

Regulations for the Medical Department of Her Majesty's Army (Revised Army Regulations. Vol. VI)

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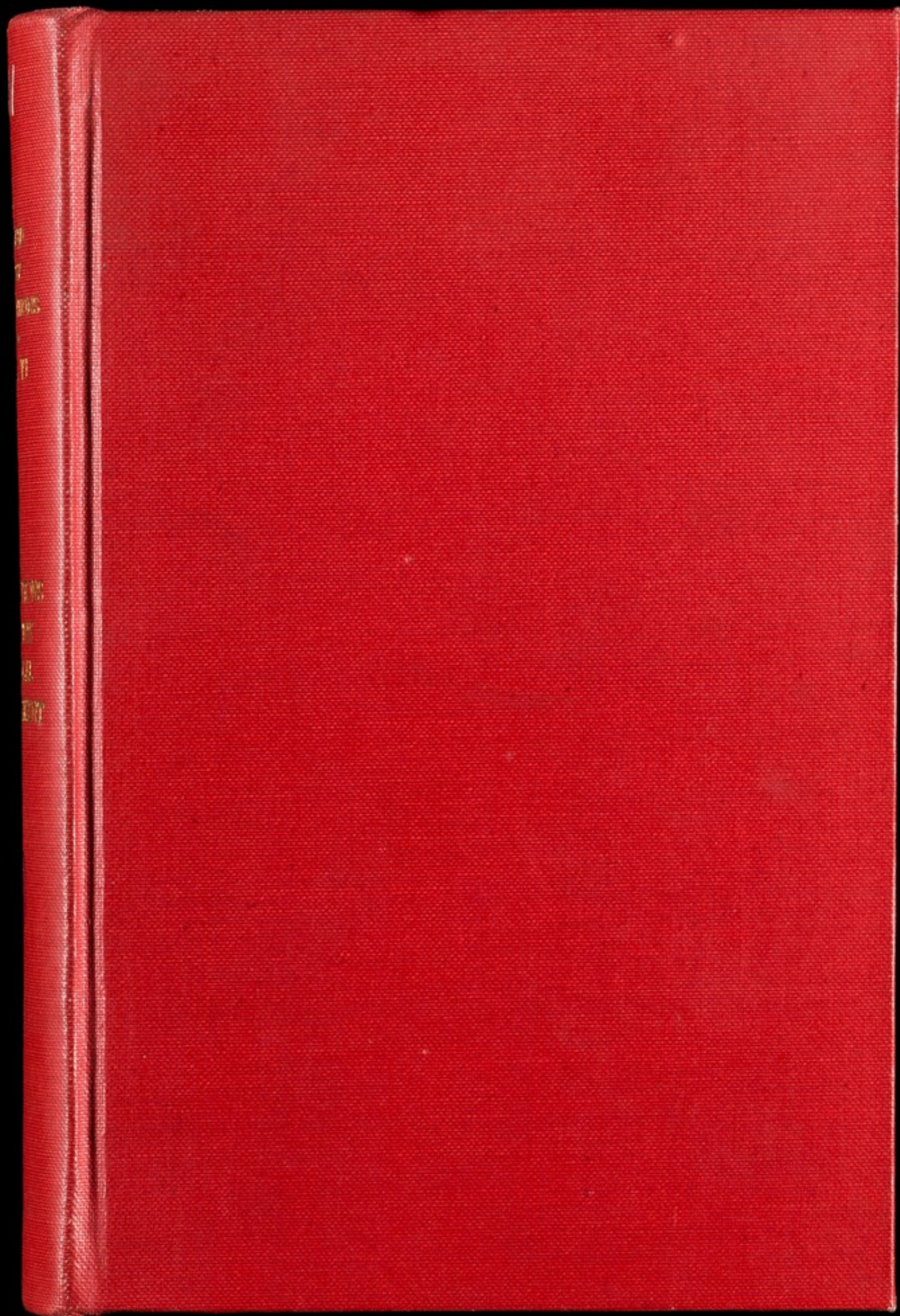
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VOL. VI

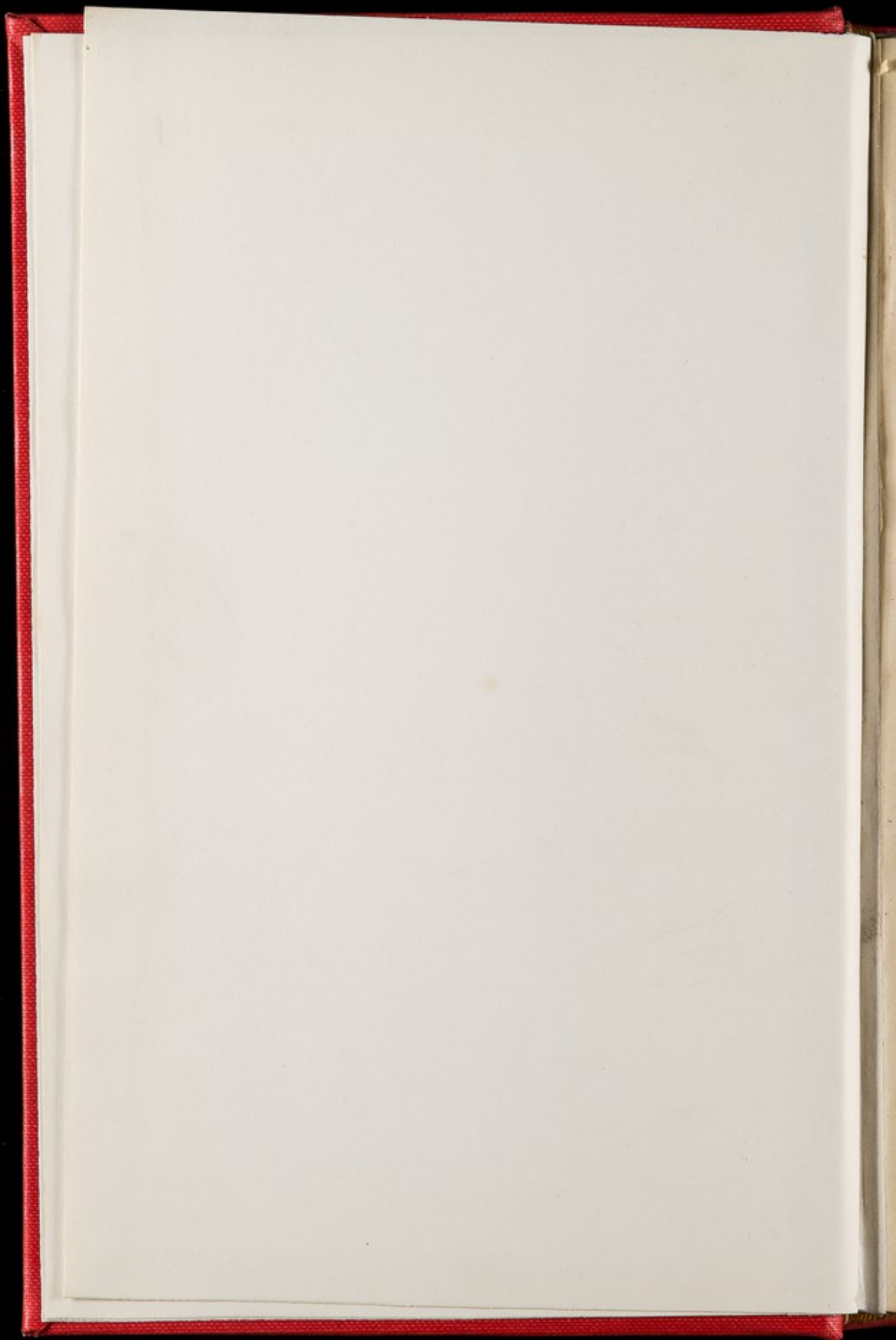
REGULATIONS
FOR THE
MEDICAL
DEPARTMENT

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REGULATIONS
FOR THE
MEDICAL DEPARTMENT
OF
HER MAJESTY'S ARMY.



WAR OFFICE, 1ST NOVEMBER, 1878.

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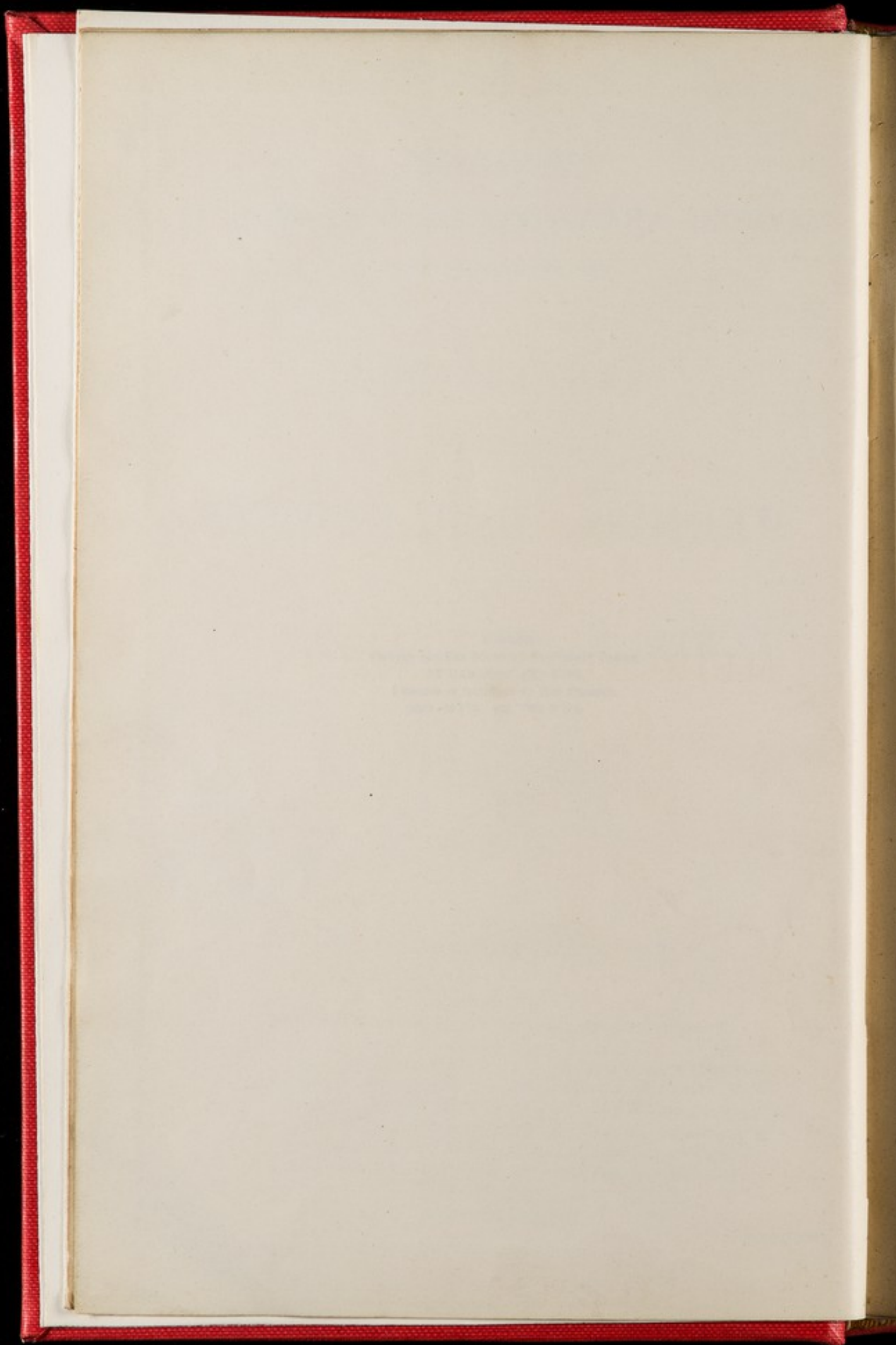
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REGULATIONS

FOR THE

MEDICAL DEPARTMENT

HER MAJESTY'S ARMY



REGULATIONS
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MEDICAL DEPARTMENT
OF
HER MAJESTY'S ARMY.

REGULATIONS

FOR THE

MEDICAL DEPARTMENT

OF

HER MAJESTY'S ARMY

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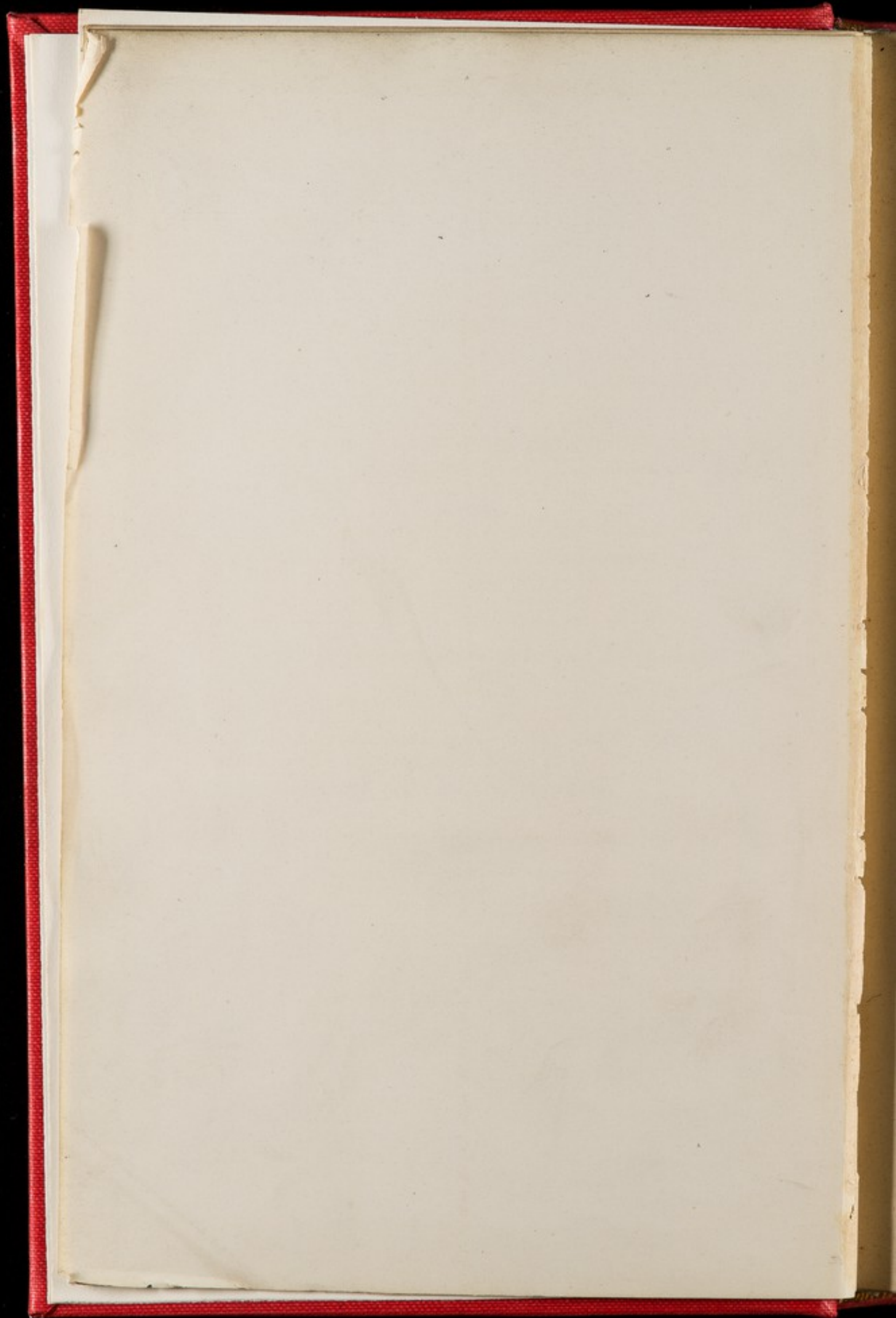
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PART I.—CONSTITUTION, DISTRIBUTION, AND GENERAL DUTIES OF THE ARMY MEDICAL DEPARTMENT.

SECTION I.—CONSTITUTION OF THE DEPARTMENT.

1. The Department shall consist of—
The Medical Director General,
The Medical Director General,
The Medical Director General,
The Medical Director General.

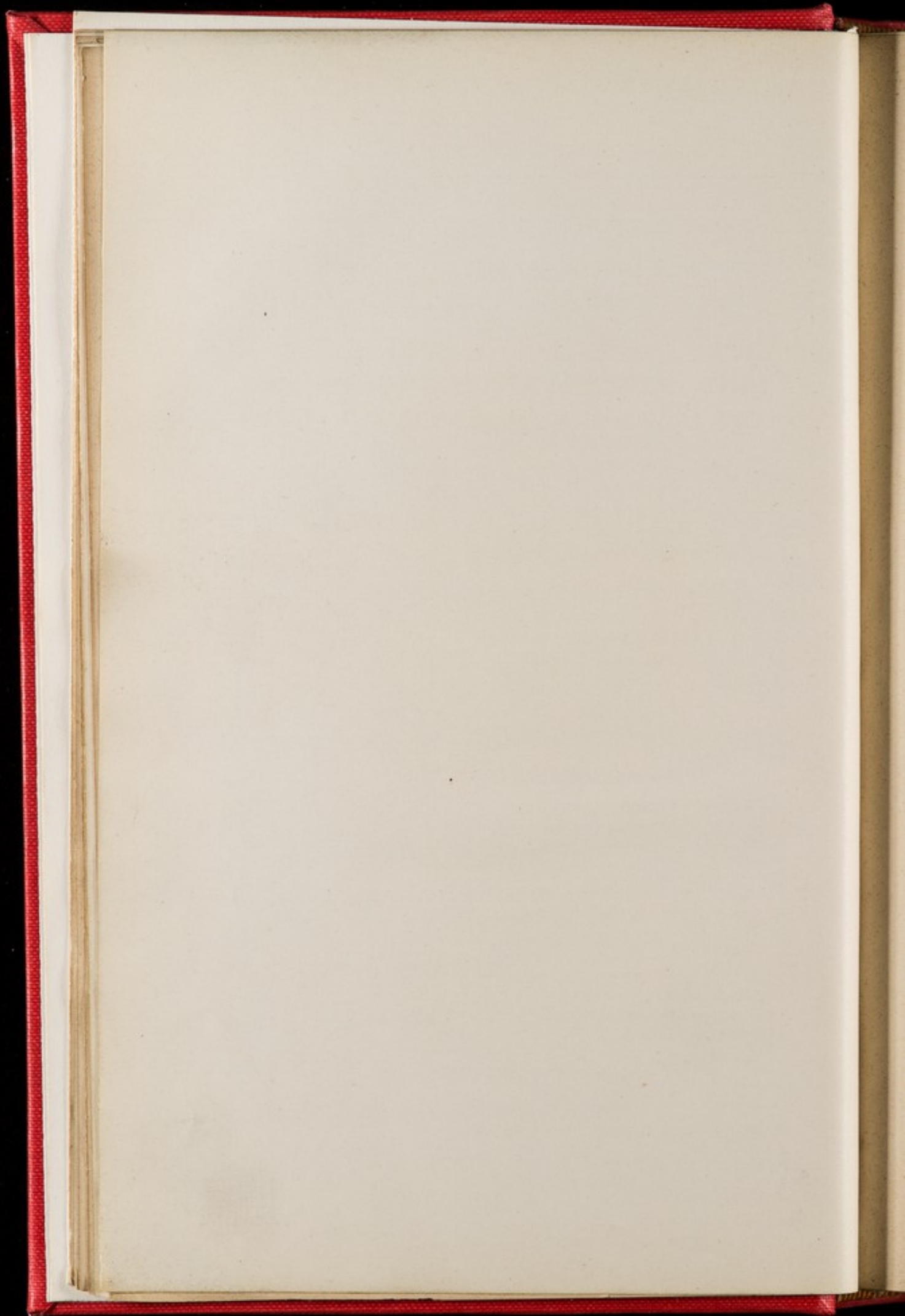
1. MEDICAL DIRECTOR GENERAL.

1. The Medical Director General shall be appointed by the President of the United States, and shall hold office for a term of years, to be fixed by law.
2. He shall be assisted by such Medical Directors General as may be appointed by the President of the United States, and shall have the honor of the rank of Major-General.
- (a) The Medical Director General.
- (b) The Medical Director General.
- (c) The Medical Director General.

3. The Medical Director General shall be assisted by such Medical Directors General as may be appointed by the President of the United States, and shall have the honor of the rank of Major-General.

2. MEDICAL DIRECTOR GENERAL.

4. The Medical Director General shall be appointed by the President of the United States, and shall hold office for a term of years, to be fixed by law.
- (a) The Medical Director General.
- (b) The Medical Director General.
- (c) The Medical Director General.



PART 1.—CONSTITUTION, DISTRIBUTION, AND GENERAL DUTIES OF THE ARMY MEDICAL DEPARTMENT.

SECTION I.—CONSTITUTION OF THE DEPARTMENT.

- I.—Director General.
- II.—Administrative Officers.
- III.—Executive Officers.
- IV.—The Army Hospital Corps.

I.—DIRECTOR GENERAL.

1. The Director-General of the Army Medical Department is the responsible Head of that Department. Director General.
2. He will be assisted by three Administrative Officers, who will conduct Administrative Medical Officers at head-quarters.
 - (a.) The Medical Branch.
 - (b.) The Sanitary Branch.
 - (c.) The Statistical Branch.
3. These officers will preside at Medical Boards at the office of the Army Medical Department; and will make inspections of hospitals, barracks, camps, &c., when deemed necessary by the Director-General. Their duties.

II.—ADMINISTRATIVE OFFICERS.

4. The Administrative officers of the Army Medical Department will be of the rank— Administrative Officers of the Department.
 - (a.) of Surgeon General.
 - (b.) of Deputy Surgeon General.

Section I.

Constitution of the Department.

III.—EXECUTIVE OFFICERS.

Executive
Officers.

5. The executive officers will be of the rank—
(a.) of Surgeon Major.
(b.) of Surgeon.

IV.—THE ARMY HOSPITAL CORPS.

Officers of
Army Hospi-
tal Corp.

6. The officers of the Army Hospital Corps are of the rank—
(a.) of Captain of Orderlies.
(b.) of Lieutenant of Orderlies.

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.

Examination of Surgeons and Surgeons-Major.

Cl. 159,
August
1884.

1. Rules for the examination of Surgeons and of Surgeons-Major have been approved, and issued to those concerned.

2. The following will be added after paragraph 6 of the Regulations for the Army Medical Department, 1878 (Army Regulations, Vol. VI.):—

- 6a. Rules for the examination of Surgeons and Surgeons-Major are printed in Appendix A.

PART II. THE CONSTITUTION, AND

THE HISTORY OF THE REVOLUTION.

OF THE

AMERICAN

REPUBLIC.

BY

JOHN ADAMS.

IN TWO VOLUMES.

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THE SECOND EDITION, CORRECTED.

IN TWO VOLUMES.

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THE SECOND EDITION, CORRECTED.

IN TWO VOLUMES.

Distribution of Department.

Section II.

SECTION II.—DISTRIBUTION OF THE DEPARTMENT.

7. The officers of the Army Medical Department will, subject to the supreme command of the officer Commanding-in-Chief, be detailed for duty by the Director General of the Army Medical Department, in commands and districts, and will be under the control of the Principal Medical Officer, both for discipline and professional supervision.

Medical
Officers
detailed for
duty by
Director
General.

8. They will not be removed from commands or districts without the previous sanction of the Director General, except under exceptional circumstances.

Removal of
Officers by
Director
General.

9. They will be employed in general, station, or field hospitals, with troops in barracks or in the field; and on all such special duties in camp and quarters as the Director General may decide, and as are laid down in Part II, Section VI, Field Hospitals and Hospital Ships.

How to be
employed.

10. The Director General of the Army Medical Department, will nominate medical officers for the following appointments:—

Appointments
by Director
General.

- (a.) Principal Medical Officer.
- (b.) The Charge of General, Station, and Field Hospitals.
- (c.) The Command of Bearer Companies.
- (d.) The Charge of Female Hospitals, including charge of General Staff, officers, and their families; also the wives and children of soldiers.
- (e.) Sanitary Officer.
- (f.) Examiner of Recruits.

11. Principal Medical Officers will nominate to all other duties, forwarding a detail of all appointments to the Director General of the Army Medical Department, except in cases where the Director General nominates the whole staff himself for a General or Station Hospital.

Nominations
by Principal
Medical
Officers.

12. Where a Special Sanitary Medical Officer is not appointed, the Principal Medical Officer, or the Senior Medical Officer present, will act as such, and in all other cases medical officers will follow the instructions contained in paragraph 40 of these Regulations.

Sanitary
Officer.

13. Medical officers detached from their commands or districts, on special duty, will return thereto on the completion of the special duty.

Medical
Officers
detached.

14. When a regiment moves from one district to another, a Medical Officer will accompany it, and on completion of the duty will return to his own district.

Movements of
regiments.

Section III.

General Duties:

SECTION III.—GENERAL DUTIES.

I.—Duties of Surgeon General and Deputy Surgeon General.

II.—Duties of Medical Officers doing duty with Troops.

III.—Duties of Medical Officers in charge of Troops on board ship.

I.—DUTIES OF SURGEON GENERAL AND DEPUTY SURGEON.
GENERAL.

Duties of
Surgeons
General and
Deputy Sur-
geons General.

15. Surgeons General and Deputy Surgeons General will under General Officers Commanding, have command of the Medical Officers, Officers, Non-commissioned Officers and Privates of the Army Hospital Corps serving in their districts, they will have medical supervision and superintendence of districts at home and abroad; of General Hospitals; and of Hospital establishments during mobilization, manœuvres, and with armies in the field.

Responsibility
for medical
arrangements.

16. They will be responsible for all Medical arrangements and sanitary duties, and for the administration of all Hospitals within their districts, or connected with any Force in the field, to which they may be appointed.

for distribu-
tion of
Officers, &c.

17. They will be responsible for the distribution and employment of all Medical Officers serving under them, and for the distribution and employment, under instructions from the Director General of the Army Medical Department, of all Officers, Non-commissioned Officers, and Privates of the Army Hospital Corps allotted to their districts.

Inspection of
stations and
camps.

18. They will make inspections of all stations and camps where Troops are quartered, throughout their districts, once a year on foreign stations; and twice a year at home, or at such other times as the Director General may appoint.

Inspection of
Army Hospi-
tal Corps.

19. On these occasions they will make a minute inspection of each detachment of the Army Hospital Corps.

Inspection of
barracks.

20. They will inspect Barracks and all buildings occupied by Troops, and all subsidiary buildings attached thereto, and garrison and other cells in their districts, to ascertain if they are in good sanitary condition, and if everything necessary for the health of the troops is supplied.

21. They will ascertain—

(a.) That the conservancy arrangements are satisfactory and carefully attended to;

G.O. 158.—Barracks.

Dec. The following will be added after para. 19, Sec. XV.,
1883. "Queen's Regulations and Orders for the Army, 1883":—

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19(a). In order that the periodical sanitary inspections of barracks by the Principal Medical Officers of districts and commands, directed by para. 20 of the Regulations for the Medical Department, may be carried out in a regular and effective manner, the following instructions will be complied with by all concerned:—

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this.*

The Principal Medical Officer will submit the dates of the proposed inspections for the approval of the general officer commanding. These dates, when approved, will be published in Divisional Orders.

The officer commanding the station will detail an officer, not below the rank of Captain, to attend the inspection and represent him. The Medical Officer and the Quarter-Master, or officer acting as such, will likewise attend.

The Commanding Royal Engineer will detail a representative of his department to attend the Principal Medical Officer in his inspection, and to give such information regarding flues, ventilators, sewer traps, drains, &c., as may be required.

The keys of any locked buildings or places are to be in readiness, and produced, if necessary, by the person in charge of them.

ARTICLE I. SECTION 1. ALL LEGISLATIVE POWERS HEREIN GRANTED SHALL BE VESTED IN A SENATE AND HOUSE OF REPRESENTATIVES, WHICH SHALL BE CALLED THE CONSTITUTIONAL ASSEMBLY.

SECTION 2. THE SENATE SHALL BE COMPOSED OF TWO MEMBERS FROM EACH COUNTY, TO BE Elected by the People of the County in which they shall reside, for a term of four years, one-half of the number to be elected every second year, and the electors in each county shall have the right to elect one member to serve for a term of two years, and the other member to serve for a term of four years.

SECTION 3. THE HOUSE OF REPRESENTATIVES SHALL BE COMPOSED OF ONE MEMBER FROM EACH COUNTY, TO BE Elected by the People of the County in which they shall reside, for a term of four years, one-half of the number to be elected every second year, and the electors in each county shall have the right to elect one member to serve for a term of two years, and the other member to serve for a term of four years.

SECTION 4. THE SENATE AND HOUSE OF REPRESENTATIVES SHALL BE CALLED TO ASSEMBLE ON THE FIRST DAY OF JANUARY, AND SHALL HOLD THEIR FIRST SESSION AT THE CITY OF ALBUQUERQUE, NEW MEXICO, AT TEN O'CLOCK IN THE FORENOON, ON THAT DAY.

SECTION 5. THE SENATE AND HOUSE OF REPRESENTATIVES SHALL HAVE THE RIGHT TO HOLD PUBLIC SESSIONS AT ANY PLACE IN THE STATE, AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE.

SECTION 6. THE SENATE AND HOUSE OF REPRESENTATIVES SHALL HAVE THE RIGHT TO HOLD PUBLIC SESSIONS AT ANY PLACE IN THE STATE, AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE.

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SECTION 15. THE SENATE AND HOUSE OF REPRESENTATIVES SHALL HAVE THE RIGHT TO HOLD PUBLIC SESSIONS AT ANY PLACE IN THE STATE, AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE.

SECTION 16. THE SENATE AND HOUSE OF REPRESENTATIVES SHALL HAVE THE RIGHT TO HOLD PUBLIC SESSIONS AT ANY PLACE IN THE STATE, AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE, AND AT THE REQUEST OF THE PEOPLE OF THE COUNTY IN WHICH THEY SHALL RESIDE.

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General Duties.

Section III.

DUTIES OF SURGEON GENERAL—continued.

- (b.) That the means of ablution and cleanliness are sufficient, and are made use of by the men ;
- (c.) That the water supply is good and abundant and perfectly protected from pollution ;
- (d.) That the rations have been good, and that the means of cooking are sufficient and satisfactory ;
- (e.) That the duties and employments of the troops are such as are not likely to prove injurious to health ; and
- (f.) That recreation rooms, games, and gymnastic exercises are provided and attended by the men, without risk to health.

22. They will make any recommendation, either verbally or in writing, to Commanding Officers of Corps, or Medical Officers doing duty therewith that may be considered necessary for preserving the health of the troops or for the mitigation or prevention of disease.

Recommendations to Commanding Officers and Medical Officers.

23. They will make frequent visits to Hospitals in their immediate vicinity ; and a thorough inspection of all Hospital establishments in their districts twice a year at home, and once a year on foreign stations, so as to ascertain that they are in a good sanitary condition, conducted in conformity with existing regulations, and that everything necessary for the care and treatment of the sick is supplied.

Frequent visits to hospitals.

24. They will ascertain that the Hospital accommodation is sufficient for the requirements of the station, that the vicinity of the Hospitals and enclosures are in a good sanitary condition, that the buildings and out-offices are in good repair, and that the conservancy arrangements are satisfactory and carefully attended to.

To ascertain that hospital arrangements are satisfactory.

25. They will also ascertain that the water supply is pure and abundant, and sufficient for all the requirements of a Hospital, that due attention is paid to the cleanliness, ventilation, warming, and lighting of the wards, and that the lavatories, bath-rooms, and waterclosets are kept in proper order.

Water supply, &c.

26. They will see that all articles of diet and extras are of good quality, that the supplies are procured without difficulty or delay, and that the necessary returns and vouchers connected with their expenditure are accurately kept, also that the kitchen arrangements are good and sufficient, and that the preparation and distribution of diet and extras are conducted according to regulation.

Diets and extras.

27. They will ascertain that the equipment of every kind is supplied according to regulation and kept in a serviceable condition. They will take care that the medical stores and surgical instruments are according to the authorised scale and in good condition, that the supplies of medicines and appliances are sufficient, that they are properly cared for, used with the necessary economy, and that drugs of a poisonous character are in safe keeping.

Equipment of Medical and Surgical stores.

Section III.

General Duties.

DUTIES OF SURGEON GENERAL, &c.—continued.

- Army Hospital Corps. 28. They will satisfy themselves that the Non-commissioned Officers of the Army Hospital Corps are competent and trustworthy, that the men are thoroughly efficient, and that each Non-commissioned Officer and Orderly is in possession of a copy of the Regulations for the Corps, also that due order, quietness, and discipline are maintained in the Hospital.
- Hospital records. 29. They will examine the medical, statistical, sanitary, and all other records to see that they are properly kept, and will ascertain that all cases of interest, and all in which extras have been given, have been recorded.
- Books to be in possession of Medical Officers. 30. They will ascertain that each Medical Officer has a copy of the Queen's Regulations and Orders for the Army, 1873. (Revised Army Regulations, Vol. II), Army Medical Regulations (Revised Army Regulations, Vol. VI), Standing Orders of the Department, Manual of Instruction for Army Hospital Corps, Ophthalmic Manual, and Nomenclature of Disease, and whether the following books are on charge as part of the Hospital equipment, viz., the British Pharmacopœia, Snellen's Test Types, and the Test Dot Cards, Army Medical Reports commencing at 1874, Hospital Ready Reckoner, and Priced Vocabulary of Stores.
- Medicines and Instruments. 31. They will examine the medicines and instruments in charge of medical officers doing duty with Corps.
- Requisitions for W.O. Forms. 32. They will make periodical requisitions on W. O. Form 165 on the War Office, for all supplies of W. O. Forms and books necessary for every medical requirement in the district or command under their superintendence, also for all stationery necessary for station and female hospitals. They will issue these supplies, and check the expenditure thereof.
- Mortuaries. 33. They will ascertain that the mortuary is well ventilated, clean, supplied with the necessary fittings and appliances, and that there are suitable arrangements for the burial of the dead.
- Mortality and disease. 34. They will ascertain if there has been any excessive amount of disease or mortality among the troops, and if any epidemic, infectious, or contagious form of disease has appeared in the station or broken out in Hospital, and what measures were taken for prevention and mitigation.
- Instructions to Medical Officers. 35. They will issue to Medical Officers, either verbally or in writing, any instructions that may be deemed necessary, either in connection with Hospital administration or for the welfare of the sick.
- Report on W.O. Form, 824. 36. Administrative Medical Officers, when they have completed their inspections of barracks and Hospitals, will report the result immediately to the Director General of the Army Medical Department on W. O. Form 824. No other documents will accompany this report.
- Sanitary recommendations. 37. They will also submit all sanitary or other suggestions and recommendations in writing to the General Officer commanding the district, and forward copies to the Director General with their next quarterly sanitary report, W. O. Form 463.

General Remarks

11.1.1911

Continued from previous page

The first of the series of experiments was carried out on the 11th of January. The object of this experiment was to determine the effect of the temperature of the water on the rate of the reaction. The results of this experiment are given in the following table.

The second of the series of experiments was carried out on the 12th of January. The object of this experiment was to determine the effect of the concentration of the reactants on the rate of the reaction. The results of this experiment are given in the following table.

The third of the series of experiments was carried out on the 13th of January. The object of this experiment was to determine the effect of the volume of the reactants on the rate of the reaction. The results of this experiment are given in the following table.

The fourth of the series of experiments was carried out on the 14th of January. The object of this experiment was to determine the effect of the pressure of the reactants on the rate of the reaction. The results of this experiment are given in the following table.

The fifth of the series of experiments was carried out on the 15th of January. The object of this experiment was to determine the effect of the catalyst on the rate of the reaction. The results of this experiment are given in the following table.

N.B. Para^s 40, 41, 42, 51 & 61. of these
 Reg^s proposed to be cancelled on $\frac{40}{3} \frac{189}{79}$ 12/6
 L.A.S.I.
 13/6-79

The Regiment is responsible for the Equipment &c
 of these Inspection Rooms and not the Medical
 Officer. Gen^l 40 4/139.

General Duties.

Section III.

DUTIES OF SURGEON GENERAL, &c.—continued.

38. They will give their opinion on all matters referred to them by the local Military authorities, and only in case of positive difficulty or doubt will they refer such local matters to the Director General.

Opinion or
references.

39. In submitting any question for the opinion or decision of the Director General, they will invariably forward their own opinion thereon, with the rest of the correspondence.

Submission of
opinion for
decision of
Director
General.

II.—DUTIES OF MEDICAL OFFICERS DOING DUTY WITH TROOPS.

40. A Medical Officer, doing duty with troops, both in camp and quarters, will report any insanitary condition that may exist in the vicinity of his charge to the Sanitary Officer, or in his absence to the Medical Officer in charge of the Station Hospital; and will be guided in the performance of this and his other duties by existing regulations and by such instructions as he may receive from the Principal Medical Officer of the District.

Sanitary
Reports.

41. He will, in addition to the above, be available for duty in the Station Hospital, or for any professional or departmental duty for which he may be detailed by the Principal Medical Officer.

Duty at
station hos-
pital.

42. He will, in accordance with sec. 14, par. 17, of the Queen's Regulations and orders for the Army, 1873, attend parades of the troops when inspected by a General Officer, and any other parades when professional assistance is wanted; under ordinary circumstances the attendance of a Medical Officer at rifle ranges, and at target practice, will not be required; but the name and address of a Medical Officer, who could be sent for if necessary, will be communicated to each officer in charge of parties at practice. The Medical Officer warned for this service will remain either in the hospital or in quarters.

Attendance at
parades.

43. At certain stations, where considered necessary by the Principal Medical Officer, a medical inspection room, with the necessary furniture, will be provided in the Barracks, in which men reported sick will be seen, and where the instruments and necessary medicines will be kept. At Stations where there is only one regiment, or where the Hospital is within the Barrack enclosure, an inspection room will not be provided in the Barracks.

Medical in-
spection room.

44. In accordance with sec. 14, para. 15, Queen's Regulations and orders for the Army, 1873, the Medical Officer will examine all Non-commissioned Officers and soldiers reported sick where there is an inspection room in Barracks, and those whom he may consider unfit for duty will be sent to Hospital. The regimental number, name, and all particulars of each man will be entered on a sick report (furnished in duplicate), as laid down in General Order 14 of 1874, and General Order 20 of 1876; both copies of which will be sent with the men to the Medical Officer in

Examination
of sick.

Sick report.

Section III.

General Duties.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

charge of the Station Hospital. The disease, and any remarks, will be entered in pencil only.

Sick to arrive
before morn-
ing visit.

45. The sick will leave the barracks at such hours as may enable them to reach the Station Hospital before the morning visit.

Slight cases.

46. Men requiring only trivial dressings or medicine will be dealt with at the inspection room, and the words "medicine; duty" will be written opposite each man's name.

Sick report.

47. In filling up the sick report great care will be taken that all particulars are correctly stated.

Soldiers re-
ported sick
unnecessarily.

48. When a soldier is reported sick unnecessarily, the word "duty" will be written opposite his name in the column of remarks in the sick report which is sent to the Commanding Officer.

Convalescents.

49. Soldiers will not be detained in Barracks as convalescents, or as such be excused from duty. Should it be necessary, however, that any men be temporarily excused from drill, musketry practice, or general duty after vaccination, the Medical Officer will include the names of such men on the sick report sent to the Officer Commanding recommending the light duty which he considers appropriate in each case.

Sick may be
detained one
day in Bar-
racks.

50. Soldiers reported sick who may require rest for a day only will be detained in Barracks for that day and employed on such light duty as the Medical Officer may recommend, but if reported sick on the following day they will be sent to Hospital, examined by the Medical Officer in charge thereof, and admitted to Hospital if necessary.

Attendance
on Officers
and their
families, and
on soldiers'
wives and
children.

51. When no Medical Officer is especially appointed, the Medical Officer doing duty with troops will attend the Officers of the Station, also their wives and such of their children and servants, as may be entitled to Medical aid; also all women and children belonging or attached to the troops under his charge who are entitled to Medical attendance: those of the women and children who are unable to attend at the inspection room or hospital will be visited at their own quarters.

Medicines for
officers, &c.

52. The necessary medicines and appliances for Officers and their families, also for soldier's wives and children, will be procured from the surgery at the Station Hospital.

State of sick,
W. O. Form
986.

53. At such Stations where there is only one Medical Officer in charge of both troops and Hospital, the daily state of sick on W. O. Form 986 will be sent to the Officer Commanding; but at large stations or when the Medical Officer doing duty with troops has not charge of the Station Hospital the sick reports specified in paragraphs 44 and 47 only will be furnished to Officers Commanding Corps.

Instruments,
&c.

54. The Medical Officer will be responsible for the charge of:—

One field companion.

Chapter III.

General Duties.

Section 1. The Governor shall have the honor of the State.

He shall see that the laws are faithfully executed, and he shall have the honor of the State.

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He shall see that the laws are faithfully executed, and he shall have the honor of the State.

63.4
670
675

General Duties.

Section III.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

One stomach pump.
One set of tooth instruments.
One set of field splints.

55. He will obtain from the Station Hospital, on requisition, W. O. 884, any further supplies of medicines which the Principal Medical Officer may consider necessary, also such articles as may be required from time to time to keep the field companion complete. All these articles will be kept under lock and key in the inspection room. Requisition for medicines.

56. He will inspect the prisoners at the inspection room before they appear at the orderly room, and also inspect all prisoners to be tried by court-martial, as well as those committed to provost or military prisons, and will furnish the necessary certificates. Examination of prisoners.

57. He will inspect the regimental cells daily, and see each prisoner confined therein. Inspection of cells.

63-437.
670.
675. 58. He will make the usual weekly health inspection of the troops. Health inspections.

59. He will apply to the Officer Commanding for a permanent orderly to keep the inspection room in order, and to act as messenger and orderly for all medical purposes. Orderly for examination room.

60. He will apply to the Principal Medical Officer for whatever stationery may be required; also for any W. O. Forms that may be necessary. Stationery.

x 61. He will only receive orders from the Senior Medical Officer present. Senior Medical Officer.

III.—DUTIES OF MEDICAL OFFICERS IN CHARGE OF TROOPS ON BOARD SHIP.

62. When troops are ordered on foreign service, and have been detailed by the Commanding Officer, they will be at once examined by a medical officer. They will, subsequently, be inspected by the Principal Medical Officer, several days before the date of embarkation, to decide as to their general fitness, so as to give Commanding Officers sufficient time to replace those considered ineligible by the Principal Medical Officer. P.M.O.'s inspection of drafts for foreign service.

63. A Medical officer will, on the day of embarkation, if possible, or if this be impracticable, on the previous day, make a careful examination of every Soldier, Woman, and Child of every Regiment or detachment ordered to embark for foreign service. He will forward to the Principal Medical Officer of the District, for transmission to the Director General of the Army Medical Department, a statement of the number of Men, Women, and Children fit to embark, together with a Certificate that he has made the examination referred to, and that no case of Infectious Disease exists amongst them. Examination of troops before embarking.

Section III.

General Duties.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

In all cases where Troops, Soldiers' Wives, or Children are proceeding from one station to another, the sanitary precautions laid down in Part 5, Sec. VII, of these Regulations will be followed.

Medical comforts on board Her Majesty's ships.

64. The medical comforts required for Troops embarked on board Her Majesty's ships will be obtained by the Paymaster of the ship, and be issued by him on the requisition of the Medical Officer in charge of the Troops. Supplies of medical comforts required from Army Stores for Her Majesty's ships conveying Troops or Military Invalids will be placed in charge of the Paymaster of the ship, who will be accountable to the Admiralty for the quantities remaining unexpended at the conclusion of the voyage.

Regulations for hired ships.

65. In hired ships a copy of the Regulations for Her Majesty's Transport Service will be provided by the Admiralty and kept on board, and access can be had thereto by application to the Master of the vessel.

Medical comforts on board hired ships.

66. All supplies of medical comforts for hired troop ships furnished by the Admiralty according to the Scale laid down in Appendix No. XIX of the Transport Regulations will be placed in the custody of the Master of the vessel, and will be issued by him as required during the voyage on the requisition of the Medical Officer in charge.

Medical comforts on board hired ships.

67. These medical comforts are supplied whether the Troops be victualled by the Government or by the shipowners; but should the Principal Medical Officer at the port of embarkation be of opinion that either from the number of sick about to be embarked, or from the nature of the cases, the regulated supply is insufficient or requires to be supplemented with special articles, such additional medical comforts as he may consider necessary will be obtained by the Naval Authorities at the port, or by the Commissariat Department, and will be placed in charge of the Master for issue on the requisition of the Medical Officer in charge.

Medical comforts on board hired ships.

68. The Principal Medical Officer when inspecting the medical arrangements for Troops to be embarked, as required under Section 17 of the Queen's Regulations and Orders for the Army 1873, will ascertain that the regulated medical comforts for the numbers and duration of the voyage, as well as such additional articles as he may have suggested, are on board.

Medical comforts on board hired ships.

69. Should the medical comforts on board be inadequate, the Medical Officer in charge is at liberty during the voyage to draw from the Master such cabin stores as he may consider necessary, and for which payment will be made by the Admiralty; and on arrival in any port should he estimate that the medical comforts remaining on board will be insufficient for the rest of the voyage, he will represent the same to the Commanding Officer, in order that he may take the necessary steps for obtaining a further supply.

Chapter II.

General Provisions

Section 1. Rights and Duties of Citizens

In all cases where the rights and duties of citizens are concerned, the provisions of this Constitution shall be observed, and the same shall be binding on all the authorities of the State.

Art. 1. The executive power shall be vested in the President of the United States, who shall hold his office for four years, and be eligible for re-election only once. He shall be Commander in Chief of the Army and Navy, and shall have the honor and the confidence of the Nation. He shall have the right to grant reprieves and pardons for offenses against the United States, except in cases of impeachment. He shall have the right to make and receive Ambassadors and other public Ministers. He shall have the right to make and receive Consuls and other public Ministers. He shall have the right to make and receive Consuls and other public Ministers.

Art. 2. The President shall have the right to nominate and to receive, and to appoint and to remove, Judges of the Supreme and inferior Courts, and all other Officers of the United States, whose appointments are not otherwise provided for in this Constitution. He shall have the right to grant and to receive, and to appoint and to remove, Judges of the Supreme and inferior Courts, and all other Officers of the United States, whose appointments are not otherwise provided for in this Constitution.

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General Duties.

Section II.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

70. The Medical Officer will enter daily in the Diet Sheet, W.O. Form 1145 (recording the total quantities in his Journal), such medical comforts as he may administer to patients. The Diet Sheet will be examined at the port of disembarkation, or at Netley, by the Principal Medical Officer, who will satisfy himself as to the correctness and necessity of the issues. On the termination of the voyage the Medical Officer in charge will sign a receipt for everything he has drawn from the Paymaster on board Her Majesty's ships, or from the Master in the case of a hired vessel.

Expenditure
of Medical
comforts.

71. The Principal Medical Officer when inspecting the Medical arrangements for Troops about to embark, will see that the Medical Officer in charge is provided for the voyage with the means of keeping his Medical Journal, and with a sufficient supply of stationery and of the necessary W.O. Forms and Books, which will be obtained on requisition.

Medical Offi-
cer to be pro-
vided with
W.O. forms,
stationery,
and books.

72. One Compounder of Medicines, one Second Corporal, and three Privates of the Army Hospital Corps, will form the Army Hospital Establishment on board each of Her Majesty's Indian Troop ships; and one Compounder, one Second Corporal and two Privates on board other of Her Majesty's Troop ships on Foreign Service, and in hired ships when considered necessary. The Compounder in addition to his other duties will Act as Ward-master. The Second Corporal will act as Assistant Ward-master, and will also perform such of the duties of Pack Storekeeper, laid down in Army Hospital Corps Regulations, as are applicable on board ship; money and other valuables in possession of the Sick will be taken over by him and handed to the Military Officer in Command of Troops and Invalids. The Pack Store Book, W. O. Book 182, will invariably be used in taking over the effects of Sick in Hospital. The directions relating to Compounders, Medicines, Medical and Hospital Stores, contained in the Admiralty Instructions for Her Majesty's Indian Troopships, will be followed.

Army Hospi-
tal Corps.
Establishment
and duties.

73. When there are no Orderlies of the Army Hospital Corps on board ships conveying Troops, or there is not a sufficient number of the Corps for attendance on the Sick, Soldiers from Regiments or Detachments on board may be employed as Hospital Servants in the proportion laid down in paragraph 72, but the employment of Soldiers as Cooks for the Sick will not be allowed, except under urgent circumstances. Extra Sick Attendants may be employed in special cases. The Medical Officer in charge will sign a Certificate stating that the Servants were actually and necessarily in attendance on the Sick, so as to enable the Men employed to recover their extra duty pay (see Article 910 of the Royal Warrant of the 1st May, 1878 Revised Army Regulations, Vol. I) on arrival in port. The Certificate will be accompanied by a statement of the average number of Sick under treatment and in Hospital during the voyage.

Soldiers
employed as
Hospital
Servants.

Section II.

General Duties.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

Medical and
Surgical
equipment.

74. Principal Medical Officers will be responsible that a sufficient Supply of Medicines and Surgical appliances is placed on board every ship conveying Troops. When Troops are conveyed in Her Majesty's ships between ports in the United Kingdom, the Medical Officer in charge will be provided with the Regulation "Field Companion" fully equipped, and a Surgeons case of instruments. Should any further supply of Medicines be required during the voyage, he will apply for them to the Naval Medical Officer on board.

Sick to be
sent to hospital
on dis-
embarkation.

75. Medical Officers proceeding in charge of Troops will take care that any men who are seriously ill are, upon arrival at the port of disembarkation, ready to be sent at once to Hospital, accompanied by abstracts of their Cases and Medical Certificates. (W. O. Book, 172).

Documents to
be rendered to
P.M.O. at
Port of Dis-
embarkation,
or Netley.

76. They will, without delay, report themselves for further instructions to the Principal Medical Officer at the port of disembarkation, or at Netley, and furnish him with the following documents in duplicate:—

- (a.) Nominal Return of Men to be sent to Hospital.
- (b.) Return of Sick on board ship, W. O. Form 294 B.
Whenever the Troops embarked comprise invalids as well as time-expired or effective men, a separate return will be furnished for the invalids; and all particulars relative to the strength, cases of sickness, &c., among the invalids, will be omitted from the Return showing the details of the other portion of the force embarked.
- (c.) A separate Report on Sickness and Medical Transactions during the voyage.
- (d.) Return of Medical Comforts, W. O. Form 836.
- (e.) Copies of Correspondence on Professional Points on Board.
- (f.) Nominal List of Women who have been sick during the voyage.
- (g.) Nominal List of Children who have been sick during the voyage.

Additional
Information
to be pre-
pared.

77. They will also be prepared with information on the following points:—

- (a.) Date of Departure of the vessel from the port where the Troops embarked, and the name of the port.
- (b.) Length of the passage in days.
- (c.) State health of Troops on board.
- (d.) Whether the ship has been provided with every requisite, with special reference to the amount and quality of provisions in accordance with the scale, and with an adequate supply of water, medicines, instruments, and medical comforts.

General Remarks

Page 1

1. The first thing I noticed when I stepped out of the plane was the cold.

It was a sharp contrast to the warm, humid air of the tropics. I had heard that the weather in the north was harsh, but I didn't realize just how cold it would be. The wind was biting, and the sun felt like a distant star.

I had been told that the people here were friendly, but I didn't expect them to be so reserved. They looked at me with a mix of curiosity and suspicion. I felt like an intruder in their world. The landscape was barren and desolate, with no signs of life except for a few hardy plants.

The journey had been long and tiring. I had spent hours in the plane, looking out at the endless expanse of the sky. The clouds were thick and grey, and the light was dim. I felt a sense of isolation and loneliness. I had never been so far from home before, and it was a strange feeling.

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Army Circulars, 1880

4840 | 154

Duties of Medical Officers in charge of Troops on board Ship.

Clause 152 The following will be added after paragraph 80 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.) :—

80a. Executive Medical Officers proceeding to or from England in Her Majesty's troop-ships, or in hired transports, will, should the Medical Officer in charge of the troops on board require their services, be available for duty during the voyage, provided they are junior in rank to that officer, and provided also that they have not been embarked on the recommendation of a Medical Board, and pronounced unfit for duty during the voyage.

General Duties.

Section II.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

- (e.) Whether the ship has been kept in a good sanitary condition in respect to ventilation, cleanliness, means of ablution, &c.
- (f.) Whether the accommodation has been good, and whether the superficial area and cubic space per Man of sleeping accommodation has been sufficient.
- (g.) Whether any defects have been discovered during the voyage.
- (h.) The number of Officers, Men, Women, and Children embarked.
- (i.) The deaths in each class.
- (j.) The number of births during the voyage.
- (k.) The prevailing diseases on board, and their causes.
- (l.) The nature of the accommodation for the reception and treatment of the Sick, including the superficial area and cubic space per sick bed.
- (m.) When lime juice and sugar have been issued, the quantities of each supplied for each man, for what length of time used, and the total of each consumed during the voyage. A detail of names will not be required.

78. Medical Officers in charge prior to their arrival will also complete and have ready for the inspection of the Principal Medical Officer at the port of disembarkation, or at Netley, the Admission and Discharge Book, W. O. Book, 27; Medical Case Book, W. O. Book 187; Requisition Book, W. O. Book 30; Medical History Sheets, W. O. Form 1143; Pack Store Book, W. O. Book, 182; and Medical Journal.

W. O. Books,
Medical History sheets,
and Medical Journal.

79. They will fill up the Medical Certificates (W. O. Book 172) with the result of cases of sickness embarked, and transmit them to the Principal Medical Officer in order that the result may be entered in the Admission and Discharge Book at the Hospital of the Station from which the Sick proceeded.

Medical Certificates to be forwarded.

80. Medical Officers proceeding in charge of troops on board ship will make themselves specially acquainted with Section 17 of The Queen's Regulations and Orders for the Army, 1873, referring to the movement of Troops by sea, as well as with the sanitary duties laid down in Part 5, Sec. VII of these Regulations.

Section 17,
Queen's Regulations:
movement of troops by sea.

PART 2.—ARMY HOSPITALS.

SECTION I.—ORGANIZATION AND GENERAL MANAGEMENT OF HOSPITALS.

81. Hospitals are classified as follows :—

- a.* General Hospitals.
- b.* Station Hospitals.
- c.* Non-Dieted Hospitals.
- d.* Female Hospitals.
- e.* Field Hospitals.

Control of
Hospitals.

82. All Hospitals will be under the immediate control and management of the Medical Officers appointed to the charge of them.

Discipline.

83. The Medical Officers in charge of Hospitals will be responsible to the Principal Medical Officer of the District, and will carry on the discipline of the Hospital, subject to the local Military Commanding Officer.

General and
station hos-
pitals diet.

84. General Hospitals and Station Hospitals will be fully equipped and dieted agreeably to Part 2, Sections II, III, VII.

Non-dieted
hospitals.

85. Non-Dieted Hospitals will be equipped according to instructions contained in the Regulations for Non-Dieted Hospitals. Part 2, Section IV.

Female hospi-
tals.

86. Female Hospitals will be dieted and equipped according to the Regulations for Female Hospitals. Part 2, Section IV.

Field hospi-
tals.

87. Field Hospitals are of two kinds, as laid down in the Regulations for Field Hospitals. Part 2, Section VI.

Medicines and
surgical equip-
ment.

88. All Hospitals will be provided with Instruments, Material, and Medicines, agreeably to Part 3, Sections I and II, of these Regulations.

see Regulations on the subject
page 83

Admissions to Genl. Hospitals to be submitted
in first instance to Dir. Supplies, who will obtain
higher authority if requisite. P. U. S. S. will sign
letter to the Commandant authorizing admission.

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General Hospitals.

Section II.

SECTION II.—GENERAL HOSPITALS.

- I.—Organization.
- II.—Principal Medical Officer.
- III.—Sanitary Officer.
- IV.—Registrar.
- V.—Nurses.
- VI.—Army Hospital Corps, and Medical and Surgical Supplies.

I.—ORGANIZATION.

89. General Hospitals will be organised under the following Officers:—

Principal Medical Officer.
Sanitary Officer.
Registrar.
Superintendent of Nurses.
Officer of Orderlies, Army Hospital Corps.

II.—PRINCIPAL MEDICAL OFFICER.

90. The Principal Medical Officer will be nominated by the Director General of the Army Medical Department, will be removable by him, and will be subject to his directions in all matters connected with the Military discipline and professional management of the Hospital.

Appointment
of Principal
Medical
Officer.

91. Subject to the General Officer Commanding the District, he will have Military Authority over all Medical Officers, Officers, Non-Commissioned Officers and Privates of the Army Hospital Corps allowed to the Hospital, over all patients in Hospital, and Non-Commissioned Officers and Privates of other corps attached to the Hospital for duty, without their own Officers; and will be responsible for the discipline of the whole establishment.

Disciplinary
Power.

92. He will personally superintend the treatment of the sick, in order to ensure proper attention on the part of the Medical Officer and attendants; and will detail such Orderly Medical Officers, and such night guards of Army Hospital Corps as he may consider necessary. He will also see that all returns and reports required by the Director General are prepared and forwarded.

Superinten-
dence.

93. He will satisfy himself as to the clothing, bedding, and comfort of the sick; and as to the quality and cooking of diets.

Hospital
equipment.

94. He will direct a list of Medicines and Medical and Surgical appliances required for the Hospitals, to be made out at the

Medicines and
Surgical
appliances.

Section II.

General Hospitals.

PRINCIPAL MEDICAL OFFICERS—continued.

usual periods, and transmitted to the Director General of the Army Medical Department.

Stores and equipment to be in good condition and according to occupation.

95. He will ascertain that the stores and equipment of the hospitals which are under the responsible charge of the Officer of Orderlies, are according to regulation, in good condition, and sufficient for the requirements of the Hospital, according to maximum occupation during the preceding three years. He will direct the Officer of Orderlies to keep the equipment up to this standard.

Requisitions.

96. He will ascertain that the Officer of Orderlies forwards timely requisition for all provisions, stores, and transport that may be necessary, to the Commissariat Officer in charge.

Repairs.

97. He will direct the Officer of Orderlies to forward to the Royal Engineer Department a statement of any alterations or repairs to buildings that may be required, or for any changes or improvements in the sanitary arrangements of the Hospital or vicinity.

Labour supplies or equipment required under emergent circumstances.

98. Under emergent circumstances, he will direct the Officer of Orderlies to hire or provide any transport, labour, supplies, or equipment which cannot be obtained from the Commissariat in charge, and which he considers to be absolutely necessary for the Hospital. In these cases the authority of the General Officer Commanding, and covering approval of the Secretary of State will be at once applied for.

Urgent repairs.

99. He will be empowered to call upon the Triennial Contractor for the Royal Engineer Department or his agent, or, in the Contractor's default or absence, on some other local tradesman, to carry out such urgent repairs, or sanitary alterations to buildings as the Royal Engineer Department may not be in a position to perform without delay, and which he considers indispensable and urgent. In all such cases, he will at once send to the Commanding Royal Engineer a copy of the order he may have given, to enable that Officer to arrange for the payment of the work, the cost being chargeable to the vote for works.

Requisitions on Commissariat and Royal Engineer Departments.

100. He will approve all requisitions made by the Officer of Orderlies on the Commissariat Department for equipment, and for all services on the Royal Engineer Department, and will state when these requirements are of an urgent nature.

Visitors to Patients.

101. He will issue orders for the hours during which patients in Hospital may receive visits from their friends or comrades.

III.—SANITARY OFFICER.

Principal Medical Officer—responsible Sanitary Officer.

102. The Principal Medical Officer in charge of a General Hospital is the responsible Sanitary Officer; but he may detail a Medical Officer to assist him in making sanitary inspections and reports.

General Hospitals.

Section II.

IV.—REGISTRAR.

103. In every General Hospital a Medical Officer will be appointed by the Director General of the Army Medical Department to act as Registrar, and keep the Statistics of the Hospital.

Appointment
of Registrar.

104. The Registrar will compile all statistical returns that are required by regulation, or may be called for from time to time, taking the Admission and Discharge Book as his only guide for information and statistics, and dealing with each patient as a unit in a sick population of which he has to give a complete account.

Statistical
Returns.

105. He will draw up all reports necessary to explain the returns, submitting them to the Principal Medical Officer for approval before embodying them in that portion of any Return set apart for such remarks; he will also prepare the general reports, furnished by the Principal Medical Officer, from all available information; but such reports will not deal with the specialities of cases or details of treatment.

Reports ex-
planatory of
Statistical
Returns.

106. He will enter the name of every man admitted into Hospital, whether requiring treatment or not, or whether suffering from disease or not, in the Admission and Discharge Book (W.O. Book 27) filling up the various headings from the man's documents, leaving the column for diseases, wards, &c., blank, till supplied with a report giving the man's disability as diagnosed by the Medical Officer under whom he is placed in Hospital, which information, together with the name or number of the ward and division in which the patient is being treated, will be conveyed to him by medical certificate immediately the diagnosis is determined.

Name of every
man admitted
into hospital
to be entered
in Admission
and Discharge
Book.

107. Cases not diagnosed in time, will be shown in the Weekly Returns as "not yet diagnosed," and if eventually the men be pronounced to be free from disease, and fit for duty, they will be so accounted for in the Weekly State, and also in the Admission and Discharge Book.

Cases not
diagnosed.

108. He will assign each patient on admission an index number (the printed or black ink number in column 1 of Admission and Discharge Book), which will accompany him through every stage of his sojourn in Hospital, and this number will be entered upon every record or other document having reference to the man's medical history during his stay there.

Index
Number for
each Patient.

109. He will, in the event of the admission into Hospital of cases not to be included in the general Returns, or to be accounted for separately, make the entries in the Admission and Discharge Book in the following manner; viz., the consecutive or index numbers in the first column, either printed or in black ink, to apply to the whole admissions for the year from No. 1 upwards; the different classes, say for example "invalids," "duty men," "Army Hospital Corps," being respectively distinguished by a continuous supernumerary number, in the order of admission of

Entries in
Admission
and Discharge
Book.

Section II.

General Hospitals.

REGISTRAR.—continued.

each class, placed in different coloured inks below the index No., say, for example, "Red" for invalid, "Black" for duty men, "Blue" for Army Hospital Corps; thus $\frac{10}{1}$, $\frac{84}{5}$, $\frac{120}{15}$, would represent the 10th general admission, but the 1st of invalids; the 84th general admission, but the 5th of duty men; and the 120th general admission of the 15th of Army Hospital Corps, the lower number indicating the consecutive cases of each class admitted. This will enable the number of each class admitted to be easily dealt with separately, and facilitate the compilation of any requisite returns by classes.

Registrar to be present on the arrival of Invalids.

110. He will be present with a clerk at the hour of admission each day and at all times on the arrival of a party of invalids, to enter the names of all men admitted in the Admission and Discharge Book, and to see that the names of invalids correspond with the particulars in each nominal roll.

111. He will be informed at once of the arrival of invalid parties by an orderly sent by the Medical Officer on duty, and should he be necessarily absent he will arrange with some responsible Medical Officer for the due performance of these duties on his behalf.

Change in nomenclature of disease.

112. He will be immediately informed by the Medical Officer in charge of the case of every change in the nomenclature of disease arising during the progress of the case; this information to be communicated by medical certificate.

Final discharge from hospital.

113. He will, on the final discharge of a soldier from Hospital, or when his case is otherwise disposed of, fill up the remaining columns in the Admission and Discharge Book, the necessary information having been at once communicated to him, by medical certificate, by the Medical Officer who has had charge of the case during its last stage.

Books, Forms, and Returns, relating to Invalids.

114. He will, at Hospitals where invalids are admitted or disposed of, keep all books, forms, or returns in connection with them that may be required by regulation, receiving the necessary information from the invalid's documents, which will be handed to him on their arrival at the Hospital, which documents will be available through him for the information of the Medical Officer in charge of the case. On the final disposal of all invalids' cases the detailed medical histories will be completed and retained in the registry for permanent record there.

Medical History Sheets.

115. He will take charge of, keep up, complete at termination of case, and transmit to their final destination, as laid down by regulation, the Medical History Sheets of all men admitted, but these documents will be available through him for the information of the Medical Officer in charge of the case during its treatment.

Custody of Case Books.

116. He will, when Medical and Surgical Case Books which have been in use in the Hospital have been filled up, and are no

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1894 X

General History

Section II

Chapter I

The first part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the development of the human soul, of the growth of the human spirit. It is a history of the human race, of the human mind, of the human soul, of the human spirit. It is a history of the human race, of the human mind, of the human soul, of the human spirit.

The second part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the development of the human soul, of the growth of the human spirit. It is a history of the human race, of the human mind, of the human soul, of the human spirit. It is a history of the human race, of the human mind, of the human soul, of the human spirit.

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THE HISTORY OF THE

The first part of the history of the

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The tenth part of the history of the

General Hospitals.

Section II.

REGISTRAR—continued.

longer required in the wards, be charged with their permanent custody; and he will take care to have them properly numbered and arranged to facilitate easy reference to their contents.

117. He will, when this duty is not otherwise provided for, have charge of and be responsible for the meteorological instruments, and the proper registration of the observations requisite to enable him to prepare the return of these observations.

Meteoro-
logical Instru-
ments and
Returns.

118. He will, from the information contained in his Admission and Discharge Book, furnish the Principal Medical Officer with a morning daily state of sick, and such other particulars as to vacant beds, &c., in divisions and wards as may be called for.

Daily State of
Sick.

119. In carrying out these duties, it is to be distinctly understood—

Further
Instructions.

- a. That only one Admission and Discharge Book (W.O. Book 27) numbered from No. 1 upwards for each year is to be used, in which the name of every man, whether invalid or soldier, of whatever corps or from whatever station, is to be recorded in the order of admission. In the event of W.O. Book 27 being insufficient for the number of admissions, a second or as many books of the same Form as may be required can be taken into use, the numbers from No. 1 upwards being made continuous throughout the whole series for the year.
- b. That at all times the Medical Certificate will be the means of communicating information to the Registrar, or to and from one Medical Officer to another.

V.—NURSES.

120. A Superintendent of Nurses, with the necessary Staff of Trained Nurses, will be appointed by the Secretary of State on the recommendation of the Director General of the Army Medical Department to General or other Hospitals, and no Nurse will be appointed to or removed from a Hospital without reference to the Director General.

Superinten-
dent and Staff
of Trained
Nurses.

121. The Superintendent and Staff of Sisters will receive their instructions with regard to the nursing arrangements from the Medical Officer in charge of the Hospital to which they may be attached.

Instructions
and arrange-
ments.

122. The Superintendent will select and dismiss sisters, subject to reference in each case to the Director General of the Army Medical Department, through the Medical Officer in charge of the Hospital, and Principal Medical Officer of the District.

Selection and
dismissal of
nursing
sisters.

123. She will exercise control and supervision over the Nursing Sisters.

Supervision of
nurses.

124. She will allot specific duties to them and will place

Duties to be
allotted.

Section II.

General Hospitals.

NURSES—continued.

- each in charge of one or more wards, as may be considered necessary by the Medical Officer in charge, and will be assisted in the wards by orderlies of the Army Hospital Corps.
- Night duties. **125.** She will not be expected to arrange for night duties, unless her establishment of Nursing Sisters is on a war footing, or considered sufficient for the duty by the Principal Medical Officer of the District.
- Infectious Female Wards. **126.** She will not be expected to take charge of, or detail Nursing Sisters for duty in the Infectious Female Wards.
- Nurses not required in certain wards. **127.** The Nursing Sisters will not be required to serve in venereal or convalescent wards but only in the general wards of the hospital.
- Hours of attendance. **128.** They will enter on their ward duties each day at such hour as the Superintendent may direct under the instructions of the Medical Officer in charge of the hospital.
- Duties in the wards. **129.** They will be responsible that arrangements are made for the personal cleanliness of the patients; that the wards, and furniture and utensils therein are kept clean; that the orders of the Medical Officer are obeyed; and that helpless patients are washed before the morning visit of the Surgeon.
- Charge of keys. **130.** They will keep the keys of store closets or lock-up places in the wards, and nothing belonging to the wards will be kept in the sisters' room.
- To be present at surgical operations. **131.** They will be present and render assistance at Surgical operations if required.
- Instructions to orderlies. **132.** They will give such instructions to the orderlies attached to or serving in their wards, as may be necessary.
- Discipline in the wards. **133.** They will report any neglect of duty, impropriety of conduct or breach of discipline, either by the orderlies or patients in their wards, to the Superintendent, who will report immediately to the Medical Officer in charge; on an emergency she will report directly to the Medical Officer on duty.
- 134.** They will not be employed to bring diets or extras to the wards.
- To carry out directions of Medical Officer. **135.** They will carry out the directions of the Medical Officer with regard to the application of dressings, and observe the hours for administration of diets, extras, or medicines, as written in the ward book, or specified by the Medical Officer.
- Administration of medicines and medical comforts. **136.** Medicines, wine, spirits and malt liquors will always be administered during the day by the Sister, at the hours and in the quantities ordered by the Medical Officer.
- Nurse to attend Medical Officer. **137.** The Surgeon of Division or prescribing Medical Officer of a ward, as the case may be, in any General or other Hospital where there are Nurses, will require the Nurse to attend him in his visits, and will deliver to her his orders with reference to the sick; but when he considers that any change of arrangements of duty is desirable, he will communicate on the subject directly with the Superintendent of Nurses.

General Hospital

Article 1

Section 1

1. The Medical Officer will be responsible for the proper management of the hospital and for the care of the patients. He will be assisted by the Medical Staff and the Nursing Staff. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be responsible for the medical and surgical treatment of the patients and for the management of the hospital.

SECTION 2. MEDICAL STAFF AND NURSING STAFF

2. The Medical Staff will be composed of the Medical Officer, the Medical Staff, and the Nursing Staff. The Medical Staff will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. The Nursing Staff will be responsible for the nursing care of the patients and for the management of the hospital. The Medical Staff will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. The Nursing Staff will be responsible for the nursing care of the patients and for the management of the hospital.

3. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff.

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT

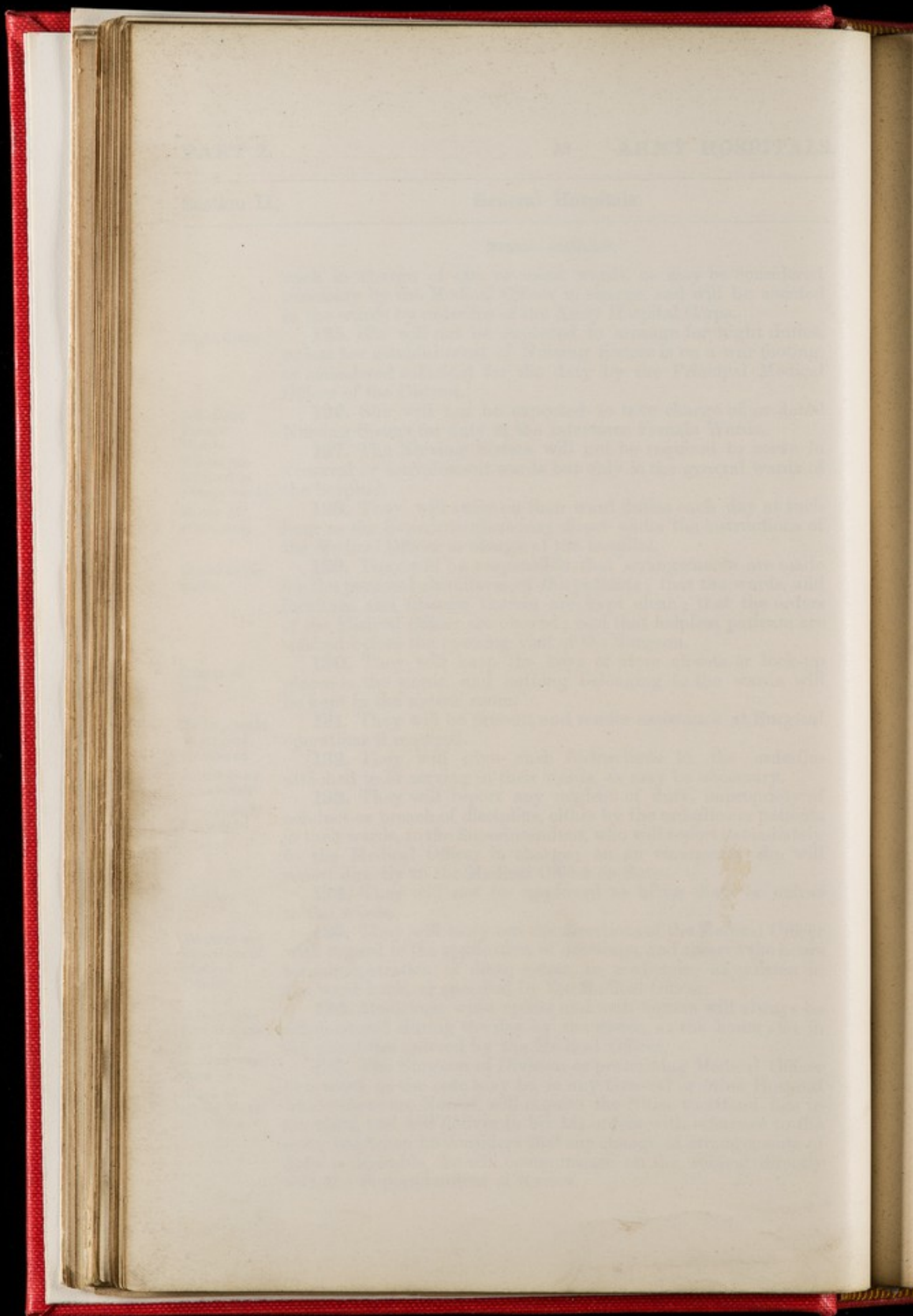
Article 1. General Hospital

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2. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff. The Medical Officer will be responsible for the medical and surgical treatment of the patients and for the management of the hospital. He will be assisted by the Medical Staff and the Nursing Staff.

Section 1. General Hospital

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General Hospitals.

Section II.

NURSES—continued.

138. The Medical Officer will notify immediately to the Superintendent any neglect of duty or misconduct on the part of a Nurse, in order that the necessary steps may be taken by the Superintendent.

Neglect of duty on the part of a Nurse.

VI.—ARMY HOSPITAL CORPS, AND MEDICAL AND SURGICAL SUPPLIES.

139. The necessary medical and nursing establishments of the Army Hospital Corps will be detailed, and the supply of Medical and Surgical Material will be laid down by the Director General of the Army Medical Department, for each General or other Hospital.

Army Hospital Corps and Medical Supplies.

140. The establishments referred to in the foregoing paragraph will in matters of discipline and in all other respects be under the direction and control of the Principal Medical Officer, or Medical Officer in charge of the hospital.

Discipline of Army Hospital Corps.

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Army Hospitals—Lunatic Hospital at Netley.

Cl. 218. 1. Revised Regulations for the Attendants in the Lunatic Hospital at Netley have been approved, and will be issued December 1883. to those concerned. These Regulations will form Appendix 18 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.)

2. The following will be added after paragraph 140 of the above-mentioned Regulations :—

VII.—Lunatic Hospital at Netley.

140a. Regulations for the Attendants in the Lunatic Hospital at Netley are printed in the Appendix, No. 18.

140b. These Regulations will be carried out, as far as applicable, in all hospitals in which lunatics, or patients under observation for insanity, are temporarily detained.

Section III.

Station Hospitals.

SECTION III.—STATION HOSPITALS.

For what
purpose
established.

141. Station Hospitals will be for the reception and treatment of sick from all Corps in Garrison, including those of the Auxiliary Forces when embodied, and such other soldiers, seamen of the Royal Navy, and Royal Marines, as the Officer commanding the Station may direct to be admitted therein.

Administra-
tion.

142. All Station Hospitals will be subject to the authority of the General or other Officer in command of the Troops, but the internal administration will be under the control and superintendence of the Principal Medical Officer of the District, who will be responsible that the arrangements are suitable and in accordance with existing regulations.

Medical
Officer in
charge.

143. The Director General of the Army Medical Department will especially appoint a Medical Officer to the charge of each Station Hospital at such places as may be deemed necessary, and this Officer will not be subject to removal without the Director General's sanction. At Stations where there is a Brigade Dépôt the Surgeon-Major in charge of the Dépôt will, as a rule, have charge of the Station Hospital, in addition to his other duties; the charge of the Station Hospital will otherwise devolve on the Senior Medical Officer present, in addition to his other duties.

Medical Staff
at certain
Station
Hospitals.

144. The Director General will appoint to certain Station Hospitals a fixed Staff of Medical Officers, who will act under the Medical Officer in charge, and the Officers appointed to the Staff will not be moved by the Principal Medical Officer of the District without reference to the Director General, except under very urgent circumstances, which will be reported at once to the Director General.

Distribution
of Sick.

145. Station Hospitals will be for the treatment of sick generally, and the Medical Officer in charge will at his own discretion appropriate wards for the treatment of infectious or contagious diseases, lunatics, sick prisoners, ophthalmic, or other special cases.

Army Hos-
pital Corps,
discipline and
control of.

146. The establishment of Officers, Non-commissioned Officers, and Men of the Army Hospital Corps, and others appointed for duty in the Hospital, will be under the disciplinary control of the Medical Officer in charge of the Hospital, from whom will emanate all instructions, orders, arrangements, and details for carrying on all duties connected with the Hospital.

Hospital
accommo-
dation.

147. The Officer of Orderlies will take over from the Commissariat Officer in charge the duly appropriated Hospital

* a militiaman cannot be discharged from a station hosp^l without the knowledge of the a.m.-d officer in charge. Subject to this condition, he may be discharged by the militia surgeon, if permanently unfit, without an invaliding board. 24/ militia | 371

484/1090. Admission of a Lunatic Prisoner to Station Hosp^l, Belfast approved, but it is not to form a precedent.

The first of these is the fact that the
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1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a long and detailed letter, covering many topics, including the state of the Union, the progress of the war, and the administration of the government. It is a very important document, as it provides a comprehensive overview of the country's situation at the time.

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

Station Hospitals.

Section III.

STATION HOSPITALS.—continued.

accommodation except what may be deemed to be absolutely necessary for Commissariat Hospital Reserve Stores. He will then hand the same over to the Steward at Out-Stations, who will be responsible to the Officer of Orderlies.

148. Hospital enclosures will be allotted to the Officer of Orderlies by the Commissariat Officer in charge, and be dealt with as part of the Hospital premises. A Hospital servant will act as gardener where necessary, and all requisitions for the proper maintenance and repairs of such enclosures will be made on the Royal Engineer Department. Hospital enclosures.

149. Every Station Hospital will be equipped according to the regulated scale laid down in the Regulations for the Commissariat Department [Revised Army Regulations, Vol. IV. Part I, Section XI], the proportion of stores being calculated on the maximum occupation during the preceding three years. Equipment and stores.

150. This equipment will be issued by the Commissariat Department on inventory to the Officer of Orderlies, who will then become financially responsible for the same. Responsibility.

151. A general inventory (W. O. Form 1411) of furniture, utensils, bedding, and clothing will be prepared in duplicate by the Commissariat Department for each Hospital in the district. These inventories will be signed by (a) the Commissariat Officer in charge, and (b) the Officer of Orderlies and Steward responsible for the care and safe custody of the stores. One copy of the inventory will be retained by the Commissariat Department and the other by the Officer of Orderlies. A third copy, if requisite, may be made out by the person having the actual custody of the stores. General Inventories.

152. Inventory boards, one showing the fixtures (to be signed by an Officer of the Royal Engineer Department), the other, the furniture and utensils, (to be signed by the Commissariat Officer in charge), will be made out and hung up in each ward or room. Ward Inventories.

153. No alterations or additions will, under any circumstances, be made in the inventory boards, except by the respective Officers of the Royal Engineer or Commissariat Departments. Alterations in ward inventories.

154. Care will be taken not to enter on these boards any of the articles of personal equipment mentioned in paragraph 115 (K) and Appendix, page 42, Army Hospital Corps Regulations.

155. Should it at any time be absolutely necessary to make any alteration in the number of articles in a room or ward, due notice thereof will be given by the Officer of Orderlies to the Commissariat Officer in charge, in order that he may prepare fresh inventory boards. Necessity for alterations to be notified by Officer of Orderlies.

156. Bedding in wards will not be entered on the inventory boards, but in a Bedding Book, W. O. Form 54, altered to meet the description of Hospital stores. Bedding not to be entered on Inventory Boards.

Section III.

Station Hospitals.

STATION HOSPITALS—continued.

Bedding
account with
Wardmasters.

157. The Steward or other person in charge of the equipment will open an account in a Bedding Book against each Wardmaster.

158. Each Wardmaster will be supplied with a bedding book.

Transactions
between
Steward and
Wardmaster.

159. All transactions between Steward and Wardmaster will be duly recorded therein, and the signatures of both issuer and receiver will be attached in the columns set apart for that purpose.

Quarterly
inspection by
R.E.D. and
Commissariat
Department.

160. At the quarterly inspections made by an Officer of the Royal Engineer and Commissariat Departments, the Officer of Orderlies will attend.

Inspecting
Officers to
verify the
balances in
Bedding
Books.

161. At monthly and quarterly inspections the Officers will be careful to verify the balances of bedding in charge of each Wardmaster, and see that the totals of the Bedding Books agree with the Steward's bedding book.

Exchange of
soiled linen,
&c.

162. All articles requiring to be washed will be handed over to the Commissariat Officer in charge in exchange for a similar number of clean articles. Should it, however, be found more convenient, under exceptional circumstances, for the articles to be issued to, and received direct from, the contractor or laundry, this will be done under the direction of the Commissariat Department, and a barrack serjeant will be present at the issue and return of the articles. The Washing Book (W. O. Book 175) will be kept by the Commissariat Department.

Transfer of
Steward, &c.

163. On the transfer of a Steward or other person having the custody of stores from one hospital to another, steps will immediately be taken to ensure the stores being counted and duly handed over to his successor. The Officer of Orderlies will be present at the transfer.

Transfers to
be witnessed
by Commis-
sariat Officer.

164. Transfers from one Officer of Orderlies to another will be witnessed by the Commissariat Officer in each Sub-District from whom the stores are held on inventory, unless an Officer from the Surveyor General's Department is specially nominated to attend.

Non-dieted
Hospitals.

165. In non-dieted Military Hospitals which are in charge of Civil Practitioners, the number of beds considered necessary by the Director General of the Army Medical Department, for the treatment of severe cases, will be fully equipped and handed over by the Commissariat Department to the Officer of Orderlies, who will place the equipment under charge of a Non-commissioned Officer of the Army Hospital Corps.

Assessment of
damages.

166. Damages to buildings will be assessed by the Royal Engineer Department, and those relating to damages to Hospital clothing and stores, or charges for the loss of Hospital clothing and stores, by the Commissariat Department, according to the instructions laid down in the Queen's Regulations and

Section III

Medical Service

CHAPTER 1

1. The purpose of this chapter is to provide a general outline of the medical service of the Army, and to describe the organization and functions of the medical service.

2. The medical service of the Army is organized into three main branches: the Medical Department, the Medical Service, and the Medical Administration.

3. The Medical Department is the highest authority in the medical service, and is responsible for the general administration and supervision of the medical service.

4. The Medical Service is the branch of the medical service which is directly responsible for the medical care of the troops.

5. The Medical Administration is the branch of the medical service which is responsible for the general administration and supervision of the medical service.

6. The Medical Service is organized into three main branches: the Medical Department, the Medical Service, and the Medical Administration.

7. The Medical Department is the highest authority in the medical service, and is responsible for the general administration and supervision of the medical service.

8. The Medical Service is the branch of the medical service which is directly responsible for the medical care of the troops.

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11. The Medical Department is the highest authority in the medical service, and is responsible for the general administration and supervision of the medical service.

12. The Medical Service is the branch of the medical service which is directly responsible for the medical care of the troops.

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14. The Medical Service is organized into three main branches: the Medical Department, the Medical Service, and the Medical Administration.

15. The Medical Department is the highest authority in the medical service, and is responsible for the general administration and supervision of the medical service.

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18. The Medical Service is organized into three main branches: the Medical Department, the Medical Service, and the Medical Administration.

19. The Medical Department is the highest authority in the medical service, and is responsible for the general administration and supervision of the medical service.

20. The Medical Service is the branch of the medical service which is directly responsible for the medical care of the troops.

21. The Medical Administration is the branch of the medical service which is responsible for the general administration and supervision of the medical service.

22. The Medical Service is organized into three main branches: the Medical Department, the Medical Service, and the Medical Administration.

Station Hospitals.

Section III.

STATION HOSPITALS—continued.

Orders for the Army, 1873, section 15, paragraphs 26 to 30; Regulations for the Commissariat Department, Part I., section XI (Revised Army Regulations, Vol. IV.); and Regulations for the Royal Engineer Department, section IV (Revised Army Regulations, Vol. V.) These charges will be noted in the Personal Charge Book (W.O. Book 51), referred to in the Army Hospital Corps Regulations, paragraph 118, and be dealt with as directed therein.

167. General charges for damages or deficiencies attributable to wantonness or neglect, will be assessed by the Royal Engineer and Commissariat Departments, proportionately against Regiments or Corps, as hereinafter provided in paragraph 200 of these Regulations.

Assessment of general charges for damages.

168. The Medical Officer in charge will distribute the duties between himself and the Medical Officer serving under him, and will exercise a general supervision over all the sick in Hospital, and the expenditure of medicines, diets, and extras.

Duties of Medical Officers in charge.

169. Each Medical Officer will be responsible for the Medical treatment, dieting, and nursing of the patients under his care; but the attention of the Medical Officer in charge will be drawn to any serious cases under the care and treatment of the Medical Officer serving under him.

Responsibility of Medical Officers in charge of serious cases.

170. All matters of doubt and difficulty either in the management of the sick or in Hospital administration, which cannot be decided by the Medical Officer in charge, will be referred by him in writing to the Medical Principal Officer of the district.

Matters of doubt and difficulty.

171. A duly qualified Serjeant of the Army Hospital Corps will be appointed at such Hospitals as may be decided on by the Director General to act as a Compounder of medicines. He will be responsible under the Medical Officer for the care and safe custody of the medicines, surgical appliances and instruments, and for the careful dispensing of the medicines. Medicines of a poisonous nature, and expensive drugs, will be kept under lock and key.

Compounder of Medicines.

172. The Medical Officer in charge will be held directly responsible for all the duties of the Hospital. He will take care that the instruments, medicines, Hospital equipment, clothing and stores held on inventory are in good condition, sufficient, according to regulation, and kept in safe custody; that the supplies are of good quality, and that the cooking and distribution of the diets are properly carried out.

Responsibility of the Medical Officer in charge.

173. Requisitions for Hospital supplies from the Commissariat Department or from contractors will be prepared and signed by the Officer of Orderlies attached to the Hospital, or by the Steward where there is no Officer.

Requisitions for supplies.

174. The details of requisitions will be fully entered on the counterfoils, and these also will be signed by the Officer or

Counterfoils of requisitions.

Section III.

Station Hospitals.

STATION HOSPITALS.—continued.

Non-commissioned Officer of the Army Hospital Corps who prepares them. The counterfoil will be retained as an office record.

Attendance of
Medical
Officers at
Hospital.

175. Medical Officers will visit the Hospitals twice daily, and at such other times as may be required. At Home Stations, the hours of morning visit will be before 10 o'clock a.m., and the hours of evening visit between 5 and 8 o'clock. At Foreign Stations, the morning and evening visits will be made at such hours as are suitable to the climate and station.

Men sent for
admission.

176. The men of each Corps sent for admission will be accompanied by a Non-commissioned Officer, who will bring with him the sick reports in duplicate, as laid down in General Order 14 of 1874, and General Order 20 of 1876.

Time for
arrival of Sick
at Hospital.

177. Except in case of accidents or other emergencies, the sick will, at Home Stations, arrive at the Hospital before 9 a.m. in summer, and 10 a.m. in winter. At Foreign Stations, they will arrive at such suitable hours as may be determined upon.

Course on
arrival at
Hospitals.

178. The Medical Officer in charge will examine, as soon as possible, all men sent to Hospital, will diagnose their diseases, and allot them to wards. He will cause the names of those admitted to be entered with the particulars in the Admission and Discharge Book (W.O. Book 27), the disease and the word "Hospital" being entered in ink opposite each man's name on both the sick reports: one of these will be returned without delay to the Officer commanding the Corps; the other will be retained as an office record.

Men detained
in Hospital.

179. In the event of a sick soldier not being likely to require treatment beyond the day on which he has reported himself sick, he will be detained in the Hospital for that day only and subsisted from his Corps, to which he will return if considered fit for duty; but if at the evening visit he is found unfit for duty, he will be regularly admitted and placed on Hospital diet for the following day, notice to that effect being sent to the Officer commanding the Corps.

Preparation
of Diet Sheets,
Provision
Tickets, &c.

180. When men are admitted into Hospital, the headings of the Diet Sheets (W.O. Form 1145) will be filled in immediately from the Morning Sick Reports by the Wardmaster, who will transmit these sheets daily, after the diets and extras are entered, to the Steward, to enable him to prepare the Provision Ticket (W.O. Form 183), in duplicate, to which his signature will be attached. He will send one copy to the Wardmaster to enable him to enter an abstract of the diet and extras on W.O. Form 175, the other to the Cook that he may distribute the diets for the respective wards. W.O. Form 175 will be signed daily by the Medical Officer in charge, and at the end of the month will be completed and forwarded to the Commissariat Officer in charge, with W.O. Form 184.

as to time when recd. We are
expected to be available for exam. of
results

Clause 163, M. 1881

Station Hospitals.

The following will be added to paragraph 182 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.) :—

38407

MILITARY

46

182a. When sick seamen, marines, and naval artificers, are treated and subsisted in a Station Hospital, a return (Army Form O 1761) will be attached to the monthly account (Army Form F 738) forwarded to the Commissariat Officer; a copy of the return (Army Form O 1761) will also be sent at the end of each quarter to the Director-General, Medical Department of the Navy, Spring Gardens, London.

182b. Similar returns should be rendered in the case of Officers of the Navy or Marines specially admitted into Military Hospitals, Army Form O 1761 being used for the purpose, with such alterations as may be necessary.

*G.O. 48
of 1881* when a patient under treatment in a Station or other hospital becomes dangerously ill, or when there is apprehension of a fatal result, the Med. Officer in Charge will at once inform the O.C. the Corps to which the man may belong in order that if practicable, his friends may be communicated with.

Section III.

Station Hospitals.

STATION HOSPITALS—continued.

181. From the information contained on the Provision Ticket (W.O. Form 183), the Steward will keep a daily record on W.O. Form 185 of the number and description of diets and extras issued to each ward. This form will be examined daily by the Officer of Orderlies attached to the Hospital, if present, and completed at the end of the month by the Steward, who will sign and submit it for the examination and signature of the Officer of Orderlies; after which it will be retained as a Hospital record.

Preparation
of W.O. Form
185.

182. On the last day of the month a statement of all receipts and issues during the period will be prepared by the Steward on W.O. Form 184, which will be submitted for the examination and signature of the Officer of Orderlies attached to the Hospital, and forwarded to the Commissariat Officer in charge.

Preparation of
W.O. Form
184.

183. The names of men intended for discharge from Hospital will be sent as early as possible to the Officer Commanding the Corps, on W.O. Form 986, in order that a Non-commissioned Officer may be sent to conduct the men discharged back to barracks at such suitable hour in the afternoon or evening as may be determined on.

Notice to be
sent to Com-
manding
Officer of men
discharged.

184. When a man is discharged from or dies in Hospital, the Medical Officer in charge of the case will immediately acquaint the Medical Officer in charge of the Hospital, and all deaths will be at once reported to the Officer Commanding the Corps, as well as to the Officer Commanding the Station, on that portion of W.O. Form 986 set apart for that purpose; and the date on which the interment may take place will be stated.

Men dis-
charged and
deaths.

185. Whenever it may be necessary to bring forward soldiers for discharge as Invalids, notice of such intention will be sent by the Medical Officer in charge of the Hospital to the Officer Commanding the Corps, who will furnish all the information as to service and other details, required on the first page of W.O. Form 891.

Invaliding.

186. All medical documents in connection with the Invalids will be prepared by the Medical Officer under whose care the case may be, and they will be sent to the Medical Officer in charge of the Hospital for examination, counter-signature, and transmission to the Principal Medical Officer of the District.

Invaliding
documents.

187. In Station Hospitals separate Admission and Discharge Books, on W.O. Book 27, will be kept for (a) Regular Troops; (b) for Troops of the Auxiliary Forces; and (c) for Seamen of the Royal Navy, Royal Marines, Foreign Sailors, and others that may be admitted into Hospital under the special sanction of the Officer Commanding. Admission and Discharge Books will be permanently retained in the Station Hospitals. At the end of each year a space will be left in the Admission and Discharge Books before commencing the entries for the following year.

Admission
and Discharge
Books.

Section III.

Station Hospitals.

STATION HOSPITALS—continued.

Medical History sheets.

188. The Medical History Sheets of all Corps will be retained at General and Station Hospitals, and on removal of Corps the sheets will be completed and handed over by the Medical Officer in charge of the Hospital to Commanding Officers.

Daily state of Sick.

189. The Medical Officer in charge will furnish a daily state of the Sick in Hospital to the Officer Commanding the Station, on W. O. Form 986. At the Head Quarters of the District this state will be sent to the Principal Medical Officer for transmission to the Officer Commanding.

Transmission of Dietary Returns, &c.

190. The Diet Sheets (W.O. Form 1145), and extra sheets, (W.O. Form 1200), will be forwarded at the end of each month, as directed in paragraph 466 of these Regulations.

Diet Sheet and Extra Sheets.

191. The Principal Medical Officer will forward to the Commissary General of the District the Diet Sheets (W.O. Form 1145), and the Extra Sheets (W.O. Form 1200) as soon as possible after the close of each month. These vouchers (to support and verify the statement of provisions rendered by the Steward on W.O. Form 184) will be in original. In no instance will copies of these be substituted on account of the originals being dirty or defaced.

Preparation of Dietary Returns, &c.

192. When there is an Officer of the Army Hospital Corps attached to a Station Hospital, he will be responsible for the preparation of the Dieting Returns, W.O. Forms 183 and 184.

Stoppage returns.

193. He will also make out the stoppage returns, W.O. Forms 152, 152a, and 152b, from the Admission and Discharge Book, in duplicate, and submit them to the Medical Officer in charge for counter-signature and transmission, one copy being sent to the Paymaster of the Corps. These stoppage returns should in all respects agree with the abstract entered on the first page of W.O. Form 184, and if a discrepancy is discovered in the stoppage accounts, the necessary correction of W.O. Form 184 will be notified to the Commissariat Department.

Articles for cleaning purposes.

194. Articles for cleaning purposes will be drawn from the Commissariat Department monthly, in accordance with the scale laid down in the Appendix to Clause 177, Army Circulars, 1874, and the directions in Clause 91, Army Circulars, 1877.

Detailed expenditure of them not required.
Fuel.

195. No detail of expenditure of these articles will be required; the requisition duly signed, and signed a second time as a receipt, is all that is necessary.

196. Fuel will be drawn from the Commissariat Department; in accordance with the scale laid down in the Regulations relating to fuel and light in Clause 56 (b) Army Circulars 1878, in convenient quantities sufficient for a period not exceeding one month. The requisition will not show details, but merely state the quantity required. The Officer of Orderlies or Steward will sign the requisition, and sign it a second time as having received the supply, thus rendering at the same time both requisition and receipt.

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

3767.

PROOF 2.

13-10-81.

