hygiène.

The Professor of Clinical and Military Medicine.

The Professor of Clinical and Military Surgery.

The Professor of Pathology.

#### III.

Government of the school.

The School has a distinct and independent existence under the Secretary of State for War, and is governed by its own Senate, which will hold a meeting for the despatch of business at least once a month or oftener if necessary.

#### IV.

The Senate. Its functions.

The Senate consists of the Director-General of the Army Medical Department, who will preside, when present, at the meetings of Senate; the Professors, and the Principal Medical Officer on the station *ex officio*; but only those members of Senate who may be present shall vote on the questions discussed.



The Senate will regulate the routine of business of the School.

It will decide on the arrangement, number, hours, &c., of the Lectures, and instructions.

It will make and amend regulations for the conduct of the Students.

It will preserve discipline.

It will also have the regulation and direction of the Library, Museum, Model-room, and Laboratory; the selection of books, models, chemical and other apparatus necessary for the School, and will make up, and submit to the Secretary of State, all estimates of expenditure connected with the School.

All acts of the Senate will be communicated to the Director-General.

No act of the Senate shall be binding until it has received the approval of the Secretary of State.

#### V.

The Museum will consist of four divisions:—

Museum.

1. A collection of Pathological Anatomy, having special reference to the more prevalent diseases of the Army.

2. A collection of Specimens of Geology and Natural History.

3. A collection of Materia Medica and Alimentaria, containing specimens of the more important articles, both in their natural and prepared states; and of the principal seeds, grains, pulses, and other dry or prepared articles of food, from all parts of the world.

4. A collection of plans and models of whatever is used in the Army for the conveyance, support, or protection of wounded men; models of tents, hospitals, and the like.

Classified Catalogues of the contents of these several divisions are to be kept.

#### VI.

The Library contains standard works in every branch of Medicine, and the allied sciences. Attached to the Library there is a Reading-room furnished with maps, books of prints, &c., to be kept in the Library, but the pupils will have permission, under the regulations of the Senate, to take books to their own quarters.

Library.

#### VII.

The business of the session will be arranged by the Senate, in such manner that there shall be at least six months' residence at the School and Hospital, including courses of not less than four months' instruction by lectures, &c.; so that there shall be two sets of Candidates ready for examination for commissions every year.

Length of session.



## VIII.

Nature of the instruction.

The Lectures and Practical Instructions to be delivered at the School will be directed exclusively to the specialities of Military Medical Service.

The Courses of Lectures will include the subjects in the following five programmes arranged in such order and manner as the Senate may from time to time decide.

## I.

## HYGIÈNE.

LECTURES AND INSTRUCTIONS ON HYGIÈNE.

The Course of lectures and instructions in Hygiène will be directed to impress forcibly on the mind of the student the whole principles on which the prevention of disease is based not only in their scientific but in their practical aspect, and from thence to follow out the special application of those principles to the preservation of the health of troops in Barracks, Garrisons, Stations, Camps, and on Marches, both by practical instruction in the problems of Army hygiène, and by reference to maps, diagrams, models, instruments, and other methods of illustration.

PART I.  
HYGIÈNE,  
PRINCIPLES.

PART I.—*Principles of Hygiène.*

Nature and importance.

Hygiène, its nature, importance, historical notices of, objects as regards civil populations and armies. Literature, &c.

Physiological laws relating to health.

General statement of physiological laws relating to health and disease. Influence of age, sex, temperament, trades, and occupations. Longevity.

Comparative healthiness of different races. Physical and mental qualities of different races, influencing their fitness for military service.

External conditions as to climate, &c.

Examination of external conditions as to climate, &c., and the effect of these on health and life.

METEOROLOGY.

Meteorology : its importance in the science of hygiène.

Manner of making and keeping meteorological observations. Instruments. Barometer, &c. Reduction of observations.

Description of climates. Effect of different climates on health. Beneficial effects, or the reverse, of change of climate, and precautions required. Acclimatization.

PHYSICAL GEOGRAPHY.

Physical Geography. General sketch of the Earth's surface. Land. Water. Mountains. Hills. Plains. Plateaux.



Deserts. Valleys. The sea. Rivers. Lakes. Proportions of land and water. Natural drainage. Marshes and marshy ground. Vegetation.

General geological sketches of the Earth's surface. Stratification. Formations. Surface soils. Subsoils.

Medical topography of the British islands, colonies, and possessions.

MEDICAL TOPOGRAPHY.

Geographical distribution of disease and mortality over the surface of the Earth in relation to physical geography.

Sketch of external conditions influencing the geographical distribution of disease, such as climate, elevation, marsh and subsoil miasm; miasm from river and lake banks, and stagnant waters. Salt marshes. Salt and fresh water marshes. Sea coasts. Defective natural drainage, irrigation, heavy rains, damp and stagnant air, and mists in plains, valleys, hollows, forests, jungles, rapid changes of temperature, decomposing organic matter, &c.

Influence of elevation above or below the sea-level on health. Beneficial effects of change of elevation.

Sanitaria. Rules for selecting them. Rules for selecting military stations.

Medical topography of mountain ranges in our foreign possessions, including the history of mountain climates. Sanitary advantages of such climates in our intertropical possessions. Necessity of establishing European troops in the hill ranges of our intertropical possessions. Advantages of solitary mountains.