Clause 269 of 1881

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Station Hospitals.—Stoppage Returns.

1. The following will be substituted for paragraph 193 of the Regulations for the Army Medical Department, 1878 (Army Regulations, Vol. VI.):—

31

62

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193. He will also make out the Stoppage Returns, Army Form O 1643 (late W. O. Forms 152, 152a, 152b), from the Admission and Discharge Book, and submit them to the Medical Officer in Charge for counter-signature and transmission to the Paymaster of the Corps concerned, or in the case of the Royal Artillery, Royal Engineers, and Departmental Corps, to the Officer Commanding the Battery or Company.

193a. The Medical Officer will obtain from the Officer Commanding or Paymaster an acknowledgment of the correctness of the number of stoppages shown in the returns sent to those officers. This will be pasted to the last column of the first page of the Hospital Account, Army Form F 738 (late W. O. Form 184), and the stoppages thus acknowledged to be due will agree with the abstract on that form.

193b. The Officer Commanding or Paymaster will take immediate steps for checking the stoppages to be accounted for by him, and for returning the acknowledgments to the

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Station Hospitals.

The following will be inserted after paragraph 193c, added to the Regulations for the Army Medical Department, 1878 (Army Regulations, Vol. VI.), by Clause 269, Army Circulars, 1881:—

193d. As Militiamen detained in a military or in a militia dieted hospital after the expiration of preliminary drill, recruit drill, or training, under the authority of the General Officer Commanding, are not liable to stoppages, their names will be omitted from Army Form O 1643, from the day on which the preliminary drill, recruit drill, or training may cease, and all diets issued to them subsequently to that date will be shown on Army Form F 738, in the column for "Free diets."

at Batteries or Companies, Royal Engineers being the last day of each month at Batteries or Companies, the Station Hospital, which may have been.

Cl. 57.

March

1884.

7/504

V. 10

11 1/4

slips to be used for and Paymasters have

Section III.

Station Hospitals.

STATION HOSPITALS—continued.

Medical History sheets.

188. The Medical History Sheets of all Corps will be retained at General and Station Hospitals, and on removal of Corps the sheets will be completed and handed over by the Medical Officer in charge of the Hospital to Commanding Officers.

Daily state of Sick.

189. The Medical Officer in charge will furnish a daily state of the Sick in Hospital to the Officer Commanding the Station, on W. O. Form 986. At the Head Quarters of the District this state will be sent to the Principal Medical Officer for transmission to the Officer Commanding.

Transmission of Dietary Returns, &c.

190. The Diet Sheets (W.O. Form 1145), and extra sheets, (W.O. Form 1200), will be forwarded at the end of each month, as directed in paragraph 466 of these Regulations.

Diet Sheet and Extra Sheets.

191. The Principal Medical Officer will forward to the Commissary General of the District the Diet Sheets (W.O. Form 1145), and the Extra Sheets (W.O. Form 1200) as soon as possible after the close of each month. These vouchers (to support and verify the statement of provisions rendered by the Steward on W.O. Form 184) will be in original. In no instance will copies of these be substituted on account of the originals being dirty or defaced.

Preparation of Dietary Returns, &c.

192. When there is an Officer of the Army Hospital Corps attached to a Station Hospital, he will be responsible for the preparation of the Dieting Returns, W.O. Forms 183 and 184.

Stoppage returns.

193. He will also make out the stoppage returns, W.O. Forms 152, 152a, and 152b, from the Admission and Discharge Book, in duplicate, and submit them to the Medical Officer in charge for counter-signature and transmission, one copy being sent to the Paymaster of the Corps. These stoppage returns should in all respects agree with the abstract entered on the first page of W.O. Form 184, and if a discrepancy is discovered in the stoppage accounts, the necessary correction of W.O. Form 184 will be notified to the Commissariat Department.

Articles for cleaning purposes.

194. Articles for cleaning purposes will be drawn from the Commissariat Department monthly, in accordance with the scale laid down in the Appendix to Clause 177, Army Circulars, 1874, and the directions in Clause 91, Army Circulars, 1877.

Detailed expenditure of them not required. Fuel.

195. No detail of expenditure of the requisition duly signed, and receipt, is all that is necessary.

196. Fuel will be drawn from the Commissariat Department in accordance with the scale laid down in Clause 56 (b) Army Circulars, 1874, and the quantities sufficient for a period of requisition will not show details, required. The Officer of Order requisition, and sign it a second supply, thus rendering at the receipt.

North-west from the beginning of December. The Siege of Paris, from the commencement of December to the Armistice. The operations in the South-east, from the middle of November to the middle of January. With case of Maps ...

Engineering, Military, Instruction in. I. Errata. 1883.

II.—RESERVE FORCES.

Drill of 1st Class Army Reserve.

Cl. 60.

March 1884.

As the men of the 1st Class Army Reserve be required, during the year ending 31st March, to attend the drills referred to in paragraph 18, Auxiliary and Reserve Forces Clause 18, Auxiliary and Reserve Forces Clause 18, making the issue of deferred pay the performance of those drills, is hereby

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

3767.

PROOF 2.

13-10-81.

Clause 269 of 1881

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Station Hospitals.—Stoppage Returns.

1. The following will be substituted for paragraph 193 of the Regulations for the Army Medical Department, 1878 (Army Regulations, Vol. VI.) :—

31

62

7

193. He will also make out the Stoppage Returns, Army Form O 1643 (late W. O. Forms 152, 152a, 152b), from the Admission and Discharge Book, and submit them to the Medical Officer in Charge for counter-signature and transmission to the Paymaster of the Corps concerned, or in the case of the Royal Artillery, Royal Engineers, and Departmental Corps, to the Officer Commanding the Battery or Company.

193a. The Medical Officer will obtain from the Officer Commanding or Paymaster an acknowledgment of the correctness of the number of stoppages shown in the returns sent to those officers. This will be pasted to the last column of the first page of the Hospital Account, Army Form F 738 (late W. O. Form 184), and the stoppages thus acknowledged to be due will agree with the abstract on that form.

193b. The Officer Commanding or Paymaster will take immediate steps for checking the stoppages to be accounted for by him, and for returning the acknowledgments to the Medical Officer.

193c. Transfers of men to different Batteries or Companies in the Royal Artillery and Royal Engineers being frequent, returns will be rendered, on the last day of each month, by Officers Commanding such Batteries or Companies to the Medical Officer in charge of the Station Hospital, showing any transfers of men in Hospital which may have taken place during the period of the return.

2. Until Army Form O 1643 is revised, slips to be used for acknowledgments by Officers Commanding and Paymasters have been printed, and will be distributed.

Prisoner Stewards not to receive a Hospital Diet
 $\frac{4805}{3} = 19.7.79.$
 $\frac{25}{}$

Q: 91. 1877. a. c.

Station Hospitals.

Section III.

STATION HOSPITALS—continued.

197. The daily expenditure of the supplies of fuel will be shown in detail on W.O. Form 1417, which will be submitted in original to and signed by the Medical Officer in charge every day, in the column for remarks, and at the end of the month this form will be completed, both as regards the recapitulation and expenditure, and signed by the Officer of Orderlies or by the Steward. It will then be countersigned by the Medical Officer in charge, and forwarded to the Commissariat Officer in charge.

Detail of expenditure.

198. Monthly inspections will be made by the Officers of Orderlies at all Stations, to ascertain if the fixtures, equipment, and stores in charge at each Hospital are complete, conformably to section 15, paragraph 26, Queen's Regulations and Orders for the Army 1873.

Quarterly and monthly inspection of Stores.

199. At these inspections the Officer of Orderlies will examine the Steward's books and records, reporting the result to the Medical Officer in charge of each Hospital.

200. The Officer of Orderlies will furnish the Royal Engineer and Commissariat Departments, at their quarterly or marching-out inspection, under the Regulations of those Departments respectively (Revised Army Regulations, Vols. IV and V), with such information as may be necessary to enable the damages and deficiencies to be assessed against the Regiments or Corps whose sick have been treated in Hospital, or against those connected with the Hospital, as the case may be.

Charges to be levied against Regiments or Corps, or those connected with the Hospital.

201. On the relief of the Medical Officer in charge of a Station Hospital he will prepare, in duplicate, a transfer return of all instruments, medicines, and appliances, on W.O. Form 299, with all particulars showing the expenditure up to date; one copy will be forwarded to the Director General, Army Medical Department, the other will be retained at the Hospital. A manuscript transfer return of all medical records, books, and other documents in use will likewise be prepared in duplicate, and similarly dealt with.

Transfer returns of instruments, medicines, &c.

Records, books, and documents.

202. A transfer return of Blank W.O. Forms and Books will be prepared in duplicate on W.O. Form 165; one copy will be sent to the Principal Medical Officer of the District, and retained by him, the other will be kept in the Hospital; a transfer return of stationery in duplicate will also be made out and disposed of in the same manner. All these transfer returns will be signed both by the Officer giving over, and the Officer assuming, charge.

Blank W.O. Forms. Stationery.

203. Whenever it becomes necessary to employ soldiers in Hospitals in substitution of, or addition to the Staff of the Army Hospital Corps, the following will be the proportions authorised to be employed, viz.:—

Employment of extra Orderlies.

When the sick exceed 10 { 1 Non-Commissioned officer, 1 Private as cook, with orderlies, at the rate of 1 for ten patients.

Section III.

Station Hospitals.

STATION HOSPITALS—continued.

When there are at least 5 }
 patients over the 10 or } 1 Orderly in addition to the
 multiple of 10 } above.

When the sick exceed 50 { A Non-Commissioned Officer as
 cook, with one private as
 Assistant Cook.

Special
 Orderlies.

204. Special Orderlies in excess of the numbers specified in paragraph 203, will only be employed with the sanction of the Principal Medical Officer, who will in such cases report the circumstances under which he approved their employment to the Director-General of the Army Medical Department, for the information of the Secretary of State.

Charges for
 men unautho-
 rised will be
 disallowed.

205. Any charges for men employed without the Director General's sanction, or on insufficient grounds, will be disallowed, and made against the Medical Officer under whose authority they were employed.

Monthly
 return of men
 employed.

206. At the end of every month the Medical Officer in charge will send to the Paymaster of each Regiment to which the soldiers employed in Hospital duties belong, a return on W.O. Form 194 of the men necessarily employed.

Books.

207. The following books will be kept on charge at the Station Hospital and produced when required by the Principal Medical Officer of the District:—

British Pharmacopœia.
 Snellen's Test Types.
 Priced Vocabulary of Stores.
 Test Dot Cards, W.O. Form 1233.
 Army Medical Reports, commencing at 1874.
 Hospital Ready Reckoner.

Stationery,
 &c.

208. Stationery will be supplied on requisition made half-yearly, by the Principal Medical Officer, according to a regulated scale. War Office Forms and Books will be supplied from the same source on requisition made half-yearly (W.O. Form 165).

Medicines for
 Officers and
 their families,
 women,
 children, &c.

209. All medicines and surgical appliances required for Officers, their families, the wives and children of men belonging to Regiments, and others entitled by regulation to medical attendance, will be supplied from the Hospital Surgery, at hours fixed by the Principal Medical Officer, and the Medical Officer in charge will make such arrangements for the making up of prescriptions, and the issue of medicines, as not to interfere with the working of the Hospital. Only in cases of emergency will medicines be supplied at other hours than those laid down by the Principal Medical Officer of the District.

Misconduct
 Returns,
 W.O. Form
 931.

210. The Medical Officer in charge will cause a Weekly Return to be made out on W.O. Form 931 of men admitted into Hospital or discharged therefrom after treatment on account of

Clause 129, A.C. 1880 substituted

Clause 210 amended by Clause 207 A.C.
see also discussion on 4812/7/188 1882

Applicable, also, to Militia, para. 9, cl. 9, A. & M.F.
Oct. 1877. For Regular Army see 856 R.W. 1.5.79.

Par 210.

Under the Army discipline Act 1879, the Stoppage from Soldiers in Hospital, under treatment for Venereal disease, cannot be enforced. Men who have brought on their sickness by drunkenness, for which punishment has been awarded by fine or otherwise, would be an offence under Clause 19 of the Act.

4800
7

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Cl. 207.—Station Hospitals.—Return of Men admitted into, and discharged from Hospital on account of Sickness caused by Offences under the Army Act, 1881.

Sept 1882

1. The following will be substituted for para. 210 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

210. Whenever men are admitted into hospital, or discharged therefrom, on account of sickness caused by any offence, under the Army Act of 1881, committed by them, the Medical Officer in charge will cause a Weekly Return to be made out on Army Form O 1644.

210a. The offences liable to cause sickness will be found to fall generally under one of the following heads:—

- a. Malingering;
- b. Wilful maiming;
- c. Wilful aggravation of disease or infirmity;
- d. Drunkenness;
- e. Attempt to commit suicide;
- f. Acts to the prejudice of good order and military discipline;
- g. Offences against the civil law;

but if the sickness be caused by any of the other offences mentioned in the Act above quoted, the soldier will equally forfeit his pay. It must, however, be clearly understood that unless an actual offence has been brought home to the soldier, whether by a military or civil court, or by the soldier's Commanding Officer, such soldier's name should not be entered in the Return. It is immaterial whether the offence be proved before or after the soldier's discharge from hospital.

210b. The Return will be signed by the Medical Officer in charge, and forwarded to the Officer Commanding the Corps to which the man belongs.

2. Clause 209, Army Circulars, 1879, is hereby cancelled.

Clause 31, A.C. 1882

The following will be added after paragraph 217 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

4800
7
600

217a. When a soldier is admitted to hospital, whether on or off duty, in consequence of having become maimed, mutilated, or injured, except by wounds received in action, the attention of the Officer Commanding the man's corps will be drawn to the case by the Medical Officer in charge of the hospital, with a view, if necessary, to the holding of a Court of Enquiry, as provided by paragraph 113, Section VI., of the "Queen's Regulations and Orders for the Army, 1881."

By S.O. 78 of 1881 the friends of a soldier who is expected to die shall be commended with

Station Hospitals.

Section III.

STATION HOSPITALS—continued.

the following diseases, viz.:—Primary Venereal affections, Gonorrhoea (fresh attacks only), and Delirium Tremens. This Return will be signed by the Medical Officer in charge and forwarded to the Officer Commanding for signature and transmission to the Paymaster of the Corps.

211. Vaccination and re-vaccination of all soldiers and recruits will be performed at Station Hospitals, where the vaccination registers will be kept, in which the names of men for all arms of the Service will be entered. Vaccination.

212. When a Corps leaves a Station, the sick under treatment in the Station Hospital will be detained till sufficiently recovered to rejoin the Head Quarters of the Corps. Sick to be detained until recovered.

213. All authorised returns required by Regiments from Station Hospitals will be sent direct to Officers Commanding Regiments or Corps, by Medical Officers in charge. Returns.

214. All applications for documents will be made in the first instance direct by Regimental Commanding Officers to Medical Officers in charge of Hospitals, or on the other hand by Medical Officers in charge to Commanding Officers; but any further reference or correspondence regarding them will be addressed, through the proper channel, to the General or other Officer Commanding the Brigade or Station. Applications for documents.

215. The assembly of Regimental Boards in Hospital will be arranged for between Officers Commanding the Corps and the Medical Officer in charge. Regimental Boards.

216. When patients in Hospital are transferred from one Corps, Battery, Troop, or Company to another, Officers Commanding Corps will inform the Medical Officer in charge of the Hospital, in writing, of such transfer. Patients transferred when in Hospital.

217. When an Officer is placed on the sick list or discharged from it, intimation will be sent immediately by the Medical Officer in charge of the case, on W.O. Form 986, to the Officer Commanding the Corps, or to the head of the Department to which the Officer belongs. Officers placed on or discharged from sick lists.

218. When sick soldiers are transferred from one Hospital to another, the Medical Certificate W.O. B. 172 will be used in conveying information. A brief detail of the case will be written on the back of the certificate which has been left blank for this purpose. Medical certificate W.O. Book 172, to be used in the transfer of a patient from one hospital to another.

The following will be added after paragraph 218 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.):—

114
Gen. No.
890

11/10/80
218(a). Medical Officers of Station Hospitals will, on the written application of any Established Friendly Society, furnish such Society with a certificate as to the nature of the illness from which any soldier under their charge, who is a member thereof, may be suffering.

CL 211.

The following Army Forms and Books have been approved:-

Army Form A 1, "Delegated Warrant for General Court-Martial."

Army Form B 1, "Form of Order for Assembly of a Field General Court-Martial."

Army Form B 10, "Attestation for the Post Office Clerk, General Court-Martial."

Army Form B 100, "Attestation for the Post Office Clerk, General Court-Martial."

Army Form D 1, "Mobilization of the Army (Proper)." A distribution to those concerned will be made.

Army Form D 10, "Certificate of Identity, Wife or Child of Army Reserve Man." A supply of the Form has been issued to those concerned.

Record of Gas and Water Meters, for use of the Commissariat at Home and Abroad.

ARMY FORMS AND BOOKS.

Second Section. Events to the end of the Battle of Worth and Spicheren. Two plates as follows:-

First Section. Events to the end of the Battle of Worth and Spicheren. Two plates as follows:-

Equipment of the Army. Royal Warrant and Regulations for 1861.

Regulation of the Army. Part II. Attack of Fortresses. 1862.

discipline Act 1879, the Stoppage in Hospital, under treatment for fever, cannot be enforced. Men who in their sickness by drunkenness, for punishment has been awarded by fine or could be an offence under clause 19 of 4800 3-64.

see page 115

clause 31, A.C. 1882

The following will be added after paragraph 217 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

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217a. When a soldier is admitted to hospital, whether on or off duty, in consequence of having become maimed, mutilated, or injured, except by wounds received in action, the attention of the Officer Commanding the man's corps will be drawn to the case by the Medical Officer in charge of the hospital, with a view, if necessary, to the holding of a Court of Enquiry, as provided by paragraph 113, Section VI., of the "Queen's Regulations and Orders for the Army, 1881."

By S.O. 78 of 1881 the friends of a soldier who is expected to die shall be commended with

Section IV.

Non-Dieted Station Hospitals.

SECTION IV.—NON-DIETED STATION HOSPITALS.

Where to be
opened.

219. Non-dieted Station Hospitals will be opened at stations where small detachments of less than one hundred men are quartered.

Equipment.

220. At stations where the strength of the detachment is 40 and under 100, Hospital equipment on the following scale will be supplied.

221. For a strength of 40 men, two cots; for 70 men, three cots; and for 90 men, four cots.

Hospital
Equipment.

222. At Stations where the detachments are under 40 men, these Hospitals will not be supplied with Hospital equipment, and men who are admitted will use the barrack bedding and utensils.

Generally
under charge
of Civilian
Surgeons.

223. The patients in these Hospitals will be placed generally under the medical charge of Civilian Medical Practitioners.

Equipment
how drawn.

224. Where Hospital equipment is sanctioned it will be drawn as directed in paragraph 165 of these Regulations, and placed in charge of a Non-commissioned Officer of the Army Hospital Corps.

When not
supplied with
Hospital
Equipment.

225. In Hospitals where the men use their barrack bedding, application will be made to the Officer Commanding the Corps to which the sick belong for a Non-commissioned Officer to take charge of the equipment.

Hospital
Orderlies.

226. Application will be made to the Officer Commanding for Hospital attendants for the sick in the proportions laid down in paragraph 203.

Rations.

227. The ordinary Commissariat ration, in lieu of a Hospital diet, will be drawn, and supplied from the regiment or detachment to which the patient belongs, or is attached.

Issue of
extras.

228. The following extras will be issued when considered necessary—viz., essence of beef, tea, sugar, oatmeal, arrowroot, barley, wine, brandy, mustard, pepper, salt, condensed milk and eggs.

Extras will
be drawn
from the
Commissariat.

229. The authorised extras will be drawn from the Commissariat Contractor on requisition (W.O. Books 189 and 190), signed by the Civilian Surgeon in charge.

Returns of
extras issued.

230. In accounting for extras the following W.O. Forms will be used—viz., Diet Sheet, W.O. Form 1145, W.O. Forms 175, 184, and 185. Stoppages for extras will be forwarded in accord-

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

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Proof 1

13-12-83

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Hospitals for West India Regiments.

The following will be added, as Section III(a), to the Regulations for the Army Medical Department (Army Regulations, Vol. VI.) :—

Section III(a).

HOSPITALS FOR TROOPS OF THE WEST INDIA REGIMENTS.

218b. The hospitals for troops of the West India Regiments in the West Indies and on the coast of Africa will henceforward be organized and administered as station hospitals, under the provisions contained in the Queen's Regulations and Orders for the Army, and in these Regulations.

4824
7
198

218c. At stations where there is no Officer of the Army Hospital Corps in charge, the hospital buildings, equipment, and stores will be directly in charge of the senior Medical Officer of the hospital, who will sign and be responsible for the same; all transfers of such buildings, equipment, and stores between Medical Officers will be carried out under the instructions of the senior Medical Officer of the station, in conjunction with the Commissariat Officer.

211
instructions
to J.O.C.W.
including per diem
J.O.

218d. The fixed establishment of hospital servants will be formed of men of the West India Regiments, and will be borne on the strength of these corps. Non-commissioned officers and men of good character and fair education will be allowed to volunteer for hospital duty, and for the first three months will be considered probationers. At the end of that period, should they be found by the Medical Officer unsuitable for the duties, they will be sent back to regimental duty.

PART 2.

Section IV.

Where to be
opened.

Equipment.

Hospital
Equipment.

Generally
under charge
of Civilian
Surgeons.

Equipment
how drawn.

When not
supplied with
Hospital
Equipment.

Hospital
Orderlies.

Rations.

Issue of
extras.

Extras will
be drawn
from the
Commissariat.

Returns of
extras issued.

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following

W.O. Forms

will

be

used—viz.,

Diet Sheet,

W.O. Form 1145,

W.O. Forms 175,

184, and 185.

Stoppages for extras will be forwarded in accord-

218e. All hospital servants will be under the orders of the Medical Officer in charge, and the fixed establishment will be permanently attached for duty in the hospital, and will not be available for any regimental duty, and not removable from their appointments, except for misconduct or inefficiency on the report of the Medical Officer. Any request of their own for permission to return to regimental duty will be made with the concurrence and on the recommendation of the Medical Officer.

218f. All non-commissioned officers and men permanently attached to station hospitals will, on the relief of regiments or detachments at the station, remain at the hospital, and will be transferred from one corps or detachment to another. Transfers of hospital servants from one station hospital to another will only be carried out with the previous sanction of the senior Military and Medical Officer of the command.

218g. The defaulters' sheets of men on the fixed hospital establishment will be in the possession of the Medical Officer in charge of the hospital, who will exercise the same disciplinary control over these hospital servants as if they were men of the Army Hospital Corps.

218h. They will be attached to the corps at the station for pay, clothing, and equipment.

218i. A non-commissioned officer performing the duties of steward or wardmaster will not be under the rank of full corporal.

PART 2.

Section IV.

Where to be
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Issue of
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Commissariat. sa
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Returns of
extras issued. 230.

be used—viz., Diet Sheet, W.O. Form 1145, W.O. Forms 175, 184, and 185. Stoppages for extras will be forwarded in accord-

WHEREAS it has been represented to Us that it is expedient to make certain alterations in Our Warrant of the 11th March 1882, in consequence of changes in the organization of the hospitals for troops of the West India Regiments;

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198

OUR WILL AND PLEASURE is, from the 31st March 1884, so much of Article 613 of Our said Warrant as relates to Hospital Serjeants of West India Regiments, and so much of Article 773 as relates to the Acting Hospital Serjeant of a detachment of a West India Regiment, be cancelled; and that the following shall be added after paragraph XXV., Article 640, of Our said Warrant, viz. :—

XXVa.—IN HOSPITALS FOR TROOPS OF WEST INDIA REGIMENTS.

	Daily.	
	s.	d.
To the Serjeant acting as Steward and Wardmaster	1	0
To the Corporal acting as Steward and Wardmaster	0	8
To the Serjeant or Corporal acting as Steward and Wardmaster if also a passed Compounder of Medicines, and whose employment as such shall have been sanctioned	1	6
To the Cook	0	6
To the Orderly	0	4
To the Pack Storekeeper	0	4
To the Temporary Orderly	0	4

IT IS OUR FURTHER WILL AND PLEASURE that the non-commissioned officers and men of West India Regiments who are allowed to volunteer for hospital duty, and who, for the first three months are to be considered probationers, shall draw the extra-duty pay of their rank and appointment.

Given at Our Court at _____, this
day of _____ 1883, in the 47th year
of Our Reign.

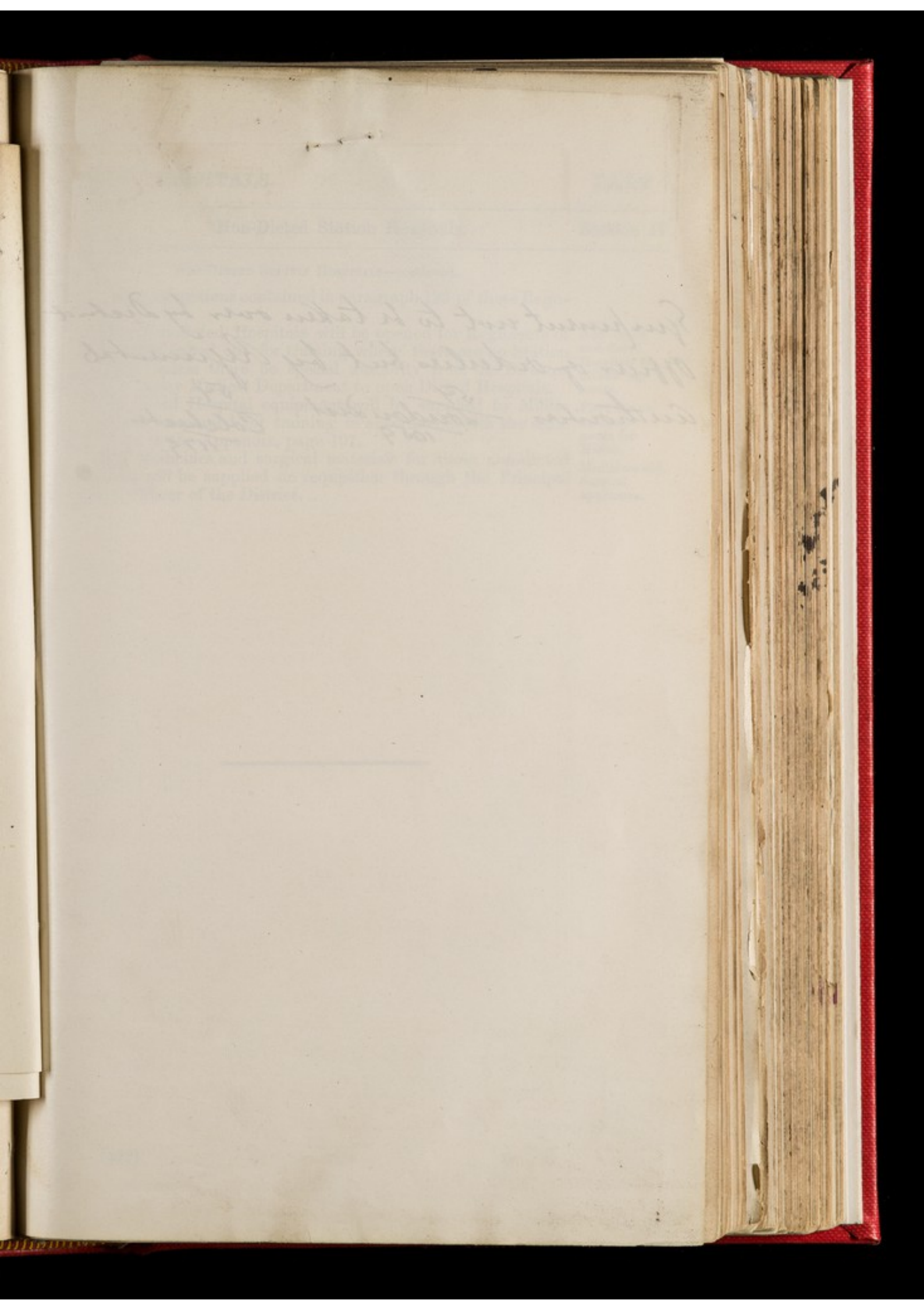
By Her Majesty's Command,

Section IV.

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be used—viz., Diet Sheet, W.O. Form 1145, W.O. Forms 175, 184, and 185. Stoppages for extras will be forwarded in accord-



Equipment not to be taken over by District
Officer of orderlies but by Regimental
authorities. $\frac{54}{1059}$ London Dist: $\frac{54}{1179}$ Colchester

Non-Dieted Station Hospitals.

Section IV.

NON-DIETED STATION HOSPITALS—continued.

ance with instructions contained in paragraph 193 of these Regulations.

231. Non-dieted Hospitals will be opened for Regiments of Militia when called out for training where there are no Station Hospitals, unless there be special authority from the Director General Army Medical Department to open Dieted Hospitals.

Non-dieted
and dieted
Hospitals for
Militia regi-
ments.

232. Field Hospital equipment will be supplied to Militia Regiments encamped for training in accordance with the scale laid down in the Appendix, page 197.

Field Hospi-
tal equip-
ments for
Militia.

233. Medicines and surgical materials for these non-dieted Hospitals will be supplied on requisition through the Principal Medical Officer of the District.

Medicines and
Surgical
appliances.

Section V.

Hospitals for Soldiers' Wives and Children.

SECTION V.—HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.

I.—General Rules.

II.—Hospital for cases of Parturition and General Diseases.

III.—Hospital for Infectious Diseases.

I.—GENERAL RULES.

Female hospitals at certain stations.

234. Hospitals are provided at certain stations by the special authority of the Secretary of State for soldiers' wives and children, and the same discipline and good order will be preserved in them as in other Military Hospitals.

Two kinds.

235. These Hospitals are of two kinds, forming distinct establishments, one for the treatment of cases of parturition and general disease, the other for infectious diseases.

Persons entitled to Hospital treatment.

236. The families of Non-commissioned Officers and soldiers married with leave, and on the married roll of a regiment and provided with quarters, may be admitted to these Hospitals and receive treatment at the Public expense, when there is available accommodation. Male children above the age of 10 (unless in very special cases) will not be admitted into Hospitals for women and children.

The term "Family."

237. The term family, when used in these regulations, will be understood to include the wife of the soldier, and his legitimate children and step-children under 14 years of age.

Diet and extras.

238. While soldiers' wives and children are under treatment in Hospital they will receive the same diets and extras as are authorised in the regulations for Hospital diets for soldiers, and the same returns will be used for the issue, and rendered for the expenditure of these diets and extras as are laid down for guidance in that portion of these regulations relating to dieted Hospitals.

Parturition cases.

239. The wives of Non-commissioned Officers and soldiers when occupying wooden huts, will be entitled to admission to Hospital for their confinements. When in quarters or barracks they will also be entitled to admission, except—

a. When occupying two rooms;

b. When occupying one room and without children.

General diseases.

240. Cases of serious and acute disease will only be admitted when, in the opinion of the Principal Medical Officer, the

Nw. 80

4837/93

Hospitals for Soldiers' Wives, &c.—Childbirth.

The following will be substituted for paragraph 239 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI. :—

239. The wives of non-commissioned officers and soldiers will invariably be admitted to hospital for their first confinements, provided there be sufficient accommodation. They will be entitled to admission in subsequent cases of confinement—

- (a.) When occupying wooden huts;
- (b.) When occupying one room in quarters or barracks.

4837
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Clause

302

2

1880

CHAPTER 1. Hospital for Medical Wives and Children.

SECTION 1. HOSPITAL FOR MEDICAL WIVES AND CHILDREN.

- I. General Rules.
- II. General for Rules of Treatment and General Orders.
- III. Special and Individual Orders.

A. GENERAL RULES.

1. The Hospital is intended to receive and treat the medical wives and children of the members of the Army who are entitled to such treatment.

2. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

3. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

4. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

5. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

6. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

7. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

8. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

9. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

10. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

11. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

12. The Hospital is to be kept as a place of refuge and protection for the medical wives and children of the members of the Army who are entitled to such treatment.

Hospitals for Soldiers' Wives and Children.

Section V.

GENERAL RULES—continued.

nature or the circumstances of the cases are such as to justify their treatment in Hospital at the Public expense. Cases of chronic disease will not be admitted without reference to, and the approval of, the Director General of the Army Medical Department.

241. When a Medical Officer considers a woman or child, labouring under serious or acute disease, requires Hospital treatment, he will submit an application for admission to the Principal Medical Officer according to the following form:—

Station

Date

W. O. Form
881.

Application for the admission of (a Woman or Child)
of _____ Regiment, into the Hospital for Soldiers' Wives and Children.

Name.	Age.	Disease.	Date of Attack.	Amount and Class of Barrack Accommodation.				Remarks Explanatory of Circumstances deemed to require Hospital Treatment.
				No. of Rooms.	If in room with other families.	No. of Children.	If in Wooden Huts.	

I certify that _____ suffers from a serious attack of acute _____
and that I consider _____ would be seriously endangered if left for treatment in _____ quarters, owing to the want of proper nursing, quiet and rest.
Approved. _____ (Signature of Medical Officer.)

Principal Medical Officer.

Patients sent to the Hospital must carry this form with them.

242. Cases of scarlet fever, diphtheria, and small-pox, when occurring in barracks or huts, will always be admitted into Hospital with a view of preventing, or limiting, the spread of such diseases. Other infectious maladies will, as a rule, be treated in quarters, and cases will only be admitted into Hospital on the order of the Principal Medical Officer, under circumstances which in his opinion justify a departure from the general rule. Infectious diseases.

243. Infectious cases will never be treated in any of the Hospitals devoted to cases of parturition and general disease.

244. The wives and children of soldiers coming to Hospital for admission, will be required to bring a certificate on W.O. Form 1135, signed by the Commanding Officer, that the applicant is the wife or child of a soldier on the married roll of a regiment and entitled to quarters. This form will also be signed by a Medical Officer, who will certify as to the nature of the disease. Certificate necessary for admission.

Section V.

Hospitals for Soldiers' Wives and Children.

GENERAL RULES—continued.

Exceptional cases.

245. Cases of those who are the wives or children of soldiers not on the married roll are only admissible (upon payment of a daily stoppage of 1s. for each adult, and 6d. for each child) under exceptional circumstances, or when their removal may be deemed necessary, as a matter of safety to the troops and the public.

Form for admission.

246. Prior to admission of the cases referred to in the preceding paragraph, the sanction of the General Officer Commanding will be obtained through the Assistant Quartermaster General according to the following form:—

187

I recommend to the favourable consideration of the General officer Commanding, for admission to the Hospital for the Wives and Children of Soldiers, as an exceptional case, of a soldier of the
Regiment under my Command, but not "on the strength."
The person is respectable and deserving of Hospital treatment.

Commanding.

The expenses of the above-mentioned person are guaranteed by me

Name

Rank

*I certify that†
now residing in barracks (or Quarters), is labouring under‡
and requires to be removed to Hospital to prevent the spread
of infection.
The

A.-Q.-M.-General,

* The Medical Officer who sends the Patient to the Hospital will fill up and sign this certificate when the disease is of a contagious description.

† Insert name.

‡ Insert Small Pox, Scarlatina, or Diphtheria, as the case may be.

N.B.—The Medical Officer in charge of the Hospital will transmit these applications, after they have been approved of, to the Commissariat Officer.

In cases of general and infectious disease the approval of the Principal Medical Officer will be forwarded when the sanction of the General Officer Commanding is applied for.

Number of beds.

247. The authorised number of beds in each Hospital must never be exceeded, unless with the authority of the Secretary of State.

Wards.

248. At stations where Hospitals for women and children have not been established, a room in barracks, if available, may be allotted as a ward for the reception of such cases of sick women and children belonging to families on the married roll as it may be deemed expedient to remove from their quarters. Equipment and fuel and light will be provided for such ward; but it is distinctly to be understood that under no circumstances will any expense for nursing or diet be admitted as a charge against the Public, and only the medical comforts—viz., port wine or sherry,

Hospitals for Soldiers' Wives and Children.

Section V.

General Rules—continued.

240. Sawdust, and essence of leaf, or "Extractum Camph.".

241. Where there is a Hospital provision store.

242. Medical Officers will send patients requiring admission at day or night, if possible, in order that they may be placed on the following day.

243. The responsibility of Medical Officers doing duty with patients, and cases until they have satisfied themselves that the duty of officer in charge has actually assumed professional care of the woman or child they may have sent for admission.

Patients to be sent only to hospital.

Responsibility of Medical Officers.

HOSPITALS FOR CASES OF PARTURITION AND GENERAL DISEASES.

244. The Medical Officer will be appointed by the Director General of the Army Medical Department.

245. He will be responsible for all medical arrangements and the general management of the Hospital, and will also have control over all the servants and patients.

246. At stations where it is practicable to do so, he will give a course of practical and theoretical instruction to soldiers' wives and Sick Nurses on the wives and children of soldiers, on the subject for the guidance of Medical Officers, as detailed in Appendix No. 2, page 133.

247. The Medical Officer in charge will at the end of every month forward to the Principal Medical Officer of the District the information of the Director General, a return of the number of patients treated in Hospital, and of the results of any explanation that may be necessary as regards the condition of cases of general disease.

248. He will submit, at the end of every year, an annual report of the admission and deaths, with remarks on a form to be supplied on application to the Director General, to the Principal Medical Officer of the District.

249. A Matron will be appointed with the approval of the Director General to each Hospital.

250. She will superintend regulations respecting discipline, and the proper discharge of her duties, which may from time to time be referred to her guidance and advice to the Medical Officer, and will be responsible for the care and nursing of the sick, the administration of food and medicine, and the cleanliness of the sick. She will also be responsible for the safe custody of the property of the Hospital.

251. She will not leave the Hospital without the authority of the Medical Officer. In her absence a nurse will be appointed with his approval to supply her place.

Medical Officer, to be appointed.

Instruction in practical and theoretical medicine.

Monthly return.

Annual report.

Appointment of Matron.

Duties of Matron.

Authority of Medical Officer.

Hospitals for Soldiers' Wives and Children.

Section V.

GENERAL RULES—continued.

brandy, arrowroot, and essence of beef, or "Extractum Carnis," may be issued where there is a Hospital provision store.

249. Medical Officers will send patients requiring admission at an early hour, if possible, in order that they may be placed on diet the following day.

Patients to be sent early to hospital.

250. The responsibility of Medical Officers doing duty with Corps will not cease until they have satisfied themselves that the Medical Officer in charge has actually assumed professional care of any woman or child they may have sent for admission.

Responsibility of Medical Officers sending cases for admission.

II.—HOSPITALS FOR CASES OF PARTURITION AND GENERAL DISEASES.

251. The Medical Officer will be appointed by the Director General of the Army Medical Department.

Medical Officer, how appointed.

252. He will be responsible for all medical arrangements and the internal management of the Hospital, and will also have control over all the servants and patients.

Control of the hospital.

253. At stations where it is practicable to do so, he will give a course of practical and theoretical instruction to soldiers' wives who are desirous of becoming qualified to attend as Army Midwives and Sick Nurses on the wives and children of soldiers. Regulations on this subject for the guidance of Medical Officers will be found detailed in Appendix No. 1, page 139.

Instruction in midwifery to soldiers' wives who are desirous of qualifying as midwives.

254. The Medical Officer in charge will at the end of every month forward to the Principal Medical Officer of the District for the information of the Director General, a return on W.O. Form 1020, of the patients treated in Hospital, affording at the same time any explanation that may be necessary as regards the admission of cases of general disease.

Monthly return.

255. He will submit, at the end of every year, an annual report of the admissions and deaths, with remarks, on a form which will be supplied on application to the Director General, through the Principal Medical Officer of the District.

Annual report.

256. A Matron will be appointed, with the approval of the Director General, to each Hospital.

Appointment of Matron.

257. She will obey all regulations respecting discipline, and the proper discharge of her duties, which may from time to time be issued for her guidance, and attend strictly to the orders of the Medical Officer regarding the care and nursing of the sick, the general management, washing, warming and ventilation of the wards, the administration of diets and medicines, and cleanliness of the sick. She will also render what aid the Medical Officer may require, and be responsible for the safe custody of the equipment of the Hospital.

Duties of the Matron.

258. She will not leave the Hospital without the authority of the Medical Officer. In her absence a nurse will be selected, with his approval, to supply her place.

Not to leave hospital without permission.

Section V.

Hospitals for Soldiers' Wives and Children.

HOSPITALS FOR CASES, &c.—continued.

Visitors.

259. No person will be allowed to pass in or out of the Hospital without the knowledge of the Matron or her Deputy.

Dieting and extra return.

260. The Matron will prepare the necessary returns for the diets and extras, referred to in paragraphs 180-182.

Nurses.

261. She will be assisted by a staff of nurses who will carry out her orders. These nurses will be required to be neat and clean in their dress; and it will be their special duty,—

a. To clean out their respective wards;

b. To attend regularly to the personal cleanliness of the patients who are helpless, and to see that those who are able to do so make use of the ablution room.

To take charge of wards and equipment.
Cook.

262. They will take charge in their respective wards of the equipment as well as of all articles of clothing, and see that the patients take proper care of the articles in their possession.

263. The Nurse who acts as cook will be careful to have the meals ready at the following hours: breakfast, 8 o'clock; dinner, 1 o'clock; tea, 5-30 p.m. No provisions will be kept in the wards.

Charge of kitchen entrance and bath rooms.
Complaints.

264. The cook will also have charge of the kitchen equipment, the entrance, kitchen and bath-rooms. In pressure of sickness she will be expected to assist the Nurses.

265. Patients having any complaints to make relative to the diet, or to any neglect or bad conduct on the part of the Nurses, will make them to the Surgeon during his visit.

Smoking prohibited.

266. Smoking is strictly prohibited, either within the hospital or its vicinity.

Equipment not to be removed from hospital.

267. Persons removing furniture or any equipment belonging to Government from the Hospital will be liable to prosecution. All wilful injury to equipment or stores will be charged as normal damages against the persons in default.

Patients to hand over articles of value.

268. Every patient upon admission will be required to hand over the money and articles of value in her possession to the Matron, who will enter them in a book in the presence of the patient, giving the latter a receipt in return. The property will be returned on the day of the patient's discharge.

Women to bring certain articles to hospital.

269. Every woman is expected to bring with her a change of linen, a brush and comb, and if admitted for confinement, infant clothes also.

Woman when sufficiently recovered to assist.

270. Such women as may be considered sufficiently recovered, will be required, if called upon, to assist the Nurses in cleaning the wards and attending on their fellow patients.

Personal cleanliness.

271. Every person who is allowed to leave her bed must be washed, have her hair neat, and her bed made up by 9 A.M. in summer, and 10 A.M. in winter.

Clothing.

272. The clothing not in use will be put away in the press, and numbered so as to correspond with the bed; the

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CHAPTER 2. *General Principles of Hospital Administration.*SECTION 1. *General Principles of Hospital Administration.*

201. The purpose of this chapter is to present a general outline of the principles of hospital administration. It is intended to be a guide to the student in his study of the subject, and to the practitioner in his work.

202. The hospital is a social institution, and its administration is a social science. It is a science in that it is based on certain principles, and a social science in that it is concerned with the welfare of the community.

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Hospitals for Soldiers' Wives and Children.

Section V.

HOSPITALS FOR CASES, &c.—continued.

other articles of dress will be neatly folded and placed on the bed box.

273. Patients will strictly obey the orders of the Medical Officer, Matron and Nurses, and will not leave the hospital without permission from the Medical Officer. Loud talking and noise are strictly forbidden.

Patients to obey orders.

274. With the sanction of the Medical Officer, female relations and friends will be permitted to visit patients during the day, and husbands will be admitted to see their wives between the hours of 6 and 8 P.M. No visitor will, however, be permitted to enter or leave the hospital without the knowledge of the Matron. Only one visitor for each patient will be allowed at a time.

Visitors.

275. Visitors are forbidden to bring the patients intoxicating liquors of any kind, and food will not be allowed to be brought by them into the hospital without the permission of the Medical Officer.

Intoxicating liquor and food not allowed to be brought into hospital.

276. Soiled linen will be at once removed to the place appointed for it.

Disposal of soiled linen. Staff.

277. To these hospitals a certain staff will be appointed who will attend all Officers and their families in the garrison; also all soldiers' wives and families, who are entitled to attendance.

278. Vaccination and re-vaccination of all Officers and their families, and of all women and children in the garrison, will be performed by the Medical Staff of the Hospital, and only one Vaccination Register will be kept for all.

Vaccination and Re-vaccination.

III.—HOSPITALS FOR INFECTIOUS DISEASES.

279. The Medical Officer who is to take charge of a Hospital for Infectious Diseases will be detailed for the duty from the extra establishment by the Principal Medical Officer of the District.

Medical Officer.

280. A trained and competent Head Nurse will also be appointed by the Principal Medical Officer, and she will be assisted by as many Nurses as may be deemed necessary.

Head nurse to be assisted if necessary.

281. The Head Nurse will act as Matron, and will carry out all orders of the Medical Officer in charge.

To act as matron.

282. Mothers of children who are admitted will not be allowed to remain in hospital without the Medical Officer's sanction, unless suckling a child. Mothers permitted to remain in hospital will not visit the barracks without special permission. They will be required to assist the Nurses by attending to their own children's beds and keeping the wards clean.

Mothers of children admitted into hospital.

283. A change of clothing will be brought with every patient, which in the case of a child will be washed by the

Clothing while in hospital.

Section V.

Hospitals for Soldiers' Wives and Children.

HOSPITALS FOR INFECTIOUS DISEASES—continued.

mother. On leaving the Hospital each patient will have a perfectly clean set of clothing, and that which has been in wear up to the period of leaving will be properly disinfected before being handed over to the parties to whom it belongs.

Visitors.

284. No Visitor will be allowed in hospital without the special sanction of the Medical Officer in charge.

Diet, nursing,
and good
order.

285. The same rules with regard to diet, nursing, cleanliness, and good order will be observed in hospitals for infectious diseases as are laid down in regulations for hospitals for parturition and general diseases.

Section V.

Hospitals for Soldiers, Wives and Children.

CHAPTER 1. GENERAL PRINCIPLES.

1. The hospital for the soldier will have a particular character of its own, and will be organized on a basis of efficiency and economy. It will be a place where the soldier can find the best medical and surgical treatment available, and where he can be kept in the most comfortable and healthful surroundings.

2. The hospital for the soldier will be organized on a basis of efficiency and economy. It will be a place where the soldier can find the best medical and surgical treatment available, and where he can be kept in the most comfortable and healthful surroundings.

3. The hospital for the soldier will be organized on a basis of efficiency and economy. It will be a place where the soldier can find the best medical and surgical treatment available, and where he can be kept in the most comfortable and healthful surroundings.

Field Hospitals and Hospital Ships.

Section VI.

SECTION VI.—FIELD HOSPITALS AND HOSPITAL SHIPS.

- I.—Field Hospitals.
- II.—Field Service.
- III.—Summer Manœuvres.
- IV.—Mobilization.
- V.—Duties of Medical Officers attached to an Army Corps in the field on Active Service.
- VI.—The Bearer column of an Army Corps.
- VII.—Movable Field Hospital with an Army Corps on Active Service.
- VIII.—Stationary Field Hospital for an Army Corps on Active Service.
- IX.—Medical Staff on the Line of Communications and at the base of operations.
- X.—Hospital Ships for an Army Corps.

I.—FIELD HOSPITALS.

286. Field Hospitals attached to and moving with troops whether at home during Summer Manœuvres or Mobilization of Army Corps or with a force on active service, will be non-dieted. (See Regulations for Non-dieted Hospitals, Part 2, Section IV. and Regulations for Hospital Diets, Part 2, Section VII.)

Field hospitals with troops at home.

287. Field Hospitals attached to and moving with troops at home during Manœuvres or Mobilization of Army Corps, or attached to a force on active service will be furnished with bell tents only (double circular, without lining) and with a light equipment of bedding and clothing.

To be provided with tents.

288. Hospitals at the base of operations will, under all circumstances of service, be dieted. See paragraph 474 of these Regulations.

How dieted.

289. Field Hospitals at the base of operations, either at home or abroad, on active service will be provided with hospital marquees (when huts or buildings are not available) and with a complete equipment of everything necessary for the care and treatment of sick and wounded.

Hospital marquees.

II.—FIELD SERVICE.

290. Medical Officers will be employed with troops in the field.

- (a) At home during Summer Manœuvres or with mobilized Army Corps.
- (b) With Army Corps on active service.

Section VI.

Field Hospitals and Hospital Ships.

III.—SUMMER MANŒUVRES.

Detail of Medical Officers, Army Hospital Corps Establishments, and Hospitals for Summer Manœuvres.

Detail of
Medical
Officers.

291. The following is the detail of Medical Officers, Army Hospital Corps Establishments, and of hospital arrangements and equipments for a Division during Summer Manœuvres:—

One Principal Medical Officer, who will also act as a Sanitary Officer.

One Medical Officer in charge of Divisional Staff.

One Executive Medical Officer for each Brigade, who will be at head-quarters of the brigade, will have charge of brigade staff, and be available for military duty of the brigade.

Three Medical Officers for each of the Brigade Field Hospital. The senior to have charge of hospital and to act as Senior and Sanitary Medical Officer of the Brigade.

One Army Hospital Corps Officer as Quarter-Master, for duty with the Principal Medical Officer. This officer will draw the equipment of all kinds on requisition, on the authority of the Principal Medical Officer, and give the necessary receipts for the same, handing it over to the senior non-commissioned officer of the Army Hospital Corps attached to each Brigade Field Hospital. The Medical Officer in charge of the Hospital will satisfy himself that the equipment is according to regulations.

One Sergeant-Clerk, Army Hospital Corps.

2. Detail of Personnel, Equipment, and Camp Equipage for a Brigade Field Hospital.

Details.

292. The following is the detail of Personnel, Equipment and Camp Equipage for a Brigade Field Hospital:—

(a.) *Personnel.*

Medical Officers.

293. Three Medical Officers; the senior will have charge and act as Senior and Sanitary Officer of Brigade.

Army Hospital Corps Establishment.

One sergeant.

One 2nd corporal.

Three privates.

Field Hospitals and Hospital Ships.

Section VI.

SUMMER MANGEVRES—continued.

(b.) Equipment.

- 12 double circular tents without lining.
- 2 latrine screens.
- 50 waterproof sheets.
- 50 blankets, general service.
- A and B canteens (new pattern).
- Medical comfort boxes, Nos. 1 and 2 (divisional).
- 1 flag, field, HP (white, red cross, 4 feet square).
- 1 lantern, red coloured, marquee, hospital.
- 2 lanterns, hand, small F and H.
- 3 spades.
- 2 pickaxes.
- 1 chopper.
- 2 pails, water, wood.
- 1 pair field panniers complete, with a full set of capital instruments, and 1 admission and discharge book.
- W. O. Book, No. 27.
- 3 field companions.
- 1 box field splints.

(c.) Camp Equipage.

- 2 bell tents for Medical Officers.
- 1 do. do. for inspecting men reported sick.
- 1 do. do. for senior non-commissioned officer, surgery, and stores.
- 1 do. do. for hospital attendants and servants.
- 2 camp kettles.

(d.) Wheeled Carriages, &c.

	Horses
One General Service Wagon	4
Three Ambulance Wagons with six stretchers each	6
One Water Cart.. ..	2
	—
Total Horses	12
	—

Medical Officers of the Household Troops, Yeomanry, and Volunteer Corps.

294. Medical Officers of the Household Troops, and those of Yeomanry and of Volunteer Corps, will remain with their Regiments.

Section VI.

Field Hospitals and Hospital Ships.

SUMMER MANŒUVRES—continued.

Militia Medical Officers.

295. Militia Medical Officers attending manœuvres will be for general duty under the orders of the Principal Medical Officer, and will be employed either with a regiment or with a Brigade Field Hospital, as may be necessary.

Position of a Brigade Field Hospital.

Position of hospital.

296. The Brigade Field Hospital will be placed in rear of the centre of the brigade. On the line of march, the Brigade Field Hospital will follow in rear of its brigade and in front of all baggage.

Soldiers reported sick.

297. Soldiers of the brigade reported sick will be taken at once to the Brigade Field Hospital without any intermediate inspection, bringing the usual company sick report, which will be returned to the Commanding Officer of the Regiment after the men have been inspected by the Medical Officer of the Brigade Field Hospital.

Soldiers reported sick.

298. Sick Soldiers will not be retained in Camp under any circumstances longer than twenty-four hours, but will be sent daily by ambulance wagons or railway to the nearest Field or Station Hospital.

Soldiers reported sick.

299. When sick are sent to the Field or Station Hospitals intimation will be sent on W. O. Form 986 by the Medical Officer in charge of the Brigade Hospital to the Commanding Officer of each Regiment or Corps.

Nominal roll when sent by ambulance wagons.

300. If sent by ambulance wagons a nominal roll will be prepared, stating Regimental number and the name of each man and his disease. This will be signed by the Medical Officer in charge of the Brigade Hospital, and sent with the men.

Railway warrants.

301. If sent by railway the nominal roll will be sent with the party; the railway warrant will be handed to the Station master by the Medical Officer or Non-commissioned Officer in charge. Application should be made for a book of warrants to the War Office.

Stationary Field Hospitals.

Stationary Field hospitals.

302. In the event of the Summer Manœuvres being held in localities too distant from the line of railway to admit of the sick being sent daily from the Brigade Field Hospitals to the Station Hospitals, Stationary Field Hospitals will be formed and placed in the most convenient positions, and will be for the reception of sick from the Brigade Hospitals until they can be conveyed to Station or Base Hospitals.

Detail.

303. The following is a detail of a Stationary Field Hospital:—

Section VI.

Field Hospitals and Hospital Ships.

General Regulations—Continued.

Mobile Medical Officers.

295. Mobile Medical Officers attached to manoeuvres will be for general duty under the orders of the Principal Medical Officer, and will be employed either with a regiment or with a Brigade Field Hospital, or may be authorized.

Position of a Brigade Field Hospital.

Position of
Hospital.

296. The Brigade Field Hospital will be placed in rear of the centre of the Brigade. On the line of march, the Brigade Field Hospital will follow in rear of its brigade and in front of all baggage.

Sick
reported sick.

297. Soldiers of the brigade reported sick will be taken at once to the Brigade Field Hospital without any intermediate inspection, bringing the usual company sick report which will be returned to the Commanding Officer of the Regiment after the sick have been accepted by the Medical Officer of the Brigade Field Hospital.

Sick
reported sick.

298. Sick soldiers will not be retained in Camp under any circumstances longer than twenty-four hours, but will be sent daily by ambulance wagons or railway to the nearest Field or Station Hospital.

Sick
reported sick.

299. When sick are sent to the Field or Station Hospitals intimation will be sent on W. O. Form 980 by the Medical Officer in charge of the Brigade Hospital to the Commanding Officer of each Regiment or Corps.

Sick
reported sick.

300. If sent by ambulance wagons a nominal roll will be prepared, stating Regimental number and the name of each man and his disease. This will be signed by the Medical Officer in charge of the Brigade Hospital, and sent with the men.

Sick
reported sick.

301. If sent by railway the nominal roll will be sent with the party; the railway warrant will be headed to the Station master by the Medical Officer or Non-commissioned Officer in charge. Application should be made for a book of warrants to the War Office.

Stationary Field Hospitals.

Stationary
Field
Hospitals.

302. In the event of the Summer Manoeuvres being held in localities too distant from the line of railway to admit of the sick being sent daily from the Brigade Field Hospitals to the Station Hospitals, Stationary Field Hospitals will be formed and placed in the most convenient positions, and will be for the reception of sick from the Brigade Hospitals until they can be conveyed to Station or Base Hospitals.

Field.

303. The following is a detail of a Stationary Field Hospital:—

Field Hospitals and Hospital Ships.

Section VI.

SUMMER MANCEUVRES—continued.

*(a.) Personnel.***Medical Officers.**

3 medical officers,

Army Hospital Corps.

1 officer of orderlies.
 2 non-commissioned officers.
 1 cook.
 6 privates.

(b.) Equipment.

3 hospital marquees.
 *9 bundles bedding.
 6 ordinary bell tents.
 2 office tables.
 2 chairs.
 2 medical comfort boxes (divisional size).
 A and B canteens (new pattern).
 2 camp kettles.
 1 pair field panniers, complete, with admission and discharge book, W.O. book, No. 27, and instruments.
 1 field fracture box.
 2 latrine screens.
 2 pickaxes.
 4 spades.
 1 flag, field hospital (white, red cross, 4 feet square).
 4 flags, field hospital, directing.
 1 axe, felling, 4½ lb., straight handle, helved.
 1 red lantern, coloured, marquee hospital.
 3 lanterns, hand, small Fd. H.
 1 cooking screen.
 2 saws (hand) 26 inches.
 6 reaping hooks.
 9 buckets, iron, galvanized, 4 gallons.

(c.) Camp Equipment.

2 bell tents for medical officers.

* A bundle of bedding contains the following articles :—

Blankets, general service	10
Cases, paillasse, barrack	5
" bolster, barrack	5
Bed covers, waterproof	5
Cholera belts.	5

Section VI.

Field Hospitals and Hospital Ships.

SUMMER MANŒUVRES—continued.

- 1 ditto for officer of orderlies.
- 1 ditto for inspecting sick, and as an office.
- 1 ditto for senior non-commissioned officers and stores.
- 1 ditto for second non-commissioned officers and privates, A.H.C.
- 1 latrine screen.

(d.) Wheeled Carriages.

					Horses.
2 general service wagons	..	..	..	..	8
3 ambulance wagons, with 6 stretchers	..	..	..	..	6
each ..	..	..	..	..	2
1 water cart	..	..	..	..	2
Total horses ..	..	..	..	..	16

IV.—MOBILIZATION.

Mobilization of an Army Corps for Service at Home.

Principal
Medical
Officer of
district, also
of Army
Corps.

304. The principal Medical Officer of a District to which an Army Corps belongs will, *ex-officio*, be Principal Medical Officer of the mobilized Corps; and on the order for mobilization being issued will at once put himself in communication with the General Officer appointed to command it, and with the local heads of Departments.

Principal
Medical
Officer of
district, also
of Army
Corps.

305. In the absence of instructions from the Director General of the Army Medical Department, he will appoint the Senior Medical Officers in his District as Principal Medical Officers of Divisions, and the Executive Medical Officers to the charge of Brigade Field Hospitals, and will make use of Militia Medical Officers in whatever manner the exigencies of the service may require.

Civil practi-
tioner.

306. When necessary he will recommend to the Officer Commanding Civil Medical Practitioners for taking charge of Station or Base Hospitals at contract rates.

Detail.

307. The following is a detail of Cadre of Medical Officers and Army Hospital Corps for a Mobilized Army Corps:—

(a.) Medical Officers.

- 1 Principal Medical Officer.
- 3 Principal Medical Officers of Divisions, who will also act as Sanitary Officers of Division.
- 1 Medical Officer Secretary to Principal Medical Officer.
- 11 Executive Medical Officers for military duty with Brigades, and to take charge of Brigade Staff.

Article VI.

Field Hospital and Hospital Ship.

Section 1. General.

- 1. The field hospital is organized as follows:
- 1. For the treatment of the sick and wounded.
- 2. For the treatment of the sick and wounded.
- 3. For the treatment of the sick and wounded.
- 4. For the treatment of the sick and wounded.
- 5. For the treatment of the sick and wounded.

Section 2. Medical Corps.

- 1. The medical corps is organized as follows:
- 1. For the treatment of the sick and wounded.
- 2. For the treatment of the sick and wounded.
- 3. For the treatment of the sick and wounded.
- 4. For the treatment of the sick and wounded.
- 5. For the treatment of the sick and wounded.

Section 3. Administration.

Section 4. The Hospital Ship.

404. The principal Medical Officer of a Division or Corps is the Principal Medical Officer of the Division or Corps, and he is the only one who is authorized to sign the orders of the Medical Corps, and he is the only one who is authorized to sign the orders of the Medical Corps.

405. The Principal Medical Officer of a Division or Corps is the Principal Medical Officer of the Division or Corps, and he is the only one who is authorized to sign the orders of the Medical Corps, and he is the only one who is authorized to sign the orders of the Medical Corps.

406. The Principal Medical Officer of a Division or Corps is the Principal Medical Officer of the Division or Corps, and he is the only one who is authorized to sign the orders of the Medical Corps, and he is the only one who is authorized to sign the orders of the Medical Corps.

407. The Principal Medical Officer of a Division or Corps is the Principal Medical Officer of the Division or Corps, and he is the only one who is authorized to sign the orders of the Medical Corps, and he is the only one who is authorized to sign the orders of the Medical Corps.

Section 5. Medical Officers.

- 1. Principal Medical Officer.
- 2. Principal Medical Officer of Division, who will also act as Principal Officer of Division.
- 3. Medical Officer Assistant to Principal Medical Officer.
- 4. Assistant Medical Officer, who will also act as Principal Officer of Division.

Field Hospitals and Hospital Ships.

Section VI.

MOBILIZATION—continued.

- 33 Medical Officers for 11 Brigade Field Hospitals—3 for each Hospital. The Senior to have charge of the Hospital, and to act as Senior and Sanitary Officer of the Brigade.

(b) Army Hospital Corps.

- 1 Officer Army Hospital Corps to act under Principal Medical Officer.
 1 Officer Army Hospital Corps as Quarter-Master with each Principal Medical Officer of Division.
 1 Serjeant } As clerks to Principal Medical Officer of
 1 Private } Army Corps.
 3 Serjeants, clerks to Principal Medical Officers of Division.
 3 Serjeants, clerks for Officer of Orderlies of Divisions.
 11 Serjeants } 1 Serjeant, 1 2nd Corporal, and 3
 11 2nd Corporals } Privates to each Brigade Field
 33 Privates } Hospital.

308. The Principal Medical Officer will, as far as possible, equip his Corps with medical and surgical appliances from the stores at his disposal, and for all further supplies apply at once to the Director General of the Army Medical Department, who will direct the supplies to be forwarded to the Principal Medical Officer for distribution.

Medical equipment of Army Corps.

309. The Principal Medical Officer will ascertain, from personal inspection, that arrangements are made at the different base hospitals herein detailed for the reception of the sick; and where accommodation is insufficient will apply for marquees or barrack buildings to supplement the hospitals.

Accommodation of sick.

310. Brigade Field Hospitals and Stationary Field Hospitals will be formed and attached to brigades in the same manner as detailed for manœuvres. The same equipment and transport will also be supplied. See Section III, "Summer Manœuvres."

Brigade and stationary field hospitals.

311. The same arrangements with regard to sick will be followed; but the sick will invariably be sent to the General and Station Hospitals of the District to which the Corps belongs, every advantage being taken of the different lines of railway for this purpose. The details of Hospitals to be used by Brigades and Divisions during mobilization, are as follows:—

Hospitals to be used during mobilization.

Section VI.

Field Hospitals and Hospital Ships.

MOBILIZATION—continued.

Detail of Hospitals to be used by Brigades and Divisions during Mobilization.

I. ARMY CORPS.—COLCHESTER DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be sent to.
Cavalry Brigade ..	Maldon .. ..	.. .. .	Station Hospital, Colchester.
1st Division ..	Colchester ..	1st and 2nd Infantry Brigades and Divisional Troops	Station Hospital, Colchester.
2nd Division ..	Chelmsford ..	1st and 2nd Infantry Brigades and Divisional Troops	Station Hospital, Warley.
3rd Division ..	Gravesend and Chatham	1st Brigade and Divisional Troops 2nd Brigade	Station Hospital, Gravesend. Station Hospital, Chatham.
Corps Artillery ..	Colchester ..	.. .. .	Station Hospital, Colchester.
Corps Engineer ..	Colchester ..	.. .. .	Station Hospital, Colchester.

II. ARMY CORPS.—ALDERSHOT DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be sent to.
Cavalry Brigade ..	Lewes .. ..	.. .. .	Station Hospital, Brighton.
1st Division ..	Aldershot ..	1st and 2nd Brigades and Divisional Troops	No. 1 Station Hospital, Aldershot.
2nd Division ..	Guildford ..	1st and 2nd Brigades and Divisional Troops	No. 2 Station Hospital, Aldershot.
3rd Division ..	Dorking.. ..	1st and 2nd Brigades and Divisional Troops	No. 3 Station Hospital, Aldershot.
Corps Artillery ..	Aldershot ..	.. .. .	Station Hospital, Aldershot.
Corps Engineer ..	Aldershot ..	.. .. .	Station Hospital, Aldershot.

Field Hospitals and Hospital Groups.

Section VI.

Continued—continued.

III. ARMY CORPS—CHICAGO DISTRICT.

Division, No.	Station of Assembly.	Notes.	Notes to be filled in.
1st Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
2nd Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
3rd Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
4th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
5th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
6th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
7th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
8th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
9th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
10th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.

IV. ARMY CORPS—CHICAGO DISTRICT.

Division, No.	Station of Assembly.	Notes.	Notes to be filled in.
1st Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
2nd Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
3rd Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
4th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
5th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
6th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
7th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
8th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
9th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.
10th Division	Chicago, Ill.	1st and 2nd Regiments of Cavalry	Eastern Hospital, Chicago, Ill.

Field Hospitals and Hospital Ships.

Section VI.

MOBILIZATION—continued.

III. ARMY CORPS.—CROYDON DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Ashford.. ..	.. .. .	Station Hospital, Canterbury.
1st Division ..	London and Croydon ..	1st Brigade and 2nd Brigade Divisional Troops ..	Guards' Hospital, London. Herbert Hospital, Woolwich.
2nd Division ..	Redhill	1st and 2nd Brigades and Divisional Troops	Stationary Field Hospital, Redhill.
3rd Division ..	Tunbridge Wells ..	1st Brigade and Divisional Troops ..	Station Hospital, Maidstone.
	Maidstone	2nd Brigade	Station Hospital, Maidstone.
Corps Artillery ..	Croydon .. ..	.. .. .	Herbert Hospital, Woolwich.

IV. ARMY CORPS.—DUBLIN DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Curragh.. ..	.. .. .	No. 1 Station Hospital, Curragh.
1st Division ..	Dublin	1st Brigade and Divisional Troops	Station Hospital, Dublin.
	Belfast	2nd Brigade	Station Hospital, Belfast.
2nd Division ..	Curragh.. ..	1st and 2nd Brigades and Divisional Troops	Nos. 1 and 2 Station Hospitals, Curragh.
3rd Division ..	Cork	1st Brigade and Divisional Troops	Station Hospital, Cork.
	Limerick	2nd Brigade	Station Hospital, Limerick.
Corps Artillery ..	Dublin .. ..	.. .. .	Station Hospital, Dublin.

Section VI.

Field Hospitals and Hospital Ships.

MOBILIZATION—continued.

V. ARMY CORPS.—SALISBURY DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Yeovil .. ..	.. .. .	Station Hospital, Dorchester.
1st Division ..	Salisbury ..	1st and 2nd Brigades and Divisional Troops	General Hospital, Netley.
2nd Division ..	Warminster ..	1st and 2nd Brigades and Divisional Troops	Station Hospitals at Devizes and Bristol.
3rd Division ..	Gloucester ..	1st and 2nd Brigades and Divisional Troops	Stationary Field Hospital Gloucester.

VI. ARMY CORPS.—CHESTER DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Crewe .. ..	.. .. .	Station Hospital, Chester.
1st Division ..	Chester	1st and 2nd Brigades and Divisional Troops	Station Hospital, Chester.
2nd Division ..	Liverpool ..	1st and 2nd Brigades and Divisional Troops	Station Hospitals at Rupert House and North Fort, Liverpool.
3rd Division ..	Manchester ..	1st Brigade and Divisional Troops	Station Hospitals, Hulme and Salford, Manchester.
	Preston	2nd Brigade	Station Hospital, Preston.

Field Hospitals and Hospital Units.

Section VI.

Continued.

THE ARMY CORPS—TENT DISTRICT.

Station.	Name of Hospital.	Staff.	Medical Officers.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.

THE ARMY CORPS—HEADQUARTERS DISTRICT.

Station.	Name of Hospital.	Staff.	Medical Officers.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.
Headquarters.	Headquarters.	1st and 2nd Regiments and 1st Cavalry Troop.	Major General, Surgeon General, and Medical.

Section VI.

Field Hospitals and Hospital Ships.

Description—continued.

V. ARMY CORPS—HARRISBURG DISTRICT.

Division, No.	Station of Assembly.	Post.	Rank to be Filled.
First Division	First ..	" ..	First ..
Second Division	Second ..	1st and 2nd Brigades and Medical Troop	Second ..
Third Division	Third ..	1st and 2nd Brigades and Medical Troop	Third ..
Fourth Division	Fourth ..	1st and 2nd Brigades and Medical Troop	Fourth ..

VI. ARMY CORPS—CHICAGO DISTRICT.

Division, No.	Station of Assembly.	Post.	Rank to be Filled.
First Division	First ..	" ..	First ..
Second Division	Second ..	1st and 2nd Brigades and Medical Troop	Second ..
Third Division	Third ..	1st and 2nd Brigades and Medical Troop	Third ..
Fourth Division	Fourth ..	1st and 2nd Brigades and Medical Troop	Fourth ..

Field Hospitals and Hospital Ships.

Section VI.

MOBILIZATION—continued.

VII. ARMY CORPS.—YORK DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Doncaster ..	.. .. .	Station Hospital, Doncaster.
1st Division ..	York ..	1st and 2nd Brigades and Divisional Troops	Station Hospital, York.
2nd Division ..	Northampton ..	1st and 2nd Brigades and Divisional Troops	Station Hospitals, Northampton and Bedford.
3rd Division ..	Darlington ..	1st Brigade and Divisional Troops.	Stationary Field Hospital, Darlington.
	Newcastle ..	2nd Brigade ..	Station Hospital, Newcastle.

VIII. ARMY CORPS.—EDINBURGH DISTRICT.

Division, &c.	Station of Assembly.	Detail.	Sick to be Sent to.
Cavalry Brigade ..	Musselburgh ..	.. .. .	Station Hospital, Piershill, Edinburgh.
1st Division ..	Edinburgh ..	1st and 2nd Brigades and Divisional Troops	Station Hospital, The Castle, Edinburgh.
2nd Division ..	Glasgow ..	1st Brigade and Divisional Troops.	Station Hospitals, Glasgow and Paisley.
	Hamilton ..	2nd Brigade ..	Station Hospitals, Hamilton.
3rd Division ..	Melrose ..	1st and 2nd Brigade and Divisional Troops	Stationary Field Hospital, Melrose.

Section VI.

Field Hospitals and Hospital Ships.

V.—DUTIES OF MEDICAL OFFICERS ATTACHED TO AN ARMY CORPS IN THE FIELD ON ACTIVE SERVICE.

Duties of the Administrative Medical Staff.

Surgeon
General-in-
Chief.

312. On the Staff of a General Officer commanding an army there will be one Surgeon General-in-Chief, whose duties will be on the Staff of the General Officer Commanding the Army, and who will have the supreme control under that Officer of all Medical arrangements connected with the force. (See Appendix No. 9, page 194.)

Arrangements
by Surgeon
General of
Army Corps.

313. All Medical arrangements for an Army Corps, the strength of which on active service will be 36,805 of all ranks, will be made by the Surgeon General, and carried out with the approval and under the orders of the General Officer commanding. The detail of the Administrative Medical Staff for Stationary Field Hospitals is shown in Appendix No. 8, page 192.

Surgeon
General at
head-quarters
of Army
Corps.

314. The Surgeon General of an Army Corps will remain with the head-quarters of the corps; and will advise the General Officer commanding regarding the disposition and movements of the Bearer Companies and the moveable Field Hospitals.

Communi-
cates with
heads of
departments.

315. He will place himself in communication with the heads of departments, and intimate to each department concerned the equip and supplies that will be probably required for the sick and wounded.

Sanitary.

316. He will direct all medical and sanitary matters, on the line of march, in camp and in quarters.

Distribution.

317. He will be responsible for the distribution of Medical Officers, of Officers and men of the Army Hospital Corps, of the reserve, and of civilians employed with the department.

Bearer Com-
panies, and
Field Hospi-
tals.

318. He will be responsible for the disposal of such Bearer Companies and Field Hospitals as may not be required for immediate duty.

Dressing
station.

319. He will indicate the positions for dressing stations when an engagement is expected.

Bearer Com-
panies and
Field Hospi-
tals with
division.

320. The Bearer Companies and Field Hospitals attached to a division will be under the command of the General Officer commanding the Division; but the Principal Medical Officer of the Division, in the absence of the Surgeon-General of the Army-Corps, will be responsible for the movements and proper disposal of them at all times.

Principal
Medical
Officer of
division.

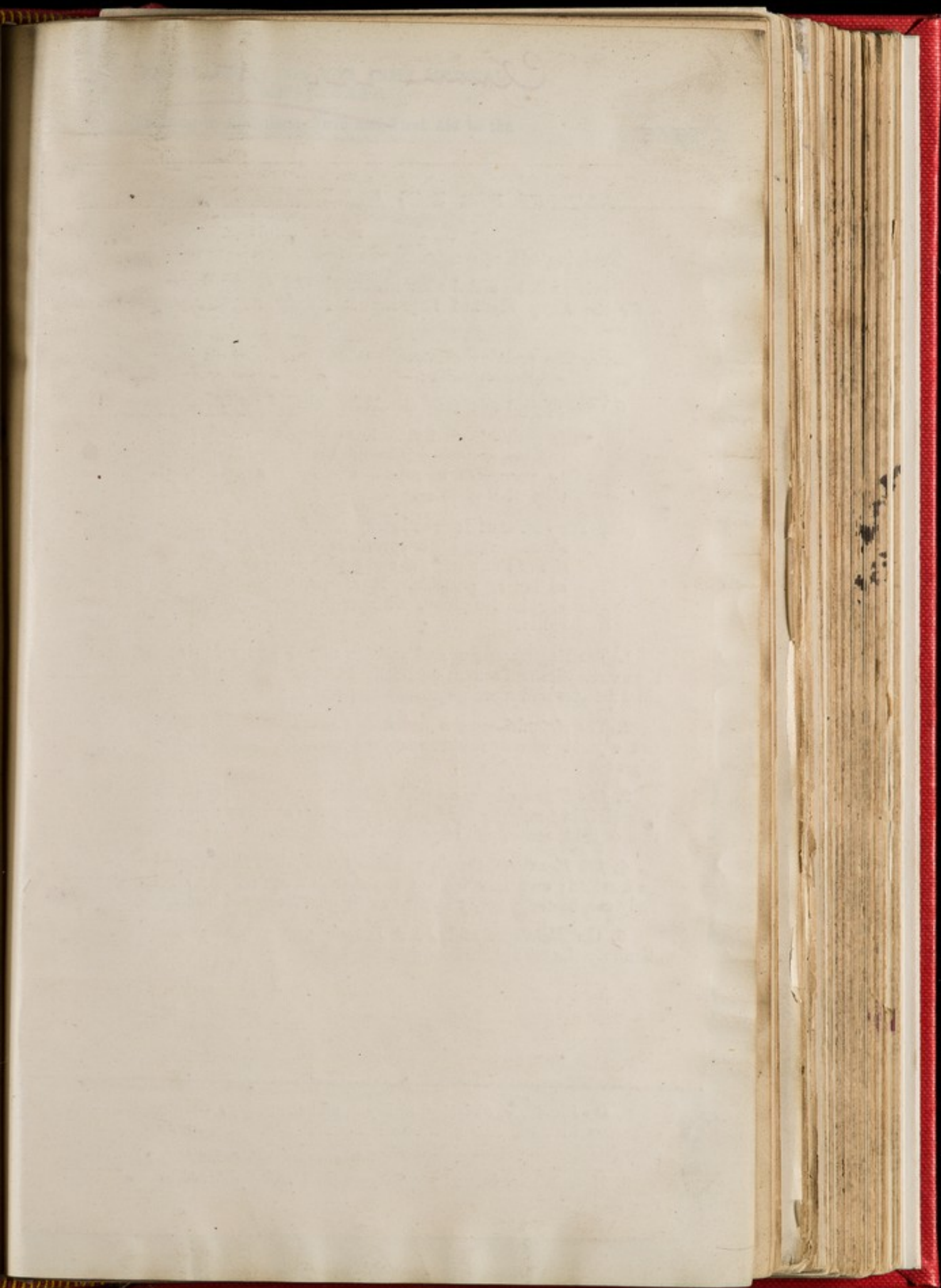
321. When a division is detached so as to render communication with the head-quarters of the Army Corps impracticable, the Principal Medical Officer of the Division will perform all the duties of the Surgeon General of an Army Corps in respect to the division.

Field
Director.

322. The Field Director will receive his instructions from the Surgeon General of the Army Corps.

His duties.

323. He will regulate all the details of the movements of the Field Hospitals.



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REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Training in Ambulance Drill and First Aid to the Wounded.

(THIS APPLIES ALSO TO THE AUXILIARY FORCES.)

Cl. 103. The following will be inserted after para. 332 (a), added to the Regulations for the Army Medical Department by Clause 220, Army Circulars, 1882 :—

332b. The training of officers and men of the Regular and Auxiliary Forces in ambulance drill and first aid to the wounded will be carried out under the orders of General Officers Commanding, and Principal Medical Officers of Districts.

332c. Commanding Officers will afford Medical Officers and others undertaking the duty every

facility for the formation and instruction of classes, and will detail a competent non-commissioned officer to assist the Medical Officer in the drill, and take charge of equipment and appliances used in the instruction.

332d. On the formation of a class, Officers and men of any branch of the Service will be allowed to attend; the course of instruction will consist of at least 12 lectures and drills, of which nine attendances must be certified by the Instructing Medical Officer before application is made for examination as to proficiency. A class should consist of not less than eight persons.

332e. When a class has completed a course and is ready for inspection, the Instructor will submit the names on the Inspection Report of Ambulance Class (Army Form I 1224), for transmission through the Commanding Officer to the General Officer Commanding and the Principal Medical Officer of the District, and the latter will forward it, together with authority to inspect the class, to the Medical Officer he may detail as examiner.

332f. The examining Medical Officer will complete the report on the inspection of the class, and will also sign the Certificates of Proficiency (Army Form E 596) which will be prepared and signed by the Instructor for those found qualified, and will forward both the report and the certificates to the Principal Medical Officer; the latter will countersign the certificates and send them to the Instructor for distribution, retaining the report as an office record.

332g. Any number of Officers and men may qualify, but certificates of proficiency will not be granted to the Regular Forces, but only to the Militia and Volunteers.

332h. In Militia and Volunteer corps two for each company of the rank and file of those holding certificates will be selected as the recognized stretcher bearers of the corps, and as such will be entitled to wear the Geneva Badge on the right arm, as laid down in para. 486 of the Volunteer Regulations, amended by G.O. 46 of 1884.

332i. To insure efficiency, and the retention of the right to wear the badge, the recognized stretcher

PART 2.

Section VI.

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Duties of Sanitary Officer at Head Quarters.

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Two men per company, trained as stretcher bearers.

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Regimental medical equipment.

Introduction into Service Regulations
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REGULATIONS

Training

The following regulations for the Army (Vol. VI.):—

332a. The following regulations for the Army (Vol. VI.):—

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1. The English the extremities chief arteries are

2. The *Arteries* to the points where they emerge.

3. On *Hæmorrhage* how bleeding may be stopped in the field, and the treatment of field, and

4. On *Fractures* how they should be handled; and how the body can be treated

5. On *Bandages* particularly the triage

6. On *Stretchers* and how patients should be carried on them.

7. On *Ambulances* used for the carriage of the wounded

8. On *Sunstroke* reference to the treatment to be given.

9. How *Water* should be given to sick and wounded

districts, in accordance with the instructions contained in Section IV., Regulations for the Ordnance Store Department, issued in a revised form by Clause 97, Army Circulars, 1884. They will also prepare, for the Inspectors, statements of any circumstances which may require special attention.

116. The Officer in charge of a Sub-district will, when practicable, be detailed to accompany the Inspector of Warlike Stores in his inspections of the Sub-district magazines and stores. In the unavoidable absence of the former Officer, the Officer who assisted at the last half-yearly regimental inspection, or one of the District Officers most conversant with the particular Sub-district, will be detailed for this service.

332k. At the head-quarters of each district a limited quantity of stretchers and appliances will be kept for purposes of instruction; and, when practicable, these will be issued under the sanction of the General Officer Commanding, on loan to corps in which classes for instruction are formed; the corps will be responsible for the carriage, safe custody, and return of this equipment.

332l. The Army Forms herein mentioned will be obtained by instructing Medical Officers forming classes on application to the Principal Medical Officer of the district. The certificate of proficiency is of a size that it can be pasted into a man's small book, in the same manner as a school certificate.

GENERAL REGULATIONS.

I.—REGULAR FORCES.

Military Books.

Cl. 104.

May 1884.

1. With reference to Clause 14, Army Circulars, 1884, the undermentioned books have been published, and will be added to the List of Works promulgated by the Appendix to the above-named clause, which will be amended accordingly:—

	s.	d.
Aide Memoire for the use of Officers of Royal Engineers, Vol. II., Permanent Engineering, 1883	8	7
Musketry Instruction at Hythe, Annual Report for year ending 31st March 1883	2	6
Musketry Instruction, Regulations for, 1884	0	5
Number of Troops to the yard in the principal battles since 1850. With the opinions of modern authorities on the limits of extension at the present day, 1884	0	7

2. The following work will be removed from the list:—

Army Hospital Corps, Manual of Instructions for Non-Commissioned Officers and Men. (Out of print.)

Field Hospitals and Hospital Ships

Section VI.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

324. He will visit them frequently and, with the surgeon in charge, examine the cases received from Corps, and from the dressing stations of the bearer companies, with a view to the disposal of sick and wounded, so as to obviate overcrowding, by removing with all possible despatch to Hospitals along line of communication or at the base (should their state permit), patients who are not likely to become effective within a reasonable time.

His duties.

325. He will report to the Surgeon-General of the Army Corps any deficiencies in clothing, medical and surgical appliances, or any conditions likely to affect the health of the sick or wounded in hospital, so that immediate steps may be taken to supply deficiencies, or make necessary arrangements.

To report
Deficiencies,

326. He will report to the Surgeon General when any buildings are available for hospital purposes.

and Buildings
available for
Hospitals.

327. He will always when possible confer with the Principal Medical Officers of Divisions, before submitting any reports to the Surgeon General of the Army Corps.

To consult

328. When necessary he will communicate directly with the Surgeon General of the line of communications; so that there may be no delay in supplies being forwarded or proper steps taken for the transfer of the sick and wounded from the moveable field hospitals, and will report as soon as possible to the Surgeon General of the Army Corps what arrangements have been made.

Medical
Officers of
Divisions
and Surgeon-
General of
line of com-
munications.

329. The duties of the Sanitary Officer at Head-Quarters will be found in the Sanitary Regulations.

Duties of
Sanitary
Officer at
Head
Quarters.

Medical Officers doing duty with Corps.

330. Medical Officers doing duty with Corps will afford such temporary assistance as may be required in camp, on the line of march, and in action; all cases of sickness occurring in camp, and requiring prolonged treatment, will be sent to the nearest Field Hospital.

Medical
Officers doing
duty with
Corps.

331. The cadre of Medical Officers who will do duty with Corps is shown in Appendix No. 10, page 196.

332. Two men a company, trained as stretcher-bearers, will be under the orders of Medical Officers doing duty with Corps, and in cases of outpost duty or detached battalions will perform the duties that are performed divisionally by the men of the bearer company; in extensive actions they will also assist the wounded. It is desirable that Commanding Officers of Regiments should cause four men a company to be trained to meet casualties.

Two men per
company,
trained as
stretcher
bearers.

333. The regimental stretcher-bearers will never be removed from battalions without the special sanction of the General Officer commanding the division.

Not to be
removed.

334. Under ordinary circumstances, field companions, in the proportion of two for each regiment, and water-bottles, in the proportion of two for each company, will be carried by the regimen-

Regimental
medical
equipment.

Section VI.

Field Hospitals and Hospital Ships.

DUTIES OF MEDICAL OFFICERS, &c.—continued.

tal bearers. When the battalions are detached, or whenever it is considered necessary by the Principal Medical Officer of Division, he will cause additional medical supplies or assistance to be furnished.

Regimental
stretcher
bearers
during an
action.

335. A field-stretcher for each company will be carried on the line of march in the battalion company carts. When an action is expected, the regimental bearers will leave their rifles and valises in the carts, and march with the stretchers, water bottles, and field companions under the direction of the Medical Officers to the scene of action.

336. In minor actions, Medical Officers doing duty with the regiments engaged will be assisted by surgeons of Corps which are not engaged in applying first dressings to wounded.

Medical
Officers with
corps to afford
temporary aid.

337. In serious actions, Medical Officers doing duty with Corps will only afford such temporary aid to the wounded as may be necessary until the staff of the Bearer Company arrives; on such occasions they will not, as a rule, undertake any serious surgical operation, but always keep in close proximity to their respective Corps.

VI.—THE BEARER COLUMN OF AN ARMY CORPS.

Bearer
Column.

338. The duties of a Bearer Column will be to render first assistance to the wounded and remove them from the field to dressing stations and Field Hospitals. A Bearer Column will consist of four companies, one for each division, and one for the Corps troops, including the cavalry brigade.

Bearer Com-
pany for
mountain
warfare.

339. When operations are being carried out in a mountainous district, an appropriate mountain equipment will replace the carriages, draught horses, and matériel of one of the four Bearer Companies with an Army Corps.

340. The details of a Bearer Company and of the mountain equipment are given in Appendix No. 5, pages 186–188.

Bearer Com-
pany divisi-
ble.

341. A Bearer Company is divisible into two half-companies, each of which, by the arrangements made for distribution of personnel and stores, is capable of acting independently.

342. When a Bearer Company is divided, the Medical Officer next in rank to the Medical Officer in charge will command the half-company which is detached.

343. The half-company of a Bearer Company will rejoin the head-quarters of the Company as soon as possible after the duties for which it has been detached have been completed.

Two lines of
ambulance
wagons.

344. There will be two lines of ambulance wagons belonging to each Bearer Company, 10 in the first line and 23 in the second line; the first line of ambulance wagons will, under all circumstances, be kept up to its full strength by supply from the second line.

Ambulance
wagons, first
line.

345. The ambulance wagons of the first line, and the surgical

Article VI.

Field Hospitals and Hospital Ships.

General Principles of Organization.

1000. The organization of the medical service in the field is determined by the tactical situation and the nature of the operations. It is the duty of the Medical Officer to organize the medical service in accordance with the tactical situation and the nature of the operations.

1001. A field hospital is an organization of medical personnel and material which is organized to provide medical care in the field. It is organized to provide medical care in the field, and is organized to provide medical care in the field.

1002. The organization of a field hospital is determined by the tactical situation and the nature of the operations. It is the duty of the Medical Officer to organize the medical service in accordance with the tactical situation and the nature of the operations.

1003. In organization, a field hospital is organized to provide medical care in the field. It is organized to provide medical care in the field, and is organized to provide medical care in the field.

VI. THE MEDICAL SERVICE OF AN ARMY CORPS.

1004. The duties of a Medical Officer will be to provide first aid to the wounded and to provide medical care to the wounded. He will also be responsible for the organization of the medical service in the field.

1005. When operations are being carried out in a mountainous region, the Medical Officer will be responsible for the organization of the medical service in the field.

1006. The duties of a Medical Officer will be to provide first aid to the wounded and to provide medical care to the wounded. He will also be responsible for the organization of the medical service in the field.

1007. A Medical Officer will be responsible for the organization of the medical service in the field. He will be responsible for the organization of the medical service in the field.

1008. When a Medical Officer is detailed to a field hospital, he will be responsible for the organization of the medical service in the field.

1009. The duties of a Medical Officer will be to provide first aid to the wounded and to provide medical care to the wounded. He will also be responsible for the organization of the medical service in the field.

1010. There will be a Medical Officer in each of the field hospitals. He will be responsible for the organization of the medical service in the field.

1011. The duties of a Medical Officer will be to provide first aid to the wounded and to provide medical care to the wounded. He will also be responsible for the organization of the medical service in the field.

Field Hospitals and Hospital Ships.

Section VI.

BEARER COLUMN, &c.—continued.

wagons and carts of a Bearer Company will all be of service pattern.

346. It may be necessary to form the second line of ambulance wagons from local sources, but as no local carriage can be so suitable for wounded men as the regulation ambulance wagons, these should be used if possible, although horsed from local sources.

Ambulance
wagons,
second line.

347. Ambulance wagons in the second line when supplied from local sources will be proportionately increased in number if they are not capable of conveying as many sick or wounded as the regulation ambulance wagons.

348. When such local auxiliary transport for the sick is supplied, the same proportion of Non-commissioned Officers and artificers from the Army Service Corps will be allowed, as if all the ambulance wagons were of the regulation pattern.

Auxiliary
Transport.

349. The wagons for the Bearer Companies will be supplied by the Ordnance Store Department, the horses, drivers, and artificers by the Army Service Corps, and maintained by the Commissariat Department; but will be under the direction of the Medical Officer in charge as long as they are attached to the Bearer Companies.

Supply of
wagons,
horses,
drivers, and
artificers
for bearer
companies.

350. The following will be the order observed by the Bearer Company on the line of march:—

Order of
March.

At the head of the Company the sick bearers of the Army Hospital Corps will march in fours; the wagons and carts will immediately follow these in column of route, the ambulance wagons leading.

The posts of Officers will be as follows:—Medical Officers in front of the Army Hospital Corps, Officers of Orderlies in rear of the Army Hospital Corps, and the Transport Officer on the directing flank of the store wagons. The Medical Officer in command will move from one part to another as occasion requires his presence for the preservation of order. The rear of the company will be brought up by remounts and spare horses. When the Bearer Company is provided with mountain equipment the pack animals will immediately follow the Army Hospital Corps in half sections.

351. One-fourth of the men composing the Bearer Company will be equipped with water-tins, and the bearer-company-haversack containing bandages, tourniquets, &c.

Water tins,
&c.

352. Medical Officers will see that the sick bearers keep their water-tins replenished and the haversack supplied with dressing apparatus.

353. The Bearer Company will be under the direct command of the Medical Officer in charge, who will be responsible through

Command of
Bearer Com-
pany.

Section VI.

Field Hospitals and Hospital Ships.

BEARER COLUMN, &c.—continued.

the Officer commanding the troops to the Principal Medical Officer of division for its efficiency at all times.

Requisition
for supplies
and equip-
ment.

354. The Medical Officer in charge will cause the Senior Officer of Orderlies to make all the requisitions on the Commissariat, Ordnance Store, and Medical Departments, for such equipment and supplies as may be required for the Bearer Company. The requisitions will be signed by the Officer of Orderlies receiving the supplies and approved of by the Medical Officer in command of the company. The requisitions for equipment will be made out in strict conformity with the arrangement of Stores by sections shown in Appendix No. 11, pages 197-202.

Senior Officer
of Orderlies,
Army Hos-
pital Corps.

355. The Senior Officer of Orderlies will be responsible for the charge of the medical equipment and stores of the Bearer Company, and will act as Quarter-Master and Paymaster, and will conduct the duties connected with the formation and arrangements of the dressing station, under the orders of the Medical Officer in charge.

Lieutenants,
Army Hos-
pital Corps.

356. The Lieutenants of the Army Hospital Corps will be employed during an action in conducting the ambulance wagons to and from dressing stations, and will perform such other duties as the senior Medical Officer present may consider necessary for the welfare of the sick and wounded.

Transport
Officer, Army
Service Corps.

357. The Transport Officer of the Army Service Corps will command the detachment of his own corps attached to the Bearer Company, but he will carry out all instructions received from the Medical Officer in charge as to the disposition and movements of the store wagons and horses.

Principal
Medical
Officer, and
General
Officer Com-
manding.

358. Before an action commences the Principal Medical Officer of the Division will advise with the General Officer commanding, in regard to the positions where dressing stations will be established.

359. In the absence of the General Officer or other Officer commanding, the Principal Medical Officer of Division will issue the necessary instructions to the Bearer Company.

360. When no orders have been received from the General Officer Commanding, or from the Principal Medical Officer of Division, the Medical Officer in charge of the company will on his own responsibility organize the dressing station or stations, and take such measures as may be necessary for the relief and transport of the sick and wounded.

Dressing
stations.

361. Dressing stations will be established, if possible, at points not exposed to fire. If there be suitable buildings near the scene of action they will be utilized, otherwise an operating tent will be pitched under cover, and the Medical Officer in charge of the Bearer Company will issue such directions as he may consider necessary for the organization of the dressing stations, and apportion to each Medical Officer his duties.

362. At the dressing stations the surgical wagons, water carts,

Field Hospitals and Hospital Ships.

Section VI.

BEARER COLUMN, &c.—continued.

and store wagons will be placed in position under the orders of the Medical Officer in charge.

363. The dressing station will be distinguished during day-time by two Geneva flags, and during the night by two red lanterns. How distinguished.

364. During the action wounded straggling from the field will be attended to at the dressing station, and transferred to the rear with all possible speed. Straggling wounded.

365. At the close of an action two medical officers with the sick bearers, followed by a Lieutenant of the Army Hospital Corps conducting the first lines of ambulance wagons, will advance by the shortest available route, and halt as near as possible to the scene of action. The halting place will be termed the "Collecting Station." The wagons will be drawn up with the horses' heads towards the dressing station. Mode of collecting wounded after action.

366. The bearers will then take the stretchers from the ambulance wagons in the proportion of one stretcher for every four men; two to carry the wounded man and two to act as reliefs or fatigue-men, assisting in placing him on the stretcher and carrying the wounded man's rifle and valise, and, in the absence of the Medical Officer, applying a first dressing if necessary.

367. The sick bearers will be divided into two half-companies—each half company being under the direction of a medical officer; the wings will be further divided into sections of 16 men, each section being under the direction of a Non-commissioned Officer.

368. The bearers thus detailed will patrol the battlefield and its vicinity, examine the fallen, and separate the living from the dead, removing the wounded to the ambulance wagons for conveyance to the dressing station, and returning again immediately with the stretchers to the field.

369. When the ambulance wagons have been loaded they will proceed to the dressing station, each wagon being followed by an attendant—if possible, a Non-commissioned Officer—who will assist in the removal of the wounded from the wagons.

370. Whenever practicable, the wounded will be carried to the dressing station, or even to one of the field hospitals, in the vicinity, without removal from the stretchers.

371. When all the wounded have been removed from the open, the woods and ditches in the neighbourhood will be methodically searched, so that there may be no possibility of any wounded remaining uncared for. Lanterns for searching in the dark form part of the equipment of a surgery wagon. Vicinity of scene of action to be searched.

372. When the wounded, with their rifles and valises, have been deposited at the dressing stations, the stretchers will be cleaned, and the ambulance wagons will at once return to the field. Return of ambulance wagons to the field.

Section VI.

Field Hospitals and Hospital Ships.

BEARER COLUMN, &c.—continued.

Arms and
valises of the
wounded.

373. The arms and accoutrements of wounded men will be carried with them in the ambulance wagons to the dressing stations and field hospitals, and will be handed over to a sergeant of the Army Hospital Corps.

374. Before using a wounded man's rifle as a splint, or placing it in an ambulance wagon, the charge must be withdrawn if the weapon be loaded.

Private prop-
erty of dead
and wounded.

375. Officers and Non-commissioned Officers of a Bearer Company will be responsible that the private property of the dead and wounded is not appropriated. A severe punishment will follow any such act of appropriation.

Second line of
ambulance
wagons.

376. The second line of ambulance wagons will be under the charge of an officer of the Army Hospital Corps, and under ordinary circumstances about half a day's march in rear of the company.

377. When the wounded begin to arrive at the dressing station, the Medical Officer in charge will send an Officer of Orderlies with orders for the 2nd line of ambulance wagons, or as many of them as may be considered necessary, to advance to the dressing station to remove them to the nearest Field Hospital.

Medical estab-
lishment left
behind.

378. In case of the troops retiring, the Principal Medical Officer of Division, or, in his absence, the Medical Officer in charge of the Bearer Company, will determine what portion of the medical establishment will be left behind.

Surgery
wagons.

379. With each Bearer Company there will be two surgery wagons, containing a complete equipment of instruments, surgical appliances, medicines, and medical comforts for the first assistance in the field. The contents, and mode of packing a surgery wagon, are shown in Appendix No. 4, page 175 to 185.

Diagnosis
ticket.

380. When the necessary surgical treatment has been afforded at the dressing station, the Medical Officer will attach to the clothes of the wounded man a diagnosis ticket, on which will be specified his regiment, number, rank and name, with the nature of the injury, the treatment, and any precautions required as to transport; all these details will also be written in the "Tally Book."

Plan of an
encampment
and of a
Surgery
Wagon.

381. The plan of an encampment for a bearer company and the plan of a Surgery Wagon showing the mode of packing the baskets and boxes, will be found printed in the Appendix, pages 188 and 185.

VII.—MOVABLE FIELD HOSPITAL, WITH AN ARMY CORPS ON ACTIVE SERVICE.

Movable Field
Hospital.

382. Movable Field Hospitals will form the second line of medical assistance in the field; they will be an integral portion of the Army Corps, and will receive the sick and wounded from dressing stations and corps.

Amended by cl. 15, H.C. 1882

Field Hospitals and Hospital Ships.

Section VI.

MOVABLE FIELD HOSPITAL, &c.—continued.

383. There will be twelve movable field hospitals for an Army Corps; two will be attached to each division, six remaining for general disposal. The detail of a field hospital is shown in Appendix No. 6, pages 189 and 190. Each Field Hospital will accommodate 200 sick, and will be divisible into two, each half-field Hospital being complete in personnel and matériel for 100 sick. When a Field Hospital is divided the Surgeon next in rank to the Medical Officer in charge will take the command of the detached portion. The regulation in paragraph 343, for a Bearer Company, will be followed in the case of a Field Hospital placed under similar circumstances.

Number of
and how di-
vided.

384. Each hospital tent in a movable Field Hospital will accommodate four patients; but the number may be increased or decreased in accordance with the requirements of the sick and wounded.

Hospital
tent.

385. Only transport for three Field Hospitals of those that are not attached to divisions will be kept up; when necessary, transport for the remaining Hospitals will be supplied on requisition by the Commissariat Department. The Principal Medical Officer of a Division will be responsible that a sufficient number of Field Hospitals are opened. When more than two are required for the Division, he will apply to the Surgeon General through the General Officer commanding the division for such of the unattached field hospitals as may be required. When a Field Hospital of a Division cannot be moved on account of the number of sick and wounded, want of transport, or other circumstances, the Hospital will cease to belong to the Division, and its place will be taken by a reserve Field Hospital detailed for the purpose by the Surgeon General of the Army Corps.

Transport
of field hospi-
tals not
attached to
divisions.

Additional —
field hospitals
for divisions.

386. The Principal Medical Officer of a Division will advise the General Officer commanding as to the number and position of Field Hospitals that may be considered necessary while in camp.

Number
and position
of Field
Hospitals.

387. When no instructions have been received from the head-quarters of a Division, the Medical Officer in charge of a movable Field Hospital will use his discretion in opening it, reporting his reasons for so doing to the General Officer Commanding the Division, who will refer the matter to the Principal Medical Officer.

388. The Medical Officer in charge of a movable Field Hospital will cause the senior officer of orderlies to make all the requisitions on the Commissariat, Ordnance Store, and Medical Departments for such equipment and supplies as may be required.

Requisition
for stores and
equipment.

389. The requisitions will be signed by the Officer of Orderlies receiving the supplies, and approved of by the Medical Officer in command of the Field Hospital. The requisitions for equipment will be made out in strict conformity with the

Section VI.

Field Hospitals and Hospital Ships.

MOVABLE FIELD HOSPITAL, &c.—continued.

arrangement of Stores by sections shown in Appendix No. 11, pages 197 to 202.

Sick and wounded to the rear.

390. He will send all sick and wounded to the Hospitals along the line of communication and the base as soon as practicable, only retaining under treatment cases that are likely to be fit for duty within a short period, or those which might suffer by removal.

391. Before an action the movable Field Hospitals will be cleared of any sick or wounded that can be removed to the rear.

Selection of site for a Field Hospital.

392. In selecting a site for a Field Hospital before an action, due precautions will be taken that the position is as close as possible to the first line of assistance, and that there is a practicable road for the ambulances from the front, and a sufficient water supply in the vicinity.

393. Advantage will be taken of any available and suitable buildings in towns and villages for the establishment of these Field Hospitals.

Tents to be used for Hospitals when buildings not available.

394. When there are no buildings available the hospital tents will be pitched, and the pharmacy, store wagons, and water carts drawn up under the direction of the medical officer in charge.

Field Hospital store wagons.

395. There are four Field Hospital store wagons in a movable Field Hospital, each containing the ward equipment, cooking utensils, and medical stores for 50 patients; the contents and mode of packing of these wagons are detailed in Appendix No. 2, pages 142 to 152.

Pharmacy wagons.

396. There are two pharmacy wagons for a field hospital, each containing a complete equipment of instruments, surgical appliances, medicines, means of compounding, and medical comforts. The contents and directions for packing are fully detailed in Appendix No. 3, pages 153 to 174.

Order of march for Field Hospitals.

397. The following will be the order observed in the case of a movable Field Hospital on the line of march:—

The Non-commissioned Officers and men of the Army Hospital Corps will march in front, followed by the pharmacy, field hospital store wagons, water carts, personal equipment wagons, and forage carts, spare horses bringing up the rear.

The posts of Officers will be as follows:—The Medical Officers before the Army Hospital Corps, Officers of Orderlies in the rear of the Army Hospital Corps, the Transport Officer in the directing flank of the wagons. On the line of march the Medical Officer in command will exercise constant supervision over the Field Hospital column.

Plan of encampment.

The plan of an encampment for a movable Field Hospital will be found printed in Appendix 17, page 225.

Section VI.

Field Hospitals and Hospital Ships.

General Principles.

Arrangement of the Hospital Ship is given in Appendix No. 11, pages 187 to 192.

330. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

331. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

332. Before an action the Hospital Ship will be moved to a position where it can be removed to the rear.

333. In selecting a site for a Field Hospital before an action, the position should be taken that the Hospital will be as near as possible to the front, and that there is a good road to the rear.

334. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

335. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

336. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

337. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

338. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

339. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

340. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

341. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

342. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

343. The Hospital Ship will be used as a floating hospital, and will be used as such as far as possible.

The Non-Commissioned Officer (NCO) of the Army Hospital Corps will be in charge of the Hospital Ship, and will be responsible for the management of the Hospital Ship.

The NCO will be in charge of the Hospital Ship, and will be responsible for the management of the Hospital Ship.

The NCO will be in charge of the Hospital Ship, and will be responsible for the management of the Hospital Ship.

Field Hospitals and Hospital Ships.

Section VI.

VIII.—STATIONARY FIELD HOSPITALS FOR AN ARMY ON,
ACTIVE SERVICE.

398. The third line of medical assistance in the field will consist of stationary field hospitals along the line or lines of communication, and at the base of operations.

Third line of assistance.

399. In choosing sites for stationary hospitals, due attention will be paid to the character and elevation of the country, the nature of the soil, the proximity and purity of the water supply, the practicability of drainage, the shelter afforded by wood or high land from cold winds, and care will be taken that the position is easy of access and at a convenient distance from the main road, and, as far as circumstances will admit, in accordance with instructions contained in the sanitary section of the medical regulations.

Choosing of sites.

400. If possible these hospitals will be established in buildings or wooden huts at the port of embarkation, and in towns, villages, or farm-houses along the lines of communication. Hospital marquees will be stored at the base of operations, and issued for stationary hospitals when other shelter is not available.

Buildings or huts for hospitals. Marquees.

401. In forming stationary field hospitals along the lines of communication, existing lines of railway and roads will be utilized. The hospitals and provision stations will be placed at regular and convenient intervals so as to suit the position of the forces, and the circumstances of the wounded.

Provision stations.

402. Stationary field hospitals will have equipment similar to movable field hospitals as regards medical and surgical stores and ward utensils, but double the quantity of hospital clothing will be allowed; they will not be supplied with special wagons or transport.

Equipment of these hospitals.

403. In establishing hospitals at the base, or on lines of communication, the Deputy Surgeon Generals concerned will direct an Officer of the Army Hospital Corps to apply to the Commissariat or Ordnance Store Departments for the necessary stores, and to the Royal Engineer Department in the event of the erection of wooden huts or alterations to existing buildings being required, and will keep the Surgeon General of the line of communications informed on all such points.

Stores: alteration of buildings, erection of huts.

404. The sick and wounded from the army in front will be transported by the ambulance wagons of the second line as far as the advanced dépôt, where other conveyance provided by the Commissariat on the requisition of the Surgeon General of the line of communications, or the Deputy Surgeon General with the Road Commandant will meet and convey them to their destination.

Removal of wounded beyond advanced dépôt.

405. On no account are the ambulance wagons of the second line to convey sick and wounded beyond the advanced dépôt.

406. Before the removal of sick and wounded, care will be taken in the first instance to ascertain through the Road Com-

Removal and transport of

Section VI.

Field Hospitals and Hospital Ships.

STATIONARY FIELD HOSPITAL, &c.—continued.

sick and
wounded
along line
of communi-
cation.

Civilian Sur-
geons and
Medical
Students
employed
during war.

mandant when the road will be open and available for their transport; due notice will in all cases be given by the Deputy Surgeon Generals of Division of the removal of sick and wounded from the movable hospitals to the Surgeon General of Army Corps and to the Surgeon General, and to the Inspector General of the line of communications, and the latter will be responsible that intelligence is communicated throughout the whole line and to the Principal Medical Officer at base of operations.

407. Surgeons, medical students, and others rendering voluntary aid as hospital helpers will, under the sanction of the War Office, be employed in stationary hospitals. They will, on arrival at the seat of war, report themselves to the Surgeon General at the base of operations, who will appoint them to vacancies on the Hospital Staff. While thus serving, civilian surgeons and others will act under the military medical officer in charge of each hospital.



IX.—MEDICAL STAFF ON THE LINE OF COMMUNICATIONS
AND AT THE BASE OF OPERATIONS.

Surgeon
General of
lines of com-
munication.

408. There will be one Surgeon General for the line of communications and base of operations.

409. He will carry on the duties of the Department under the orders of the Inspector General of the line of communications, and will be responsible to the Surgeon General in Chief of the Army for Medical arrangements along the line of communications and at the base of operations.

Duties.

410. He will be responsible for the medical administration of all stationary hospitals, both at the base of operations and on the line of communications; also that sufficient supplies of medical and surgical equipment, to meet the requirements of the whole Army, are in store both at the base and at the advanced dépôt, and will report all wants and deficiencies to the Director General of the Army Medical Department, informing the General Officer Commanding thereof.

Responsibility
for forward-
ing supplies.

411. He will be responsible for the forwarding of medical and surgical appliances and stores for the hospitals of the whole Army.

Removal and
embarkation
of sick and
wounded.

412. He will be responsible, under the Inspector General of the line of communications, for the removal of all sick and wounded from the advanced dépôt to the stationary hospitals on the line of communications or at the base, and also for the embarkation, under the instructions of the Commandant at the base of operations, of sick and wounded to England, or to any convalescent station.

Hospital
ships.
The Medical
equipment.

413. The hospital ships, so far as their medical equipment and readiness for the reception of sick and wounded, will also be under his supervision and control.

**REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.**

**Stationary Field Hospitals for an Army on Active Service.—
Aid Societies.**

The following will be added after paragraph 407 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.):—

407a. The representatives of an Aid Society at the seat of war will invariably place the staff of Surgeons and female Nurses which accompany them, and the supplies which they may have for distribution to hospitals, at the disposal of the Principal Medical Officer of the force in the field, or at the base of operations.

Aid Societies in the Field.

407b. Surgeons and female Nurses, having been placed at the disposal of the Principal Medical Officer, will be entirely under his control, and will act under the orders of the Medical Officer in charge of the hospital to which they may be attached; and the representative of a Society will have no power to remove, or re-distribute, or allocate duties to such Surgeons or Nurses, without the knowledge of the Medical Officer in charge, and without the sanction of the Principal Medical Officer, and an order from the military Commanding Officer.

Surgeons and Nurses of Aid Societies.

407c. Supplies of any description for hospital use furnished by an Aid Society will, under arrangement of the Principal Medical Officer, be distributed to individual hospitals by the representative of the Society, and be used as the Medical Officer may think necessary and may direct, and no supplies of any kind will be introduced into hospitals or issued to patients except with the permission and by the order of the Medical Officer in charge.

Hospital supplies of Aid Societies.

RALPH THOMPSON.

Report on the Medical Service of the Army

Medical Service of the Army

Medical Service of the Army

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT

Stationary Field Hospital for an Army of 100,000 Men

The following is a list of the regulations for the Medical Department of the Army

Article I. The Medical Department of the Army shall be organized as follows:

Section 1. The Medical Department shall be divided into three branches:

Section 2. The Medical Department shall be organized as follows:

Section 3. The Medical Department shall be organized as follows:

Section 4. The Medical Department shall be organized as follows:

Section 5. The Medical Department shall be organized as follows:

Section 6. The Medical Department shall be organized as follows:

Section 7. The Medical Department shall be organized as follows:

Section 8. The Medical Department shall be organized as follows:

Section 9. The Medical Department shall be organized as follows:

Section 10. The Medical Department shall be organized as follows:

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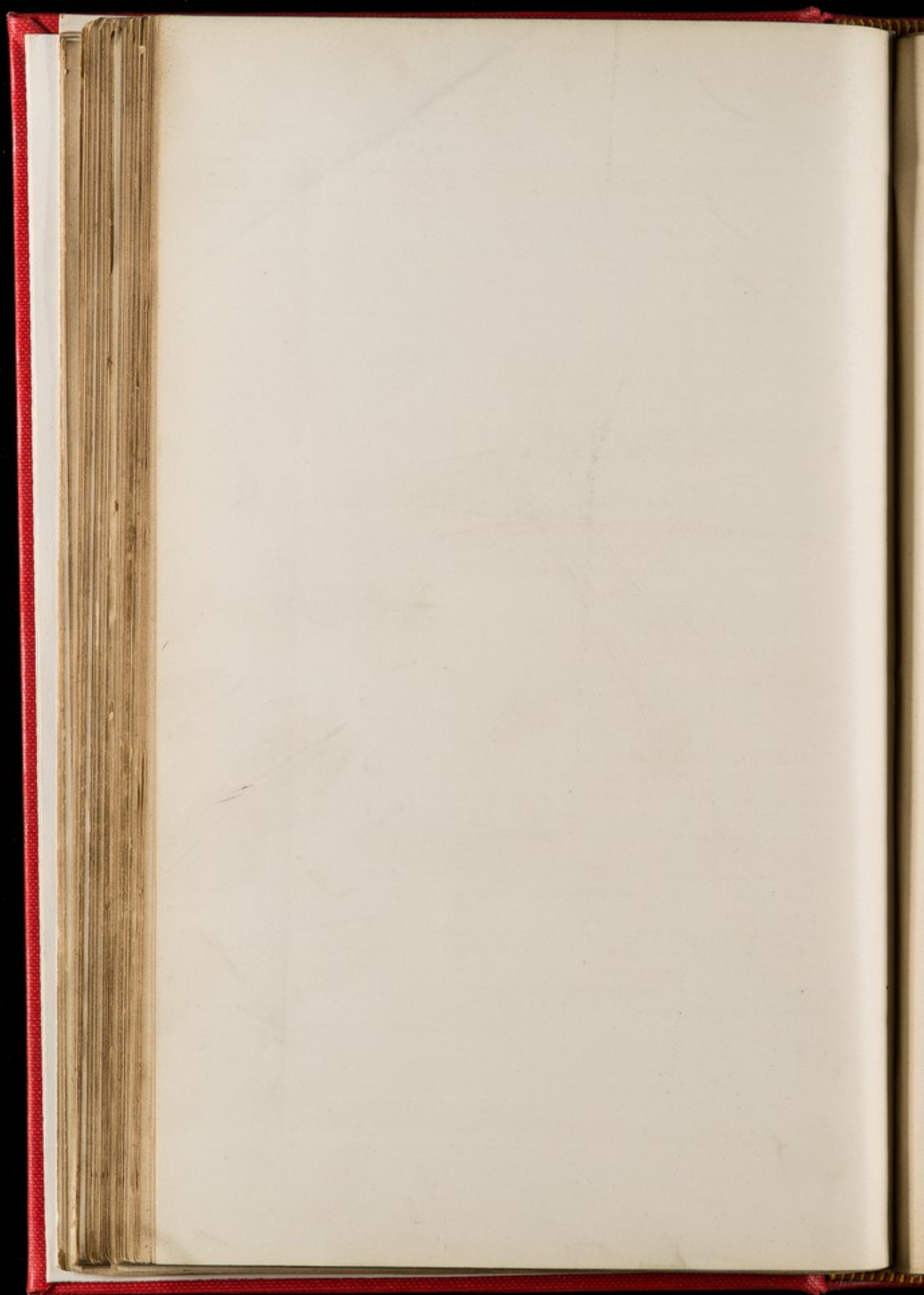
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Field Hospitals and Hospital Ships.

Section VI.

MEDICAL STAFF, &c.—continued.

414.. Two classes of patients will be transferred from base hospitals to hospital ships: (a) Those who are invalided, and awaiting transport to England, or a sanitarium; and (b) sick sent on board for change of air, or to obviate overcrowding at the base.

Classes of
of patients
to be trans-
ferred to
hospital
ships.

Deputy Surgeon General. Field Inspector of the Line of communications.

415. A field Inspector will be appointed for each road of communication, and will carry on his duties under the Road Commandant. He will be responsible to the Surgeon General of the line of communications for all medical arrangements as detailed in the Field Hospital Regulations, Section VI, Sub-section V, and will frequently visit the stationary hospitals on the line of communications, and will, in consultation with the medical officers in charge, decide regarding the patients that may return to duty, and those who are to be invalided, furnishing a report thereof to the Surgeon General.

Field
Inspector.

416. He will inform the Surgeon General without delay of any deficiencies in hospital equipment or medical stores that may exist in these hospitals, so that immediate steps may be taken to supply what is needed.

Deficiencies of
equipment or
stores to be
reported.

Base of Operations.

417. There will be three Deputy Surgeon Generals at the base of operations, the senior of whom, acting under the Surgeon General of the line of communications will perform the duties of Principal Medical Officer under the Officer Commanding at the base.

Administra-
tive Medical
Officers at
base of
operations.

418. He will also act as Sanitary Officer, and will be consulted as to the selection of buildings to be used as barracks or hospitals, of sites for camps and camp hospitals at the base, and will be responsible for the medical supervision of the same, and that the equipments and supplies of such hospitals are procured.

Sanitary
Officer.

419. The Second Surgeon General will be responsible for the arrangements connected with the reception of sick and wounded from the stationary field hospitals along the line of communications and from the army in front. He will also superintend the embarkation of sick and wounded, and will preside over all medical invaliding boards.

Disposal of
sick and
wounded
at base.

420. He will intimate to the General Officer commanding, when it is necessary for invaliding boards to assemble, and will take due precautions that there is no delay in bringing forward officers and men for invaliding, when they are not likely to become effective within a reasonable time.

Invaliding.

421. The Third Surgeon General will be responsible that

Medical and
surgical
stores.

Section VI.

Field Hospitals and Hospital Ships.

MEDICAL STAFF, &c.—continued.

there is a sufficiency of medical and surgical stores, and will arrange with the Commissariat Department for the forwarding of the same to the hospitals on the line of communications, and the advanced depôts, for the use of the hospitals and bearer companies with Army Corps.

Advanced Depôts.

Surgeon
Major at
advanced
depôt.

422. One Surgeon Major will be stationed at the advanced depôt, and, acting under the Surgeon General of the line of communications, will have charge of such medical and surgical supplies and appliances as it may be considered necessary to keep there. He will procure, by requisition from the Deputy Surgeon General at the base of operations, these stores, and will be responsible that a sufficient supply is kept at the advanced depôt to meet the urgent requirements of the movable hospitals and bearer companies in front, and will arrange with the Commissariat Department for forwarding them to the hospitals and bearer companies.

X.—HOSPITAL SHIPS FOR AN ARMY CORPS.

Relative re-
sponsibility of
Admiralty and War
Office.

Admiralty.

War Office.

Floating
hospital
accommoda-
tion.

Depôt
hospital ships.

Relieving
ships.

423. The relative responsibility of the Admiralty and War Office with regard to Hospital Ships for an Army Corps, will be as follows.

424. The Admiralty will undertake the lodging, victualling, and conveyance of the sick, and for that purpose will provide the necessary shipping, fittings, bedding, food, medical comforts, disinfectants, and mess utensils of every kind.

425. The War Office will undertake to furnish the medical and other attendance necessary for the proper treatment and nursing of the sick, and the washing of all Hospital clothing and bedding used by them, and will supply all articles of personal and Hospital clothing, medical and surgical appliances, and Hospital utensils.

426. Floating Hospital accommodation, whether stationary or for transport purposes, will be separate and exclusive of the Hospital accommodation for the force on land.

427. The following will be the floating Hospital accommodation for an Army Corps. Each division of an Army Corps will have a depôt Hospital Ship (with steam power) capable of making up 200 beds, or 250 on an emergency.

428. There will be one or more swift powerful steamers, each making up 60 beds, which will be employed as relieving ships for the depôt Hospital Ships to take the worst cases to England. Despatch vessels, each fitted out with about 30 canvas cots, will carry less severe cases to any available packet station to meet the packets on their way to England.

Field Hospitals and Hospital Ships.

Section VI.

HOSPITAL SHIPS, &c.—continued.

429. Special arrangements will be made for carrying a small number of invalids in each steam packet.

Arrangements for invalids in steam packets.

430. Each dépôt Hospital Ship will have a small steam transport attached as a store ship.

Small steam transports as store ships.

431. Every transport will accommodate temporarily in its sick bay three per cent. of the entire force that it carries.

Sick accommodation on transport ships.

432. Each dépôt Hospital Ship will be supplied with 400 canvas cots in addition to the cots required for use on board. These will be fitted into transports remaining at the base of operations when additional Hospital accommodation is required.

Canvas cots for additional hospital accommodation in transports.

433. The dieting of patients on board dépôt Hospital Ships and their relieving vessels will be conducted in the same way as in Station Hospitals, and the same War Office Forms will be used. Daily requisitions for articles of diet and medical comforts will be made on the Paymaster, or, if it be a hired ship, on the Master of the vessel.

Dieting on board dépôt hospital ships and relieving vessels.

434. A statement of provisions received, issued, and remaining, will be completed on W.O. Form 184, at the end of each month, and forwarded to the head-quarters of the Army Medical Department for transmission to the Surveyor General of the Ordnance, War Office, London.

W.O. Forms. Statement of provisions.

435. Each of these Hospital Ships will be provided with a sufficient staff of the Army Hospital Corps for carrying out the Hospital duties detailed in paragraph 425.

Army Hospital Corps Staff for hospital duties.

436. The regulations for medical officers in charge of troops on board ship [Part 1, Section III, Subsection III] will apply to despatch vessels, transports, and packets used for the temporary accommodation of the sick of the Army Corps.

Regulations for Medical Officers in charge of troops on board ship.

437. When a ship has been taken up by the Admiralty for the conveyance of Troops either as a transport or a Troop freight ship, an Army Medical Officer (if possible the Medical Officer who is to have charge of the Troops) will make a careful inspection of the ship's crew, at the time of the "first inspection" of the vessel; and will immediately inform the Naval Inspecting Officer of the result, reporting the same to the Principal Medical Officer.

Transport ships.

438. The Medical Officer in charge of Troops on board Transports and Troop Freight Ships will take medical charge of the ship's crew also, when the ship does not carry a Surgeon, and will supply medicines, &c., for their use from the public stock on board; he will have a general sanitary supervision over the ship, and will make inspections of the quarters occupied both by the Troops and by the crew.

Medical Officers in charge of troops on board transport ships to take care of the crews.

439. The following is the detail of the medical equipment which will be put on board a Transport for the use of Troops and crew:—

Medical equipment on board Transports.

One Medicine Chest, complete.

(429)

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Section VI.

Field Hospitals and Hospital Ships.

HOSPITAL SHIPS, &c.—continued.

One case of Surgeon's Instruments.
 One case of Tooth Instruments.
 One Stomach Pump.
 One box of Fracture Apparatus.

440. This equipment will be put on board and handed over to the Medical Officer in charge, who will give a receipt for the same to the Principal Medical Officer at the port of embarkation.

Equipment on
board Trans-
ports to the
left in charge
of the
Master.

441. In the event of the Medical Officer landing with the Troops when Transports are employed during military operations, the equipment will be left on board the ship, under the charge of the master, who will give a receipt to the Medical Officer, specifying the number of articles, not quantities, contained in each. The Master will be furnished with a duplicate thereof countersigned by the Medical Officer.

442. The equipment will be handed over again to the first Medical Officer who embarks for duty on board, and who will furnish the master with a receipt for the same.

Passes for A. C. Officers and men serving on board Indian Troopships must be signed by Medical Officers in charge & afterwards approved by the Naval Commander on board. 4843, Gen. A. 117.

On board Ordinary Transports men of the A. H. may also obtain leave on the recommendation of the Medical Officer in charge. 4843, Gen. A. 96.

[Issued with Army Circulars, dated 1st April 1884.]

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INSTRUCTIONS

TO

MEDICAL OFFICERS

IN REGARD TO

DIETING IN MILITARY HOSPITALS.

APPENDIX No. 12a

*of the Regulations for the Army Medical Department,
paragraph 443a.*

GENERAL INSTRUCTIONS.

1. A suitable variety of food is necessary for the sick ; and it is the duty of the Army Medical Officer to study the dieting of each individual patient, so as to prescribe the diet most suitable for each case, as carefully as he prescribes the medicinal treatment.

2. Success in the treatment of disease depends largely on the dietetic management of the case, and on the capacity to select the suitable kind and quantity of the diet, by the proper adjustment alike of food and drink. It must also be kept in mind that neither food nor medicine acts in the same way on the sick as on the healthy ; and therefore it is desirable to develop an interest in every case, and a state of mind which aims at precision and carefulness in every clinical detail.

3. The following tables give the composition, nutritive value, &c., of the hospital diets in use in the Army, calculated from the tables in Parkes' Manual of Practical Hygiene, 6th Edition, 1883, pp. 200-205.

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Section VI.

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NATURE, COMPOSITION, QUANTITY, AND NUTRITIVE VALUE OF
DIET SCALES IN USE IN THE MILITARY HOSPITALS OF THE
BRITISH ARMY.*Tea Diet.*

Constituent.	Amount of each.	Water.	Albumi- nates.	Fats.	Carbo- Hydrates	Salts.	Total, water free.
Bread	12 oz.	4.800	0.960	0.180	5.904	0.156	7.200
Tea*	$\frac{1}{2}$ "	...	...	...	...	...	...
Sugar	2 $\frac{1}{2}$ "	0.075	...	...	2.412	0.013	2.425
Milk	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Gross Total ...	21 oz.	10.083	1.200	0.402	8.604	0.211	10.417

* Tea is not usually reckoned as nutritive: its most important constituent, theine, being a stimulant more than a nutrient. There is a small quantity of casein, fat, and starch, but too small to be of material consequence. A large part of the soluble matter consists of tannin, a powerful astringent.

In tea diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	83	Albuminates 208
Oxidizable { Carbon	2,028	Fats 152
Hydrogen	29	Carbo-hydrates 1,167
Sulphur	10	
		Total 1,527

Milk Diet.

Constituent.	Amount of each.	Water.	Albumi- nates.	Fats.	Carbo- Hydrates	Salts.	Total, water free.
Bread	12 oz.	4.800	0.960	0.180	5.904	0.156	7.200
Rice	2 "	0.200	0.100	0.016	1.664	0.010	1.790
Milk (3 pints) ...	60 "	52.080	2.400	2.220	2.880	0.420	7.920
Sugar	1 "	0.030	...	...	0.965	0.005	0.970
Gross Total ...	75 oz.	57.110	3.460	2.416	11.413	0.591	17.880

In milk diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	240	Albuminates 599
Oxidizable { Carbon	3,694	Fats 913
Hydrogen	144	Carbo-hydrates 1,527
Sulphur	28	
		Total 3,039

Equipment on
board Trans-
ports to the
left in charge
of the
Master.

Passes
board
by
approved
board.

On board
at the
inward
charge.

Low Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Beef, *without bone...	8 oz.	6.000	1.200	0.672	...	0.128	2.000
Bread	14 "	5.600	1.120	0.210	6.888	0.182	8.400
Salt	$\frac{1}{2}$ "	...	...	...	...	0.500	0.500
Tea	$\frac{1}{2}$ "	...	...	...	...	...	...
Sugar	1 $\frac{1}{2}$ "	0.045	...	...	1.447	0.008	1.455
Milk	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Butter	1 "	0.060	0.003	0.910	...	0.027	0.940
Gross Total ...	31 $\frac{1}{2}$ oz.	16.913	2.563	2.014	8.623	0.887	14.087

* Probably over-estimated, as it is made into beef-tea, so that all the fat is removed and the fibrin is not all utilized.

In low diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	177	Albuminates 443
Oxidizable { Carbon	2,872	Fats 761
{ Hydrogen	117	Carbo-hydrates 1,175
{ Sulphur	20	
		Total 2,379

Section VI.

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Chicken Diet.

Constituent.	Amount of each.	Water.	Albumi- nates.	Fats.	Carbo- Hydrates	Salts.	Total, water free.
Fowl { without bone ... } { with bone, 10 oz. }	8 oz.	5.920	1.680	0.304	...	0.096	2.080
Bread	16 "	6.400	1.280	0.240	7.872	0.208	9.600
Potatoes	8 "	5.920	0.160	0.013	1.680	0.080	1.933
Salt	½ "	...	...	...	...	0.500	0.500
Tea	½ "	...	...	...	...	...	...
Sugar	1½ "	0.045	...	...	1.447	0.008	1.455
Milk	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Butter	1 "	0.060	0.003	0.910	...	0.027	0.940
Gross Total ...	41½ oz.*	23.553	3.363	1.689	11.287	0.961	17.300

* Or with bone, 43½ oz.

In chicken diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	232	Albuminates 582
Oxidizable { Carbon	3,449	Fats 638
{ Hydrogen 108		Carbo-hydrates.... 1,543
{ Sulphur .. 27		
		Total 2,763

Half Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Beef or Mutton ...	without bone, 8 oz. or with bone, 10 oz.	6.000	1.200	0.672	...	0.128	2.000
Bread ...	16 "	6.400	1.280	0.240	7.872	0.208	9.600
Potatoes ...	8 "	5.920	0.160	0.013	1.680	0.080	1.933
Barley ...	1½ "	0.225	0.165	0.030	1.055	0.025	1.275
Salt ...	½ "	...	...	...	...	0.750	0.750
Tea ...	½ "	...	...	...	...	...	...
Sugar ...	1½ "	0.045	...	...	1.447	0.008	1.455
Milk ...	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Vegetables (taken as cabbage) ...	4 "	3.640	0.072	0.020	0.232	0.028	0.352
Butter ...	1 "	0.060	0.003	0.910	...	0.027	0.940
Flour ...	½ "	0.038	0.027	0.005	0.176	0.004	0.212
Gross Total ...	47½ oz.*	27.536	3.147	2.112	12.750	1.300	19.309

* Or with bone, 49½ oz.

In half diet there are—

		grains.	Potential energy in foot-tons—	
Nitrogen	...	217	Albuminates	544
Oxidizable {	Carbon	3,830	Fats	798
	Hydrogen	126	Carbo-hydrates	1,745
	Sulphur	25	Total	3,087

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Roast Diet.

Roast joint, chop, or steak.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Joint { Beef or Mutton } with bone } 10 oz.							
Chop... or Steak (without bone) } 8 "		6.000	1.200	0.672	...	0.128	2.000
Bread ...	18 "	7.200	1.440	0.270	8.856	0.234	10.800
Potatoes...	8 "	5.920	0.160	0.013	1.680	0.080	1.933
Salt ...	½ "	...	...	...	...	0.750	0.750
Tea ...	½ "	...	...	...	...	...	...
Sugar ...	1½ "	0.045	...	...	1.447	0.008	1.455
Milk ...	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Vegetables ...	4 "	3.640	0.072	0.020	0.232	0.028	0.352
Butter ...	1 "	0.060	0.003	0.910	...	0.027	0.940
Gross Total	47½ oz.*	28.073	3.115	2.107	12.503	1.297	19.022

* Or with bone, 49½ oz.

In roast diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	215	Albuminates ... 539
Oxidizable { Carbon ... 3,773		Fats ... 796
{ Hydrogen 126		Carbo-hydrates... 1,711
{ Sulphur... 25		
		Total ... 3,046

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Entire Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Beef or Mutton ...	<div> <div>with bone 15 oz.</div> <div>without bone 12 oz.</div> </div>	9.000	1.800	1.008	...	0.192	3.000
Bread ...	16 "	6.400	1.280	0.240	7.872	0.208	9.600
Potatoes ...	16 "	11.840	0.320	0.026	3.360	0.160	3.866
Barley...	1½ "	0.225	0.165	0.030	1.055	0.025	1.275
Salt ...	2 "	...	...	...	...	0.750	0.750
Tea ...	½ "	...	...	...	...	...	...
Sugar ...	1½ "	0.045	...	...	1.447	0.008	1.455
Milk ...	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Vegetables ...	4 "	3.640	0.072	0.020	0.232	0.028	0.352
Butter...	1 "	0.060	0.003	0.910	...	0.027	0.940
Flour ...	½ "	0.038	0.027	0.005	0.176	0.004	0.212
Gross Total ...	59½ oz.*	36.456	3.907	2.461	14.430	1.444	22.242

* Or with bone, 62½ oz.

In entire diet there are—

		grains.	Potential energy in foot-tons—	
Nitrogen	.....	270	Albuminates	.... 676
Oxidizable {	Carbon	4,434	Fats 930
	Hydrogen	149	Carbo-hydrates	... 1,977
	Sulphur	31		
			Total	... 3,583

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Varied Diet.

Constituent.	Amount of each.	Water.	Albumi- nates.	Fats.	Carbo- Hydrates	Salts.	Total, water free.
Beef or Mutton	{ without bone, 12 oz. or with bone, 15 oz. }	9.000	1.800	1.008	...	0.192	3.000
Bread	18 "	7.200	1.440	0.270	8.856	0.234	10.800
Potatoes	16 "	11.840	0.320	0.026	3.360	0.160	3.866
Salt	$\frac{3}{4}$ "	...	...	...	...	0.750	0.750
Tea	$\frac{1}{4}$ "	...	...	...	...	...	...
Sugar	1 $\frac{1}{2}$ "	0.045	...	...	1.447	0.008	1.455
Milk	6 "	5.208	0.240	0.222	0.288	0.042	0.792
Vegetables	4 "	3.640	0.072	0.020	0.232	0.028	0.352
Butter... ..	1 "	0.060	0.003	0.910	...	0.027	0.940
Gross Total ...	59 $\frac{1}{2}$ oz.*	36.993	3.875	2.456	14.183	1.441	21.955

* Or with bone, 62 $\frac{1}{2}$ oz.

In varied diet there are—

	grains.	Potential energy in foot-tons—
Nitrogen	267	Albuminates 670
Oxidizable {	Carbon 4,377	Fats 932
	Hydrogen 150	Carbo-hydrates.... 1,943
	Sulphur.... 31	
		Total 3,545

PRINCIPLES WHICH OUGHT TO GUIDE THE MEDICAL OFFICER IN
SELECTING THE DIETS MOST SUITABLE FOR PARTICULAR
CLASSES OF CASES, AND IN AVOIDING UNSUITABLE FOOD.

4. There are several preliminary points to be considered before finally deciding upon any fixed diet for a particular case. Hence it is usual to put a patient on first admission to hospital upon a low diet, *i.e.*, upon a bare subsistence diet in a quiescent state, until one suited to his ailment is prescribed after sufficient examination of the patient by the Medical Officer.

5. The first points to determine are, "what can the patient take? Can he open his mouth to admit food? and is he in a condition to swallow it? What kind of food—as between fluid and solid food—is most suitable? Is the mouth of the patient dry? Is fever present or absent? Do the skin and kidneys act freely?"

6. In every case of grave illness, the amount of urine passed in the 24 hours should be measured, its specific gravity taken, and the solids (at least) estimated. It is also desirable to estimate the daily amount of urea excreted in the urine, and to estimate and represent the total free acidity in the usual way.

7. The nature of the food exerts a marked influence upon the urine; and the kidneys perform an eliminative office, the efficiency of which cannot be estimated unless the daily excretion of the kidneys is measured. Fats and carbo-hydrates throw no immediate work upon the kidneys. It is through the nitrogenous ingesta that the kidneys are taxed, by the elimination of nitrogenous products, which furnish the chief parts of the solids of the urine. Hence the necessity of ascertaining at the outset the adequacy or inadequacy of the renal function.

8. If the kidneys are implicated, or any renal inadequacy exists—as indicated by the examination of the urine—the work of the kidneys may be lightened by so arranging the diet as to lessen the amount of nitrogenous aliment to what is absolutely needed (and no more) to sustain life, and allowing vegetable food to predominate.

9. The reaction of the urine may also be influenced by diet. Animal food increases acidity, vegetable food diminishes it, and may even produce alkalinity. Thus preponderance of vegetable food in the diet diminishes both the amount of solids and of free acid eliminated by the kidneys, a condition to be desired in those in whom red sand and solids abound unduly in the urine. On the other hand, where alkalinity prevails or earthy phosphates are deposited, a meat diet should preponderate, except where urine is alkaline from ammonia.

Section VI.

10

Digestive Organs.

10. In dealing with diseases of digestive organs, more is to be done by dieting than by drugs, and without attention to diet drugs will rarely give relief. The power of mastication possessed by the patient must be especially inquired into. If teeth are deficient, or if the jaws cannot be moved, food cannot be masticated, and should be liquid or sufficiently minced so as to be easily swallowed with fluids. The food ought to be given at regular intervals, and the amount, that can be taken at a time, should regulate the frequency of taking it. The smaller the amount taken at once, the more frequent should be its administration, and an interval exceeding four or five hours, without food, is to be avoided.

11. In febrile, acute inflammatory and other conditions where an absence of digestive power in the stomach prevails, it is not only useless to give solid nitrogenous food, but absolutely hurtful. The following articles should predominate—beef-tea, mutton, veal, or chicken broth; whey, calf's-foot, and other kinds of jelly; arrowroot, gruel, barley-water, rice-water, fruit jellies, fruit juice, such as lemons or oranges made into drinks. In some cases milk, or eggs, in a raw condition, beat up with milk; also bread jelly (made by steeping bread in boiling water and passing through a sieve when still hot), either alone or boiled with milk may be given, and, as circumstances dictate, an advance to more solid food may be made (during convalescence from enteric and other fevers) to puddings of rice, sago, tapioca, bread, custard. A diet of fish may next be allowed, such as whiting, small soles (slips) or flounders either boiled or broiled, but not fried. Cod-fish, unless in good condition and properly cooked, is apt to be less easily digested by weak stomachs. As digestive powers improve, calf's feet, chicken, game or mutton may be allowed, but if given too early in convalescence, a relapse of febrile phenomena may be induced.

12. If it is impossible to introduce food of any kind into the stomach, life may still be sustained by the use of nutritive enemata, such as concentrated beef-tea with eggs, milk, or gruel.

13. In acute gastritis and ulcer of stomach, the diet should consist of boiled milk, allowed to get cold, milk and lime water, or milk and soda water. The milk may also be thickened with isinglass, arrowroot, or ground rice.

14. In dyspepsia, the principle of management should be to keep the diet as much as possible to what is natural and sufficient, and to avoid reducing the patient to the use of fluid food only. If fluid food is continuously given, the powers of the stomach are thereby weakened, and the system is insufficiently nourished. The food must be simple and plainly cooked. Of meat diets, mutton (old, lean and brown, rather than young, fat and pale) is the most suitable; also chicken and game, white fish, such as whiting and soles, and these boiled or broiled

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(not fried); also stale bread, dry toast, floury potatoes, rice, farinaceous articles of food. Anything containing fatty matter which has been baked, or fat which has been exposed to a very high temperature, is objectionable. Hence pastry and fried articles must be avoided; also dishes consisting of meats cooked a second time. Anything turned rancid by keeping, such as butter, may also upset the stomach and cause heartburn. Starchy and sugary articles may sometimes be obnoxious to the stomach, producing acidity and acid eructations (acid dyspepsia). Oatmeal and potatoes seem the most, and rice the least, disposed to be obnoxious in this respect. Cases of heartburn, itching of the skin, bronchial catarrh, irritability of urinary passages, acute dyspepsia, stomach-pain, cramp, vomiting or diarrhoea, skin diseases, such as lepra, psoriasis, eczema, are all direct manifestations of an over-acid state of the system, to be inquired into by an examination of the amount of free acid in the urine passed in the course of 24 hours.

15. Palpitations, fluttering of the heart, exaggerated pulsation of the large arteries, irregularities and intermissions of the pulse, aching pains in the limbs, burning patches, itchy patches, megrim, vertigo, noises in the ears, sleeplessness, and the like, often ascribed to the liver or to gout, may be also ascribed to an accumulation of acid in the system (Ralfe, *Morbid Urine*, p. 19), and suggest careful dieting in accordance with the urine indications. In all such cases the intervals between meals must not be too prolonged, and small quantities of food are to be taken at a time. A little food should be taken the last thing at night, and immediately on waking in the morning; alcohol and coffee are to be avoided.

16. Constipation, diarrhoea, flatulence, colic, show that the bowels are in a condition in which they are influenced in a marked manner by different kinds of food. Eggs have a tendency to favour constipation. Succulent vegetable food (fruit or vegetables) encourage alvine evacuations, promoting a loose state of the intestinal canal. Such kind of food is indicated when a costive habit prevails; and fruit eaten in the early part of the day may succeed in securing a proper activity of the bowel functions. On the other hand, where looseness prevails, such food is contra-indicated, unless the scorbutic diathesis be present.

17. Leguminous seeds (peas, beans, &c.) are the most prone to give rise to flatulent dyspepsia. In flatulent dyspepsia, the urine has its normal acidity decreased. It may be neutral or alkaline, in severe cases it persistently deposits oxalates with carbonates of the fixed alkalies (potash and soda). In such cases the food must be well masticated—the teeth must be looked to—the meat must be tender, easy of digestion, and well cooked. The meals must be taken regularly, and intervals of abstinence not too prolonged, not more than four hours, and not much food at a time. Alcohol and coffee are to be avoided. Fluid is to be taken in small quantity at meal times, and aerated waters avoided. Fluids are best taken two hours after meals.

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18. In dysentery and enteric fever scrupulous attention must be given to dieting. The intestines must be kept in as tranquil a state as possible. The food must be the least stimulating and irritating to the mucous surfaces and muscular fibres. Milk alone, or milk with isinglass, or with beef-tea, and the various farinaceous foods, especially rice, are the most valuable. Next to these are eggs beaten up in milk or in whey. As convalescence advances, the white fish, white-fleshed poultry, game and mutton, may be gradually allowed, as already indicated. Salted and dried meats are to be strictly prohibited, and also fruit and succulent vegetables, unless the scorbutic diathesis be present. But, if these latter are not admissible from any cause, then lime juice will be frequently required as a dietetic drink in the daily allowance of water, in order to counteract the otherwise inevitable tendency to scorbutus.

19. To guard against scurvy is a point of great importance in dietetics. Patients, both in military and civil practice, are often kept for weeks on a diet from which the vegetable elements are either excluded or do not enter in sufficient quantity, the result is the disease under which the patient labours *plus* scurvy. This caution is particularly necessary in dealing with patients coming from India or other malarial climates. Recent observations made in India show that many soldiers, not under treatment for disease, are found on careful inspection to be more or less scorbutic. If such men are smitten with any form of disease, but more particularly dysentery or diarrhoea, all treatment for their relief will be in vain until the scorbutic condition is corrected by proper dietetic regimen.

20. Meat alone is unwholesome if taken without vegetables for any length of time. Beef-tea will be taken by patients when they refuse all other kinds of food. This is especially the case in enteric fever and in the febrile state generally. It has a certain "staying" or sustaining power, apart from any nutrient value, which latter it does not possess in any marked degree, unless other aliments are added to it, such as arrowroot, or flour of wheat, oats or barley. Such combinations seem to acquire a nutritive power out of all proportion to the solids they contain (Christison). Milk and the preparations of milk are the most important articles of food for the sick. Butter is the lightest of animal fats (milk fat). It enables the patient to enjoy his bread. All preparations made from flour of wheat, oats, groats or grits, and barley, are to be preferred to any and every preparation of arrowroot, sago, tapioca, corn-flour, semolenta and their kind. Cream in long chronic ailments cannot be surpassed. It contains 26.7 per cent. of milk fat. It is easier of digestion than milk, and seldom disagrees.

21. The total amount of fluids (of all kinds) taken throughout the 24 hours should be carefully regulated, their quantity accurately measured, and for this purpose a table, like the one appended, may be of use in specially grave cases.

BENTON'S DIET CHART.

DISEASE.		Time.	Milk.	Beef tea.	Broth.	Brandy.	Medicine.	Sleep.	Extras.	Remarks.
			oz.	oz.	oz.	oz.	oz.	hrs. min.		
		10 a.m.								
		11 "								
		12 p.m.								
		1 "								
		2 "								
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		7 "								
		8 "								
		9 "								
		Total ..								

DISEASE. _____
 NOTES OF CASE. _____
 Name { _____
 Age _____
 Day of disease _____
 DIET _____
 N.B.—20 oz. to 1 pint;
 2 tablespoonsful to
 1 ounce.
 Graduated feeding cups
 can be obtained at
 BASTICK'S.
 22, Brook St., W.
 Date _____

Section VI.

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THE MOST APPROVED METHODS OF PREPARING AND KEEPING IN A FIT STATE THE SELECTED ARTICLES OF DIET AND EXTRAS DEEMED NECESSARY.

22. These points embrace the cooking of food. In nearly all civil hospitals in London and the provinces of England and Scotland, the weight of the meat in the diet is the weight after it is cooked; and in some (*e.g.*, the London Hospital) it is specially noted that the meat is "weighed when cooked and free from bone." Also, in the Glasgow Infirmary, it is "cooked weight, free from bone." In the Middlesex Hospital, London, the weight of meat is that of undressed meat. In the Edinburgh Infirmary the weight is understood as applying to the food before being cooked.

23. In the diet table for military hospitals it has not hitherto been stated on the table itself whether the weight of the meat is to be taken cooked or uncooked; the actual practice has been to weigh the meat *uncooked*, and this will now be stated on the diet tables.

24. Meat loses in cooking, the loss varying with the quality of meat, and the process of cooking. The ordinary percentage is as follows (Letheby, quoted by Pavey, on Food and Dietetics, p. 471):—

	Boiling.	Baking.	Roasting.
Beef, generally	20	29	31
Mutton	20	31	35
Legs of Mutton	20	32	33
Shoulders of Mutton	24	32	34
Loins of Mutton	30	33	36
Necks of Mutton	25	32	34
Average of all	23	32	34

But other losses are sustained; *e.g.*, for bone alone it is usual to deduct 20 to 25 per cent.; the rule in the Army being to add *one-fourth* to the ration when it is issued with bone, which is equivalent to a deduction of 20 per cent. from the estimated nutritive value of the total ration. There is also some loss from the presence of indigestible tissues, such as areolar tissue and the like, but in good well-fed meat this is comparatively small.

25. The gravy and fat which drain from the meat in roasting ought to be utilised for the patients as far as possible; the gravy being served with the meat, and the fat or dripping added to the vegetables (such as cabbage or the like), or otherwise used for the cooking of the diets.

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26. Food ought not to be left at the patient's bedside. Milk or beef-tea ought not to be supplied in quantity equal to a whole day's allowance at one time, and so remain to be consumed, or to be removed unconsumed after so standing for 10 or 12 hours in a ward. The due allowance for the particular diet should come at the proper time; and if not consumed within a reasonable time (say one or two hours) it ought to be removed. There ought to be some place provided (outside the ward) such as a meat safe (handy outside a north window) sufficient to hold the daily allowances of milk, beef-tea, or other fluid foods. Milk that is sour, soup or beef-tea which is turned, bad eggs or underdone vegetables, ought never to be brought to a patient. The least change or sourness in milk makes it, of all foods, the most injurious; and, if taken by the patient, indigestion or diarrhoea is a common result. At the same time, it ought to be remembered that nothing is so absorptive of odorous vapours or volatile flavours as fats; that milk and butter absorb and retain the odours from cheese, meat, and from every kind of vegetable or animal matter, giving them forth by decomposition or otherwise. If improper, strongly-flavoured food has been given to cows, the butter made from their milk will reveal the same taste and flavour.

NECESSITY ON THE PART OF MEDICAL OFFICERS OF GIVING SPECIFIC INSTRUCTIONS TO THE ATTENDANTS AND NURSES REGARDING THE GIVING OF FOOD IN EACH CASE, AND THE BEST METHOD OF ADMINISTERING NOURISHMENT IN SEVERE CASES.

27. These points embrace the quantity of food taken at a meal, or at any particular time, the times of eating, and provision for the administration of food during the night as well as during the day.

28. The quantity of food given at any one time should be in proportion to the powers of digesting it, and to compensate for any diminution of quantity at one time, there should be corresponding increase in the frequency of administration. "Little and often" is the maxim in such cases. There is a want of staying power in sickness which renders it necessary to shorten the periods of abstinence from food as much as possible.

29. From 5 p.m. till 8 a.m. patients are apt to be neglected as to food, unless their feeding is specially provided for. This ought to be done by special arrangement, instructions to that effect being given to the night orderly detailed for the purpose. Weak patients may not be able to take food of any kind until well on in the forenoon, especially if suffered to fast throughout the night. The

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patient's nights are apt to be feverish nights, and his mouth dry in the morning. For such cases a spoonful of beef-tea, or of arrowroot with wine, or of egg with milk, given every hour, will afford the required nourishment, and prevent over-exhaustion and the consequent incapacity to take such substantial diet as may be prescribed during the day. It is better to give small quantities in such cases often, than larger amounts at longer intervals, such as a cupful (5 to 10 ounces, according as a tea-cup or breakfast cup is meant) every 3 hours; the patient's stomach may not tolerate so much at a time—better a tablespoonful every hour, or even a teaspoonful every half-hour.

30. The food should be given punctually at the time it is ordered to be given. When food is persistently declined by a patient who is very weak, the Medical Officer ought to ask him the question:—Is there any hour or time that you fancy you can eat? and if he can so relish food, let him be tried with it at the time he names. Also the food that is most relished is generally most needed and best digested, so that at times "the sick man's longings may be the physician's signposts." Disrelish for food indicates incapacity to digest it, or, at least, defective digestive capacity. The table mentioned previously (p. 13) may be again useful to note down for the Medical Officer's information what articles and how much of the fluid or extras prescribed in the 24 hours have been given by the nurse or attendant in charge of the case.

Hospital Data

REGULATIONS AS TO HOSPITAL DATA

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443 ^a Instructions to Med. Officers in regard to Dieting
in Mil^y Hospitals are printed in the Appendix 12^a
- Cl 81 Army Circulars 1884. -

Hospital Diets.

Section VII.

SECTION VII.—REGULATIONS AS TO HOSPITAL DIETS.

443. The dietary, as set forth in the diet table, printed in the Appendix No. 12, page 203, [W. O. Form 147,] will be used in all dieted Hospitals. General and station hospitals' dietary.

444. All articles issued for Hospital purposes are exclusively for the use of the sick. They will not, at any time or under any circumstances, be applied to any other purpose, or used in any place not actually connected with or set apart for the treatment of the sick.

445. A copy of the diet table will be hung up in a conspicuous place in every ward of the Hospital.

446. The following extras are authorised and may be given on all diets except entire and varied, when necessary for the treatment of the case, viz., eggs, milk, tea, beef-tea, arrowroot, sago, oatmeal, rice-pudding, sago-pudding, the customary fruits in season, wines, spirits and malt liquors; the following are also authorised on all diets, including entire and varied, when requisite, viz., barley-water, rice-water, gruel, and lemonade. Extras allowed.

447. Eight ounces of white fish, with 2 oz. of butter, may be ordered on milk, low, and half diets.

448. Eight ounces of potatoes, or 4 oz. of vegetables, will be admissible as an extra on low diet, when it is found necessary to keep a patient on this diet for any lengthened period, or when there is a tendency to a scorbutic taint.

449. The only extras allowed on entire and varied diets are wines, spirits, malt liquors, and the diet drinks specified in paragraph 446.

450. When rice or sago-puddings are ordered, they will be made with the following ingredients:— Rice and sago puddings.

Rice Pudding.		Sago Pudding.	
Rice -	- 2 oz.	Sago -	- 1½ oz.
Milk -	- ¾ pint.	Milk -	- ¾ pint.
Sugar -	- ½ oz.	Sugar -	- ½ oz.
Egg -	- 1.	Egg -	- 1.
Flavoured with cinnamon or lemon.		Flavoured with cinnamon.	

451. Oatmeal, arrowroot, and sago, when ordered, are not to exceed the following proportions:— Oatmeal, arrowroot and sago.

Section VII.

Regulations as to Hospital Diets.

HOSPITAL DIETS—continued.

Oatmeal -	-	4 oz., with milk	-	8 oz.
Arrowroot	-	2 „ „ sugar	-	1 „
Sago	-	2 „ „ „	-	1 „

Wines include sherry, port, and claret.

Malt liquor includes porter and ale.

Spirits include brandy, whisky, and gin.

Drinks.

452. The composition and proportion of the drinks are stated on W. O. Form 147, but when fresh lemons cannot be procured lemonade may be made with lime-juice, in the proportion of 2 oz. of the lime-juice to one pint of the beverage.

Soda water.

453. Under very special circumstances, soda water, bottled lemonade, and calfs-foot jelly may be given, but only when the issue is approved of by the Principal Medical Officer, or in his absence the senior Medical Officer in the command.

Quality of
beef, mutton,
and chicken.

454. The beef and mutton for the various diets, as also the fowls, are to be of good quality, and must weigh in the raw state exclusive of bone, the weight specified in the Diet Table; one fourth more will be considered an equivalent when meat is issued with bone.

Bread.

455. The bread is also to be of the best household kind.

Beef tea.

456. The meat on low diet is to be used for beef tea, so as to make three quarters of a pint of good beef tea for each patient on such diet.

Soups and
seasoning.

457. The meat on half and entire diets, is to be boiled with the vegetables, barley and flour; and a $\frac{1}{4}$ -oz. of sugar, for each soup diet, may be charged in addition to the allowance on the scale. The meat on entire diets is to be roasted, baked, or stewed. For varied diets mustard may also be issued in the proportion of 1 oz. for every 20 diets; pepper for seasoning will be allowed at the rate of 2 oz. for every 100 diets of all kinds excepting Tea and Milk.

Vegetables.

458. In the diets, when no soup is given, the vegetables are to be cooked in bulk, and served up to each patient in the proportions specified.

Substitutes
for potatoes.

459. When potatoes cannot be procured of a sufficiently good quality, either 3 ozs. of rice, 3 ozs. of flour, or 8 ozs. of bread, may be issued in lieu of 16 ozs. of potatoes.

460. Preserved potatoes, when issued, will be in the proportion of 1 oz. of the preserved to 5 ozs. of fresh, and 1 oz. of mixed preserved vegetables in lieu of 10 ozs. of fresh.

Coffee.

461. Half an ounce of Coffee may be substituted for $\frac{1}{8}$ oz. of tea at breakfast and supper.

Milk, wine
and spirits.

462. Milk, Wines, and Spirits are to be calculated at 20 oz. the imperial pint. The reputed quart bottle should contain $5\frac{1}{3}$ gills or $26\frac{2}{3}$ oz.

Extras for
patients not
on regular
diet.

463. When men, on admission to Hospital, require nourishment before they are placed on regular diet, Medical Officers may order what is necessary from the following extras:—

Clause 164, H.C. 1881

Regulations as to Hospital Diets.

The following will be substituted for paragraph 463 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.) :—

30
2 Rifle Brigade.
125

463. When men, on admission to Hospital, require nourishment before they are placed on regular diet, Medical Officers may order what is necessary from the following extras :—Bread, butter, tea, sugar, eggs, essence of beef, arrowroot, milk, wines, and spirits.

Invalids who are directed to leave early should not be placed on diet for the day, but may, if the Medical Officer considers it to be necessary, receive breakfast of tea, sugar, bread and butter, which in all cases will be entered on the diet sheets as extras.

Regulations as to Hospital Diets.

Section VII.

HOSPITAL DIETS—continued.

Bread, butter, tea, sugar, eggs, essence of beef, arrowroot, milk, wines, and spirits;

and on the departure of invalids who are not on diet, a similar course may be adopted, but in all such cases the extras will be entered on the diet sheet.

464. Previous to the issue of any diets, extras, or drinks, they will be entered on the diet sheet W.O. Form 1145. This will be filled up daily by the prescribing Medical Officer, ordinary diets for the following day, extras and drinks for the day of issue. The first entry of each man's diet will be written in words, and subsequent entries of the same diet will be indicated by the initial letter of the diet, which will be marked in the proper column from day to day by the prescribing Medical Officer, who will at the same time obliterate the columns in which no entries have been made by drawing a line through each unoccupied space. The date of discharge will invariably be filled in by the prescribing Medical Officer, who will also sign the sheet when completed. The diet sheet will be hung up at the head of the patient's bed.

Diet Sheets
and recording
of diets.

465. The names of all men on Hospital diet, or to whom extras have been given, will be duly entered in the Hospital Admission and Discharge Book (W.O. B. 27), and a record kept of the number of days on Diet, or Hospital comforts, for completion at the end of each month of W.O. Form 152 to enable the regulated stoppages applicable to each case to be recovered.

466. A Monthly Abstract of Diets and Extras (W.O. Form 175), and a Monthly Statement of Provisions, &c., received, expended, and remaining (W.O. Form 184) will be sent at the end of each month to the Commissariat Officer or his representative at the Station, who will ascertain the correctness of the computation of both Forms, and see that they are duly certified and agree as regards expenditure. The Diet Sheets (W.O. Form 1145) and Extra Sheets (W.O. Form 1200) will, at the end of each month, be sent by the Medical Officer in charge direct to the Principal Medical Officer of the District. (See par. 191.)

Forms to be
rendered.

467. Medical Officers must always bear in mind that, although no instructions can be laid down in regulations as to the character of cases needing extras, the necessary economy, compatible with the well-being of the patient, should be practised, in order that an undue or injudicious issue of extras may be avoided.

Economy in
ordering
extras.

468. Every case in which extras have been prescribed will be entered by the prescribing Medical Officer in the Medical Case Book, and the daily amount of extras recorded, so that the Principal Medical Officer may be enabled to satisfy himself as to the necessity of the issue.

Cases to be
recorded.

469. Prescribing Medical Officers will be held directly responsible to the Principal Medical Officer for all entries on their

Section VII.

Regulations as to Hospital Diets.

HOSPITAL DIETS—continued.

Diet Sheets, and when called upon will have to justify the necessity of the issue of all articles ordered by them.

Principal Medical Officer will supervise nature of diets and extras.

A. F. I 1204

Directions from dietary.

470. The Principal Medical Officer will supervise the nature and quantities of diets and extras, as suited to individual cases. It will be his duty to call for explanation of any seeming excess of issue on W.O. Form 405, to check irregularities, or any apparent waste or extravagance, and to report the same, with his opinion thereon, to the Director General of the Army Medical Department, for such action as may be necessary.

471. It is only in cases of great emergency that any deviation from the dietary here authorized can be permitted, and the histories of such cases will be submitted at their termination to the Director General of the Army Medical Department, in transcript from the Case Book showing the necessity for the course adopted.

472. Medical Officers will frequently inspect the various articles composing the diets and extras before being cooked or prepared, as well as after they are served up.

Movable Field Hospitals.

473. Movable Field Hospitals will be non-dieted; the field ration will be drawn from the Commissariat Department, and cooked, and distributed to the patients according to the requirements of the different cases, and will be supplemented by such medical comforts as may be necessary, the quantities of the latter issued to each case will be entered on the diet sheet.

Scale of diets during war.

474. During war, the scale of diets laid down will, if practicable, be used in general and base hospitals, but should any deviation from the same be found necessary, it will be the duty of the Principal Medical Officer on the field to decide what those deviations may be, and to lay down a scale adapted to the position, climate, and the supplies obtainable, submitting the same for approval to the General Officer Commanding.

475. Should it be impossible during active service to adhere to the scale of diets, low and entire will be considered as the authorized diets.

Regulations for diets, and medical comforts.

476. In all Hospitals the system of drawing perishable articles of diet or medical comforts will be by daily requisitions on the Commissariat Department, or their agents or contractors. Articles not perishable will be drawn in quantities calculated to last a week or longer, according to circumstances.

477. ~~The requisitions for all such supplies will also be the receipt.~~

*Cancelled and manuscript alteration substituted
See Clause 49. Army Cr² March 1879.*

PART 3.—SUPPLY OF SURGICAL INSTRUMENTS, APPLIANCES, AND MATERIALS, AND OF MEDICINES AND MEDICAL MATERIALS.

1. Instruments, Appliances and Materials.
2. Medicines and Medical Materials.

SECTION 1.—INSTRUMENTS, APPLIANCES, AND MATERIALS.

475 Medical Officers upon entering the rank of Surgeon General, will be issued in return for required supplies at their own cost, a requisition for Surgical Instruments, and it will be incumbent upon all successive Medical Officers to receive these supplies with care and to return them upon a requisition for the same, as directed in the Appendix to the Regulations.

476 The same requisition will be issued to the Surgeon General upon the delivery of the same to the Hospital at the same time.

477 The requisition for the same will be issued to the Surgeon General upon the delivery of the same to the Hospital at the same time.

- 477 When supplies of any kind are delivered, the Steward will sign on the back of the requisition (or in a pass book provided by the contractor), in acknowledgment of their receipt. Without such acknowledgment the requisition will not be accepted as a voucher in support of the Contractor's account. Full signature with rank and designation, will invariably be attached to requisitions, receipts and counterfoils.

PART 3.—SUPPLY OF SURGICAL INSTRUMENTS, APPLIANCES, AND MATERIALS, AND OF MEDICINES AND MEDICAL MATERIALS.

-
- I.—Instruments, Appliances and Materials.
 II.—Medicines and Medical Materials.
-

SECTION I.—INSTRUMENTS, APPLIANCES, AND MATERIALS.

478. Medical Officers upon attaining the rank of Surgeon Major, will not in future be required to provide, at their own cost, a capital case of Surgical Instruments; but it will be incumbent upon all executive Medical Officers to provide themselves with, and keep up at their own expense, a case of Pocket Instruments of the authorised pattern containing the Articles specified in the Appendix No. 13, page 204. Pocket Instruments.

479. The case of pocket instruments will be carried on Service in the authorised undress Regulation shoulder pouch. How carried.

480. At the Head-Quarters of each District an equipment of Surgical Instruments, Appliances, and Materials, consisting of the articles specified in the following list, will be provided for use throughout the District:— District Equipment Surgical Instruments &c.

Air Beds	} three boxes complete.
Air Pillows	
Air Bellows	
Aspirator.	
Bandage for bloodless operations.	
Bistouries, No. 6, case of.	
Bougies, rectum, set of.	
Bougies, à Boule, set of.	
Carbolized Cat-gut for Ligatures.	
Catheters, Silver and Nickel, case of.	
Capital Instruments, full set of.	
Chemical Cabinet.	
Compressor Aneurismal, No. 2.	
Crutches with stuffed-heads, 4 pairs.	
Cupping Instruments.	
Ear Syringe.	

Section I.

Instruments, Appliances, and Materials.

INSTRUMENTS, &c.—continued.

Eye Instruments.
Eye Douches, No. 3.
Electro Magnetic Machines, No. 2.
Ether Inhaler.
Ecrasseur.
Fractured Patella Apparatus.
Fractured Jaw Apparatus.
Forceps Polypus.
Fistula Director.
Hæmorrhoidal Clamp, with three buttons.
Ice Bags, set 1.
Irrigators, sets two.
Microscope.
Ophthalmoscope and Laryngoscope, in case.
Spray Producer.
Sounds, case of.
Spectacles, case of.
Speculum Auris.
Speculum Recti.
Tonsil Guillotine.
Tourniquet Abdominal.
Tooth Stopping and Scaling Instruments.
Urethra Dilator, Holt's.
Urinometer Apparatus, *large*.
Varicocele Rings and Needles.
Water Beds, No. 2.
Water Pillows, No. 2.

481. The Instruments and Appliances will be placed under the charge of the Principal Medical Officer, who will be responsible that they are in safe custody and kept in good order, and they will be issued on loan by requisition on the Principal Medical Officer, to whom they will be returned when no longer required.

482. The Principal Medical Officer at Home Stations will forward half-yearly to the Director General Army Medical Department a list of the Instruments and Appliances, stating the condition of each article. From Foreign Stations the list will be sent annually.

483. At each Station Hospital an equipment of Surgical Instruments, Appliances, and Materials consisting of the articles specified in the following list will be provided:—

Station Hos-
pitals Equip-
ment of
Surgical
Instruments.

Instruments, Appliances, and Materials.

Section I.

INSTRUMENTS, &c.—continued.

Article.	No. 1. 1000 Troops.	No. 2. 500 Troops.	No. 3. 250 Troops.
Arm Sling .. .. .	..	1	1
Bolus Knives	3	2	1
Brushes, Glass	2	..	..
Corkscrew	1	1	1
Caustic Holder	1	1	1
Catheters, Elastic Gum, set	1	$\frac{1}{2}$	..
Eye Shades	6	2	2
Eye Baths	3	..	..
Field Fracture Case .. .. .	..	1	1
Fracture and Dislocation Apparatus (box of)	1	..	..
Filter	1	1	1
Hone and Strop	one of each.	..	..
Irrigator	1	1	..
Measuring Tape	1	1	1
Operating Table	1	..	..
Pill Machine	1	1	1
Pins, Safety	one packet.	one packet.	..
Pins, Suture	12	..	..
Post-Mortem Instruments	1	1	1
Pus Basins	4	2	1
Rods, Glass	3	1	1
Scales and Weights, Pillar	1	1	1
Scissors, Counter	1	1	1
Spatulas, Spreading	1	1	1
Spatulas, Pot	2	1	1
Stethoscopes	2	1	1
Stomach Pump	1	1	1
Surgeon's Case of Instruments	1	1	1
Thermometers, Bath	1	1	..
Tooth Instruments	1	1	1
Urinometer Apparatus	1	1	1
Vapour Bath and Cloak	1	1	..

484. The Medical Officer in charge of the Hospital will be responsible for the safe custody and condition of the foregoing Stores, and requisitions for all repairs, completions, and replacements will be included, as far as practicable, in the half-yearly demands.

485. The Instruments will be kept in the surgery under lock and key; and all other articles either in the surgery or store. These Instruments, Appliances, and Materials will be accounted for half-yearly at Home Stations on W.O. Form 299; annually at Foreign Stations on W.O. Form 828 and 829. The half-yearly Return of General Stores at Home will be made on W.O. Forms 828 and 829.

486. The following Scale of Surgical Materials, &c., is calculated for the use of a Force consisting of 1,000 troops (inclusive of Women and Children) for a period of six months. Requisi-

Section I.

Instruments, Appliances, and Materials.

INSTRUMENTS, &c.—continued.

tions put forward for a greater or smaller number of troops will be made in proportion as nearly as practicable,—viz., for 750, three-quarters; for 500, one-half; and for 250, one-quarter of this Scale.

Syringes, Urethra, Pewter ..	No. 12	Camel-hair Pencils ..	No. 12
" " Glass ..	6	Cotton Wool ..	lbs. 2
Surgeon's Sponges ..	12	Tape ..	piece 1
Bandages, Calico ..	36	Thread for Ligatures ..	oz. 2
" Flannel ..	8	Needles, common ..	paper 1
" 18 tailed ..	4	Test tubes ..	set 1
" Suspensory ..	12	" Paper ..	books 4
Flannel for Fomentations ..	yds. 6	Glass Brushes ..	No. 2
Gutta-Percha Tissue ..	4	" Rods ..	" 2
Oiled Silk ..	1	Eye Shades ..	" 6
Spongio Piline ..	1		

Instruments,
&c., for Medi-
cal Officers
doing duty
with Corps.

487. All demands for such articles will be forwarded on W.O. Form 300, in the manner detailed in paragraphs 490 and 501.

488. The Surgical Instruments and Appliances authorized by paragraph 54, will be kept under lock and key in the Instrument and Book box; a return of Instruments and Appliances in charge will be furnished by the Medical Officer to the Principal Medical Officer of the District in manuscript half-yearly, specifying the condition of each Instrument and Appliance.

Instruments,
&c., for Medi-
cal Officer in
charge of
troops on
board ship.

489. The supply of Instruments and Appliances for Troops embarked coastwise, and proceeding on, or returning from Foreign service (except India) is dealt with in the "Regulations for Medical Officers in charge of troops on board ship." (See par. 74).

Instruments,
&c., becoming
unserviceable.

490. When any Instrument or Surgical Appliance becomes unserviceable or deficient, a Requisition in duplicate on W.O. Form 300, together with a report of the circumstances under which the damage or deficiency occurred, will be transmitted to the Principal Medical Officer, who, if at any Home Station except in Ireland, will through the Director General of the Army Medical Department, take immediate steps for its replacement or repair. At Foreign Stations, the Principal Medical Officer will arrange for replacing all damages and deficiencies, reporting the steps taken in regard thereto, to the Director General.

Transfers.

491. When a Medical Officer is removed from any charge he will transfer all Surgical Instruments and Appliances belonging to the Hospital, to the Medical Officer relieving him, as laid down in paragraph 502 of these Regulations. The condition of each article of surgical equipment will be stated in the Transfer-Return, or the Medical Officer taking over charge will be held responsible for any deficiencies afterwards reported.

Instruments
lost or dam-
aged.

492. At Foreign Stations, Medical Officers may procure Instruments at the prices paid for them by the public from the Public Stores, to replace those of the regulation Pocket-Case which may

Instruments, Appliances, and Materials

Section 2

Instruments, Etc., continued

be kept in boxes damaged provided the articles required are on charge of the Station.

433. Steel Trusses when considered necessary will be supplied by the Quartermaster in accordance with the regulations of the War Department. At these stations where the trusses are required the requisitions will be forwarded through the Principal Medical Officer of the District to the Principal Medical Officer of the Army Medical Department, who will forward them to the Quartermaster for supply from the Army Medical Store.

434. Each Truss supplied will be supplied to the Principal Medical Officer of the District, who will forward them to the Quartermaster for supply from the Army Medical Store. The requisitions for trusses will be forwarded through the Principal Medical Officer of the District to the Principal Medical Officer of the Army Medical Department, who will forward them to the Quartermaster for supply from the Army Medical Store.

435. In those Stations where the trusses are required the requisitions will be forwarded through the Principal Medical Officer of the District to the Principal Medical Officer of the Army Medical Department, who will forward them to the Quartermaster for supply from the Army Medical Store.

436. The Principal Medical Officer of the Army Medical Department will forward the requisitions for trusses to the Quartermaster for supply from the Army Medical Store. The requisitions for trusses will be forwarded through the Principal Medical Officer of the District to the Principal Medical Officer of the Army Medical Department, who will forward them to the Quartermaster for supply from the Army Medical Store.

Instruments, Appliances, and Materials.

Section I.

INSTRUMENTS, &c.—continued.

be lost or become damaged, provided the articles required are on charge at the Station.

493. Steel Trusses, when considered necessary, will be applied for by Requisition in duplicate on W.O. Form 295. At Home Stations, with the exception of Ireland, the requisitions will be forwarded through the Principal Medical Officer of the District to the Director General, and at Foreign Stations they will be forwarded to the Principal Medical Officer for supply from the Army Medical Stores. Steel trusses.

494. Each Truss supplied will be expected to last at least three years, but if, from any unforeseen causes, it should require renewal within a less period, full explanation of the circumstances under which it has become inefficient will invariably accompany the requisition. To last three years.

495. In those Station Hospitals where trusses are authorized to be supplied, a nominal list of the issues made will be appended to the periodical Returns of Medicines and Instruments forwarded to the Director General. Nominal lists of issues of trusses.

496. Commissioned Officers of the Army, and persons employed under Government at Foreign Stations, will, subject to the approval of the Commanding Officer and the Principal Medical Officer, be allowed to purchase from the Public Stores such Steel Trusses as may be required for their personal use, at the prices paid by the Government. The proceeds of these sales will be immediately paid into the military chest and duly reported by the Principal Medical Officer for the information of the Director General of the Army Medical Department, and all such sales will be entered in the Annual Returns rendered to the Army Medical Department, supported by the usual vouchers. Purchase of Trusses by Officers and Departmental employes.

Section II.

Medicines and Medical Materials.

SECTION II.—MEDICINES AND MEDICAL MATERIALS.

Scale of
proportions.

497. The following Scale of Medicines and Medical Materials, is calculated for the use of a Force consisting of 1,000 troops (inclusive of Women and Children) for a period of Six Months. Requisitions put forward for a greater or smaller number of troops will be made in proportion as nearly as practicable—viz., for 750, three-quarters; for 500, one-half; and for 250, one-quarter of this scale:—

	lbs. oz.		lbs. oz.
Acacia	2 0	Condy's Disinfectant ..	4 pints.
" Pulvis	2 0	Conf: Rosæ Gall: ..	0 4
Acet: Scillæ	1 0	" Sennæ	1 0
Acid: Acetic	4 0	Copaiba	6 0
" " Glaciale	0 2	Creasotum	0 3
" Carbolic:	3 0	Creta Præparata	2 0
" Citric:	1 8	Cubebæ Pulvis	6 0
" Gallic:	0 4	Cupri Sulphas	0 8
" Hydrochlor:	1 8	Dec: Albes Comp: ..	2 0
" Hydrocyan: dil: ..	0 2	Elaterium	20 grs.
" Nitric:	1 8	Emplast: Belladon: ..	1 0
" Phosphoric: dil: ..	1 0	" Calefaciens	2 0
" Sulphuric:	2 0	" Cantharid:	4 0
" Sulphurosum	1 0	" Hydrarg:	1 0
" Tannic:	0 8	" Opii	1 0
" Tartaric:	3 0	" Resinæ	1 0
Adeps Benzoat	3 0	" Saponis	1 0
Æther	0 12	Extract: Aconit:	0 1
Alumen	3 0	" Albes	0 2
Ammonii Chlorid: ..	2 0	" Belladon:	0 4
Ammoniæ Carb: ..	2 0	" Colch: Acet:	0 1
Amylum	3 0	" Coloc: Co:	1 0
Antim: Tartarat ..	0 6	" Conii	0 4
Aqua Destillata	$\frac{1}{2}$ gall.	" Ergotæ Liq:	0 2
Aqua Rosæ	2 0	" Filicis Liq:	0 4
Argent: Nitras	0 4	" Gentian	0 4
Atropia	10 grs.	" Hyoscyam:	0 8
Bismuth: Subnit: ..	0 4	" Nucis Vomice:	0 0 $\frac{1}{2}$
Borax	2 0	" Opii	0 2
Buchu Folia	0 8	" Sarsæ Liquid:	8 0
Calumb: Radix	1 0	Extract Taraxici	1 0
Camphora	1 8	Ferri et Ammon: Cit: ..	0 8
Capsici Pulv:	0 2	" Quiniæ Cit:	0 12
Carbo Ligni	3 0	" Phosphas	0 4
Catechu	0 2	" Sulphas	0 8
Cera Alba	0 2	Ferrum Tartaratum ..	0 6
Chirata	1 0	Gallæ Pulvis	0 4
Chloral Hydras	1 0	Gentiana	2 0
Chloroform	0 8	Glycerinum	3 0
" Methyl	0 12	Guaiaci Resina	0 8
Cinchon: Flavæ Cortex	2 0	Hydrarg: Iodid: Rub:	0 2
Collodium	0 4	" Oxid: Rub:	0 4

Medicine and Medical Materials

Page 11

Medicine and Medical Materials

Alumina	100	Alumina	100
Ammonia	100	Ammonia	100
Antimony	100	Antimony	100
Argon	100	Argon	100
Arsenic	100	Arsenic	100
Barium	100	Barium	100
Bismuth	100	Bismuth	100
Borax	100	Borax	100
Bromine	100	Bromine	100
Calcium	100	Calcium	100
Carbon	100	Carbon	100
Chlorine	100	Chlorine	100
Chromium	100	Chromium	100
Copper	100	Copper	100
Fluorine	100	Fluorine	100
Gold	100	Gold	100
Hydrogen	100	Hydrogen	100
Iodine	100	Iodine	100
Iron	100	Iron	100
Lithium	100	Lithium	100
Magnesium	100	Magnesium	100
Manganese	100	Manganese	100
Mercury	100	Mercury	100
Neon	100	Neon	100
Nickel	100	Nickel	100
Oxygen	100	Oxygen	100
Phosphorus	100	Phosphorus	100
Potassium	100	Potassium	100
Radium	100	Radium	100
Selenium	100	Selenium	100
Silver	100	Silver	100
Sulfur	100	Sulfur	100
Tellurium	100	Tellurium	100
Thallium	100	Thallium	100
Thorium	100	Thorium	100
Vanadium	100	Vanadium	100
Zinc	100	Zinc	100

Medicines and Medical Materials.

Section II.

MEDICINES, &c.—continued.

	lbs.	oz.		lbs.	oz.
Hydrag: Perchlorid: ..	0	1	Potassæ Acetas ..	2	0
Subchlorid: ..	1	0	Bicarbon ..	3	0
Hydrargyrum cum Creta ..	0	8	Chloras ..	2	0
Inject: Morph: Hypoderm: ..	0	1	Nitras ..	3	0
Iodum ..	0	2	Permanganas ..	0	4
Ipecacuanhæ Pulvis ..	1	0	Tartras ..	1	0
Jalapæ Pulvis ..	1	0	" Acida ..	4	0
Lini Farina ..	1½	cwt.	Pulv: Antim: Jacobi ..	0	2
Semen ..	4	0	Cretæ Arom: ..	1	8
Liniment: Aconit: ..	0	4	" " cum Opio ..	1	8
Belladon: ..	0	8	Ipecacuanhæ Comp: ..	1	0
Camphor: Co: ..	5	0	Jalapæ Comp: ..	2	0
Iodi ..	0	8	Kino Comp: ..	0	4
Saponis ..	10	0	Rhei Comp: ..	2	0
Liquor: Ammonia ..	2	0	Quassia ..	2	0
" Acet: Conc: ..	3	0	Quinia Sulphas ..	0	8
Arsenicalis ..	0	4	Rhei Pulvis ..	0	8
Calcis Sulph: ..	8	0	Rosæ Gallicæ Petal ..	0	8
Donovani ..	0	8	Santoninum ..	0	1
Epispasticus ..	0	4	Sapo Duras ..	0	4
Ferri Pernit: ..	0	8	Scammonium ..	0	2
Opii Sed: ..	0	6	Senega ..	1	0
Plumbi Subacet: ..	2	0	Senna ..	6	0
Potassæ ..	4	0	Sinapis ..	10	0
Sodæ Chlor: ..	4	0	Charta ..	6	boxes.
Styptic: ..	0	8	Soda Tartarata ..	6	0
Zinci Chlor: ..	6	pints.	Sodæ Bicarbonas ..	4	0
Magnesia Carbonas ..	2	0	Carbonas ..	1	0
Sulphas ..	56	0	Spiritus Ætheris ..	1	8
Manganese: Oxid: Nig: ..	3	0	" Nitrosi ..	5	0
Mel ..	2	0	Ammon: Aromat: ..	3	0
Morphia Acetas ..	0	0½	Chloroformi ..	2	0
Hydrochlor: ..	0	0½	Rectificat: ..	1	pint.
Oleum Anisi ..	0	0½	" Methyl: ..	6	pints.
Cajuputi ..	0	8	Strychnia ..	30	grs.
Carui ..	0	0½	Sulphur ..	2	0
Caryoph: ..	0	1	Syrup: Chloralis ..	1	0
Cassia ..	0	0½	Ferri Iodid: ..	2	0
Crotonis ..	0	4	" Phosph: ..	1	0
Lini ..	4	0	Papaveris ..	1	0
Menth: Pip: ..	0	2	Scilla ..	5	0
Morrhua ..	36	0	Triplex ..	2	0
Olivæ ..	12	0	Tinctura Aconiti ..	0	8
Ricini ..	28	0	Arnica ..	1	0
Terebinth: ..	8	0	Assafoetid: ..	0	8
Opii Pulvis ..	0	2	Aurant: ..	1	0
Oxymel Scilla ..	2	0	Belladon: ..	0	4
Pareira ..	0	8	Benzoin: Co: ..	0	8
Pepsin ..	0	1	Calumbæ ..	1	0
Pilul: Aloes et Myrrh ..	0	4	Camphor: Comp: ..	9	0
Assafoetid: Co: ..	0	2	Cantharid: ..	0	8
Hydrag: ..	1	0	Capsici ..	0	8
" Sub-Chlor: Co: ..	0	8	Cardam: Comp: ..	3	0
Phosphori ..	0	2	Catechu ..	2	0
Rhei Comp: ..	0	8	Cinchon: Comp: ..	3	0
Scilla Comp: ..	0	4	Colch: Sem: ..	1	0
Plumbi Acetas ..	2	0	Digitalis ..	0	8
Podophylli Resina ..	0	1	Ferri Perchlor ..	4	0
Potassii Bromidum ..	1	0	Gentian Comp: ..	2	0
Iodidum ..	4	0	Guaiaci Ammon: ..	0	8
Potassa Caustica ..	0	1	Hyoseyami ..	3	0
Sulphurata ..	2	0	Iodi ..	2	0

Section II.

Medicines and Medical Materials.

MEDICINES, &c.—continued.

	lbs. oz.		lbs. oz.
Tinctura Kino	0 8	Lint, Fine	10 0
" Lavand Comp: ..	1 0	" Second	20 0
" Lobeliae Aether: ..	0 4	Surgeons' Tow	60 0
" Myrrhae	1 0	Bleached Linen Sheeting ..	yards, 2
" Nucis Vomicae ..	0 4	Calico	3
" Opium	4 0	Adhesive Plaster, spread ..	20
" Rhei	2 0	Soap Cerate Plaster ..	7
" Scilla	4 0	Isinglass Plaster on gauze ..	1½
" Senna	3 0	Waterproof Cloth	4
" Tolutana	1 0	Poultice Cloth	2
" Valerian: Ammon: ..	0 8	Straining Cloth	1
" Zingiber	2 0	Old Linen Sheets	No 3
Unguent: Cetacei	16 0	Skins of Leather	2
" Hydrarg:	2 0	Pins	papers 2
" Nitrat:	1 0	Filtering Paper	quires ½
" Resinae	2 0	Pill Boxes, Chip	papers 4
" Sabinæ	1 0	" Paper	4
" Simplex	2 0	Vials, ½ oz.	
Veratria	30 grs.	" 1 "	
Vinum Antimoniale ..	3 0	" 2 "	
" Colchici	0 8	Bottles, 4 "	gross 1
" Ferri	3 0	" 6 "	
" Ipecacuanhae	5 0	" 8 "	
" Opium	0 8	Galipots, in sorts	dozen 2
Zinci Chloridum	0 2	Corks, Vial	gross 2
" Oxidum	0 8	" Pint	1
" Sulphas	2 0	" Quart	¾
" Valerianas	0 2	Packthread	oz. 6
Zingiber	0 8	Labels	1000
" Pulvis	1 0		

Mode of obtaining supplies of Medicines.

Intermediate demands.

Requisitions from Foreign Stations.

Demands for Medicines and Instruments to be on separate Forms.

Transfer Returns.

498. Supplies of Medicines and Medical Materials in accordance with the foregoing scale will be drawn at home by half-yearly Requisitions, in duplicate, on the 1st April and 1st October, on W.O. Form 297, accompanied by half-yearly Returns on W.O. Form 299. The half-yearly Returns of General Stores will be rendered on W.O. Forms 828 and 829.

499. These demands (except in Ireland) will be put forward to the Director General by the Medical Officer in charge of each Hospital, through the Principal Medical Officer of the District.

500. Intermediate demands will be put forward in the same manner, but they will be accompanied in each instance with a full explanation of the circumstances which render them necessary. From Foreign Stations the Requisitions will be annual, dated the 1st April, on W.O. Form 297, with Returns on W.O. Form 828 and 829, for the year ending the 31st March.

501. Demands for Medicines and Surgical Instruments and Materials will not be included on the same Form; the former will be indented for on W.O. Form 297 or 884, and the latter on W.O. Form 300.

502. When a Medical Officer is removed from any charge where the custody of Medicines is included, a Transfer Return in detail, up to the date of relinquishing such charge, will be prepared in duplicate on W.O. Form 299, which will be duly

Medicines and Medical Materials.

Section II.

MEDICINES, &c.—continued.

signed both by the Medical Officer giving over and the Medical Officer receiving the Stores. One copy will be transmitted to the Director General of the Army Medical Department, through the Principal Medical Officer, and the other will be retained for reference.

503. The scale contained in paragraph 497 has been framed with the view of placing at the disposal of Medical Officers such a choice of remedies as it is presumed will be sufficient to meet all the wants of the sick; but it is of course to be understood that the whole of the articles specified therein are not required for any one service. Extra articles not included in the scale will only be sanctioned under very exceptional circumstances, which will be fully explained at the time of making the demand. In putting forward requisitions to the Director General the Principal Medical Officer of each District will carefully examine them in order to satisfy himself that they are strictly in accordance with the scale, and that the articles demanded are absolutely necessary for the use of the service for which the demand is made.

Demands to be confined to the recognized scale.

504. Medicines supplied by different firms will not be mixed together in the same jar or bottle, in order that, should objection be made to their quantity or quality, no difficulty may be experienced in applying to the Contractor who supplied them.

Supplies of Medicines from different Firms to be kept separate. Annual Report of Medicines.

505. On the 1st of October in each year a report will be transmitted to the Director General on all supplies of Medicines received during the past twelve months. Any objections, therefore, as to the age, adulteration, or chemical defects of the Medicines will be noted from time to time, that the report may be fully substantiated. All losses or casualties resulting from bad packing, leakage, or accident will, at home, be reported at the time of receiving the stores.

506. On the receipt of supplies of Medicines at Foreign Stations every case or other package will be opened, and its contents carefully examined in the presence of a Board of Medical Officers, by whom notice must be taken, in all cases of breakage, whether there is any deficiency of packing material, or other circumstance to lead to the belief that the loss resulted from insufficient or careless packing; or whether any external marks exist on the cases showing that they have been subjected to rough usage in transit. Such observations will be fully recorded in the copy of the proceedings transmitted to the Director-General, Army Medical Department.

Supplies for Foreign Stations.

507. On Home Service, all empty bottles and packages in which supplies of Medical Stores have been received, will be carefully preserved from damage, and such as will not probably be wanted for further Hospital use will be reported to the Director General, either on the 1st of April or the 1st of October, a detailed list being furnished, in duplicate, stating the number and description of each article, and particularly specifying the

Disposal of empty bottles and packages on Home Service.

Section II.

Medicines and Medical Materials.

MEDICINES, ETC.—continued.

packages which are serviceable, and the numbers of each kind of bottle or jar which have not contained oils, turpentine, copaiba, or ointment, together with estimates of the highest sum obtainable for these stores, if disposed of locally. The proposed sales, when approved by the Director General, will be forthwith effected, the proceeds thereof duly handed over to the Departmental Paymaster, and a notification of the payment transmitted to the Director General.

Disposal of
empty bottles
and packages
on Foreign
Service.

508. On Foreign Service, sales of empty bottles, packages, and other articles will be made under the orders of the Principal Medical Officer at each station annually, or more frequently if deemed expedient, and the proceeds of such sales will be immediately paid into the military chest, and duly reported to the Secretary of State for War.

Purchases of
Medicine.

509. Medicines or other articles not contained in the scale set forth in paragraph 497, will not be allowed at the public expense if purchased without the previous sanction of the Director General at home, or of the Principal Medical Officer abroad, unless under circumstances so urgent as not to admit of the delay of reference, in which case a covering authority will be obtained as early as possible. All bills for such urgent purchases, purchases of leeches, and for carriage of stores, after being certified to the effect that the articles or leeches were absolutely necessary, that they were obtained on the best and cheapest terms, and that the stores for which carriage is charged were solely for the public service, will be sent to the Principal Medical Officer of the District for examination, who will cause an abstract in duplicate on W.O. Form 292, to be prepared, in order that the same may be forwarded at the end of each quarter (with the bills) to the Director General of the Army Medical Department for his final approval. The bills, with one copy of the abstract, will be returned for payment with as little delay as possible to the Departmental Paymaster of the District, through the Principal Medical Officer of the same. The foregoing instructions will not apply to Foreign Stations.

510. Such articles as vinegar, linseed meal, loaf sugar, and mustard, when necessarily provided by the Commissariat Department for medical purposes, will be included in the abstract referred to in the foregoing paragraph, the Commissariat Officer giving the necessary information.

Medicines
for soldier's
families.

511. On each prescription or order for medicines for a soldier's wife or child will be written the regimental number, name, rank and corps of the husband or father, which will be signed by the Prescribing Officer. Every prescription or order for Medicines for Officers, and all others received at the Surgeries will bear the signature of the prescribing Medical Officer, and will be copied daily in a book (W.O. Book 39) to be used for that purpose; each entry will bear the signature of the Compounder

Medicines and Medical Materials.

Section II.

MEDICINES, &c.—continued.

of Medicines, or qualified person who dispensed the prescription, which will be retained and filed for future reference.

512. At each visit to, or inspection of, a Hospital or Surgery all prescriptions and entries will be carefully compared by the Principal Medical Officer, who will ascertain the accuracy of all entries, and satisfy himself that the issue of all Medicines and Materials has been properly made and regularly accounted for.

513. The Field Companion authorised by the Director General for the use of Regiments and Corps will be under the charge of the Medical Officer doing duty with such Regiment or Corps, and he will be held responsible for the same, and will include it in the manuscript return required to be furnished by paragraph of these Regulations.

Equipment of
Medicines for
Regiments
and Corps.

514. The supply of Medicines for Troops embarked coastwise and proceeding on, or returning from, Foreign Service (except India), is provided for by the Regulations for Medical Officers in charge of Troops on board ship, paragraph 74. In all cases of issues of Medical equipment from General Stores to Troops embarking for, or returning from, Foreign Service, Invoices in duplicate, duly signed by the Medical Officer receiving the supply, will be forwarded at once to the Director General.

Equipment of
Medicines for
Troops on
board ship.

515. The undermentioned equipment will be furnished by the Principal Medical Officer at a port of embarkation for the use of Transports specially engaged in Troop Service.

Medical and
Surgical
equipment for
Transports
specially
employed.

Medicine Chest, complete.
Case of Surgeon's Instruments.
Tooth Instruments.
Stomach Pump.
Box of Fracture Apparatus.

516. This equipment will be retained on board until the period for which the Transport is taken up has expired, when it will be returned into Army Medical Stores at home.

517. All articles for disinfecting purposes will be obtained from the Commissariat Department, and will not be included in requisitions put forward to the Director General.

Disinfectants.

PART 4.—MEDICAL ATTENDANCE AND EXAMINATION.

SECTION I.—MEDICAL ATTENDANCE.

- I.—General Instructions.
- II.—Officers, their Wives, Children, and Civilian Servants.
- III.—Non-Commissioned Officers and Soldiers.
- IV.—The Wives and Children of Non-Commissioned Officers and Soldiers.
- V.—Officers, Pensioners, Non-Commissioned Officers and Soldiers of the Army Reserve when called out for duty.
- VI.—Staff Officers of Pensioners, and Governors of Military Prisons.
- VII.—Non-Commissioned Officers of Enrolled Pensioners, their Wives and Children.
- VIII.—Pensioners, Clerks, Permanent Labourers, and other Civilians employed under the War Department.
- IX.—Employment of Private Medical Practitioners.

I.—GENERAL INSTRUCTIONS.

Definition of the term "Medical attendance."

Supply of medicines limited to conditions quoted above. Admission to Hospital explained.

518. The term "medical attendance" throughout these regulations means the professional advice and care during sickness or injury afforded by a Medical Officer or by a Private Medical Practitioner appointed to take Medical charge of Troops. Medical attendance will be restricted to the persons detailed in the following regulations, and subject to the conditions therein laid down; it will include the supply of medicines prescribed by the Medical Officer in charge of the case, and ordered by him from the public stock, or the medicines prescribed and supplied by a Private Medical Practitioner when appointed.

519. No person unless authorised by regulation will be admitted into Military Hospitals without the special sanction of the Secretary of State, and any departure from this rule will render the officer authorising such deviation liable for all expenses which may be incurred.

G.O. 129.—Hospitals.

Sep. 1883. The following will be added to para. 1, Sec. XIV., "Queen's Regulations and Orders for the Army, 1883":—

Hospital accommodation for officers is provided at the following places:—

At Home.

G.O. 33.—Hospitals.

March 1884. Deira and Natal are to be expunged from the list of places named in G.O. 129 of 1883.

Abroa.

Gibraltar.

Malta.

Natal.

Officers will accordingly be admitted to the hospitals at these places under the provisions of para. 524 of the Regulations for the Medical Department.

Cape Town may not be announced as a station where hospital accommodation is provided, but there are no other to which sick officers may be admitted when necessary, though fitting & furnishing cannot be authorized. 4823/7/372

see consp. - procedure for 15

1881

The following will be substituted for paragraph 524 of the Clause 231 Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

524. Officers suffering from wounds received in action, or from illness contracted on service with an Army in the Field, will be admitted into a Military Hospital for treatment at a Station where special accommodation has been authorized. Officers who are sick from causes other than those stated above will be admitted only on the recommendation of a Board of Medical Officers, and on the understanding that when so admitted they will be required to pay the regulated stoppages. Such cases will be immediately reported to the Secretary of State.

524a. In circumstances of great urgency an Officer, whether of the British or Indian Establishment, may, on the special recommendation of the Principal Medical Officer, be at once admitted for treatment, pending the sanction of the Secretary of State.

No of your recommendation this is not a list of names for station. 4811/7/1820

*The above regulations only apply at stations when the admission of officers is recognized - Malta, &c. & which. 4823/3/33 **

at a Depot being included therein.
 Recruiting.

PART 4.—MEDICAL ATTENDANCE AND EXAMINATION.

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"Medical
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Supply of
medicines
limited to
conditions
quoted above.

Admission to
Hospital ex-
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G.O. 129.—Hospitals.

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Hospital accommodation for officers is provided at the following places:—

At Home.

Devonport.
~~Dublin.~~
Netley.
Woolwich.

Abroad.

Gibraltar.
Malta.
~~Natal.~~

Officers will accordingly be admitted to the hospitals at these places under the provisions of para. 524 of the Regulations for the Medical Department.