Advantages of mountain climates in tropical countries.

Meteorology of mountain ranges, specifying the different phenomena and their influences on health at different degrees of elevation.

Influence of marsh miasm in producing intermittent, remittent, and tropical bilious fevers, yellow fever, &c.

Diseases arising from marsh miasm.

Effect of emanations from putrescent animal matter on health. Emanations from excreta: from the skin: from the lungs. Illustrations of the production of speedy death by such emanations; also of plague, gaol fever, typhus, &c. Sources of putrescent organic effluvia.

Effects of miasmata from putrescent animal matter.

Sources of putrescent organic effluvia.

Overcrowding of the population on a given area. Illustrative examples of this in civil life and in the Army: Relation of disease and mortality to surface overcrowding. Effect of surface overcrowding during epidemics, in increasing their intensity.

Beneficial effect of spreading the population during epidemics.

Influence of defective surface and subsoil drainage, in predisposing to epidemics, with illustrations. Similar illustrations from defective or deficient drainage in towns and buildings. Fatal effects of sewer air diffused through the atmosphere of towns and buildings. Miasmata from nuisances,

Defective drainage, &c.



- unwholesome manufactories, cesspools, sewers, accumulation of decaying refuse, unburied carcasses, and offal, dead bodies, and overcharged grave-yards. Defective burial of the dead. Burial in churches, or under habitations. Illustrations of their influence on health, and in predisposing to epidemic disease.
- Overcrowding in cubic space. Influence of overcrowding in cubic space in the production of disease, especially during epidemic seasons. Amount of cubic space and superficial area requisite for health. Principles on which the amount of cubic space should be determined.
- Ventilation. Ventilation. Sources of atmospheric impurity in unventilated dwellings from respiration, exhalations from the skin: from foundations of buildings: from fires, lights, cooking, stables, under or near buildings. Their effects, especially during epidemic seasons.  
What constitutes good ventilation: quantity of air required. Simple methods of ventilation in use, with models and plans. Natural ventilation, artificial ventilation, their relative advantages.
- DIET.  
Animal diet. List of dietetic substances, animal and vegetable. General account of the classes of animals from which dietetic substances are derived. Comparative nutritive value of animal food: fresh, dried, salted, smoked.  
Marks of health and disease in animals. Signs of fitness or unfitness for food. Signs of wholesome and unwholesome meat. Sanitary precautions to be adopted on board transports for animals. Diseases arising from the use of unwholesome or badly prepared flesh or fish.
- Cooking. Different forms of cooking apparatus and utensils. Benefits to health of change in the mode of preparing food.
- Cereals. List of grains used for food. Their geographical distribution. Comparative nutritive value. Signs of wholesome and unwholesome grain. Diseases arising from the use of unwholesome grains. Ergotism. Signs of good, bad, and adulterated flour. Microscopic characters. Deterioration by insects.
- Baking. Preparation of grains for food. Bread, its constituents and manner of preparation. Yeast and its substitutes. Field ovens.
- Roots. Bulbs, tubers, roots used as food. Nutritive qualities.
- Vegetables. Green vegetables. List of plants used as such. Their geographical distribution. Dried vegetables. Constituents. Mode of preparation and preservation. Nutritive value.
- Sugar. Sugar and Saccharine matter. Nutritive value.
- Condiments. Condiments. Their use and abuse.



Drinks. Water. Daily quantity per man required. Physical tests of pure water. Rain water, its composition and qualities. Hardness and softness. Saline ingredients. Their effects on the purity and wholesomeness of water.

Sources of water. Rain, springs, streams, rivers, lakes, wells, ponds, marshes.

Diseases produced or aggravated by impure water.

Methods of purifying, collecting, storing, and distributing water. Subsidence, filtration, &c.

Collecting by superficial drains, by earthenware, metal, or wooden pipes. Necessity of guarding water sources and wells. Covering reservoirs. Precautions in distributing water to prevent pollution.

Supply of water for animals.

Tea, coffee, cocoa. Their chemical composition, dietetic properties, utility in repairing waste.

Wines. Adulterations, and the manner of detecting them.

Spirits. Adulterations, and the means of detecting them.

Influence of spirit drinking on health.

Malt liquors. Their dietetic qualities. Vinegar, lime-juice, acids. Their properties and uses in dietetics. Adulterations.

Clothing. Its weight, material, colour. Conducting or non-conducting power for heat. Also the fitting of clothes to allow free play to the muscles and internal organs.

Clothing for different countries, climates, and seasons.

General resumé of the conditions necessary to health already discussed. Limits within which these conditions may be imperfectly fulfilled without producing disease.

Vital statistics. Their foundation. Method of collecting facts. Structure of tables and diagrams. Tables exhibiting the leading facts of comparative vital statistics referring to the health of countries, districts, cities, and towns, sex, age, occupation. Examination into the causes of mortality. Diseases which influence mortality to the greatest extent.

Prominence due to zymotic diseases in all classifications. Their importance to civilization. Their especial importance in armies.

Epidemiology. Importance of this branch of science. Laws of epidemics. Localizing conditions of epidemics. Predisposing effects of season, bad and unwholesome food, deficient clothing, misery.

Mediæval epidemics. Plague, black death, sweating sickness. Account of the conditions under which these diseases desolated Europe and Asia. Modern epidemics, cholera, yellow fever, typhus, &c.

Transmissibility of disease. Inoculation, vaccination, re-vaccination.

Sanitary measures. Earliest records of their use for preserving health, and preventing epidemics. Sanitary legisla-

DRINKS.

Diseases from impure water.

Storing and purifying water, &c.

Tea, Coffee, &c.

Wines.

Spirits.

Malt Liquors, &c.

Clothing, Composition, &c.

General Resumé.

VITAL STATISTICS.

Epidemiology.

Transmissibility of disease.

Sanitary measures and legislation.



tion. Authorities, Officers of Health, and Inspectors, their duties. General organization of sanitary police in towns; account of recent sanitary improvements introduced into towns, buildings, and country districts.

Drainage, its object and principles. Formation and construction of sewers and drains. Trapping, ventilation, flushing. Various forms of soil-pans, water-latrines, urinals.

Cleansing and preventing nuisances. Paving. Its great utility as a means of preventing disease, with illustrations. Limewashing of houses. Baths, ablution rooms, and wash-houses.

Improved health.

Instances of improved health from sanitary works. Improved towns. Model lodging-houses. Requisites for healthy buildings.

Influence of light on health and disease.

PART II.  
ARMY  
HYGIÈNE.  
MILITARY  
VITAL  
STATISTICS.

PART II.—*Application of Hygiène to Armies.*

Military Vital Statistics. Army ages. Mortality due to Army ages in civil life. Mortality in the Army. Inquiry as to its amount.

Invaliding, its amount at different ages. Causes of invaliding. Deaths amongst invalids.

Actual Army mortality, and comparison with that of civil life.

Mortality of different foreign armies. Comparison with that of the British Army.

Mortality of Foreign Armies.

Mortality in different Arms.

Mortality in different branches and arms of the service, Household Troops, Foot Guards, Cavalry of the Line, Infantry of the Line, Artillery, Engineers, Sappers and Miners, Military Train, Colonial Corps, black and white troops.

Comparative Mortality in different Colonies and Possessions.

Comparative mortality of troops on home and foreign service.

Comparative mortality in different Colonies and Possessions.

Mortality in War, Peninsula, Walcheren, Crimea, Napoleon's Russian Campaign.

Causes of high Mortality in Armies. Zymotic diseases.

Examination as to the diseases which occasion the high rate of Army mortality. Effect of zymotic diseases on the mortality of armies as compared with diseases of other classes.

Diseases of different Colonies and Stations.

Diseases incident to different Colonies and Stations:—India, West Indies, Ceylon, Cape, Mediterranean, Bermuda, Canada.

Sick in Armies.

Per-centage of sick in Armies, and from what diseases.

ARMY  
EPIDEMICS.

Historical sketch of Army epidemics. Local and personal conditions with which they are usually connected.

Epidemic influence. Signs of its approach. Effect on other diseases.

Yellow Fever.

Yellow fever. Temperature and latitude under which it exists. Yellow fever zones. Account of Army yellow fever epidemics. Barbadoes, Jamaica, Gibraltar, Bermuda, Trinidad, &c. Their history, origin, mode of propagation. Sta-



tistics. Sanitary defects in Stations, Barracks, Garrisons, and Hospitals with which they have been connected. Loss to the Army from them. Sanitary improvements already carried out to diminish their intensity. What preventive measures are further required.

Army Typhus. Nature of the disease. Causes. Influence of sanitary defects in predisposing to it, with illustrations. Sanitary and other prophylactic measures required to prevent it.

Army Typhus.

Remittent Fevers. Their relation to yellow fever. Their origin. Local favouring conditions. Personal predisposing causes. Parts of the globe where they occur. Facts connected with their occurrence. Influence of marsh malaria, impure water, and decomposing vegetable matter under high temperature. Sanitary and other prophylactic measures required for their mitigation.

Remittent Fevers.

Intermittents. Influence of malaria, impure water, extremes of heat and cold, exposure to night air, &c. Prophylactic and sanitary measures required for their mitigation.

Intermittents.

Continued Fevers, their local favouring conditions. Influence of damp, overcrowding, defective ventilation. Prophylaxis.

Continued Fevers.

Dysentery. Types of the disease. Predisposing causes from filthy camps, bad water, monotonous or unwholesome diet, exposure to extremes of heat and cold, night air, &c. Sanitary and prophylactic measures required.

Dysentery.

Plague. Instances of its appearance in armies, and the conditions under which it has shown itself. Sanitary state of towns and districts visited by plague. Prophylactic measures.

Plague.

Cholera. History, progress. Local and personal conditions under which cholera is most fatal. Bad water, overcrowding, defective ventilation, malaria, fatigue, filth, drunkenness, &c. Premonitory diarrhœa. Precautions against Cholera. Evacuating affected Barracks and Hospitals. Camping out. Shifting camps, reducing overcrowding, ventilating, lime-washing, cleansing, spreading the men on march. Avoiding bad camping ground on march. Spreading the troops. Short marches. Avoiding fatigue. Regulation of latrines. Great importance of inspection for the discovery of premonitory diarrhœa.

Cholera.

Precautions against Cholera.

Scorbutus. Importance of to armies. Causes, influence of salt provisions, monotonous diet, want of vegetables, damp, exposure, foul air, other concurrent causes. Prevention, rations, vegetables, and vegetable acids, lime-juice, lemon-juice, vinegar, acid fruits, vegetables. General attention to hygiene.