4811

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4823

expunged by G.O. 38 of 1884

expunged by G.O. 38 of 84

*Cape Town may not be announced as a station where hospital accommodation is provided, but there are no doubt there to which sick officers may be admitted when necessary, though fitting & furnishing cannot be authorized. 4823/7/372
4813/7/1217 *Not done - extra* 483038
12*

*see comp^d - procedure
page 15*

1881

The following will be substituted for paragraph 524 of the Clause 231 Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

524. Officers suffering from wounds received in action, or from illness contracted on service with an Army in the Field, will be admitted into a Military Hospital for treatment at a Station where special accommodation has been authorized. Officers who are sick from causes other than those stated above will be admitted only on the recommendation of a Board of Medical Officers, and on the understanding that when so admitted they will be required to pay the regulated stoppages. Such cases will be immediately reported to the Secretary of State.

524a. In circumstances of great urgency an Officer, whether of the British or Indian Establishment, may, on the special recommendation of the Principal Medical Officer, be at once admitted for treatment, pending the sanction of the Secretary of State.

*No of your statement in this
and it is a bit different for
starting. 4811/7/820*

The above regulations only apply at stations where the admission of officers is recognized - Malta, &c. & which. 4823/3/33

4811
7
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at a Depot being included therein.
 -Recruiting.

PART 4.—MEDICAL ATTENDANCE AND EXAMINATION.

SECTION I.—MEDICAL ATTENDANCE.

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medicines
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Hospital ex-
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519. No person unless authorised by regulation will be admitted into Military Hospitals without the special sanction of the Secretary of State, and any departure from this rule will render the officer authorising such deviation liable for all expenses which may be incurred.

(d) The thirty days' delay above alluded to is intended to give the soldier time to reconsider his request and withdraw it should he wish to do so. The commanding officer is authorized to shorten or omit the delay should the circumstances of the case make him think that this would be desirable in the soldier's interests. It is the duty of the commanding officer to assist the soldier with the best information and advice in his power.

Cape Town may not be announced as a station where board accommodation is provided, but there are no other to which sick officers may be admitted when necessary, though fitting & furnishing cannot be authorized. 4823/7/372
4813/7/1217 *Not dict - extra* 83038
12

*see consp^d - procedure
page 15*

1881

The following will be substituted for paragraph 524 of the Clause 231 Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

524. Officers suffering from wounds received in action, or from illness contracted on service with an Army in the Field, will be admitted into a Military Hospital for treatment at a Station where special accommodation has been authorized. Officers who are sick from causes other than those stated above will be admitted only on the recommendation of a Board of Medical Officers, and on the understanding that when so admitted they will be required to pay the regulated stoppages. Such cases will be immediately reported to the Secretary of State.

524a. In circumstances of great urgency an Officer, whether of the British or Indian Establishment, may, on the special recommendation of the Principal Medical Officer, be at once admitted for treatment, pending the sanction of the Secretary of State.

*No officer admitted in this
manner is to be subject for
stoppage. 4811/7/320*

The above regulations only apply at stations where the admission of officers is recognized - *hospitals, etc.*
+ which. 4823/3/33 *

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see page 15

Medicines and Medical Materials.

Section II.

GENERAL INSTRUCTIONS—continued.

520. No issue of medical comforts or diets will be made to any person not entitled to them by regulation, and any articles of this nature ordered on the authority of Commanding or Medical officers for women, children, or other persons not entitled thereto will not be sanctioned as a charge against the public, and the value of all articles so issued will be recovered from the Officers on whose certificate the issues were made.

Medical comforts or diets.

521. Attendance cannot be claimed for women during their confinement (with the exception of the wives of soldiers admitted into Female Hospital), unless the assistance of a Midwife or Civil Practitioner cannot be procured, or unless the Midwife or Civil Practitioner privately employed should require the assistance of a Medical Officer in any case of danger.

Attendance cannot be claimed in any case of childbirth.

522. When medical attendance is claimed from a Medical Officer for any persons who are not enlisted soldiers or members of their families, and not belonging to the Corps to which the Medical Officer may be attached, a Nominal Roll (on W. O. Form 1328), with the rank or occupation and address of each person, will be furnished by the Officer Commanding, or the Head of the Department, on the first of each month to the Principal Medical Officer, or to the Senior Medical Officer of the Station, and no person will be considered entitled to medical attendance whose name is not included in this Monthly Roll.

Nominal Roll of persons claiming medical attendance, to be furnished to the Medical Officer.

II.—OFFICERS, THEIR WIVES, CHILDREN, AND CIVILIAN SERVANTS.

523. Officers are entitled to medical attendance at the public expense only at Stations where there is a Medical Officer nominated for the duty, or where a Private Medical Practitioner is employed at contract rates for attendance on Non-commissioned Officers and men, and provided that in each case the Officer claiming medical attendance is on full pay, or holding a staff appointment at the Station, and resides within a radius of one mile from the Army Dispensary. In all cases of attendance by a Medical Officer, the medicines ordered by him will be obtained from the Military Dispensary.

Conditions of attendance.

524. Sick Officers, on the recommendation of a Medical Board, may be admitted for treatment into Military Hospitals at Stations where special accommodation has been authorised, and on payment of the regulated stoppages.

Admission to Hospital.

525. The Wives and Children (up to 14 years of age) of Officers will be entitled to medical attendance and medicine at the public expense only when the Officers are serving under the conditions stated in paragraph 523.

Officers' wives and children.

526. Officers will be allowed medical attendance and medicine at the public expense for civilian servants, on the conditions stated in paragraph 523. The attendance will be allowed only for

Civilian servants of officers.

Section I.

Medical Attendance.

OFFICERS, THEIR WIVES, &c.—continued.

servants actually kept and not exceeding the numbers authorised by the Regulations relating to servants allowance published in the Army Circulars.

527. When an Officer is allowed the services of a soldier servant, or employs any soldier, orderly, labourer, messenger, or other person paid by the Government to act in any capacity as servant, the soldier or other person so employed must be reckoned as part of the maximum number of servants, as stated in the above Schedule, for whom medical attendance will be allowed.

Civilian servants to attend at Dispensary.

528. Civilian servants of Officers requiring medical attendance and medicines will attend at the Military Hospital, Dispensary, or residence of the Private Medical Practitioner (as the case may be) at fixed hours, unless their illness be of such a nature as to prevent their doing so, in which case they will be visited at their master's quarters or residence, provided it is within the prescribed radius.

Names and occupations to be specified monthly.

529. The names and occupations of civilian servants for whom medical attendance is claimed will be specified each month in W. O. Form 1328.

Claims of Private Medical Practitioners employed by Officers.

530. Private claims for reimbursement on account of the services of Medical Practitioners employed by any Officer of the Army, or by members of the Military and Civil Departments for attendance on themselves, their wives, children, or servants, or for medicine purchased by them will not be entertained under any circumstances.

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III.—NON-COMMISSIONED OFFICERS AND SOLDIERS.

Non-commissioned Officers and Soldiers entitled to admission to Hospital.

531. All Non-commissioned Officers and Soldiers, when present, doing duty and borne on the muster roll of their respective corps or dépôt, or when employed on detached duty, or on furlough; also seamen of the Royal Navy and Non-commissioned Officers and Men of the Royal Marines when sick will be admitted to Military Hospitals, and there provided with medical attendance, medicines, and diet, subject to the regulated stoppages.

Where there is no military hospital.

532. Where there is no Military Hospital, all Non-commissioned Officers and Soldiers when on duty or on sick furlough will also be entitled to medical attendance at the public expense; but this does not apply to soldiers on ordinary furlough or to deserters, who, however, if necessity arise, may be treated in Military Hospitals. Claims for medical attendance on such men from Private Medical Practitioners are, however, inadmissible.

Discharged Soldiers unable

533. In any exceptional case where from sudden illness or other cause it is necessary to subsist a discharged man in hos-

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G. H. P.
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CL. I
contin

Cl. 30 of 1881

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

3509. PROOF 1. 4-1-81.

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Medical Attendance—Warrant Officers and their Wives and Children.

1. The following will be substituted for paragraph 530a, Cl. 143, added to the Regulations for the Army Medical Department (Army Regulations, Vol. VI.), by Clause 261, Army Circulars, 1879:—

530a. Under ordinary circumstances Warrant Officers, including Conductors of Supplies and of Stores, will receive medical attendance in their own

quarters when present doing duty at their stations or borne on the muster-roll of their corps or depôts. They will similarly receive medical attendance when employed on detached duty, or when on sick leave of absence.

hospital, they will receive medicines, diets, and extras, under the conditions laid down in paragraph 45(k), Clause 60, Army Circulars, 1878, for wives and families borne on the married roll.

ir Wives and

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Army Medical
by Clause 261,

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t Officers will
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Cl. 143
continued.

*See further alterations in Cl. 30
A.L. 1881*

*Given during the process of trial by Court-Martial
a Warrant Officer can be medically inspected in his own
quarters. Local Military decision 4820/7/69*

Section I.

Medical Attendance.

OFFICERS, THEIR WIVES, &c.—continued.

servants actually kept and not exceeding the numbers authorised by the Regulations relating to servants allowance published in the Army Circulars.

527. When an Officer is allowed the services of a soldier servant, or employs any soldier, orderly, labourer, messenger, or other person paid by the Government to act in any capacity as servant, the soldier or other person so employed must be reckoned as part of the maximum number of servants, as stated in the above Schedule, for whom medical attendance will be allowed.

528. Civilian servants of Officers requiring medical attendance and medicines will attend at the Military Hospital, Dispensary, or residence of the Private Medical Practitioner (as the case may be) at fixed hours, unless their illness be of such a nature as to prevent their doing so, in which case they will be visited at their master's quarters or residence, provided it is within the prescribed radius.

Civilian servants to attend at Dispensary.

Names and occupations to be specified monthly.

Claims of Private Medical Practitioners employed by Officers.

529. The month in W. July 1883.

530. Private services of M Army, or by attendance on for medicine any circumstance.

With reference to Clause 10, any undermentioned books have been published, and will be added to the List of Works promulgated by the Appendix to that Clause:—

	s.	d.
Artificers, Military, Handbook for, 4th Edition, 1883	1	1
Gun, 10-in. R.M.L. of 18 tons, Handbook for	0	9
Gun, 80-pr. R.M.L. of 5 tons, Handbook for	0	9
Surveys (Government) of the Principal Countries, Notes on	4	4

III.—NON-COMMISSIONED OFFICERS AND SOLDIERS.

Non-commissioned Officers and Soldiers entitled to admission to Hospital.

531. All present, doing duty and borne on the muster roll of their respective corps or dépôt, or when employed on detached duty, or on furlough; also seamen of the Royal Navy and Non-commissioned Officers and Men of the Royal Marines when sick will be admitted to Military Hospitals, and there provided with medical attendance, medicines, and diet, subject to the regulated stoppages.

Where there is no military hospital.

532. Where there is no Military Hospital, all Non-commissioned Officers and Soldiers when on duty or on sick furlough will also be entitled to medical attendance at the public expense; but this does not apply to soldiers on ordinary furlough or to deserters who, however, if necessity arise, may be treated in Military Hospitals. Claims for medical attendance on such men from Private Medical Practitioners are, however, inadmissible.

Discharged Soldiers unable

533. In any exceptional case where from sudden illness or other cause it is necessary to subsist a discharged man in hos-

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G. H. P.
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Cl. 30 of 1881

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

3509. PROOF 1. 4-1-81.

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Medical Attendance—Warrant Officers and their Wives and Children.

The following will be substituted for paragraph 530(e) added after paragraph 530 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.), by Clause 261, Army Circulars, 1879:—

4800

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530

530(e.) The wives and children of Warrant Officers will receive medical attendance in their own quarters, under the conditions laid down in paragraphs 523 and 525. This will not preclude their receiving medical comforts, under the conditions laid down for the families of Non-Commissioned Officers and soldiers in paragraphs 534 to 537. If, under exceptional circumstances, they are admitted into a military hospital, they will receive medicines, diets, and extras, under the conditions laid down in paragraph 45(k), Clause 60, Army Circulars, 1878, for wives and families borne on the married roll.

*see proof and original for
A.C. 1881*

*Even during the process of trial by Court-martial
a Warrant Officer can be medically inspected in his own
quarters. Local military decision 4820/7/69*

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THE ARMY MEDICAL

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT

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REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT

Medical Attendance - Warrant Officers and their Wives and
Children

The following will be applicable for paragraph 530(c) which
after paragraph 530 of the Regulations for the Army Medical
Department (Revised Army Regulations, Vol. VII, by General 201)
Army Circular 1879-2

530(c) The wives and children of Warrant Officers will
receive medical attendance in their own quarters under the
conditions laid down in paragraphs 528 and 529. This will
not preclude their receiving medical care under the con-
ditions laid down for the families of Non-Commissioned
Officers and soldiers in paragraphs 531 to 537. In under
exceptional circumstances they are admitted into a military
hospital they will receive medical, diet, and extra, under
the conditions laid down in paragraph 454, Chapter 40, Army
Circular, 1879 for wives and families borne on the married
roll.

in the 24th 1879

in the 24th 1879

in the 24th 1879

4800/7/467

* 530 (a) Medical Attendance
Warrant-Officers. Wives & Children
see Clause ~~18~~ Army Ci² November 1879

261

see back page

4800

7

420

~~Warrant-Officers. Wives & Children~~

This article is applicable to officers who fall sick or meet
with an accident on duty. 24/P. L. P. 17546 + 17981 + "Med. Attendance"
Drainage Bank

24
Sent No 589
When Army Reserve Force is not mobilized, a soldier
belonging to it, not entitled to medical aid

Wives of Soldiers who have a claim to free treatment in hospital, when their husbands are with them do not forfeit that claim when they are absent from them. 4803/3/16.

Issue of such medical Comforts as are allowed by regulation may be made to Wives & families of Soldiers on active service $\frac{24}{\text{Gen. } 40}$ $\frac{395}{}$ see AC Sept. 1879 Cl. 200.

Extended by Clause 200, A.C. 1879 to those whose husbands are on active service.

see also 50 / Gen. No. 2044

2. The following will be substituted for paragraph 535a, added to the above-mentioned Regulations by Clause 200, Army Circulars, 1879:—

535a. When Warrant Officers, non-commissioned officers and men on the married roll are absent on active service, their wives and families will be allowed medical attendance and medicine at the public expense at stations where there is a Medical Officer, or where a Private Medical Practitioner is employed at contract rates, provided that in each case they reside within a radius of one mile from a Military Dispensary. They will also be allowed medical comforts under the conditions contained in paragraph 535.

535b. A return of the names of the women and children to whom medical comforts are thus issued, and of the dates of the issues, will be forwarded, through the Principal Medical Officer of the district, on Army Form I 1205.

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Cl. 143
1883

Medical Attendance.

Section I.

NON-COMMISSIONED OFFICERS AND SOLDIERS—continued.

pital, he will, if a pensioner, be charged a stoppage of 1s., subject to the provision, that if his pension be not equal to 1s. 3d. a day, the rate of stoppage will be such as to leave him a balance of 3d. a day. If the soldier be discharged without a pension he will be subsisted free.

through illness to proceed to their destination.

IV.—THE WIVES AND CHILDREN OF NON-COMMISSIONED OFFICERS AND SOLDIERS.

534. The wives of Non-commissioned Officers and Soldiers who are borne on the Married Roll of Corps, with their legitimate children and step-children (up to 14 years of age), will, when present with Corps, be allowed medical attendance and medicine at the public expense only at Stations where there is a Medical Officer, or where a private Medical Practitioner is employed at contract rates, and provided in each case that they reside within a radius of one mile from a Military Dispensary.

Women must be on Married Roll to be allowed medical attendance.

535. Medical comforts will only be issued to the wives and children of the Non-commissioned Officers and Soldiers detailed in the preceding paragraph, and under the conditions therein specified, when they are sick, and are treated in their quarters. No medical comforts will be issued unless they can be procured from a Military Hospital.

Women and children entitled to medical comforts.

536. The following are the medical comforts which will be issued, viz., wines, port or sherry, brandy, arrowroot, and essence of beef or extractum carnis; fresh meat will not be supplied for the preparation of beef tea.

Medical comforts detailed.

537. Previous to the first issue of medical comforts, the signature of the Officer Commanding will be obtained to the certificate on W.O Form 1200, on which an entry of all demands for issues will be made daily by the prescribing Medical Officer, and the cases of all individuals requiring medical comforts will be entered in the case book (W.O. Book 187).

First issue of medical comforts.

538. The wives of Non-commissioned Officers and Soldiers may be admitted into Hospital under the conditions laid down in Part 2, Section V of these Regulations.

Admission to female Hospital.

539. The wives and children of the Militia Staff occupying quarters in barracks will not be entitled to medical comforts unless the Non-commissioned Officers are transfers serving under their Army engagement, in which case the medical comforts detailed in paragraph 536 will be issued.

540. Medical Officers are at liberty in urgent cases to attend the wives and children of soldiers married without leave, and to supply medicines for them from the public stock to a limited extent at the discretion of the Principal Medical Officer; in all such cases the prescriptions will be filed in the surgery for subsequent examination.

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Section I.

Medical Attendance.

V.—OFFICERS, PENSIONERS, NON-COMMISSIONED OFFICERS,
AND SOLDIERS OF ARMY RESERVE WHEN CALLED OUT
FOR DUTY.

Medical at-
tendance on
Army
Reserve.

541. Officers, Pensioners, Non-commissioned Officers, and Soldiers of the Army Reserve when called out for training or duty will, while so employed and if taken ill during the period of such duty, be treated, as regards medical attendance and hospital accommodation, in all respects as other Officers and Soldiers in Her Majesty's Service, subject to such stoppages as may from time to time be authorised.

VI.—STAFF OFFICERS OF PENSIONERS AND GOVERNORS OF
MILITARY PRISONS.

Staff Officers
of Pensioners
and governors
of prisons.

542. Staff Officers of Pensioners and Governors of Military and Provost Prisons will be entitled to medical attendance at the public expense—

- a. For themselves, subject to the conditions stated at paragraphs 523 and 524
- b. For their wives and children, subject to the conditions stated at paragraph 525.
- c. For civilian servants, subject to the conditions stated at paragraphs 526 to 528.

VII.—NON-COMMISSIONED OFFICERS OF ENROLLED PEN-
SIONERS, THEIR WIVES AND CHILDREN.

Non-commis-
sioned Officers
of Pensioners.

543. Non-commissioned Officers employed on the Out-Pension Staff under Staff Officers of Pensioners, and permanent Warders in Military and Provost Prisons will be entitled to medical attendance and medicines for themselves, their wives, and children up to 14 years of age, at the public expense, provided they reside within one mile from an Army Dispensary; but where their duties compel them to live beyond that radius, a Private Medical Practitioner may be employed at contract rates to attend them, in all cases subject to the conditions stated in paragraphs 534 to 540.

Inspection of
a Pensioner
when required
by Staff
Officer.

544. Any Pensioner brought before a Medical Officer for inspection at the request of a Staff Officer of Pensioners will be examined, and the requisite certificate furnished.

November 1880

Medical Attendance on Pensioners, Clerks, &c.

Clause 274 The following will be substituted for paragraphs 545 and 546 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.) :—

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P.M.P.
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545. Pensioners employed in the Military and Civil Departments of the Army will be allowed medical attendance at the public expense for themselves, their wives, children, and step-children, up to 14 years of age, at stations where there is a Medical Officer or a Private Medical Practitioner in attendance on Non-Commissioned Officers and men of the Army, and provided that in every case they reside within the radius of one mile from the Army Dispensary of the Station; but they will not be entitled to medical comforts, or to admission to a Military Hospital, except under the circumstances detailed in paragraph 548.

546. Civilian clerks, labourers, and those on the Permanent Establishment of the Civil Departments of the Army, whose terms of engagement subject them to the conditions of the Army Discipline and Regulation Act, 1879, will be considered entitled to medical attendance for themselves, their wives, children, and step children, up to 14 years of age, under conditions similar to those specified in paragraph 545.

Medical Attendance on Pensioners, Clerks, &c.

The following will be substituted for paragraph 546 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.), as amended by Clause 274, Army Circulars, 1880 :—

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Cl. 165
a.c. 1881

546. Civilian clerks, artificers, labourers, and all persons on the approved fixed Establishment of the Departments of the Army, at home and abroad, with the exception of the Ordnance Store Department, Royal Arsenal, Woolwich, which is treated exceptionally, will be considered entitled to medical attendance for themselves, their wives, children, and step children, up to 14 years of age, under conditions similar to those specified in paragraph 545, and in accordance with the instructions laid down in paragraph 522.

It. For discussion wh. resulted in the
original Regs. in para 87 on 24/ P.M.P. | 4837

Medical Attendance.

Section I.

VIII.—PENSIONERS, CLERKS, PERMANENT LABOURERS, AND OTHER CIVILIANS EMPLOYED UNDER THE WAR DEPARTMENT.

545. Pensioners employed in the Military and Civil Departments of the Army, occupying quarters in barracks by War Office authority, will be allowed medical attendance at the public expense for themselves, their wives, and children up to 14 years of age, at Stations where there is a Medical Officer or a Private Medical Practitioner in attendance on Non-commissioned Officers and Men of the Army, and provided that in every case they reside within the radius of one mile from the Army Dispensary of the Station.

Medical attendance on Pensioners and their families.

546. Civilian Clerks, labourers, and those on the permanent establishment of the Civil Departments of the Army, whose terms of engagement subject them to the conditions of the Mutiny Act and Articles of War, will be considered entitled to medical attendance for themselves, their wives, and children up to 14 years of age, under similar conditions to those specified in paragraphs 534 to 540.

Medical attendance on clerks, labourers and others employed in Civil Departments of the Army.

547. Civilians on the fixed establishments of the Manufacturing Departments under the control of the War Office will be entitled to medical attendance for themselves, their wives, and children under 14 years of age; but workmen and labourers on the Wages List will be entitled to individual medical attendance only, after 3 years' continuous service, except in cases of injury from accident on duty. In both cases the residences of those requiring medical attendance must be within the radius of one mile from the Dispensary. This limit of distance, however, does not apply to the Royal Arsenal, Woolwich where the radius of one mile has been fixed from a point equidistant from the main and Plumstead gates, as shown by a yellow semicircle in a plan kept at the Offices of the Heads of Departments, Royal Arsenal.

Medical attendance on civilians employed in Manufacturing Department.

548. Pensioners or others employed in the Military or Civil Departments of the Army and occupying quarters in barracks by War Office authority, when attacked by any contagious or infectious disease which, in the opinion of the Senior Medical Officer, renders their removal to Hospital necessary on sanitary grounds, will be admitted to Military Hospitals (subject to special hospital stoppages) whenever hospital accommodation can be made available for them.

Pensioners and others occupying quarters attacked with infectious disease.

IX.—EMPLOYMENT OF PRIVATE MEDICAL PRACTITIONERS.

549. If there be no Medical Officer at a station where there are Non-commissioned Officers and soldiers entitled by

Officer commanding empowered to

*Cancelled by
Clause 274 & 275 1880*

*+ Civilian
Candidates
for the
Wages List
of the
Manufacturing
Departments
49
15*

Section I.

Medical Attendance.

EMPLOYMENT OF PRIVATE MEDICAL PRACTITIONERS—continued.

employ
private
Medical
practitioners.

the foregoing regulations, to medical attendance and medicine at the public expense, the Officer Commanding at the station may, under the provisions of Art. 434 of the Royal Warrant of 1st May, 1878 (Revised Army Regulations, Vol. I), engage the services of a properly qualified Private Medical Practitioner for attendance on the Non-commissioned Officers and Soldiers present. The Private Medical Practitioner employed in this service will receive the weekly contract rates laid down in that Article. On the employment of a Private Medical Practitioner, which will be duly reported to the Principal Medical Officer of the district, all persons at the same station who are entitled to medical attendance, on the conditions laid down in these regulations, will be included in the numbers to be attended, provided they reside within the prescribed radius of one mile from the Military Dispensary.

For Non-com-
missioned
Officers and
soldiers, &c.
detached.

550. When a Military Foreman of Works or a Non-commissioned Officer of the Royal Artillery, Royal Engineers, or any Corps, is sent for duty, for any period likely to exceed one month, to a station where there is no Medical Officer, or where, if one be present, his services owing to distance cannot be made available, the Officer Commanding the Corps will obtain the services of a duly qualified Medical Practitioner, for all those of the party entitled to medical attendance, at the contract rates agreeably to the directions contained in paragraph 549.

Nominal rolls
to be for-
warded.

551. Where a Private Medical Practitioner has been employed at contract rates, the several Commanding Officers and Heads of Departments will, on the first of each month, furnish him with a nominal roll (on W.O. Form 1328) of all persons other than soldiers who are entitled to medical attendance, and in every case the rank, occupation, and address of each person will be stated on the rolls. In the case of a detachment of soldiers consisting of more than 10 Non-commissioned Officers and Privates, these rolls will not be necessary.

All persons to
be included
in one claim.

552. All persons, though belonging to different Corps or Departments at the same Station, will be attended by the same Private Medical Practitioner, and the total number included in one claim on W.O. Form 154, which will be certified and signed by the Senior Military Officer at the Station.

How claims
are to be
forwarded.

553. Under ordinary circumstances no claim for medical attendance will be entertained unless made in conformity with the rates referred to in paragraph 549, and unless it is submitted by the Military Officer who engaged the services of the Private Medical Practitioner direct to the Secretary of State for War at the end of each quarter, or at the termination of the service if for less than a quarter, on W.O. Form 154, to which the lists on W.O. Form 1328 will invariably be attached. Where, however, exceptional circumstances have arisen in the

G.O. 254 of 1882

G. Reg. from 17 sec. 16

8.01.234 of 1882
3.07.1882

Medical Attendance.

Section I.

EMPLOYMENT OF PRIVATE MEDICAL PRACTITIONERS—continued.

employment of a Private Medical Practitioner to necessitate a departure from any of the foregoing instructions, full explanation of the circumstances will be given in each case, and the particulars of the claim furnished by the responsible Military Officer will be submitted on W.O. Form 296, for the approval of the Secretary of State for War.

554. The claims, when they have been approved by the Director General of the Army Medical Department, will be returned to the Military Officers who signed them, for settlement by the Staff Paymasters of Districts. Settlement of claims.

555. Whenever a Civil Medical Practitioner may be employed at any Garrison or Station for the treatment of cases of infectious or contagious diseases among Officers, Non-commissioned Officers or their families who are not attended by a Military Medical Officer, a report of the case must at once be obtained by the Officer or Soldier employing him and forwarded for the information of the Officer Commanding, and the Senior Medical Officer at the Station (*see* G.O. 45, of July 1877).

(OFFICIAL COPY.)

GENERAL ORDERS

BY HIS ROYAL HIGHNESS THE FIELD-MARSHAL COMMANDING
IN CHIEF.

1ST SEPTEMBER 1884.

CONTENTS.

G.O. 145.—Army Reserve—G.O. 43 of 1880 amended.	G.O. 152.—Reconnaissance—Regulations for.
„ 146.—Army Reserve—Amendment of regulations.	„ 153.—Recruiting—Schedule for.
„ 147.—Commissariat and Transport Corps—Standing Orders.	„ 154.—Staff College—Result of examination for admission.
„ 148.—Horses—Length of tails.	„ 155.—Staff College—Study of mathematics to cease.
„ 149.—Militia—Re-transfer to Permanent Staff.	„ 156.—Submarine Mining—Ensign for boats.
„ 150.—Musketry—Amendment of regulations.	„ 157.—Volunteers—Alteration of regulations.
„ 151.—National Rifle Association—Names of prize winners.	„ 158.—Volunteers—Seniority of instructors.

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rejection.

rejected:—scrofula; phthisis; undoubted primary or secondary syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins beyond a limited extent, or marked varicocele with testicle unusually pendant: inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having

~~In the event of a Remit who has been passed by a Military M.O.
being objected to on joining his Corps, the A. will report to the Adj.
Gen. who will refer to the Director Gen. for an opinion and if the
D.G. considers it necessary, a Med. Board will be ordered to assemble,
the proceedings to be forwarded to the Horse Guards when instructions
will be given as to the disposal of the Remit.~~

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Gen. In.
2838.~~

Amended by Parns 581 + 583
Cl. 150, A.C. 1890.

G.O. 145.—Army Reserve.

Sept. 1884.	Paras. I. to XVIII. of G.O. 43 of 1880 having been incorporated in the Regulations for 1st Class Army Reserve are hereby cancelled.	109 Gen. No. 639
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G.O. 146.—Army Reserve.

Sept. 1884.	The following paragraphs will be substituted for paras. 75 to 96 of the Regulations for the 1st Class Army Reserve, issued with Clause 137, Army Circulars, 1884:—	109 34 19
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In para. 60, lines 6 and 7—

For “for the consideration of the General officer commanding the district,” *read* “through the proper channel, for the consideration of the Adjutant-General.”

In para. 69, line 1—

For “The officer charged with the payment,” *read* “The officer in charge of the documents.”

On termination of engagement.

75. Men of Section A will be struck off the strength of the force, on the termination of their periods of engagement, by the officer charged with their payment without reference to higher authority, and their attestations, with the records of service made up to the date of completion of engagement, will be forwarded to the General officer commanding the district, by whom they will be disposed of in accordance with para. 80(a).

By invaliding.

76. When a man belonging to Section A is reported by the inspecting medical officer as permanently unfit for service, his attestation, with record of service completed up to the date of transmission, will be forwarded by the officer charged with their payment to the General officer commanding the district, together with reports showing—

- (a.) His service in the Army and Army Reserve ;
- (b.) The cause of his unfitness ; and
- (c.) In the case of a man of less than 14 years' service, whether his conduct whilst in the Reserve has been such as to entitle him to be recommended for a gratuity under the provisions of para. 130.

The report as to the cause of unfitness should be prepared on Army Form B 248, and signed by the inspecting medical officer.

77. The discharge will then be carried out by the General officer commanding without reference to higher authority, and in the case of men recommended for gratuities under para. 130, the documents specified in the preceding paragraph will be forwarded to the Adjutant-General with the nominal list of discharges (Army Form B 99). Discharge documents.

In other cases they will be disposed of in accordance with para. 80(a).

78. Discharges by purchase from this section will not be permitted, but free discharges will be allowed to men of good character if specially recommended by the officer charged with their payment. By purchase.

79. The discharge of bad characters will be carried out in accordance with instructions contained in Sec. XIX., paras. 225 to 230, "Queen's Regulations and Orders for the Army, 1883." As bad characters.

80. On discharge from Section A, each man will receive a parchment certificate on Army Form D 434. The parchment certificates of their discharge from the Regular Army, which were given up on their enlistment in the Reserve, will be attached to their attestations. Parchment certificate.

80(a). The names of all men discharged from Section A will be included in the nominal list of discharges (Army Form B 99) rendered weekly by General officers commanding, and their discharge documents will be forwarded, therewith, to the Adjutant-General.

3. DISCHARGE OF MEN BELONGING TO SECTIONS B AND C.

81. The discharge of time-expired men belonging to Sections B and C, will be carried out in the same manner as the discharges of men belonging to the Regular Army (*see* Sec. XIX., "Queen's Regulations and Orders for the Army, 1883"). On termination of engagement.

82. When men of Sections B and C are reported by the inspecting medical officer as permanently unfit for further service, whether on mobilization or any other occasion, their discharge documents will be completed and forwarded to the General officer commanding the district for confirmation, in accordance with para. 200, Sec. XIX., "Queen's Regulations and Orders for the Army, 1883," as amended by G.O. 101 of 1884. The medical report, on Army Form B 248, will be signed by the inspecting medical officer, and in the case of men of not By invaliding.

less than 14 years' service the discharge documents will be accompanied by the report required by para. 76(c).

Discharge documents.

83. The discharge will then be carried out by the General officer commanding without reference to higher authority, and in the case of men recommended for gratuities under para. 130, the discharge documents will be forwarded to the Adjutant-General with the nominal list of discharge (Army Form B 99). In other cases they will be disposed of in accordance with para. 93(a).

Discharge by purchase.

84. The conditions under which men of Sections B and C will be allowed to purchase their discharge are laid down in Articles 588 and 588(1) of the Royal Warrant relating to pay, &c.

Application.

85. When a man of Sections B or C is desirous of purchasing his discharge, he will make application to the officer charged with his payment.

By purchase or free.

86. Applications for the discharge of such men, by purchase or free, will be made in accordance with Sec. XIX., paras. 213-221, "Queen's Regulations and Orders for the Army, 1883," and the discharge be carried out as therein laid down.

G.O. 82 of 1883.

The delay of 30 days referred to in Sec. XIX., para. 214, "Queen's Regulations and Orders for the Army, 1883," will, however, be dispensed with in the case of Army Reserve men, except when orders have been issued for their recall to the Colours on mobilization.

Failure to pay.

87. In the event of money not being received within one month of the date of the authority for the discharge, a report to that effect will be made to the General officer commanding, in order that the authority may be cancelled.

Bad characters.

88. In cases where it may be desirable to discharge men of Sections B and C as bad characters, the instructions contained in Sec. XIX., paras. 225-230, "Queen's Regulations and Orders for the Army, 1883," will be complied with.

Parchment certificates.

89. On discharge from Sections B or C, the man will receive a parchment certificate (on Army Form B 128 or B 264, as the case may be).

90. A man discharged from Section B, who has enlisted for Section D, will, on discharge from his Army engagement, receive his Parchment Discharge Certificate on Army Form B 128 (the entry of his enlistment in Section D having been made as directed in para. 9).

93(a). The names of all men discharged from Sections B and C will be included in the nominal list of discharges (Army Form B 99) rendered weekly to the Adjutant-General by General officers commanding, and their discharge documents will (except in the case of invalids recommended for gratuities under para. 130) be forwarded to the officers specified in Sec. XIX., para. 174, "Queen's Regulations and Orders for the Army, 1883," as amended by G.O. 47 of 1884, for record.

4. DISCHARGE OF MEN FROM SECTION D.

91. The discharge of men from Section D will be carried out in accordance with instructions laid down for the men of Section A. Same as for Section A.

92. Their discharge documents will, however, in the case of invalids recommended for gratuities under para. 130, be forwarded to the Adjutant-General with the Weekly Return of Discharges (Army Form B 99), and in other cases they will be transmitted for record to the officer charged with the custody of their former discharge documents, under Sec. XIX., para. 174, "Queen's Regulations and Orders for the Army, 1883," as amended by G.O. 47 of 1884. Discharge documents.

93. A Parchment Discharge Certificate, on Army Form D 434, will be given to men discharged from Section D, in which no allusion will be made to the man's previous Army service. Parchment discharge certificate.

G.O. 147.—Commissariat and Transport Corps.

Sept. 1884. 20 Commissariat Corps 12	The "Standing Orders for the Commissariat and Transport Corps" having been revised, copies will be issued to all concerned.
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G.O. 148.—Horses.

Sept. 1884. 116 Gen. No. 1227	As it has been brought to notice that in the mounted services the regulations in regard to the length of horses' tails are not observed, and as horses with short tails are practically unfit for service in the field, where flies are
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troublesome, the following addition will be made to para. 5, Sec. XI., "Queen's Regulations and Orders for the Army, 1883":—

"General officers, when making their inspections of mounted corps, will ascertain whether these instructions are strictly followed, and they will specially report every instance in which they are disregarded that comes under their notice. Horses with short docks are not to be purchased as remounts."

G.O. 149.—Permanent Staff, Militia.

Sept. The following will be added after para. 134, Militia
1884. Regulations, 1883:—

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RE-TRANSFER AND RE-POSTING.

134a. The following will be the course to be pursued when it is desired to re-transfer or re-post a non-commissioned officer from the Permanent Staff of the Militia to the Regular Forces.

When the non-commissioned officer belongs to the cavalry, or infantry, the General officer commanding the district, in which the non-commissioned officer is serving, will forward the application to the General officer commanding the district in which the line corps is serving, to which the non-commissioned officer is to be re-transferred or re-posted. This latter General officer will, if the application be regular, and approved by the commanding officer, issue the necessary orders and route for carrying out the transfer. When the non-commissioned officer and the line corps are serving in the same district, the transfer or re-posting will be carried out by the General officer commanding.

134b. Re-transfers of non-commissioned officers belonging to the Royal Artillery, Royal Engineers, and Royal Marines will be forwarded to the Deputy Adjutant-General, Royal Artillery, the Deputy Adjutant-General, Royal Engineers, and Deputy Adjutant-General, Royal Marines, respectively, who, if the application is approved, will issue the necessary orders and route.

G.O. 150.—Musketry.]

Sept. 1884. 104 Cavalry Depôt. 61	The following alteration will be made in para. 18, Regulations for Musketry Instruction, 1884:—In line 3, at end, for "soldier," substitute "recruit."
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G.O. 151.—National Rifle Association.

Sept. 1884. v. N.R.A. 1065	I. In accordance with para. XVI., G.O. 97 of 1884, the names of the prize winners in the competition at the recent Wimbledon Meeting for the Army and Navy Challenge Cup, General Eyre's Prize, and the Royal Cambridge Challenge Shield, are now published (<i>see</i> Appendices, pp. 170-3.)
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II. His Royal Highness has been requested by the Council of the National Rifle Association to convey its thanks to the officers, non-commissioned officers and men employed during the Meeting, for the zealous and efficient manner in which their duties were performed by them on that occasion.

G.O. 152.—Reconnaissances.

Sept. 1884. 7693 3739	G.O. 90 and 148 of 1880 are hereby cancelled. The following will be added after para. 276, Sec. VII., "Queen's Regulations and Orders for the Army, 1883":—
--------------------------------	--

RECONNAISSANCE.

277. Officers of cavalry, artillery, and infantry, will be practised in field sketching and reconnaissance during the winter months.

278. Non-commissioned officers of cavalry and infantry who, having already been through a course of instruction, possess an adequate knowledge of the subject, will also be exercised in these duties, either working independently, or assisting the officers according to their capabilities and the nature of the reconnaissance.

279. That the work may be of practical utility and interest, some specific object will invariably form the subject of each reconnaissance, the scheme for which may be drawn up by the commanding officer, or may

form part of a general idea issued by the General officer commanding the district, as the latter may direct.

280. The duties will be carried out regimentally under the authority of General officers commanding districts.

281. Classes will be formed in each regiment and battalion for the instruction of non-commissioned officers who may have no previous knowledge of the subject, or may require further instruction to enable them to work independently.

The instructors will be selected from the best qualified officers. Non-commissioned officers, showing exceptional ability, should be employed as assistant instructors if required.

282. The necessary arrangements for the formation of these classes will be made by General officers commanding districts, assisted by their garrison instructors, under whose general supervision the work will be carried out.

283. For the use of the non-commissioned officers, a limited amount of instruments and materials will be supplied to garrison instructors, and issued by them to regiments and battalions, according to requirements, on requisition.

284. The Text Book of Military Topography, compiled by Colonel W. H. Richards, Professor of Military Topography at the Staff College, having been approved as the official text book, the instructions and principles therein laid down will be carefully observed in executing sketches and drawing up reports.

Especial attention is directed to Sec. XI., which treats more particularly with the subject of reconnaissance.

In order to ensure the necessary uniformity, Army Form K 1305, as given in the text book, will be invariably adopted in drawing up road reports.

285. The sketches and reports of all the officers and non-commissioned officers who have been practised in accordance with the above instructions, will, at the end of each winter's course, be forwarded to the garrison instructor of the district, who will submit them, with his remarks, to the General officer commanding, by whom they will be transmitted, by the 1st April, to the Quarter-Master-General of the Forces for the inspection of His Royal Highness the Field-Marshal Commanding in Chief.

The names of those officers and non-commissioned officers, whose work is considered worthy of note, will be recorded, and the sketches and reports will then be returned to their respective districts.

G.O. 153.—Recruiting.

Sept. 1884. I. The accompanying schedule showing the age, height, weight, chest measurement, and other qualifications, of recruits for the several arms of the service, is published for general information, and will be strictly adhered to until further orders :—

27
Gen. No.
5327

II. Sec. XIX. Paras. 22 (a), 22 (b), 22 (c), 24, 37, 42, 43, 44, 45, 46, 47, 47 (a), 48, 49, and 49 (a) of the "Queen's Regulations and Orders for the Army, 1883," are cancelled.

III. Sec. XIX. For para. 42 *substitute* :—

"42. The qualifications of recruits for the various arms of the service will be notified, from time to time, in General Orders."

IV. Sec. XIX., para. 104, after line 16 *insert*—

"I. To other corps, of recruits irregularly enlisted for a corps for which they are not eligible and who are desirous of transfer."

Sec. XIX., para. 109, *cancel* and *substitute* :—"The officer commanding a regimental or auxiliary artillery district, or recruiting district, will carry out without reference to higher authority the transfer of recruits of Classes H and I."

G.O. 154.—Staff College.

Sept. 1884. I. The accompanying Tables show the result of the recent competitive examination for admission to the Staff College, held under the provisions of Sec. IX., "Queen's Regulations and Orders for the Army, 1883."

7643
4663

II. The successful candidates who have not received other orders will join the College on the 1st February next, and will quote this Order as their authority for doing so. They will, however, before joining, report themselves, in writing or personally, to the Commandant.

Candidates who have attained the qualifying standard, distinguishing those who have been successful in the competition.

Order of Merit.	Rank and Names.	Corps.	Station.	Index Number.	Marks.	Remarks.
1	Lieut. C. E. Callwell	R.A.	Bengal	103	2,951	Successful.
2	Capt. E. W. Fleming	R.A.	Gibraltar	72	2,883	
3	" H. H. Hart	R.E.	Home	53	2,850	
4	Lieut. E. Agar	R.E.	"	1	2,793	No vacancy available.
5	" H. P. Northcott	2nd West India Regiment	"	19	2,719	
6	" A. M. Renny	Bengal Staff Corps	Bengal	106	2,707	
7	" E. H. Bethell	R.E.	Bombay	113	2,646	Successful.
8	Capt. A. G. Creagh	R.A.	Home	22	2,524	
9	Lieut. W. A. Smith	R.A.	"	...	2,508	
10	" C. E. Haynes	R.E.	"	35	2,433	No vacancy available.
11	Capt. W. B. Fletcher	R.A.	Cape	75	2,413	
12	Lieut. H. M. Johnstone	R.E.	Cyprus	73	2,409	
13	" J. F. Daniell	Royal Marine Light Infantry	Home	29	2,396	Successful.
14	" C. E. Poynder	Madras Staff Corps	Madras	112	2,394	
15	" F. N. Maude	R.E.	Home	49	2,381	
16	Capt. W. A. Collings	1st Bn. Berkshire Regiment	"	42	2,365	No vacancy available.
17	" T. S. Baldock	R.A.	"	7	2,358	
18	Lieut. A. E. Jones	Bengal Staff Corps	Bengal	102	2,338	
19	" F. Hammersley	1st Bn. Lancashire Fusiliers	Home	15	2,332	No vacancy available.
20	Capt. J. A. Grieve	R.A.	"	41	2,318	
21	Lieut. H. H. Smythe	2nd Bn. Royal Scots Fusiliers	"	21	2,307	
22	" E. B. Urnston	2nd Bn. Argyll and Sutherland Highlanders.	"	10	2,296	Successful.
23	Capt. H. C. B. Farrant	2nd Bn. Loyal N. Lancashire Regiment.	"	12	2,264	
24	Lieut. W. H. Hoppisley	2nd Dragoons	"	43	2,244	
25	Capt. E. C. Bethune	2nd Bn. Gordon Highlanders	"	14	2,239	No vacancy available.
26	" C. R. Simpson	2nd Bn. Lincolnshire Regiment	Malta	71	2,206	
27	" G. F. C. Mackenzie	2nd Bn. Suffolk Regiment	Home	37	2,137	
28	" F. W. S. Jackson	Bombay Staff Corps	"	48	2,099	No vacancy available.
29	Lieut. R. B. N. Sturt	Bengal Staff Corps	"	24	2,092	
30	Capt. L. G. Fawkes	R.A.	"	39	2,083	
31	Lieut. H. A. S. Barkworth	1st West India Regiment	West Indies	74	2,064	Successful.
32	" L. W. Bodé	2nd Bn. Middlesex Regiment	Madras	111	2,056	
33	Major M. Churchill	2nd Bn. Northampton Regt.	Home	20	2,045	
34	Capt. J. H. Rosseter	R.A.	Bengal	108	2,036	No vacancy available.
35	" E. R. Evans	1st Bn. Royal Welsh Fusiliers	Home	16	2,008	

Order of Merit.	Rank and Names.	Corps.	Station.	Index Number.	Marks.	Remarks.
36	Capt. H. J. Craufurd ...	Grenadier Guards ...	Home	52	1,997	Successful.
37	Lieut. A. F. Gatiff ...	Royal Marine Light Infantry ...	"	38	1,991	No vacancy available.
38	Capt. C. E. de la P. Beresford	1st Bn. Liverpool Regiment ...	"	8	1,990	} Successful.
39	Lieut. R. B. Williams ...	1st Bn. Somersetshire Lt. Inf.	"	13	1,975	
40	Capt. A. Daniell ...	Bengal Staff Corps ...	Bengal	107	1,928	No vacancy available.
41	Lieut. F. W. N. Wogan-Brown	3rd Hussars ...	Home	28	1,911	} Successful.
42	Capt. F. W. Kitchen...	2nd Bn. West Yorkshire Regt...	Bengal	101	1,865	
43	Lieut. C. J. Cockburn ...	1st Bn. Rl. Warwickshire Regt.	Home	25	1,823	} No vacancy available.
44	Capt. H. S. Murray-Graham ...	R.A. ...	"	4	1,780	
45	" F. Carpenter ...	1st Bn. Connaught Rangers ...	Bengal	104	1,757	
46	Lieut. S. T. Banning ...	1st Bn. Rl. Munster Fusiliers...	Home	2	1,713	
47	Capt. W. E. Brown ...	1st Bn. East Yorkshire Regt....	"	50	1,608	

Candidates who have failed.

Index Number.	Marks.	Subject in which failed.
6	2,351	Military topography.
9	2,082	French.
3	2,021	} Military topography.
30	1,877	
105	1,746	
34	1,675	
23	1,643	
46	1,591	
45	1,548	} Military topography and aggregate.
32	1,488	
31	1,484	} French and aggregate.
18	1,474	
11	1,444	Military topography, mathematics, and aggregate.
7	1,419	" " and aggregate.
110	1,375	Mathematics and aggregate.
47	1,258	French and aggregate.
51	1,248	} Military topography, mathematics, and aggregate.
26	1,200	
5	1,116	" " French, and aggregate.
33	743	" " and aggregate.
36	260	" " fortification, mathematics, French, and aggregate.

G.O. 155.—Staff College.

Sept. I. After the examination of December 1885, the study of Mathematics will cease at the Staff College. 6609
4350

II. The following alteration will be made in para. 4 Sec. IX., "Queen's Regulations and Orders for the Army, 1883":—

For—

"Mathematics, &c.,"

Substitute—

"Mathematics limited to arithmetic, algebra, as far as quadratic equations inclusive; geometry, as far as the sixth book of Euclid inclusive; plane trigonometry, as far as the solution of triangles inclusive. 400 marks."

And in para. 5—

For I.

Substitute—

I. "Mathematics—a minimum of 250 marks must be obtained for qualification."

III. This alteration to be in force at the next ensuing entrance examinations.

G.O. 156.—Submarine Mining.

Sept. The following will be added after para. 79, Sec. III.,
1884. "Queen's Regulations and Orders for the Army, 1883":—

7896

5943

80. Vessels and boats employed on submarine mining service are authorized to carry the blue ensign, with a badge of the following description:—

Hand issuing from a mural crown, and grasping a thunderbolt.

G.O. 157.—Permanent Staff—Volunteers.

Sept. In consequence of the issue of G.O. 122 of 1884, the
1884. following alterations will be made in the Volunteer
38407 Regulations, 1884:—

Volunteers

35

Para. 229, line 11, for "15" read "12."

G.O. 158.—Seniority of Volunteer Instructors.

Sept. After the word "serjeant," in para. 187, Volunteer
1884. Regulations, 1884, insert the words "and corporal."

V.

Engineers
Gen. No.

333

By Command,

Holseley
a.g.

APPENDIX A TO G.O. 151.

NATIONAL RIFLE ASSOCIATION,

Wimbledon Meeting, 1884.

THE ARMY AND NAVY CHALLENGE CUP.

FIRST STAGE, £155 (Money).

WON BY

Order of Merit.	Prize.	Name.	Rank.	Regiment.	Marks.
	£ s. d.				
1	10 0 0	Sheldon ..	Lance-Corporal.	Royal Engineers ..	61
2	5 0 0	Claudio ..	Petty Officer ..	H.M.S. Excellent ..	60
3	5 0 0	Tucker ..	Serjeant-Major.	Rl. Marine Light Infantry	60
4	5 0 0	Kearney..	Lance-Corporal.	Royal Engineers ..	59
5	5 0 0	Barrow ..	Lance-Serjeant.	H.M.S. Cambridge ..	58
6	4 0 0	McCormack ..	Gunner ..	" " ..	58
7	4 0 0	Salmond ..	Serjeant-Major.	Seaforth Highlanders ..	58
8	4 0 0	Pickford ..	Qr.-Mr.-Serjeant	1st Northumberland Fus. .	58
9	4 0 0	Davis ..	Colour-Serjeant	2nd Royal Scots ..	58
10	4 0 0	Nichols ..	Corporal ..	2nd Berkshire Regiment..	57
11	4 0 0	Quirk ..	Serjeant-Major.	2nd Highland Lt. Infantry	57
12	4 0 0	Merrett ..	Gunner ..	H.M.S. Cambridge ..	57
13	4 0 0	Freeman ..	Chief P. O. ..	H.M.S. Excellent ..	56
14	4 0 0	Todd ..	Sapper ..	Royal Engineers ..	56
15	4 0 0	M'Kay ..	Serjeant-Inst. ..	Rl. Marine Light Infantry	56
16	3 0 0	Fry..	Private ..	1st N. Staffordshire Regt.	56
17	3 0 0	White ..	Serjeant ..	Rl. Marine Light Infantry	56
18	3 0 0	Warwick ..	Serjeant-Major.	Depôt, Rl. W. Surrey ..	55
19	3 0 0	Hennesy ..	Colour-Serjeant.	3rd Rifle Brigade..	55
20	3 0 0	Matthews ..	A. B. ..	H.M.S. Excellent..	55
21	3 0 0	Wyper ..	Serjeant ..	1st Manchester Regiment.	55
22	3 0 0	McKenny ..	Drummer ..	1st Cheshire Regiment ..	55
23	3 0 0	Johnson..	A. S. M. ..	Royal Engineers ..	55
24	3 0 0	Moore ..	Private ..	2nd Border Regiment ..	55
25	3 0 0	Dixon ..	Private ..	1st Northumberland Fus..	55
26	3 0 0	McFant ..	Petty Officer ..	H.M.S. Excellent ..	55
27	3 0 0	Morgan ..	Chief P. O. ..	" " ..	55

Order of Merit.	Prize.	Name.	Rank.	Regiment.	Marks.
	£ s. d.				
28	3 0 0	Collister.. ..	Colour-Serjeant.	King's Royal Rifle Corps..	55
29	3 0 0	Jane	Chief P. O. ..	H.M.S. Cambridge ..	55
30	3 0 0	Payne	Private ..	2nd King's Rl. Rifle Corps	54
31	2 0 0	Collins	Serjeant-Inst. ..	1st East Yorkshire Regt...	54
32	2 0 0	Lowings.. ..	Serjeant-Major.	1st Bn. West Surrey Regt.	54
33	2 0 0	Boshell	Serjeant-Major.	Berkshire Regiment ..	54
34	2 0 0	Vaile	A. B. ..	H.M.S. Excellent ..	54
35	2 0 0	Burges	Serjeant ..	2nd Seaforth Highlanders.	54
36	2 0 0	Kitchingham..	Private.. ..	Royal Engineers ..	54
37	2 0 0	Flint	Colour-Serjeant.	2nd Gordon Highlanders..	54
38	2 0 0	Harrison	Serjeant ..	Rl. Marine Light Infantry.	54
39	2 0 0	Vincent	Chief P. O. ..	H.M.S. Excellent ..	54
40	2 0 0	Ryan	Pioneer ..	Royal Scots Fusiliers ..	54
41	2 0 0	Jackson	Sapper ..	Royal Engineers ..	54
42	2 0 0	Squance.. ..	Sapper ..	" " ..	53
43	2 0 0	Brown	Colour-Serjeant.	Rifle Brigade ..	53
44	2 0 0	Whitting	Chief P. O. ..	H.M.S. Cambridge ..	53
45	2 0 0	Manning	Colour-Serjeant.	Royal Marine Artillery ..	53
46	2 0 0	Bonner	Qr.-Mr.-Serjeant	2nd Border Regiment ..	53
47	2 0 0	Soppitt	Musician ..	Royal Engineers ..	53
48	2 0 0	Johnston	Serjeant ..	2nd Shropshire Lt. Infantry	53
49	2 0 0	Jew.. ..	Private ..	2nd Worcestershire Regt..	52
50	2 0 0	Morris	Private ..	2nd Connaught Rangers ..	52

ARMY AND NAVY CHALLENGE CUP,

SECOND STAGE.

CHALLENGE CUP AND £10.

Won by Boshell, Serjeant-Major, Berkshire Regiment, 29 marks.

APPENDIX B TO G.O. 151.

NATIONAL RIFLE ASSOCIATION,

Wimbledon Meeting, 1884.

GENERAL EYRE'S ARMY PRIZE.

WON BY

Order of Merit.	Prize.	Name.	Rank.	Regiment.	Individual Marks.	Total Marks.
	£					
1	10	Salmond ..	Serjeant-Major.	1st Seaforth Highlndrs.	31	} 60
		Johnson ..	Private ..		29	
2	5	Sandland ..	Colour-Serjeant	1st N. "Staffordsh." Regt.	31	} 57
		Fry ..	Private ..		26	
3	3	Nichols ..	Corporal ..	2nd "Berkshire" Regt. ..	31	} 54
		Barnett ..	Private ..		23	
4	2	Pickford ..	Qr.-Mr.-Serjeant	1st Northumberland Fus.	24	} 53
		Dixon.. ..	Private ..	" " ..	29	

APPENDIX C TO G.O. 151.

NATIONAL RIFLE ASSOCIATION,

Wimbledon Meeting, 1884.

THE ROYAL CAMBRIDGE CHALLENGE SHIELD,

WON BY

Order of Merit.	Prize.	Regiment.	Time taken.	Marks.		Total Marks.	Marks deducted for over time.	Grand Total.
				500 yds.	600 yds.			
1	The Shield, Cup, and 25 <i>l</i> .	2nd Dragoon Guards ..	' "	65	60	125	7	118
2	15 <i>l</i> .	4th Hussars ..	10 14 $\frac{1}{4}$	46	51	97	..	97
3	10 <i>l</i> .	5th Dragoon Guards ..	8 34 $\frac{1}{2}$ 9 44 $\frac{1}{4}$	40	43	83	..	83

NEXT IN ORDER OF MERIT.

4	..	7th Hussars ..	8 50	33	39	72	..	72
5	..	16th Lancers ..	10 49	37	47	84	14	70
6	..	4th Dragoon Guards ..	8 5 $\frac{1}{2}$	29	41	70	..	70
7	..	3rd Hussars ..	9 46	30	34	64	..	64
8	..	15th Hussars ..	8 52 $\frac{1}{2}$	10	11	21	..	21

APPENDIX TO G.O. 153.

REVISED SCHEDULE OF THE AGE, HEIGHT, WEIGHT, AND CHEST MEASUREMENT OF RECRUITS.

1. Under Scale A, medical officers (including civilian medical practitioners authorized to examine recruits) will certify as to the actual fitness of a recruit for Her Majesty's Service, but it will rest with the recruiting officer or the recruiter to see, from the description given by the medical officer on the second page of the attestation, that the recruit is of the standards of age, height and chest measurement laid down in Scale B, for the arm of the Service for which he wishes to enlist.

2. In the event of a recruit not selecting any particular corps, he may be enlisted for general service, and will be appointed by the approving field officer to any corps for which recruiting is open, and for which he is eligible.

SCALE A.

3. *The following scale, showing the limits of age, height, chest measurement and weight, at which recruits offering for the Regular Army may be taken, is laid down for the guidance of medical officers in passing men into the Service :—*

Age	18 to 25 years (with the exceptions specified in Scale B).
Men who have been discharged from the Army, Royal Marines, Royal Navy, or Royal Irish Constabulary, may be permitted to re-enlist in the Army up to the age of 28 years, provided they are not ineligible in other respects.	
Height	5 feet 4 inches and upwards.
Chest measurement	33 inches and upwards.
Weight	115 lb. and upwards.

Medical officers will use their discretion in deciding the chest measurement and weight of recruits, according to their height.

Men slightly under the above standards of height, chest measurement, and weight, who are considered by the medical officer to be likely to develop into efficient soldiers, may be recommended by him for the *Infantry of the Line*.

SCALE B.

4. The following scale, showing the age, height, chest measurement, and other qualifications, of recruits for the several arms of the Service, is laid down for the guidance of recruiting officers and recruiters:—

AGE.

Limits of age for all arms of the Service..	..	..	} 18 to 25 years.
(with the exceptions specified below).			
Corps of Ordnance Artificers .. ..	..	..	21 to 30 years.
Army Hospital Corps .. ..	..	..	18 to 28 years.
Post Office Corps .. ..	..	..	19 to 30 years.
Military Mechanists, R.E. .. ..	..	..	21 to 30 years.

1

GENERAL ORDERS

BY HIS ROYAL HIGHNESS THE FIELD-MARSHAL COMMANDING
IN CHIEF.

1st JANUARY 1885.

CONTENTS.

	Drivers	5 ft. 4 in. | )
Royal Artillery	Artificers—	
	Smiths	
	Wheelwrights...	
	Harness Makers ..	
	Tailors	

APPENDIX TO G.O. 153.

REVISED SCHEDULE OF THE AGE, HEIGHT, WEIGHT, AND CHEST MEASUREMENT OF RECRUITS.

1. Under Scale A, medical officers (including civilian medical practitioners authorized to examine recruits) will certify as to the actual fitness of a recruit for Her Majesty's Service, but it will rest with the recruiting officer or the recruiter to see, from the description given by the medical officer on the second page of the attestation, that the recruit is of the standards of age, height and chest measurement laid down in Scale B, for the arm of the Service for which he wishes to enlist.

2. In the event of a recruit not selecting any particular corps, he may be enlisted for general service, and will be appointed by the approving field officer to any corps for which recruiting is open, and for which he is eligible.

SCALE A.

3. *The following scale, showing the limits of age, height, chest measurement and weight, at which recruits offering for the Regular Army may be taken, is laid down for the guidance of medical officers in passing men into the Service:—*

Age 18 to 25 years (with the exceptions specified in Scale B).

Men who have been discharged from the Army, Royal Marines, Royal Navy, or Royal Irish Constabulary, may be permitted to re-enlist in the Army up to the age of 28 years, provided they are not ineligible in other respects.

Height 5 feet 4 inches and upwards.

Chest measurement .. 33 inches and upwards.

Weight 115 lb. and upwards.

Medical officers will use their discretion in deciding the chest measurement and weight of recruits, according to their height.

Men slightly under the above standards of height, chest measurement, and weight, who are considered by the medical officer to be likely to develop into efficient soldiers, may be recommended by him for the *Infantry of the Line*.

SCALE B.

4. The following scale, showing the age, height, chest measurement, and other qualifications, of recruits for the several arms of the Service, is laid down for the guidance of recruiting officers and recruiters:—

AGE.

Limits of age for all arms of the Service..	..	..	18 to 25 years.
(with the exceptions specified below).			
Corps of Ordnance Artificers .. ..	..	..	21 to 30 years.
Army Hospital Corps .. ..	..	..	18 to 28 years.
Post Office Corps .. ..	..	..	19 to 30 years.
Military Mechanists, R.E. .. ..	..	..	21 to 30 years.

HEIGHT AND CHEST MEASUREMENT.

Corps.	Height.	Chest Measurement.
Cavalry ...	4th Dragoon Guards ...	5 ft. 8 in.
	5th " " ...	to
	1st Dragoons " ...	5 ft. 11 in.
	2nd " " ...	
	1st Dragoon Guards ...	
	2nd " " ...	
	3rd " " ...	
	6th " " ...	5 ft. 7 in.
	7th " " ...	to
	5th Lancers ...	5 ft. 9 in.
	6th Dragoons ...	
	9th Lancers ...	Under 5 ft. 10 in. in height, 34 in.
	12th " " ...	5 ft. 10 in. and over ... 35 in.
	16th " " ...	
	17th " " ...	
	3rd Hussars ...	
	4th " " ...	
	7th " " ...	
	8th " " ...	
	10th " " ...	5 ft. 6 in.
	11th " " ...	to
Light ...	13th " " ...	5 ft. 8 in.
	14th " " ...	
	15th " " ...	
	16th " " ...	
	18th " " ...	
	20th " " ...	
	21st " " ...	
Royal Artillery	Gunners ...	5 ft. 6 in. and upwards } Under 5 ft. 10 in. in height, 34 in.
	Drivers ...	5 ft. 4 in. to 5 ft. 6 in. } 34 in.
	Artificers—	
	Smiths ...	5 ft. 5 in. and upwards } 33 in.
Royal Artillery	Wheelwrights...	
	Harness Makers ...	
	Tailors ...	5 ft. 5 in. and upwards }

January 1885.]

2

G.O. 1.—Recruiting.

(Specially issued, 11th December 1884.)

Jan. I. The minimum height of recruits, for the Foot
1885. Guards, is raised from 5 ft. 7 in. to 5 ft. 8 in., until
further orders.

II. Scale B of the Appendix to G.O. 153 of 1884 will be
amended accordingly.

G.O. 2.—Recruiting.

(Specially issued, 23rd December 1884.)

Jan. I. The minimum height of recruits for medium Cavalry
1885. (Lancer regiments excepted), is reduced from 5 ft. 7 in. to
5 ft. 6 in.

II. Scale B of the Appendix to G.O. 153 of 1884 will be
amended accordingly.

G.O. 195.—Recruiting.

Dec. The schedule of the age, height, weight, and chest
1884. measurement of recruits, issued with G.O. 153 of 1884,
will be amended as follows, viz:—

The minimum height of artificers and tailors for the
Royal Artillery to be 5 ft. 4 in. instead of 5 ft. 5 in., as
stated in Scale B, para. 4.

Corps.				Height.	Chest Measurement.	
Royal Engineers	Sappers	Other than Shoemakers and tailors. ...	...	5 ft. 6 in. and upwards	Under 5 ft. 10 in. in height, 34 in. 5 ft. 10 in. and over ... 35 in.
		Shoemakers and tailors ...	...	5 ft. 5 in. and upwards	33 in.
	Drivers	... ..	...	5 ft. 4 in. to 5 ft. 6 in.	34 in.
Infantry...	Foot Guards	... ..	...	5 ft. 7 in. and upwards	Under 5 ft. 10 in. in height, 34 in. 5 ft. 10 in. and over ... 35 in.
	Infantry of the Line	... ..	...	5 ft. 4 in. and upwards	Under 5 ft. 6 in. in height, 33 in. 5 ft. 6 in. & under 5 ft. 10 in., 34 in. 5 ft. 10 in. and over ... 35 in.
When orders are received to enlist tailors for the Infantry they may be taken 2 inches below the ordinary standard of height, and 2 inches under the chest measurement fixed for their respective Corps.						
Commis- sariat and Trans- port Corps	Drivers	... ..	...	5 ft. 4 in. to 5 ft. 6 in.	The same as for the Infantry of the Line.
		Other Recruits		5 ft. 4 in. and upwards
	Ordnance Store Corps			5 ft. 5 in. and upwards
	Corps of Ordnance Artificers			5 ft. 4 in. and upwards
	Army Hospital Corps			5 ft. 4 in. and upwards
	Post Office Corps			5 ft. 4 in. and upwards
	West India Regiments...			5 ft. 4 in. and upwards

5. Recruits for the *Infantry of the Line* under 20 years of age, who are slightly under 5 ft. 4 in. but not less than 5 ft. 3 in. in height, and also those who are within 1 in. of the minimum chest measurement laid down for recruits of that arm of the Service, if passed by the medical officer as likely to become efficient soldiers, may be specially enlisted, but their retention will rest with the approving field officer, who, if he does not consider them fit for the Service, will carry out their discharge at once, under paragraph 255 (b), Section XIX, Queen's Regulations. This paragraph will be quoted on the second page of the attestation, and in the Weekly Return of Recruits finally approved (Army Form B 211), as the authority for the special enlistment in each case.

SPECIAL QUALIFICATIONS.

INFANTRY OF THE LINE.

6. Men specially enlisted as tailors will be required to obtain a certificate of trade proficiency, on Army Form B 195, in all cases where there is a regimental tailor's shop at the station.

ROYAL ARTILLERY.

7. Only men accustomed to the care and management of horses should, as a rule, be enlisted as drivers.

A certificate of trade proficiency (Army Form B 195) is required for artificers and tailors.

ROYAL ENGINEERS.

8. Every recruit for the Royal Engineers must be able to read and write, and obtain a certificate of character (on Army Form B 166) from his late employer.

Sappers enlisted for the companies must also obtain a certificate of trade proficiency (on Army Form B 195), and sign a certificate as to departmental pay (on Army Form B 151).

The certificates of trade proficiency and departmental pay will not be necessary in the case of sappers and drivers for the Royal Engineer Troops.

Men of the following trades should be enlisted as sappers:—Boat-builders, bricklayers, cabinet-makers, carpenters, collar and harness makers, coopers, gas-fitters, glaziers, joiners, masons, painters, plasterers, plumbers, riggers, shoemakers, slaters, smiths (good fitters and forge or bench men), stone-cutters, tailors, wheelers, and seagoing and harbour boatmen.

Men of the following trades can also be enlisted as sappers, but special authority must first be obtained:—Architects, clerks, draughtsmen, engineers, photographers, printers, surveyors, men of other trades likely to be useful in the corps.

The name and address of any recruit desiring to enlist as a telegrapher is to be sent by the recruiting officer to the officer commanding 2nd Division Telegraph Battalion, Royal Engineers, Bristol, who will cause him to be tested, and will furnish a certificate of his qualification, stating if he recommends the enlistment. If the certificate (which should be attached to the attestation) is satisfactory and the enlistment recommended, the recruit may, provided he is up to standard, be taken. If recommended, although not up to standard, special authority for his enlistment should be applied for.

None but good tradesmen are to be enlisted; the utmost care is to be exercised in their selection.

Only men accustomed to the care and management of horses should, as a rule, be enlisted as drivers.

A limited number of men will be enlisted by special authority, for the Royal Engineers, for appointment as military mechanists.

The trades of men required will be notified when called for.

The men will not be required to sign the certificate as to departmental pay (Army Form B 151).

They will be promoted to the grade of company serjeant-major mechanist from the date of appointment on probation.

COMMISSARIAT AND TRANSPORT CORPS.

9. Every recruit for the Commissariat and Transport Corps must

Be able to read and write.

Obtain a certificate of character (on Army Form B 166).

Sign a certificate as to departmental pay and posting (on Army Form B 151).

Obtain a certificate of trade proficiency (on Army Form B 195).

In the case of clerks, they must be able to write from dictation, and have a knowledge of arithmetic as far as vulgar fractions.

Men of the following trades may be enlisted for the corps:—

Saddlers and collar and harness makers.

Shoeing and jobbing smiths.

Carpenters and wheelers.

Bakers and confectioners.

Butchers.

Shoemakers.

Tailors.

Clerks.

Only men accustomed to the care and management of horses should, as a rule, be enlisted as drivers.

ORDNANCE STORE CORPS.

10. Every recruit for the Ordnance Store Corps must

Be able to read and write.

Obtain a certificate of character (on Army Form B 166).

Sign a certificate as to departmental pay (on Army Form B 151).

Obtain a certificate of trade proficiency (on Army Form B 195).

In the case of clerks, they must be able to write from dictation, and have a knowledge of arithmetic as far as vulgar fractions.

CORPS OF ORDNANCE ARTIFICERS.

11. The ranks of the Corps of Ordnance Artificers will be filled by—

Duly qualified soldiers transferred, under special authority in each case, from other corps.

Soldiers who, on being finally approved, will be discharged from their former engagements, and again enlisted for the corps.

Civilians duly enlisted.

All applications for appointment to the corps will be forwarded to the Superintendent Royal Carriage Department, Woolwich.

ARMY HOSPITAL CORPS.

12. Every recruit for the Army Hospital Corps must

Be able to read and write.

Obtain a certificate of good character from his late employer (on Army Form B 166).

Every recruit will undergo a course of probation at the Depot and Training School, Aldershot.

POST OFFICE CORPS.

13. Recruits for the corps will be selected from the members of the Post Office Volunteer Corps, who on enlistment will cease to belong to the Post Office Volunteer Corps, but will remain attached to it as supernumeraries.

A certificate of the consent of the Postmaster-General to the enlistment, and a certificate that the recruit is aware that, if he ceases to be employed in the Post Office, he will be liable to discharge from the Post Office Corps, must, in each case, be obtained before enlistment, and attached to the attestation.

HORSE GUARDS,
WAR OFFICE,
15th August 1884.

Section II. Medical Examination of Recruits and Re-engaged Men.

SECTION II.—MEDICAL EXAMINATION OF RECRUITS AND RE-ENGAGED MEN.

- I.—Inspection of Recruits.
- II.—General Examination of Recruits.
- III.—Special Examination.
- IV.—General Instructions.

I.—INSPECTION OF RECRUITS.

Physical
capacity
of recruits.

556. In the Inspection of Recruits, Medical Officers, must be guided by their judgment and experience in rejecting men who do not possess the physical capacity requisite for the endurance of the toil, hardships, and exposure, incidental to Military life.

557. The principal points to be attended to are:—

- a. That the recruit is sufficiently intelligent.
- b. That his vision is sufficiently good to enable him to see clearly with either eye at the required distance.
- c. That his hearing is good.
- d. That his speech is without impediment.
- e. That he has no glandular swellings or marks of scrofula.
- f. That his chest is capacious and well formed, and that the soundness of his heart and lungs has been ascertained by means of the stethoscope.
- g. That he is not ruptured.
- h. That the limbs are well formed and fully developed.
- i. That there is free and perfect motion of all the joints.
- j. That the feet and toes are well formed.

Mental
capacity.

558. Great care is to be taken in ascertaining the mental capacity of recruits.

Height,
weight, and
chest
measurement.

His height, weight, and chest measurement must also accord with his age. [See G. O. 19, Recruiting, March 1878, and table therewith.]

Grounds of
rejection.

559. Men presenting any of the following conditions will be rejected:—scrofula; phthisis; undoubted primary or secondary syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins beyond a limited extent, or marked varicocele with testicle unusually pendant; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having

~~In the event of a Recruit who has been passed by a Military M.D.
being objected to on joining his Corps, the C. will report to the Adj.
Gen. who will refer to the Director Gen. for an opinion and if the
D. G. considers it necessary, a Med. Board will be ordered to assemble,
the proceedings to be forwarded to the Horse Guards when instructions
will be given as to the disposal of the Recruit.~~

~~27
Genl. H.
2836.~~

*Amended by Parns 581 + 583
Cl. 150, A.C. 1880.*

GENERAL ORDERS

OF THE ARMY OF THE UNITED STATES OF AMERICA

10 SEPTEMBER 1884

[Faint, mostly illegible handwritten text, possibly a list or report.]

[Handwritten signature and date:]
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1000 1000 1000

G.O.
F
188

G.O.

Gen
4

G.O. 25.—Recruiting.

Feb. 1884. Sec. XIX. of the "Queen's Regulations and Orders for the Army, 1883," will be amended as follows:—

I. After para. 22 add—

22(a). Recruits between the age of 18 and 19 years may, if otherwise eligible, be specially enlisted, subject to the final approval by the approving medical officer and the approving field officer, without reference to head-quarters.

22(b). Recruits under 20 years of age, who are within one inch of the minimum chest measurement, or within 5 lbs. of the minimum weight laid down in paras. 42 to 48 of this section, may, except in the case of gunners and drivers for the Royal Artillery, and sappers and drivers for the Royal Engineer Troops, be specially enlisted, if otherwise eligible, and approved by the approving field officer and the approving medical officer, without reference to head-quarters.

22(c). Paras. 22(a) or 22(b) will be quoted in each case on the 2nd page of the Attestation, and in the Weekly Returns of Recruits Approved (Army Form B 211), as the authority for the special enlistment of men under these sub-paragraphs.

II. The tables showing the minimum chest measurement of recruits, as laid down in paras. 42, 45, 46, 47, and 48, will be cancelled, and the following substituted:—

MINIMUM CHEST MEASUREMENT AND WEIGHT.

		lb.
33 inches for men of 5 ft. 4 in. to 5 ft. 5 in.	...	120
33½ " " 5 ft. 5 in. to 5 ft. 6 in.	...	125
34 " " 5 ft. 6 in. to 5 ft. 8 in.	...	125
35 " " 5 ft. 8 in. and upwards	...	130

III. The following will be substituted for para. 43:—

43. ROYAL ARTILLERY.

Height.	Minimum Chest Measurement and Weight.	Age.
5 ft. 5 in. and upwards.	34 in. for men of 5 ft. 6 in. and upwards ... } 125 lb.	19 to 25
5 ft. 4 in. to 5 ft. 6 in.	35 " " 5 ft. 5 in. to 5 ft. 6 in. ... }	
5 ft. 4 in. to 5 ft. 6 in.	34 in. for men of 19 to 21 years ... } 125 "	19 to 25
5 ft. 5 in. and	35 " " 21 years and upwards ... }	
5 ft. 5 in. and	33 inches 120 "	19 to 25

are
to chest

of

pi

from 15, G.O. 81 of 1881

G.O. .—Recruiting.

27
Gen. No. 4403 I. Except in the case of boys, the physical equivalent of 19 years of age will, in future, be the minimum for enlistment for all branches of the service.

II. Although, therefore, the recruit may profess to be 19, Medical Officers will be guided in their judgment by the recruit's general appearance, and by the average weight, &c. of men of 19 years of age, as shown in the Table printed in the Appendix to Clause 150, Army Circulars, 1880.

GENERAL ORDERS

THE SECRETARY OF THE ARMY GENERAL COMMANDING

1st SEPTEMBER 1884

The Army of the United States is hereby notified that the following regulations shall be observed in the execution of the duties of the various branches of the service.

1884

1884

1884

1884

1884

G.O. 25.—Recruiting.

Feb. 1884. Sec. XIX. of the "Queen's Regulations and Orders for the Army, 1883," will be amended as follows:—

I. After para. 22 add—

22(a). Recruits between the age of 18 and 19 years may, if otherwise eligible, be specially enlisted, subject to the final approval by the approving medical officer and the approving field officer, without reference to head-quarters.

22(b). Recruits under 20 years of age, who are within one inch of the minimum chest measurement, or within 5 lbs. of the minimum weight laid down in paras. 42 to 48 of this section, may, except in the case of gunners and drivers for the Royal Artillery, and sappers and drivers for the Royal Engineer Troops, be specially enlisted, if otherwise eligible, and approved by the approving field officer and the approving medical officer, without reference to head-quarters.

22(c). Paras. 22(a) or 22(b) will be quoted in each case on the 2nd page of the Attestation, and in the Weekly Returns of Recruits Approved (Army Form B 211), as the authority for the special enlistment of men under these sub-paragraphs.

II. The tables showing the minimum chest measurement of recruits, as laid down in paras. 42, 45, 46, 47, and 48, will be cancelled, and the following substituted:—

MINIMUM CHEST MEASUREMENT AND WEIGHT.

		lb.
33 inches for men of 5 ft. 4 in. to 5 ft. 5 in.	...	120
33½ " " 5 ft. 5 in. to 5 ft. 6 in.	...	125
34 " " 5 ft. 6 in. to 5 ft. 8 in.	...	128
35 " " 5 ft. 8 in. and upwards	...	130

III. The following will be substituted for para. 43:—

43.

ROYAL ARTILLERY.

	Height.	Minimum Chest Measurement and Weight.	Age.
Gunners ...	5 ft. 5 in. and upwards.	34 in. for men of 5 ft. 6 in. and upwards ... } 125 lb.	19 to 25
Drivers ...	5 ft. 4 in. to 5 ft. 6 in.	34 in. for men of 19 to 21 years ... } 125 "	19 to 25
Artificers— Smiths ... Wheelwrights ... Harness makers ...	5 ft. 5 in. and upwards.	35 " " 21 years and upwards ... } 120 "	19 to 25
Tailors ...	5 ft. 5 in. and upwards.	33 inches ... } 120 "	19 to 25

S.O. 1 of 1885 Minimum Height of Foot
guards reduced from 5 ft 5 in.

COVER

G.O. 25.—Recruiting.

Feb. 1884. Sec. XIX. of the "Queen's Regulations and Orders for the Army, 1883," will be amended as follows:—

I. After para. 22 add—

22(a). Recruits between the age of 18 and 19 years may, if otherwise eligible, be specially enlisted, subject to the final approval by the approving medical officer and the approving field officer, without reference to head-quarters.

22(b). Recruits under 20 years of age, who are within one inch of the minimum chest measurement, or within 5 lbs. of the minimum weight laid down in paras. 42 to 48 of this section, may, except in the case of gunners and drivers for the Royal Artillery, and sappers and drivers for the Royal Engineer Troops, be specially enlisted, if otherwise eligible, and approved by the approving field officer and the approving medical officer, without reference to head-quarters.

22(c). Paras. 22(a) or 22(b) will be quoted in each case on the 2nd page of the Attestation, and in the Weekly Returns of Recruits Approved (Army Form B 211), as the authority for the special enlistment of men under these sub-paragraphs.

II. The tables showing the minimum chest measurement of recruits, as laid down in paras. 42, 45, 46, 47, and 48, will be cancelled, and the following substituted:—

MINIMUM CHEST MEASUREMENT AND WEIGHT.

		lb.
33 inches for men of 5 ft. 4 in. to 5 ft. 5 in.	...	120
33½ " " 5 ft. 5 in. to 5 ft. 6 in.	...	125
34 " " 5 ft. 6 in. to 5 ft. 8 in.	...	125
35 " " 5 ft. 8 in. and upwards	...	130

III. The following will be substituted for para. 43:—

43.

ROYAL ARTILLERY.

	Height.	Minimum Chest Measurement and Weight.	Age.
Gunners ...	5 ft. 5 in. and upwards.	34 in. for men of 5 ft. 6 in. and upwards ...	125 lb. 19 to 25
		35 " " 5 ft. 5 in. to 5 ft. 6 in. ...	
Drivers ...	5 ft. 4 in. to 5 ft. 6 in.	34 in. for men of 19 to 21 years ...	125 " 19 to 25
		35 " " 21 years and upwards ...	
Artificers— Smiths ... Wheelwrights ... Harness makers	5 ft. 5 in. and upwards.	33 inches ...	120 " 19 to 25
		33 inches ...	120 " 19 to 25

S.O. 1 of 1885 Minimum Height of Foot
guards decreased from 5-7 to 5-6 in.

COVER

April 1884.]

60

- + Needles Battery (b).
- + Hurst Castle (b).
- Nothe Fort (b).
- Portland Castle (b).
- Verne Citadel (b).

II. The following will be substituted for the list of forts mentioned in the footnote to para. 78:—

Southsea Castle.	Sandown Fort.
Lumps Fort.	Golden Hill Fort.
Fort Cumberland.	Freshwater Redoubt.
Spithead Forts.	Needles Battery.
Gosport Forts.	Hurst Castle.
Bembridge Fort.	

III. Seaforth Battery will be added to the list of flag stations in the Northern District.

By Command,

By G.O. 80 of 1880 medical officers are
 responsible for the height, chest
 measurement and age of recruits
 who are above 5 ft. 6 in. height
 of recruits

[April 1884.

G.O.. 57—Recruiting.

April 1884. The following will be substituted for the scale of age, height, chest measurement and weight of recruits for the Royal Engineers laid down in G.O. 25, of 1884, viz. :—

44. ROYAL ENGINEERS.

	Height.	Minimum Chest Measurement and Weight.	Age.
Sappers— Other than Shoe- makers and Tailors.	{ 5 ft. 6 in. and upwards.	{ 35 in. for men of 5 ft. 8 in. and upwards ... 130 lb.	{ 19 to 25 years.
		34 " " 5 ft. 6 in. to 5 ft. 8 in. ... 125 "	
Shoemakers and Tailors.	{ 5 ft. 5 in. and upwards.	{ 33½ " " 5 ft. 5 in. to 5 ft. 6 in. ... 125 "	
Drivers ...	{ 5 ft. 4 in. to 5 ft. 6 in.	{ 34 inches ... 125 "	{ 19 to 25 years.

44. ROYAL ENGINEERS.

	Height.	Minimum Chest Measurement and Weight.	Age.
Sappers— Other than Shoe- makers and Tailors.	{ 5 ft. 6 in. and upwards.	{ 33 in. for men of 5 ft. 4 in. to 5 ft. 5 in. ... 120 lb. 33½ " " 5 ft. 5 in. to 5 ft. 6 in. ... 125 "	{ 19 to 25 years.
Shoemakers and Tailors.	{ 5 ft. 5 in. and upwards.	{ 34 " " 5 ft. 6 in. to 5 ft. 8 in. ... 125 " 35 " " 5 ft. 8 in. and upwards ... 130 "	
Drivers ...	{ 5 ft. 4 in. to 5 ft. 6 in.	{ 34 inches ... 125 "	

Every recruit for the Royal Engineers must be able to read and write and obtain a certificate of character, on Army Form B 166, from his late employer.

Sappers enlisted for the companies must also obtain a certificate of trade proficiency on Army Form B 195, and sign a certificate as to departmental pay on Army Form B 151.

The certificate of trade proficiency and of departmental pay will not be necessary in the case of sappers and drivers for the Royal Engineer Troops.

Add "sea-going or harbour boatmen" to the list of tradesmen who may be enlisted as sappers.

V. After para. 49, add—

49(a). COLONIAL CORPS.

	Height.	Chest Measurement.	Age.
West India Regiments	5 ft. 4 in. and upwards.	33 in. and upwards ...	19 to 25 years.

Every year... in the case and...
A certificate of...
is required for...

17. The following will be submitted for the...
of the... and... of the...
of the... following...

By Command

*one officer... 1880...
that...
...
...*

~~18. The following will be submitted for the...
of the... and... of the...
of the... following...~~

By Command

Medical Examination of Recruits and Re-engaged Men. Section II.

INSPECTION OF RECRUITS—continued.

been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit them for the duties of a soldier.

560. When not required to approach the recruit for special objects, the surgeon should always take his place at a distance of about six feet from him. The recruit should be placed so that the light may fall upon him.

II.—GENERAL EXAMINATION OF RECRUITS.

561. The recruit being wholly undressed, the following directions are given *seriatim*:—

Directions for
General Ex-
amination.

- a. Walk up and down the room smartly two or three times.
- b. Hop across the room on the right foot.
- c. Back again on the right foot.
- d. Hop across the room on the left foot.
- e. Back again on the left foot.

(The hops should be short and upon the toes.)

- f. The recruit is halted, standing upright, with his arms extended above his head, while the surgeon walks slowly round him, carefully inspecting the whole surface of his body.

562. This completes the general examination. The objects to be observed and noted in this part are the following:—the existence of any obvious defects in physical constitution; the formation and development of the limbs; the power of motion in joints, especially in the feet and hips: flatness of the feet; formation of the toes: skin disease; varicose veins; cicatrices or ulcers; marks of the letter D., or letters B.C., or of medical treatment; and any special marks from congenital or accidental causes. If any obviously disabling defects are noticed in the general examination, it is of course not necessary to proceed with the exercise further. If no such defects are found, the second part of the examination will be at once proceeded with.

III.—SPECIAL EXAMINATION.

563. The trunk will be examined from below upwards. The recruit stands with his arms extended above his head, the backs of the hands being in contact. The following will be the order of inspection:—

Examination
of the trunk.

- a. The surgeon notes indications of venereal disease.
- b. He examines the scrotum to ascertain if the testicles have descended and are normal, or if there be varicocele.

Section II. Medical Examination of Recruits and Re-engaged Men.

SPECIAL EXAMINATION—continued.

- c.* He inserts the point of his finger in the external abdominal ring of each side, and desires the recruit to cough two or three times, to ascertain if he be ruptured or liable to that condition.
- d.* He examines the abdominal walls and parietes of the chest.
- e.* He desires the recruit to "take in a full breath" several times, while he watches the action of the chest. Careful stethoscopic examination is made.
- f.* He examines the action of the heart, and notes its sounds.

564. This comprehends the inspection for venereal disease, disease of the testes, varicocoele, hernia, visceral disease of the abdomen and chest, and capacity of chest.

The lower
extremities
and back.

565. The inspection of the lower extremities and back will be made from below upwards. The recruit first faces the surgeon, afterwards turns his back to him. The following are the directions given :—

- a.* Stand on one foot, put the other forward.
- b.* Bend the ankle joint and toes of each foot alternately, backwards and forwards.
- c.* Turn round. Kneel down on one knee.
- d.* Up again.
- e.* Down on the other knee.
- f.* Down on both knees, and up from that position with a simultaneous spring of both legs.
- g.* Separate the legs.
- h.* Touch the ground with the hands.

566. While the recruit performs these movements, the surgeon will observe the action of the knee-joints, the condition of the perinæum, and of the spinal column.

567. This includes the inspection for defects of the toe, ankle, and knee-joints; for hæmorrhoids, prolapsus ani, fistula in perinæo, and spinal deformity.

The upper
extremities.

568. The examination of the upper extremities will be made from below upwards. Time is saved by the surgeon himself acting as well as telling the recruit the movements he desires to be made. The following are the directions :—

- a.* Stretch out your arms with the palms of your hands upwards.
- b.* Bend the fingers backwards and forwards.
- c.* Bend your thumbs across the palms of your hands.
- d.* Bend the fingers over your thumbs.
- e.* Bend your wrists backwards and forwards.
- f.* Bend the elbows.
- g.* Turn the backs of the hands upwards.
- h.* Swing your arms round at the shoulders.

~~Handwritten text, crossed out with red X's.~~

200. If the Reporting Officer, after a careful examination of the evidence, is unable to determine the identity of the person or persons who committed the offense, he shall so state in his report.

201. The signature of the Reporting Officer on the report shall be made in the presence of the Officer in Charge of the Station, who shall also sign the report. The signature of the Officer in Charge shall be made in the presence of the Reporting Officer.

202. The Reporting Officer shall be required to submit a report to the Officer in Charge of the Station, who shall forward it to the proper authorities for their consideration.

203. The Reporting Officer shall be required to submit a report to the Officer in Charge of the Station, who shall forward it to the proper authorities for their consideration.

204. The trunk and bag are to be kept in a safe place. The trunk is provided with straps and buckles to hold it open. The straps are made of leather and the buckles are made of metal. The trunk is made of wood and is painted black.

20. 7-Field Station.

The form of Report and Report Form shall be as shown in the Appendix and shall be signed by the Reporting Officer.

20. 8-Carried Messages.

1. With a view to prevent the use of the Station for the purpose of carrying messages, the Officer in Charge of the Station shall be required to take the following steps: (a) To post notices in the Station to the effect that the use of the Station for the purpose of carrying messages is prohibited. (b) To post notices in the Station to the effect that the use of the Station for the purpose of carrying messages is prohibited.

~~General Instructions for examination
of records amended by Clause 150, A.C.
1880~~

Regulations for the Army Medical Department—*continued.*

do not hold any appointment under the Warrant referred to in paragraph 573, and Private Practitioners authorized to examine recruits, are considered Civilian Medical Practitioners, and can only conduct the primary medical examination. Clause 150
continued.

575. If the Examining Surgeon detect a recruit simulating disabilities, he is to attach to the man's attestation a slip of paper containing a statement of the fact. Simulation of
disability.

576. The signature of an Examining Surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the Examining Officer's own handwriting. Medical Officers'
certificate.

577. The approving Medical Officer is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in General Orders from time to time. The following are the instructions relative to chest measurement:— Measurement of
recruits.

(a). The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below the shoulder blades; while in front its edge shall be at the level of the nipples. The tape shall be held in position by the Examining Officer, in which proportion it should be provided by Regimental Officers. Staff and Departmental Officers will each provide themselves with one.

III. The trunk and bag are adapted for pack-saddle transport. The former is provided with straps and iron loops to hang it upon the saddle hooks, and the latter with leather keepers to receive the baggage straps which form part of the service pack-saddle equipment.

G.O. 7.—Field States.

The forms of Divisional and Brigade Field States printed in the Appendix will in future be adopted at all Home Stations.

G.O. 8.—Garrison Libraries.

I. With a view to prevent the sale of duplicate copies of Standard Works in good condition, it is to be clearly understood that G.O. 14 of 1878 authorises the sale of such books only as have previously been condemned as unserviceable by the Quarterly Board of Officers, and that duplicate copies of books

~~General Instructions for examination
of recruits amended by Clause 150
1880~~

G.O. 10.—Recruiting.

1879
Refer to
S.O. 52/1879.

I. The following instructions are to be substituted for those laid down in sect. 19, para. 11, of the "Queen's Regulations and Orders for the Army, 1873," with reference to the mode of taking the chest measurement of recruits, viz.:—

II. The recruit is also to be measured by placing the measuring-tape round the chest, its posterior upper edge passing immediately below the shoulder-blades, its anterior lower edge touching the upper part of the nipple, the arms hanging loosely; the tape should not be drawn so tight as to compress the surface.

III. The tape having been applied agreeably to the directions in the preceding paragraph, the recruit should be made to count slowly from 1 to 10, and the measurement of his chest shown by the tape when he has finished counting 10 is to be considered the correct measurement of the chest.

IV. The approving field officer and recruiting officer will no longer be held responsible for the correctness of this measurement, which will now form part of the medical examination.

V. When a Commanding Officer considers a recruit, on arrival at the regiment, to be deficient in chest-measurement, he will, after personal supervision of such measurement, report on the subject to the Adjutant-General, and request instructions as to the disposal of the man.

Regulations for the Army Medical Department—continued.

do not hold any appointment under the Warrant referred to in paragraph 573, and Private Practitioners authorized to examine recruits, are considered Civilian Medical Practitioners, and can only conduct the primary medical examination. Clause 150
continued.

575. If the Examining Surgeon detect a recruit simulating disabilities, he is to attach to the man's attestation a slip of paper containing a statement of the fact. Simulation of
disability.

576. The signature of an Examining Surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the Examining Officer's own handwriting. Medical Officers'
certificate.

577. The approving Medical Officer is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in General Orders from time to time. The following are the instructions relative to chest measurement:— Measurement of
recruits.

(a). The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below and touch the shoulder blades; while in front its anterior lower edge touches the upper part of the
ferred to in Clause 37, Army Circulars, 1880, will be sent by Officers having such guns on charge to the Director of Artillery and Stores yearly, on the 1st April. These returns will be forwarded to the Superintendent Royal Small-Arms Factory for report and record.

2. Returns from the Royal Navy will be rendered under instructions from the Lords Commissioners of the Admiralty.

CLOTHING AND NECESSARIES.

I.—REGULAR FORCES.

Clothing—Value when worn out.

1. The rates given in Appendix (see pages 20 to 24), represent the value of articles of Clothing when such articles have been worn the periods prescribed by regulation, and will be the sums to be charged for losses, or to be taken into account in calculations which may be made to arrive at the value of a part-worn article. Clause 147

2. The rates given in Appendix G, Clause 2, Army Circulars, 1874, as "Value when worn out," are hereby cancelled.

~~General instructions for examination
of recruits amended by Clause 150 A.C.
1880~~

G.O. 10.—Recruiting.

1849
Ref to
G.O. 52/1879.

I. The following instructions are to be substituted for those laid down in sect. 19, para. 11, of the "Queen's Regulations and Orders for the Army, 1873," with reference to the mode of taking the chest measurement of recruits, viz.:—

II. The recruit is also to be measured by placing the measuring-tape round the chest, its posterior upper edge passing immediately below the shoulder-blades, its anterior lower edge touching the upper part of the nipple, the arms hanging loosely; the tape should not be drawn so tight as to compress the surface.

III. The tape having been applied agreeably to the directions in the preceding paragraph, the recruit should be made to count slowly from 1 to 10, and the measurement of his chest shown by the tape when he has finished counting 10 is to be considered the correct measurement of the chest.

IV. The approving field officer and recruiting officer will no longer be held responsible for the correctness of this measurement, which will now form part of the medical examination.

V. When a Commanding Officer considers a recruit, on arrival at the regiment, to be deficient in chest-measurement, he will, after personal supervision of such measurement, report on the subject to the Adjutant-General, and request instructions as to the disposal of the man.

Regulations for the Army Medical Department—*continued.*

do not hold any appointment under the Warrant referred to in paragraph 573, and Private Practitioners authorized to examine recruits, are considered Civilian Medical Practitioners, and can only conduct the primary medical examination. Clause 150
continued.

575. If the Examining Surgeon detect a recruit simulating disabilities, he is to attach to the man's attestation a slip of paper containing a statement of the fact. Simulation of
disability.

576. The signature of an Examining Surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the Examining Officer's own handwriting. Medical Officers'
certificate.

577. The approving Medical Officer is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in General Orders from time to time. The following are the instructions relative to chest measurement:— Measurement of
recruits.

(a). The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below and touch the shoulder blades; while in front its anterior lower edge touches the upper part of the chest. The returns from the Royal Navy will be rendered under instructions from the Lords Commissioners of the Admiralty.

2. Returns from the Royal Navy will be rendered under instructions from the Lords Commissioners of the Admiralty.

CLOTHING AND NECESSARIES.

I.—REGULAR FORCES.

Clothing—Value when worn out.

1. The rates given in Appendix (see pages 20 to 24), represent the value of articles of Clothing when such articles have been worn the periods prescribed by regulation, and will be the sums to be charged for losses, or to be taken into account in calculations which may be made to arrive at the value of a part-worn article. Clause 147

2. The rates given in Appendix G, Clause 2, Army Circulars, 1874, as "Value when worn out," are hereby cancelled.

~~General Instructions for examination
of recruits amended by Clause 150, A.C.
1880~~

G.O. 10.—Recruiting.

Army Circulars
1880

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.

Medical Examination of Recruits and Re-engaged Men.

Clause 150 The following will be substituted for paragraphs 573 to 589 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.):—

IV.—GENERAL INSTRUCTIONS.

Definition of
approving
Medical Officers.

573. All Military Medical Officers, and Medical Officers of Militia and Yeomanry, when their regiments are embodied or out for training, or when they are appointed to the charge of a Brigade Dépôt or station under the Royal Warrant of 27th November 1879 (Clause 1, Army Circulars, 1880), are empowered to carry out and approve the final medical examination of recruits.

Definition of
Civilian Medical
Practitioners.

574. Those Medical Officers of Militia and Yeomanry whose regiments are not embodied or out for training, or who

Regulations for the Army Medical Department—continued.

do not hold any appointment under the Warrant referred to in paragraph 573, and Private Practitioners authorized to examine recruits, are considered Civilian Medical Practitioners, and can only conduct the primary medical examination. Clause 150 continued.

575. If the Examining Surgeon detect a recruit simulating disabilities, he is to attach to the man's attestation a slip of paper containing a statement of the fact. Simulation of disability.

576. The signature of an Examining Surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the Examining Officer's own handwriting. Medical Officers' certificate.

577. The approving Medical Officer is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in General Orders from time to time. The following are the instructions relative to chest measurement:— Measurement of recruits.