Scorbutus.

Ophthalmia. Its great importance in armies. Predisposing conditions. Preventive measures against ophthalmia.

Ophthalmia.



- Phthisis pulmonalis. Phthisis pulmonalis. Its predisposing causes in barracks. Necessary sanitary measures.
- Syphilis. Furunculus, sun-stroke, frost-bite. Foot lameness. Syphilis, its importance in armies. Prophylaxis of syphilis. Prevention of parasitic diseases.
- PRACTICE OF ARMY HYGIÈNE.  
Training Exercises. Gymnastics. Training. Drills, exercises. Games, gymnastics, their nature, and importance in developing different sets of muscles, of respiration, walking, running, arms, &c. Gymnastic apparatus. Injurious gymnastic exercises and accidents that may arise from them, and precautions. Practical importance of gymnastics in improving health and increasing the agility and muscular power of the soldier.
- Personal cleanliness. Baths, &c. Functions of the skin in preserving health. Personal cleanliness, bathing, different kinds of baths, bathing parades, hygiènic rules and precautions in respect to bathing in different climates and seasons. Prevention of cutaneous diseases. Scabies. Prevention of diseases of scalp.
- Stations. Construction of lavatories. Substitutes on field service. Stations. Selection of sites for buildings in different climates, with reference to elevation, exposure, configuration of ground, marshes, natural drainage, nature of surface and subsoil, water supply. Changes of station. Clearing away vegetation.
- Plans and construction of Barracks. Plans and constructions of barracks. Foundations of buildings for warm climates. Drainage of site. Materials for building. Arrangement of rooms and staircases to secure independent ventilation of every part of the building. Size and proportions of barrack rooms. Cubic space per man in different climates and seasons, and during epidemics. Means of ventilation and warming. Amount of window space. Means of lighting. Limewashing. Materials for walls, ceilings, and floors. Latrines and urinals, their structure. Drainage. Drains not to pass under buildings, and why?
- Hygiène of Barracks. Hygiène of barrack rooms. State of the air in unventilated barrack-rooms at night. Ventilation during night. Chest diseases produced by neglect of night ventilation. Methods of ventilation now in use in Barracks and Hospitals. Objections to basement barrack rooms. Barrack kitchens, their structure for various kinds of cooking. Boilers. Soyer's stove. Open fire-places. Ovens. Economy of fuel. Cavalry barracks. Special sanitary precautions regarding them. Position of stables. Arching of stables. Independent ventilation of stables. Cleansing. Drainage. Removal of manure. Separation of stables from men's barrack rooms.
- Selection of Buildings. Selection of existing buildings to be occupied as barracks. Their position, neighbourhood, drainage, structure, cleansing,



ventilating. Allotment of cubic space. Limewashing. Provision of latrines. Selection of quarters. Billeting of troops. Nature of the sanitary precautions required. Sanitary inspections, and reports on barracks. Points to be examined into.

Garrisons. General sanitary police. Drainage. Cleansing. Hygiène of buildings. Casemates, their construction. Their sanitary defects in want of light and ventilation. Special sanitary precautions required in regard to them, whether used as barracks or as hospitals. Garrisons.

Special sanitary precautions in respect to occupied towns during war. Duties of Quartermaster-General's Department in respect of buildings, stations, camps, marches. Duties of Medical Officers under the regulations. Inspection of towns as to vicinity, position, drainage, cleanliness, population. Water supply. Organization and duties of sanitary police. Selection of buildings for quarters and hospitals. Precautions against epidemic disease in occupied towns. Cleansing. Drainage. Removal of Nuisances, &c. Sanitary Police.

Seaports in occupation. Special sanitary precautions in regard to them. Harbour police. Co-operation of military and naval authorities in preserving the health of seaports.

Sanitary regulations and works for occupied towns and seaports.

Selection of sites for Hospitals. Exposure. Locality. Vicinity. Composition of surface and subsoil. Natural drainage. Hygiène of Hospitals.

Plan of hospitals. Discussion as to advantages and disadvantages of different plans for sanitary and administrative objects. Great principle in hospital construction to break up the sick into small numbers under separate roofs.

Number of flats. Size of wards for administration and salubrity. Number and position of windows. No more than two rows of beds in a ward. Amount of light required in hospitals. Illustrations of good and bad hospital construction. Advantages of recent improvements.

Ventilation of hospitals. Various methods. Artificial, by extraction: by injection of air. Natural, by doors, windows, and fire-places. Their comparative facility, and advantages in securing freshness of the air. Amount of air which can be admitted by natural methods.

Quantity of air requisite for sick. Usefulness of artificial ventilation in defective hospital construction.

Hospital water-closets. Their structure, position, and ventilation.

Cubic space for sick in different climates. Distance of beds.

Warming of hospitals. Advantages of open fire-places. Their great ventilating power. Radiant heat best for warming, and why?



Walls and floors of hospitals should be of impervious materials. Position of nurses' and orderlies' rooms. Ward furniture and bedding. Water supply of hospitals. Baths, cold, hot, vapour, shower, medicated.

Best structure of Hospital kitchens. Hospital cooking and diets. Diet rolls and tables. Analysis of diets. Explanation and use of diet tables.