- (a). The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below and touch the shoulder blades; while in front its anterior lower edge touches the upper part of the nipple, the arms meanwhile hanging loosely; the tape should not be drawn so tight as to compress the surface.
- (b). The tape having been thus applied, the recruit will be made to count slowly from 1 to 10, and as he finishes counting the measurement then shown by the tape is to be considered the correct chest measurement.
- (c). Should a recruit, on presenting himself for enlistment, bring no satisfactory proof of his age, the Medical Officer who examines him will, by comparing the height with the weight and general development, decide his apparent age, which will be entered on the second page of the attestation, and be accepted in all future official documents relating to him.
- (d). The table printed in the Appendix (page 25), which has been compiled for the purpose of showing the average height, weight, and chest measurement of individuals from the age of 12 to 21 years, will guide the Medical Officer in forming his decision.

578. The Medical Officer will enter on the attestation the following particulars in his own handwriting—apparent age, height, chest measurement, complexion, colour of hair and Attestation.

Medical Examination of Recruits.

1. Civilian Medical Practitioners will, with reference to paragraph 578 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.), as amended by Clause 150, Army Circulars, 1880, be instructed, on making the primary examination of recruits, to enter on the Attestations the particulars therein referred to in pencil only.

2. Paragraph 578 of the Regulations above-mentioned will be amended accordingly.

26
67 Brig. Dep.
385

Regulations for the Army Medical Department—*continued.***Clause 150**
*continued.*Whether recruit
has previously
served.Recruits passed
by other than
military Medical
Officers.Medical report
on Army Form
B 204.*see B.O.
88 8 1881*Release with a
protecting
certificate.Recruit objected
to after final
approval.

Boys.

Men re-engaging
before expiration
of service.

eyes, and any distinctive marks; writing "none" when there are none. He will exercise due care in stating all these points to the best of his judgment; but he will not be held responsible for any ultimate rejection of a recruit involving a decision contrary to the opinions he may have expressed.

579. The Medical Officer will also note on the attestation, in the column for distinctive marks, his opinion whether, judging from the medical inspection, or from the general appearance of the recruit, the man has previously served.

580. Recruits primarily examined and passed by Civilian Medical Practitioners, as defined in paragraph 574, will, in all cases, be finally examined by an approving Medical Officer.

581. When a recruit, who has been passed by a Medical Officer, as defined in paragraph 573, is found to be unfit for service on joining his corps from a sub-district, a fully detailed report on his case on Army Form B 204, will be made by the Medical Officer who considers him unfit, and who will state not only the nature of the disability but its extent; this, with the attestation, will then be forwarded by the Officer Commanding to the Adjutant-General, Horse Guards.

582. In the case of recruits primarily passed by Civilian Medical Practitioners, who may, on final examination by the approving Medical Officer be considered unfit, no report on Army Form B 204 will be necessary, but they will at once be rejected and discharged. The approving Medical Officer will not sign the certificate on the attestation.

583. A recruit who has been passed by an approving Medical Officer can only be discharged as unfit for the service on the recommendation of a Medical Board, assembled by order of the Adjutant-General, Horse Guards, on the report referred to in paragraph 581 being received.

584. An extract of paragraph 14, and paragraph 22, Section 19, Queen's Regulations and Orders for the Army, 1873, are republished for the information of Medical Officers:—

14. "No boy is to be received into the Service for the purpose of being trained as a trumpeter, drummer, or bugler, who does not, from his make and stature, give fair promise of growth, and of becoming when he has attained the proper age an effective soldier."

22. "Soldiers wishing to re-engage while serving are not to be rejected on account of minor defects or trivial ailments which do not interfere with the efficient performance of their duties. The medical certificate in the re-engagement schedule is to be considered final, so far as their physical fitness is concerned."

Regulations for the Army Medical Department—continued.

Clause 150

continued.

585. When a soldier is considered physically unfit for re-engagement, the Medical Officer will state in the certificate on the re-engagement schedule, Army Form O 1724, the nature of the disability.

Medical report on soldiers considered unfit for re-engagement.

586. In doubtful cases the soldier may be allowed to appear before a Medical Board, with a view to a decision being arrived at as to his fitness or unfitness to re-engage.

Doubtful cases.

587. Recruit Registers, Army Book No. 46, will be kept by all Medical Officers employed in recruiting duties in charge of Brigade Depôts, and of General or Station Hospitals. Separate registers will be kept for the Regular Forces and for the Auxiliary Forces. These registers will on no account be removed from the office or hospital where the recruits are medically inspected.

Recruit Register.

588. In filling up the column headed "Trade or Occupation," the journeyman will be distinguished from the master in all cases. The term "Agricultural Labourer" will apply to all labourers in agriculture (except shepherds) not living in the farm-house; while those living in the house of the farmer will be more correctly designated as "Farm Servants." In the case of men working in manufactures and mines, and of such as are employed in construction generally, the particular branch of work and the material will always be distinctly specified. The term "Farmer" should be applied only to those who have occupied land. The sons of farmers may be returned "Farmer's Sons," when not agricultural labourers.

Directions for filling up.

589. The Medical Officer will state in his own handwriting in the column of the Recruit Register provided for the purpose the recruit's fitness or unfitness, and will enter any remarks relative to vaccination and to cause of rejection, as well as any distinctive marks: he will then append his signature to the column. When there are no distinctive marks it must be so stated.

Remarks in Recruit Registers.

589(a). The Medical History Sheets (Army Form B 178) of Recruits will be filled in and signed by the approving Medical Officer who signs the final certificate on the attestation.

Preparation of Medical History Sheets of recruits.

589(b). The Medical History Sheets so prepared will at once be forwarded, with the attestation, to the Officer commanding the Brigade Depôt or corps the man is to join; and, when the regimental number has been inserted, will be handed over to the Medical Officer in charge of the Station Hospital.

Disposal of Medical History Sheets.

589(c). Militia recruits passed by an Army Medical Officer will not be rejected by a Militia Surgeon; such cases will be referred to the Principal Medical Officer of the District.

Militia recruits passed by an Army Medical Officer.

Regulations for the Army Medical Department—*continued*.

**Stationary Field Hospitals for an Army on Active Service.—
Aid Societies.**

Clause 151 The following will be added after paragraph 407 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.) :—

Aid Societies in
the Field.

407a. The representatives of an Aid Society at the seat of war will invariably place the staff of Surgeons and female Nurses which accompany them, and the supplies which they may have for distribution to hospitals, at the disposal of the Principal Medical Officer of the force in the field, or at the base of operations.

Surgeons and
Nurses of Aid
Societies.

407b. Surgeons and female Nurses, having been placed at the disposal of the Principal Medical Officer, will be entirely under his control, and will act under the orders of the Medical Officer in charge of the hospital to which they may be attached; and the representative of a Society will have no power to remove, or re-distribute, or allocate duties to such Surgeons or Nurses, without the knowledge of the Medical Officer in charge, and without the sanction of the Principal Medical Officer, and an order from the military Commanding Officer.

Hospital supplies
of Aid Societies.

407c. Supplies of any description for hospital use furnished by an Aid Society will, under arrangement of the Principal Medical Officer, be distributed to individual hospitals by the representative of the Society, and be used as the Medical Officer may think necessary and may direct, and no supplies of any kind will be introduced into hospitals or issued to patients except with the permission and by the order of the Medical Officer in charge.

Duties of Medical Officers in charge of Troops on board Ship.

Clause 152 The following will be added after paragraph 80 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.) :—

80a. Executive Medical Officers proceeding to or from England in Her Majesty's troop-ships, or in hired transports, will, should the Medical Officer in charge of the troops on board require their services, be available for duty during the voyage, provided they are junior in rank to that officer, and provided also that they have not been embarked on the recommendation of a Medical Board, and pronounced unfit for duty during the voyage.

Medical Examination of Recruits and Re-engaged Men. Section II.

SPECIAL EXAMINATION—continued.

569. The surgeon will approach the recruit and examine for marks of vaccination.

570. This comprehends the inspection for loss or defects of the fingers, thumbs, wrists, elbow and shoulder-joints; power of rotating the forearm, and vaccination. If not vaccinated, the circumstance should be stated on the attestation paper.

571. The examination of the head and neck will be made from above downwards. The surgeon will note the intelligence, character of voice, and power of hearing of the recruit by his replies to the questions put to him. The following are the directions:—

The head
and neck.

- a. Have you had any blows or cuts on the head? Are you subject to fits of giddiness? The surgeon at the same time examines the scalp.
- b. The surgeon examines the ears.
- c. Do you see well? The surgeon examines the eyes and eyelids.
- d. He examines the nostrils.
- e. He examines the mouth, palate, and fauces, and then tells the recruit to say loudly, "Who comes there?"
- f. He examines the neck.
- g. The recruit is desired to dress himself.
- h. The special tests for power and range of vision are applied to each eye, as directed on the card of test dots W. O. Form 1233, furnished for that purpose.

572. This comprehends the inspection for injuries of the head; deafness; disease of the ears; defect of voice; polypus of nose; state of teeth; scrofulous ulceration; glandular enlargements; and defects of vision.

IV.—GENERAL INSTRUCTIONS.

573. If the examining Surgeon detect a recruit simulating disabilities, he is to attach a slip of paper to the man's attestation, containing a statement of the fact.

Simulation of
disability.

574. The signature of an Examining Surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation; remarks relative to any defects in the recruit will be in the Examining Officer's own handwriting.

Medical
Officers' cer-
tificate.

575. The approving Officer is responsible for the measurement of recruits as regards standard and chest, and for their age being in accordance with the schedules given in General Orders from time to time.

Measurement
of recruits.

576. The Medical Officer will enter (in pencil) on the left hand corner of the Attestation, 2nd page, the chest measurement made

Attestation.

Section II. Medical Examination of Recruits and Re-engaged Men.

GENERAL INSTRUCTIONS—continued.

by him, and his opinion of the man's age, in order to assist the approving Medical Officer in forming his judgment; but the Medical Officer is not held responsible for any ultimate rejection or for any decision contrary to the opinions he may have given.

Whether
Recruit has
previously
served.

577. The Medical Officer will also note on the Attestation his opinion whether, judging from the medical inspection, or from the general appearance of the recruit, the man has previously served.

Recruits
passed by a
Civil Prac-
titioner.

578. Recruits passed by Civilian Medical Practitioners (including Medical Officers of Militia and Yeomanry, except when their regiments are embodied or out for training) will in all cases be re-examined by a Military Medical Officer.

Recruits
found unfit.

579. When a recruit, who has not been passed by a Military Medical Officer, is found on joining his corps from a Sub-District, to be unfit for service, a fully detailed report on his case will be made on W. O. Form 584, by the Medical Officer who considers him unfit, and who will state not only the nature of the disability, but also its extent.

580. In the case of recruits primarily passed by Civilian Medical Practitioners, who may be considered unfit for service on the secondary examination by the Medical Officer of the Brigade Depot of the Sub-District in which they are raised, no report on W. O. Form 584 will be necessary.

Approval of
a recruit by
a Military
Medical
Officer con-
sidered final.

581. The approval of a recruit by any Military Medical Officer is to be held as final at the corps to which he may be sent, and the man if considered unfit for service can only be brought forward for discharge as an invalid.

582. An extract of paragraph 14, also paragraph 22, Section 19, Queen's Regulations and Orders for the Army, 1873, are re-published for the information of Medical Officers.

Boys.

14. "No boy is to be received into the service for the purpose of being trained as a trumpeter, drummer, or bugler, who does not, from his make and stature, give fair promise of growth, and of becoming, when he has attained the proper age, an effective soldier." * * *

Men re-
engaging
before
expiration of
service.

22. "Soldiers wishing to re-engage while serving are not to be rejected on account of minor defects or trivial ailments which do not interfere with the efficient performance of their duties. The medical certificate in the re-engagement schedule is to be considered final so far as their physical fitness is concerned."

Medical Re-
port on sol-
diers con-
sidered unfit
for re-engage-
ment.

583. When a soldier is considered physically unfit for re-engagement, the Medical Officer will draw up a medical report of the case on the re-engagement schedule, according to the instructions on the 4th page of that Form; the opinion of the Principal Medical Officer will also be recorded on the same page.

Doubtful
cases.

584. In doubtful cases, the soldier may be allowed to appear

Medical Examination of Recruits and Re-engaged Men. Section II.

GENERAL INSTRUCTIONS.—continued.

before a medical board with a view to a decision being arrived at as to his fitness or unfitness to re-engage.

585. Recruit registers (W. O. Book No. 46) will be kept by Medical Officers employed in recruiting duties, in charge of Brigade Dépôts, and General or Station Hospitals. Separate recruit registers will be kept for the Regular Army and the Auxiliary Forces. These registers will on no account be removed from the office or hospital where the recruits are medically inspected. Recruit Register.

586. In filling up the column headed "Trade or Occupation," the journeyman will be distinguished from the master in all cases. The term "Agricultural Labourer", will apply to all labourers in agriculture (except shepherds) not living in the farm house; those living in the house of the farmer will be more correctly designated as "Farm Servants." In the case of workers in manufactures and mines, and generally in the constructive arts, the particular branch of work and the material will always be distinctly expressed. The term "Farmer" should be applied only to those who have occupied land. The sons of farmers may be returned "Farmers' Sons" when not agricultural labourers. Directions for filling up.

587. The cause of fitness or unfitness, and remarks with regard to vaccination, will invariably be entered in the handwriting of the Medical Officer.

588. The certificates as to the fitness of recruits on W. O. Form 497 (2nd page), will both be signed by the Examining Medical Officer, whose examination is final, if no previous examination has been made, and if the first certificate has not been signed. Certificate of fitness.

589. Militia recruits passed by an Army Medical Officer cannot be rejected by a Militia Surgeon; such cases will be referred to the principal Medical Officer of the District. Militia Recruits passed by an Army Medical Officer.

Section III.

Invaliding of Soldiers.

SECTION III.—INVALIDING OF SOLDIERS.

Soldiers brought forward for invaliding at the head-quarters of a district.

590. When soldiers serving at the head-quarters of a district are considered unfit for further service, a detailed medical history of each case on W.O. Form 891, accompanied by the soldier's medical history sheet (W.O. Form 1143), will be submitted for approval to the Principal Medical Officer, who will inspect the proposed invalids; if found unfit by him, they will be subsequently examined by a Medical Board for final decision. The president of the board, if possible, will not be under the rank of Deputy Surgeon-General.

591. Para. 27, of Section 20, Queen's Regulations and Orders for the Army, 1873, is here re-published for the information of Medical Officers:—

Invalids at out-stations.

“ . Before any soldier is sent in from an out-station to the head-quarters of the district, for the purpose of being invalided, a detailed medical history (W.O. Form 891), and his medical history sheet, together with any statements or remarks deemed necessary for the elucidation of the case, are to be forwarded to the Principal Medical Officer of the district, who, on receipt of these documents, will signify to the Medical Officer his concurrence, or otherwise, in the necessity for the proposed transfer. Should the Medical Officer concur, steps will be taken through the military authorities for the invalid's removal to head-quarters, as directed in the preceding paragraph (26). The medical history sheets are in all cases to be returned to the out-station after perusal.”

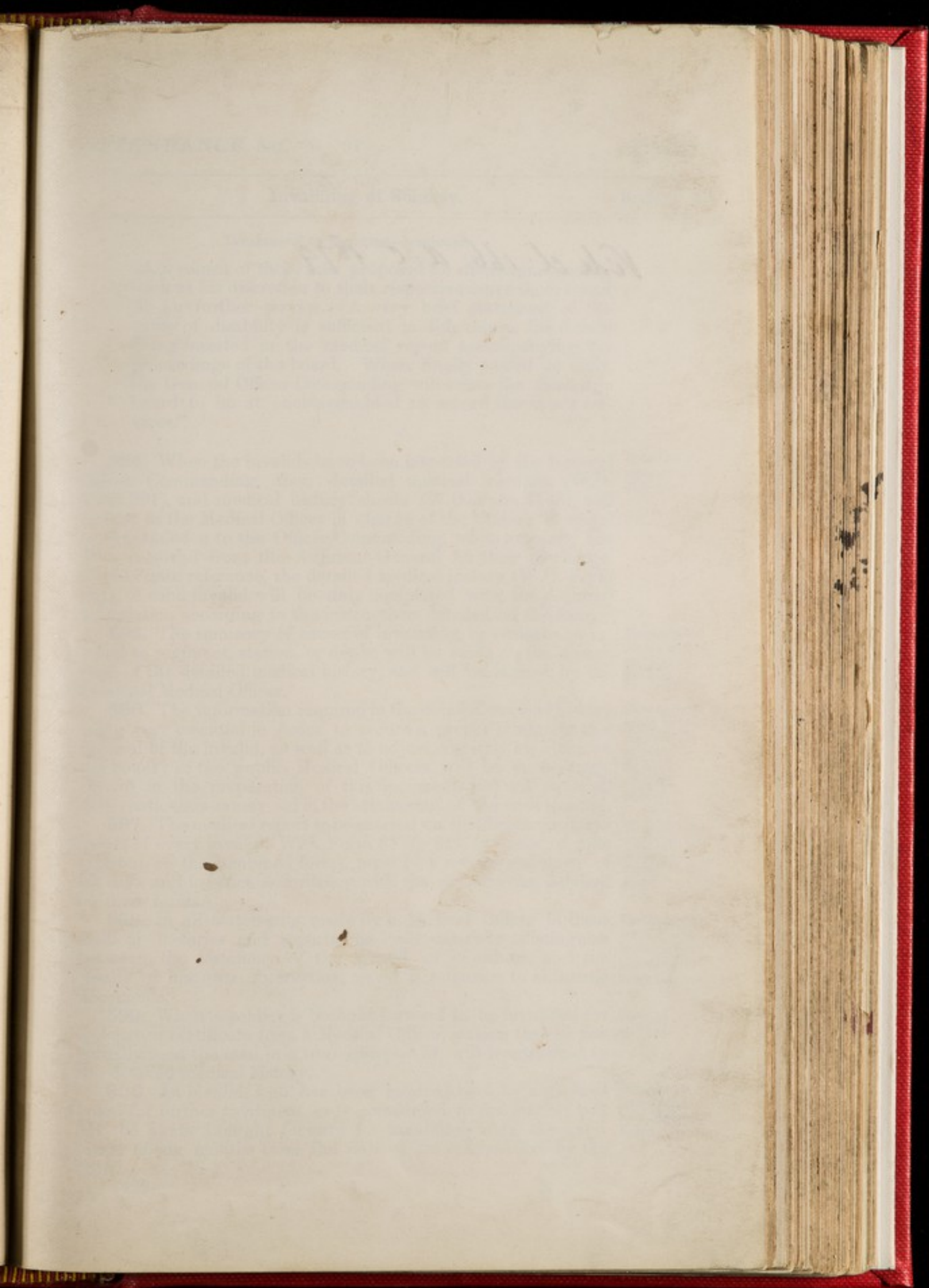
Medical invaliding Board.

592. A medical board, assembled for the purpose of examining invalids, will record their opinion on the third page of the detailed medical history (W.O. Form 891), and their proceedings will be submitted for the approval of the Principal Medical Officer.

593. Para. 28 of Section 20, Queen's Regulations and Orders for the Army, 1873, is here re-published for the information of Medical Officers:—

Men unfit for further service.

“ . Should the medical board, in ordinary cases, pronounce the men unfit for further service, the General Officer Commanding will then come to a decision, with the assistance of the Principal Medical Officer, and transmit in a covering-letter to the Adjutant-General [or if in Ireland, to the Deputy Adjutant-General in Dublin], on W.O. Form



Vide cl: 166. a. c. 1879.

Invaliding of Soldiers.

Section III.

INVALIDING OF SOLDIERS—continued.

85, a return of those men proposed for discharge, sending back at his discretion to their respective corps those found fit for further service. A very brief statement of the cause of disability is sufficient in this return, the details being inserted in the medical report accompanying the proceedings of the board. When finally passed as unfit, the General Officer Commanding will cause the discharge board to be at once assembled to record the men's services."

594. When the invalids have been inspected by the General Officer Commanding, their detailed medical histories (W.O. Form 891), and medical history sheets (W.O. Form 1143), will be sent to the Medical Officer in charge of the Station Hospital for transmission to the Officer Commanding, when authority has been received from the Adjutant-General for their discharge. To facilitate reference, the detailed medical history (W.O. Form 891), of each invalid will be duly completed with the required information according to the instructions detailed on the form.

Detailed medical history.

595. The summary of causes of invaliding, or remarks on remand to regiment, station, or dépôt, will be made on the fourth page of the detailed medical history, and will be signed by the Principal Medical Officer.

Summary of causes of invaliding or remand.

596. The information required in the detailed medical history being very essential in order to secure a proper treatment and disposal of the invalid, as well as to adjust correctly his claim on the bounty of the public, Medical Officers will be exceedingly careful in the preparation of this document, and will enter all such particulars as may aid in the attainment of the ends desired.

Care to be taken in the preparation of the detailed medical history.

597. The medical report to be entered on the discharge documents of every invalid, W.O. Form 83 (or 619, in cases of men attested, on the combined form), must be a concise statement of his case, and in strict accordance with the instructions detailed on these forms.

Medical report on the invalid's discharge document.

598. In all statements made by a Medical Officer in these medical histories and reports, he will carefully distinguish between the testimony of the invalid, or of others, and the results of his own observation, or of a reference to authentic documents.

Testimony of invalid, and information gained from other sources.

599. When a soldier is brought forward to be invalided for epilepsy, a certificate from a Medical Officer, stating that he has actually seen the man in a true epileptic fit, will be attached to the detailed medical history.

Cases of epilepsy.

600. An invalid who has been referred back by a medical board for further treatment, or is considered fit for service, will not be again brought forward for invaliding until the expiration of six months from the date of his examination by the board.

Invalids referred back by a Medical Board.

Section III.

Invaliding of Soldiers.

INVALIDING OF SOLDIERS—continued.

Detailed
medical
history to
accompany
invalids.

601. In the case of invalids sent home from foreign stations for change of air or discharge, the detailed medical history (W.O. Form 891), will be handed over to the Medical Officer proceeding in charge, in order that he may be acquainted with the nature of the cases under his care, and also that he may continue, on the space assigned for that purpose, the history of the progress and the treatment of each invalid up to the date of his arrival at the invalid depôt. The medical report on W.O. Form 83, or 619, will not be filled up until the men are finally disposed of at home.

Return of
invalids
from foreign
stations ex-
cepting India.

602. When invalids are sent home from foreign stations (except India), a nominal return briefly recording their disabilities will be made on W.O. Form 821. The names of men eligible for employment as hospital attendants during the voyage will also be stated. This return will be furnished in duplicate—one for the Commanding Officer, and one to accompany the invalids to Netley.

603. Paragraphs 38, 39, 40, 41 and 45 of Section 20, Queen's Regulations and Orders for the Army, 1873, are here republished for the information of Medical Officers:—

Arrival of
invalids at
Netley.

" . The Commandant at Netley is responsible that invalids arriving at that hospital are, as early as possible, brought forward for discharge. If, after being medically inspected, they are reported by the Principal Medical Officer to be unfit for further military duty, the discharge documents are to be completed and transmitted to the Adjutant General for confirmation. Such men as are found fit for further service are to be sent forthwith to their respective depôts."

Settlers at
foreign
stations.

" . In cases where soldiers on foreign stations are proposed for discharge as invalids, and have received permission from the local authorities to be discharged on the spot, the General or Officer Commanding is to forward their discharge documents, including the parchment certificate, to the Adjutant General, in a covering letter, for the consideration of the Chelsea Board."

Bonâ fide
disability
necessary for
invaliding.

" . None but soldiers *bonâ fide* disqualified by actual disability—without regard to the length of their service—are to be brought forward for discharge as unfit for service. Medical Officers will be held responsible for the proper discharge of their duty in this respect."

Soldiers in
hospital.

" . Men under treatment in hospital, and unfit to be removed therefrom, are not to be brought forward for discharge."

Insane
soldiers.

" . The following instructions are to be observed in dealing with insane soldiers:—

"(a.) An insane soldier, whether at home or abroad, should,

Involvement of Soldiers

Section 112

Treatment of wounded soldiers

as a rule, be attended, for one at least, by the Medical Officer who has been assigned to that duty, and each Medical Officer, from knowing the probable nature and course of the attack, is considered the most competent to treat the disease in its earlier stages.

503. If, after each period of treatment, the patient should still recover, or, if, in consequence of a prolonged illness, it is found that it is not likely to be possible to remove him from the hospital, the Medical Officer in charge of the Hospital Company, if at home, or the Principal Medical Officer, if abroad, for permission to transfer the soldier to a general military hospital, or to any other establishment in which suitable work can be done. In the latter case, if it be a private hospital, or other agency connected with the War Department, no order for the admission should be given without previous authority from the Secretary of State for War, or if abroad, from the Principal Medical Commanding.

504. Such applications should be accompanied by an abstract of the case, drawn up in accordance with the instructions laid down in the Medical Regulations, together with a copy of the soldier's medical history-sheet, and a statement of the reasons which induce the Medical Officer in charge of the case to believe that it is probable he will not be able to render the services required of the detachment by the Detachment Commanding, or by the Principal Medical Officer, if abroad. The necessary instructions will be issued through the Medical Officer in charge.

505. Injured soldiers at home are not to be intrusted before an Invaliding medical board, or removed to a general military hospital, or to any asylum, until the necessary sanction of the Medical Officer in charge is obtained.

506. The detailed information to be supplied in cases of Invaliding medical disability, is as follows:—

- 1st. Name. Regiment. Expedition to.
- 2nd. Age. Length and position of service.
- 3rd. Place of birth. Name and residence of nearest surviving relative.
- 4th. Social state, married or single.
- 5th. Temperament.
- 6th. Character, especial regard being paid to whether temperate or otherwise.
- 7th. Period of mental disorder.
- 8th. Whether a first attack?

Invaliding of Soldiers.

Section III.

INVALIDING OF SOLDIERS—continued.

as a rule, be attended, for one month at least, by the Medical Officer who has been accustomed to treat him, as such Medical Officer, from knowing the probable origin and causes of the attack, is considered the most competent to treat the disease in its earlier stage.

- “(b.) If, after such period of treatment, the patient should not recover, or, if in consequence of exceptional circumstances which do not admit of delay, it be desirable to remove him, application should be made by the Medical Officer in charge to the Director General, if at home, or to the Principal Medical Officer, if abroad, for permission to transfer the insane soldier to a general military hospital, or to any other establishment in which lunatic wards exist. In the latter case, if it be a private asylum, or other asylum unconnected with the War Department, no order for the admission should be given without previous authority from the Secretary of State for War, or if abroad, from the General Officer Commanding.
- “(c.) Such applications should be accompanied by an abstract of the case, drawn up in accordance with the instructions laid down in the ‘Medical Regulations,’ together with a copy of the soldier’s medical history-sheet, and a statement of the reasons which induce the Medical Officer in charge of the case to believe that, if discharged, he will not be able to re-enter the service. On receipt of the documents by the Director General, if at home, or by the Principal Medical Officer, if abroad, the necessary Instructions will be issued for the disposal of the case.
- “(d.) Insane soldiers at home are not to be brought before an invaliding medical board, or removed to a general military hospital, or to an asylum, until the necessary sanction, as prescribed in (b), has been obtained.”

604. The detailed information to be supplied in cases of mental disability, is as follows:—

Information
required in
cases of
mental
disability.

- 1st. Name. Regiment. Regimental No.
- 2nd. Age. Length and places of service.
- 3rd. Place of birth. Names and residences of nearest surviving relatives.
- 4th. Social state, married or single.
- 5th. Temperament.
- 6th. Character, especial regard being paid as to whether temperate or otherwise.
- 7th. Form of mental disorder.
- 8th. Whether a first attack?

Section III.

Invaliding of Soldiers.

INVALIDING OF SOLDIERS—continued.

- 9th. Duration of present attack.
 - 10th. Whether the attack was sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.
 - 11th. Whether insanity was preceded or accompanied by any particular illness, as fever, rheumatism, syphilis, &c.?
 - 12th. What are the supposed causes (moral or physical) of the attack? Whether the patient has suffered from sunstroke, concussion, or injury of the head?
 - 13th. Whether any hereditary predisposition exists?
 - 14th. What are the particular ideas or actions which have induced the belief of insanity?
 - 15th. Whether the disease is complicated with epilepsy or paralysis, with homicidal or suicidal impulses? If suicidal tendency exists, mention the way in which self-destruction has been attempted.
 - 16th. Whether the patient is noisy, dangerous, mischievous, or given to steal? Whether his habits are cleanly or dirty?
 - 17th. What treatment has been adopted since invasion of disease?
- In designating the particular form of mental unsoundness that the patient labours under, the nomenclature of diseases laid down by the College of Physicians will be strictly adhered to.

Insane
soldiers
discharged
locally.

605. Whenever it may be deemed advisable to discharge locally soldiers suffering from mental disease who are not dangerous to themselves or the public, the Medical Officer will first take steps to ascertain through the military authorities, whether in the event of discharge, the friends are willing to receive the sufferers, as, failing the friends, the parochial authorities must take charge of them. [See 92nd Section of the Mutiny Act.]

606. The usual documents, with the reply of the friends, will then be forwarded to the Director General, with a letter applying for permission to bring such cases before a district invaliding Board.

Precautions
to be taken on
the removal
of invalids.

607. When insane soldiers are discharged from hospital, they will be removed in the presence of a Medical Officer, and care will be taken that they are dressed with due regard to health and comfort.

608. Insane soldiers transferred from one hospital to another, or sent to their friends, will be accompanied by an escort, consisting of not less than one non-commissioned officer and two men, and application for the escort will be made to the Military Authorities.

Invaluing of Soldiers.

Section III.

Invaluing of Soldiers.

608. The names of soldiers who are wounded or disabled during the campaign shall be immediately sent to their proper and placed under the care of the principal authorities. Pending their recovery, and being carried out, the Principal Medical Officer will make the arrangements for their safety and care, after reference to the General Officer Commanding.

609. When invalided Officers or Men are discharged from the service, they shall be sent to the nearest port of call, and the Principal Medical Officer will be detailed to accompany them to the port, and to report the nature of their cases to the Commander and Surgeon of the vessel.

610. When invalided Officers or Men are sent to the port, they shall be accompanied by a Medical Officer, who will explain the state of their cases to the Commander and Surgeon of the vessel, and will be responsible for their safety and care during the voyage.

611. When men are sent from the hospital to the hospital, they shall be accompanied by a Medical Officer, who will explain the state of their cases to the Commander and Surgeon of the vessel, and will be responsible for their safety and care during the voyage.

Section III.

Inventory of Collections

Inventory of Collections

1. *Botanical* - 1870-1871
2. *Botanical* - 1872-1873
3. *Botanical* - 1874-1875
4. *Botanical* - 1876-1877
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457. *Botanical* - 2782-2783
458. *Botanical* - 2784-2785
459. *Botanical* - 2786-2787
460. *Botanical* - 2788-2789
461. *Botanical* - 2790-2791
462. *Botanical* - 2792-2793
463. *Botanical* - 2794-2795
464. *Botanical* - 2796-2797
465. *Botanical* - 2798-2799
466. *Botanical* - 2800-2801
467. *Botanical* - 2802-2803
468. *Botanical* - 2804-2805
469. *Botanical* - 2806-2807
470. *Botanical* - 2808-2809
471. *Botanical* - 2810-2811
472. *Botanical* - 2812-2813
473. *Botanical* - 2814-2815
474. *Botanical* - 2816-2817
475. *Botanical* - 2818-2819
476. *Botanical* - 2820-2821
477. *Botanical* - 2822-2823
478. *Botanical* - 2824-2825
479. *Botanical* - 2826-2827
480. *Botanical* - 2828-2829
481. *Botanical* - 2830-2831
482. *Botanical* - 2832-2833
483. *Botanical* - 2834-2835
484. *Botanical* - 2836-2837
485. *Botanical* - 2838-2839
486. *Botanical* - 2840-2841
487. *Botanical* - 2842-2843
488. *Botanical* - 2844-2845
489. *Botanical* - 2846-2847
490. *Botanical*

Invaliding of Soldiers.

Section III.

INVALIDING OF SOLDIERS—continued.

609. The insane wives of soldiers will on arrival from foreign stations, be immediately sent to their parish, and placed under the care of the parochial authorities. Pending these arrangements being carried out, the Principal Medical Officer will make local arrangements for their safety and care, after reference to the General Officer Commanding.

610. When invalided Officers or soldiers not in charge of an Army Medical Officer, are embarked on board any vessel a Medical Officer will be detailed to accompany them on board, and to explain the nature of their cases to the Commander and Surgeon of the vessel.

Invalided
Officers or
soldiers.

611. When insane Officers or soldiers are to embark on board any Royal Mail Steamship, communication will be made to the agents as soon as possible, and the insane patients will, whenever practicable, be accompanied on board the ship by a Medical Officer, who will explain the case or cases to the Commander and Surgeon of the ship.

Insane
Officers
or Soldiers.

612. When men are sent from out-stations to head-quarters to be invalided, they will not be shown as transfers from one hospital to another, unless at the time of transfer they are under treatment in hospital.

PART 5.—SANITARY REGULATIONS.

- I.—General Sanitary Duties.
 - II.—Personal Hygiene of Troops.
 - III.—Vaccination.
 - IV.—Precautions in Barracks, Quarters, and Hospitals.
 - V.—Infectious Diseases.
 - VI.—Garrisons, Camps, and Stations.
 - VII.—Movements of Troops by Sea.
 - VIII.—Service in the Field.
 - IX.—Books, Returns, Correspondence, &c.
-

SECTION I.—GENERAL SANITARY DUTIES.

Sanitary
duties of the
Army Medical
Department.

613. The Officers of the Medical Department of the Army are charged not only with the medical care of the sick, but with the duty of recommending to Commanding Officers, verbally or in writing, whatever precautionary measures as to barracks, encampments, garrisons, stations, hospitals, transports, diet, dress, as authorised by Regulation, drills, and duties may, in their opinion, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the army. In the event of any verbal representation not being complied with, the Medical Officer will make a representation in writing on the subject to the Commanding Officer forwarding copies of the correspondence to the Principal Medical Officer,

the heliographic addendum
page 613 A

Clause 84, H. 1882

Personal Hygiene of Troops.

Section II.

SECTION II.—PERSONAL HYGIENE OF TROOPS.

614. Medical Officers will inspect the men under their charge weekly for the detection of itch, cutaneous complaints, ocular disease, ulcers, and any ailments indicated by the countenance or skin, as fever, small-pox, scurvy, &c.; and will immediately adopt such precautionary measures as may appear to be requisite. Men with itch will, if possible, be placed in a separate room, or in a tent, when the season will permit.

Periodical inspection for detection of disease.

615. On the first arrival of troops at stations in the United Kingdom to which the Contagious Diseases Act applies or on their return from furlough, and also on disembarkation at any colony where there is a local ordinance or law in force for the prevention of venereal disease, they will be examined with a view to prevent the introduction of such disease. Medical Officers will be careful to bring to the notice of the Commanding Officer any men who have delayed reporting themselves when diseased.

Venereal disease.

616. The Medical Officer will satisfy himself that the personal cleanliness of the men is properly attended to.

Personal cleanliness.

617. He will visit periodically all grounds or places set apart for the physical training of the troops, or for games or amusements, and will give his advice on such matters, and also on the kind and amount of gymnastic exercises best suited to improve the health of the men.

Gymnastics and games.

618. He will, from time to time, examine the quality of articles of food and drink sold in the canteens, as well as the ventilation of the canteens themselves. He will examine the cooking, and ascertain whether it be sufficiently varied; likewise the quality and amount of drinking water. He will also ascertain whether wells and other sources of water are protected from soakage from latrines, cesspools, drains, and other causes of impurity.

Cooking, &c.

Section III.

Vaccination.

SECTION III.—VACCINATION.

Vaccination.
Small-pox.
Re-vaccina-
tion.

619. The Medical Officer will report yearly (on W.O Form 298 A) whether every man, woman, and child belonging to the regiment bears unequivocal marks of either small-pox or cow-pox; and will keep a register, W.O. Books 28, and 28 (a) of the names and appearances, on the days of examination, of all patients vaccinated. At all stations where fresh virus can be procured, every doubtful case, not only of soldiers, but of their wives and children, will undergo re-vaccination.

Inspection
and re-vacci-
nate during
prevalence
of small-pox.

620. Whenever small-pox is prevalent, Medical Officers in charge of corps or detachments will exercise more than ordinary care and attention in regard to the condition of vaccination among the troops, their wives and children, and for that purpose they will make a careful inspection of every individual, and at once resort to the operation of vaccination or re-vaccination, not only wherever the marks of vaccination are unsatisfactory or indistinct, or a long period has elapsed since the date of the operation, but wherever previous re-vaccination has been unsuccessful.

Special report
of cases of
small-pox,
in the weekly
return.

621. Any cases of small-pox will be immediately reported to the Director General in a special report, specifying the name and age of each individual, with the dates of the operations of vaccination and re-vaccination, with their results respectively, and whether such individual bears satisfactory marks, and the number thereof. All such cases of small-pox will also be invariably noticed in the remarks appended to the Weekly Return of Sick.

Special
note of those
not bearing
marks of
vaccination.

622. If the patient be a soldier, and no marks of vaccination exist, the fact will be mentioned in the said report, with a statement showing the date of his joining the corps.

Recruits to be
vaccinated.

623. Every recruit, without exception, will be vaccinated on joining the head-quarters or depôt of the corps to which he belongs, unless the operation is certified to have been already successfully performed subsequently to his enlistment.

Record in
medical his-
tory sheets.

624. The Medical History Sheet of every soldier will furnish information whether he has been re-vaccinated, and Medical Officers will re-vaccinate those cases where no such record exists: and where the Medical History Sheets contain no place specially set apart for it, the date and result of the operation will be inserted in red ink in the body of the sheet, after the last entry of treatment for disease.

Section III.

Vaccination.

SECTION III.—VACCINATION.

419. The Medical Officer will report yearly to the Local Board the number of children vaccinated, and whether by the Local Board or by the Medical Officer. The report will be made in the form of a statement, and will be signed by the Medical Officer. The statement will be made in the form of a statement, and will be signed by the Medical Officer. The statement will be made in the form of a statement, and will be signed by the Medical Officer.

420. When a child is vaccinated, the Medical Officer will issue a certificate of vaccination, which will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer.

421. The Medical Officer will issue a certificate of vaccination, which will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer.

422. The Medical Officer will issue a certificate of vaccination, which will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer.

423. The Medical Officer will issue a certificate of vaccination, which will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer.

424. The Medical Officer will issue a certificate of vaccination, which will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer. The certificate will be made in the form of a statement, and will be signed by the Medical Officer.

Vaccination.

Section III.

VACCINATION—continued.

625. Medical Officers will re-vaccinate the wives of all soldiers married with leave, and, as far as possible, this course will be pursued, as a measure of public safety, in the case of the wives of soldiers married without leave; and all soldiers' children will, as a rule, be re-vaccinated wherever 10 years have elapsed since the date of their having been vaccinated.

Re-vaccination of soldiers' wives.

and children periodically.

626. The direct method of vaccination will be had recourse to whenever practicable, in preference to that by lymph from tubes or points; it being understood, however, that in vaccination from arm to arm, or in re-vaccination, the lymph is not to be taken from adults nor from a re-vaccination.

Direct method of vaccination and source of lymph.

627. When re-vaccination has failed, Medical Officers will repeat the operation with lymph from another source when practicable, and in the event of the operation still proving unsuccessful, the names of the individuals will be recorded, with a view to their being re-vaccinated at some subsequent date.

Cases of failure.

628. In re-vaccination Medical Officers will not make the necessary punctures in less than two places, and where the evidence of original vaccination is indistinct, or single, three punctures will be made.

Punctures, number of.

629. Vaccination certificates of soldiers' children will not be given to the parents, but transmitted to the Registrars of Births and Deaths.

Certificates of vaccination to be transmitted to Registrar, Forms and books of Certificates.

630. Such certificate will be on the particular Form supplied by the Registrar to the parents on the registration of birth. In order to meet cases in which these Forms may have been lost, the Registrar General has prepared books of certificates for the use of Medical Practitioners, which will be supplied to Medical Officers on application.

Section IV. Precautions in Barracks, Quarters, and Hospitals.

SECTION IV.—PRECAUTIONS IN BARRACKS, QUARTERS, AND HOSPITALS.

Approval of
plan and site
of barracks
and hospitals.

631. Before any new barrack or hospital is erected, the plans and site will be submitted to the Director General for approval, in so far as regards the healthiness of the locality and of the buildings.

Cubic space
to be
allowed.

632. The cubic space for men in barracks and huts, under ordinary circumstances, is laid down in that portion of the Regulations for the Commissariat Department [Revised Army Regulations, Vol. IV.] relating to "Barracks and Quarters." Those regulations will not be departed from without authority.

Buildings for
hospitals.

633. Before any building is taken possession of for hospital purposes, the Sanitary or other Medical Officer, as the case may be, will, in communication with the Commissariat Officer, or a Board of Officers, if appointed, make a careful sanitary inspection of the building and its vicinity, and note the condition of the former as regards external and internal drainage, water supply, ventilation, limewashing, and general cleanliness, the number of beds the building is capable of containing, the number and size of windows, doors, and fireplaces, the amount of light, the state of latrines, or water-closets, as well as all other matters likely to affect the health of the inmates or the purity of the air in the wards.

Results of the
inspection.

634. The Sanitary or other Medical Officer will report to the Commanding Officer the results of his inspection, and make any necessary recommendations for removing defects. In the case of hospitals selected for temporary occupation, the Commanding Officer will, in terms of special authority given him for such purposes, forthwith direct such recommendations to be carried out, unless he disapproves of them, in which case he will state in writing his reasons, and immediately transmit them, with the recommendations of the Sanitary or Medical Officer, to superior authority.

Copies of
report to be
sent to
Principal
Medical
Officer.

635. The Sanitary or other Medical Officer, as the case may be, will at the same time transmit a copy of every such report to the Principal Medical Officer, stating also the steps taken to carry out his recommendations, and the Principal Medical Officer will forthwith forward every such report to the Director General, with any remarks he may have to make on the same.

Cubic space
to be allowed
in hospitals.

636. The minimum space to be allowed for each bed in any permanent hospital is 1,200 cubic feet at home and in temperate climates, and 1,500 cubic feet, or as may be specially authorised by the Secretary of State for War in reference to the Commissariat Regulations [Revised Army Regulations, Vol.

*To allow see
Ch. 266
1879*

The whole of this clause canceled and
in accordance with paragraph 67 Clause 56^a Army Circulars 1878
may be specially authorized for each command
amended by clause 260, A. C., 1879.

recorded on W. O. Form 153, and will not be increased

be recorded on W. O. Form 153.

Regulations for the Army Medical Department.

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.

Precautions in Barracks, Quarters, and Hospitals—
Inspection of Filters.

Cl. 32. The following will be added after paragraph 368 of the
February Regulations for the Army Medical Department (Army
1884. Regulations, Vol. VI.):—

368a. An inspection of all filters of the pattern described in § 4425, "List of Changes in War Matériel and of Patterns of Military Stores," in use in hospitals, will be made monthly, under the direction of the Medical Officer in charge, and he will cause them to be cleansed and adjusted in accordance with the instructions contained in § 4425, printed copies of which will be issued with the filters. Should any filters appear to be out of order, the inspection will be made at once. The necessary supplies of granulated charcoal will be obtained on requisition in the usual manner.

368b. All such filters in use in barracks will be inspected once in three months by a Medical Officer, under the direction of the Officer Commanding at the station, and reports will be made to the latter Officer as to whether the filters are kept clean and in good order, or otherwise.

* recor.

72
Ch.

Precautions in Barracks, Quarters, and Hospitals.

Section IV.

PRECAUTIONS IN BARRACKS, &c.—continued.

IV], at stations in tropical climates. When hospitals are not fully occupied, the sick will be distributed so as to give, as nearly as may be, the amount specified. The number of beds which each ward is capable of containing in accordance with these measurements will be ~~painted, as directed by Regulation, outside the door of the ward, and will not be increased~~ without the sanction of the Secretary of State. In detached wooden huts in temperate climates the minimum of space will be 600 cubic feet for each bed, where possible. The number of beds in each hut will, also according to Regulation, be painted on the door.

637. All wards will be sufficiently warmed and lighted, according to the weather and season, as directed by Regulation.

638. The Medical Officer will also see that the vicinity of the hospital is preserved in a good sanitary state, that the surface is properly drained and swept daily, that there are no nuisances, that the water supply is good and abundant, that the water-closets and latrines are in an efficient state, that the drainage is not obstructed, that the ventilation of the wards is at all times efficient, that the hospital is kept in a proper state of repair, that the walls are frequently limewashed, and cleansed by scraping if necessary, that the flooring, staircases, &c., are kept clean, and that the floors of the wards are never washed except by the medical officer's special direction. *a + b*

639. The beds in barracks and hospitals will be placed in accordance with the instructions contained in Section 15, paragraph 6, Queen's Regulations and Orders for the Army, 1873.

640. The Medical Officer will ascertain whether the number of men in barrack rooms, hospital wards, and guard-rooms is in accordance with the number ~~painted on the door~~. He will state in his annual report to the Director General what the monthly average cubic space for each man has been.

641. He will satisfy himself that every barrack, guard-room, and cell is suitably lighted and provided with sufficient means of ventilation to keep the air in a pure state by night as well as by day; that married soldiers' quarters, schools, reading rooms, kitchens, wash-houses, lavatories, urinals, and latrines, are suitably ventilated and lighted; that the means of ventilation provided for any barrack, guard-room, or cell, or for any school, reading-room, kitchen, washhouse, lavatory, urinal, or latrine, are in efficient operation. He will further satisfy himself that the apertures intended specially for ventilation are never allowed to be blocked up; that the windows of every barrack room are opened sufficiently to allow of a free ventilation as soon as the men have risen, and that they are kept open to such extent during the day as the weather and season may admit; that the beds and bedding are freely exposed to the air as laid down in the Queen's Regulations and Orders for the Army, 1873,

Lighting and warming of hospital wards.

Vicinity, &c. of the hospital.

Distance of beds.

Number of men the same as painted on the door.

Ventilation and lighting of barrack buildings.

Means of ventilation to be efficient.

Apertures of ventilation not to be blocked up. Opening of windows. Beds to be exposed to the air.

IX.) :—
 The following will be added after paragraph 594 of the CL 31.
 Volunteer Regulations, 1881 (Army Regulations, Vol. February
 1884.
 594a. Each Officer of Artillery Volunteers under-

Gun Ammunition.

VOLUNTEERS.

Remarks.	No. of rounds.	Total	
		..	17
		R.B.L. { 40-pr. .. 7-in. .. 40-pr. .. 64-pr. .. 80-pr. ..	3
			3
			3
			3
			3
		R.M.L. { 10-in. .. 9-in. .. 80-pr. .. 64-pr. .. 40-pr. ..	1
			1
			3
			3
			1

record

used

be

* recorded on W.O. Form 153. (see cl. 260 a.c. 1879)

For
 A.B.

Precautions in Barracks, Quarters, and Hospitals.

Section IV.

PRECAUTIONS IN BARRACKS, &c.—continued.

IV], at stations in tropical climates. When hospitals are not fully occupied, the sick will be distributed so as to give, as nearly as may be, the amount specified. The number of beds which each ward is capable of containing in accordance with these measurements will be ~~painted as directed by Regulation, outside the door of the ward, and will not be increased without the sanction of the Secretary of State.~~ ^{and will not be increased} In detached wooden huts in temperate climates the minimum of space will be 600 cubic feet for each bed, where possible. The number of beds in each hut will, also according to Regulation, be painted on the door.

637. All wards will be sufficiently warmed and lighted, according to the weather and season, as directed by Regulation.

Lighting and warming of hospital wards.

638. The Medical Officer will also see that the vicinity of the hospital is preserved in a good sanitary state, that the surface is properly drained and swept daily, that there are no nuisances, that the water supply is good and abundant, that the water-closets and latrines are in an efficient state, that the drainage is not obstructed, that the ventilation of the wards is at all times efficient, that the hospital is kept in a proper state of repair, that the walls are frequently limewashed, and cleansed by scraping if necessary, that the flooring, staircases, &c., are kept clean, and that the floors of the wards are never washed except by the medical officer's special direction. *or*

Vicinity, &c. of the hospital.

639. The beds in barracks and hospitals will be placed in accordance with the instructions contained in Section 15, paragraph 6, Queen's Regulations and Orders for the Army, 1873.

Distance of beds.

640. The Medical Officer will ascertain whether the number of men in barrack rooms, hospital wards, and guard-rooms is in accordance with the number ~~painted on the door.~~ He will state in his annual report to the Director General what the monthly average cubic space for each man has been.

Number of men the same as painted on the door.

641. He will satisfy himself that every barrack, guard-room, and cell is suitably lighted and provided with sufficient means of ventilation to keep the air in a pure state by night as well as by day; that married soldiers' quarters, schools, reading rooms, kitchens, wash-houses, lavatories, urinals, and latrines, are suitably ventilated and lighted; that the means of ventilation provided for any barrack, guard-room, or cell, or for any school, reading-room, kitchen, washhouse, lavatory, urinal, or latrine, are in efficient operation. He will further satisfy himself

Ventilation and lighting of barrack buildings.

that the apertures intended specially for ventilation are never allowed to be blocked up; that the windows of every barrack room are opened sufficiently to allow of a free ventilation as soon as the men have risen, and that they are kept open to such extent during the day as the weather and season may admit; that the beds and bedding are freely exposed to the air as laid down in the Queen's Regulations and Orders for the Army, 1873,

Means of ventilation to be efficient.

Apertures of ventilation not to be blocked up. Opening of windows. Beds to be exposed to the air.

Section IV. Precautions in Barracks, Quarters, and Hospitals.

PRECAUTIONS IN BARRACKS, &c.—continued.

Barracks to
be lime-
washed.

Inspection of
quarters in
billets.

Sanitary
inspection of
barracks and
hospitals by
Medical
Officer.

section 15, par. 6; that the walls and ceilings of barracks or quarters are limewashed in accordance with existing regulations, and that the walls are scraped at intervals.

642. When the regiment is billeted, the Medical Officer will visit the men's quarters to ascertain that they are in a good sanitary condition, and that the men's apartments are sufficiently warmed and ventilated, and not overcrowded; also that the bedding is clean and dry.

643. In order to fulfil these duties, the Medical Officer in charge will visit all quarters, guard-rooms, cells, married soldiers' quarters, and every other portion of the barracks at least once a week, to examine their general sanitary condition and cleanliness, in accordance with Section 15, paragraph 10, Queen's Regulations and Orders for the Army, 1873. He will keep notes in W.O. Book 39 of all such examinations, stating whether the results were satisfactory, and recording the defects he discovered and the representations he made, verbally or in writing, to his Commanding Officer, together with the result of such representations.

Table IV. Specifications in Barracks, Quarters, and Hospitals.

Inspection of Barracks, Quarters, and Hospitals.

Section 15, par. 5: That the walls and ceilings of barracks and quarters are furnished in accordance with existing regulations, and that the walls are painted at intervals.

442. When the regiment is ordered to the field, the commanding officer will visit the men's quarters to ascertain that they are in a good sanitary condition, and that the men's apartments are clean, warm, and ventilated, and not overcrowded; also that the bedding is healthy.

443. In the inspection of the barracks and quarters, the commanding officer will examine their general sanitary condition, and if any defects are discovered will direct the postmaster to have them repaired and ordered by the local agent. He will also make a list of all such deficiencies, stating whether the defects are temporary, and if so, the date by which they are to be corrected, and if permanent, the date by which they are to be corrected, and if not corrected by the date specified, the commanding officer will report the result of such inspection.

Vide cl: 19. a. c. 1849.

Infectious Diseases.

Section V.

SECTION V.—INFECTIOUS DISEASES.

644. Hair mattresses, bolsters, and pillows will be used in all hospitals, except for cases of cholera or of diarrhoea when the former disease is prevalent. In such cases it is advisable that the barrack bedding should be used. It should therefore accompany the sick to hospital, and when no longer required for use the straw will be burnt, and the bedding, hospital clothing, and such of the clothing worn by the patients at their admission as is not liable to injury thereby, disinfected by dry heat or by such other means as may be practicable. The articles will then be steeped in boiling water, and afterwards washed with soap and water.

Hospital
bedding.

In cholera
cases.

645. Such articles of a soldier's kit as cannot be so treated will be removed to hospital and there fumigated, and exposed to the air and sun for a week, beaten, and brushed. When belonging to patients who have suffered from cholera the articles will not be again taken into use until the epidemic has ceased.

Kit of such
patients to be
fumigated.

646. During the prevalence of cholera, or when an outbreak of that disease is anticipated, Medical Officers will conform to the special instructions on the subject printed in the Appendix No. 14, pages 205 to 211.

Medical
Officers to
conform
to special
instructions
regarding

647. The following Sanitary precautions will invariably be adopted when infectious fevers or other infectious diseases shall have occurred among the occupants of Officers', Non-Commissioned Officers', or married soldiers' quarters, or in barrack rooms. In cases where hospital bedding, clothing, &c., shall have been used by such patients the instructions contained in paragraph 655 will be observed:—

Infectious
diseases.—
Sanitary
precautions.

648. When a case of scarlet fever occurs in quarters:—

Scarlet fever
in quarters.

- (a.) The rooms will be vacated, and the windows kept open for as long a time as practicable to insure thorough ventilation.
- (b.) The furniture, floors, and all the painted woodwork will be scrubbed.
- (c.) The bedding, clothes, carpets, &c., will be thoroughly cleansed and disinfected before further use.
- (d.) The ceilings will be whitewashed.
- (e.) The walls, if papered, will be re-papered, the old paper being first carefully scraped off. If not papered, they will be scraped and finished as before.

649. The Medical Officer who may have attended the case, will represent in writing to the Officer Commanding the

Medical
Officer to
represent

Section V.

Infectious Diseases.

INFECTIOUS DISEASES—continued.

action necessary.

Officers commanding will give instructions.

Royal Engineer Department to carry out.

Restriction of re-papering, &c.

Infectious disease in barracks.

Barrack bedding and clothing of patients.

Hospital bedding, &c.

steps required to be taken under sections *a*, *b*, and *c*, paragraph 648.

650. The Officer Commanding will give the necessary instructions for the performance of the services.

651. The services alluded to in sections *d* and *e*, paragraph 648, will be carried out by the Royal Engineer Department on a certificate in writing from the Principal Medical Officer that a case of scarlet fever has occurred.

652. The re-papering, colouring, and whitewashing will be restricted to the room in which the case of fever shall have occurred.

653. Whenever it is considered advisable, in consequence of the occurrence of infectious disease in barrack or quarters, the room will be vacated, thoroughly cleaned, and limewashed, and left unoccupied, with the windows open as long as practicable; and when, in addition, it is deemed necessary in the first instance to fumigate the room, one of the processes detailed for that purpose will be adopted.

654. Of the barrack bedding used by sufferers from infectious fevers or itch, prior to admission into hospital, the straw will be burnt, and the remainder, together with the clothing belonging to the patients but not actually in use, will, if not liable to injury thereby, be disinfected by dry heat or subjected to the process of boiling when practicable, or be immediately steeped in boiling water, without removal to hospital. The articles will then be handed over to the Commissariat Department for the purpose of being exposed to the air and subsequently washed.

655. Whenever hospital bedding, clothing, &c., have been used by patients affected with fevers of infectious character, they will be treated as follows:—

- (a.) The hair of the mattress, &c., will be opened out, exposed to the air, and beaten, and, when practicable, submitted to a dry heat of not less than 212° F., for at least two hours; the remainder of the bedding, hospital clothing, and such of the clothing worn by patients at their admission as is not liable to injury thereby, will also be disinfected by dry heat or chemicals, steeped in boiling water, exposed to the air, beaten, and afterwards washed with soap and water. Boiling the articles instead of steeping them in boiling water is preferable when it can be done, in which case, or where dry heat has been employed, disinfection by chemicals will not be necessary.
- (b.) Such articles of a soldier's kit as cannot be treated in the manner laid down in the foregoing paragraph will be removed to hospital, and there fumigated and

Infectious Diseases.

Section V.

Infectious Diseases.

... to the air and sun for a week, before and

... the preparation of a ... in any ...

... When ... is ... to be ...

... (...)

... water ...

... The water ...

... (...)

... water ...

... the ...

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Infectious Diseases.

The following will be ...

... All ...

Section V

General Provisions

Article 1

Whereas the Government of the United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 1. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 2. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 3. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 4. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 5. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 6. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 7. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Section 8. The United States of America, in order to promote the commerce and industry of the said States, and to encourage the settlement of the same, has caused to be enacted the following laws, to wit:

Infectious Diseases.

Section V.

INFECTIOUS DISEASES—continued.

exposed to the air and sun for a week, beaten and brushed.

656. After the occurrence of a case of yellow fever in any barrack abroad, the room or quarter in which the case occurred will be vacated, disinfected, and limewashed. The floors will be well scoured and the paint well washed with soap and warm water. Before the room or quarter is re-occupied, the windows will be left open for as long as practicable, to secure thorough ventilation. Yellow fever in barracks or quarters abroad.

657. When fumigation is considered to be necessary, one of the following processes will be adopted:— Fumigation.

With Chlorine Gas.

- | | | | | | |
|----------------------------------|----|----|----|----|--------|
| a. Take common salt | .. | .. | .. | .. | 4 ozs. |
| „ oxide of manganese (in powder) | .. | .. | .. | .. | 1 „ |
| „ sulphuric acid | .. | .. | .. | .. | 1 „ |
| „ water | .. | .. | .. | .. | 2 „ |

658. The water and acid to be mixed together, and then poured over the ingredients in a delf basin, which should be placed in a pipkin of hot sand.

With Nitrous Acid Gas.

- | | | | | | |
|-------------------------|----|----|----|----|-------------------|
| b. Take copper shavings | .. | .. | .. | .. | $\frac{1}{2}$ oz. |
| „ nitric acid | .. | .. | .. | .. | 1 $\frac{1}{2}$ „ |
| „ water | .. | .. | .. | .. | 1 $\frac{1}{2}$ „ |

Pour the acid and water upon the copper in a small jar.

REGULATIONS FOR THE ARMY MEDICAL DEPARTMENT.

Infectious Diseases.

The following will be substituted for paragraphs 658 (c) and 659 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.):—

658 (c.) Burn two ounces of sulphur in a metal vessel.

659. All processes of disinfection and fumigation will be carried out under the supervision of the Medical Officer, and by the subordinates of the Medical Department, wherever the necessary establishment exists. An experienced non-commissioned officer will invariably be present, who will see that every precaution is taken against risk to persons or property. Materials for the above purposes will be obtained from the Commissariat Department. Sulphur will only be burned in a metal vessel, and due precaution taken against fire.

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Infectious Diseases.

Section V.

INFECTIOUS DISEASES—continued.

exposed to the air and sun for a week, beaten and brushed.

656. After the occurrence of a case of yellow fever in any barrack abroad, the room or quarter in which the case occurred will be vacated, disinfected, and limewashed. The floors will be well scoured and the paint well washed with soap and warm water. Before the room or quarter is re-occupied, the windows will be left open for as long as practicable, to secure thorough ventilation.

Yellow fever
in barracks or
quarters
abroad.

657. When fumigation is considered to be necessary, one of the following processes will be adopted:—

Fumigation.

With Chlorine Gas.

- | | | | | | |
|----------------------------------|----|----|----|----|--------|
| a. Take common salt | .. | .. | .. | .. | 4 ozs. |
| „ oxide of manganese (in powder) | .. | .. | .. | .. | 1 „ |
| „ sulphuric acid | .. | .. | .. | .. | 1 „ |
| „ water | .. | .. | .. | .. | 2 „ |

658. The water and acid to be mixed together, and then poured over the ingredients in a delf basin, which should be placed in a pipkin of hot sand.

With Nitrous Acid Gas.

- | | | | | | |
|-------------------------|----|----|----|----|-------------------|
| b. Take copper shavings | .. | .. | .. | .. | $\frac{1}{2}$ oz. |
| „ nitric acid | .. | .. | .. | .. | $1\frac{1}{2}$ „ |
| „ water | .. | .. | .. | .. | $1\frac{1}{2}$ „ |

Pour the acid and water upon the copper in a small jar.

With Sulphurous Acid Gas.

- c. Burn two ounces of sulphur in a pipkin.
- d. All doors and windows and other openings in the room will be closed before commencing fumigation.
- e. The operator will leave the room immediately the process has commenced.
- f. At the expiration of from two to three hours all doors and windows will be thrown open, and free ventilation established.
- g. Barrack rooms will be entirely emptied before being fumigated.

659. All processes of disinfection and fumigation will be carried out by the subordinates of the Medical Department, wherever the necessary establishment exists. Materials for the above purposes will be obtained from the Commissariat Department.

Disinfection
and fumiga-
tion, how to
be carried
out.

Section V.

Infectious Diseases.

INFECTIOUS DISEASES—continued.

ment, and Medical Officers will supervise the use of chemicals when it is necessary to employ them.

Cleaning
rooms prior
to re-occupy-
tion.

660. If any expense in cleaning quarters or rooms be necessary it will be provided for by the Commissariat Department.

Outbreak of
infectious
disease.

661. On the outbreak of any infectious disease the circumstances will be immediately reported to the Principal Medical Officer.

Ambulance
for cases of
infectious
disease.

662. When it is necessary to move a case of infectious disease to Hospital, the Medical Officer in attendance will make immediate application to the Commissariat Department for an ambulance to convey the patient to Hospital, at the same time stating the nature and urgency of the case.

- 736 (a)

Annual Returns on W.O. Form 198 "Nominal Returns of Deaths and Invaliding", will be furnished by Officers Com^d Reg^t, Brigade Depôts, Batteries of Art^y, Troops & Companies of Art^y Engⁿ, and Depot Comp^y at Home Stations, not attached to Bde Depôts, for the period from 1 Jan^y to the 31 Dec^r in each year. These Returns will be furnished to the H^{on} Sec^y of State for War not later than the 31 Jan^y in the case of Reg^t & Corps at Home Stations, and not later than 31 March in the case of Reg^t & Corps at Foreign Stations. (See A.C. Nov. 1879 Clause 262)

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Garrisons, Camps, and Stations.

Section VI.

SECTION VI.—GARRISONS, CAMPS, AND STATIONS.

663. In garrisons, camps, and stations, where a special Sanitary Officer has not been appointed, the Principal Medical Officer will perform the duties of Sanitary Officer.

Duties of
sanitary
officer.

664. He will exercise general supervision over the sanitary condition of all parts of the garrison, camp, or station, and its vicinity, as regards drainage, cleanliness, removal of nuisances, water supply, overcrowding, ventilation, limewashing, lighting of barracks and hospitals, the state of latrines, and all other matters affecting the health of the troops.

Sanitary state
of garrison or
station to
be supervised.

665. He will represent any defects in the same, together with his recommendations thereon, verbally or in writing, to the Officer Commanding the troops. In like manner the Medical Officer in charge of any regiment or detachment will represent and recommend to the Commanding Officer, verbally or in writing, whatever he may consider necessary for protecting the health of the troops, whether as regards the abatement or removal of local causes of disease, or as to any alteration of diet, clothing, drills, or duties. If any verbal representation is not complied with, the Principal Medical Officer or Medical Officer in charge will make a representation in writing on the subject to the Commanding Officer.

Precautions to
be recom-
mended to
commanding
officer.

666. Should any epidemic disease appear in any garrison, camp, or station, the Principal Medical Officer will immediately inquire into its cause, and in communication with the Medical Officers in charge thereof, he will, if necessary, recommend in writing to the Commanding Officer such measures of precaution as may be requisite for mitigating such disease. In the case of regiments or detachments, similar written representations will be made to the Commanding Officer by the Medical Officer in charge.

Measures for
preventing
epidemic
diseases
to be recom-
mended.

667. Whenever there is reason to suppose that the water supply at any Military Station is of such a character as to be likely to affect the health of the troops, the course laid down in clause 85, Army Circulars, 1876, and clauses 12 and 105, Army Circulars, 1877, relating to the examination of samples of water, will be followed.

Chemical
examination
of water.

668. The occurrence of epidemic disease will be reported to the Director General, and periodical reports will be made during its continuance.

Reports of
epidemic
disease.

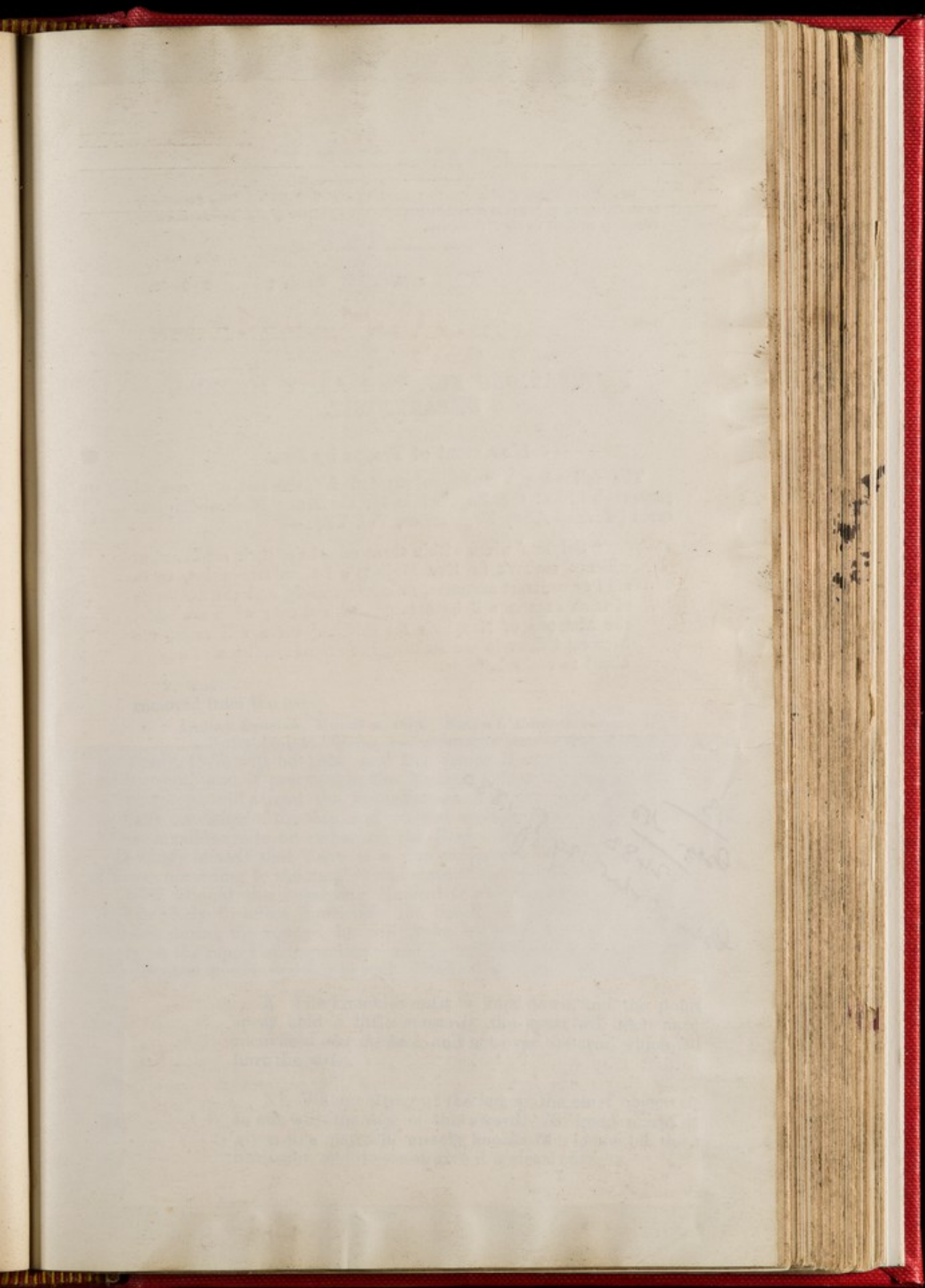
Section VI.

Garrisons, Camps, and Stations.

GARRISONS, &c.—continued.

Copies of
recommendations to be
sent to Principal Medical
Officer and
Director
General.

669. Medical Officers in charge will transmit to the Principal Medical Officer in garrisons, camps, and stations, and also to the Sanitary Officer, when an army is in the field, copies of all written recommendations they may have considered it necessary to make for protecting the health of troops. Except when an Army is in the field, they will immediately send copies of such recommendations, stating the results, to the Director General. Whenever Medical Officers deem it necessary to forward any suggestions of a sanitary nature to the Director General they will invariably furnish a copy to their Commanding Officer.



FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

3565.

PROOF 1.

6-3-81.

*Clause 115
a.e. 1881*

*Guin Reg. from 54 Sec. 17
1883*

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.

Movement of Troops by Sea.

The following will be substituted for the last sentence of paragraph 670 of the Regulations for the Army Medical Department (Revised Army Regulations, Vol. VI.):—

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"Soldiers' wives who are within three months of their confinement will not be allowed to embark, either at home or abroad, in Her Majesty's troopships, or in transports, or in mail or contract steamers, or other vessels, and the husbands of such women will be detained with them. The Matrons of Hospitals for soldiers' wives will, when available, assist the Medical Officer in ascertaining the actual condition of women about to embark."

*13
Gen. No.
2483
Gen. Order 129 of 1880*

Embarkation of Officers' wives and families.

35a. Ladies proceeding in H.M. troopships, or in any vessel conveying troops, will be required to produce a certificate that they (and their children and servants if accompanied by them) are free from infectious disease, and are in all respects medically fit to embark. This certificate is to be handed to the military officer superintending the embarkation, and then (in the case of one of H.M. ships) to the naval Paymaster, before the ladies pass to their berths.

Movement of Troops by Sea.

Section VII.

SECTION VII.—MOVEMENT OF TROOPS BY SEA.

Vide Gen. Order 34 of 1884

670. Every soldier, woman, and child about to embark Preliminary inspection.

G.O. 46.—Medical Inspections.

With a view to ensure the detection of all cases of sickness in corps or detachments about to move from one station to another, and to facilitate the enforcement of para. 212 of the Army Medical Regulations, the attention of General Officers Commanding is particularly invited to the necessity of causing a medical inspection to be made of all troops immediately before they quit their respective stations.

671. When a ship is engaged wholly or partially for the conveyance of troops, the inspections prescribed in Section 17, paragraphs 23 to 28, of the Queen's Regulations and Orders for the Army, 1873, will be held, and the Senior Medical Officer on the spot, and, if practicable, the Medical Officer in charge of the troops, will attend the inspections and report upon the sanitary condition of the ship, and on the arrangements made. When invalids are to be embarked the Senior Medical Officer will satisfy himself that there is a due proportion of Medical Officers according to the number and state of the sick.

672. Should the inspecting Medical Officer discover any defects likely to affect injuriously the health of the troops or the sick during the voyage, he will make his remarks accordingly on the report of inspection; and he will forthwith report the circumstances in writing in such detail as he may consider necessary to the Officer Commanding at the port, transmitting a copy to the Principal Medical Officer on the station, who will forward the same with his remarks to the Director General.

673. The Medical Officer in charge of troops and sick will, during the voyage, keep a constant watch over the ventilation and cleanliness of the ship, the cleanliness of the water-closets, the condition of the bilge, and over all other matters likely to affect injuriously the health of the troops or sick [see Queen's Regulations and Orders for the Army, 1873, section 17, "Duties on board ship"]. Should defects arise in any of these

FOR ARMY CIRCULAR.

In order that this Clause may be inserted in the forthcoming Army Circular, it is absolutely necessary that it be submitted for the signature of the Permanent Under Secretary of State on the 27th instant.

*Clause 118
a.e. 1881*

3565.

PROOF 1.

6-3-81.

*Guin Reg. from 154 Sec. 17
1883*

REGULATIONS FOR THE ARMY MEDICAL
DEPARTMENT.

Movement of Troops by Sea

By command,

*E. H. Miles
at.*

*13
Gen. No.
2483
Gen. Order 129 of 1880*

Embarkation of Officers' wives and families.

35a. Ladies proceeding in H.M. troopships, or in any vessel conveying troops, will be required to produce a certificate that they (and their children and servants if accompanied by them) are free from infectious disease, and are in all respects medically fit to embark. This certificate is to be handed to the military officer superintending the embarkation, and then (in the case of one of H.M. ships) to the naval Paymaster, before the ladies pass to their berths.

Movement of Troops by Sea.

Section VII.

SECTION VII.—MOVEMENT OF TROOPS BY SEA.

Vide Gen. Order 34 of 1884

670. Every soldier, woman, and child about to embark will be carefully examined by a Medical Officer on the day of departure, or, if the military arrangements will not admit of this, on the day previous, with a view to prevent any individuals showing symptoms of contagious disease proceeding on board ship. All soldiers' families under orders to proceed to a foreign station should be under medical observation for some weeks before embarkation. Every woman, and every child above three months old, must be vaccinated before proceeding to embark, unless already bearing satisfactory marks of vaccination. Soldiers' wives near their confinement (within two months) will not be embarked on Her Majesty's Indian troop ships, or in mail or contract steamers, or other vessels, and the husbands of such women will be detained with them.

Preliminary inspection for contagious diseases.

671. When a ship is engaged wholly or partially for the conveyance of troops, the inspections prescribed in Section 17, paragraphs 23 to 28, of the Queen's Regulations and Orders for the Army, 1873, will be held, and the Senior Medical Officer on the spot, and, if practicable, the Medical Officer in charge of the troops, will attend the inspections and report upon the sanitary condition of the ship, and on the arrangements made. When invalids are to be embarked the Senior Medical Officer will satisfy himself that there is a due proportion of Medical Officers according to the number and state of the sick.

Preliminary inspection.

672. Should the inspecting Medical Officer discover any defects likely to affect injuriously the health of the troops or the sick during the voyage, he will make his remarks accordingly on the report of inspection; and he will forthwith report the circumstances in writing in such detail as he may consider necessary to the Officer Commanding at the port, transmitting a copy to the Principal Medical Officer on the station, who will forward the same with his remarks to the Director General.

Medical Officer to recommend precautionary measures.

673. The Medical Officer in charge of troops and sick will, during the voyage, keep a constant watch over the ventilation and cleanliness of the ship, the cleanliness of the water-closets, the condition of the bilge, and over all other matters likely to affect injuriously the health of the troops or sick [see Queen's Regulations and Orders for the Army, 1873, section 17, "Duties on board ship"]. Should defects arise in any of these

Sanitary duties.

Section VII.

Movement of Troops by Sea.

MOVEMENT OF TROOPS BY SEA—continued.

matters, the Medical Officer in charge will immediately represent the same to the Officer Commanding on board, with such recommendations as he may consider necessary for the preservation of health. After troops have been 8 days at sea, or whenever the Medical Officer deems necessary, lime juice and sugar will be issued with the daily ration, according to the scale of victualling which is to be seen on board.

Disembarkation of troops or sick.

674. Medical Officers embarked with troops on board a hired ship deeming it necessary to make any statement animadverting upon the sanitary arrangements, or the supplies on board, will address such report to the Officer Commanding the troops, submitting a duplicate to the Principal Medical Officer at the port of disembarkation. Copies of any adverse remarks embodied in the usual report of sick must also be furnished to the Officer Commanding. The sanitary arrangements on board Her Majesty's troopships rest with the Naval Medical Officer under the Captain, but should the Medical Officer in charge of the troops consider it necessary to make any suggestions on the subject, he will make his report to the Officer Commanding the troops. Whenever scurvy or any infectious disease has made its appearance amongst the soldiers or their families during a voyage, the Medical Officer in charge, on landing, will make a special report of the circumstance to the military and medical authorities at the port of disembarkation.

Veneral disease.

675. Whenever a disembarkation takes place at any colony where there is any law or local ordinance in force for the prevention of veneral disease, the Medical Officer detailed to visit and inspect the vessel will ascertain whether the Medical Officer in charge has inspected the troops with a view to detect and guard against the introduction of these diseases. He will report the results of his inspection of the vessel to the Principal Medical Officer for transmission to the Director General, with the return of sick on board ship, W.O. Form, 294B.

Service in the Field.

Section VIII.

SECTION VIII.—SERVICE IN THE FIELD.

676. Before an Army takes the field the Director General, in addition to the information and advice usually tendered to the War Department on matters connected with the hospital arrangements of the army, will, on the requirement of the Secretary of State for War or the Commander-in-Chief, give his opinion in writing on all matters connected with the country, climate, productions, rations, clothing, shelter, sanitary arrangements and precautions, and on all other matters bearing on the health of the troops.

Duty of
Director
General.

677. The Director General will recommend a competent Medical Officer to be appointed Sanitary Officer, who will be attached to the Quartermaster General's Department of the Army.

Director
General to
appoint
Sanitary
Officer.

678. The Director General will issue to the Principal Medical Officer of every army on active service such a code of instructions for his guidance on all matters connected with the above, as he may see necessary to meet the specialities of each case.

Director
General to
issue sanitary
instructions.

679. The Sanitary Medical Officer will accompany the Quartermaster-General, or such officer as the latter may appoint, in selecting buildings for the use of troops, whether as quarters, hospitals, or stables. He will examine into the sanitary condition of such buildings, as regards cleansing, nuisances, drainage, ventilation, lighting, water supply, limewashing, cubic contents, and into all other matters connected with the buildings likely to affect the health of the troops or of the sick. He will also advise the Quartermaster General, or his deputy, on all such subjects, sending copies of all reports he may have considered it necessary to make to the Principal Medical Officer. He will point out in his reports any defect requiring remedy, and state the number of troops or sick which can be safely accommodated in the buildings.

Sanitary
Officers to
make inspec-
tions of
buildings and
to advise
Quarter-
master
General.

680. The Sanitary Medical Officer will further examine into the sanitary condition of towns or villages about to be occupied, and their neighbourhood; and he will make recommendations for organizing a proper sanitary police, for the preservation of cleanliness and removal of nuisances, as well as for the execution of such measures as he may consider necessary for protecting the health of troops in occupation.

Also of towns
and villages.

681. Before selecting any site for an encampment the Sanitary Medical Officer will accompany the Quartermaster

Inspection of
camp sites.

Section VIII.

Service in the Field.

SERVICE IN THE FIELD—continued.

General, or such other officer as the latter may appoint, on his inspection. The Sanitary Officer will give his opinion, in writing, if necessary, on the salubrity or otherwise of the proposed position, with any recommendations he may have to make, respecting the drainage, the preparation of the ground, the distance of tents or huts from each other, the number of men to be placed in each tent or hut; the state of cleanliness of surrounding ground, ventilation, water supply; the position and regulation of latrines and slaughtering places; cleansing and disposal of refuse; burial of the dead and of the carcasses of animals.

Water supply.

682. He will, in communication with the Officers of the Quartermaster General's or Royal Engineer Department, examine and report on the amount and quality of the water supply, point out the best sources of supply, and also indicate any precautions required in collecting, storing, purifying and distributing water for use.

Drainage and ventilation of tents

683. A trench will be dug round each tent sufficiently deep to remove surface water and to keep the ground under the tent dry. This will be done in damp or wet ground, even if the ground be occupied only for one night.

and huts.

684. Before erecting huts the ground will be cleared and levelled, and a trench dug round the site of the hut sufficiently deep to drain the site.

685. Huts will not be dug out of the ground nor have earth heaped against their sides; they will stand detached and at a sufficient distance from each other, and from any neighbouring higher ground, to allow a free circulation of air around them. In warm climates the floor will be sufficiently raised above the ground to allow of a free circulation of air beneath. The Sanitary Officer will be consulted on these points, also as regards the drainage of sites, and the warming and ventilation of huts and tents.

Sanitary Officer to superintend sanitary arrangements.

686. The Sanitary Medical Officer will superintend the sanitary arrangements of the camp and of occupied towns. He will see that the surface and vicinity of camps and towns are kept clean and free from nuisances; that defects of the surface drainage are remedied; that the dead are properly interred, and the carcasses of animals and offal properly buried or otherwise disposed of; that latrines are properly regulated; and that the water supply is preserved in a state of purity.

To recommend precautions for preventing disease.

687. He will inform himself as to the sanitary condition of hospitals, huts, tents, houses, and other buildings, in occupation, and will recommend, in writing, if necessary, such precautionary measures for the prevention of disease as he may think fit, as regards cleansing, draining, prevention of overcrowding, ventilating, lighting, limewashing, removal of nuisances, improvement in water supply, and all other local matters affecting the health of the troops or the sick.

Section II of the Rules.

Article VII.

Article VII of the Rules.

100. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

101. The President shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

102. The President shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

103. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

104. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

105. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

106. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

107. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

108. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

109. The Secretary shall, with respect to the Quarantine Commission, have authority to employ such persons as may be required for the service of the Commission.

Service in the Field.

Section VIII.

SERVICE IN THE FIELD—continued.

688. The Sanitary Officer will report to the Quartermaster General any defects or negligence in carrying out the duties of the Camp Police.

689. The Principal Medical Officer of every army in the field will give advice, in writing, to the Commander of the Forces, in reference to the composition of rations, clothing, shelter, sanitary arrangements, as authorised by Regulation, and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops.

Principal Medical Officer to give advice to Commander of Forces.

690. The Principal Medical Officer or Sanitary Officer of every army in the field will, with the sanction of the Commander of the Forces, immediately on the opening of a campaign, as well as at such other times as may appear to him to be necessary, issue such instructions regarding sanitary precautions for protecting the health of the troops as he may consider requisite for the guidance of the Medical Officers.

Principal Medical or Sanitary Officer to issue sanitary instructions.

691. The Sanitary Officer will keep up a daily inspection of the camp, and will especially inform himself as to the health of the troops. Immediately on being informed of the presence of disease he will examine into the cause of the same, whether it proceeds from, or is aggravated by, defects in cleansing, drainage, nuisances, overcrowding, defective ventilation, bad or deficient water supply, dampness, marshy ground, or from any other local cause, or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other cause.

Prevention disease.

692. He will report immediately to the Quartermaster General on such causes, and the measures he has to propose for their removal, sending a copy of all such reports to the Principal Medical Officer of the Army. He will also daily report on the progress or decline of the disease, and on the means adopted for the removal of its causes, until it is no longer necessary to do so.

693. When troops are on the line of march the Sanitary Officer, the Principal Medical Officer, or any Medical Officer appointed by him specially for such duty, or the Medical Officer in charge of a regiment, as the case may be, will accompany the Quartermaster General or the Officer acting under his orders, and collect as much information as possible as to the medical topography of the district, with special reference to places which ought to be selected or avoided for camping ground.

Sanitary regulations for troops on march.

694. During epidemic seasons he will also indicate the best means of mitigating or preventing attacks of disease on the march.

695. Troops, before proceeding on the march, will be supplied with some refreshments, especially during epidemic seasons.

Refreshment for troops before a march.

696. The Principal Medical Officer of every army in the field will send to the Director General, at such intervals as the Director General may determine, full information on all subjects

Principal Medical Officer to

Section VIII.

Service in the Field.

SERVICE IN THE FIELD—continued.

report to
Director
General.

Medical
Officers to
report.

Sanitary
Officers to
report.

connected with the hygiene of the army, together with such recommendations for improving this service as may be considered requisite.

697. All Medical Officers in charge of general hospitals, divisions, and brigades in the field will transmit to the Principal Medical Officer of the army, for the guidance of the Sanitary Officer, full information as to the sanitary state of the troops and hospitals, and on all matters affecting the health and physical efficiency of the men, at such intervals as the Principal Medical Officer may appoint.

698. Sanitary Officers attached to an army in the field, or to any general hospital at the base of operations, will draw up a weekly sanitary report on the state of the army, or hospital, to be sent to the Principal Medical Officer of the Army, for the information of the Commander of the Forces. A copy of the report will be transmitted by the Principal Medical Officer immediately to the Director General.

Article VIII.

Service in the Field.

Service of the Force—general.

General
Director
General

connected with the service of the army, together with such recommendations for improving this service as may be considered requisite.

Medical
Officers
General

597. All Medical Officers in charge of general hospitals, divisions and brigades in the field will report to the Principal Medical Officer of the army for the guidance of the Sanitary Officer, full information as to the sanitary state of the troops and hospitals, and on all matters affecting the health and physical efficiency of the men, at such intervals as the Principal Medical Officer may require.

Sanitary
Officers
General

598. Sanitary Officers attached to an army in the field, or to any general hospital at the base of operations, will draw up a weekly sanitary report on the state of the army or hospital, to be sent to the Principal Medical Officer of the army for the inspection of the Commander of the Force. A copy of the report will be transmitted by the Principal Medical Officer immediately to the Director General.

Books, Returns, Correspondence, &c.

Section IX.

SECTION IX.—BOOKS, RETURNS, CORRESPONDENCE, ETC.

699. When any epidemic disease prevails among the civil population of any garrison, station, or camp, or the neighbourhood thereof, a report or memorandum will be forwarded weekly with the weekly returns of sick to the Director General by the Medical Officer in charge.

Reports of epidemic disease in a garrison.

700. When any infectious or unusual disease is prevailing among the troops or their families, either at home or abroad, or where there are any exceptional circumstances which, in the judgment of the Medical Officer in charge, require to be communicated to the Director General, he will forthwith notify the same through the Principal Medical Officer, and continue to furnish a daily report on the progress of the disease and the sanitary state of the troops as long as may be necessary. It will not, however, be requisite under ordinary circumstances to report the occurrence of every case of infectious disease by letter, as the weekly return on W. O. Form 1,033 will suffice for that purpose. This return (W. O. Form 1,033) will be forwarded weekly by the Principal Medical Officer during the prevalence of epidemic disease; when more than one disease prevails epidemically at the same time, separate returns relative to each will be furnished; these will be discontinued after an interval of three weeks from the last admission.

Epidemic diseases among troops.

701. Every Medical Officer or civilian medical practitioner in charge of troops within the United Kingdom, or of a military prison, station hospital, hospital for women and children, or military educational establishment, will furnish a quarterly "Sanitary Report," on W.O. Form 463, made up to the last Friday of each quarter, to the Principal Medical Officer of the district, who will transmit the report forthwith to the Director General with a summary, on the same form, made up in his own office. In the event, however, of there having been any cases of infectious disease, any undue prevalence of disease, or any defects of an insanitary kind, Officers in medical charge will, for the time being, send in the Sanitary Report at the end of the month, as has been the practice heretofore.

Quarterly Sanitary Report home.

702. On the foreign stations such sanitary reports will be furnished to the Principal Medical Officer of the command, and he will forward to the Director General, a general quarterly "Sanitary Report," on W.O. Form 463, which will embrace all the reports of the Medical Officers under his superintendence.

Report abroad.

703. Both at home and abroad the Principal Medical Officer's quarterly "Sanitary Report" will be accompanied by a

Distribution Return.

Section IX.

Books, Returns, Correspondence, &c.

BOOKS, RETURNS, &c.—continued.

Return showing the Distribution of the Troops and of the Sick on W.O. Form 464.

Sanitary note-book.

704. W.O. Book 39 will be used as a note-book, vide paragraph 707.

Meteorological Return.

705. At every station where there are meteorological instruments the Senior Medical Officer (who is responsible for the care and accuracy with which all observations are taken and recorded), will furnish monthly to the Director General a Return of the "Meteorological Observations taken," on W.O. Form 848; and yearly a List of Meteorological Instruments on a lithographed form, which will be supplied by the Director General.

Sanitary Reports.

706. The Principal Medical Officer will refer in his Annual Return of Sick (W.O. Form 298) to the manuscript reports of the Medical Officers who may be specially appointed to take charge of the sanitary arrangements at Stations, and also to those furnished by the Medical Officers in charge of the Station Hospitals. He will be careful to specify whether he concurs in the statements made in such reports, and will comply with the instructions laid down in Part 6, Section IV, of these Regulations. A copy of the remarks on Sanitary Conditions on page 11 of W.O. Form 298, will be furnished to the General Officer Commanding.

Annual Sanitary Report.

707. The Medical Officer specially appointed to take charge of the sanitary arrangements at a Station, will furnish to the Medical Officer in charge of the Station Hospital a manuscript annual report thereon stating such leading sanitary improvements as may have been effected in the course of the year in respect of cubic accommodation in barracks, in the ventilation of barrack-rooms, huts, &c., the increased facilities for ablution; extended means for variety of cooking; alterations in the soldiers' diet; and such improvement as may from time to time take place in the clothing of the troops with reference to the climate of the station and season of the year. Any more effective drainage of camps and barracks that may have been carried out, and also the condition of the drainage in their neighbourhood, should be stated, and wherever gymnasia exist the effect of the training on the health of the troops should also be stated.

708. The Medical Officer in charge of the Station Hospital will also furnish in the manuscript report, special remarks on the size, site, &c., of the hospital, the number, the accommodation, and the general sanitary condition of the hospital buildings, and other details contained in the above paragraph which may refer to hospitals.

Subjects to be included in Report.

709. In the preparation of the foregoing reports the above-mentioned Medical Officers will be guided generally by the outline of subjects laid down in the Appendix No. 15, at pages 212-214.

Register of vaccination and small-pox.

710. W.O. Books 28 and 28A will be used as a register of vaccination and small-pox.

PART G-STATISTICAL REGULA-
TIONS.

1. General provisions.
2. Definitions.
3. Methods of registration.
4. Forms and returns.
5. Duties of registrars.
6. Penalties for non-compliance.
7. Miscellaneous provisions.

CHAPTER I-GENERAL PROVISIONS.

ART. 1. All persons who are subject to the laws of the State of New York, and who are engaged in any business, profession, or occupation, shall be required to register their names and addresses with the proper authorities, and to keep such registration up to date.

ART. 2. The registration shall be made in a book or books to be provided by the State, and shall be kept in a safe place, and shall be produced to the proper authorities on demand.

ART. 3. The registration shall be made in the following manner: The registrant shall fill out a form provided by the State, and shall attach thereto a recent photograph of himself, and shall submit the same to the proper authorities for filing.

ART. 4. The registration shall be renewed annually, and the registrant shall be notified by the proper authorities of the time when it is due to be renewed.

ART. 5. The registration shall be subject to inspection by the proper authorities at any time, and the registrant shall be liable to a fine of not more than \$100 for failure to comply with the provisions of this chapter.

Cl. 208.—Returns of Suicides and Attempted Suicides. *of Sept. 1882*

The following will be added after para. 713 of the Regulations for the Army Medical Department, 1878 (Army Regulations, Vol. VI.):—

713a. Medical Officers will be careful to notice in the manuscript remarks in the Weekly and Annual Returns of Sick (Army Forms A 31, A 32, and A 33), all cases of death by suicide and of injuries, self-inflicted, with suicidal intent, the supposed motive, or presumed motive, being in each case given, as well as the mode of suicide or method by which the injuries were inflicted.

713b. In every instance of attempted suicide, the corps and name of the individual, the completed years of age and service, and the result of the case, whether by "discharge to duty," "invaliding," "discharge from the Service," or "remaining in hospital," will be stated in the returns.

713c. Officers Commanding, when furnishing the "Annual Nominal Return of Deaths and Invaliding," on Army Form B 119, required by para. 730a of the Regulations for the Army Medical Department, will invariably insert the supposed motive as well as the mode of death in cases of suicide.

PART 6.—STATISTICAL REGULATIONS.

-
- I.—General Instructions.
 - II.—Weekly Returns.
 - III.—Monthly Returns.
 - IV.—Annual Returns.
 - V.—Returns for Troops at Sea.
 - VI.—Returns for Troops on Active Service.
 - VII.—Returns for Troops in Camps of Exercise, &c.
-

SECTION I.—GENERAL INSTRUCTIONS.

711. All cases of sickness will be shown in statistical returns, whether the men are treated in dieted or in non-dieted hospitals, or owing to local circumstances, are under treatment in barracks. Care will be taken that sick men received from other hospitals, or from on board ship, and invalids sent from their regiments to the Head-Quarters of the District for further treatment, are not entered in any returns as fresh admissions, but as transfers, in the proper column.

All cases of sickness to be shown.

Transfers.

712. A case which, owing to the obscurity of the symptoms, cannot at the time be entered under any specific disease will be recorded in the Weekly Return, as "not yet diagnosed." It will be specially noticed in the remarks so long as it is thus recorded, when the disease is ascertained, the case will be entered as a fresh admission, its disposal being noticed in the remarks.

Doubtful cases.

713. The diseases will always be designated by the terms used in the English list of the nomenclature of diseases, a copy of which has been issued for the personal use of each Medical Officer. This copy of the nomenclature will accompany the Officer wherever he may be serving, and will not be accounted for in any Transfer Return. At certain of the larger hospitals a copy of the nomenclature has been issued marked "for station use at _____," and bearing a number which must be quoted in all Transfer Returns, when the records of the station are handed over from one Medical Officer to another.

Nomenclature of diseases.



†

added by Clause 208 A.C. 1882

Section II.

Weekly Returns.

SECTION II.—WEEKLY RETURNS.

Mode of rendering.

714. A Weekly Return of Sick, on W.O. Form 294, made up to 12 o'clock (noon) each Friday, will be rendered to the Director General of the Army Medical Department, by the Medical Officer in charge of every hospital, whether it is a general or station hospital, or a non-dieted hospital; where there is only one Medical Officer at a station, this return will be completed in all its details by him. Each return will contain the details for seven complete days irrespective of the date on which the year may close.

Statement of daily strength to be sent, Medical Officers.

715. Arrangements will be made with the Officer Commanding, that a statement of the daily strength of each Corps be sent to the Medical Officer in charge of the station hospital not later than 3 p.m. each Friday afternoon; and this statement will include the strength of all effective troops at outlying stations, whose sick are sent to the hospital for treatment.

Sick of troops detached.

716. Should the sick of troops detached at small outstations, or of detachments at musketry practice, at great gun drill, or of troops employed on any other duty at a station where no military hospital is opened, be received into a station hospital, they will be duly included in its Weekly Return of Sick, care being taken to note the average *Weekly* effective strength of such troops in the return. Decimals or fractions will not be used in the Weekly Returns, but the average strength will be stated in the nearest whole numbers.

Weekly returns to be sent to London.

717. Weekly Returns of Sick will be forwarded direct to London, except only in certain garrisons where local instructions are issued on the subject by the Principal Medical Officer. These Returns will invariably be posted each Saturday afternoon.

Duplicate of weekly returns.

718. The duplicate copy of the Weekly Return of Sick which is forwarded to the Principal Medical Officer of the District, will be marked in red ink with the words "original copy sent to Director, General, Army Medical Department, on _____."

Details to be furnished to Medical Officer in charge of station hospitals.

719. When a Medical Officer is specially appointed to discharge any of the following duties—(a) Medical charge of the Troops; (b) Sanitary duties; (c) Medical attendance on Officers, Women, and Children—he will furnish to the Medical Officer in charge of the station hospital, not later than Saturday morning in each week, all details appertaining to those duties required to

Weekly Return

Section II

Weekly Return

1. The Weekly Return of the Stationary Engineer shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

2. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

- (a) By the Stationary Engineer.
- (b) By the Stationary Engineer.
- (c) By the Stationary Engineer.

3. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

4. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

5. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

6. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

7. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

8. The Stationary Engineer shall submit a Weekly Return of the Stationary Engine, which shall be made up in accordance with the following instructions, and shall be submitted to the Chief Engineer of the Station.

Weekly Returns.

Section II.

WEEKLY RETURNS—continued.

complete the Weekly Return of Sick, together with any necessary remarks in manuscript, both of which will be copied into the Weekly Return of the station hospital.

720. Invalids arriving from stations abroad will not be shown in the Weekly Return of the hospital in which they are treated, but the records of their sickness will be kept distinct from those of troops serving at home, and a separate Weekly Return, headed "Invalids from Abroad," will be furnished for them, and they will be considered as invalids until they are disposed of in one of the following ways:—

- (a.) By discharge from the service ;
- (b.) By death ;
- (c.) By return to duty as effective men.

Men sent on sick furlough will on their return be again included among the foreign invalids at the station until they are disposed of. Invalids on their way home, who may be landed at any Foreign Station for treatment, will be similarly accounted for.