Selection of  
Building for  
Temporary  
Hospitals.

Examination and selection of buildings for temporary hospital purposes.

Points requiring special inquiry. Position. Drainage. Ventilation. Cleanliness. Amount of accommodation. Adaptation of buildings. Improvements and works necessary to remove defects. Instances of disastrous results from sanitary neglects in hospital buildings.

Hygiène of  
Camps.

Preliminary inquiries before troops take the field as to physical geography. Medical topography. Climate. Supplies. Numbers, and habits, and diet of the population. Houses, &c. Prevalent epidemics and diseases. Manner of conducting inquiries. Reports. Precautions founded on reports. Selection of camp sites. Marks of positions favourable or unfavourable to health. Examination of vicinity, of surface and subsoil, of drainage, woods, vegetation, products, waters, prevailing winds.

Arrangement  
of Camps.

Sanitary reports to Quartermaster-General on these points. Methods of improving positions by drainage, cutting down timber and brushwood, &c. Details of sanitary inspection of camps. Arrangement of camp. Order and distance of tents best adapted for health. Estimate of the number of men on a given area in different forms of camp. Importance of the question as regards health.

Drainage of  
Camps.

Drainage of camp sites, on hillsides, slopes, and flats. Nature of drainage required in different inclinations of ground and in different soils.

Water.

Water supply of camps. Estimate of amount required for men and animals. Examination of water sources. Selection of sources. Plans and methods of supply in hilly countries and plains. Methods of purification of water, construction of filters, tanks, wells, &c. Arrangements for watering animals indispensable. Proper construction of watering troughs.

Camp Kitchens.

Construction and position of camp kitchens. Position and distance of slaughtering-places. Latrines, Manure depôts, Stables, and Burial grounds.

Huts.

Huts. Materials for construction, stones, planks, panels, wattles. Best form and dimensions. Preparation of ground. Drainage of site. Raising of foundations above surrounding levels. Utility of this precaution. Ventilation, and best methods of effecting it. Means of keeping huts cool in hot weather. Utility of limewash. Protecting hut sides during



cold weather. Good and bad methods of doing so, and their influence on health. Dangers to health from excavated huts.

Tents. Preparation and drainage of sites. The importance of this to health. Methods of ventilating tents. Tents.

Bivouacs, &c. Sanitary precautions required as to ground, shelter, fires, food, clothing, &c. Bivouacs, &c.

Field hospitals. Selection and drainage of site and arrangements of Hospital. Hospital huts, their structure, preparation of sites, draining, ventilating, warming, limewashing. Marquees, their construction, and means of ventilation. Flooring for huts, marquees, and tents. Boards, punned earth, stones, &c. Paving vicinity of tents and huts. Field Hospital kitchens. Various forms of construction. Cooking utensils. Field Hospital.

Rations. Sources of supply. Those of every country should be known. Composition of rations on physiological grounds, according to the supplies available. Changes in rations required to prevent disease. Practical details of rations in conformity with the work, duties, climate, season, &c., to which the soldier is exposed. Rations.

Drinks best suited for soldiers in foreign countries and climates. Practical tests of their adulteration. Canteens. Their regulation and good sanitary state necessary to health. Intemperance. Means of suppressing it in camps. Disease, mortality, and loss of efficiency arising from it. Drinks. Canteens.

Military clothing and equipments. Their material parts, make, and adaptation to duties by day and night, in different weather, climates, and seasons. Clothing and Equipments.

Burial of the dead in armies. Position of burial grounds, their regulation. Burial grounds.

Troop and sick transports and Hospital ships. Requisites for health, ventilation, cleanliness, deodorising substances, pumping out bilge water. Cubic and superficial area required. Equipments. Sanitary duties of Medical Officers on board ship. Troop and sick transport.

Practical instructions on hygiene. Practical Instruction and Exercises.

*Exercises* in examination into the qualities of various articles of food, drink, and clothing.

*Exercises* in examination into the sanitary condition of districts, buildings, barracks, hospitals, &c., for the purpose of pointing out defects, and their remedies.

*Exercises* in making sanitary inspections and drawing up sanitary reports by Medical and Sanitary Officers.

*Exercises* on the sanitary regulations for the Army, explanation of their objects, and their application to the prevention of disease.

*Exercises* on the means of mitigating or preventing epidemic disease in armies.



*Exercises* in keeping statistical accounts of disease and mortality, with special reference to questions in Army hygiene. Statistical forms and reports in use.\*

*Exercises* on medical topography, showing its sanitary relations.

*Exercises* on the preparation of camping ground.

*Exercises* in the routine of sanitary inspections and reports by Inspectors and Deputy Inspectors.

Drawings and Models.

Drawings and Models of improved barracks, hospitals, tents, marquees, huts, kitchens, transport ships, drainage and ventilating arrangements, also illustrations of various temporary sanitary expedients, &c.

Poisons.

Poisons.

Signs of poisoning. Medico-legal inquiries on these points. Signs of death.

Death from violence. - *Signs of poisoning*

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## II.

*Signs of poisoning*

### CLINICAL AND MILITARY MEDICINE.

CLINICAL AND MILITARY MEDICINE.