Invalids from abroad.

721. At stations abroad, the Weekly Return of Sick will be sent to the Principal Medical Officer of the Division, or Command. Separate returns will always be furnished for White, and for Black, or Colonial troops.

Men on sick furlough.

Invalids landed at Foreign stations.

Weekly returns of sick abroad.

722. In the remarks appended to the Weekly Return of a Hospital, the Medical Officer will notice the more important diseases, especially infectious fevers, shown on page 1 of W.O. Form 294, and describe their distribution amongst the different corps sending sick to the hospital.

Important diseases to be noticed.

723. Full details of the appearances found at the *post-mortem* examination will be given on page 4 of the Weekly Return in which a death is reported, but if the examination cannot be made in time, the particulars will be given in the Weekly Return for the following week. In such instances, however, immediately on completion of the *post-mortem* examination, a special statement of the results ascertained will be forwarded to the Director General, headed, "*Post-mortem Examination of the body of _____ of the _____ regiment, to complete the Weekly Return of Sick of the _____, for the week ending _____ 18 ____.*"

Post-mortem examination.

724. The statistics of the sickness of any non-commissioned officers, or men of the Militia, Pensioners, Yeomanry, Volunteers, Royal Marines, Seamen of the Royal Navy, Government Labourers, or others, who may be under treatment in a military hospital, will not be included with those of the Regular troops, but will be shown in the special table on page 4 of the Weekly Return. If the non-commissioned Officers or men, exceed fifty in number, a separate Weekly Return on W.O.

Men not of the regular forces.

Section III.

Monthly Returns.

WEEKLY RETURNS—continued.

Form 294 will be rendered, the heading of the return being suitably altered.

Erroneous
designation of
disease.

725. When it is found that the disease of a man admitted into hospital in a preceding week has been wrongly diagnosed, the case will be entered in the proper column of the Weekly Return as "discharged otherwise," and a fresh entry will be made for it in the column for admissions. No second entry for this case, however, will be made in the Admission and Discharge Book of the Hospital, but the first and erroneous designation of the disease will be crossed out, and the correct one inserted above it in red ink. This will prevent two admissions for the same illness appearing in the Annual Return.

Fresh disease
supervening.

726. Should another disease supervene on that for which a man was admitted, the original case will be shown in the column for "discharged otherwise," and a fresh admission for the new disease will be made both in the Return, and in the Admission and Discharge Book of the Hospital. Every such instance will be noticed in the remarks on page 4 of the Weekly Return.

Special
Reports.

727. Medical Officers need not report specially on the state of either troops or barracks unless unusual sickness, that is in amount, or importance from its special nature, occurs in the former, or the sanitary state of the latter is unsatisfactory. Should either of these circumstances occur, the Medical Officer in charge will report it in writing through the Surgeon Major in charge of the station hospital, to the Principal Medical Officer of the District, in order that it may be recorded by the former with his remarks on the next Weekly Return, and by the latter in his Sanitary Report of the District.

SECTION III.—MONTHLY RETURNS.

Monthly
Returns.

728. Principal Medical Officers abroad will furnish to the Director General a Return of Sick on W.O. Form 892, for a period of four or five weeks (as the case may be) ending on the last Friday of the month. The return will be forwarded not later than by the first mail which leaves the Command after the 15th of the month following that to which it refers, except in the Bengal, Madras, and Bombay Commands. It being of importance that the latest information respecting the health of the troops in every Command should be in the possession of the Director General, a special letter, explaining the reasons of the delay, must be sent whenever this return is not forwarded at the proper time.

Annual Returns.

Section IV.

SECTION IV.—ANNUAL RETURNS.

729. Every Medical Officer in charge of a hospital on the 31st of December, will furnish an Annual Return of Sick on W.O. Form 298 A, for the period from 1st January to 31st December. As the permanent records of the sickness of the Army will be contained in these returns, the responsible Medical Officers should endeavour to make them as accurate as possible in every particular. The fact of an admission for illness having been recorded under a certain disease in a Weekly Return, should not prevent a necessary correction being made in the Annual Return, wherever the Medical Officer has reason to believe that the first recorded diagnosis was incorrect.

Annual Returns.

730. No admission will appear in an Annual Return of Sick as "Not yet diagnosed," as sufficient time will always have elapsed between the date of admission of a case of illness of an obscure nature, and the completion of the Annual Return, to ascertain the disease with exactness, or to class the case as one of "No appreciable disease," should observation justify the use of this term.

Cases to be classified.

731. The average number of daily sick will be obtained by adding up the number of days each man was under treatment, and dividing the total by 365, or 366 for leap-year; the number of days during the current year on which every patient was under treatment will of course be included.

Average daily sick, how calculated.

732. The Medical Officer in charge of any hospital which may be closed in consequence of the removal of the troops from the station, will transmit, through the Principal Medical Officer of the District to the Director General a return, on W.O. Form 298 A, showing the sickness and mortality from 1st January to the date on which the hospital was closed.

Return to be furnished when hospital is closed.

733. In the Annual Return from pages 1 to 9, the statistics of all the sick of the Regular troops only who have been under treatment during the year will be included. Under the head of "Invalids" only such men will be included as are sent for invaliding from the troops serving at the station. Any men not belonging to the Regular Forces, admitted to hospital will be shown in the separate Return, No. 13, on page 10.

Mode of compiling annual return.

734. The Annual Return will be forwarded to the Principal Medical Officer of the District at home, or of a Command abroad, not later than the 31st of January of the succeeding year.

Date of forwarding annual return.

Section IV.

Annual Returns.

MONTHLY RETURNS—continued.

735. The statistics relating to the sickness of invalids, not belonging to the District or Command, or those of sick men casually left in a Command, will not be included in the Annual Return, pages 1 to 9, but will be shown in the Special Return, No. 14, on page 10.

Special
cases.

736. Medical Officers will severally prepare the portions of the annual manuscript report which refer to their particular duties, and furnish the same to the Medical Officer in charge of the hospital, who will attach them to his annual report on prevailing diseases. Any Medical Officer quitting his station after 31st December, will, before he leaves the station, hand over the report on the special duties entrusted to him.

Manuscript
reports.

Of Recruits.

737. Where there is only one Medical Officer at a station, he will furnish the Annual Return of Recruits, W.O. Form 1038; but when a Medical Officer is specially appointed to recruiting duty he will prepare the Annual Return of Recruits, and send it to the Medical Officer in charge of the hospital, for transmission with his Annual Return of Sick.

Annual
Return of
Principal
Medical
Officers.

738. Principal Medical Officers will compile, on W.O. Form 298, from the Annual Returns of the Hospitals (which will be forwarded to the Director General with the General Return), the more important details into an Annual Return of the Troops in the District, or Foreign Command, and add thereto a manuscript report on the prevailing diseases (taking as a guide the last published Army Medical Department Volume), in which they will elucidate the matters affecting the health of the troops, by suitable remarks. A copy of the Remarks on Sanitary Conditions on page 11 of W.O. Form 298, Annual Return of Sick, will be furnished to the General Officer Commanding.

Invalids at
home.

739. The Principal Medical Officer of a District at home, will furnish annually three separate Returns of Invalids on W.O. Form 1067, for the period from 1st January to 31st December, including (a) all non-commissioned officers and men invalided from regiments, &c., serving at home; (b) all men invalided from the depôts of regiments, &c., which are serving abroad; and (c) invalids who returned from Commands abroad, and were discharged the service during the year, not having served at the depôts as effective men after their return. Non-commissioned officers and men, sent home from abroad as invalids, will be so considered until disposed of (a), by return to duty as effective men (b), by discharge from the service, or (c) by death. Invalids from abroad, sent on sick furlough, will on their return be still considered as foreign invalids, until finally disposed of in one or other of the methods stated above.

Returns for Troops at Sea.

Section V.

SECTION V.—RETURNS FOR TROOPS AT SEA.

740. Medical Officers in charge of troops at sea, on the completion of the voyage, will furnish a Return on W.O. Form 294B, for the period from the day of embarkation to that preceding disembarkation. If troops are disembarked at more than one place on the same voyage, the dates, and other particulars, will be specified in the columns for that purpose on page 3 of the form. A separate Return will be furnished for invalids, when embarked in the same ship with effective troops, or time-expired men.

Statistical
Returns for
troops at sea

741. Medical Officers in charge of troops on board ship, whether time-expired men, or invalids, will be careful to return as admissions, all cases of sickness occurring amongst the non-commissioned officers and men which, if treated on shore, would be entered in the Admission and Discharge Book, and in the Weekly Return of Sick, &c. The sickness of all men attending hospital for more than one day, will thus always be shown in the Returns.

Cases to be
returned as
admissions.

742. Medical Officers who may have charge of troops embarked on board Her Majesty's ships when they are not accompanied by an Officer of the Army Medical Department (under the instructions in General Order 66 of 1877), will, on arrival at the port of destination, forward to the Principal Medical Officer of the command, the usual Return on W.O. Form 294B, which will be issued, for that purpose, at the port at which the troops embark.

Troops on
board H.M.
Ships.

Section VI.

Returns for Troops on Active Service.

SECTION VI.—RETURNS FOR TROOPS ON ACTIVE SERVICE.

Statistical
Returns for
troops on
Active
Service.

743. Each Medical Officer in charge of a hospital, whatever may be its designation, will furnish a Weekly Return, on W.O. Form 294A, to the Principal Medical Officer, to commence on the day the troops take the field, and continue to furnish it until the operations are terminated, or until the force is broken up. A copy of this Return will invariably be sent, by the Medical Officer, direct to the Director General of the Army Medical Department, through the most expeditious channel.

Daily state of
sick.

744. The Principal Medical Officer of the force, will prepare a daily state of sick on W.O. Form 6, and transmit the same regularly to the Military Authorities.

Monthly
return.

745. From the date of taking the field, to the end of the operations, the Principal Medical Officer will furnish to the Director General, a Monthly Return on W. O. Form 892, for the whole force.

Return to be
furnished
after an
action.

746. The Medical Officer attached to a corps or detachment, will forward to the Principal Medical Officer, as soon as possible after an action, a nominal return of Officers, Non-commissioned officers and Men, who have received wounds, or injuries in battle. In this return the kind of wound received, and its degree of severity, will be described as tersely and as accurately as possible.

Classified
return of
wounds and
injuries
received in
action.

747. A classified return of wounds and injuries of every kind received in action, for which men have been admitted into hospital, will be made up on W.O. Form 151A, and will be transmitted every week by the Medical Officer in charge of each hospital, to the Principal Medical Officer. Separate forms will be used for Officers, and for Non-commissioned officers and Men.

Army in the
field.

748. The Principal Medical Officer of an army in the field, will furnish to the Director General a special Return, exhibiting the sickness, casualties in action, invaliding, and other loss accruing to the force during its employment, from the commencement, to the termination of the field service. In this Return he will embody the statistics furnished to him on W.O. Form 151A; and in the tables on page 2 of the Weekly Return, W.O. Form 294A.

Casualty
return.

749. The Principal Medical Officer of an army in the field, on the termination of the service, will furnish a general casualty return on W.O. Form 298.

Returns for Troops in Camps of Exercise, &c.

Section VII.

SECTION VII.—RETURNS FOR TROOPS IN CAMPS OF
EXERCISE, &c.

1. When a body of troops is brought together for an extended period, the command, in addition to the returns for the troops, will require in time of peace, a very Medical Officer in addition to the staff of each troop, at which time they may be sent to the hospital, will include also, and in the usual Weekly Return of the command, he will be required to send to the Principal Medical Officer of the Camp a Weekly Return showing the state of each troop only, on With Form 102a. The form of the form will be found in the Journal of the Medical Department, and which they will have to send.

2. At the conclusion of each of the above mentioned periods, the Principal Medical Officer of the command, in addition to the Weekly Return, will send to the Principal Medical Officer of the Camp a Weekly Return showing the state of each troop only, on With Form 102a. The form of the form will be found in the Journal of the Medical Department, and which they will have to send.

Returns for Troops in Camps of Exercise, &c.

Section VII.

SECTION VII.—RETURNS FOR TROOPS IN CAMPS OF
EXERCISE, ETC.

750. When a body of troops is brought together as a separate command, in a Camp of Exercise, for Autumn Manœuvres, or other service in time of peace, every Medical Officer in charge of the sick of such troops, at whatever station they may be under treatment, will include the same in his usual Weekly Returns of Sick, but he will in addition furnish to the Principal Medical Officer of the force, a Weekly Return showing the sick of such troops only, on W.O. Form 294A. The sick of the force will be included in the Annual Return of the Hospitals in which they may have been treated.

Statistical
Returns for
troops in
Camps of
Exercise, &c.

751. At the conclusion of any of the above-mentioned services, the Principal Medical Officer will furnish to the Director General, Special Returns similar to those specified in paragraphs 748 and 749 for an army in the field.

Special
returns on
conclusion of
camps of
exercise, &c.

PART 7.—GENERAL REGULATIONS.

- I. Correspondence.
- II. Sick Leave and Leave of Absence of Medical Officers, and Reports of arrival and departure.
- III. Medical Certificates, and Medical Boards.
- IV. Supply of Stationery, W.O. Forms, and Books.
- V. Disposal of useless Books and Records.

SECTION I.—CORRESPONDENCE.

Official
letters.

752. Official letters will contain full information of all particulars upon the subject to which they relate. Each letter will refer to one subject only, and will be written, when practicable, on foolscap paper, a half to quarter margin being left on the inner side of each page. The paragraphs will be numbered, and the enclosures (if any) described in the margin or on a separate schedule, half a sheet of paper only being used when the letter or other document does not extend over the first page.

Signatures to
letters, &c.

753. Signatures to all letters, accounts, and documents, will be written in a clear, legible character, and the official designation of the person signing will be stated; the station and date will also be invariably given.

Principal
Medical
Officer's
responsibility.

754. Principal Medical Officers will be responsible for the correctness of what is set forth in documents submitted by them. It is their duty to endeavour to adjust all matters that come within the scope of their authority; and in transmitting correspondence to the Director General of the Army Medical Department they will follow the instructions contained in paragraph 39 of these Regulations.

Letters to
Director
General, how
to be
addressed and
transmitted.

755. Letters and applications from Medical Officers intended for the Director General will be transmitted to him through their immediate superiors.

756. All letters and documents intended for the Director General will be addressed on the envelope to The Under Secretary of State for War, War Office, Pall Mall, London, S.W., with the words "Army Medical Department" on the left hand corner.

Numbers and
dates to be
quoted.

757. In all replies to communications received, the number as well as the date and purport of the letter answered, will be quoted.

Correspondence.

Section I.

Correspondence—continued.

758. Access to official records will only be permitted to those persons who are entrusted with the duties of the hospital or other institution in which they are engaged, and those records will be made available to them only as far as is necessary for the performance of their duties. This permission shall not be extended to persons who are not employed in the hospital or other institution, or to persons who are not employed in the service of the Medical Officer in charge.

759. An application for the employment of a person in the service of the Medical Officer in charge shall be made to the Medical Officer in charge, and shall be accompanied by a certificate from the Medical Officer in charge of the hospital or other institution in which the person is employed, stating that the person is fit for the service, and that he is not suffering from any disease or defect which would render him unfit for the service. The Medical Officer in charge shall also state whether the person is a member of the medical profession, and if so, in what capacity.

760. Medical Officers will not be permitted to receive any remuneration for services rendered in the hospital or other institution, except such remuneration as may be authorized by the Medical Officer in charge. The Medical Officer in charge shall also be responsible for the payment of the salaries of the Medical Officers, and for the payment of the expenses of the hospital or other institution. The Medical Officer in charge shall also be responsible for the payment of the expenses of the Medical Officers, and for the payment of the expenses of the hospital or other institution.

PART 7. GENERAL REGULATIONS.

clause 759 is erroneously introduced into these Regulations, copies of correspondence alluded to not being required at A.M.B. See Cir. letter of 19/12/77 4800/7/365.

SECTION I. CORRESPONDENCE.

751. All letters will contain full information of all persons to whom they are addressed. Each letter will refer to the subject only, and will be written upon one side of the paper, a half an inch margin being left on the inner side of each page. The paragraphs will be numbered in the order in which they are dealt with in the letter, or on a separate sheet, half a sheet of paper only being used when the letter or other document does not extend over the next page.

752. All letters, notices, and documents will be written in a clear, legible hand, and the official designation of the person, together with the station and grade, will also be invariably given.

753. Principal Medical Officers will be responsible for the correctness of all letters, notices, and documents submitted by them. It is their duty to ensure that all matters that come within the scope of their authority, and in transmitting correspondence to the Director General of the Army Medical Department, they will follow the instructions contained in paragraph 37 of these Regulations.

754. Letters and applications from Medical Officers are to be sent by the Director General will be transmitted to the Director General through the appropriate channels.

755. All letters and documents intended for the Director General will be addressed on the envelope to The Director General of the Army Medical Department, War Office, Pall Mall, London, W.1, with the words "Army Medical Department" on the left-hand side.

756. In all replies to communications received, the station as well as the date and subject of the letter received will be stated.

Correspondence.

Section I.

CORRESPONDENCE—continued.

758. Access to official records will only be permitted to those who are intrusted with the duties of the hospital or office to which they belong; and these records will not be made public or communicated to individuals unconnected with the office or hospital without the knowledge or sanction of the Medical Officer in charge.

Access to
official
records.

759. All applications for the employment of Regimental Orderlies, all sanitary suggestions or recommendations involving outlay, and all communications involving questions of finance, will invariably be addressed to the local military authorities. Copies of such correspondence will be forwarded for the information of the Director General.

Regimental
orderlies,
sanitary sug-
gestions, &c.,
and expense
connected
therewith.

760. Medical Officers will see that a list of all letters, telegrams, &c., which may have been necessarily dispatched by them on the public service is carefully kept in their office or in the hospital, and will from time to time verify its correctness. The amount disbursed under this head will be recovered at the end of each quarter from the District Paymaster, on a certificate W.O. Form 904, signed by the person who made the payment and vouched for as correct by the Medical Officer.

Lists of
letters to be
kept.

Section II.

Sick Leave, Leave of Absence, etc.

SECTION II. — SICK LEAVE, LEAVE OF ABSENCE, AND
REPORTS OF ARRIVAL FROM OR DEPARTURE FOR,
FOREIGN SERVICE.

Medical
Officers on
sick leave or
half-pay to
report.

761. Medical Officers on sick leave, or who have been placed on temporary half-pay on the recommendation of a Medical Board, will report their state of health, in writing, to the Director General, Army Medical Department, fourteen days before the expiration of their leave, or the period for which they may have been granted half-pay.

Applications
for leave.

762. In all applications for leave of absence, Medical Officers will be guided by the instructions laid down in section 13, of the Queen's Regulations and Orders for the Army, 1873.

Reports of
arrival from
or departure
for foreign
stations.

763. Medical Officers proceeding to, or returning from Foreign Stations, will report their departure or arrival, as the case may be, in accordance with instructions in section 17, paragraph 59, and section 13, paragraph 24, of the Queen's Regulations and Orders for the Army, 1873.

Medical Certificates and Medical Boards.

Section III.

SECTION III.—MEDICAL CERTIFICATES AND MEDICAL
BOARDS.

764. It shall be the duty of the Medical Officer to examine and certify the fitness of all persons to whom he is called upon to give a certificate, and to report to the Commanding Officer the result of his examination.

765. The Medical Officer shall be a qualified medical practitioner, and shall be appointed by the Commanding Officer.

766. The Medical Officer shall be a member of the Medical Staff of the Army.

767. The Medical Officer shall be a member of the Medical Staff of the Army.

768. The Medical Officer shall be a member of the Medical Staff of the Army.

769. The Medical Officer shall be a member of the Medical Staff of the Army.

770. The Medical Officer shall be a member of the Medical Staff of the Army.

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778. The Medical Officer shall be a member of the Medical Staff of the Army.

PART II.

Section II.

Sick Leave, Leave of Absence, etc.

SECTION II. — SICK LEAVE, LEAVE OF ABSENCE, AND
REMARKS ON ARRIVAL FROM OR DEPARTURE FOR
FOREIGN SERVICE.

Medical Boards.

Copies of the proceedings of Medical Boards on sick or wounded Officers will not in future be given to such Officers, and paragraph 766 of the Regulations for the Army Medical Department (Army Regulations, Vol. VI.) will accordingly be amended as follows:—

Cl. 14.

A. C. 13

1883

Amended

766. The proceedings of Medical Boards on sick or wounded Officers, who are recommended to leave the Command, will be made in duplicate and forwarded to the Principal Medical Officer, who will transmit one copy to the Officer ordering the Board, and the other copy (with a detailed statement of the Officer's case from the Medical Officer under whose care he has been treated) he will forward to the Army Medical Department, addressed under cover, to the Under Secretary of State for War.

Medical Certificates and Medical Boards.

Section III.

SECTION III.—MEDICAL CERTIFICATES AND MEDICAL BOARDS.

764. In granting Medical certificates to Officers desirous to retire from the Service, to exchange to another corps, or to obtain sick leave, Medical Officers will be guided by the instructions contained in sections 3 and 4 of the Queen's Regulations and Orders for the Army, 1873.

Medical certificates.

765. Medical Boards will as a rule consist of three Medical Officers, but in cases of emergency, two will be considered sufficient. The Senior Medical Officer present will be the President.

Medical Boards.

766. The proceedings of Medical Boards on sick or wounded Officers, who are recommended to leave the Command, will be made in triplicate and forwarded to the Principal Medical Officer, who will transmit one copy to the Officer ordering the Board, a second, he will give to the sick Officer, with instructions to present it to the Medical Board in London, and the third (with a detailed statement of the Officer's case from the Medical Officer under whose care he has been treated), he will forward to the Army Medical Department, addressed under cover, to the Under-Secretary of State for War.

Proceedings of Medical Boards.

767. Proceedings of Medical Boards on Officers who may be recommended for leave with the Command where they are serving, are not required to be forwarded to this country. One copy only will be furnished, which will be forwarded through the Principal Medical Officer to the Officer ordering the Board.

768. The Principal Medical Officer will keep a Register of all Medical Boards held within the Command, on sick Officers or invalid soldiers, in which he will enter the Rank, Name, and Corps of the Officer or soldier, and the Regimental Number of the latter, the date on which the Board assembled, the nature of the disability and the opinion of the Board, together with any other remarks he may think fit.

Register of Medical Boards.

769. Medical Boards in forming their opinion on the claims of Officers for compensation for wounds received in action, will be guided by the rules laid down in Part II, Sec. VI, of the Royal Warrant of the 1st May 1878. (Revised Army Regulations, Vol. I.)

Opinion of Medical Boards for compensation for wounds.

770. Medical Officers in giving certificates to sick Officers, and Medical Boards in their proceedings will, invariably state whether in their opinion the disability was caused "in and by the service."

Answer by C. H. H. 1883

payment in his next Pay List, under the head of "Her Majesty's Stationery Office, sale of Military Publications."

B.—MAPS.

7. Maps published by the Ordnance Survey Department or by the War Office, will be supplied, as soon as they can be obtained, under similar conditions to those specified above for books, and paid for in a similar manner; but the application for them must be sent to the Deputy Quarter-Master-General, Intelligence Branch, War Office, and the

ary.wellcome.ac.uk

Section IV.

Stationery, Printed Forms, and Books.

SECTION IV.—STATIONERY, PRINTED FORMS, AND BOOKS.

Stationery
and W.O.
Forms.

771. Principal Medical Officers will obtain supplies of stationery and forms by requisition made out on W.O. Forms 165 and 832. These requisitions will be made annually in accordance with the instructions published from time to time in the Army Circulars.

SECTION V.—DISPOSAL OF USELESS BOOKS.

Disposal of
useless
records.

772. When books, documents, records, and printed forms have unduly accumulated, and it is considered that their further retention is undesirable, either in the interests of the public or in a professional point of view, steps should be taken for their disposal in accordance with the instruction laid down from time to time in the Army Circulars.

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Section IV.

Stationery, Printed Forms, and Books.

SECTION IV.—STATIONERY, PRINTED FORMS, AND BOOKS.

Stationery
and
Forms.

771. Principal Medical Officers will obtain supplies of stationery and forms by requisition made out on W.D. Form 100 and 101. These requisitions will be made monthly or at intervals with the material required from time to time to the Army Clerk.

SECTION V.—DISPOSAL OF USELESS BOOKS.

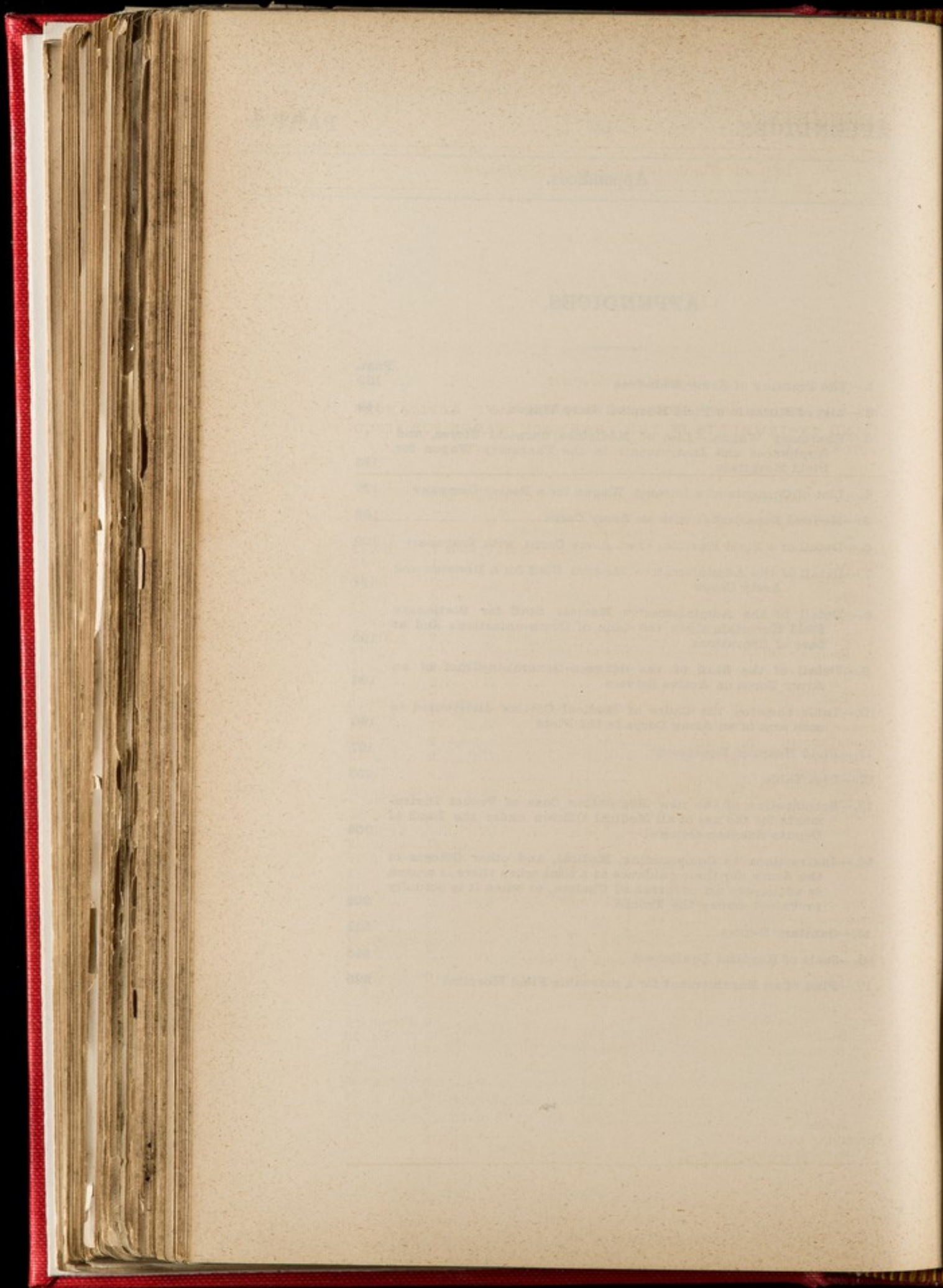
Books
and
Forms.

772. When books, documents, records, and printed forms have become obsolete and it is ascertained that their retention is unnecessary, they will be sent to the Army Clerk for disposal. A list of books, documents, records, and printed forms to be disposed of will be sent to the Army Clerk for his disposal.

Appendices.

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The Training of Army Engineers

APPENDIX No. 1

THE TRAINING OF ARMY ENGINEERS

General Principles

1. It should be understood that the training of Army Engineers is a continuous process, and that the principles of training should be applied to all phases of the engineer's education.

2. The training of Army Engineers should be based on the principles of the scientific method, and should be so organized as to enable the student to acquire the knowledge and skill necessary for the performance of his duties.

3. The training of Army Engineers should be so organized as to enable the student to acquire the knowledge and skill necessary for the performance of his duties, and to be able to apply this knowledge and skill to the solution of practical problems.

4. The training of Army Engineers should be so organized as to enable the student to acquire the knowledge and skill necessary for the performance of his duties, and to be able to apply this knowledge and skill to the solution of practical problems.

5. The training of Army Engineers should be so organized as to enable the student to acquire the knowledge and skill necessary for the performance of his duties, and to be able to apply this knowledge and skill to the solution of practical problems.

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7. The training of Army Engineers should be so organized as to enable the student to acquire the knowledge and skill necessary for the performance of his duties, and to be able to apply this knowledge and skill to the solution of practical problems.

Principles of Instruction

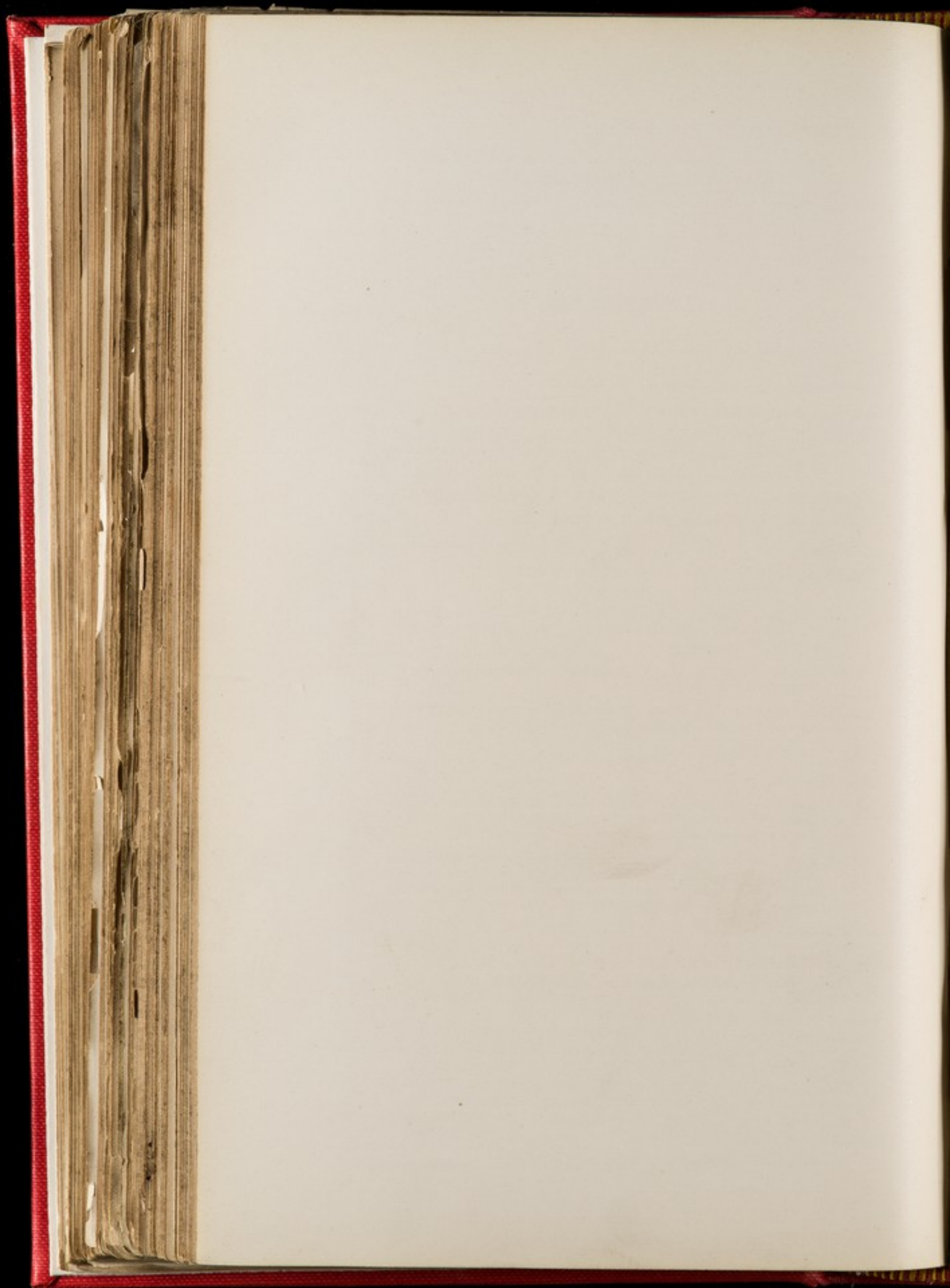
1. A single and general idea of the subject should be presented.

2. A single and general idea of the subject should be presented.

3. A single and general idea of the subject should be presented.

4. A single and general idea of the subject should be presented.

5. A single and general idea of the subject should be presented.



The Training of Army Midwives.

APPENDIX No. 1.

THE TRAINING OF ARMY MIDWIVES.

General Regulations.

1. If possible such women only as are without family should be selected for instruction as Army Midwives, and a preference should be given to such as possess a fair elementary education.

2. Practical instruction at the patient's bedside, under the personal superintendence of the Medical Officer, should be conveyed as frequently as practicable to the women attending the class, to illustrate the principles and directions laid down in the lectures.

3. A certificate of proficiency should be given to each woman who has regularly attended a full course of lectures, and has shown by her replies at a final examination that she is quite conversant with the subjects taught. But no woman must be admitted to such final examination until she has attended at least 20 cases of labour to the satisfaction of the Medical Officer.

4. At convenient hours, and not oftener than three times a week, the Medical Officer will hold a class for the instruction of the women in the form of lecture and oral examination, illustrated—when practicable—by models and diagrams.

5. The length of such theoretical course of instruction should as a general rule be limited to three months, including 36 lectures. Should a woman after this fail to qualify as laid down in paragraph 3, she should be, at the option of the Medical Officer, remitted to a further course of study, or otherwise.

6. An outline of the course of instruction which midwives should undergo is appended.

At some stations it will probably not be found possible to give full instruction in all the details of this outline, but an attempt should be made to approach to it as nearly as possible.

Outline of Instruction by Lectures.

1. A simple and general idea of the human skeleton.

2. A more particular description of the female pelvis, its bones, measurements, axes, natural and deformed states.

3. A simple account of the female sexual organs, and the anatomy and physiology of the vagina, uterus, ovaries, urethra, rectum, &c., with their relation to each other.

4. A simple account of the development of the foetus, its growth, nutrition, membranes, &c., with remarks on the placenta and umbilical cord.

5. Some account of the impregnated uterus; the signs of pregnancy; the duration of utero-gestation; death of the foetus in utero, &c.

6. Abortion and premature labour, the signs of their coming on, means of prevention.

7. Full instructions on the mechanism of labour.

The Training of Army Midwives.

THE TRAINING OF ARMY MIDWIVES—continued.

8. Instructions as to presentations in labour.
To distinguish natural from mal-presentations.
9. Natural labour, its three stages, and their average duration; application of knowledge acquired under former heads; condition of parts at each stage; on undue interference; the delivery; parts that may be injured in delivery; attention to bladder and rectum; management of the cord and placenta; attention to compresses, bandages, bedding, comfort of patient generally.
10. Preternatural labours, distinguishing marks of each variety. Deficient and excessive uterine action; rigidity of the parts, tumours, accumulations in the various viscera; deformities; affections of the foetal membranes, of the foetus itself; plural births, &c.
11. Complex labours; cord presentations; retained placenta; hæmorrhage; convulsions; rupture of different parts, &c.
12. Conditions after birth; syncope; flooding; abnormal uterine contraction; inversion of uterus; the lochia; puerperal conditions, fever, mania, &c.; infection; cleanliness; recumbent posture and its term; proper food; as to stimulants, &c.
13. The child: attention to it; asphyxia; deformities; occlusions; treatment of the cord; first food; popular fallacies; the mother's breast, nipples, milk, &c.

General Principles of Sick Nursing.

It being of great importance that the women under training should have a clear and correct conception of the general principles of sick nursing, a few lectures should be devoted to this purpose. The instructions here appended should be amplified and illustrated by the Medical Officer as occasions offer.

1. *The Sick Room.*—It should be kept scrupulously clean, but excessive sweeping, rubbing, and other movements creating noise and raising dust should be avoided. The least possible amount of furniture and hangings should be retained in the room, as tending to diminish cubic space, impair ventilation, and attract dust, infectious emanations, &c. Means should be taken to secure a free ventilation, and as much sunlight as possible, without actually exposing the patient to draughts or to glaring light directly on the face. Care should be taken to regulate the amount of fire in the room, so that the temperature should remain at about 60°. It is useful to have a thermometer in the room, hung away from the fire and near the patient, to show this. It should also be remembered that gas-burning and other artificial lighting tend to vitiate the air, and heat the room, and they are to be employed only sparingly. In most conditions of weather, in most rooms, it will be possible and proper to open the windows freely from the top for a reasonable time, or times, every day. Patients are not more likely to catch cold when properly covered up in bed, than when moving about dressed. A general cheerfulness of arrangement, or even ornamentation when practicable, should not be neglected in a sick room, and the general feeling in the room should be one of order, quietness, and repose. The fumigation and disinfection of a sick room should only be carried out under the direction of the Medical Officer, but the immediate removal of all discharges from the sick, and the thorough purification of the vessels before replacing them should never be neglected. The

The Training of Army Midwives.

THE TRAINING OF ARMY MIDWIVES—continued.

same rules apply to all dishes which have been used for food and drinks. If possible cooking should not be carried on in a sick room, although drinks or other articles may be warmed or kept warm, when it is otherwise necessary to have a fire. Access to a sufficient supply of hot and cold water is very desirable.

2. *The care of the Patient.*—There are very few cases indeed in which it is not possible and indeed imperative to sponge daily with tepid water, at least, the hands and face of the sick person. At longer intervals there is seldom objection, and nearly always much advantage from this refreshing process being extended to the other parts of the body, care being taken not to wet the bedding. In feverish cases or where the patient craves it, the lips may be safely moistened at short intervals with cold water, or very dilute vinegar and water, and a cloth or towel wrung out of the same may be passed over the face or laid on the forehead with refreshing effect. The bed and bedding should be scrupulously clean, and changed as often as necessary, spread evenly, and so as to be neither too hard nor too soft, and to be without crease. The head and shoulders are better somewhat raised by an elastic feather pillow, especially during the day.

Examination should be frequently made as to the warmth of the extremities, the soiling of the bedclothes, the appearances of the skin as to eruption, abrasion, or threatened bed sore. The feelings and cravings of the patient are generally well worthy of attention, and probably of gratification. The movement of a hand or an eye should suffice often as a sign to a watchful attendant to spare the fatigue of speech. The temperature of the patient is often of moment to register, and the small thermometer made for the purpose placed in the armpit or under the tongue becomes soon easy to use, and gives valuable information to the Medical Officer at his next visit. The preparation and administration of different kinds of food and drinks can only be learned practically; but points to be remembered are, simplicity of preparation, attention to the Medical Officer's directions, and to the patient's cravings, care that they are neither too hot nor too cold, not too frequently forced down, not too long delayed, and not neglected at night, and especially towards early morning. The administration of medicines by measurement and otherwise, the application of blisters, plasters, ointments, washes, and the like, the preparation and uses of poultices, injections, fomentations, baths, &c., must all be carefully studied, and the Medical Officer's directions as to them on all points faithfully observed. On no account must the nurse take upon herself to administer stimulants to parturient women or others without instructions, nor interpose with fanciful remedies in any case.

The sick nurse should be *simply* dressed, so that she may move about without noise or disturbance of furniture. She should be cheerful without being talkative, gentle and hopeful in demeanour and never harsh or abrupt even in gesture. She must not introduce frequent visitors or gossips to the sick room, nor should she frequently leave it for any unnecessary purpose. She should have her pencil and bit of paper to jot down directions from the Medical Officer, and minute information as to symptoms, progress, &c., for him. She should study to know when it is absolutely necessary to call in the Medical Officer, and arrange beforehand as to some means of conveniently getting access to him.

Stores in a Field Hospital Store Wagon.

APPENDIX No. 2.

LIST OF STORES IN A FIELD HOSPITAL STORE WAGON.

(General Service Wagon with Fittings.)

Articles.	No., &c.	Where placed.
Axes, felling, 4½-lbs., straight handles, helved	2	Outside wagon
Axes, pick, helved, 6½ lbs... ..	2	" "
Bag, canvas, for flags	1	Compartment B
Basins, iron, enamelled, F.S., 7½ in. ..	5	" D, 1, No. 6.
" " zinc, 11-in., MP	40	" C Box 2, Nos. 7 & 9
Blankets, grey, G.S.	5	" D 1, No. 6
Box, money, for money, medals, &c., field, HP, equipment	1*	" A
Brushes, hand, scrubbing	2	" C, Box 3, No. 1
" shaving, HP	2	" D Box 1 " 6
" washing, laundry	6	" C 1 " 3
" whitewash, 6 oz.	2	" D 1 " 6
Buckets, iron, galvanized, 4 galls... ..	2	" D 1 " 7
Cans, tin, oil, feeding, 1 pint	1	" D 1 " 6
" " soup or water, 3 gallons	2	" D 2
" " oil, with screw top	1	" C Box 2, No. 6
Cases, bolster, barrack	50	" D
" palliase, ditto	50	" B
Castor, pepper, pewter	1	" B
Chisels, ripping	1	" C 2, Tray 4
Choppers, meat, butchers'	1	" D " 4
Cocks, bib, driving, for beer, ¾-inch ..	2	" D " 4
Combs, horn, hair, 8-inch	5	" C, Box 2, Tray 4
" ivory, small tooth, ¾-inch	2	" B " 1 do 3
Corkscrews, iron, folding, HP	2	" B " 1 " 3
Cups, egg, pewter, HP	10	" C " 4, No. 3
" tin, drinking, 1 pint, HP, canteen..	34	" C " 2, Tray 4
" zinc, spitting, HP, F.S.	6	" C " 2 do 2 & 3
Feeders, earthen, HP	3	" D " 1, No. 2.
Filters, Crease's, iron, galvanized, complete	1	" C Box 2, No. 6
Flags, field, HP, white, with red cross, 4 feet square	1	" C " 2 " 1
" triangular, directing	2	" B } In bag
Forks, carving, buck handles	1	" B
" dinner, black handled, large	50	" C, Box 2, Tray 3
" flesh, small	1	" C " 2 " 2
Funnels, tin, half-pint	3	" D " 4
Gowns, blue serge	5	" C Box 4 do 3
Hammers, handled, claw, 20-oz., small ..	1	" D 2
Hooks, bill, handled	1	" B Box 1 " 1
		" D " 4
		Outside wagon

* Two only for each Field Hospital.

Stores in a Field Hospital Store Wagon.

STORES IN A FIELD HOSPITAL STORE WAGON—continued.

Articles.	No., &c.	Where placed.
Kettles, tin, cooking, nests of 8 ..	2	Compartment C, Box 2, Nos. 4 & 5
Knives, butchers', cutting, 10-inch ..	3	" D " 4
" carving, buck handled ..	1	" C Box 2, Tray 3
" dinner, black handled, large ..	50	" C " 2 " 1
" opening meat tins ..	2	" C " 2 " 3
Ladles, iron, tinned, soup ..	1	" D Box 4
Lamps, hand, small, F.H. ..	2	" D " 3
Lanterns, coloured, red, marquee, H.P. ..	1	" D " 3
Lines, clothes, H.P., 80 yards ..	2	Compartment B Box 1, No. 3
Machine, weighing, 14 lbs., with enamelled pan* and weights, field, HP, equipment ..	1	" D 5 " 1
Measures, pewter, wine and spirit, nested, ½ gill to 1 quart ..	1	" C " 4 " 3
Mill, coffee, small, F.H. ..	1	" D " 5
Needles, collar or packing, sizes (1 to 6) ..	6	" B Box 1, No. 3
" sewing, assorted, women's ..	50	" B " 1 " 3
Pans, iron, frying, round, 12-in., with shifting handles ..	2	" C " 2, Nos. 4 & 5
Pans, bed, zinc, HP ..	4	" D 1, No. 1
Plates, tin, dinner ..	50	" C Box 2 " 8
Poles, { lanterns and square flags, 16 feet ..	1	Outside wagon.
wood, for { triangular flags, 7 feet ..	2	" " " 2, No. 1
Pots, zinc, chamber, HP and MP ..	6	Compartment D, 2, No. 1
Rags, linen ..	15	" B.
Razors ..	2	" B, Box 1, No. 3
Razor strop ..	1	" B " 1 " 3
Salt cellars, wooden ..	3	" C " 2, Tray 4
Saw, cross cut, 5 ft., complete, with case ..	1	Outside wagon.
" hand, 26-inch, with case ..	1	" " " 4
" tenon, iron backed, 14-inch ..	1	Compartment D, 4
Scales, weighing, with weights, pillar, for groceries, 7 lbs. ..	1	" D 5 " 1
Scissors, hair cutting, 7-inch ..	2	Compartment B Box 1, No. 3
Scoops, half-pint ..	2	" C " 4, Nos. 2 & 3
Shapes, or dishes, pudding, 1 pint ..	6	" C " 2, No. 6
Sheets, barrack, linen ..	120	60-in., Compartment A
" ground, waterproof ..	25	" B
Shirts { cotton ..	12	12-in. " A
flannel ..	12	13 " B
Skewers, with chains, sets of 3 ..	3	Compartment B, Box 1, No. 2
Slippers, brown leather ..	12	" B " 1, " 4
Socks, woollen ..	25	" D 4
Spades, helved, common ..	2	" B Box 1, No. 2
Sponges, bath, 2 oz. ..	2	" B " 1 " 3
Spoons, German silver, table ..	50	Outside wagon
Steels, butchers' ..	1	Compartment D, 1, No. 6
Stools, camp, folding ..	2	" C Box 2 Tray 5
" close, iron, HP canteen, complete ..	3	" D 4
Stretchers, ambulance wagon, new pattern with slings, complete ..	2	" A
Tables, camp, folding ..	1	" D, 1, Nos. 1, 4, 8
		" A, B, C over all
		" A

* The pan packs in box 2—6

Stores in a Field Hospital Store Wagon.

STORES IN A FIELD HOSPITAL STORE WAGON—continued.

Articles.	No., &c.	Where placed.
Thread, packing, middling, 1 lb. balls ..	6	Compartment B, Box 1, Nos. 2 & 3
„ whited brown lb.	1	„ B „ 1, No. 3
„ woisted, grey	1	„ B „ 1 „ 3
Towels, hand, HP	55	„ B „ 1 „ 2
Trowsers, serge, blue lined .. pairs	10	„ B „ 1 „ 1
Urinals, pewter	4	„ D „ 1 „ 5
Waistcoats, blue serge	10	„ B Box 1 „ 4
Warmers, pewter, stomach	2	„ D „ 1 „ 6

Medical Comforts and Supplies.

Arrowroot lbs.	50	Compartment C, Box 5, No. 1
Brandy bottles	30	„ C „ 4 „ 1
Essence of beef, Liebig's, .. lbs.	72	„ C „ 5 „ 3
Mustard, in 4 oz. jars	5	„ C „ 5 „ 4
Oil, colza,* galls.	3	„ D „ 3
Pepper lbs.	5	„ C „ 5 „ 5
Rice	50	„ C „ 5 „ 2
Salt	16	„ C „ 5 „ 6
Soap	30	„ D „ 2
Sugar	56	„ C „ 4, No. 2
Tea, compressed	20	„ C „ 4 „ 4
Wax matches No.	1,000	„ D „ 2
Wick for lamps, $\frac{3}{8}$ in. flat* .. yds.	2	„ D „ 2
„ „ „ round*	2	„ D „ 2

List of Tins in Field Hospital Store Wagon.

Can, tin, oil, with screw top	1
Canisters, tin { Pepper or Mustard	2
„ { Tea	1
„ { Arrowroot or rice	2
Cases, tin .. { Sugar	1
„ { Lined with wood, for salt	1
Tins .. { Lamp, cotton	1
„ { Soap	1

* Oil and wick are drawn from the Commissariat.

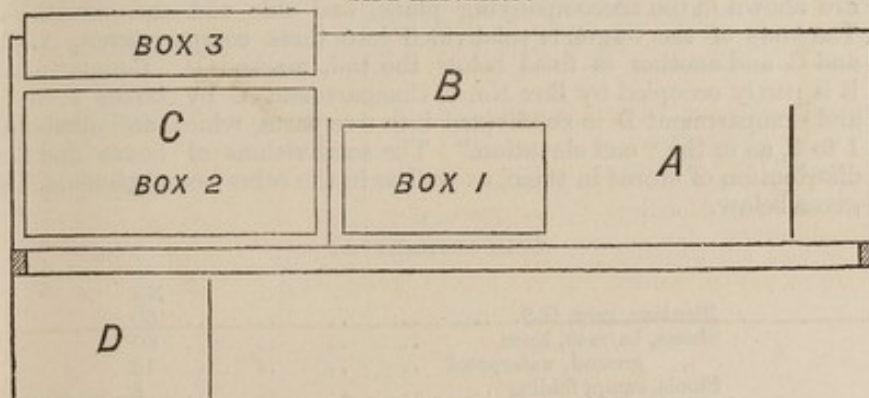
The requirements for 25 hospitals are:—

Oil, colza, galls. ..	300
Wick, flat, $\frac{3}{8}$ ” yards ..	200
„ round, ozs, ..	200

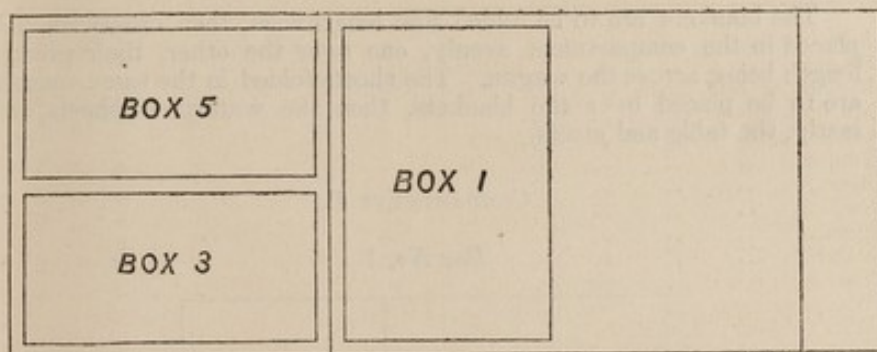
Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON.

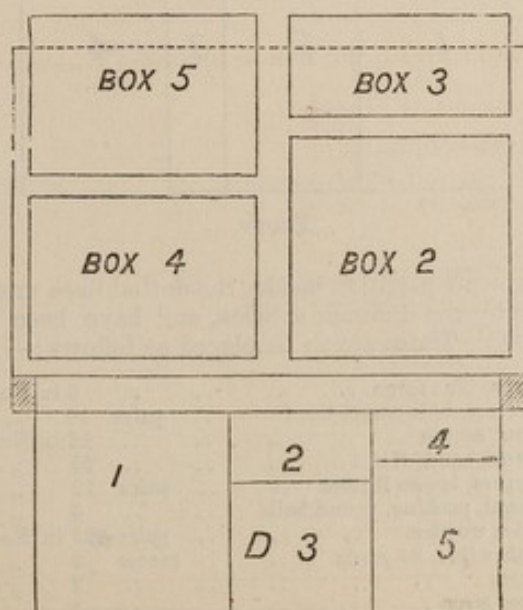
SIDE ELEVATION.



PLAN.



END ELEVATION.



Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON—continued.

The general plan of, and arrangement of the boxes in the wagon are shown in the accompanying plans, and side and end elevations. The body of the wagon is subdivided into three compartments, A, B, and C, and another is fixed below the tail, marked D. Compartment B is partly occupied by Box No. 1, Compartment C by boxes 2 to 5, and Compartment D is subdivided into five parts, which are numbered 1 to 5, as in the "end elevation." The subdivisions of boxes and the distribution of stores in them, as well as in the other compartments, are given below.

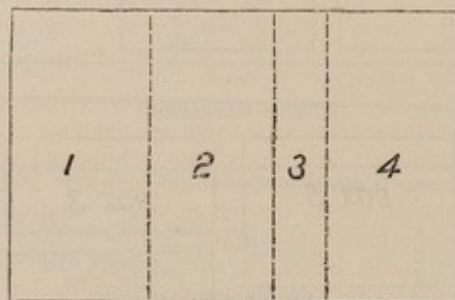
COMPARTMENT A.

	No.
Blankets, grey, G.S.	50
Sheets, barrack, linen	60
„ ground, waterproof	12
Stools, camp, folding	2
Table, camp, folding	1

The blankets are to be folded first lengthwise, then crosswise, and placed in the compartment evenly, one over the other, their greater length being across the wagon. The sheets folded in the same manner are to be placed over the blankets, then the waterproof sheets, and lastly, the table and stools.

COMPARTMENT B.

Box No. 1.



FRONT.

This box has no partition inside, the dotted lines merely define the spaces occupied by the different articles, and have been introduced to facilitate packing. These are to be placed as follows:—

Gowns, blue serge	5 in No. 1
Trowsers, blue serge, lined	10 pairs
Shirts, cotton	12 in No. 2
Towels, hand, HP	55 "
Slippers, brown leather	12 pairs
Thread, packing, pound balls	6 "
Socks, woollen	25 in No. 3
Clothes line, 80 yards	2 pieces
Razors	2 "
Razor strop	1 "

Field Hospital Store Wagon.

Store Room: Store Wagon—continued.

The general plan and arrangement of the store in the wagon are shown in the accompanying plan, and side and end elevations. The body of the wagon is subdivided into three compartments, A, B, and C, and another is fitted below the tail, marked D. Compartment A is partly occupied by box No. 1, compartment C by boxes 2 to 4, and compartment B is subdivided into two parts, which are marked 1 to 3, as in the "Store division". The subdivisions of boxes and the distribution of stores in them, as well as the other subdivisions, are given below.

Compartment A.

Box No. 1, 1st part	20
Box No. 1, 2nd part	20
Box No. 1, 3rd part	12
Box No. 1, 4th part	2
Box No. 1, 5th part	2

The box No. 1 is divided into five parts, the number of stores in the compartments being, from left to right, 20, 20, 12, 2, and 2, as in the "Store division". The stores listed in the same table will be placed over the shelves, thus the wagoned stores, as follows: the table and chairs.

Compartment B.

Box No. 1.

1	2	3	4

Table.

This box has no partition inside; the dotted lines merely define the spaces occupied by the different articles and have been introduced for convenience in packing. These are to be placed as follows:—

Box No. 1, 1st part	20	Box No. 1
Box No. 1, 2nd part	20	Box No. 1
Box No. 1, 3rd part	12	Box No. 1
Box No. 1, 4th part	2	Box No. 1
Box No. 1, 5th part	2	Box No. 1
Box No. 1, 6th part	2	Box No. 1
Box No. 1, 7th part	2	Box No. 1
Box No. 1, 8th part	2	Box No. 1
Box No. 1, 9th part	2	Box No. 1
Box No. 1, 10th part	2	Box No. 1

Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON—continued.

Combs, hair, 8-inch	5 in No. 3
„ ivory, small tooth, 3½-in. ..	2 „
Scissors, hair cutting, 7-in. ..	pairs 2 „
Thread sewing, whited brown ..	lb. 1 „
„ worsted	lb. 1 „
Needles, collar or packing ..	6 „
„ sewing, assorted, women's ..	48 „
Waistcoats, blue serge	10 in No. 4
Shirts, flannel	12 „

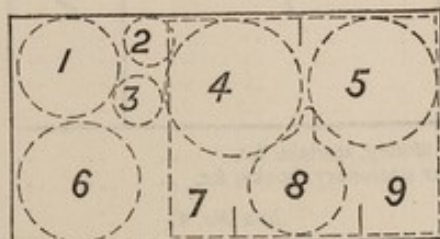
Above Box.

Sheets, barrack, linen	60
Cases, bolster, barrack	50
„ paillasse	50
Sheets, ground, waterproof. ..	13
Flags, field, HP, with red cross, square, 4 feet	1 } In bag.
Flags, field, triangular, directing ..	2 }
Rags, bundle	lb. 15

The sheets folded as described under A are to be placed over Box No. 1. As the ends are found to rise leaving the centre of the pile lower, this hollow has to be filled up from time to time as the packing goes on. This may be done by first putting in 10 sheets, and then 10 paillasse cases folded lengthwise twice, and 10 bolster cases into the hollow; then another 10 sheets, &c., until the proper number be completed. The waterproof sheets folded as large as possible are to be placed over the others, and the bag of flags and bundle of rags over all.

COMPARTMENT C.

This contains the Boxes 2 to 5, of which the arrangement and contents are as follows. The number in the boxes indicates the position of the different articles named in the subjoined lists. And where more than one description is included under the same number, it is either placed over or inside the first-named opposite that number:—

Box No. 2.

Filters, Crease's*	1 in No. 1
Box with tube, nozzles, and handle ..	1 „ 1
Cups, tin, drinking, 1 pint, HP, canteen ..	17 „ 2
„ „ „ „ „ ..	17 „ 3
Kettles, tin, cooking, nests of 8	1 in No. 4

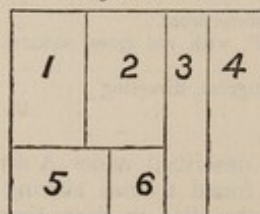
* A description of this filter, with the modes of using it is subjoined. See p. 32.
(429) L 2

Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON—continued.

Pan, iron, frying, round, 12-in., with shifting handles	1 in No. 4
Kettles, tin, cooking, nests of 8	1 " 5
Pan, iron, frying	1 " 5
Cans, tin, soup, 3 gallons	2 " 6
Shapes, pudding	6 " 6
Feeders, earthenware	3 " 6
Enamelled pan of meat weighing machine	1 " 6
Basins, iron, enamelled	20 " 7
Plates, tin, dinner (if all these cannot be got in here some may be placed in No. 6)	50 " 8
Basins, iron, enamelled	20 " 9
Brushes, shaving	2 " 3

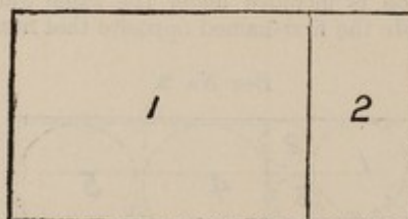
Tray in Box 2.



(Position shown by dotted lines.)

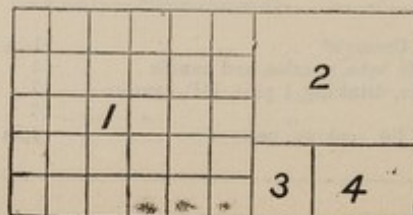
Knives, dinner, black handled, large	..	50	in No.	1
Forks	..	50		2
Knife, carving, black handled	..	1		3
Fork	..	1		3
Knives, for opening tins	..	2		3
Castor, pepper, pewter	..	1		4
Cocks, bib, driving, 2-inch	..	2		4
Cups, pewter, HP, egg	..	10		4
Salt cellars, wood	..	3		4
Spoons, German silver, table	..	50		5

Box No. 3.



Box for money, medals, &c.	..	..	..	No. 1
Space for stationery, books, &c.	..	.	..	" 2

Box No. 4.

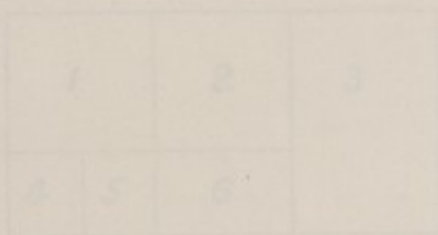


Field Hospital Stages Wagon.

First Row: Four Wagon Compartments.

Ready	No. 1
Tin for sugar	No. 2
Box for salt	No. 3
Box for sugar, salt & oil	No. 4
Box for oil	No. 5
Box for salt	No. 6
Tin for sugar	No. 7
Box for salt	No. 8

Fig. 2, A.



Tin for sugar	No. 1
Box for salt	No. 2
Box for sugar, salt & oil	No. 3
Tin for sugar	No. 4
Box for salt	No. 5
Box for oil	No. 6

Fig. 2, B.

Box for sugar, salt & oil

Compartment D.



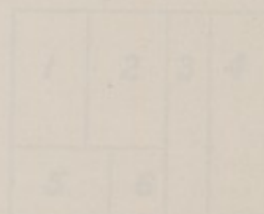
The positions of the compartments in this compartment are shown in the end diagram given above. In the place of subdivisions 1 and 2 which follow, the numbers indicate the positions of the different articles in the subdivided lots, and where more than one is included under the same number it is either placed over or beside that first named.

Field Hospital Store Wagon.

First Hospital Store Wagon—continued.

Box iron, holding wood, 100 lb., with 200		
Box iron, holding wood, 100 lb., with 200	1	No. 1
Box iron, holding wood, 100 lb., with 200	1	No. 2
Box iron, holding wood, 100 lb., with 200	1	No. 3
Box iron, holding wood, 100 lb., with 200	1	No. 4
Box iron, holding wood, 100 lb., with 200	1	No. 5
Box iron, holding wood, 100 lb., with 200	1	No. 6
Box iron, holding wood, 100 lb., with 200	1	No. 7
Box iron, holding wood, 100 lb., with 200	1	No. 8
Box iron, holding wood, 100 lb., with 200	1	No. 9
Box iron, holding wood, 100 lb., with 200	1	No. 10
Box iron, holding wood, 100 lb., with 200	1	No. 11
Box iron, holding wood, 100 lb., with 200	1	No. 12
Box iron, holding wood, 100 lb., with 200	1	No. 13
Box iron, holding wood, 100 lb., with 200	1	No. 14
Box iron, holding wood, 100 lb., with 200	1	No. 15
Box iron, holding wood, 100 lb., with 200	1	No. 16
Box iron, holding wood, 100 lb., with 200	1	No. 17
Box iron, holding wood, 100 lb., with 200	1	No. 18
Box iron, holding wood, 100 lb., with 200	1	No. 19
Box iron, holding wood, 100 lb., with 200	1	No. 20

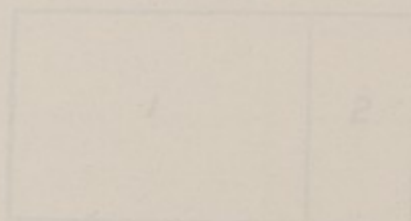
Fig. 1. Box 1.



(Contents shown by dotted lines)

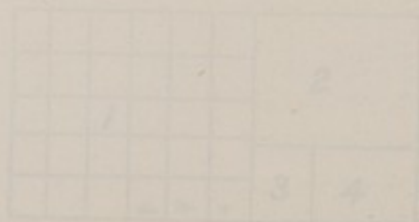
Box iron, holding wood, 100 lb., with 200	1	No. 1
Box iron, holding wood, 100 lb., with 200	1	No. 2
Box iron, holding wood, 100 lb., with 200	1	No. 3
Box iron, holding wood, 100 lb., with 200	1	No. 4
Box iron, holding wood, 100 lb., with 200	1	No. 5
Box iron, holding wood, 100 lb., with 200	1	No. 6
Box iron, holding wood, 100 lb., with 200	1	No. 7
Box iron, holding wood, 100 lb., with 200	1	No. 8
Box iron, holding wood, 100 lb., with 200	1	No. 9
Box iron, holding wood, 100 lb., with 200	1	No. 10
Box iron, holding wood, 100 lb., with 200	1	No. 11
Box iron, holding wood, 100 lb., with 200	1	No. 12
Box iron, holding wood, 100 lb., with 200	1	No. 13
Box iron, holding wood, 100 lb., with 200	1	No. 14
Box iron, holding wood, 100 lb., with 200	1	No. 15
Box iron, holding wood, 100 lb., with 200	1	No. 16
Box iron, holding wood, 100 lb., with 200	1	No. 17
Box iron, holding wood, 100 lb., with 200	1	No. 18
Box iron, holding wood, 100 lb., with 200	1	No. 19
Box iron, holding wood, 100 lb., with 200	1	No. 20

Fig. 2. Box 2.



Box iron, holding wood, 100 lb., with 200	1	No. 1
Box iron, holding wood, 100 lb., with 200	1	No. 2

Fig. 3. Box 3.

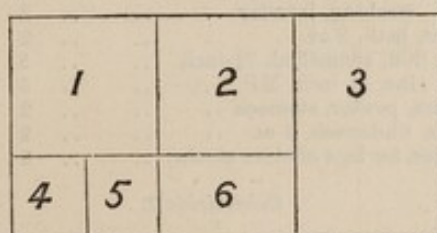


Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON—continued.

Brandy .. .. .	.. bottles	30 in No. 1
Tin for sugar .. ..	.. lbs.	50 " 2
Scoop, half-pint.. ..	.. ..	1 " 2
Measures, pewter, half-gill to 1 quart,		
nested .. .. .	.. set	1 " 3
Funnels, tin, half-pint.. ..	.. ..	2 " 3
Scoops, half-pint .. ..	.. ..	1 " 3
Tin, for tea .. .. .	.. lbs.	6 " 4
Corkscrews .. .. .	.. ..	2 " 3

Box No. 5.

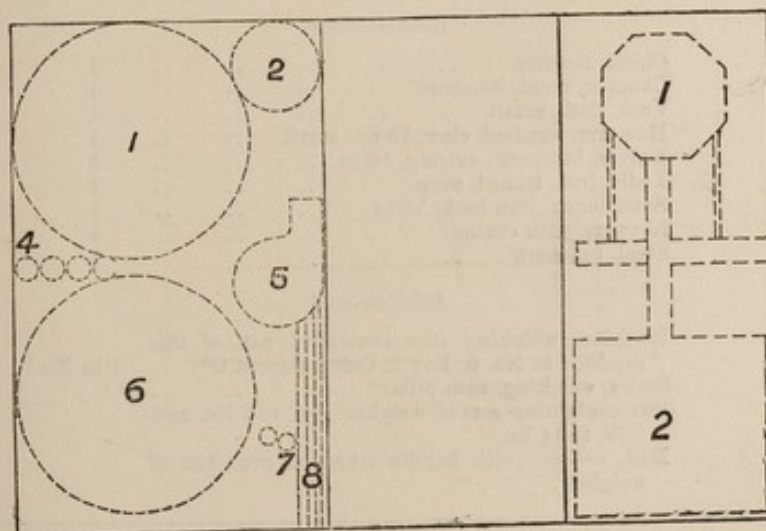


Tin, for arrowroot .. ..	.. lbs.	40 in No. 1
" for rice .. .. .	.. ..	50 " 2
Space for essence of beef .. ..	.. ..	28 " 3
Tin, for mustard .. .. .	.. ..	5 " 4
" for pepper .. .. .	.. ..	5 " 5
" lined, for salt .. ..	.. ..	20 " 6

Over A, B, C.

Stretchers (or bearers), N.P., complete .. No. 2

COMPARTMENT D.



The positions of the subdivisions in this compartment are shown in the end elevation given above. In the plans of subdivisions 1 and 5 which follow, the numbers indicate the positions of the different articles in the subjoined lists, and where more than one is included under the same number it is either placed over or inside that first named.

Field Hospital Store Wagon.

FIELD HOSPITAL STORE WAGON—continued.

Subdivision 1 contains—

Pans, zinc, HP, canteen bed..	..	..	4 in No. 1
Rings for close stool frames..	..	..	3 " 1
Pans for close stools..	..	..	3 " 1
Pots, zinc, chamber ..	..	..	6 in Nos. 1
Cups, zinc, spitting, HP ..	..	..	6 " 2
Legs for close stool frames, placed vertically	..	..	9 in No. 4
Urinals, pewter ..	..	..	4 " 5
Buckets, iron, galvanized, 4 gallons ..	..	..	2 " 6
Brushes, hand, scrubbing ..	..	..	2 " 6
" washing, laundry ..	..	..	6 " 6
Sponges, bath, 2 oz. ..	..	..	2 " 6
Basins, iron, enamelled, 7½-inch ..	..	..	5 " 6
" zinc, 11-inch, MP ..	..	..	5 " 6
Warmers, pewter, stomach ..	..	..	2 " 6
Brushes, whitewash, 6 oz. ..	..	..	2 " 7
Triangles, for legs of close stools ..	..	..	3 " 8

Subdivision 2.

Tin for soap ..	..	..	lbs. 30
" to receive can, tin, oil, feeding ..	..	..	1
Funnel, tin, for oil, ½ pint ..	..	..	1
Matches, wax ..	..	..	1,000
Wick, for lamps, flat..	..	..	yards 2
" round ..	..	..	2
Can, tin, oil, feeding, 1 pint ..	..	..	1

Subdivision 3.

Can, tin, with screw stopper, for colza oil ..	galls.	3
Lanterns, hand, half round ..	..	2
" tent, distinguishing, red..	..	1

Subdivision 4.

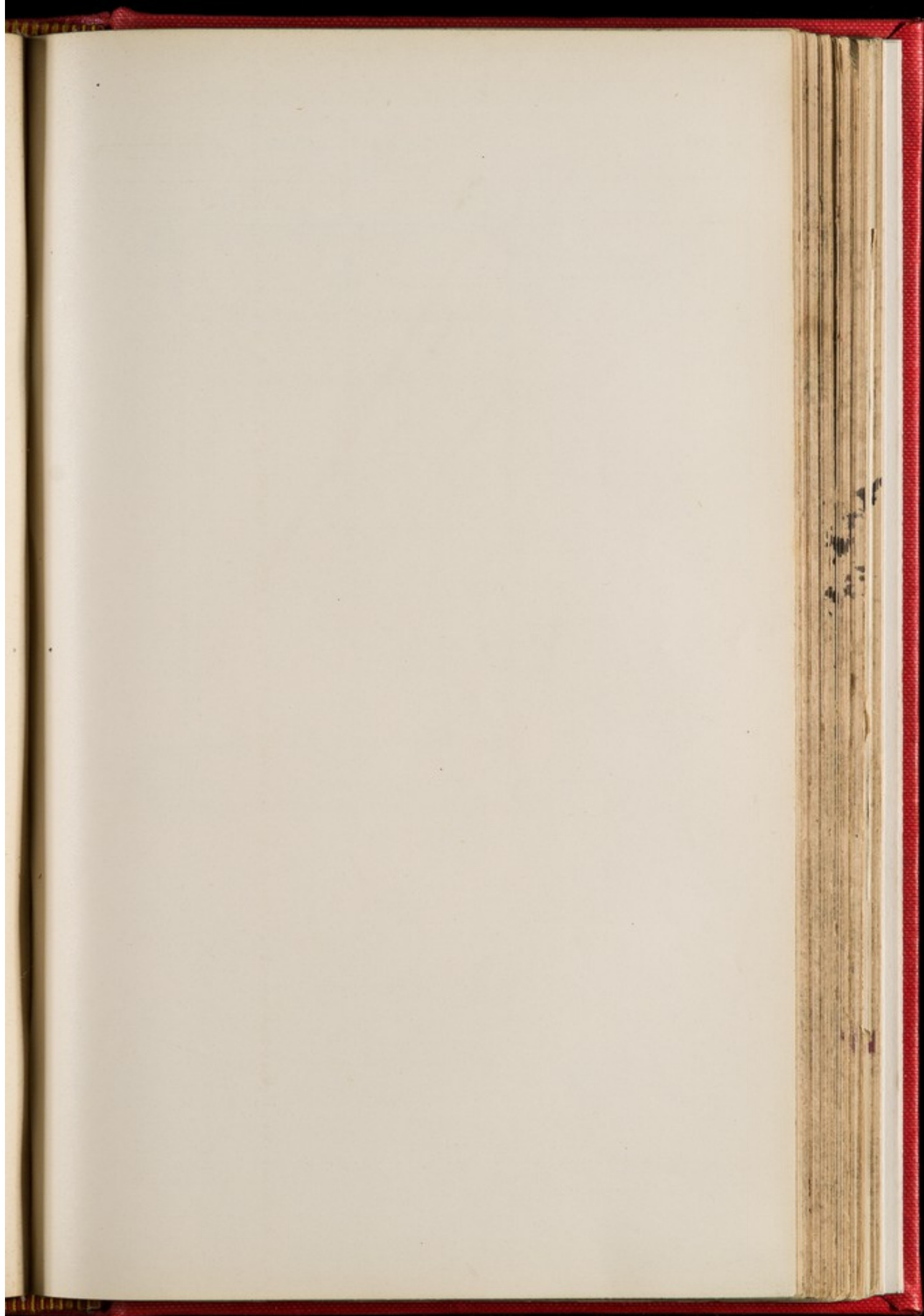
Chisel, ripping ..	..	..	1
Chopper, meat, butchers' ..	..	..	1
Fork, flesh, small ..	..	..	1
Hammer, handled, claw, 20-oz., small ..	..	..	1
Knives, butchers', cutting, 10-in. ..	..	..	3
Ladle, iron, tinned, soup ..	..	..	1
Saws, tenon, iron back, 14-in. ..	..	..	1
Skewers, with chains ..	..	..	3
Steel, butchers' ..	..	..	1

Subdivision 5.

Machine, weighing (the enamelled pan of this machine in No. 6, Box 2, Compartment C*) ..	1 in No 1
Scales, weighing, with pillar* ..	"
Box containing sets of weights, ¼ oz. to 7 lbs. and ½ lb. to 14 lbs.	
Mill, coffee† (with handle taken off over box of weights).	

* Should the large copper pan of these be too wide to go into this subdivision, its sides must be pressed together sufficiently to admit of its being inserted.

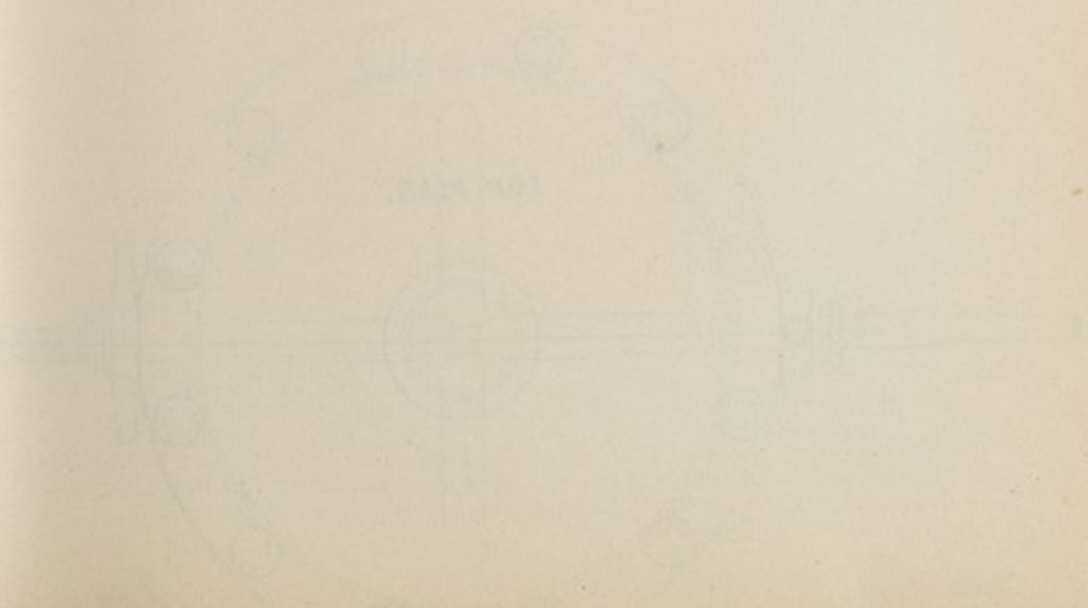
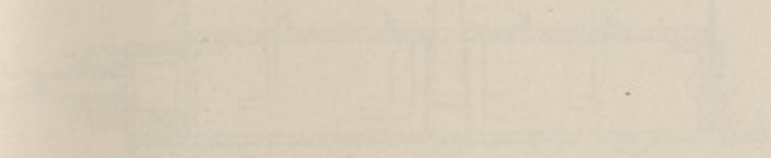
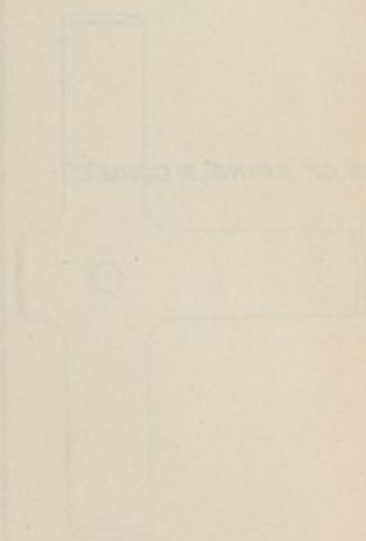
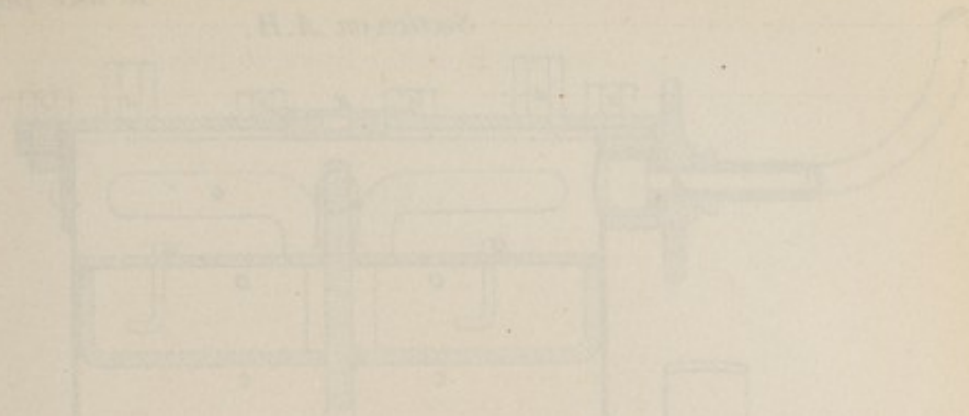
† As in the course of service in the field, it may not always be possible to obtain an upright post sufficiently strong to fix the coffee mill, to the sides of it have been lengthened sufficiently to admit of its being fastened to the rim of the hind-wheel of the wagon when required for use.



FILTER FIELD HOSPITAL EQUIPMENT

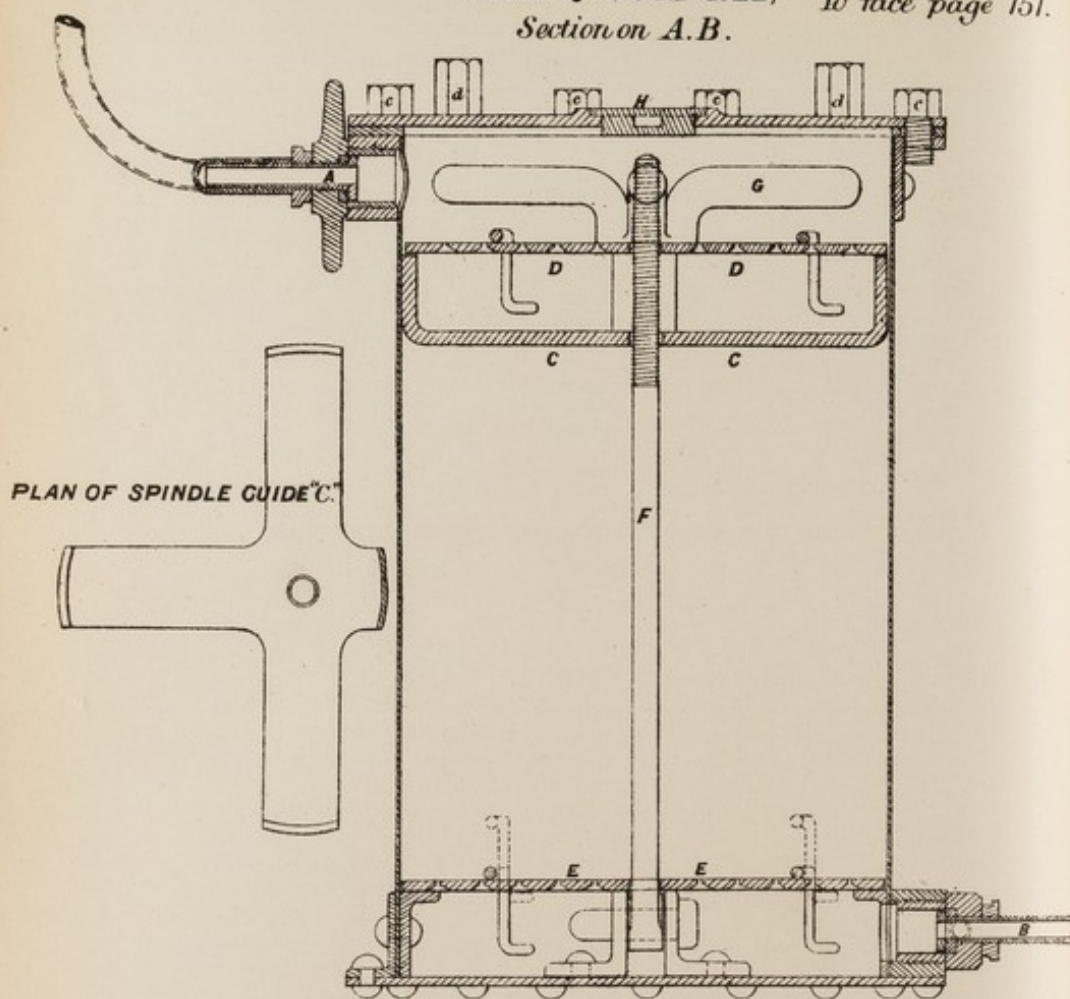
MAJOR CRESS (R.M.A.) PATENT

Filter Field Size 2 1/2 x 3 1/2
Inches A.H.

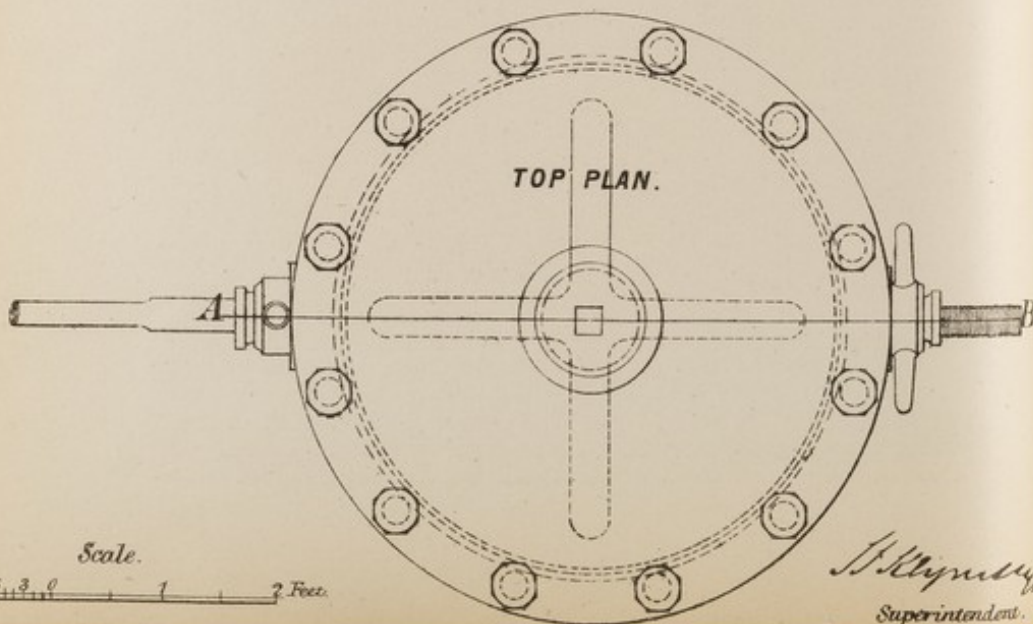
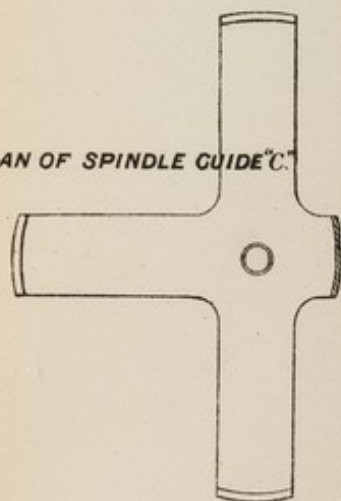


FILTER FIELD HOSPITAL EQUIPMENT. MAJOR CREASE'S (R.M.A.) PATENT.

FILTER $\frac{3}{8}$ TH FULL SIZE, To face page 151.
Section on A.B.



PLAN OF SPINDLE GUIDE "C."



Scale.
12 9 6 3 0 1 2 Feet.

B. H. Higney
Superintendent.
Royal Victoria Hospital

Description of Major Ormrod's Field Hospital, Flanders.

Lower Division, Second Water-Engine.

General Notes.

- Area, 1000 sq. yds., water-tight, covered
 with 1000 sq. yds. of canvas.
 Back, 100 yds. covered
 Floor, 1000 sq. yds. covered with 1000 sq. yds. of canvas.
 Walls, 1000 sq. yds. covered
 Roof, 1000 sq. yds. covered
 Sides, 1000 sq. yds. covered

DESCRIPTION OF MAJOR ORMROD'S FIELD HOSPITAL.

FINDINGS.

The first finding was a small, dark, circular, water-tight, covered, and 1000 sq. yds. of canvas, with a back of 1000 sq. yds. of canvas, and a floor of 1000 sq. yds. of canvas. The water-engine was found in the center of the hospital, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh.

The water-engine was found to be in good working order, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh. The water-engine was found to be in good working order, and the water was found to be clean and fresh.

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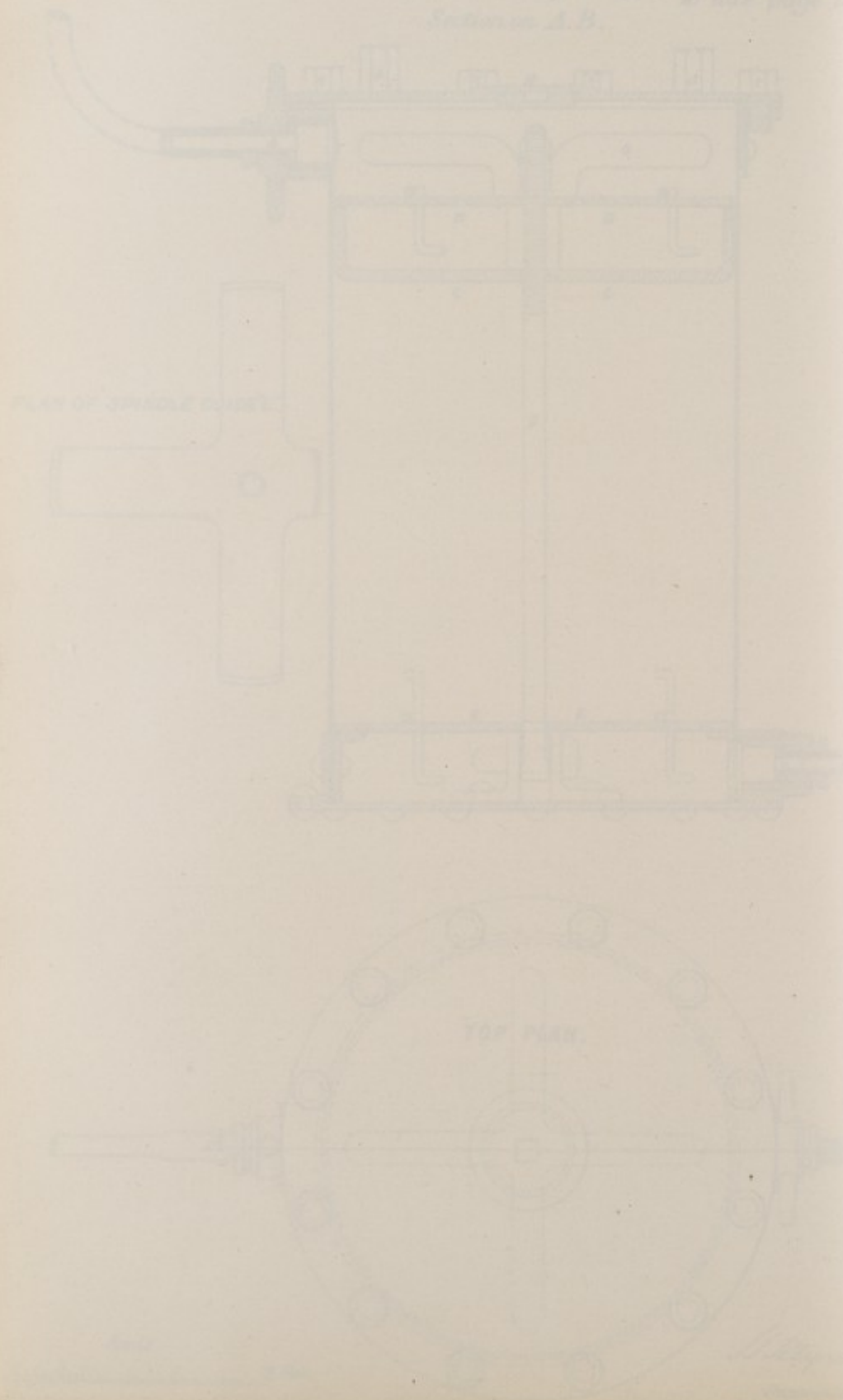
B

Has

FILTER FIELD HOSPITAL EQUIPMENT

MAJOR CREASES (R.M.A.) PATENT.

FILTER #2 FULL #12. To face page 1
Section A.B.



Description of Major Crease's Field Hospital Filter.

FIELD HOSPITAL STORE WAGON—continued.

Outside Wagon.

Axes, felling, 4½-lb., straight handled, helved ..	2
„ pick, helved, 6½-lb.	2
Hook, bill, handled	1
Poles, for distinguishing lamps, flags, &c., 18 feet..	1
„ „ „ 8 „ ..	2
Saws, cross-cut, 5 feet, complete	1
„ hand, 26-in., complete.. ..	1
Spades, helved, common	2

DESCRIPTION OF MAJOR CREASE'S FIELD HOSPITAL
FILTER.

This filter has been designed specially to meet the requirements of movable field hospitals—viz., to be compact, little liable to injury, capable of filtering a considerable supply of water, and of being readily used under the varying circumstances in which field hospitals may be placed, while the filter itself can be taken to pieces by any ordinary workman, cleansed, or re-filled with charcoal, and be again ready for use.

This filter consists of a cylinder of galvanized iron 6½ inches wide and 11½ inches deep, with a bed of animal charcoal from 8 to 8½ inches in depth, through which the water is passed. The accompanying figure shows the details of the interior structure in section (half size) when ready for use; the water then passes through the nozzle A into the space above the plate D, then through that and the charcoal which lies between it and the plate E, and through the holes in the latter into the chamber below, from which it is run off, through the nozzle B, into a separate vessel placed for its reception.

When not in use, the nozzles A and B should be unscrewed, and with the elastic tube kept in the small box provided for them, and corks should be put into the sockets for the nozzles, to exclude dirt. To take the filter to pieces, the screws *c* and feet *d* must be unscrewed with the key, the cover can then be lifted off; the handle G is then to be unscrewed, and the plate D lifted off, the charcoal above the spindle guide C is to be taken out, and then the guide itself, after which the whole of the charcoal as far as the plate E can be removed, then the plate E itself may be taken out, and the space below cleaned.

To refill the filter, the reverse process is followed; the plate E, having the holes in it cleared of any dirt or oxide they may contain, is to be replaced over the spindle F, and the edges made to rest on the flanges at the sides; the guide C is then to be placed over the top of the spindle, and retained there to prevent its being moved to one side while the charcoal is being rammed in; the charcoal is then to be filled in, in small quantities at a time, and rammed down moderately round the spindle with a piece of wood. When the requisite quantity has been put in, the guide will be fixed in the portion shown in the figure, and the space above filled with charcoal, after which the plate D will be put on and secured down by the handle G. The cover is then to be

Description of Major Crease's Field Hospital Filter.

DESCRIPTION OF MAJOR CREASE'S FIELD HOSPITAL FILTER—continued.

replaced and screwed down, and the feet *ddd* placed in their proper positions, equidistant from each other. When required for use, the nozzles A and B are to be screwed tightly into their respective sockets, and care must be taken that the leather washers on them are present and in good order, as if not, and air can get through between the nozzle and the socket, the filter will not act.

When the filter is intended to act *descensionally*, as in figure 1, the elastic tube must be fixed on nozzle A; the metal plug H in the cover is then to be removed with the square end of the key, and water poured in from above until it commences to run out from nozzle B; the latter is then to be closed by a plug, or merely by placing the finger against it, while water continues to be poured in above until the filter be full, and air have ceased to come up. The elastic tube is now to be lowered sufficiently to allow water from the filter to expel all air and fill it completely, when the sides of the free end are to be compressed firmly between the finger and thumb, while the chamber under the cover is completely filled with water, and the plug screwed in. The free end of the elastic tube is then plunged into the water in a vessel at a higher level, as in figure 1, and on removing the pressure from it, and the obstruction from nozzle B, the filtered water will flow from it in a good stream. As the water is supplied to the filter on the principle of the siphon, care must be taken that the air is completely removed from the apparatus before commencing, and that none can penetrate at any of the joints.

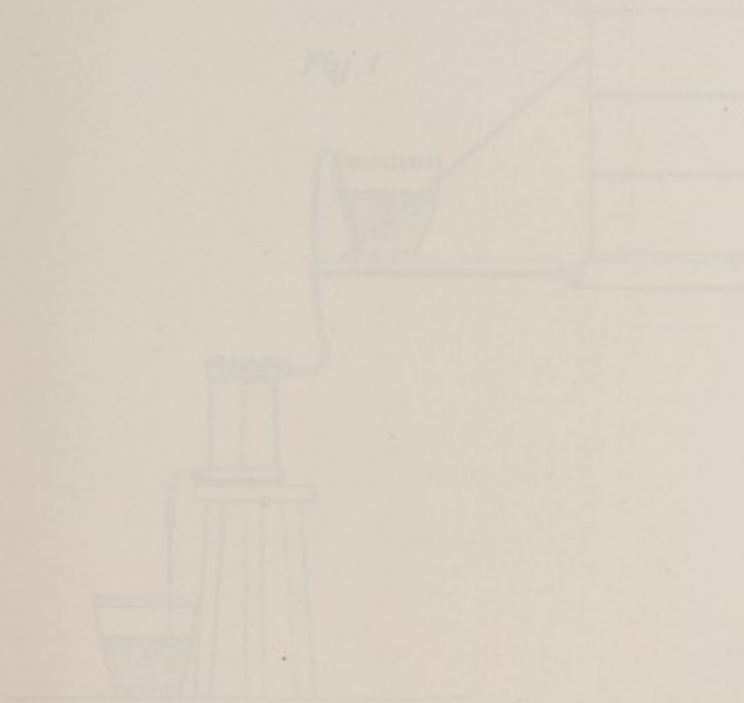
When the filter is required to act *ascensionally*, as in figures 2 and 3, the elastic tube must be attached to nozzle B instead of A. The metal plug is then to be removed from the cover, and the filter filled with water, and all the air expelled from both the filter and elastic tube, as in the previous case, and the free end of the latter compressed between the finger and thumb, while nozzle A is closed by a plug or otherwise. The metal plug is then to be screwed in, and the filter placed in the vessel containing the water to be filtered, but with the bottom upwards, and the elastic tube hanging down; on removing the obstruction from nozzle A, and the pressure from the elastic tube, the stream of filtered water will commence to flow.

The filter may also be used *descensionally*, as in figure 4, by removing the plug from the cover, and pouring water from a jug or other vessel into the upper chamber, a method which might be useful, if from any cause the elastic tubing was lost or unserviceable.

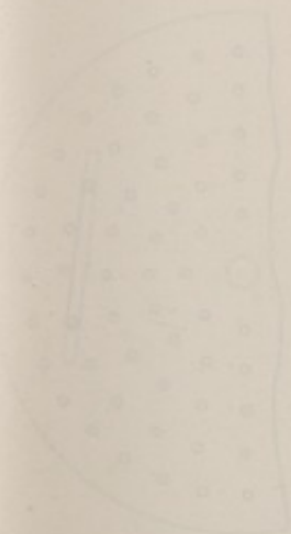
METHODS OF USING THE FILTER.

Scale 7/16 inch to a foot.

Fig. 1.



PLAN OF PLATES, D.H.



KEY.



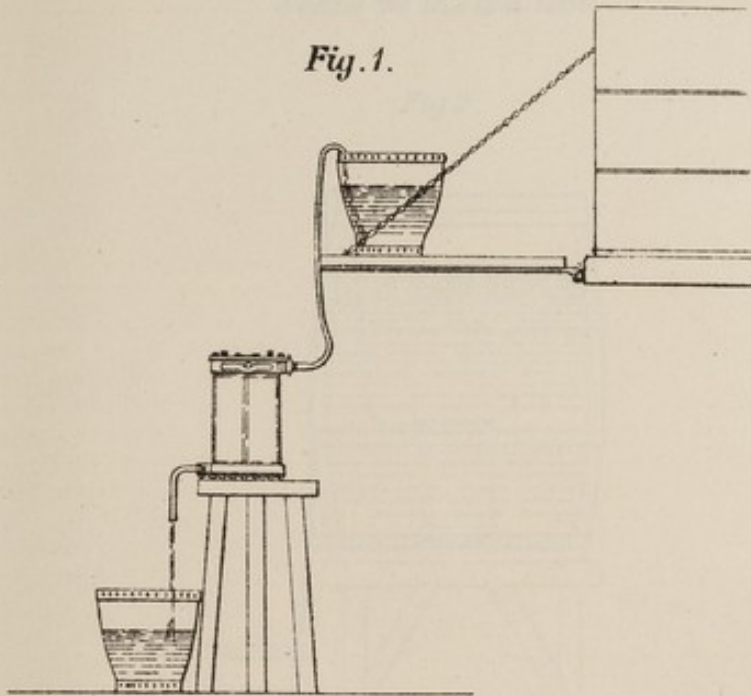
Scale

1/2 inch = 1 foot

METHODS OF USING THE FILTER.

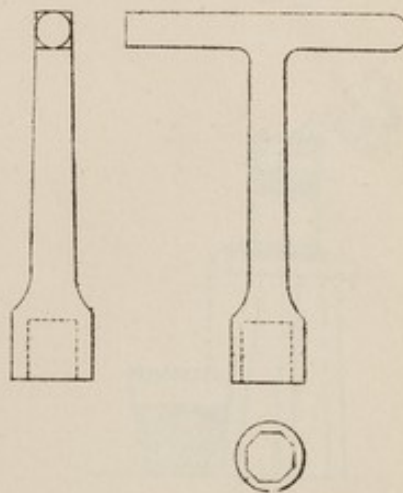
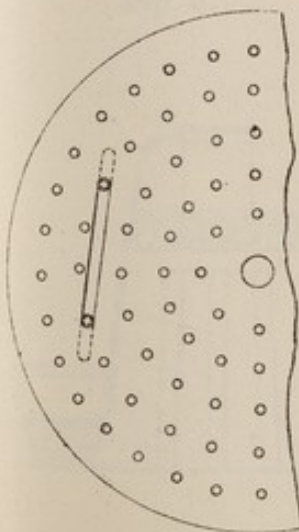
Scale $\frac{3}{16}$ ins to a foot.

Fig. 1.

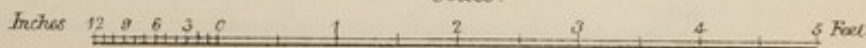


PLAN OF PLATES, D.E.

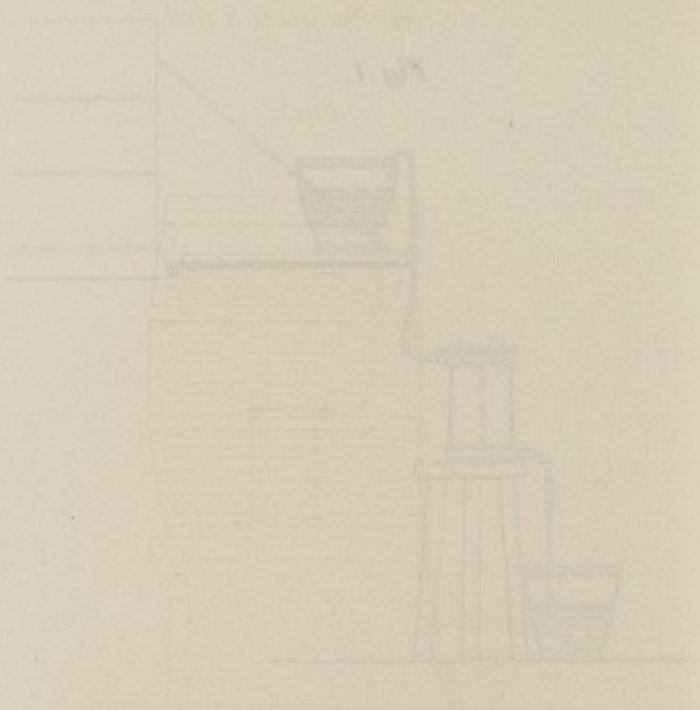
KEY.



Scale.



METHODS OF USING THE FILTER.
METHODS OF REMOVING THE FILTER.



PLAN OF PLATES, D.K.



METHODS OF USING THE FILTER.

Scale $\frac{3}{16}$ ins to a foot.

Fig. 2.

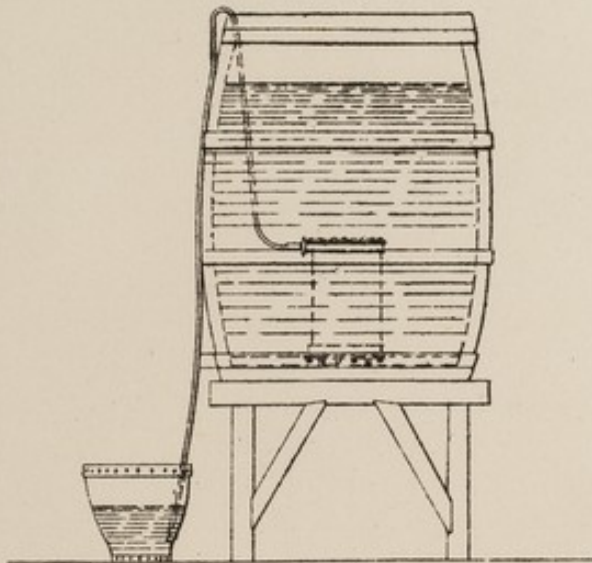


Fig. 3.

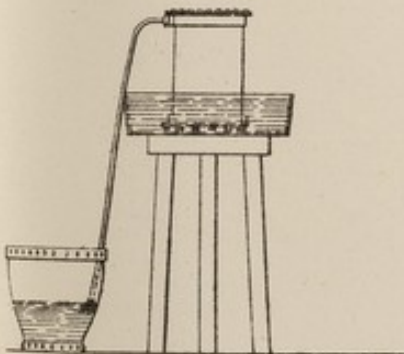
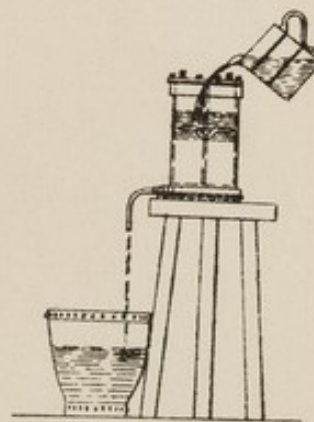


Fig. 4.



Scale.
Inches 12 9 6 3 0 1 2 3 4 5 Feet

METHODS OF USING THE FILTER

Scale for time to filter

Fig. 2

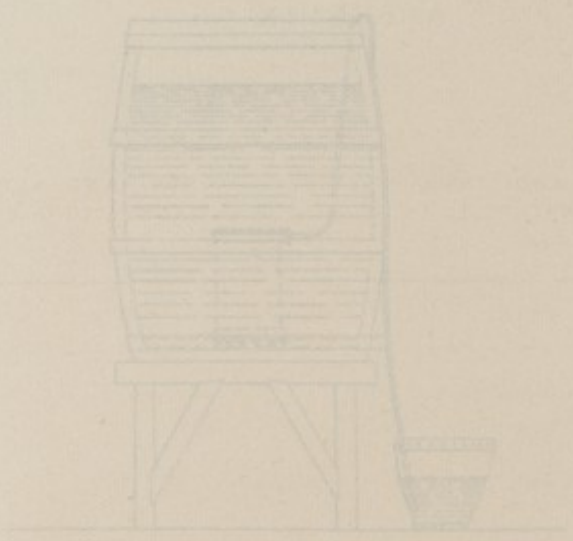


Fig. 3



Fig. 4





List of Medicines, Surgical Stores, &c.

APPENDIX No. 3.

PHARMACY WAGON.

LIST OF MEDICINES, SURGICAL STORES, AND APPLIANCES
AND INSTRUMENTS IN THE PHARMACY WAGON FOR FIELD
HOSPITALS.

Articles.	Quantity.	Where placed.
	lbs. oz.	
Acaciæ, Contrit:	1 0	Compartment D, Slide 7, No. 12
Acid, Acetic	2 0	" " 1 " 12
" Carbolie.	2 0	" " 6 " 12
" Gallie	0 4	" " 2 " 30
" Hydrochlor:	0 8	" " 2 " 17
" Hydrocyan: dil:	0 2	" " 6 Poisons 1
" Nitric	0 8	" " 2 No. 18
" Phosphor: dil:	0 8	" " 2 " 19
" Sulphuric	0 6	" " 2 " 1
" Tannic	0 4	" " 2 " 31
" Tart: Pulv:	1 0	" " 7 " 1
Alum	2 0	" " 7 " 13
Ammon: Carb:	1 0	" " 7 " 14
Antim: Tartarat:	0 8	" " 2 " 32
Aq: Distillat:	2 0	" " 6 " 13
Argent: Nitrat:	0 4	" " 2 " 9
Atropia, Sulph: (Savory & Moore's Dises)	No. 250	" " 6 Poisons 3
Bismuth: Subnit:	0 8	" " 2 No. 33
Bromine	0 8	" " 2 " 20
Camphor	0 8	" " 7 " 2
Cap-ici Pulv:	0 2	" " 2 " 10
Catechu Contrit:	0 8	" " 7 " 3
Chiretta contus:	3 0	" " 3 " 14
Chloral Hydras	1 0	" " 7 " 4
Chloroform (in 6 bottles)	6 0	" " 6 " 2-7
Cinchon: contus:	3 0	" " 6 " 15
Collodion	0 4	" " 2 " 2
Creasotum	0 4	" " 2 " 3
Cupri Sulph:	2 0	" " 6 " 16
Emp: Plumbi:	2 0	" " 3 " 5
" Saponis	2 0	" " 3 " 6
Ergotine (Savory & Moore's discs)	No. 250	" " 6 Poisons 4
Ext: Belladon:	0 8	" " 6 No. 10
" Filicis, Liq:	0 4	" " 2 " 4
" Hyoseyam:	0 8	" " 6 " 10
" Opii	0 8	" " 6 " 10
Ferri et Quinæ, Cit:	0 8	" " 2 " 34
" Perchlor:	0 8	" " 2 " 35
" Sulph:	0 8	" " 2 " 36
Glycerin:	2 8	" " 6 " 14

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

Articles.	Quantity.	Where placed.
	lbs. oz.	
Hydrarg: Iodid: Rub:	0 2	Compartment D, Slide 6 Poisons 2
" Oxid: Rub:	0 4	" " 2 No. 11
" Perchlorid:	0 2	" " 6 Poisons 5
" Subchlorid:	0 8	" " 2 No. 12
Hydrargyrum c Creta	0 8	" " 2 " 37
Iodin:	0 4	" " 2 " 13
Ipecac: contrit:	1 0	" " 7 " 15
Lina: Saponis	2 0	" " 1 " 13
Liquor: Ammoniae	1 0	" " 6 " 8
" Arsenicalis	0 8	" " 2 " 21
" Epispastic	0 4	" " 2 " 5
" Sodae, Chlor:	2 0	" " 1 " 14
" Strychniae	0 2	" " 6 Poisons 6
Magnesia	0 8	" " 3, No. 9
" Sulphas	7 0	" " 3 " 16
Morph: Acet: (Savory & Moore's discs)	No. 1,000	" " 6 Poisons 7
" Hydrochlor:	0 2	" " 2 No. 14
Ol: Anisi	0 2	" " 2 " 6
" Copaibae	2 0	" " 1 " 15
" Lini	12 0	" " 5 " 10, 11
" Menth: Pip:	0 2	" " 2 " 7
" Olivae	8 0	" " 1, 5 " 16, 12
" Ricini	8 0	" " 1, 5 " 17, 13
" Terebinth:	2 0	" " 1 " 18
Opil Contrit:	0 4	" " 2 " 38
Pil: Co'ocynth: et Hyoseyam:	1 0	" " 6 " 11
" Hydrarg:	1 0	" " 6 " 11
Piumbi, Acet:	2 0	" " 7 " 16
Potassa Caustica	0 4	" " 2 " 15
Potass: Bicarb:	1 0	" " 7 " 5
" Ch'oras	1 0	" " 7 " 6
" Nitras	2 0	" " 7 " 17
" Permanganas: crud:	14 0	" " 3 " 20
" " pur.	0 8	" " 2 " 39
" Tartras Acida	1 0	" " 7 " 7
Potassii, Bromid:	0 8	" " 2 " 40
" Iodid	1 0	" " 7 " 8
Pulv: Creta Arom c Opio	4 0	" " 3 " 17
" Ipecac: comp:	0 8	" " 7 " 9
" Jalap: comp:	1 8	" " 7 " 18
Quinae Disulph:	0 12	" " 7 " 19
Rhei: contrit	0 8	" " 7 No. 10
Salicine	0 12	" " 6 " 17
Senega Rad:	3 0	" " 3 " 18
Senna Fol:	3 0	" " 3 " 19
Sodae Bicarb:	2 0	" " 7 " 20
Spirit: Aether Comp:	1 0	" " 1 " 1
" " Nitrosi	1 0	" " 1 " 2
" Ammon: Arom	1 0	" " 1 " 3
" Chloroform:	1 0	" " 1 " 4
" Rectificat:	2 0	" " 1 " 19
Strychniae (Savory & Moore's discs)	No. 250	" " 6 Poisons 8
Sulphur Sublimat:	2 0	" " 3 No. 10
Tinct: Acconit:	0 8	" " 2 " 22
" Aurant:	0 8	" " 2 " 23
" Capsici	0 8	" " 2 " 24

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

Articles.	Quantity.	Where placed.	
	lbs. oz.		
Tinct: Cardam: Co:	1 0	Compartment D, Slide 1	5
" Cal. echu	2 0	" " 1	20
" Colch: Sem:	0 8	" " 2	25
" Digitalis	0 8	" " 2	25
" Ferri. Perchlor:	1 0	" " 1	6
" Ergotæ	0 4	" " 2	8
" Hyoseyam:	1 0	" " 1	7
" Iodi	1 0	" " 6	9
" Lobeliæ	0 8	" " 2	27
" Myrrhæ	0 8	" " 2	28
" Opii	1 0	" " 1	8
" Rhei Co:	1 0	" " 1	9
" Scillæ	1 0	" " 1	10
" Sennæ	1 0	" " 1	11
" Valerian	0 8	" " 2	29
Ung: Cetacei	28 0	" " 3	21, 22
" Hydrarg Fort	2 0	" " 3	7
" Resinæ	2 0	" " 3	8
Zinci Chlor:	0 8	" " 2	41
" Oxyd:	0 8	" " 2	42
Zingiber. contrit:	0 8	" " 7	11

Dispensing Appliances, &c.

Blank labels	No. 200	Compartment D, Slide 4, Drawer 10	
Bolus Tiles, 10-in.	2	" " 4	No. 6
Bottles, 4-oz.	18	" " 4	" 9
" 8-oz.	12	" " 4	" 9
Boxes, chip	papers 1	" " 4	" 9
" paper	2	" " 4	" 9
Corks, assorted.	gross 1½	" " 4	" 9
Corkscrews, folding	2	" " 5	" 15
Funnel, tin, ½ pint	1	" " 5	" 15
Gallipots, nests of 4	5	" " 4, 5	Nos. 2 & 1
Measures, glass, minim	2	" " 4, 6	No. 1
" " 2-oz.	1	" " 4	No. 1
" " 10 "	1	" " 4	" 1
" pewter, ounce	1	" " 4	" 2
" tin, pint	1	" " 4	" 1
Mortars and pestles, small	1	" " 6	Poisons 10
" " medium	2	" " 5	No. 15
Paper wrapping	quire 1	" " 4	" 7
Pill machine	1	" " 3	" 4
Scales and weights, grain, small	1	" " 6	Poisons 9
" " large	1	" " 3	No. 2
" " stand for	1	" " 3	" 2
" " ounce	1	" " 3	" 2
" " stand for	1	" " 3	" 2
Spatulas, small	1	" " 6	Poisons 10
" ordinary	3	" " 5	No. 15
" spreading	1	" " C,	centre.
Stopper, loosener	1	D, Slide 3,	No. 1

* Stems for these on top of Slide.

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

Dressing Materials, &c.

Articles.	Quantity.	Where placed.
Bandages, calico, 1½-in. by 4 yds. No.	200	Compartment A, drawer No. 1
" " 2½ " 7 " "	288	" " " 2
" " 3 " 8 " "	240	" " " 3
" flannel 4 " 8 " "	50	" " " 4
Calico yds.	50	" E " 1
Carded cotton lbs.	6	" " " 1
Flannel yds.	20	" " " 1
Iron wire, plated oz.	2	" D, Slide 3 " 12
Leather, skins of No.	6	" " " 4 " 16
Ligature, cat-gut, carbolized oz.	2	" " " 3 " 13
Ligature, silk "	8	" " " 3 " 12
Linen yds.	30	" E " 1
Lint lbs.	70	" B " "
" Marine "	36	" " " "
Oiled silk yds.	6	" D " 4 " 14
Pins oz.	8	" " " 3 " 13
Plaster, adhesive, Leslie's, tins:		
12 ½-inch tapes, each 12 yards. No.	6	One case of each in Compartment D, " 5 " 4
6 1-inch tapes, each 10 yards. "	12	
1 6-inch tape " 14 " "	6	
Plaster, isinglass yds.	20	Remainder in Compartment E
" soap "	24	
Sponges, surgeons' No.	36	" D " 4 " 11
Tape, broad pieces	6	" " " 5 " 3
Tow, surgeons' lbs.	40	" B " "
Waterproof cloth, German yds.	30	" E " 1
Wax for ligatures oz.	2	" D " 3 " 12

Surgical Apparatus and Appliances.

Air cushions No.	6	Compartment D, slide 4. No. 16
Arm cushions, Strohmeier's. "	6	" C, centre
Arm slings "	6	" " "
Brackets, iron, galvanized, and screws	6	" " "
Fracture apparatus, assorted, viz.:—		
Thigh—long splint, 2 scored ditto pads, &c. sets	6	The long splints, those with foot pieces and accompanying apparatus and Smithson's splints in compart- ment G; remainder in C, left side
Thigh—long splint, with foot pieces and other articles "	2	
Thigh—Smithson's anterior splint	2	
Knee joint, flannel for, plaster of Paris "	4	Compartment C, centre.
Leg and ankle scored splints, pads, &c., 17-inch sets	3	" left side
Leg and ankle scored splints, pads, &c., 19-inch sets	3	" " "
" iron, with pads, right	3	" " "
" " left	3	" " "
" flannel, for plaster of Paris "	6	" centre
" McNalty's splints "	3	" left side

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

Articles.	Quantity.	Where placed.
Surgical Apparatus—continued.		
Arm, scored splints, pads, &c., 9 and 11-inch sets	8	Compartment C, right side
Arm, scored splints, pads, &c., 10 and 12-inch sets	8	" "
Elbow, winged, hinged splints .. No.	3	" "
Fore-arm, scored splints, pads, &c., 13-inch sets	3	" "
Fore-arm, scored splints, pads, &c., 14-inch sets	3	" "
Fore-arm, scored splints, pads, &c., 15-inch sets	3	" "
Wrist and hand, Palmar splints, No.	8	" "
Gutta-percha, 18 inch by 4 inch, by $\frac{3}{8}$ -inch pieces	12	" centre
India-rubber drainage tubing yds.	18	" D, slide 4 No. 16
Irrigators and tubing, nest of 3 .. set	1	" " 4 " 11
Plaster of Paris lbs.	30	" " 5 Nos. 5 to 9
Pullies and lines for counter extension No.	6	" C, centre
Steel trusses, reversible	4	" D " 4 No. 15
Suspensory bandages	6	" " 4 " 15
Water glass	2	" " 6 " 15

Sundry Articles.

Bandage roller No.	1 {	Compartment D, slide 3.	No. 1
Basins, zinc, 11-inch	2	Handle and spindle in	" 4
Camel-hair brushes	4	Compartment D, slide 4	" 5
Cover for dispensing table at rear of wagon	1	" " 3	" 12
Hone	1	" H	" 3
Ink bottles	2	" D " 4	" 12
" eraser and india-rubber	1	" " 4	" 10
" powders	2	" " 4	" 10
Lamps, { hand, small, FH	2	" " 4	" 10
{ hospital, operating	1	" " 3	" 3
Matches, wax, box containing ..	1,000	" D " 3	" 1
Needles { packing 6-in.	4	" " 3	" 12
{ sewing, women's	25	" D " 3	" 12
Oil, colza pints	5*	" " 5	" 14
" mineral (kerosine or paraffin) ..	8*	" H " 1	" 10
Pencils, blacklead	2	" D " 4	" 10
Pens, steel	2	" " 4	" 10
Penholders	4	" " 4	" 10
Pins, tent, small	10	" H	" 3
Ruler, 12-inch, ebony	1	" D " 4	" 7
Scissors, counter pairs	2	" " 5	" 15
Stethoscopes, vulcanite No.	2	" " 4	" 16
Syringes, enema, pewter	1	" C, centre.	
" urethra, glass	6	" D, slide 4	" 13
" " pewter	12	" " 4	" 13
Table, operating, FH equipment, ..	1	" G	

* Commissariat supply for 12 field hospitals, 120 pints of colza, and 192 pints of mineral oil.

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

Articles.	Quantity	Where placed.
Test paper, litmus books	24	Compartment D, Slide 3 No. 11
" " turmeric "	12	" " " 3 " 11
Test tubes, nest of 4 "	6	" " " 3 " 11
Thermometer bath "	1	" " " 4 " 9
" { packing, small lb.	1	" D " 5 " 2
Thread { sewing, whited brown, oz.	4	" " " 3 " 12
Urinometer apparatus "	1	" E " 1 " "
Wick, for lamps, $\frac{3}{8}$ -inch, flat. . yds.	2*	" D " 5 " 4
" " $\frac{1}{8}$ -inch, flat for mineral oil yds.	1*	" " " 5 " 4

* Commissariat supply, for 12 hospitals 48 and 24 yards respectively.

Surgical Instruments.

Amputating case "	1	Compartment F, drawer No. 2
" " spare knives .. case	1	" " " 2
Bandage, for bloodless operations..	1	" " " 1
Catheters, case of "	1	" " " 1
Cauterising irons "	3	" " " 1
Chloroform inhaler "	2	" " " 1
Cupping instruments.. .. set	1	" " " 1
Dressing cases, for Orderlies ..	5	" " " 1
Eye instruments set	1	" " " 1
General case of instruments ..	1	" " " 2
Gypsum bandage instruments .. case	1	" " " 2
Hypodermic syringes "	3	" " " 1
Ophthalmoscope; laryngoscope .. case	1	" " " 1
Pocket case of instruments .. No.	1	" " " 1
Post mortem instruments .. case	1	" " " 1
Resection instruments "	1	" " " 2
Stomach pump "	1	" " " 1
Transfusion apparatus (Roussel's) ..	7	" E, " " 1

There is space in the wagon for the undermentioned Medical Comforts, and the tins, &c., necessary to carry them are placed in it; but, to save weight, it is not intended that these should be filled unless under very urgent circumstances.

Arrowroot lbs.	12	Compartment F, No. 4
Brandy bottles	18	" E " 2
Essence of meat lbs.	48	" " " 4
Mustard "	3	" " " 4
Pepper.. .. "	3	" " " 4
Rice "	20	" F " 3
Salt "	14	" E " 4
Sugar "	20	" F " 5
Tea, compressed "	11	" F " 4
Kettle, tin, tea, 2-gallon	1	" E " 3
" " tin, cooking, nest of 4 ..	1	" E " 3

List of Medicines, Surgical Stores, &c.

LIST OF MEDICINES, SURGICAL STORES, &c.—continued.

List of Tins in Pharmacy Wagon.

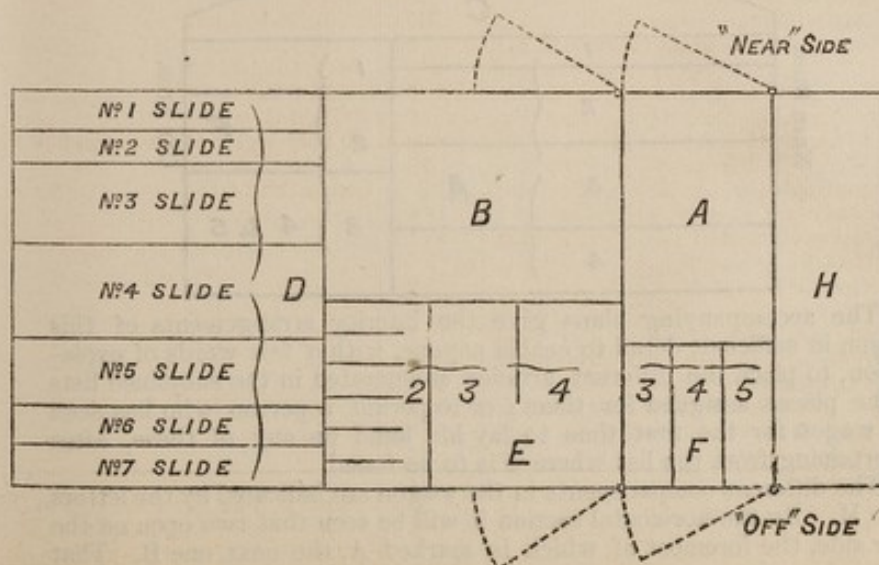
Cans, tin, with screw top, 6 lb. oil	..	..	..	..	5
" 10 lb. paraffin	..	..	..	..	1
Cases, tin	with lids opening at top	Medical comforts	long	..	2
			medium	..	2
			small	..	2
			lined with wood, salt	..	1
			15 lbs.	..	3
	Medicines		7 lbs.	..	6
			2 lbs.	..	9
			1 lb.	..	2
			8 ozs.	..	3
			pills and powders	..	8
	Matches		..	..	1
	with sliding covers, 8 lbs.	..	..	..	5

List of Bottles in Pharmacy Wagon.

	N.	W.
2 lb., stoppered	14	—
2 lb., wood top-cork	—	10
1 lb., " "	—	9
1 lb., stoppered	13	2
8 oz., " "	11	3
8 oz., wood top-cork	—	10
4 oz., " "	—	7
4 oz., stoppered	5	1
2 oz., " "	2	—
2 oz., wood top-cork	—	2
1 oz., " "	—	4
12 oz., capped	6	—
6 oz., " engraved labels	2	—
3 oz., " " "	3	—

DESCRIPTION OF PHARMACY WAGON.

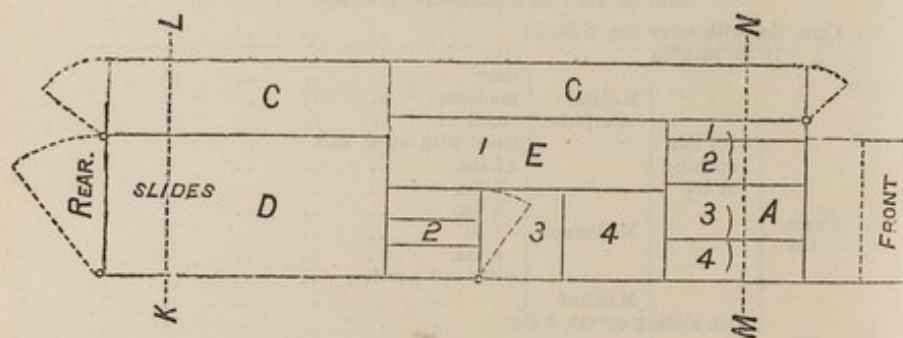
HORIZONTAL SECTION.



Description of Pharmacy Wagon.

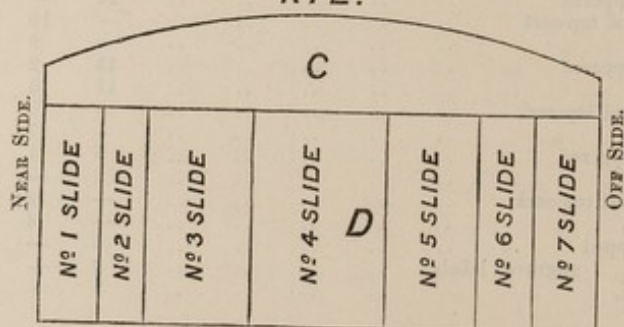
Description of Pharmacy Wagon—continued.

LONGITUDINAL SECTION.

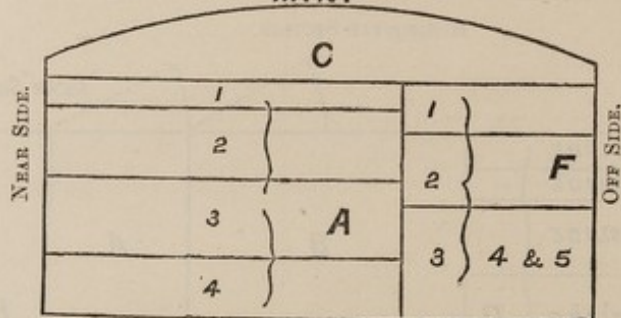


TRANSVERSE SECTION ON LINE.

K. L.



M. N.



The accompanying plans give the interior arrangements of this wagon in sufficient detail to enable anyone, with a few words of explanation, to place the different articles enumerated in the subjoined lists in the places assigned for them; or to permit a person who has seen the wagon for the first time to lay his hand on any of these, after ascertaining from the list where it is to be found.

The different compartments in the wagon are indicated by the letters A to H. By the horizontal section it will be seen that two open on the near side, the foremost of which is marked A, the next one B. That

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

marked D opens to the rear, and by the longitudinal section another marked C is shown over it; the two opening on the off side are marked respectively E and F; and the longitudinal section shows another marked G, over A, B, E, and F, but opening from the front over the driver's seat; finally, the compartment under the driving seat is lettered H.

The various subdivisions in these compartments are numbered, commencing with the uppermost, and proceeding from left to right when there are more than one on the same level. Thus Compartment A contains four drawers for bandages (*see* transverse section MN), which are numbered 1 to 4 from above downwards.

Compartments B and C have no subdivision. Compartments D contains seven slides numbered 1 to 7, of which further details will be given below. Compartment E has four subdivisions, as shown in the longitudinal section; No. 1 being for waterproof cloth and other bulky articles, No. 2 being a small locker for 18 bottles of brandy; No. 3 for cooking utensils; and No. 4 for essence of meat and other medical comforts. Compartment F (*see* transverse section MN) has five subdivisions, of these Nos. 1 and 2 are drawers for surgical instruments, and Nos. 3, 4, and 5 below are for portions of medical comforts. Compartment G receives the operating table, and the long splints for fractures of the thigh, which cannot be placed elsewhere. Compartment H has two numbered subdivisions; No. 1 for a can of mineral oil, and No. 2 for the operating lamp, while the remainder of the space receives the cover for the dispensing place at the rear, and the horse blankets, brushes, &c., required by the driver.

The door of Compartment D is hinged below, and when opened falls back into the horizontal position, and forms a table for the dispenser to work at. The slides Nos. 1 to 7 in this compartment draw out over this table. Nos. 1 to 4 face to the right, and Nos. 5 to 7 to the left. Slides 1, 2, 6, and 7 contain most of the medicines required in dispensing, while the apparatus employed by the compounder is nearly all placed in the ends of 3, 4, and 5, directly facing him, and within reach, while the portion of the table opposite these slides is available for him to work at. In the slides, as elsewhere, every subdivision is numbered, commencing at the left of the upper row as it faces the compounder, and embracing those below in succession. In slides 3 and 4 the enumeration commences with the subdivisions in the ends, but in 5, as it commences from the other end, the outer subdivision is the highest number. An elevation of each slide, with the numbers of each subdivision, will be found under D in the list of the contents of the separate compartments.

Contents of Compartments.

COMPARTMENT A.

4 Drawers—

No. 1.	Bandages, calico, 1½ in. wide, 4 yards long	..	No. 200
No. 2.	Ditto 2½ " 7 "	..	" 233
No. 3.	Ditto 3 " 8 "	..	" 240
No. 4.	Bandages, flannel, 4 " 8 "	..	" 50

(429)

M

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

These bandages to be placed in the drawers on their ends, those in Nos. 2 and 3 in two tiers. As the space occupied will vary somewhat according to the thickness of the material the bandages are made of, should the drawers not contain the above numbers, those for which there is not room in Compartment A can be placed in one of the other compartments.

COMPARTMENT B.

Second Cupboard.

Lint, fine	lbs. 70
Marine lint, 1 lb. tins	No. 36
Surgeons' tow	lbs. 40

The marine lint, in 1 lb. tins, to be placed along the partition between A and B; six tins, standing vertically, are to be placed here with a similar row close to this one, and there being room vertically for two more tins, the full quantity can be disposed of. The tow, in bundles of $\frac{1}{4}$ lb. rolls, is to be placed with the ends of the rolls against the partition between B and D, so as to fill up the space from the side of the wagon to the central position; and the lint, in 1 lb. rolls, is to occupy the space between the marine lint and the tow, the ends of the rolls being against the central partition, with a similar row in front of it. Each article may then be got at from the door of the compartment, without moving any of the others.

COMPARTMENT C.

Under roof, rear of Wagon.

Arm cushions, Strohmeier's	No. 6
Arm slings	" 6
Brackets, iron, galvanized, and screws	" 6
Fracture apparatus, assorted—viz. :—*	
Thigh, long splint, 2-scored ditto, pads, &c.	Sets 6
" with foot-piece and other articles mentioned	" 2
Knee-joint, flannel, for plaster of Paris	No. 4
Leg and ankle, scored splints, pads, &c., 17-inch	Sets 3
" " iron, with pads, right	" 3
" " " left	" 3
" " flannel, for plaster of Paris	No. 6
" " McNalty's splint	" 3
Arm, scored splints, pads, &c., 9 and 11-inch	Sets 8
" " " 10 and 12 "	" 8
Elbow, winged, hinged splints	No. 3
Forearm, scored splints, pads, &c., 13-inch	Sets 3
" " " 14 "	" 3
" " " 15 "	" 3
Wrist and hand—Palmar splints	No. 8
Gutta-percha, 18-in. by 4-in. by $\frac{1}{8}$	Pieces 12
Pullies and lines for counter-extension	No. 6
Spatula, spreading	" 1
Syringe, enema, pewter	" 1

* See note on fracture apparatus at page 170.

Description of Pharmacy Wagon.

Description of Pharmacy Wagon—continued.

The wagon is built with two compartments, one for the front and one for the rear, each with a door at the front and a door at the rear.

In packing this compartment the packages for the front of the wagon should be placed at the left, with that for the rear alongside of it, with the long end of the wagon facing the rear. The packages for the rear should be placed at the right of the packages for the front, with the long end of the wagon facing the front. In the center between these two doors is a door for the front of the wagon, which is opened by a handle on the left, and the other handle which opens the door, is on the right.

CONTENTS.

Table No. 1.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

The Wagon—Table No. 1—continued.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

The Wagon—Table No. 1—continued.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

The long splints, those with foot pieces and accompanying apparatus, and Smithson's splints, in Compartment G.

In packing this compartment the apparatus for fractures of the thigh should be placed at the left, with that for the leg alongside of it, each occupying the full length from the end to the door, so that sets of either can be got at as required without disturbing the others. Similarly, apparatus for the arm should be placed on the right of the compartment, extending its full length, with those for the fore-arm alongside. In the centre between them the arm slings to be placed at the end, with the Strohmeyer's cushions close to them, and the other smaller articles towards the door, as may be found convenient.

COMPARTMENT D.

SLIDE NO. 1.

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20		

No. in Slide.

Top Division.—Eleven 1-lb. stoppered bottles.

Spirit Ætheris	1 lb.	1
" " nit.	1 "	2
" Ammon: Arom:	1 "	3
" Chloroform:	1 "	4
Tinct: Cardam: Co:	1 "	5
" Ferri Perchlor:	1 "	6
" Hyoscyam:	1 "	7
" Opii	1 "	8
" Rhei	1 "	9
" Scillæ.. .. .	1 "	10
" Sennæ	1 "	11

Bottom Division.—Nine 2-lb. stoppered bottles.

Acid: Acetic:	2 lb.	12
Liq: Saponis	2 "	13
Liq: Sodæ Chlor:	2 "	14
Ol: Copaibæ	2 "	15
Ol: Olivæ	2 "	16
Ol: Ricini	2 "	17
Ol: Terebinth	2 "	18
Spirit Rectificat	2 "	19
Tinct: Catechu	2 "	20

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

No. in Slide.

SLIDE No. 2.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29			
30	31	32	33	34	35	36	37	38	39	40	41	42			

Top Division.—Eight 4-oz. stoppered bottles.

Acid Sulph: pur:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6 oz.	1
Collodion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	2
Creasote	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	3
Ext: Filicis Liq:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	4
Liq: Epispasticus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	5
Ol: Anisi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 "	6
" Menth: Pip	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 "	7
Tinct: Ergotæ	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	8

Eight 4-oz. wide-mouth bottles.

Argent: Nit:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 oz.	9
Capsici Pulv:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 "	10
Hyd: Oxid: Rub:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	11
" Subchlor:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	12
Iodum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	13
Morph: Hydrochlor:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 "	14
Potass: Caustica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	15

Centre Division.—13 8-oz. stoppered bottles.

Acid, Hydrochlor: pur:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 oz.	17
" Nitric pur:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	18
" Phosph: dil:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	19
Bromine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	20
Liq. Arsenicalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	21
Tinct: Aconiti	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	22
" Aurant:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	23
" Capsici	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	24
" Colch: Sem:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	25
" Digitalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	26
" Lobeliæ	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	27
" Myrrhæ	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	28
" Valerian:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	29

Bottom Division.—13 8-oz. wide-mouth bottles.

Acid Gallic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 oz.	30
" Tannic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	31
Antim: Tart:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	32
Bismuth: Nit:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	33
Ferri et Quinise Cit:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	34
Ferri Perchlor:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	35
Ferri Sulph: ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	36
Hydrarg: c. Cretâ:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	37
Opii Pulv: ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4 "	38
Potass: Permangan	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	39
" Bromid:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	40
Zinci Chlorid:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	41
" Oxid	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8 "	42

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

SLIDE No. 3.													No. in Slide.
1			5	6	7	8	9	10	11	12	13		
2			14	15	16	17	18	19					
3	4		20		21			22					
Bandage roller* No. 1													1
(handle for ditto in 4)													
Stopper loosener													1
Match box													1
Scale and weights, grain, set													2
Scales and weights, ounce													2
(stands for ditto on top of slide)†													
Lamp, hand, small, FS													3
Pill machine													4
Emp: Plumbi													5
„ Saponis													6
Ung: Hydrarg:													7
„ Resinae													8
Magnesia													9
Sulphur													10
Test tubes and papers (nests of 4, No. 6; papers, No. 36)													11
Needles, sewing and packing, thread, silk, plated wire, white wax, camel hair brushes, pins, and carbolized ligature													12
Chiretta													13
Cort: Cinchon:													14
Magnes: Sulph:													15
Pulv: Creta Arom:													16
Senega Rad:													17
Senna, Fol:													18
Potass: Permangan:													19
Ung: Cetacei													20
													21 & 22

SLIDE No. 4.

1			7		9
			8		
2	3		10	12	13
	4				14
5			11		15
					16

* When required to roll a bandage, the frame in No. 1 is to have one end of the horizontal piece placed in the opening at the left-hand corner of the iron ledge round the dispensing table, and the peg attached to the upright at the other end is to be passed through the hole in the latter into that in the table, which will fix it in position; the handle is then to be taken from No. 4 and the spindle inserted in the holes in the upright. To roll a bandage, pass the end under the brass wire extending between the uprights, bring it over the spindle, and make one or two turns to secure it, the operator moving the handle away from him at the upper part of the circle, and so on. When the end is secured, the remainder can be wound up quickly and evenly, with a little practice, and when this is done the spindle is withdrawn and the bandage is ready for use.

† In No. 2 there are the beds for two stands for scales, the uprights for them are in leather slips on top of slide, and these merely require to be inserted in the beds when required for use.

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

	No. in Slide.
<i>Front of Slide—</i>	
Glass measures, minim, 2-oz. and 10-oz.	No. 3 1
Metal measure, pint.. .. .	" 1 1
Pewter ounce measure	" 1 2
Gallipots, in sorts	" nest 1 2
Empty tins for pills, &c.	No. 8 3 & 4
Pewter basins, 11-inch	" 2 5
Slabs, 10-inch	" 2 6
Spaces left for books and stationery	" 7 & 8
Ruler, 12-in.	No. 1 7
Bath Thermometer	" 1 9
Bottles, 4-oz... .. .	" 19 Drawer 9
" 8-oz... .. .	" 12 " 9
Paper pill boxes, papers	" 2 " 9
Chip	" 1 " 9
Corks, assorted	gross 1½ " 9
Inkstands	No. 2 " 10
Inkpowders	packets 2 " 10
Steel pens	boxes 2 " 10
Penholders	No. 4 " 10
Blacklead pencils	" 2 " 10
Blank labels	" 200 " 10
Ink eraser and india-rubber	" 1 " 10
Irrigators, set of 3	set 1 " 11
Sponges, in bag	No. 36 " 11
Hone, in mahogany	" 1 " 12
Pewter syringes, male	" 12 " 13
Glass syringes, in tin cases	No. 6 Drawer 13
Oiled silk	yds. 6 " 14
Trusses, reversible	No. 4 " 15
Suspensory bandages	" 6 " 15
Skins of leather	" 6 " 16
I. R. tubing	yds. 18 " 16
Stethoscopes, vulcanite	No. 2 " 16
Air cushions.. .. .	" 6 " 16

The small tins in Nos. 3 and 4 are for pills or powders, ready for administration, the components of which the medical officer can vary from time to time, to meet the forms of disease then prevailing.

SLIDE No. 5.

1	2	3	4				15
5	6	7	8	9			
10	11	12	13	14			

Gallipots, in sorts	nest 4	1
Packthread	lb. 1	2
Broad tape	pieces 6	3

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

										No. in Slide.																																																				
Six tins, containing plaster, viz:—																																																														
Emp: Cerat: Saponis yds. 8										4																																																				
" Icthyocolla " 20										4																																																				
" Adhesive, Leslie's 1/4-inch tapes, 12 tapes, 12 yards each .										4																																																				
" " " 1 " 6 " 10 " "										4																																																				
" " " 6 " 14 " "										4																																																				
Lamp wick, colza yds. 2										4																																																				
" paraffin " 1										4																																																				
Five tins of Plaster of Paris lbs. 30										5 to 9																																																				
Five large tins containing:																																																														
Two Ol: Lini lbs. 12										10 & 11																																																				
" Olivæ " 6										12																																																				
" Ricini " 6										13																																																				
Colza oil pints 5										14																																																				
Front of Slide—																																																														
Corkscrews No. 2										15																																																				
Palette knives.. .. . " 3										15																																																				
Counter scissors " 2										15																																																				
Tin funnel " 1										15																																																				
Compo: mortars and pestles.. .. . " 2										15																																																				
SLIDE No. 6.																																																														
POISONS																																																														
<table><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr><tr><td>5</td><td>6</td><td>7</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>9</td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10</td><td></td><td></td><td></td><td>11</td><td></td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td></td></tr></table>											1	2	3	4	1	2	3	4	5	6	7	8	9	5	6	7	8										9				10									10				11		12	13	14	15	16	17	
1	2	3	4	1	2	3	4	5	6	7	8	9																																																		
5	6	7	8																																																											
9				10																																																										
10				11		12	13	14	15	16	17																																																			
Poison Subdivision	{	Acid hydrocyan: dil:.. .. . oz. 2										1																																																		
		Hydrarg: iodid: rub: " 2										2																																																		
		Atropine, Savory & Moore's Hypodermic discs, No. 250										3																																																		
		Ergotine, Savory & Moore's Hypodermic discs, No. 250										4																																																		
		Hydrarg: perchlorid: oz. 2										5																																																		
		Liquor strychniæ " 2										6																																																		
		Morphiæ acet: Savory & Moore's Hypodermic discs No. 1,000										7																																																		
		Strychnia, Savory & Moore's Hypodermic discs No. 250										8																																																		
		Grain scales and weights set 1										9																																																		
		Compo: mortar and pestle No. 1										10																																																		
		Minim measure " 1										10																																																		
		Knife on door										10																																																		
Open part.																																																														
Vacant.. .. .										1																																																				
Six 12-oz. capped bottles. } lbs. 6										2 to 7																																																				
Chloroform																																																														
Liq: Ammon: Fort:.. .. . " 1										8																																																				
Tinct: Iodi " 1										9																																																				

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

	No. in Slide.
Three tins, containing—	
Ext: Belladon: oz. 8	10
„ Hyoscyam: „ 8	10
„ Opil „ 8	10
Two tins, containing—	
Pil: Coloc: et Hyoscyam lb. 1	11
„ Hydrarg „ 1	11
Acid Carbolici „ 2	12
Aqua Distill: „ 2	13
Glycerine 2 lb. 8 oz.	14
Water glass lb. 2	15
Cupri Sulph: lb. 2	16
Salicin: oz. 12	17
SLIDE No. 7.	
(See slide No. 1.)	
Top Division—Eleven 1-lb. bottles:	
Acid Tartaric Pulv: lb. 1	1
Camphor oz. 8	2
Catechu Pulv: „ 8	3
Chloral Hydrat lb. 1	4
Potass: Bicarb: Pulv: „ 1	5
„ Chlorat „ 1	6
„ Tart: Acid „ 1	7
„ Iodid „ 1	8
Pulv: Ipecac: Co: oz. 8	9
Rhei Pulv: „ 8	10
Zingiber Pulv: „ 8	11
Bottom Division—Nine 2-lb. bottles.	
Acacie Pulv: 1 lb.	12
Alum Pulv: 2 „	13
Ammon: Carbon: 1 „	14
Ipecac: Pulv: 1 „	15
Plumbi Acet: 2 „	16
Potass: Nitrat: Pulv: 2 „	17
Pulv: Jalapae Co: 1 lb. 8 oz.	18
Quinia Sulph: 12 „	19
Sodae Bicarbon: 2 lb.	20
COMPARTMENT E.	
Calico 50 yds.	1
Carded cotton 6 lbs.	1
Flannel 20 yds.	1
Linen sheeting 30 „	1
Plaster, adhesive, Leslie's, tins containing:—	
1/2-inch tapes, 12 yards each No. 5	1
1 „ 10 „ „ 11	1
6 „ 14 „ „ 5	1
Plaster, soap cerate, 2 tins containing 8 yards each	1
Transfusion apparatus (Roussel's)	1
Urinometer apparatus	1
Waterproof cloth, German 30 yds.	1
Bottles for wine No. 18	2
Kettle, tin, tea, 2 gallons „ 1	3
Saucepans, cooking, nest of 4 „ 1	3
Large tin, wood lined, for salt 14 lbs.	4
Tin for pepper 3 „	4
„ mustard 3 „	4
Essence of meat 20 „	4

Description of the Survey Wagon

Description of the Survey Wagon

The bill of material attached to the survey wagon is a list of the various parts and materials which are required for the construction of the wagon. The bill is divided into two parts, one for the body of the wagon and the other for the wheels and axles. The bill is given in the form of a list of items, each with a quantity and a price. The items are listed in the following order: 1. Body of the wagon, 2. Wheels, 3. Axles, 4. Springs, 5. Brakes, 6. Lights, 7. Horn, 8. Bells, 9. Miscellaneous.

Two Wagon at Baltimore

Table 1

Body of the wagon	1	2.00
Wheels	4	4.00
Axles	2	1.00
Springs	2	1.00
Brakes	2	1.00
Lights	2	1.00
Horn	1	.50
Bells	2	1.00
Miscellaneous	1	.50
Total		12.00

Two Wagon at Baltimore

Body of the wagon	1	2.00
Wheels	4	4.00
Axles	2	1.00
Springs	2	1.00
Brakes	2	1.00
Lights	2	1.00
Horn	1	.50
Bells	2	1.00
Miscellaneous	1	.50
Total		12.00

Two Wagon at Baltimore

Table 2

Body of the wagon	1	2.00
Wheels	4	4.00
Axles	2	1.00
Springs	2	1.00
Brakes	2	1.00
Lights	2	1.00
Horn	1	.50
Bells	2	1.00
Miscellaneous	1	.50
Total		12.00

The survey wagon is a vehicle which is used for the purpose of surveying. It is a four-wheeled vehicle with a body which is made of wood or metal. The body is divided into two parts, one for the driver and the other for the surveyor. The driver sits in the front and the surveyor sits in the back. The surveyor has a telescope which is used for measuring the distance between two points. The driver has a steering wheel which is used for steering the vehicle. The survey wagon is a very useful vehicle for surveying.

The survey wagon is a vehicle which is used for the purpose of surveying. It is a four-wheeled vehicle with a body which is made of wood or metal. The body is divided into two parts, one for the driver and the other for the surveyor. The driver sits in the front and the surveyor sits in the back. The surveyor has a telescope which is used for measuring the distance between two points. The driver has a steering wheel which is used for steering the vehicle. The survey wagon is a very useful vehicle for surveying.

The wire of the Smithson's splints is in the form of a long loop, with cross-pieces regulating the breadth; the sides, however, are quite straight, as the medical officer, when he comes to apply it, can easily bend these at such points and to such angles as he may find to suit the case.

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

COMPARTMENT H.

Box under Driving Seat.

Tin of paraffin oil, about 1 gallon	..	..	No. 1
Lamp, operating, No. 1	..	..	" 2
Cover for rear of wagon	..	..	" 3
Pegs, tent, No. 10..	..	..	" 3

The tank below, in front of the hind axle, is similar to that attached to the ambulance wagon. To fill it, screw the leather funnel to the end of the long tube and attach the funnel to the hook at the right side of the wagon. Open the large stopcock at the lower part of the tank, also the small one above to allow the air to escape, then pour water into the funnel until the tank be filled. When full, close the lower stopcock, and then the small one above, unscrew the funnel from the tube, and hang it to the proper hook below the bed of the wagon. To obtain water from the tank it is only necessary to open the large stopcock, placing a vessel below the end of the tube to receive it. Should it not flow freely, the small stopcock above may be opened.

Note on Fracture Apparatus.

As the preparation of the necessary apparatus for securing fractures occupies considerable time, even when the materials are at hand, it was thought advisable to arrange a number of these containing everything required to put up fractures in the first instance, at least, so as to save valuable time during the hurry and bustle of an action, or of receiving large numbers of wounded immediately after one. Such combinations necessarily limit the selection of the surgeon as to the means he is to employ, but the increased importance of having ready to his hand, when so much pressed, a set of apparatus that will fulfil his object satisfactorily, must be taken as adequate compensation for this not being in every instance in all respects as he might have wished it to be, and when the pressure is removed, it will always be in his power to substitute something else that may be more suitable to the particular case.

As the most generally useful kind of splint is the ordinary scored and lined wood splint, this was selected for the purpose, but pads are required for these, and the means of securing the whole to the limb. Tow, undoubtedly, forms the best pad for splints in most cases, but it occupies much time to prepare, and with discharging wounds would become very soon so soiled as to require to be completely changed. An effort was made to have waterproof cases stuffed with tow, so as to avoid the latter difficulty, but the constant applications of such material to the skin was found to create so much irritation that it had to be abandoned. Thin mats of cocoanut fibre, or coir, were then tried, with the wove part next the splint, and the free ends of the fibres towards the limb, these were found to possess a sufficient degree of elasticity to afford the requisite support to a fracture, while the openness of the texture favoured the coolness of the part, and a double fold of linen between the coir and the skin was found to protect the latter sufficiently from the roughness of the coir fibre. The coir mats, too, could be washed and disinfected with any of the customary

Description of Pharmacy Wagon.

Instructions in Pharmacy Wagon—continued.

adhesive for that purpose, and were well suitable for the treatment of such injuries.

The materials of apparatus were based on these details: a set for the arm, forearm, or leg including two curved metal splints, two over pads (these for the leg with laces made in them for the splints), two pieces of band adapted to cover the face of the pads, and four pieces of tape, each sufficiently long, when doubled, to go over the splints when applied to the limb, and after of one end being passed through the loop and tied to the other. Any fracture of the arm or leg can be completely reduced by tape, and in this way each bone can be tightened or loosened as desired, without touching the other or distorting the limb, and the position of the ends of the bones can be maintained through the day or day without touching the splints. The size of the arm splints is the same as those, a long splint, a padded band, a piece of band 2 feet long, 4 inches broad, with the ends for 12 feet square with adhesive strips, also applied to the leg for extension, and a special band, shorter of 14 yards to 1 yard, was provided. After applying the short splints to the limb, if desired, and the plaster bandage to the leg for extension, the long splints to be laid over the ends of the bones over the large piece of band, and to be rolled up in this, leaving enough free to pass under and over the thigh, and to adjust of the tape ends being secured to the upper ends of the splints by pins or stitches. By this method the limb can be supported equally well as by the usual plan of bandaging with the splint under the first apparatus, while the advantage of this is that the limb is not so much distorted, and the danger of tying to the first splint can be removed. A double, extra-wide bandage is provided where there are many serious wounds to attend to.

In comparison I use two long splints with fast-strings; these have the other portions of the apparatus for fractured thigh, constructed above, tied up with them.

Should it be desired to use a fine one with an interrupted splint, these are the splints and bandage provided, with the separate pieces of band adapted to be laid over the splints, and one of these bandages applied to keep the ends separate over the wound.

There are several other varieties of splints which are in ordinary use, and which require no special notice. Those of Dr. Smith's, however, for severe laceration of the leg, will, on slight, prove very useful in appropriate cases.

As it may be found convenient to employ extension, with a weight suspended to the arm, the weight is here with short pieces of line, and provided. With one of these pulleys tied to a post at the head of the patient's bed, and the line passed through it, the surgeon may exert the degree of traction he desires by increasing one end to the limb, and by attaching a bag of earth or sand to the other end, varying the quantity to suit his requirements.

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

solutions for that purpose, and were still suitable for the treatment of such injuries.

The selection of apparatus was based on these details: a set for the arm, fore-arm, or leg includes two scored wood splints, two coir pads (those for the leg with holes made in them for the malleoli), two pieces of linen folded to cover the face of the pads, and four pieces of tape, each sufficiently long, when doubled, to go over the splints when applied to the limb, and allow of one end being passed through the loop and tied to the other. Any fracture of the arm or leg can be completely secured by tapes, and in this way each tape can be tightened or loosened as desired, without touching the others or disturbing the limb, and the position of the ends of the bone can be ascertained readily from day to day without undoing the splints. For the thigh, in addition to the above articles, a long splint, a perineal bandage, a piece of linen 4 feet long, 4 inches broad, with the ends for $1\frac{1}{2}$ feet spread with adhesive plaster, to be applied to the leg for extension, and a piece of linen sheeting of $1\frac{1}{4}$ yards by 1 yard, are provided. After applying the short splints to the limb, if desired, and the plaster bandage to the leg for extension, the long splint is to be laid over the edge of the short side of the large piece of linen, and is to be rolled up in this, leaving enough free to pass under and round the thigh, and to admit of the free edge being secured to the upper side of the splint by pins or stitches. By this method the limb can be supported equally well as by the usual plan of bandaging over the splint from the foot upwards, while the saving of time in the first instance, and the ease with which the sheeting can be removed, if desired, have much to recommend it where there are many serious wounds to attend to.

In compartment G are two long splints with foot-pieces; these have the other portions of the apparatus for fractured thigh, enumerated above, tied up with them.

Should it be desired to treat a fracture with an interrupted splint, there are six galvanised iron brackets provided, each with the requisite number of screws tied to it; a long splint may be cut in such a position as may be suitable for the particular case, and one of these brackets applied to keep the ends separate over the wound.

There are several other varieties of splints which are in ordinary use, and which require no special notice. Three of Dr. McNalty's, however, for severe injuries of the leg, will, no doubt, prove very useful in appropriate cases.

As it may be found convenient to employ extension, with a weight regulated to the case, six single pulleys with short pieces of line are provided. With one of these pulleys tied to a post at the foot of the patient's bed, and the line passed through it, the surgeon may exert the degree of traction he desires by fastening one end to the limb, and by attaching a bag of earth or sand to the other end, varying the quantity to suit his requirements.

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

Contents of the different Cases of Instruments in the Pharmacy Wagon.

Amputating Case.

1 ordinary amputating saw.	1 screw tourniquet, large.
1 finger saw.	1 field screw tourniquet.
2 10½-in. straight one-edged amputation knives.	1 Liston's straight-bone forceps.
2 9-in. straight one-edged amputation knives.	6 large sewing needles.
2 7½-in. straight one-edged amputation knives.	12 acupressure needles of sizes.
2 5½-in. straight one-edged amputation knives.	24 surgical needles.
1 knife to scrape off periosteum.	6 scalpels.
4 artery forceps.	Silk for ligatures.
1 tenaculum.	Catgut.
1 spring forceps.	Wax.
	Wire for sutures.
	1 needle for inserting wire.
	1 scissors.

Case of Amputating Knives and Scalpels.

4 10½-in. straight one-edged amputation knives.	2 5½-in. straight one-edged amputation knives.
4 9-in. straight one-edged amputation knives.	2 knives to scrape off periosteum.
7½-in. straight one-edged amputation knives.	2 scissors.
	12 scalpels.

Bandages for Bloodless Operations.

1 coil india-rubber webbing.	1 staff.
1 tourniquet.	

Case of Catheters.

12 silver and nickel male catheters, of sizes.	12 elastic gum catheters, of sizes.
	6 elastic bougies.

Cupping Instruments.

1 bottle.	1 scarificator.
6 cupping glasses.	1 torch or lamp.

Dressing Case for Orderlies.

1 clasp knife, long-bladed.	1 dressing forceps.
1 pair strong scissors.	Skein of thread.
1 large spatula.	6 needles, common.
1 probe and director, combined.	Pins, a supply.

Eye Instruments.

1 straight iridectomy knife.	1 pair curved iris forceps.
1 curved " "	2 " curved scissors.
1 Weber's canaliculus "	1 " straight "
1 Bowman's puncture "	1 " Maunder's iris scissors.
2 linear knives.	2 " straight forceps.
1 Dixon's cataract knife.	1 " cilia forceps.
1 Desmarre's retractor.	1 set Bowman's probes.
1 eyelid " (inside).	1 vulcanized curette.
1 " " (outside).	1 lens hook.
1 " " Samder's.	1 Bowman's stop needle.
1 pricker.	1 " strabismus hook.
1 Scarpa's needle.	1 Taylor's vecta.
1 broad "	1 cystotome and curette.
1 Deer's "	1 double (platina) iris hook.
1 silver spatula.	1 double spoon.

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

General Case of Instruments.

1 hernia knife.	1 trocar for paracentesis abdominis.
1 tenotomy knife.	1 horsehair probang for œsophagus (Weiss).
1 curved probed pointed bistoury.	2 polypus forceps, 1 straight, 1 curved.
1 straight " " "	1 hydrocele trocar.
1 " sharp-pointed " "	2 tooth forceps.
1 lithotomy knife.	1 tooth key, with 3 claws.
1 grooved staff.	1 scissors.
1 calculus scoop.	1 Bellocq's canula.
1 " forceps.	1 Nelaton's probe.
1 Langenbach's double hook for tracheotomy.	2 subcutaneous injection syringes.
2 silver double canulas for tracheotomy.	Silk for ligatures.
24 sewing and acupressure needles.	Catgut carbolized.
1 cutting pliers.	Wire for sutures, with needle.
2 œsophagus forceps (one opening outwards and one from behind to before).	1 aneurism needle.
1 rectal trocar with canula.	Wax.

Gypsum Bandage Instruments.

Gypsum knife.	Gypsum scissors.
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Ophthalmoscope and Laryngoscope Case.

1 ophthalmoscope.	1 laryngoscope.
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Pocket Case of Instruments.

No.	Articles.	Dimensions.
		Inches.
1	Probe, curved and straight, sharp-pointed bistouries, in one handle	3 $\frac{1}{2}$
1	Symes' abscess knife and double-edge scalpel, in one handle	3 $\frac{1}{2}$
1	Tenaculum and gum knife, in one handle	3 $\frac{1}{2}$
1	Pair crooked scissors	4 $\frac{1}{2}$
1	Spatula, German silver	4 $\frac{1}{2}$
1	Bow dressing forceps	4 $\frac{1}{2}$
1	Director and aneurism needle, plated	4 $\frac{1}{2}$
1	Pair, artery forceps, fenestrated.. .. .	3 $\frac{1}{2}$
2	Probes, plated	4 $\frac{1}{2}$
1	Male and female silver catheter combined, caustic-case with palladium crayon.. .. .	4 $\frac{1}{2}$
1	Clinical thermometer	4
1	Case for ditto, plated	4 $\frac{1}{2}$
2	Lancets	2 $\frac{1}{2}$
2	Dieffenbach's forceps	2
1	Silver hypodermic syringe, in case	3
6	Needles, plated	2 $\frac{1}{2}$ × 2 $\frac{1}{8}$
1	Tablet of silk and wire for sutures	
	All contained in a Morocco single-flapped case of the following dimensions	Length, 5 $\frac{1}{2}$. Breadth 2 $\frac{1}{2}$. Thickness, at clasp, 1 $\frac{1}{2}$.
	Total weight with instruments, 9 $\frac{1}{4}$ ozs.	

Description of Pharmacy Wagon.

DESCRIPTION OF PHARMACY WAGON—continued.

Post-mortem Instruments.

1 blow pipe.	3 long needles.
1 cartilage knife.	1 saw.
1 chisel for opening spinal column.	3 ordinary scalpels.
1 forceps.	1 tang scalpel.
1 hammer.	1 pair bowel scissors.
1 hook fixed in handle.	1 „ sharp-pointed scissors for dissecting.
1 set of hooks, chains.	

Resection Instruments.

1 large Liston's bone forceps, curved.	1 grooved chisel.
1 forceps for grasping bone.	1 sequestrum forceps.
1 bow saw with 2 spare blades.	1 chain saw.
1 narrow straight saw.	2 trephines, with trepan crown and lifting pyramid (1 of $\frac{1}{8}$ inch diameter 1 of $\frac{3}{16}$ inch diameter).
1 saw with shifting back.	1 brush.
6 resection knives (2 pointed, 2 curved back, 1 button-ended, and 1 with blunt point).	1 lenticular.
2 strong pointed hooks.	1 pair scissors.
2 blunt wood hooks, retractors.	2 American bullet forceps.
2 raspatories, hook drooped and goat-foot shaped.	1 midwife's hinge bullet forceps.
2 elevators (1 single, 1 double).	1 Coxeter's bullet extractor.
	1 long silver probe.

Stomach Pump.

1 foot for enema.	1 seat.
1 gag.	1 syringe, double, lever action.
1 enema, angular.	1 tube, connecting, for enema.
1 do. straight.	1 „ oesophagus.
1 wastepipe.	

Contents of a Surgery Wound for a Patient

APPENDIX No. 1

CONTENTS OF A SURGERY WOUND FOR A PATIENT

1. The patient's name and address
2. The patient's age and sex
3. The patient's occupation
4. The patient's medical history
5. The patient's present condition

Contents of a

Item	Quantity	Remarks
1. The patient's name and address	1	
2. The patient's age and sex	1	
3. The patient's occupation	1	
4. The patient's medical history	1	
5. The patient's present condition	1	
6. The patient's present condition	1	
7. The patient's present condition	1	
8. The patient's present condition	1	
9. The patient's present condition	1	
10. The patient's present condition	1	
11. The patient's present condition	1	
12. The patient's present condition	1	
13. The patient's present condition	1	
14. The patient's present condition	1	
15. The patient's present condition	1	
16. The patient's present condition	1	
17. The patient's present condition	1	
18. The patient's present condition	1	
19. The patient's present condition	1	
20. The patient's present condition	1	

 Contents of a Surgery Wagon for a Bearer Company.

APPENDIX No. 4.

 LIST OF CONTENTS OF A SURGERY WAGON FOR A BEARER COMPANY.

* The Medicines, Surgical Appliances, and Instruments are contained in 6 Baskets covered with hide, and lettered A, B, C, D, E, and F.

A. Medicines, &c.

B and C. Instruments and Surgical Appliances.

D. Surgical Appliances.

E. " (Splints, &c.)

F. Reserve.

 Medicines, etc.

Articles.	Quantity.	Letter of Basket in which the articles are placed.
Acid, Carbolic .. oz.	12	A.
" Gallic	1	
Ammon. Carbon.	8	
Argent, Nitrat	1	
Brandy gall.	1	
Chloroform lb.	4	B and C. 2 B, 2 C.
Chloral Hydrat oz.	2	
Chlorodyne "	4	
Cocoa and milk tins	4	
Discs for hypodermic injection, Morphia	1,000	
Discs for hypodermic injection, Ergotine	750	A.
Ipecac. Pulv. oz.	4	
Liq. Ammon Acet. Conc.	12	
Liq. Ferri, Perchlor. Fort.	12	
Liq. Morphia, for injections, gr. j., m. vi.	4	
Liq. Potass. Permang. lb.	1½	B.
Mixt. for diarrhoea "	1½	
Mustard leaves tins	2	
Ol. Menth. Pip. oz.	1	
Ol. Olive, Carbolyzed (1 to 50) lb.	3	
Ol. Ricini "	2	

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.	Letter of Basket in which the articles are placed.
Medicines, &c.—continued.		
Ol. Terebinth lb.	1½	A.
Opil Pulv. oz.	2	
Pills, Hyd. Subchlor. gr. j. .. bottle	1	
" { Opil Pulv., gr. j. } .. "	1	
" { Plumbi, Acet., gr. iij. } .. "	1	
" { Hyd. Subchlor. gr. ij., et } .. "	1	
" { pil. Coloc. Co., gr. iij. } .. "	1	
" Pulv. Opil, gr. j. "	1	
" Quinine, gr. j. "	1	
Pulv. Ipecac. Comp. oz.	3	
Quinine "	16	10 oz. A and 4 lb. B.
Soda, Tartarata lb.	4 10	
" Bicarbon "	10	
Spirit Ætheris, Nit. "	10	
" Ammon. Arom. lb.	1½	
" Chloroformi oz.	12	A.
Tablets, Aromatic confection, ½ dram each } doz.	9	
" Opiate confection, 1 scruple each } .. "	12	
Tinct. Benzoin. Co. oz.	12	
" Opil "	12	1½
Ung. Cetacei lb.	1½	

Appliances, Instruments, &c.

Air cushions "	6	3 D, 3 E.
Amputating knives set	1	D.
Aprons, attendants' "	6	3 D, 3 E.
" Surgeons' "	3	2 D, 1 E.
Arm slings, wire "	4	F.
Bandages, 1st dressing "	100	25 B, 25 C, 50 F.
" for bloodless operations "	2	1 B, 1 C.
" Calico, 2½ in., 5 yds. long "	200	50 B, 50 C, 100 D.
" " 1 " " " "	6	3 B, 3 C.
" " 1½ " " " "	6	3 B, 3 C.
" " 3 " " 8 " "	500	50 B, 50 C, 100 D, 64 E, and 236 F.
" Flannel 4 " 8 yds. long "	10	5 B, 5 C.
Basins, zinc, kidney-shaped, for washing wounds "	4	A.
Bottles, 2-oz. and 4-oz. doz.	1½	A.
Camel-hair pencils "	6	A.
Carbolized catgut "	2	A.
Cardboard, 23 × 12 pieces	6	3 D, 3 E.
Chamois skin "	1	D.
Chloroform inhalers, with drop bottles "	2	A.
Catheter, gum elastic set	1	A.
" Silver and silver plated "	1	A.
Cord oz.	8	B.
Corks, assorted doz.	6	A.
Corkscrew, compound "	1	A.
Cotton wool lb.	3	8 oz. B, 8 oz. C, ½ lb. D, 8 oz. F.
Dressing tray "	1	F.

Statement of a Surgery Warrant for a Negro Company.

Received of a Surgeon, Warranted.

Article	Quantity	Value of Article in which it is included or paid.
Amputation, 2nd - 1st class	1	10
Amputation, 2nd - 2nd class	1	10
Amputation, 2nd - 3rd class	1	10
Amputation, 2nd - 4th class	1	10
Amputation, 2nd - 5th class	1	10
Amputation, 2nd - 6th class	1	10
Amputation, 2nd - 7th class	1	10
Amputation, 2nd - 8th class	1	10
Amputation, 2nd - 9th class	1	10
Amputation, 2nd - 10th class	1	10
Amputation, 2nd - 11th class	1	10
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Amputation, 2nd - 94th class	1	10
Amputation, 2nd - 95th class	1	10
Amputation, 2nd - 96th class	1	10
Amputation, 2nd - 97th class	1	10
Amputation, 2nd - 98th class	1	10
Amputation, 2nd - 99th class	1	10
Amputation, 2nd - 100th class	1	10

Contents of a Surgery Wagon for a Bearer Company.

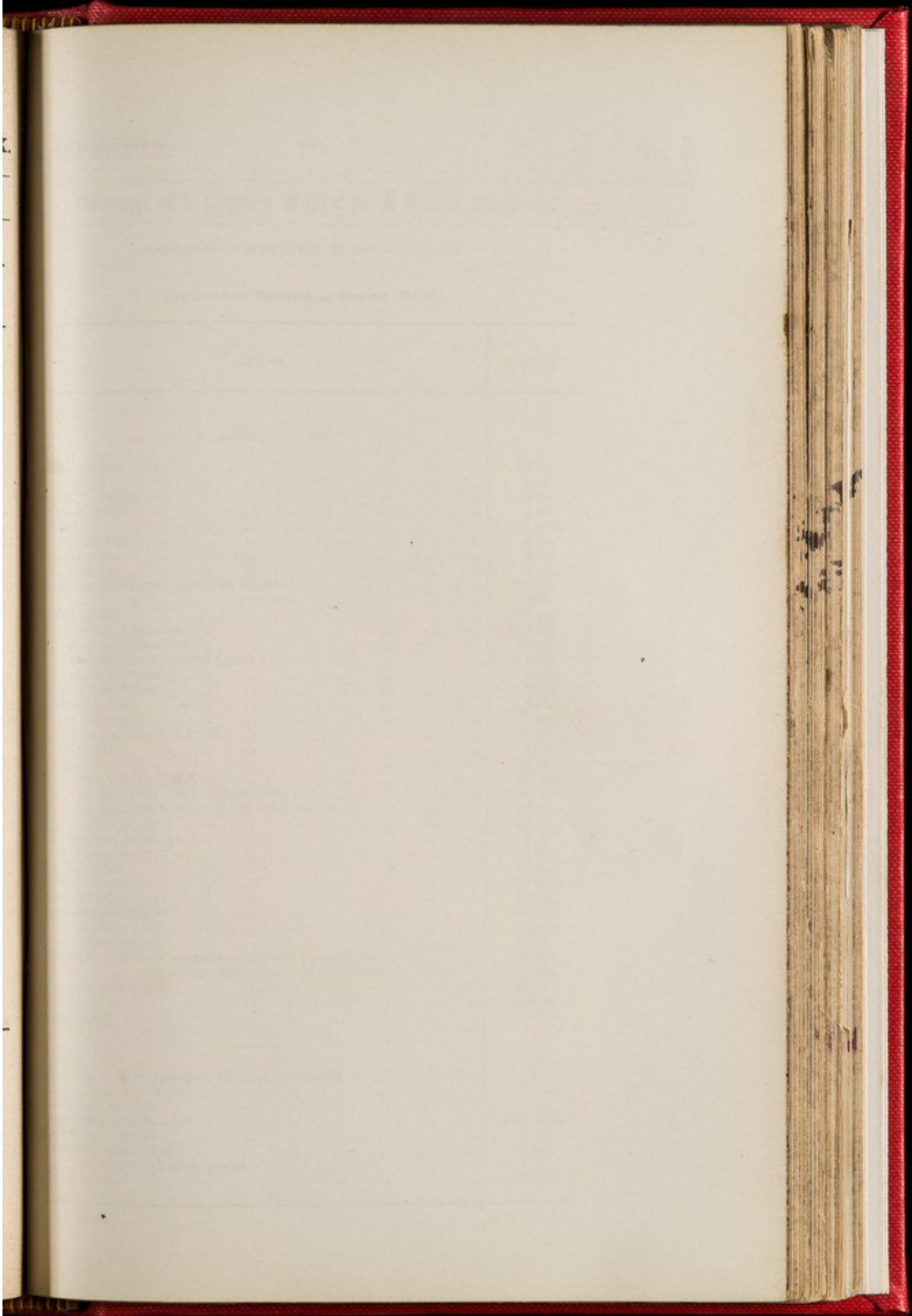
CONTENTS OF A SURGERY WAGON—continued.

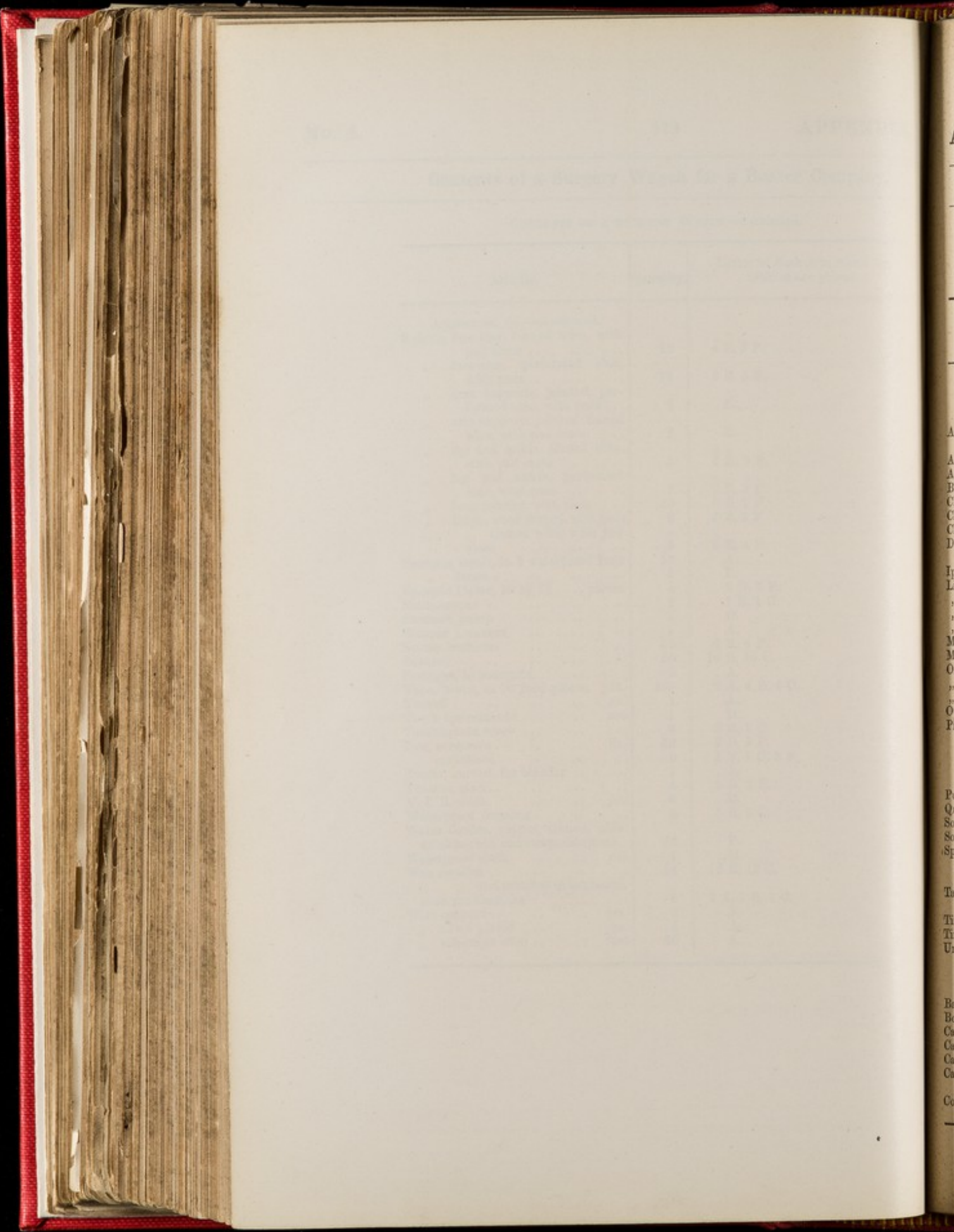
Articles.	Quantity.	Letter of Basket in which articles are placed.
Appliances, &c.—continued.		
Flannel, fine yds.	5	F.
" for fomentations	5	F.
Forceps, tongue	1	A.
Gutta-percha, for splints, 18 X 4 inches pieces	12	F.
Haversacks—(For contents see end)	12	F.
Hone	1	A.
Horn cups, grad.	2	A.
Instruments, resection case .. case	1	C.
" surgeon's case	2	1 D, 1 E.
Irrigators, with stop cocks. 3 ivory jets, with I. R. tubing	2	1 B, 1 C.
Labels, blank	200	A.
Lamps, operating, with match boxes	3	1 B, 1 C, and 1 E.
Linen sheeting yds.	20	10 D, 10 F.
Lint, fine lbs.	20	2 B, 2 C, 16 F.
Measures, minim	3	A.
" pewter, oz.	6	2 each A, B, C.
" 2 oz.	2	A.
Measuring tapes	2	1 B, 1 C.
Mortar and pestle	1	A.
Needles, stout sewing	50	A.
Oiled silk yds.	6	3 B, 3 C.
Old linen sheets	6	F.
Packthread oz.	8	C.
Pad cases for splints—		
Arm-jointed elbows .. sets	2	F.
Fore-arm	2	
Leg and ankle pairs	4	
Thigh	2	
Thigh, wood, shaped .. sets	2	
Paper, paraffin sheets	12	6 B, 6 C.
" powder pkt.	1	A.
Pins papers	4	2 A, 1 B, 1 C.
" 1st dressing	100	50 B, 50 C.
Pill boxes, nested doz.	3	A.
Pill and palette knives	4	A.
Plaster, adhesive, tins, 8 yds. each, $\frac{1}{2}$ -in.	30	18 A, 6 B, 6 C.
" " " 8 " 1 "	36	10 A, 13 B, 13 C.
" " " 6 " 6 "	22	6 A, 6 B, 5 C, 4
" isinglass yards	5	A.
Razor	1	A.
" strop	1	A.
Retractors	4	A.
Scales and weights, with extra weights set	1	A.
Scalpels	1	A.
Scissors prs.	5	1 pair each, A, B, C, D, and E.
Screwdriver, short, for trusses, A.M.D. supply	1	A.
Solidified soup .. ..	..	B.
Specification tallies books	6	4 A, 1 B, 1 C.
Cases with pencils for ditto	3	1 A, 1 B, 1 C.
Splints, arm, iron wire, with pads ..	30	18 F, 12 E.

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.	Letter of Basket in which the articles are placed.
Appliances, &c.—continued.		
Splints, fore-arm, tinned wire, with pad cases	10	4 E, 6 F.
" fore-arm, perforated zinc, with pads	10	5 E, 5 F.
" arm supports, jointed, perforated zinc, with pads ..	2	E.
" arm supports, jointed, tinned wire, with pad cases ..	2	E.
" leg and ankle, tinned wire, with pad cases	5	3 E, 2 F.
" leg and ankle, perforated zinc, with pads	5	2 E, 3 F.
" long jointed, with pads ..	10	3 E, 7 F.
" thigh, wood shaped, with pads ..	6	3 E, 3 F.
" " tinned wire, with pad cases	6	2 E, 4 F.
Sponges, small, in 2 waterproof bags	10	A.
" large	3	E.
Spongio Piline, 18 by 18 .. pieces	4	2 D, 2 E.
Stethoscopes	2	1 B, 1 C.
Stomach pump	1	D.
Stopper Loosener	1	A.
Stump cushions	12	6 E, 6 F.
Sutures	20	10 B, 10 C.
Syringes, hypodermic	2	A.
Tape, broad, in 10 yard pieces, yds.	100	2 A, 4 B, 4 C.
Thread oz.	1	A.
Tooth instruments set	1	D.
Tourniquets, screw	6	3 B, 3 C.
Tow, surgeon's lb.	10	2 D, 8 F.
" carbolized	5	1 B, 1 C, 3 F.
Trocar, curved, for bladder	1	A.
Trusses, steel	4	2 D, 2 E.
V. I. R. cloth yds.	6	D.
Waterproof dressing	6	3 B, 3 C.
Water bottles, copper, tinned, with drinking cup and straps complete.	12	F.
Waterproof cloth yds.	4	D.
Wax candles	24	12 B, 12 C.
" " and matches in tin boxes, with candlesticks	3	1 A, 1 B, 1 C.
Wire nippers prs.	2	A.
" silver plated oz.	1	A.
" telegraph wire feet	20	A.





Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Contents of Baskets in Bearer Wagon.

Articles.	Quantity.
A. MEDICINE BASKET.	
Acid, carbolic	12 oz.
" gallic	1 oz.
Ammon, carbon	8 oz.
Argenti, nitrat	1 oz.
Brandy	1 gall.
Chloral hydrat	2 oz.
Chloroform	4 lbs.
Chlorodyne	4 oz.
Discs for hypodermic injection, morphia	1,000
" " " ergotine	750
Ipecac. pulv.	4 oz.
Liq. ammon. acet. conc.	12 oz.
" ferri. perchlor. fort.	12 oz.
" morphia, for injections (grain 1 in mvi)	4 oz.
" potasse permang.	1½ lb.
Mixt. pro diarrhoea	1½ lb.
Mustard leaves	2 tins.
Ol. menthae. pip.	1 oz.
" olivae, carbolized, 1 to 50	3 lbs.
" terebinth	1½ lb.
Opil. pulv.	2 oz.
Pills, hyd. subchlor. gr. j	12 doz.
" Rj. opil. pulv., gr. j, plumbi. acet. gr. iij	6 "
" Rj. hyd. subchlor, gr. ij. pil. coloc. co. gr. iij	6 "
" pulv. opil., gr. j	12 "
" quinine, sulph. gr. j	9 "
Pulv. Ipecac. co.	3 oz.
Quinine, sulph.	16 oz.
Soda, tartarata	10 oz.
Soda, bicarbon	10 oz.
Spirit, ætheris nitrosi	10 oz.
" ammon. arom.	1½ lb.
" chloroform	12 oz.
Tablets for diarrhoea, aromatic confection (½ dram each)	9 doz.
" " opiate confection (1 scruple each)	12 doz.
Tinct. benzoin comp.	12 oz.
Tinct. opil.	12 oz.
Ung. cetacei	1½ lb.
Basins, zinc, kidney-shaped, for washing wounds	4
Bottles, 2 oz. and 4 oz.	1½ doz.
Camel hair brushes	6
Candle and wax matches	1 tin box.
Carbolized catgut	2 oz.
Catheters, elastic gum	1 set.
" silver and silver-plated	1 "
Corks, assorted	6 doz.

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.
Contents of Baskets—continued.	
Corkscrew, compound	1
Forceps, tongue	1
Horn, cups, grad.	2
Hone	1
Inhalers for chloroform, with grad. bottles	2
Knives, pill and palette	4
Labels, blank	200
Measures, minim	3
" 2 oz.	2
" pewter, ounce	2
Mortar and pestle, composition	1
Needles, stout, sewing	50
Plaster, adhesive, $\frac{1}{2}$ -inch wide, 8 yards long	18 tins.
" " 1 " " 8 " "	10 "
" " 6 " " 6 " "	6 "
" isinglass	5 yds.
Pill boxes, nested	$\frac{1}{2}$ doz.
Pins	2 papers.
Powder papers	1 packet.
Razor	1
" strop.. .. .	1
Retractors	4
Scales and weights, with extra weights	1 set.
Scalpels	1 "
Scissors	1 pair.
Screwdriver, short, for trusses	1
Specification tallies	4 books.
Cases with pencils for ditto	1
Sponges, surgeons'	10
Stopper loosener	1
Syringes, hypodermic	2
Tape, broad (10 yards each)	2 packets.
Thread	1 oz.
Trocar, for bladder	1
Wire, silver plated.. .. .	1 oz.
" Nippers	2 pairs.
" Telegraph	20 feet.
B. BASKET.	
Bandages, calico, 1-inch wide, 5 yards long	3
" " 1 $\frac{1}{2}$ " " 5 " "	3
" " 2 $\frac{1}{2}$ " " 5 " "	50
" " 3 " " 8 " "	50
" 1st dressing	25
" flannel, 4 inches wide, 8 yards long.. .. .	5
" for bloodless operations	1
Candle and matches, in tin box, as candlestick	1
Candles, wax	12
Carbolized tow	1 lb.
Castor oil	2 "
Cocoa and milk (2 tins)	1 "
Cotton wool	1 "

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.
Contents of Baskets—continued.	
Irrigator, with stop cock, 6 ft. india-rubber tubing, and 3 ivory jets..	1
Lamp, hospital, operating, with match boxes	1
Lint, fine	2 lb.
Measures, pewter, oz.	2
Oiled silk	3 yds.
Paraffin paper	6 sheets.
Pins	1 paper.
Pins, 1st dressing	50
Plaster adhesive, $\frac{1}{2}$ -inch wide, 8 yards long	6 tins.
" " 1 " " 8 " "	13 "
" " 6 " " 6 " "	6 "
Rochelle salts, in powder	4 lb.
Scissors	2 pairs
Solidified soup .. .. .	..
Specification tallies	1 book.
Cases with pencils for ditto	1
String (laid cord)	8 oz.
Stethoscope	1
Suture, or hair lip pins	10
Tape, broad, in 10 yard pieces	4
" measure	1
Tourniquets, screw.. .. .	3
Waterproof dressing	3 yds.

C. BASKET.

Bandages, calico, 1-inch wide, 5 yards long	3
" " 1½ " " 5 " " " " " " " " " "	3
" " 2½ " " 5 " " " " " " " " " "	50
" " 3 " " 8 " " " " " " " " " "	50
" 1st dressing	25
" flannel, 4 inches wide, 8 yards long.. .. .	5
" for bloodless operations	1
Candle and matches, in tin box, as candlestick	1
Candles, wax	12
Carbolized tow	1 lb.
Cocoa and milk (2 tins)	1 "
Cotton wool	8 ozs.
Instruments, resection, case of	1
Irrigator, with stop cock, 6 ft. india-rubber tubing, and 3 ivory jets..	1
Lamp, hospital, operating, with match boxes	1
Lint, fine	2 lb.
Measures, pewter, ounce	2
Oiled silk	3 yds.
Paraffin paper	6 sheets.
Pins	1 paper.
Pins, 1st dressing	50
Plaster, adhesive, ½ inch wide, 8 yards long	6 tins.
" " 1 " " 8 " " " " " " " " " "	13 "
" " 6 " " 6 " " " " " " " " " "	6 "
Scissors	1
Specification tallies	1 book.
Cases with pencils for ditto	1

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.
Contents of Basket—continued.	
String (packthread)	8 ozs.
Stethoscopes	1
Sutures, or hair lip pins	10
Tape, broad, in 10 yard pieces	4 pieces.
" measure	1
Tourniquets, screw	3
Waterproof dressing	3 yards.
D. BASKET.	
Air cushions	3
Amputating knives	1 set.
Aprons, attendants'	3
" surgeon's	2
Bandages, calico, 2½-inch, 5 yards long	100
" " 3 " 8 " "	100
Cardboard	3 pieces.
Chamois skin	1
Cotton wool	1½ lb.
Instruments, surgeon's, case of capital	1
Instruments, tooth	1 set.
Linen sheeting	10 yds.
Scissors	1 pair.
Spongio piline	2 pieces.
Stomach pump	1
Tow	2 lbs.
Trusses, steel	2
V. I. R. cloth	6 yds.
Waterproof cloth	4 "
E. BASKET.	
Air cushions	3
Aprons, attendant's	3
" surgeon's	1
Bandages, calico, 3-in., 8 yds.	64
Cushions for stumps	6
Cardboard	3 pieces
Instruments, surgeon's, case of capital	1
Lamp, hospital, operating, with match boxes	1
Scissors	1
Sponges, large	3
Spongio piline	2 pieces
Splints, arm, iron wire, with pads	12
" fore-arm, tinned wire, with pad cases	4
" " perforated zinc, with pads	5
" arm supports, jointed, perforated zinc, with pads	2
" " " tinned wire, with pad cases	2
" leg and ankle, tinned wire, with pad cases	3
" " " perforated zinc, with pads	2
" long jointed, with pads	3
" thigh, wood shaped, with pads	3
" " tinned wire, with pad cases	2
Trusses, steel	2

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Articles.	Quantity.
Contents of Basket—continued.	
F. RESERVE BASKET.	
Bandages, calico, 3-in. 8 yds. long	236
" 1st dressing	50
Carbolized tow	3 lb.
Cotton wool	8 oz.
Cushions for stumps	6
Dressing tray	1
Flannel, fine	5 yards.
" fomentation	5 "
Gutta-percha	12 pieces.
Lint, fine	16 lb.
Linen sheets, old	6 yards.
Linen Sheeting	10 yds.
Plaster, adhesive, 6-inch (6 yards each)	4 tins.
Pad cases for splints—	
Arm-jointed elbow sets	2
Fore-arm	2
Leg and ankle pairs	4
Thigh	2
Thigh, wood shaped sets	2
Splints, arm, iron wire, with pads	18
" fore-arm, tinned wire, with pad cases	6
" " perforated zinc, with pads	5
" leg and ankle, tinned wire with pad cases	2
" " perforated zinc, with pads	3
" long jointed, with pads	7
" thigh, tinned wire, with pad cases	4
" " wood shaped, with pads	3
" arm slings, iron wire	4
Tow	8 lb.
Also 12 haversacks and water bottles, complete.	

Contents of Haversack.

Articles.	Quantity.
Sal volatile, in stoppered bottle and boxwood case oz.	2
Minim measure, in leather case	1
Grad. horn cup	1
Calico bandages	2
First dressing triangular bandages	3
Lint oz.	4
Oiled silk yard	1
Isinglass plaster	1
Plaster, adhesive, 8 yards, ½-in. tapes tin	1
" " 8 " 1-in.	1
Sponges, in waterproof bag	2
Field tourniquets	2
Wax candle and matches tin box	1
Arm splints, with pads, 10 and 12 in pair	1
Orderlies dressing case	1

Contents of a Surgery Wagon for a Bearer Company.

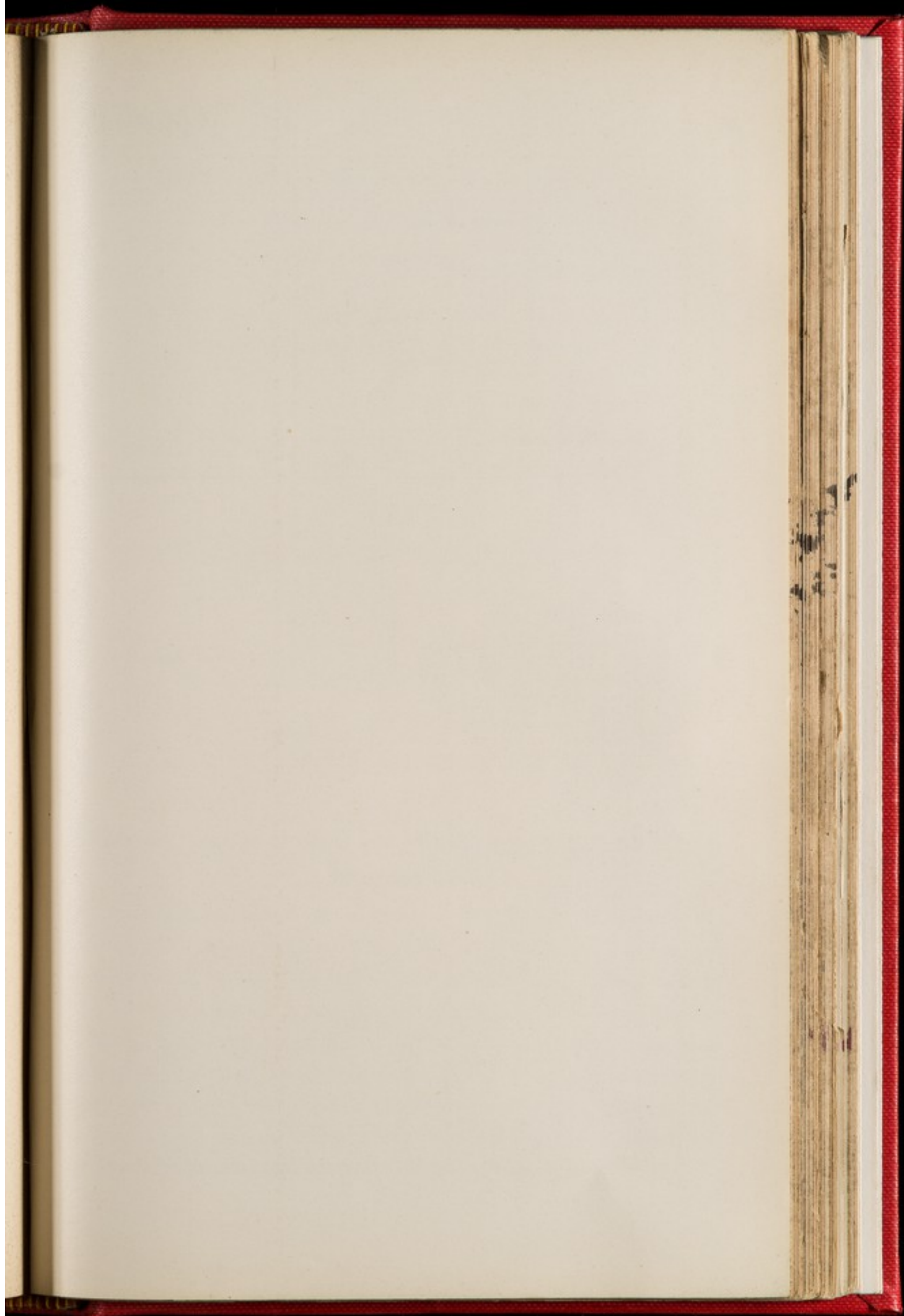
CONTENTS OF A SURGERY WAGON—continued.