This Course will consist of two parts:—

1. Clinical Instruction in the Hospital.
2. Systematic Lectures on the Diseases of Armies.

The Professor will give instruction at the bedside, more especially on the more prevalent diseases of armies. He will exercise the pupils in drawing up accurate histories of cases of disease under treatment. He will examine and practise them in various methods of diagnosis, by auscultation, the use of the microscope, and by the application of chemical tests. He will also deliver clinical lectures on the cases under treatment. In this part of the course the Professor will have an opportunity of illustrating the management of Hospitals, as to cleanliness, ventilation, nursing, &c., and of indicating the Hospital diets in different diseases and stages of disease, and during convalescence.

The method of drawing up Hospital Reports will also be properly taught in this part of the discourse.

The Professor will deliver lectures on the following subjects:—

*mti* ( History of Military Medicine, with notices of the more important writers on the subject. )

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\* Whenever possible, the Student might be allowed to acquire practice in keeping Statistics in the Statistical Branch of the Army Medical Department.



The general character, habits, and duties of the soldier, and the influence of these in modifying his diseases.

General view of the diseases to which soldiers are most liable from exposure, fatigue, intemperance, &c., in different climates.

General view of the medical history and management of yellow fever, remittents and intermittents, dysentery, cholera, scorbutus, phthisis pulmonalis, venereal diseases, &c., in different countries and climates.

Lectures and Clinical Instructions on Mental Diseases. in connection with the course

Nature and medical management of the more prevalent diseases in different climates, in the British Colonies, and other places where our troops may be stationed, as in the Mediterranean, West Indies, coast of Africa, East Indies, &c.

Beneficial effects of change of air and of climate on invalids, and in convalescence from disease or wounds, and in deteriorated health arising from long residence in unhealthy climates. Attention to this is of great importance in maintaining the efficiency of troops serving in tropical climates.

Advantages of frequent medical inspection of troops, particularly in unhealthy stations, with the view of detecting the commencement of disease.

Hospital regulations, books, and forms.

Regulations regarding (recruiting,) sick certificates, and invaliding. Principles on which sick certificates should be granted to officers, to prevent invalid officers from appearing on effective musters, and to ensure speedy recovery and return to duty. Importance of change of climate in cases where convalescence is arrested.

Instruction in Hospital duties.

### III.

#### CLINICAL AND MILITARY SURGERY.

This course, like the preceding, will be of a special and practical character, and will have constant reference to Clinical instruction in the surgical wards of the Hospital. The instructions and lectures will comprehend the following subjects:—

1. History of Military Surgery. Measures adopted by the Military Powers of Europe to improve the Art of Military Surgery.

2. Surgical Anatomy, including Regional Anatomy, with special reference to wounds. Operations on the Dead Body, especially such operations as are required in the field.

CLINICAL AND  
MILITARY  
SURGERY.



3. Lectures on Inflammation; its immediate importance and constant relations to Military Surgery, as a morbid and curative agent.
4. Burns and Scalds. Ulcers.
5. Hospital Gangrene.
6. Wounds, Gunshot, Incised, Punctured, Lacerated, Wounds of Arteries and Nerves. Traumatic Aneurisms.
7. Tetanus.
8. Wounds of the Head, Face, and Neck, Spine, Thorax, Abdomen, Extremities. Fractures and Luxations. Poisoned Wounds.
9. Amputations.
10. Dental Surgery.
11. Ophthalmia.
12. Syphilis, Gonorrhœa, Gonorrhœal Ophthalmia, Gonorrhœal Rheumatism, Strictures of the Urethra.
13. Dracunculus, or Guinea-worm.
14. Furunculus, or Boil.
15. Feigned and Factitious Diseases.
16. Application of Bandages and Splints.
17. Transport of sick and wounded; fitting up of transports, and hospital ships; the use and selection of Ambulances. Proportion of sick and wounded in Armies.
18. The Examination and Selection of Recruits.
19. The Examination and classifying of Invalids.
20. Proportion of Medical and Surgical means and Appliances to Corps and Divisions in different Climates.
21. Surgical arrangements on landing on an enemy's Coast: on taking the Field; and during and after a general action. Surgical arrangements with an advancing Army; with an Army in retreat; with a besieging Force. Trench duties and arrangements.
22. Surgical arrangements within a besieged town or fort.

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#### IV.

### LECTURES AND DEMONSTRATIONS IN PATHOLOGY AND MORBID ANATOMY.

PATHOLOGY  
AND MORBID  
ANATOMY.

Lectures and demonstrations on Morbid Anatomy, illustrated by specimens, selected from the Museum, and aided by accessory methods of observation, such as carefully recorded Clinical Histories of Cases of the more important and severe diseases prevalent at the Military Stations abroad.

1. A series of specimens to illustrate the Morbid Anatomy of Dysentery as it has existed in the East and West Indies, in the Peninsula; in the Crimea.



2. Specimens illustrating the Morbid Anatomy of the Liver in connection with Dysentery.

3. Specimens illustrative of the lesions which occur in Fevers, similarly considered, especially of Typhus Fevers, and of Malarial, Littoral, or Paludal Fevers.

4. Specimens illustrative of the Morbid Anatomy of Cholera.

5. Specimens to illustrate Scorbutic States and Types of Disease.

6. Specimens illustrating the nature of Parasites and of Parasitic Diseases, such as Tape-worm, Guinea-worm, and the like.

7. Specimens illustrating the general Morbid Anatomy of Parts, independent of Zymotic Diseases.

8. Specimens illustrative of the Morbid Anatomy of Wounds and Injuries.

9. These topics might be also illustrated by recent specimens of Morbid Anatomy, obtained from post-mortem examinations of patients dying in the Hospital.

Practical instruction will also be conveyed—

1. By the opening of dead bodies, when special instruction will be given as to (*a*) how post-mortem examinations are to be made; (*b*) how the viscera are to be examined; (*c*) and how the results of disease-processes are to be distinguished from post-mortem changes and other pseudo-morbid appearances.

2. In this practical work of manual labour, dexterity would be acquired by the student. Special instruction will be given to each individual as to how he should use the various means and instruments of research by which departures from the state of health may be appreciated, as, for example, the determination of the absolute and specific weights of the solid organs, membranes, and fluids in health and in disease, the determination of the bulk and capacity of parts and cavities.

3. A full course of practical instruction in the use of the Microscope, and its application in determining the nature of diseased conditions.

This Microscopic Course will embrace instruction—

(1) In the arrangement of the instrument, and how it is to be manipulated.

(2) In the various methods of examining objects by it, of drawing the objects seen, and of measuring the dimensions of the objects examined.

(3) In the examination of tissues and morbid products, and the application of chemical agents for their analysis under the microscope.

(4) Instruction in the preservation of microscopic objects.



One lecture, or series of lessons, weekly, till the topics are exhausted, will be sufficient for the microscopical instruction.

Practical instruction will also be given as to how specimens illustrative of Disease, Comparative Anatomy, or Natural History, are to be preserved, and sent home from abroad.



### Section III.

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#### RULES FOR THE EXAMINATION OF ASSISTANT-SURGEONS PREVIOUS TO PROMOTION.

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This examination is intended as a test for promotion, and may be taken at any time after the Assistant-Surgeon has served five or more years.

EXAMINATIONS  
FOR PROMOTION.

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—

A series of printed questions, prepared by the Examining Board, will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons eligible for examination may be serving at the time. It will be the duty of the Principal Medical Officer of the Station to deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.\*

The Assistant-Surgeon will also be required to transmit, together with his answers to the Director-General, a Medico-Topographical account of the Station where he may happen to be at the time, or of some other Station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medico-Statistical Report of his Regiment for a period of at least twelve months.

If the Examining Board is satisfied with the replies to the questions, and the Director-General is satisfied with the certificates and with the Medico-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.

The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service,

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\* The Assistant-Surgeon may see this Certificate before it is sent to the Director-General.



each examination having a definite object. The FIRST, to ascertain, previous to his admission into the service as a Candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The SECOND, after having passed through a Course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the THIRD, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

SIDNEY HERBERT.

War Office, October 17, 1859.

EXAMINATION  
FOR PROMOTION  
1859

*Section 21  
paragraph 11.*

When Assistant-Surgeons have served the requisite time they will be examined in the following manner:—  
A series of printed questions prepared by the Examining Board will be sealed and sent by the Director-General to the Principal Medical Officers of Stations where Assistant-Surgeons eligible for examination may be serving at the time. It will be the duty of an Assistant-Surgeon to deliver these questions to the Assistant-Surgeon and to see that they are answered without the assistance of books or any other person. The answers are to be sealed and delivered sealed to the Principal Medical Officer, who is to send them unopened to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior Medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.  
The Assistant-Surgeon will also be required to transmit together with his answers to the Director-General, a Medical-Topographical account of the Station where he may have been at the time or of some other Station where he may have been resident sufficiently long to enable him to collect the necessary information for such a report. Failing this, he will send a Medical-Statistical Report of his Regiment for a period of at least twelve months.  
If the Examining Board is satisfied with the replies to the questions and the Director-General is satisfied with the certificate and with the Medical-Topographical or Statistical Report, the Assistant-Surgeon will be held qualified for promotion.  
The Assistant-Surgeon will thus be subjected to three separate examinations within the first ten years of his service.  
\* The Assistant-Surgeon may see the Certificate before it is sent to the Director-General.



## ADDENDUM.

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At a meeting held at the War Office on 31st March 1860, the Senate of the Army Medical School was constituted by the Right Honourable Sidney Herbert, M.P., Secretary of State for War.

The following are the names of the Members of the Senate:—

Sir J. B. Gibson, M.D., K.C.B., Director-General Army Medical Department.

Sir J. R. Martin, C.B., Physician to the Council of India.

Thos. Longmore, Esq., Deputy Inspector-General, Professor of Military Surgery.

Dr. W. C. Maclean, Deputy Inspector-General of Hospitals, Professor of Military Medicine.

Dr. E. A. Parkes, Professor of Hygiène.

Dr. W. Aitken, Professor of Pathology.

Principal Medical Officer, Netley.

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APPENDIX  
At a meeting held at the War Office on 21st March 1865,  
the names of the Army Medical Officers were considered by  
the Right Honourable Secretary of State for War.  
The following are the names of the Members of the  
Staff:  
Sir J. H. O'Connell, M.D., R.S.M., Director-General Army  
Medical Department  
Sir A. H. Martin, C.B., Physician to the General of India  
The following are the names of the Members of the  
Staff of the Army Medical Department:  
Dr. W. G. Mackenzie, Surgeon-General of Hospitals  
Professor of Military Hygiene  
Dr. F. ...  
Dr. W. ...

LONDON:  
Printed by GEORGE E. EYRE and WILLIAM SPOTTISWOODE,  
Printers to the Queen's most Excellent Majesty.  
For Her Majesty's Stationery Office.

[2511.—1000.—6/65.]



S T A

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Medical Officer.

Address \_\_\_\_\_

No. 15. Can  
Valuables lie loose  
7:30 to 9:30 P.M.)



## STANDING ORDERS.

No. 1. All Medical Officers and Candidates joining at this Station are requested to report their arrival and intended departure to the Commandant as well as to the Principal Medical Officer.

No. 2. Every Medical Officer and Candidate on joining is expected to apply for a copy of the Mess Regulations, and to make himself acquainted with them.

No. 3. Medical Officers and Candidates in signing Applications for Leave of Absence, Diet Sheets, Requisitions, or any other Documents connected with their duties, will be careful to insert their Names and Rank in full.

No. 4. Medical Officers and Candidates in charge of Patients are expected not to leave the hospital till 1 P.M.; those who wish to leave at an earlier hour, if attached to a Division, will apply to the Officer in Charge for permission; others to the Principal Medical Officer.

No. 5. When a Medical Officer names another Officer to perform his duty, during any short leave of absence which he may obtain, it is to be clearly understood that he is to personally hand over to such Officer any and all Patients under his charge, fully explaining the nature of the case of each Patient; and in the same way, on his return, he will receive over the Patients from the Officer who had agreed to take charge of them.

It is particularly requested that Medical Officers in charge of Divisions will see that this order is strictly complied with on all occasions.

No. 6. Medical Officers and Candidates returning from Leave of Absence (exceeding 24 hours) will report personally their return to the Principal Medical Officer.

Officers or Candidates applying for short Leave of Absence can obtain Forms in the Office of the Surgeon-General, which they will be good enough to fill up and submit for his approval.

No. 7. Medical Officers, acting on Boards of Survey on Meat for the Hospital use, are particularly enjoined not to express an approval of any Meat which is not, in their opinion, of good and nutritious quality.

No. 8. Medical Officers and Candidates obtaining Medicine for their own use, are requested to be careful to return all bottles to the Dispensary when done with.

No. 9. Any Medical Officer, or Candidate, placed on the Sick List, will at once report, in writing, the circumstance to the Principal Medical Officer, for the information of the Medical Officer in charge of Staff, who will enter the case in the Officers' Medical Register, kept for that purpose.

No. 10. Books are on no account to be taken from the Library without informing the Librarian, in order that the title of every Book may be properly entered before the Officer or Candidate receives it from the Librarian.

No. 11. Gentlemen attending the School are requested to be punctual at Lectures, as the names of all those "late" and "absent" will be reported to the Surgeon-General, for the information of the Senate of the Army Medical School.

No. 12. Gentlemen attending the Lectures are held responsible for any damage done to the seats or desks in the Lecture Room, either by marking with ink or otherwise.



No. 13. Medical Officers are not permitted to bring their dogs inside the Hospital.

No. 14. Medical Officers or Candidates on being relieved from duty at this Hospital, will, previous to departure, give over the professional care of their Patients to the Officers appointed to relieve them, they will settle their Mess, Wine, and Library Accounts, and hand over their quarters to the Royal Engineer and Control Departments, sending into the Surgeon-General a Certificate, that they have done so, according to the following form: —

Royal Victoria Hospital,  
Netley \_\_\_\_\_ 187 \_\_\_\_\_

I certify that I have given over the professional care of my Patients to the Officer ordered to relieve me, that I have Receipts for the settlement of my Mess, Wine, and Library Accounts, up to date above mentioned, and that I have returned to the Librarian all Library Books in my possession; I have given over my Quarters to the Acting Barrackmaster, and arranged for payment of all charges that have been made by that Department.

I further certify that I have left my Address at the Office of the Principal Medical Officer.

Address \_\_\_\_\_ Signature \_\_\_\_\_

No. 15. Candidates are requested to be careful not to let Money or Valuables lie loose about their Quarters, especially during Mess-hours (from 7.30 to 9.30 P.M.)

Approved,

W. M. MUIR,

Director General,

A.M.D.



Medical Officers are not permitted to bring their dogs inside the

Medical Officers or Candidates on being relieved from duty at \_\_\_\_\_, previous to departure, give over the professional care of the Officers appointed to relieve them, they will settle their Library Accounts, and hand over their quarters to the Royal Control Departments, sending into the Surgeon-General a copy of what they have done so, according to the following form:—

*Royal Victoria Hospital,*

*Netley* \_\_\_\_\_ 187 \_\_\_\_\_

I have given over the professional care of my Patients to \_\_\_\_\_ to relieve me, that I have Receipts for the settlement of my Library Accounts, up to date above mentioned, and that I have handed over to the Librarian all Library Books in my possession; I have handed over my quarters to the Acting Barrackmaster, and arranged for payment to be made by that Department.

I certify that I have left my Address at the Office of the Principal \_\_\_\_\_

*Signature* \_\_\_\_\_

Candidates are requested to be careful not to let Money or \_\_\_\_\_ about their Quarters, especially during Mess-hours (from \_\_\_\_\_ to \_\_\_\_\_)

Approved,

W. M. MUIR,

*Director General,*

A.M.D.