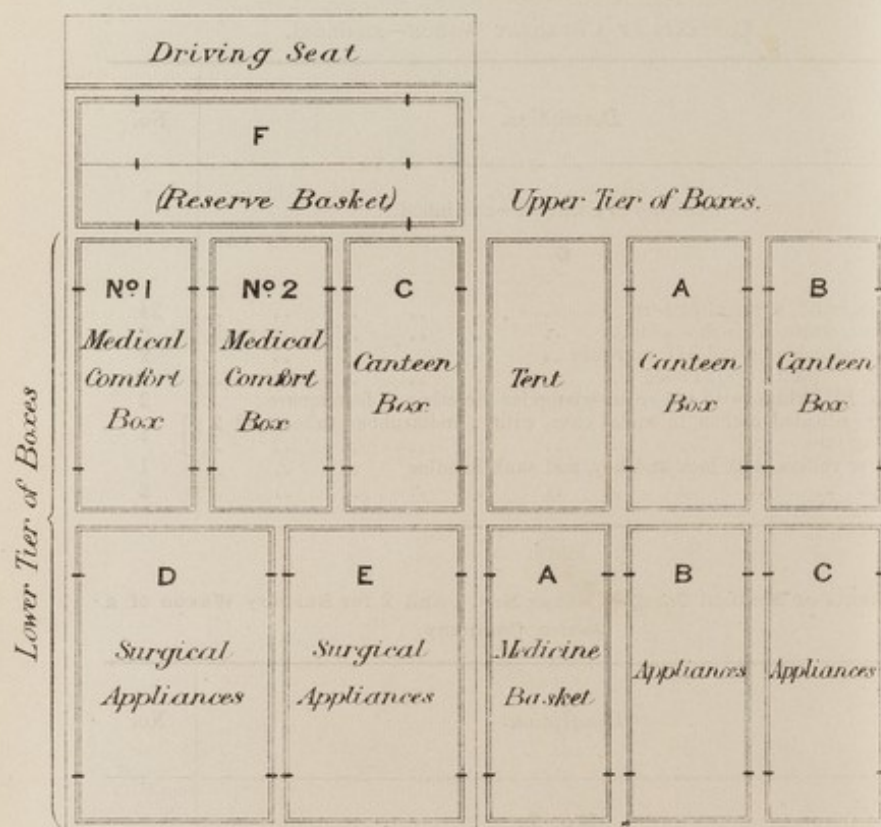
The Wagon also contains.

Poles, wood, FH { 16 feet .. 1
 7 " .. 2
 An operating table, with mattress.
 A tent.
 3 Canteens, wood, HP A, B, and C.
 2 Divisional comfort boxes, Nos. 1 & 2.
 1 Water Bucket.

Contents of A, B, and C Canteens for Surgery Wagon of Bearer Company.

Description.	No.
A.	
Chisels, ripping	2
Cups, drinking, tin { half pint	25
{ pint	25
Ladles, iron, tinned, soup	2
Matches, wax box	1
Pots, tin, tea, 5 pints	2
Spoons, table, German silver	50
Saucepans, nests of 8 (12 qts. to 1 pint) nest	1
Triangles with tubular joints, and chain with hook attached	2
Lamps, hand, small, FH	2
Box A, on rollers, with lock and key, and sunk handles	1
Straps	2
B.	
Blue worsted and thread .. .. .	..
Basins, hospital canteen, zinc, 9-in.	4
Bottle, tin, oil, sq. are, with sealed top, 2 gallons	1
Chisels, ripping	2
Feeder, for oil	1
Hammer, claw, small, 20 oz.	2
Lamps, hand, small, FH	2
Lanterns (bull's-eye), Police	2
Needles, viz., 2 packing, 25 darning (No. 15), and 25 sewing (No. 7) packet	1
Pans, bed, zinc	2
Pots, zinc, chamber	4
Scissors, lamp, with guard pair	1
Stools, close, field service, complete, consisting each of—	
Zinc pan	2
Tin lid or covers	
Three legs, tubular iron	
Triangles	
Ring top	2
Urinals, pewter	
Box B, on rollers, with lock and key, and sunk handles	1
Straps	2





Plan of Surgery Wagon, shewing the mode of packing the baskets and boxes, &c.

F Large Reserved Basket is placed in the forepart of the wagon and need not be removed, access can be had to the contents from the box seat; the Medical Comfort Boxes 1 and 2, and the Canteen Boxes **A**, **B** and **C**, form two tiers in the centre of the wagon; the **A** and **B** Canteens, with the Tent, constituting the upper tier; at the rear of the wagon are Baskets **D** and **E** containing surgical appliances, over which are placed Baskets **A**, **B** and **C**; the Operating Table is slung by means of straps to the hoops of the wagon over Basket **F**, the Mattress lying on the basket.

The Tent and Flag Poles will be secured to the rails on outside of the wagon.



Plan of Surgery Wagon, showing the mode of packing the baskets and boxes, &c.

F Large Revered Basket, is placed in the forepart of the wagon, and need not be removed, access can be had to the contents from the box seat. Medical Combat Boxes 1 and 2, and the Cases A, B and C, are also there in the rear of the wagon; the A and B Cases, with the Table constituting the upper tier; at the rear of the wagon are Baskets D and E containing surgical appliances, over which are placed Baskets A, B and C. The Operating Table is slung by means of straps to the sides of the wagon over Basket F, the Mattress lying on the basket.

The Tent and Flag Poles will be secured to the rails on outside of wagon.

Contents of a Surgery Wagon for a Bearer Company.

CONTENTS OF A SURGERY WAGON—continued.

Description.	No.
Contents of Canteens—continued.	
C.	
Towels, hand, hospital pattern	24
Flannel, white, 27 inches wide.. .. yards	6
Lanterns, coloured red, HP marquee	2
„ (bull's-eye), Police	6
Flags, FH, white, with red cross, triangular directing, 4 feet square	2
Filter, silicated carbon in metal case, with 2 indiarubber tubes and 2 wood taps	1
Box, on rollers, with lock and key, and sunk handles	1
Straps	2

Contents of Medical Comfort Boxes Nos. 1 and 2 for Surgery Wagon of a Bearer Company.

Description.	No.
No. 1.	
Brandy, bottles containing $\frac{1}{4}$ th of a gallon	24
Corkscrew, folding	1
Box, wood, medical comfort, divisional, No. 1	1
No. 2.	
Extract of meat (in 1 lb. tins) lbs.	21
Extract of meat in $\frac{1}{4}$ lb. jars	1
Arrowroot	4
Candles, wax or stearine, 6 to the lb.	$4\frac{1}{2}$
Knife for opening tins	1
Measures, set of (quart, pint, $\frac{1}{2}$ -pint, $\frac{1}{4}$ -pint)	1
Mustard ozs.	10
Pot, mustard, pewter	1
Pepper lbs.	1
Castor, pepper	1
Salt lbs.	3
Salt cellar, wood	1
Soap lbs.	4
Solidified soup	6
Sugar, crushed lump lbs.	18
Tea, black	12
Box, wood, medical comfort, divisional, No. 2	1

For mode of packing surgery wagon, see plan attached.

Medical Department with an Army Corps.

APPENDIX No. 5.

[EXTRACTED FROM ARMY-CORPS TABLES (PAGES 25 TO 32), ISSUED WITH CLAUSE 186, ARMY CIRCULARS, 1877.]

MEDICAL DEPARTMENT WITH AN ARMY-CORPS.

The following Tables show the Personnel, Camp Equipment, and Transport required by the Medical Department for an Army-Corps (in addition to the medical officer with each unit, as shown in the Regimental Tables).
 The Department is organized as Bearer Companies and Field Hospitals, as shown below :—
 One Bearer Company (including 1st & 2nd Line of Ambulance Wagons) and two Field Hospitals are attached to each Division.
 One Bearer Company and six Field Hospitals to the Army-Corps Details, including Cavalry Brigade. Transport is provided for only three of these as they would, as a rule, not be moved at the same time.

No. 1.—Detail of One Bearer Company, with Mountain Equipment.

Officers and Men.	Cadre.	To be added on taking the Field.			Horses, Saddlery and Harness.	Number.	Equipment.	Number.	Remarks.
		Reserve.	A.S.C. for Transport purposes.	Others.					
		Bearers.	Battman.	Mule-teers.					
OFFICERS.									
Surgeon-Major (in charge) ...	1	...	...	...	Horses.	4			
Surgeons-Major ...	3	...	...	...	Officers' { private ...	8	(50) (25) CACOLETS AND LITTERS.		
Surgeon ...	4	...	...	...	Riding { N.-C. Officers' ...	3	Pairs ...	76	
OTHER OFFICERS.					Total Riding Horses ...	15			
Captain of Orderlies ...	1	...	...	...		
Lieutenant of Orderlies ...	2	...	...	...		
Transport Officer ...	...	...	...	...	
Total Officers ...	11	...	...	...		
N.-C. OFFICERS AND MEN.	A.H.C.								
Sergeant-Major ...	1	...	...	...	{ for Patients ...	76	Operating Tents (double circular, with- out lining) ...	2	§ If the mules are untrained, double the number of Mule-teers will be required, so as to allow one man to each mule.
Sergeants ...	10	...	...	...	for Equipment ...	11			
Corporals ...	10	...	...	...	for Operating Tents ...	2			
Corporal, Saddler ...	...	...	...	...	for Surgery Appliances ...	4			
" Wheeler ...	...	...	...	...	Pack Animals { for Water Bags ...	5	CAMP EQUIPMENT.		
" Farrier ...	...	...	...	...	Spare ...	...	Blankets ... 820 lbs. Kettles, Flanders ... 212 lbs. Ropes and picketing implements 571 lbs. Officers' baggage ... 560 lbs. " cooking pots }	2163 lbs.	
Private Sheeting-smith ...	15	95	...	66§	Total ...	100			
Privates ...	...	...	...	...	Grand Total ...	115	Field Panniers for Surgery Appliances ... Water Bags or Barrels ...	2 pairs 4 "	* Officers entitled to public service horses are supplied with N.-C. Officers' saddlery.
Mule-teers ...	...	11	...	...			
Battman, &c. ...	...	...	...	...	
Total N.-C. Officers and Men.	26	95	11	50					
Officers									
Total Cadre { A.H.C. ...	11	...	...	10	SADDLERY.*				
Total to be added on taking the Field	35	...	...	166	Riding ... Pack Saddles ...	11 100			
If Tents are carried, add ...	163	...	...	...		
Grand Total ...	213	...	...	...		

If Tents, &c., are carried for the Officers and Men, the following will be added :—

Mule-teers.	10	...
Pack Animals.	15	...
Pack Saddles.	15	...
Tents (circular, single).	10	...

Index of a *Donnerstag*...

Muleteers. 3.5
Pack Animals. 3.5
Pack Saddles. 3.5
Tents (circular, single). 3.5

Medical Department with an Army Corps.

APPENDIX No. 2.

No. 1.—Detail of the Bearer Company, with 1st Cavalry Regiment.

Company	Rank	Name	Age	Height	Weight	Complexion	Build	Education	Religion	Marital Status	Place of Birth	Place of Residence	Occupation	Service	Remarks
1st Cavalry Regiment	Company	1st Cavalry Regiment													
	Company	1st Cavalry Regiment													
	Company	1st Cavalry Regiment													
	Company	1st Cavalry Regiment													
2nd Cavalry Regiment	Company	2nd Cavalry Regiment													
	Company	2nd Cavalry Regiment													
	Company	2nd Cavalry Regiment													
	Company	2nd Cavalry Regiment													
3rd Cavalry Regiment	Company	3rd Cavalry Regiment													
	Company	3rd Cavalry Regiment													
	Company	3rd Cavalry Regiment													
	Company	3rd Cavalry Regiment													
4th Cavalry Regiment	Company	4th Cavalry Regiment													
	Company	4th Cavalry Regiment													
	Company	4th Cavalry Regiment													
	Company	4th Cavalry Regiment													
5th Cavalry Regiment	Company	5th Cavalry Regiment													
	Company	5th Cavalry Regiment													
	Company	5th Cavalry Regiment													
	Company	5th Cavalry Regiment													
6th Cavalry Regiment	Company	6th Cavalry Regiment													
	Company	6th Cavalry Regiment													
	Company	6th Cavalry Regiment													
	Company	6th Cavalry Regiment													
7th Cavalry Regiment	Company	7th Cavalry Regiment													
	Company	7th Cavalry Regiment													
	Company	7th Cavalry Regiment													
	Company	7th Cavalry Regiment													
8th Cavalry Regiment	Company	8th Cavalry Regiment													
	Company	8th Cavalry Regiment													
	Company	8th Cavalry Regiment													
	Company	8th Cavalry Regiment													
9th Cavalry Regiment	Company	9th Cavalry Regiment													
	Company	9th Cavalry Regiment													
	Company	9th Cavalry Regiment													
	Company	9th Cavalry Regiment													
10th Cavalry Regiment	Company	10th Cavalry Regiment													
	Company	10th Cavalry Regiment													
	Company	10th Cavalry Regiment													
	Company	10th Cavalry Regiment													

Detail of a Bearer Company, &c.

Officers and Men.	Cadre.	To be added on taking the Field.			Horses, Saddlery, and Harness.	Number.	Tentage and Camp Equipment.	Number.	Remarks.
		Reserve.	A.S.C. for Transport purposes.	Others.					
OFFICERS.									
Surgeon-Major (in charge)...	1	...	...	...	Horses.	4			* Divisible into two half companies. When so divided, the Commissariat section, with the force to which the Bearer Company is attached, finds one of the carts for supplies, and the repairs, &c., are performed by its artificers.
Surgeons-Major ...	3	...	...	...	{ Officers { private ...	8			
Surgeons ...	4	...	...	...	{ N.-C. Officers ...	3			
OTHER OFFICERS.									
Captain of Orderlies ...	1	...	...	...	Riding ...	15	Operating tents (double circular, without lining), one with each surgery wagon ...	2	
Lieutenant of Orderlies ...	2	...	...	...	Total Draught ...	34			
Transport Officer ...	...	...	...	...	{ Draught ... { Spare ...	46			
Total Officers...	11	...	...	...	Total Draught...	86			
N.-C. OFFICERS AND MEN.									
Surgeon-Major...	A.H.C.	...	...	...	Grand Total Horses...	101			
Serjeants ...	1	...	...	...		
Serjeants ...	10	...	...	...		
Corporals ...	10	...	...	...		
Corporal Saddler ...	...	...	...	...	
Wheeler ...	...	...	...	...	
"Farrier ...	...	...	...	...	
Private Shoeing smith ...	...	...	...	...	
Privates...	15	...	...	...		
Drivers ...	...	...	...	...	SADDLERY.\$	11			
Bátmen, &c. ...	...	...	...	...	N.-C. Officers ...	...		
Total N.-C. Officers and Men ...	36	95	11	43					
HAENESS.									
Total Cadre { Officers ...	11	...	...	...	Double sets, interchangeable, lead and wheel ...	17			
A.H.C. ...	36	...	...	...	Spare ...	23			
Total to be added on taking the Field ...	159	...	...	...		1			
Grand Total	206	...	...	...		

If Tents, &c., are carried for Officers and Men, the following will be added : --

Drivers.	Draught Horses.	Wagons.	Tents circular, single.
4	8	2	23

Transport required for one Bearer Company, &c.

No. 3.—Transport required by one Bearer Company in the Field (including 1st and 2nd Line of Ambulance Wagons.)

[illegible]

If Tents, &c., for Officers and Men are carried, the following will be added:—

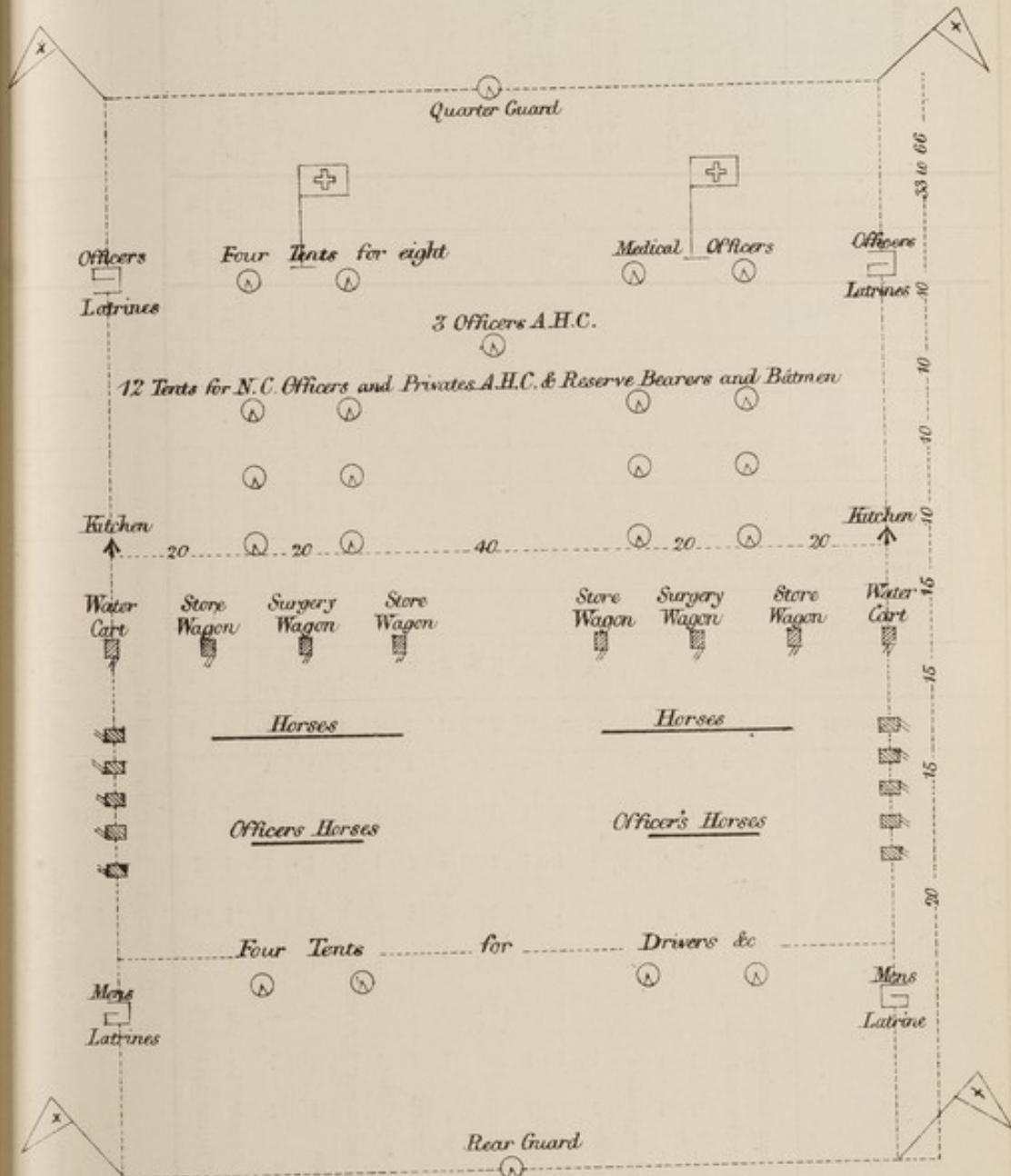
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X.

[illegible]

Grand Total

PLAN OF ENCAMPMENT FOR A BEARER COMPANY.





Detail of a Field Hospital, &c.

APPENDIX No. 6.

No. 4.—Detail of a Field Hospital* of an Army Corps, with Transport.

Officers and Men.	Cadre.	To be added on taking the Field.		Horses, Saddle and Harness.	Number.	Tentage and Camp Equipment.	Number.	Remarks.
		Militia Reserve.	A. S. C.					
OFFICERS.								
Surgeon-Major (in charge) ...	1	...	...		3		2	* Divisible into two half field hospitals.
Surgeons-Major ...	2	...	...		5		50	
Surgeons ...	4	...	...		16†			No Officers or N.-C. Officers of Transport Company, or spare Horses or Transport Equipment are included in the Establishment, but a due proportion would accompany the Transport.
OTHER OFFICERS.					28			
Captain of Orderlies ...	1	...	...					† May be locally supplied.
Total Officers ...	8	...	...		52			
N.-C. OFFICERS AND MEN.								
Sergeant-Major (Steward) ...	1	...	...					All artificers' work done by Head-Quarters of the Section supplying the Transport, and the supply cart will be furnished by such Section.
Colour-Sergeant (Assistant Steward) ...	1	...	...			
" (Wardmasters) ...	2	...	...					§ If tents are carried for Officers and Men, no extra transport will be required, but each hospital will require 10 circular single tents in addition.
Sergeant (Compounder in charge) ...	1	...	...			
" (Storekeepers) ...	2	...	...					** Officers entitled to public service horses are supplied with N.-C.O.'s saddlery.
" (Principal Medical Officer's Clerk) ...	1	...	...			
2nd Corporals ...	4	...	...			
Privates (4 Assistant Cooks) ...	22	...	...			
Drivers ...	...	...	...		
Bilmen, &c. ...	...	...	...		
Total N.-C. Officers and Men ...	37	8	22					
Total Cadre { Officers ...	8	8	22					
{ A. H. C. ...	37							
Total to be added on taking the Field ...	30							
Grand Total ...	75							

* Divisible into two half field hospitals.

No Officers or N.-C. Officers of Transport Company, or spare Horses or Transport Equipment are included in the Establishment, but a due proportion would accompany the Transport.

† May be locally supplied.

All artificers' work done by Head-Quarters of the Section supplying the Transport, and the supply cart will be furnished by such Section.

§ If tents are carried for Officers and Men, no extra transport will be required, but each hospital will require 10 circular single tents in addition.

** Officers entitled to public service horses are supplied with N.-C.O.'s saddlery.

TENTS §

Operating Tents (double circular, without lining) ...

Bell Tents (100 lbs.), ditto ...

CARRIAGES.

{ For Tentage and Equipment. G. S. Wagon

{ Wagon { For Hospital Equipment for }

{ 200 sick ... }

{ harness ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

{ ... }

Carts, water ...

Total Carriages ...

Transport required by a Field Hospital, &c.

o. 5.—Transport required by a Field Hospital in the Field for Equipment, &c.

Articles to be conveyed.	Number.	Total Weight.	Carriages.				Horses.	Drivers.	Remarks.
			G. S. Wagons, 4-horsed.	Water Carts, 2-horsed.	G. S. Wagons, for Hospital purposes, 4-horsed.	Pharmacy, 4-horsed.	Total.		
Axes, hand	10	lbs. 20							For pattern of carriages and tent, see Detail No. 4.
Blankets	75	300							
Buckets (canvas)	6	3							
Kettles	9	77							
Officers' Baggage	8	430							
" Cooking pots	...	60	4	...	...	...	4	8	May, if necessary, be Local Auxiliary Transport.
TENTS.									
Operating Tents	2	200							
Hospital Tents*	50	5,000							
" Equipment for 200 Sick†	...	...	...	2	4	2	8	14	* Including waterproof ground sheets.
Total	...	6,150	4	2	4	2	12	22	† For details, vide Medical Regulations.

Each Field Hospital at the base of operations will require 11 Marquees, or 50 circular tents of this pattern,* if tents are used for patients, but in other respects the same equipment as above. No Transport will be provided as a part of the Establishment. The two Field Hospitals with a Division will be supplied by the 2nd Line of Divisional Departmental Transport. Three of the six Army-Corps Reserves will have two sections of a Transport Company.

If tents for Officers and Men are carried, no extra transport will be required.

THE UNIVERSITY OF CHICAGO

APPENDIX No. 1

Table of the *Abundances* of the *Flora* of the *Chicago* *Marshes*

Species		Abundance	
1. <i>Sparganium angustifolium</i> Michx.		Common	
2. <i>Najas</i> sp.		Common	
3. <i>Chara</i> sp.		Common	
4. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
5. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
6. <i>Utricularia</i> sp.		Common	
7. <i>Sparganium angustifolium</i> Michx.		Common	
8. <i>Najas</i> sp.		Common	
9. <i>Chara</i> sp.		Common	
10. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
11. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
12. <i>Utricularia</i> sp.		Common	
13. <i>Sparganium angustifolium</i> Michx.		Common	
14. <i>Najas</i> sp.		Common	
15. <i>Chara</i> sp.		Common	
16. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
17. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
18. <i>Utricularia</i> sp.		Common	
19. <i>Sparganium angustifolium</i> Michx.		Common	
20. <i>Najas</i> sp.		Common	
21. <i>Chara</i> sp.		Common	
22. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
23. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
24. <i>Utricularia</i> sp.		Common	
25. <i>Sparganium angustifolium</i> Michx.		Common	
26. <i>Najas</i> sp.		Common	
27. <i>Chara</i> sp.		Common	
28. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
29. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
30. <i>Utricularia</i> sp.		Common	
31. <i>Sparganium angustifolium</i> Michx.		Common	
32. <i>Najas</i> sp.		Common	
33. <i>Chara</i> sp.		Common	
34. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
35. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
36. <i>Utricularia</i> sp.		Common	
37. <i>Sparganium angustifolium</i> Michx.		Common	
38. <i>Najas</i> sp.		Common	
39. <i>Chara</i> sp.		Common	
40. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
41. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
42. <i>Utricularia</i> sp.		Common	
43. <i>Sparganium angustifolium</i> Michx.		Common	
44. <i>Najas</i> sp.		Common	
45. <i>Chara</i> sp.		Common	
46. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
47. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
48. <i>Utricularia</i> sp.		Common	
49. <i>Sparganium angustifolium</i> Michx.		Common	
50. <i>Najas</i> sp.		Common	
51. <i>Chara</i> sp.		Common	
52. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
53. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
54. <i>Utricularia</i> sp.		Common	
55. <i>Sparganium angustifolium</i> Michx.		Common	
56. <i>Najas</i> sp.		Common	
57. <i>Chara</i> sp.		Common	
58. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
59. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
60. <i>Utricularia</i> sp.		Common	
61. <i>Sparganium angustifolium</i> Michx.		Common	
62. <i>Najas</i> sp.		Common	
63. <i>Chara</i> sp.		Common	
64. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
65. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
66. <i>Utricularia</i> sp.		Common	
67. <i>Sparganium angustifolium</i> Michx.		Common	
68. <i>Najas</i> sp.		Common	
69. <i>Chara</i> sp.		Common	
70. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
71. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
72. <i>Utricularia</i> sp.		Common	
73. <i>Sparganium angustifolium</i> Michx.		Common	
74. <i>Najas</i> sp.		Common	
75. <i>Chara</i> sp.		Common	
76. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
77. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
78. <i>Utricularia</i> sp.		Common	
79. <i>Sparganium angustifolium</i> Michx.		Common	
80. <i>Najas</i> sp.		Common	
81. <i>Chara</i> sp.		Common	
82. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
83. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
84. <i>Utricularia</i> sp.		Common	
85. <i>Sparganium angustifolium</i> Michx.		Common	
86. <i>Najas</i> sp.		Common	
87. <i>Chara</i> sp.		Common	
88. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
89. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
90. <i>Utricularia</i> sp.		Common	
91. <i>Sparganium angustifolium</i> Michx.		Common	
92. <i>Najas</i> sp.		Common	
93. <i>Chara</i> sp.		Common	
94. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	
95. <i>Hydrilla verticillata</i> (L.) (Rostk.) Schmidt		Common	
96. <i>Utricularia</i> sp.		Common	
97. <i>Sparganium angustifolium</i> Michx.		Common	
98. <i>Najas</i> sp.		Common	
99. <i>Chara</i> sp.		Common	
100. <i>Elodea canadensis</i> (B.S.P.) Koch		Common	

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No. 6.

Division
Corps 2

Army Co
Head-Q

N.B.—
Division of
All Officers
Horses.

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Gen. No. 3152

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Gen. No.

Detail of the Administrative Medical Staff, &c.

APPENDIX No. 7.

No. 6.—Detail of the Administrative Medical Staff for a Division and Army Corps.

	Appointment and duties.	Rank.	Medical Officers.	Hospital Corps.					Horses, Riding.
				Officers of Orderlies.	Serjeants (clerks).	Corporals (clerks).	Privates (clerks).	Bátmen attached.	
Division (or Corps Details).	Head-Quarter Staff..	Deputy Surgeon-General.	1	..	1	..	..	2	2
	In charge of Divisional Staff and to act as Sanitary Officer ..	Surgeon-Major.	1	..	..	1	..	1	1
	To act as Quarter-Master under the P. M. O.	Officer of Orderlies.	..	1	..	1	..	1	1
	Total one Division ..	..	2	1	1	2	..	4	4
	Total three Divisions, and Corps Details }	..	8	4	4	8	..	16	16
Army Corps Head-Quarters.	Head-Quarter Staff..	Surgeon-General.	1	..	1	..	1	2	3
	Field Inspector ..	Deputy Surgeon-General.	1	..	..	..	..	2	2
	Sanitary Officer ..	Do.	1	..	..	..	..	2	2
	Secretary to Surg.-General	Surgeon-Major.	1	..	..	..	..	1	1
	Medical Officer in charge of Head-Quarter Staff	Do.	1	..	..	..	..	1	1
	To act as Quarter-Master under the Surgeon-General	Captain of Orderlies.	..	1	..	1	..	1	1
	Total Head-Quarters ..	..	5	1	1	1	1	9	10
	Grand Total, including three Divisions and Army-Corps Details }	..	13	5	5	9	1	25	26

N.B.—Figures in *italics* denote those that are included in the General Staff in the Tables of a Division or Army Corps.
All Officers of the Department below the relative rank of Major are supplied with Public Service Horses.

Detail of the Administrative Medical Staff, &c.

APPENDIX No. 8.

Details of the Administrative Medical Staff for Stationary Field Hospitals along the Line of Communications and at the Base of Operations.

	Appointments and Duties.	Rank.	Medical Officers.	Army Hospital Corps.					Riding Horses.
				Officers of Orderlies.	Serjeants.	Corporals.	Privates.	Bâtmen attached.	
At Head-Quarters.	On Staff of the General	Surgeon-General.	{ 1	..	..	..	..	2	3
	Officer commanding line of communication								
	Secretary to Surgeon-General	Surgeon-Major.	{ 1	..	..	..	..	1	1
	Orderly Officers to ditto ..	Surgeons.	2	..	..	..	..	2	2
	Officer of Army Hospital Corps	Lieutenant of Orderlies.	{ ..	1	..	..	..	1	1
		Serjeants.	..	..	1	..	..	..	..
	Clerks to Surgeon-General	Privates.	..	..	..	..	2	..	..
	Total ..		4	1	1	..	2	6	7
Advance Magazine.	Officer in charge of Stores, advance magazine	Surgeon-Major.	{ 1	..	..	..	..	1	1
	Officer of Army Hospital Corps	Lieutenant of Orderlies.	{ ..	1	..	..	..	1	1
	Compounders, Army Hospital Corps	Serjeant.	..	..	2	..	..	..	..
	Packers	Privates.	..	..	..	..	2	..	..
	Total ..		1	1	2	..	2	2	2
On the Lines of communications.	Field Director with each road Commandant	Deputy Surgeon-General.	{ 1	..	..	..	..	2	2
	Orderly Officer	Surgeon.	1	..	..	..	..	1	1
	Clerk	Serjeant.	..	..	1	..	..	..	..
	Total ..		2	..	1	..	..	3	3

Details of the Administrative Medical Staff

Details of the Administrative Medical Staff

	Appointments and Positions	Rank	Army Medical Corps	Medical Department	Medical Staff
At the time of organization	Principal Medical Officer	Major	1	1	1
	and Medical Officer	Captain	1	1	1
	Director of Hospital	Major	1	1	1
	Director of Medical and	Major	1	1	1
	Hospital and Dispensary	Major	1	1	1
	Secretary to the Medical	Major	1	1	1
	Hospital Officer	Major	1	1	1
	Ordnance Officer in Charge	Major	1	1	1
	Chief of Staff	Major	1	1	1
	Chief of the Hospital of	Major	1	1	1
	Hospitals	Major	1	1	1
	Officer in Charge of the	Major	1	1	1
	Hospital and Dispensary	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1
	Chief of Hospital	Major	1	1	1

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Details of the Administrative Medical Staff, &c.

DETAILS OF THE ADMINISTRATIVE MEDICAL STAFF, &c.—continued.

	Appointment and Duties.	Rank.	Medical Officers.	Army Hospital Corps.					Horses, Riding.
				Officers of Orderlies.	Serjeants.	Corporals.	Privates.	Bâtmen attached.	
At the base of operations.	Principal Medical Officer and Sanitary Officer	Deputy Surgeon-General.	1	..	..	..	..	2	2
	Director of Hospitals	Deputy Surgeon-General.	1	..	..	..	..	2	2
	Director of Medical and Surgical stores and supplies	Deputy Surgeon-General.	1	..	..	..	..	2	2
	Secretary to the Senior Medical Officer ..	Surgeon.	1	..	..	..	..	1	1
	Orderly Officer to ditto ..	Surgeon.	1	..	..	..	..	1	1
	Clerks to ditto ..	Serjeant.	..	..	1	..	..	..	..
	Clerks to the Director of Hospitals	Corporal.	..	..	..	1	..	..	..
	Officers Army Hospital Corps in charge of Hospital equipment in expense and Provision stores	Corporal.	..	..	..	1	..	..	..
	Charge of Medical stores	Private.	..	..	..	..	1	..	..
		Lieutenant of Orderlies.	..	1	..	..	..	1	..
		Lieutenant of Orderlies.	..	1	..	..	..	1	..
	Clerks to Director of Stores	Serjeant.	..	..	1	..	..	..	..
	Compounders under Director of stores ..	Private.	..	..	..	..	1	..	..
	Packers under ditto ..	Serjeants.	..	..	2	..	..	..	..
	Clerks Army Hospital Corps to Officers of Orderlies	Privates.	..	..	..	..	2	..	..
	Paymaster and Quarter-Master under Surgeon-General	Corporals.	..	..	..	2	..	..	..
	Clerks to ditto ..	Captain of Orderlies.	..	1	..	..	..	1	1
	Acting Serjeant-Major and Quarter-Master Serjeant	Non-commissioned Officer.	..	..	..	1	..	..	..
		Acting Serjeant Major.	..	..	1	..	..	..	..
Total ..			5	3	5	5	4	11	9

NOTE.—All Officers of the Department below the rank of Surgeon-Major will be supplied with Public Service horses.

Detail of the Staff of the Surgeon-General-in-Chief, &c.

APPENDIX No. 9.

Detail of the Staff of the Surgeon-General-in-Chief of an Army-Corps
on Active Service.

Appointment and Duties.	Rank.	Medical Officers.	Army Hospital Corps.			
			Officers.	Non-commissioned Officers.	Batmen.	Horses.
Surgeon-General-in-Chief {	Surgeon-General.	} 1	..	..	3	3
Secretary {	Surgeon-Major.	} 1	..	..	1	1
Orderly Medical Officers ..	Do.	2	..	..	2	2
Officer of Army Hospital Corps	..	..	1	..	1	1
Clerks {	Colour-Serjeant.	} ..	..	1	..	..
	Serjeant.	} ..	..	1	..	..
Total .. ..	..	4	1	2	7	7

Detail of the Staff of the Surgeon-General-in-Chief, &c.

APPENDIX No. 3.

Detail of the Staff of the Surgeon-General-in-Chief of an Army Corps in Active Service.

Appointments and Titles	Rank	Army Hospital Corps				
		Medical Officers	Surgeons	Surgeons	Surgeons	Surgeons
Surgeon-General-in-Chief	Surgeon-General	1	1	1	1	1
Surgeon	Surgeon	1	1	1	1	1
Adjutant Medical Officer	Ensign	2	2	2	2	2
Chief of Army Hospital Corps			1	1	1	1
Chief of Army Hospital Corps	Colonel	1	1	1	1	1
Chief of Army Hospital Corps	Colonel	1	1	1	1	1
Total		5	5	5	5	5

Medical Department with an Army Corps.

(429)

(Note.—Figures in Black Type denote the Details that may be locally supplied; those in *italics* are included with the General Staff in the Army-Corps Tables, except those marked §.)

Detail.	Officers.			N. C. Officers and Men.							Carriages.										Horses.				Remarks.			
	Medical.	Transport.		Medical.			Transport.		Total Officers and Men.	G. S. Wagon, 4-horsed.	Forage, 4-horsed.	Wagon for Equipment, 2-horsed.	Water Carts, 2-horsed.	Supply Cart, 2-horsed.	G. S. Wagon, for Hospital purposes, 4-horsed.	Auxiliary G. S. Wagon, 4-horsed.	Ambulance Wagon, 2-horsed.	Auxiliary Ambulance Wagon, 2-horsed.	Surgery Wagon, 2-horsed.	Pharmacy Wagon, 4-horsed.	Total.	Hiding.	Draught.	Spare.		Total Draught.	Grand Total Horses.	
		Of Orderlies.	Transport.	A. H. Corps.	Battman.	From Recrues.	A. S. C. rps Including Re-serves.	From Local sources.																				
A Division.																												
Administrative Staff ...	1	1	3	2	2	...	...	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1st Line ...	8	3	36	11	95	29	23	...	206	...	...	2	2	1	...	...	10	23	2	...	40	11	...	...	...	...	...
2nd Line ...	14	2	74	16	...	28	16	...	160	...	...	4	...	...	8	...	...	...	...	...	24	16	...	...	...	...	...
Transport attached† ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total, one Division ...	23	6	113	29	95	57	39	...	366	...	...	2	6	1	8	8	10	23	2	4	64	2	168	6	174	209	
Total, three Divisions...	69	18	339	87	285	171	117	...	1,098	...	...	6	18	3	24	24	30	69	6	12	192	6	504	18	522	627	
Administrative Staff of Army-Corps Cavalry Brigade.																												
Bearer Company ...	4	1	18	5	47	12	11	...	98	...	...	1	1	...	...	...	5	11	1	...	...	...	...	...	...	...	...
Transport attached* ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Corps Details.																												
Administrative Staff ...	2	1	3	4	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1st Line ...	4	2	18	6	48	13	12	...	104	...	...	1	1	1	...	...	5	12	1	...	21	6	...	...	...	...	...
2nd Line...	42	6	222	48	...	...	...	...	318	...	...	...	12	...	24	24	...	...	...	...	72	48	...	...	...	...	...
Total with an Army Corps in the Field ...	125	29	701	157	380	269	164	...	1,746	...	...	8	32	4	48	48	40	92	8	24	304	9	716	32	748	940	
Administrative Staff ...	11	5	22	22	...	...	...	...	81	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Field Hospitals at base of operations, or along line of communication ...	91	13	481	104	...	...	...	...	639	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	231	47	1,106	291	380	269	164	...	2,516	...	...	8	32	4	48	48	40	92	8	24	304	213	716	32	748	961	

NOTE.—All Officers of the Department below the relative rank of Major are supplied with Public Service Horses.

* No Artificers shown; they are included in the Transport Sections with Commissariat.

§ Included in the carriages of the Field Hospital.

If Tents, &c., for Officers and Men are carried, the following will be added:—

Staff
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Cadre of Medical Officers, &c.

APPENDIX No. 10.

The following Table shows the Cadre of Medical Officers distributed to each Arm of an Army Corps in the Field:—

Arm.	Medical Officer.	Number.	Horses.	Bâmen.
Infantry Battalion	Surgeon ..	1	1	1
Cavalry Regiment	"	1	2	2
Artillery, Horses	"	1	2	2
Field Battery	"	1	1	1
Engineer Company	"	1	1	1
Pontoon Train Troop	"	1	1	1
Telegraph Troop	"	1	1	1

TOTAL FOR ARMY CORPS.

21 Infantry Battalion	Surgeon ..	21	21	21
6 Regiments, Cavalry	"	6	12	12
4 Batteries, Royal Horse Artillery ..	"	4	8	8
11 Field Batteries, R.A... ..	"	11	11	11
ROYAL ENGINEER.				
3 Divisional and Reserve	"	3	6	6
2 Half Companies Reserve	"	2	4	4
Pontoon Train, 1 Troop.. ..	"	1	2	2
$\frac{1}{2}$ Telegraph Troop	"	1	2	2
Total.. ..	"	49	66	66

Hospital Field Equipment.

APPENDIX No. 11.

FIELD HOSPITAL EQUIPMENT.

(Supplied by Ordnance Store Department.)

Field Hospital Store Wagons, &c.

Articles.	For one Hospital.	For 25 Hospitals.	Remarks.
SECTION II.			
CAMP EQUIPMENT AND TOOLS, INTRENCHING.			
Axes, hand	10	250	
Axes, felling, 4½ lbs., straight helved ..	8	200	
Axes, pick, helved, 6½ lbs.	8	200	
Bags, canvas, for flags.	4	100	
Basins, iron, enamelled { 7½-inch	20	500	
{ 6 "	160	4,000	
Boxes for medals or money	2	50	
Buckets, canvas	6	150	
Can, tin, oil, with screw top	4	48	
Canisters, tin { pepper or mustard	8	96	For 12 hospitals, or 48 wagons.
{ tea	4	48	
Cases, tin { arrowroot or rice	8	96	
{ sugar	4	48	
{ salt, lined with wood	4	48	
Cups, HP, canteen { tin, drinking, 1-pint	136	3,400	
{ zinc, spitting	24	600	
Filters, iron, galvanized, Crease's	4	100	
Flags, field hospital, { square, 4 feet	4	100	
{ white with red cross { triangular, directing	8	200	
Harness and { Saddlery, &c.	5	60	12 Field Hpls. 100 "
{ Thread, whited-brown	4	..	
Hooks, bill, handled	4	100	
Kettles, Flanders	9	225	
Kettles, tin, cooking, nest of eight	8	200	
Lamps, hand, small, FH	8	200	
Lanterns, coloured, red, marquee, HP. ..	4	100	
Measures, pewter ½-gill to 1 quart, nests ..	4	100	
Mills, coffee, small, F.H.	4	100	
Pans, frying, round, 12-in., with shifting handle ..	8	200	
Pans, bed, HP, zinc,	16	400	
Plates, tin, dinner	200	5,000	
Poles, wood, { 16 feet for square flag	4	100	
{ field, HP { 7 feet triangular flag	8	200	
Saddlery, universal, sets, complete	5	60	{ 12 Field Hospitals.
Sheets, ground, waterproof	100	2,500	
Spades, common, helved	8	200	
Stretchers, ambulance wagon, N.P. with slings ..	8	200	
Stools { camp, folding	8	200	
{ close, iron, HP, canteen, complete	12	300	
Tables, camp, folding	4	100	
Tents, circular (double circular without lining)	50	1,250	{ or 600 for 12 Field Hospitals and 143 marquees for 13 Base Hospitals.

Hospital Field Equipment.

Articles.	For one Hospital.	For 25 Hospitals.	Remarks.
Tents, (double circular without lining) for operating	2	24	{ 12 Field Hospitals.
Thread, whited-brown.. .. lb.	4	100	
Tins { lamp cotton	4	48	{ For 12 hospitals, or 48 wagons.
soup	4	48	
SECTION III.			
TOOLS, ARTIFICERS'.			
Brushes, whitewash, 6 oz.	8	200	
Chisels, ripping	4	100	
Hammers, handled, claw, 20 ozs., small	4	100	
Needles, collar or packing (sizes 1 to 6)	24	600	
" sewing, assorted, women's	200	5,000	
" hand, 26-inch, with case	4	100	
Saws, { tenon, iron back, 14-inch	4	100	
cross cut, 5 ft. with case and handles	4	100	
SECTION IV.			
MISCELLANEOUS.			
Thread, packing, middling, 1-lb. balls	24	600	
Rags, linen lbs.	60		
SECTION V.			
ORDNANCE.			
Carts, water	2	50	
Wagons for hospital equipment, G.S. with special fittings	4	48	
" pharmacy	2	24	
" general service for baggage	20	40	If Transport is not locally supplied.
SECTION VI.			
BARRACK AND HOSPITAL STORES.			
Basins, zinc, 11-inch, M.P.	20	500	
Blankets, grey, general service	200	5,000	*
Brushes { hand, scrubbing	8	200	
shaving, HP	8	200	
washing, laundry.. .. .	24	600	
whitewash, 6 ozs.	8	200	
Buckets, iron, galvanized, 4-gallon, butchers' ..	8	200	
Cans, tin { oil, feeding, 1 pint	4	100	
soup or water, 3 gallons	8	200	
Cases { bolster, hair or straw, Bk.	200	5,000	
paillasse, Bk.	200	5,000	
Castors, pepper, pewter	4	100	
Choppers, meat, butchers'	4	100	
Cocks, bib, driving, for beer, $\frac{3}{4}$ -inch	8	200	
Combs { horn, hair, 8-inch	20	500	
ivory, small tooth, $3\frac{1}{2}$ inch	8	200	
Corkscrews, iron folding, H.P.	8	200	
Cups, egg, pewter, H.P. and Recreation Rooms	40	1,000	

* Forty-five blankets, grey, General Service, will be drawn for the Army Hospital Corps establishment of a Field Hospital; independently of the above.

Receipts for the year 1842

Date		Particulars		Amount	
Jan 1	1842	Balance forward			100 00
Jan 15	1842	Received of John Smith		50 00	
Feb 1	1842	Received of John Smith		50 00	
Feb 15	1842	Received of John Smith		50 00	
Mar 1	1842	Received of John Smith		50 00	
Mar 15	1842	Received of John Smith		50 00	
Apr 1	1842	Received of John Smith		50 00	
Apr 15	1842	Received of John Smith		50 00	
May 1	1842	Received of John Smith		50 00	
May 15	1842	Received of John Smith		50 00	
Jun 1	1842	Received of John Smith		50 00	
Jun 15	1842	Received of John Smith		50 00	
Jul 1	1842	Received of John Smith		50 00	
Jul 15	1842	Received of John Smith		50 00	
Aug 1	1842	Received of John Smith		50 00	
Aug 15	1842	Received of John Smith		50 00	
Sep 1	1842	Received of John Smith		50 00	
Sep 15	1842	Received of John Smith		50 00	
Oct 1	1842	Received of John Smith		50 00	
Oct 15	1842	Received of John Smith		50 00	
Nov 1	1842	Received of John Smith		50 00	
Nov 15	1842	Received of John Smith		50 00	
Dec 1	1842	Received of John Smith		50 00	
Dec 15	1842	Received of John Smith		50 00	
Total					1000 00

Witness my hand and seal this 1st day of January 1843

Hospital Field Equipment.

Articles.	For one Hospital.	For 25 Hospitals.	Remarks.
Feeders, earthen, HP	12	300	
Funnels, tin, $\frac{1}{2}$ -pint	12	300	
Forks { carving, buck-handled	4	100	
dinner, black-handled, large	200	5,000	
flesh, small	4	100	
butchers' cutting, 10-inch	12	300	
Knives { carving, buck-handled	4	100	
dinner, black-handled, large	200	5,000	
opening meat tins	8	200	
Ladles, iron, tinned, soup	4	100	
Lines, clothes, HP, 80 yards	8	200	
Machines, weighing, without weights, 14 lbs., enamelled, with pan	4	100	
Pots, zinc, chamber, F.S. and M.P.	24	600	
Saltecellars, wood	12	300	
Scales, weighing, without weights, pillar, for groceries, 7 lbs.	4	100	
Scissors, hair-cutting, 7-inch pairs	8	200	
Scoops, $\frac{1}{2}$ -pint	8	200	
Shapes or dishes, pudding, 1-pint	24	600	
Sheets, barrack, linen	480	12,000	
Skewers, with chains sets of 3	12	300	
Sponges, bath, 2 oz.	8	200	
Spoons, table, German silver	200	5,000	
Steels, butchers'	4	100	
Towels, hand, HP	220	5,500	
Urinals, pewter	16	400	
Warmers, pewter, stomach	8	200	
Weights {	2 oz.	8	200
	1 "	8	200
	$\frac{1}{2}$ "	8	200
	$\frac{1}{4}$ "	8	200
	14 lb.	4	100
	7 "	8	200
	4 "	8	200
	2 "	8	200
	1 "	8	200
	$\frac{1}{2}$ "	8	200
iron, ring {	$\frac{1}{4}$ "	8	200
	$\frac{1}{8}$ "	8	200

If Tents for Officers and men are required they should be carried in the wagons of the Field Hospital. The numbers required are 10 for each hospital.

NOTE.—Field Hospitals at the base of operations may receive 11 marquees complete in lieu of 50 Circular double Tents without lining.

Clothing supplied by Commissariat Department for Field Hospital Store Wagons.

Articles.	For one Hospital.	For 12 Hospitals.	
Gowns, blue serge, lined	20	240	
Shirts { white cotton	48	576	
flannel	48	576	
Socks, grey union, pairs	100	1,200	
Slippers, brown leather	48	576	
Trowsers, blue serge, lined	40	480	
Waistcoats, blue serge, lined	40	480	
Razors	2	24	
Razor strops	1	12	
Worsted	1	12	

Hospital Field Equipment.

For Pharmacy Wagons.

Articles.	For one Field Hospital.	For twelve Field Hospitals.	Remarks.
SECTION II.			
CAMP EQUIPMENT, &c.			
Lamps { hand, small F.H.	4	48	
{ HP, operating	2	24	
Pins, tents, small	20	240	
Tables, operating, F.H. equipment	2	24	
Thread, sewing, whited-brown ozs.	8	96	
Kettles, tin, tea, 2-gallon	2	24	
Saucepans, cooking, nest of 4.. .. .	2	24	
SECTION III.			
TOOLS, ARTIFICERS', &c.			
SECTION IV.			
MISCELLANEOUS.			
SECTION V.			
ORDNANCE.			
Cans, tin, with screw tops { 6 lbs., oil	10	120	
{ 10 lbs., paraffin.. .. .	2	24	
{ long	4	48	
{ medical { medium	4	48	
{ { small	4	48	
{ { salt, lined	2	24	
{ { with wood	2	24	
{ 15 lb.	6	72	
Cases, { with lids	7	144	
tin { opening at top	2	216	
{ medicines { 1	4	48	
{ { 8 oz.	6	72	
{ { pills or	16	192	
{ { powders	16	192	
{ { matches	2	24	
{ with sliding covers, 8 lb.	10	120	
SECTION VI.			
BARRACK AND HOSPITAL STORES.			
Basins, zinc, 11-inch	4	48	

Hospital Field Equipment.

For Surgery Wagons, &c. of Bearer Companies.

Articles.	For one Company.	For four Companies.	Remarks.
SECTION II.			
Axes, hand	28	112	
Basins, zinc, 9-inch, hospital canteen ..	8	32	
Boxes, wood, medical { No. 1	2	8	
comfort, divisional { No. 2	2	8	
Buckets, canvas	17	68	
Canteens, wood { A.	2	8	
H.P. { B.	2	8	
{ C.	2	8	
Flags, F.H., white { square, 4 ft.	4	16	
with red cross { triangular, directing ..	4	16	
Flannel, white, 27-inch yards	12	48	
Kettles, Flanders	25	100	
Lamps { hand, small, F.H.	8	32	
{ hospital, operating	6	24	
Lanterns, coloured, red, marquee, H.P. ..	4	16	
Poles, wood, { 16 feet, for square flags ..	2	8	
F.H. { 7 feet, for triangular flags ..	4	16	
Pots, zinc, chamber	8	32	
Picketing implements { posts	42	168	
{ maul	3	12	
Ropes, picket, tarred, 25 yards	7	20	
Stools, close, iron, H.P., complete	4	16	
Saddlery, universal sets	11	44	
Straps to secure blankets	16	64	
Tables, operating, bearer column	2	8	
Tents, operating, double circular, without inner lining	2	8	
Wagons, ambulance { N.P. 1st line.. ..	10	40	{ If not locally supplied.
{ O.P. 2nd	23	92	
SECTION III.			
TOOLS, ARTIFICERS'.			
Chisels, ripping	8	32	
Hammers, claw, small, 20-oz.	4	16	
Needles { packing	4	16	
{ darning, No. 15	50	200	
{ sewing .. 7	50	200	
SECTION IV.			
MISCELLANEOUS.			
Bottles, tin, oil, square, with screw top, 2-gallon	2	8	
Scissors, lamp, with guard	2	8	
SECTION V.			
ORDNANCE.			
Carts { supply	1	4	Transport, tip, Mark I.
{ water	2	8	
Wagons { ambulance	2	8	G.S. light spring.
{ equipment { Surgery	2	8	

Hospital Field Equipment.

FOR SURGERY WAGONS, &C. OF BEARER COMPANIES—continued.

Articles.	For one Company.	Four four Companies.	Remarks.
SECTION VI.			
BARRACK AND HOSPITAL STORES.			
Blankets, G.S.	142	568	
Castors, pepper, pewter	2	8	
Corkscrews, iron, folding	2	8	
Cups, tin, drinking { 1 pint	50	200	
{ ½ "	50	200	
Knives, opening meat tins	2	8	
Ladles, iron, tinned, for soup	4	16	
Lanterns, bull's-eye, police	16	64	
Measures, pewter { quart	2	8	
{ pint	2	8	
{ ½ pint	2	8	
{ ¼ pint	2	8	
Pans, zinc, bed	4	16	
Pots { pewter, mustard	2	8	
{ tin, ten, 5-pint	4	16	
Saltcellars, wood	2	8	
Saucepans, nests of 8 (12 qts. to 1 pt.) nests	2	8	
Spoons, German silver, table	100	400	
Stretchers, am- { 1st line	60	240	
{ bulance, N.P. { 2nd "	92	368	
Towels, hand, HP	48	192	
Triangles, with tubular joints, and chain with hook attached	4	16	
Urinals, pewter	4	16	

If tents for officers and men be carried the following are the numbers, and should be carried by Transport service :—

Section.	Articles.	For one Company.	For four Companies.	Remarks.
II	Blankets, horse, with pads and } surcingles	101	404	
II	Tents, circular	23	92	
V	Wagons, G.S.	2	8	

Bearer Company—Mountain Equipment.

Section.	Articles.	For one Company.	For four Companies.	Remarks.
VI	Blankets, grey	142		
II	Cacolets, pairs	50		
II	Kettles, Flanders	25		
II	Litters, pairs	26		
II	Saddles, universal Pack	100		
II	Saddles, riding	11		
II	Tents, operating (double circular without lining)	2		
II	Water barrels, pairs	4		

Garnieres, su 57/24/3928

Diet Table.

APPENDIX No. 12.

DIET TABLE.

W.O. Form 147.

Military Hospitals.—Articles composing the different Diets for a day.—Avoidupois Weight.

Tea.	Milk.	Low.	Chicken.	Half.	Roast.	Entire.	Varied.
Bread ... 12 oz. Tea ... 2 1/2 " Sugar ... 2 1/2 " Milk ... 6 "	Bread ... 12 oz. Rice ... 2 " Milk ... 3 pints Sugar ... 1 oz.	Beef ... 8 oz.* Bread ... 14 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Butter ... 1 "	Fowl ... 8 oz.* Bread ... 16 " Potatoes ... 8 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Butter ... 1 "	2/3 { Beef or } 8 oz.* 2/3 { Mutton } Bread ... 16 " Potatoes ... 8 " Barley ... 1 1/2 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Vegetables ... 4 " Butter ... 1 " Flour ... 1/2 " * 10 (if with bone).	Roast joint, Chop, or Steak. Joint { Beef or } 10 2/3 { Mutton } oz. or Chop ... 8 oz. Steak without bone ... 8 oz. Bread ... 18 " Potatoes ... 8 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Vegetables ... 4 " Butter ... 1 " Flour ... 1/2 " * 15 (if with bone).	2/3 { Beef or } 12 oz.* 2/3 { Mutton } Bread ... 16 " Potatoes ... 16 " Barley ... 1 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Vegetables ... 4 " Butter ... 1 " Flour ... 1/2 " * 15 (if with bone).	1/2 { Beef or } 12 oz.* 1/2 { Mutton } Bread ... 18 " Potatoes ... 16 " Salt ... 1/2 " Tea ... 1 1/2 " Sugar ... 6 " Milk ... 1 " Vegetables ... 4 " Butter ... 1 " Flour ... 1/2 " * 15 (if with bone).
BREAKFAST.							
Tea ... 1 pint Bread ... 4 oz.	Milk ... 1 pint Bread ... 4 oz.	Tea ... 1 pint Bread ... 5 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "
DINNER.							
Tea ... 1 pint Bread ... 4 oz.	Rice milk ... 1 pint Bread ... 4 oz. Sugar ... 1 "	Beef tea ... 15 oz. Bread ... 4 "	Fowl ... 8 oz. Roasted, boiled, stewed or made into chicken tea ... 12 oz. Bread ... 4 " Potatoes ... 8 "	Soup ... 15 oz. Meat ... 8 " Bread ... 4 " Potatoes ... 8 "	Roast joint; Chop or Steak roasted or stewed. Meat ... 8 oz. Bread ... 6 " Potatoes ... 8 " Vegetables ... 4 "	Soup ... 1 pint Meat ... 12 oz. Bread ... 4 " Potatoes ... 16 "	Meat ... 12 oz. Bread ... 6 " Potatoes ... 16 " Vegetables ... 4 "
SUPPER.							
Tea ... 1 pint Bread ... 4 oz.	Milk ... 1 pint Bread ... 4 oz.	Tea ... 1 pint Bread ... 5 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "	Tea ... 1 pint Bread ... 6 oz. Butter ... 1/2 "

Notes.—Drinks for patients are to be made and charged according to the following proportions:—
Barley Water.—Barley, 2 oz.; sugar, 2 oz.; for every five pints.
Rice Water.—Rice, 2 oz.; sugar, 2 oz.; for every five pints.
 2 ozs. of pepper may be issued for every 100 diets except tea and milk diet.

1 oz. of mustard may be issued for every 20 beef diets.

Gruel.—Oatmeal, 2 oz.; and sugar, 1 1/2 oz., to two pints.

Leonade.—Two large lemons; and sugar, 14 oz., to two pints.

Specification of the New Regulation Case, &c.

APPENDIX No. 13.

Specification of the new Regulation Case of Pocket Instruments for the use of all Medical Officers under the Rank of Deputy Surgeon General.

No.		Dimensions.	Price.		
		Inches.	£	s.	d.
1	Probe curved and straight sharp pointed				
	Bistouries in 1 handle	3 $\frac{1}{2}$	0	8	6
1	Symes' abscess knife and double-edge				
	scalpel, in 1 handle	3 $\frac{1}{2}$	0	8	6
1	Tenaculum and gum knife, in 1 handle ..	3 $\frac{1}{2}$	0	8	6
1	Pair crooked scissors	4 $\frac{1}{2}$	0	3	6
1	Spatula, German silver	4 $\frac{1}{2}$	0	1	9
1	Bow dressing forceps	4 $\frac{1}{2}$	0	3	6
1	Director and aneurism needle, plated ..	4 $\frac{1}{2}$	0	2	0
1	Pair artery forceps, fenestrated	3 $\frac{1}{2}$	0	5	0
2	Probes, plated	4 $\frac{1}{2}$	0	2	0
1	Male and female silver catheter com- bined caustic-case with palladium crayon	4 $\frac{1}{2}$	0	18	0
1	Clinical Thermometer	4	0	7	0
1	Case for ditto, plated	4 $\frac{1}{2}$	0	2	0
2	Lance s	2 $\frac{1}{4}$	0	3	0
2	Dieffenbach's forceps	2	0	5	0
1	Silver hypodermic syringe, in case ..	3	0	14	0
6	Needles, plated	2 $\frac{1}{2}$ x 2 $\frac{1}{2}$	0	2	0
1	Tablet of silk and wire for sutures		0	1	3
	All contained in a Morocco single- flapped case of the following dimen- sions	Length 5 $\frac{1}{4}$ Breadth 2 $\frac{3}{8}$ Thickness at clasp 1 $\frac{1}{2}$	0	9	6
	Total weight with instruments 9 $\frac{1}{4}$ ozs. ..		£	5	5 0

APPENDIX

APPENDIX to the Report of the Committee on the

APPENDIX No. 1

THE following is a list of the names of the persons who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

Department of the Interior, and who have been appointed to the various positions in the

June 198 A.C. 84

Instructions to Commanding, Medical, and other Officers, &c.

APPENDIX No. 14.

INSTRUCTIONS TO COMMANDING, MEDICAL, AND OTHER OFFICERS OF THE ARMY, FOR THEIR GUIDANCE AT A TIME WHEN THERE IS REASON TO ANTICIPATE AN OUTBREAK OF CHOLERA, OR WHEN IT IS ACTUALLY PREVALENT AMONG THE TROOPS.

Officers whose duty it is to see to the health and comfort of the troops are especially required to exercise the utmost vigilance at a time when Cholera is prevalent, or when there is reason to believe an outbreak may be expected.

I. - Measures to be adopted in anticipation of a threatened invasion of Epidemic Cholera in Military Stations.

1. Medical officers will make themselves acquainted with every arrangement of their corps, and the condition of every locality in and about the barracks, in order that they may be in a position to suggest, for the consideration of their Commanding Officers, not only improvements in ordinary matters, but arrangements of a more temporary character, applicable to an exceptional period.

2. Nuisances will be removed and cleansing enforced *outside* barracks, and with this view local boards or persons entrusted with powers to remove nuisances will be called upon to put their powers in force.

3. As much space as is practicable will be afforded to each individual in barracks; on this account any existing misappropriations will be restored to their proper use.

Should any alteration be made in the appropriation of rooms in barracks or hospitals that has been sanctioned by the Secretary of State for War, the barrack master or Purveyor will report the alteration to the Secretary of State without delay.

4. Careful attention will be paid to the ventilation of all the barrack buildings by enforcing the full use of the means of ventilation, in keeping open all apertures intended specially for ventilating purposes, and by calling the attention of the authorities to any structural defects.

5. The instructions laid down in the Queen's Regulations regarding the cleansing and supervision of barrack rooms will be carefully observed. The floors of the rooms will not be washed in wet weather. The regular airing of bedding and its exposure out of doors in fine weather will be attended to; and if Epidemic Cholera appears in the

Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

country it will be desirable to cleanse and limewash ceilings and walls of all barracks, hospitals, quarters, and stables. Walls of barracks, &c. that have been recently limewashed will not be limewashed again without the previous sanction of the Secretary of State for War; nor, will walls be limewashed by civil labour without similar authority.

6. All sewers, latrines, urinals, and ashpits will be inspected frequently, and their cleanliness ensured by an efficient system of frequent flushing and cleansing; any accumulation in such places will be scrupulously removed, as it must be borne in mind that during the prevalence of an epidemic it is injudicious to disturb old accumulations. A free use of lime is enjoined.

All drains and sewers connected with barracks or hospitals, not otherwise flushed, will be flushed daily by hose, if there are waterworks, or by pails or tubs of water carried by hand if there is no such source of supply. The volume of water used may vary from five gallons to fifty gallons, according to the cross sectional dimensions, length and gradient of the drain or sewer to be flushed. The water should be poured in suddenly, so as to cause a scour.

Sewers and drains with open outlet ends should have the outlets protected by a flap or valve, to prevent sewer air being blown into the buildings.

7. Every source of water supply will be investigated, and the possibility of contamination, by percolation from sewage or from surface impurities, looked to; an examination will be made of the water, and any such impurity detected in it will at once preclude its use for drinking or cooking purposes.

8. Attention will be directed to the soldiers' rations, and care taken that they never fall below the standard quality; the men will be enjoined to be careful as to what they eat; and the purchase of any articles deemed indigestible or deleterious to health will be discouraged as much as possible.

9. As much variety as possible will be afforded in the cooking of the rations.

10. The canteen will be frequently visited, and its supplies carefully examined.

11. It will be unnecessary for medical officers to recommend any change in the ordinary duties of the men, as long as they are not excessive. They will, however, suggest the advisability of reducing the night duties to the minimum that the necessities of the station will permit, and point out to the Commanding Officer that any duty subjecting the men to wet clothes or wet feet should be avoided when possible. When exposure is unavoidable, the men should be directed to change the wet articles of clothing as speedily as possible.

12. Medical officers will make frequent inquiry as to the existence of diarrhoea amongst the men; and in the event of affections of the bowels being prevalent will enjoin an immediate application to hospital for medicine, not necessarily with the view of the men being detained in hospital.

Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

II.—Additional measures to be adopted when the Disease has appeared among the inhabitants in the vicinity of a Military Station, or among the Military of the Station.

13. The occurrence of Cholera in places where troops are stationed will be immediately reported to the Director-General by the principal or senior medical officer, without waiting for its appearance being officially announced by the local board of health.

14. A daily report, as accurate as can be obtained, of the progress of Cholera amongst the civil population of places where troops are stationed will also be required from the principal or Senior Medical Officer.

15. The men will be prohibited going into infected districts, and pickets will be placed to prevent them. Under exceptional circumstances it may be advisable to confine the troops to barracks, and prohibit any but the most necessary intercourse with persons outside.

16. Where there is reason to apprehend that the health of families living out of barracks would be endangered, such families may be brought into barracks, if it be possible to do so without overcrowding. If the season permit they will be encamped, or, if there be danger of overcrowding, houses in healthy positions will be hired. Families of men married without leave will not be brought into barracks without special sanction. When the senior Medical Officer thinks it necessary to bring such families into barracks he will apply to the Officer Commanding, who will forward his report, with that of the Barrack-master to the General Officer Commanding, by whom it will be transmitted with the opinion of the Principal Medical Officer and District Barrack-master, and his own recommendation, for the consideration of H. R. H. the Field-Marshal Commanding-in-Chief, and the Secretary of State for War. In case of emergency the General Officer Commanding may order such married people at once into barracks and apply for covering instead of previous authority; but no expense is to fall on the public without previous authority.

17. Good fires will be provided in the barrack rooms to increase ventilation and to diffuse cheerfulness, which last should be promoted in every way.

The intermediate allowance of fuel will be issued during the Summer months, and the Winter allowance during the intermediate months, on the weekly certificate of the Principal Medical Officer and Officer Commanding, that from the prevalence of Cholera among the troops at the station or in its vicinity such increased allowance is necessary.

18. In old and defective barrack or hospital buildings, where there is reason to suspect that injurious emanations proceed from the sewers at a time when cholera has appeared in the vicinity and where sinks, waste-water pipes from tanks, or waterclosets, communicate direct with such sewers or drains, application will be made to the proper authority to have the drain connexion broken externally, so that the drain or sewer may have full means for ventilation into the open air, at a safe distance from and to leeward of the buildings.

19. Disinfectants, such as chloride of lime, preparations of carbolic acid, perchloride of iron, or other approved preparations, will be used twice each day in latrines, urinals, sewers, ash-bins, and other similar

Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

places, on certificate of necessity by the Principal Medical Officer. A non-commissioned officer with a fatigue party will be instructed in the performance of this duty, which will be rigorously carried out, and either the Quartermaster or Orderly Officer will be responsible for its execution. Disinfectants will be issued from the Barrack department on the spot, on the Principal Medical Officer's certificate.

When time permits, the Barrack-master will apply in the usual manner for previous authority before incurring expense for disinfectants; but in case of emergency, he will obtain such a supply as may be necessary for immediate use, and apply for covering authority, and for such further supplies as may be required.

It is to be observed, however, that if barracks are kept in proper sanitary condition, they are the last places in which special disinfectants are required, and disinfectants must never be used as substitutes for cleanliness in barracks. The lavish purchase of disinfectants on the ground that isolated cases of Cholera have appeared in the Country will not be sanctioned.

The best means of applying the disinfectants are explained at pages 9 and 10.

20. Married men (if out of mess) will each be provided with a ration the same as the single men.

21. The men will be cautioned against intemperance, and every means adopted to repress it; with which view, night passes will be prohibited.

22. Tea or coffee will be issued to the men before going on morning or night duties, on a weekly certificate by the Principal Medical Officer that the issue would be beneficial to health; and every man will have his breakfast, if possible, before leaving his barrack room for parades or other duties.

23. On the occurrence of a case of Cholera among the troops, a report will be forwarded by the Senior Medical Officer to the Director-General, and continued daily until further orders.

24. Questions of importance not admitting of delay may be telegraphed to the Director-General by the Principal Medical Officer.

25. On any appearance of Cholera in a corps, the troops will be camped out when practicable, provided the season of the year will permit of it; good ground being selected beforehand, and arrangements made by the Quartermaster General's department.

26. Health inspections will be made at morning and evening parades, and a daily inspection of every individual attached to the regiment, but the avoidance of all unnecessary alarm cannot be too strongly enjoined.

27. Each soldier will be provided with two cholera belts as part of his necessaries. Flannel shirts ought also to be worn.

28. It is very desirable, during the prevalence of Cholera, to boil all drinking water, and to filter it through charcoal when a filter is available.

29. The minds of the men will as much as possible be occupied and amused. Every game or employment tending to recreation, or to induce healthy exercise, should be promoted. Occasional marches for short distances into the country, without arms, may be advisable.

30. Diarrhœa will be most carefully attended to during the prevalence of Cholera, and non-commissioned officers will be instructed to

Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

order all men to hospital whom they may detect suffering from looseness of the bowels. Sentries will be placed in the vicinity of latrines, and men found going twice in quick succession to the rear will be sent to hospital immediately. For the better detection of this usually painless affection, tickets will be provided for the men, and every time a man goes to the rear he will hand one of them to the sentry; but a man not having his ticket will be allowed to pass, and his name will be reported to the orderly serjeant. A room for observation in hospital will be provided for such men, and their motions treated as in the case of Cholera patients. Medicine will be kept prepared for issue to such cases, day and night, and, to avoid delay, a supply will be placed in the hands of non-commissioned officers in barracks to be administered to men while preparing to go to hospital.

31. The place whence a patient is taken from barracks will be thoroughly washed, and, if deemed necessary, fumigation will be made by chlorine or nitrous acid gas, in accordance with instructions at page 111. When suspicious cases, or cases of Cholera, are removed to hospital, their barrack bedding will be taken with them for use in hospital; each such case being reported to the Barrack-master in order that the bedding may be properly changed.

32. If it be found that any preponderance of cases of Cholera or diarrhoea occurs in any building or room, the medical officers will carefully examine the locality, with a view to detecting and remedying if practicable any insanitary condition. The building or room will be vacated, and fumigated with chlorine, nitrous, or sulphurous acid gas. (See instruction at pages 111.) The walls, ceilings, and floors will be scraped and cleansed, and the two former limewashed before re-occupation.

The fumigation of rooms on account of Cholera will be specially conducted under a medical officer with the assistance of the barrack department.

33. When cases occur in camp, the ground will, if possible, be changed, as so successfully practised in India, but where this may be impracticable, as will usually be the case at home, the tents should be struck, and the ground cleansed and aired before re-pitching them.

34. If the troops are not camped out, the regimental hospital will be appropriated to the treatment of Cholera, and the ordinary cases of sickness accommodated in barracks, in rooms set apart and equipped for the purpose; or where this cannot be done, in a hired house. An application for carrying out the latter arrangement will be previously submitted to the Director-General. Should the troops be encamped, all the sick will be treated in tents, the tents for Cholera patients being placed in an isolated position.

35. Medical officers will visit their hospitals frequently. They will be required to be always available for any sudden call on their services, and when Cholera prevails in the corps, they will not leave the barracks, except under imperative necessity.

36. Cases among the wives and children of soldiers will be treated in the female hospital, where such institutions exist, provided the regiment is not camped out. In stations where there is no female hospital, application will be made to the proper authorities for a room to be provided for the accommodation of such cases.

Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

37. The women will be warned that if they or their children are attacked with diarrhoea they must at once go to hospital.

38. The patients' barrack bedding will be used in hospital. The purveyor will provide palliasses and pillows with straw in the event of a change being requisite. All the hair mattresses and pillows will be removed from the hospital, to equip the rooms set apart for the treatment of the ordinary cases of sickness when Cholera attacks the troops.

39. When the barrack bedding is no longer required for use, the straw will be burnt, and the bedding disinfected before being removed from the hospital enclosure, and treated in accordance with paragraph 655, page 110, Medical Regulations (boiling water being used). The foregoing is applicable to hospital sheets, blankets, clothing, and other such articles of hospital equipment as may be used. But such portions of the soldier's kit as cannot be so treated will be exposed to the air and sun, fumigated, and beaten.

40. The stools and vomit will be passed into vessels and deodorized, at once removed, and carefully buried deep at a distance from any source of water supply, or thrown into a latrine set apart for the purpose, which should not for the time being be used for any other purpose. Care will be taken that no other latrine or watercloset is so used.

41. The attendants upon Cholera patients will not be taken from this special work to attend on other cases of disease so long as Cholera may exist in the barracks or hospital. They will be enjoined to wash their hands well whenever they have been in contact with the discharges of the sick.

42. Corpses will be removed to the dead-house without delay, and buried as soon as possible, but never conveyed to the graveyard on men's shoulders.

43. Post-mortem examinations will be performed in such cases and under such modifications as may be necessary.

III.—Disinfectants recommended for use in Barracks.

Quick Lime.

Carbolic Acid.

Chloride of Lime.

Common Commercial Perchloride of Iron.

Quick Lime, fresh burnt, to be used either in powder, or mixed with water in the proportion of about twelve times its bulk.

Carbolic Acid, in the proportion of 1 gallon of acid to 50 gallons of water, or to 100 gallons of water.

Chloride of Lime, mixed with water in the proportion of about a pound to the gallon. Or of the solution ordinarily sold, from a pint and a half to two pints, in a gallon of water.

The common commercial liquid Perchloride of Iron, in dilution, with water, in the proportion of one part to 10.

It is considered that any of the foregoing are well adapted for the

Instructions to Commanding, Medical and other Officers, &c.

Instructions to Commanding Officers.

These purposes; many other desiderata are also valuable, but the expense of most of them would probably be too great a large scale.

Foundations of Charitable Institutions of Poor are only to be found in the towns, villages, and parishes where there have been formerly a large

It is concluded that about 1000 persons of a 1/2 million of the population of the country given above would be sufficient for the purpose in a large country and for the purpose of a large

They half to one million of the population of the United Kingdom of Great Britain, of the strength proposed, would be sufficient for the purpose.

Instructions to Commanding Medical, and other Officers.

Instructions to Commanding Medical Officers.

37. The names of the patients shall be kept in their proper order, and the names of the patients shall be kept in their proper order.

38. The patients shall be kept in their proper order, and the names of the patients shall be kept in their proper order.

39. When the patients are kept in their proper order, the names of the patients shall be kept in their proper order.

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Instructions to Commanding Medical Officers.

Quinine.

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Quinine is a powerful tonic, and is used in the treatment of various diseases.

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Instructions to Commanding, Medical, and other Officers, &c.

INSTRUCTIONS, &c.—continued.

above purpose; many other disinfectants are also valuable, but the expense of most of them would preclude their use on a large scale.

Solutions of Carbolic Acid or Perchloride of Iron are only to be used for sewers, latrines, and urinals after these have been flushed with water.

It is considered that about 100 gallons of a solution of Carbolic Acid, of the strength given above, would be sufficient for disinfecting purposes in a barrack containing one or two regiments, for a day.

From half to one gallon of the solution of the liquid Perchloride of Iron, of the strength proposed, would be sufficient for a latrine.

Sanitary Report.

APPENDIX No. 15.

SANITARY REPORT.

In the preparation of annual or special Sanitary Reports Medical Officers will be guided by the following outline of subjects:—

The geological formation.

The physical geography and medical topography of the surrounding country.

Its features, mountains, valleys, rivers, lakes, marshes, vegetation, natural history, the diseases, particularly those of the preventable class, prevalent amongst its population.

Also its vegetable and animal products, their nature and amount, and their adaptation for furnishing supplies for troops; the sources, quality, and quantity of the water supply, and whether it is wholesome, and what means of purification are in use, if such be necessary.

At all stations he should describe the buildings in use for barracks or hospitals, guard-rooms, and cells, as regards their position, exposure, elevation above the sea level, or above neighbouring low ground, or lake, or river banks; their distance from sea, lakes, or rivers; the number of men they are capable of containing according to regulation, and the numbers in them; their structure, drainage, means, and sufficiency of ventilation; materials of which they are built; the number, length, breadth, and height of rooms and wards; the numbers and position of windows and doors; the average monthly cubic space each man has had in barracks, guard-rooms, cells, and hospitals; state of cleanliness within and without the buildings; and whether the walls are sufficiently limewashed.

Means of lighting and warming; nature and amount of fuel.

Baths and lavatories, their condition, and if sufficient for cleanliness for troops and sick; whether there are bathing parades, and how often a week.

Kitchen and cooking utensils for barracks and hospitals, whether sufficient for a variety of cooking.

The amount and sufficiency of barrack accommodation for married soldiers, and the state of their quarters.

The sanitary state of latrines and urinals, whether they are flushed or emptied by hand, and at what interval of time, also of water-closets, ashpits, stables, &c.

The nature and composition of rations, whether sufficient and sufficiently varied, and what facilities are afforded by the station for varying them; what fresh or preserved vegetables are used, and their average daily amount; whether the ration includes tea, coffee, or cocoa.

Appendix

General

The names and positions of the members of the committee are given in the following table.

Whether the committee is authorized to receive and accept of donations is also stated.

The names of the donors of the property are given in the following table.

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Sanitary Report.

APPENDIX No. 15.

SANITARY REPORT.

In the preparation of annual or special Sanitary Reports Medical Officers will be guided by the following outline of subjects:—

The geological formation.

The physical geography and medical topography of the surrounding country.

Soil, climate, mountains, valleys, rivers, lakes, marshes, vegetation, natural history, the diseases, particularly those of the preventable class, prevalent amongst the population.

Their vegetable and animal products, their nature and amount, and their adaptation for sustaining supplies for troops; the sources, quality, and quantity of the water supply, and whether it is wholesome, and what means of purification are in use, if such be necessary.

As to buildings he should describe the buildings in use for barracks, hospitals, guard-houses, and canteens, or report their position, exposure, elevation above the sea-level, or above neighbouring low ground, or water, or other basins; their distance from sea, lakes, or rivers; the number of men they are capable of containing according to regulation, and the numbers in them; their structure, drainage, means, and sufficiency of ventilation; materials of which they are built; the number, height, breadth, and length of rooms and wards; the number and position of windows and doors; the average quantity of air space which men have had in barracks, guard-houses, canteens, and hospitals; such of them as have been whitewashed and whether the walls are sufficiently damp-proofed.

Means of lighting and warming; nature and amount of fuel; habits and conveniences of the inmates, and if suitable for cleanliness for troops and sick; whether there are bathing-places and how often a bath.

Exercises and cooling grounds for barracks and hospitals, whether sufficient for a sanitary outlook.

The amount and sufficiency of barracks accommodation for current soldiers and the wants of their quarters.

The sanitary state of latrines and urinals, whether they are flushed or emptied by hand, and at what intervals of time, also of water-closets, cesspits, stables, &c.

The nature and composition of rations, whether sufficient and suitably varied, and what facilities are afforded by the station for varying them; what fresh or preserved vegetables are used, and their average daily amount; whether the ration includes tea, coffee, or cocoa.

Sanitary Report.

SANITARY REPORT—continued.

The nature and qualities of fruits and vegetables obtainable and in use, and their effects on health.

Whether rations and diets are properly cooked by roasting, boiling, baking, &c.

The quality of bread or of biscuit, and the amount of either in the rations.

The spirits, beer, or other liquors used by the troops, their quality and effect on health;

Similar information as to hospital diets, and a statement of any changes made in them on account of the character or kind of supplies available.

Whether the clothing of the troops is sufficient and adapted for the climate, and if not, to state what improvements might be made.

The nature of the bedding and whether sufficient.

The nature and amount of duty or labour performed by troops, and their influence on health; drills how often, and at what hours they take place; length of marches and at what hours.

The proportion of nights in bed to those on duty.

Gymnastics, amusements, and recreations in use, and if conducive to health.

State of canteens, size and state of ventilation of rooms, and quality of provisions and liquors sold in them; whether the canteens are under proper regulations; whether disease is traceable to articles sold in them.

Amount of intemperance and of crime and disease directly or indirectly traceable to its effects, also the means in use for repressing intemperance.

State of vaccination in the corps and the extent to which it is a preservative against small-pox; whether re-vaccination has been carried out, and the results.

General defects in position of station on low ground near marshes requiring drainage.

Overcrowding in camps, barracks, huts, tents, or hospitals.

Defective drainage and ventilation of camps, barracks, huts, tents, or hospitals.

Marshes or wet ground, watercourses, or works of irrigation to windward.

River banks.

Nuisances, defective cleansing.

Want of cleanliness in barracks, huts, or hospitals, and want of limewashing.

Defective drainage of ground near barracks, hospitals, &c.

Defective sanitary condition of privies, latrines, water-closets, stables, &c.

Monotonous diet, defective diet, salt provisions.

Defective clothing.

Bad water, especially if polluted by putrescent organic matter.

Drunkenness, or use of unwholesome liquors.

Nature and description of duties.

Heavy rains, or unusual heats, calms.

Climatic peculiarities.

Prevalence of epidemics, and at what season. Wherever meteorological

Sanitary Report.

SANITARY REPORT—continued.

logical observations have been taken, their relation, if any be traced, to prevailing or epidemic disease should be stated.

The medical officer should endeavour to form an estimate of the relative value of each class of causes which have predisposed the troops to these diseases. He should give a minute account of them, together with a statement of what precautionary measures he recommended, either verbally or in writing, to his Commanding Officer, and the result of his recommendation.

If any diseases have become epidemic or prevailed in the district, he should examine carefully into the history of the disease, and its predisposing causes, and report on these as well as the steps he recommended to protect the troops from an invasion of the disease, with the results.

He should state to what extent new arrivals at the station have suffered from disease; also the proportion of acclimatized troops who have been affected, and whether the proportion of attacks and deaths have been greater in young soldiers or in those of more mature age.

If cholera has prevailed he should state the measures adopted by him for discovering and treating the disease in its premonitory stages, and the results.

If any such diseases as fever, erysipelas, or hospital gangrene, have appeared among the sick *after* they have been admitted into hospital, he should report the history of the occurrence, its causes, the measures adopted to arrest these diseases, and the results.

Scale of Hospital Equipment.

APPENDIX No. 10.

SCALE OF HOSPITAL EQUIPMENT.

No.	Description of Equipment.	Quantity.	Unit Price.	Total Price.
1	Operating table	1	\$1,000.00	\$1,000.00
2	Operating table	1	500.00	500.00
3	Operating table	1	500.00	500.00
4	Operating table	1	500.00	500.00
5	Operating table	1	500.00	500.00
6	Operating table	1	500.00	500.00
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67	Operating table	1	500.00	500.00
68	Operating table	1	500.00	500.00
69	Operating table	1	500.00	500.00
70	Operating table	1	500.00	500.00
71	Operating table	1	500.00	500.00
72	Operating table	1	500.00	500.00
73	Operating table	1	500.00	500.00
74	Operating table	1	500.00	500.00
75	Operating table	1	500.00	500.00
76	Operating table	1	500.00	500.00
77	Operating table	1	500.00	500.00
78	Operating table	1	500.00	500.00
79	Operating table	1	500.00	500.00
80	Operating table	1	500.00	500.00
81	Operating table	1	500.00	500.00
82	Operating table	1	500.00	500.00
83	Operating table	1	500.00	500.00
84	Operating table	1	500.00	500.00
85	Operating table	1	500.00	500.00
86	Operating table	1	500.00	500.00
87	Operating table	1	500.00	500.00
88	Operating table	1	500.00	500.00
89	Operating table	1	500.00	500.00
90	Operating table	1	500.00	500.00
91	Operating table	1	500.00	500.00
92	Operating table	1	500.00	500.00
93	Operating table	1	500.00	500.00
94	Operating table	1	500.00	500.00
95	Operating table	1	500.00	500.00
96	Operating table	1	500.00	500.00
97	Operating table	1	500.00	500.00
98	Operating table	1	500.00	500.00
99	Operating table	1	500.00	500.00
100	Operating table	1	500.00	500.00

Sanitary Report.

Sanitary Report—continued.

logical observations have been taken, their relation, if any be known, to prevailing or epidemic disease should be stated.

The medical officer should endeavor to form an estimate of the relative value of each class of causes which have produced the disease in these diseases. He should give a minute account of them, together with a statement of what prophylactic measures he recommends, either verbally or in writing, to his Commanding Officer, and the result of his recommendations.

If any disease have become epidemic or prevailed in the district, he should examine carefully into the history of the disease, and the predisposing causes, and report on them as well as the steps he recommends to protect the troops from an invasion of the disease, with the results.

He should state to what extent new arrivals at the station have suffered from disease; also the proportion of acclimated troops who have been affected, and whether the proportion of attacks and deaths have been greater in young soldiers or in those of more mature age.

If cholera has prevailed he should state the measures adopted by him for discovering and limiting the disease in its preliminary stages, and the results.

If any such diseases as fever, erysipelas, or hospital gangrene have appeared during the war, they have been admitted into hospital, he should report the history of the occurrence. He should, also, mention adopted to arrest these diseases, and the results.

Scale of Hospital Equipment.

NUMBER OF PATIENTS' BEDS.

ARTICLES.	NUMBER OF PATIENTS' BEDS.															
	2	3	4	5	6	7	8	9	10	20	25	40	50	60	75	100
Salt, Wainscot	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Coal, 4 bush., Iron	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pepper, Pewter, 1 lb.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
For Brushes, Wooden with	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Trays...	1	1	1	1	1	1	1	1	1	2	2	4	5	6	8	10
Bedsteads, Iron, H. P.	4	5	6	8	9	10	11	12	14	26	32	48	60	72	90	120
Regulation, without	4	5	6	8	9	10	11	12	14	26	32	48	60	72	90	120
Racks, with catches for	4	5	6	8	9	10	11	12	14	26	32	48	60	72	90	120
ditto...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedsteads, iron, dropsey,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
with racks	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mattresses for ditto	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheets for ditto	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beds, hair	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blankets, H. P.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolsters, Hair, H. P.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cases, slip, for H. P. Hair	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolsters	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200
Cases, slip, for H. P.	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200
Pillow, large	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200
Cases, slip, for H. P.	2	2	4	4	6	6	8	8	10	20	25	40	50	60	70	90
Pillows, small	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200
Cases, slip, for H. P. Hair	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200
Beds	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cords, Bed, 19 yards for	5	6	7	8	9	11	12	13	16	32	40	60	75	90	110	150
Regulation and Dropsey	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bedsteads	1	1	1	1	1	1	1	1	1	2	3	4	5	6	8	10
Cords for bed-pulls	1	1	1	1	1	1	1	1	1	2	3	4	5	6	8	10
Handles for bed-pulls	1	1	1	1	1	1	1	1	1	2	3	4	5	6	8	10
Pillows, Hair, large	4	5	6	8	9	10	11	12	14	28	32	50	60	72	90	120
Pillows, Hair, small	1	1	2	2	3	3	4	4	5	10	12	20	25	30	35	50
Sackings, Bed, for Regula-	5	6	7	8	9	11	12	13	16	32	40	60	75	90	110	150
tion bedsteads	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" " for Dropsey bed-	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
steads	8	10	12	16	18	20	22	25	30	55	65	110	130	165	190	250
Sheets, linen	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

BEDDING.

BOXES.

Scale of Hospital Equipment.

	8	10	12	16	18	20	22	25	30	55	65	110	130	165	190	250	310	380	500	625	750	875	1000	1125	1250
B " cotton... medical, } counterpanes, white tufted } check } Bed-covers, waterproof } Cases, palliase, straw } Cases, holster, straw... } Black Lead, sets } Fresh... } Hand, Scrubbing } Hair... } Heads, Long Sweep- } ing... } Handles for do. } Hand, Sweeping or Dust } Shaving } Shoe, sets } Whitewash, 6 oz. } Clamps, Dry rubbing } Blocks, Wood for do. } Irons for do. } Handles for do. }	2	3	4	5	6	7	8	9	10	20	25	40	50	60	75	100	125	150	200	250	300	350	400	450	500
BRUSHES.	4	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200	250	300	400	500	600	700	800	900	1,000
BIER.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MISCELLANEOUS.	3	4	5	6	7	8	9	10	12	25	30	50	60	70	85	112	140	170	225	275	325	380	450	500	550
Bier (Iron Frame only)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pail, Black Velvet for	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Or Hand Bearer, with	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cross-handles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bowls, Shaving, Wooden	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Belows, Kitchen	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Block, Chopping	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Beaver, Hospital, consisting	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
of Pillows, Hair, Foles, and	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Leather Strings	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Boards for Bedhead Ticket	3	4	5	6	7	8	9	10	12	25	30	50	60	70	85	112	140	170	225	275	325	380	450	500	550
Boards for Diet Scale	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Boards, Inventory	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Boards, Knife...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Boards, Pastry	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bottles, Beer, Stone	2	3	4	5	6	7	8	9	10	25	30	50	60	72	90	125	155	190	250	300	350	400	450	500	550
Boilers, large...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Boilers, small	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Butter Pails (3 ounce)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Butter Slabs	2	3	4	5	6	7	8	9	10	25	30	50	60	72	90	125	150	175	250	300	350	400	450	500	550

Scale of Hospital Equipment.

		NUMBER OF PATIENTS' BEDS.																																																																																																																																																																																																			
		2	3	4	5	6	7	8	9	10	20	25	40	50	60	75	100	125	150	200	250	300	350	400	450	500																																																																																																																																																																											
CHAIRS.	ARTICLES.																																																																																																																																																																																																				
		Arm, Padded, without Covers Covers, Striped Lines for ditto Windsor, or Officer's ... Night, with Fyfe's Patent Pail and Pan complete...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																																																																																																																																																																							
CANS.	Soup, 3 galls ... Beer, 2 galls ... Wager, 5 galls ... Milk or Gruel, 3 galls, with lids ...	...	...	...	...	...	...	...	...	...	1	2	3	5	6	7	9	12	15	20	24	30	35	40	45	50	55																																																																																																																																																																	
	...	...	...	...	...	...	...	...	...	...	1	2	3	5	6	7	9	12	15	20	25	30	35	40	45	50	50																																																																																																																																																																
CLOTHING.	Caps, Nighs, White Cotton ... Caps, Day, Blue Woollen ... Drawers, Flannel ... Gowns, Blue Serge ... Headkerchiefs, Pocket, Cotton ... Neckkerchiefs, Black Cotton ... Shirts, White Cotton ... Shirts, White Flannel ... Socks, Worsted, pairs ... Shoes, HP Brown Leather, pairs ... Slippers, HP Brown Leather, pairs ... Slippers, List, with Leather Soles, pairs ... Trowsers, Blue Serge ... Waistcoats, Blue Serge ...	5 4 4 4 4 4 8 4 8 2	8 6 6 6 6 6 12 16 12 2	10 8 8 8 9 6 12 8 3 2	12 10 10 10 15 10 20 12 20 3	15 12 12 12 18 12 24 24 24 3	18 14 14 14 20 14 28 28 3	20 16 16 16 24 16 32 32 4	22 18 18 18 26 18 36 36 4	25 20 20 20 30 20 40 40 5	50 40 40 40 60 50 80 80 10	65 50 50 50 75 60 100 100 12	100 80 80 80 120 100 160 160 20	125 100 100 100 160 120 240 240 25	160 120 120 120 180 150 300 300 35	200 150 200 150 225 150 300 300 35	250 200 250 200 300 250 400 400 50	300 250 300 250 450 400 600 600 60	400 300 300 300 600 500 800 800 70	500 400 400 400 600 500 1000 1000 100	625 500 500 500 900 800 1200 1200 125	750 600 600 600 1000 900 1400 1400 150	875 700 700 700 1050 900 1600 1600 175	1000 800 800 800 1350 1200 2000 2000 200	1125 900 900 900 1600 1400 2250 2250 225	1250 1000 1000 1000 1800 1600 2500 2500 250	1350 1000 1000 1000 2000 1800 2800 2800 250	1500 1200 1200 1200 2250 2000 3000 3000 250	1600 1300 1300 1300 2400 2100 3000 3000 250	1750 1400 1400 1400 2500 2200 3100 3100 225	1900 1500 1500 1500 2600 2300 3200 3200 250	2050 1600 1600 1600 2700 2400 3300 3300 250	2200 1700 1700 1700 2800 2500 3400 3400 250	2350 1800 1800 1800 2900 2600 3500 3500 250	2500 2000 2000 2000 3000 2700 3600 3600 250	2650 2100 2100 2100 3100 2800 3700 3700 250	2800 2200 2200 2200 3200 2900 3800 3800 250	2950 2300 2300 2300 3300 3000 3900 3900 250	3100 2400 2400 2400 3400 3100 4000 4000 250	3250 2500 2500 2500 3500 3200 4100 4100 250	3400 2600 2600 2600 3600 3300 4200 4200 250	3550 2700 2700 2700 3700 3400 4300 4300 250	3700 2800 2800 2800 3800 3500 4400 4400 250	3850 2900 2900 2900 3900 3600 4500 4500 250	4000 3000 3000 3000 4000 3700 4600 4600 250	4150 3100 3100 3100 4100 3800 4700 4700 250	4300 3200 3200 3200 4200 3900 4800 4800 250	4450 3300 3300 3300 4300 4000 4900 4900 250	4600 3400 3400 3400 4400 4100 5000 5000 250	4750 3500 3500 3500 4500 4200 5100 5100 250	4900 3600 3600 3600 4600 4300 5200 5200 250	5050 3700 3700 3700 4700 4400 5300 5300 250	5200 3800 3800 3800 4800 4500 5400 5400 250	5350 3900 3900 3900 4900 4600 5500 5500 250	5500 4000 4000 4000 5000 4700 5600 5600 250	5650 4100 4100 4100 5100 4800 5700 5700 250	5800 4200 4200 4200 5200 4900 5800 5800 250	5950 4300 4300 4300 5300 5000 5900 5900 250	6100 4400 4400 4400 5400 5100 6000 6000 250	6250 4500 4500 4500 5500 5200 6100 6100 250	6400 4600 4600 4600 5600 5300 6200 6200 250	6550 4700 4700 4700 5700 5400 6300 6300 250	6700 4800 4800 4800 5800 5500 6400 6400 250	6850 4900 4900 4900 5900 5600 6500 6500 250	7000 5000 5000 5000 6000 5700 6600 6600 250	7150 5100 5100 5100 6100 5800 6700 6700 250	7300 5200 5200 5200 6200 5900 6800 6800 250	7450 5300 5300 5300 6300 6000 6900 6900 250	7600 5400 5400 5400 6400 6100 7000 7000 250	7750 5500 5500 5500 6500 6200 7100 7100 250	7900 5600 5600 5600 6600 6300 7200 7200 250	8050 5700 5700 5700 6700 6400 7300 7300 250	8200 5800 5800 5800 6800 6500 7400 7400 250	8350 5900 5900 5900 6900 6600 7500 7500 250	8500 6000 6000 6000 7000 6700 7600 7600 250	8650 6100 6100 6100 7100 6800 7700 7700 250	8800 6200 6200 6200 7200 6900 7800 7800 250	8950 6300 6300 6300 7300 7000 7900 7900 250	9100 6400 6400 6400 7400 7100 8000 8000 250	9250 6500 6500 6500 7500 7200 8100 8100 250	9400 6600 6600 6600 7600 7300 8200 8200 250	9550 6700 6700 6700 7700 7400 8300 8300 250	9700 6800 6800 6800 7800 7500 8400 8400 250	9850 6900 6900 6900 7900 7600 8500 8500 250	10000 7000 7000 7000 8000 7700 8600 8600 250	10150 7100 7100 7100 8100 7800 8700 8700 250	10300 7200 7200 7200 8200 7900 8800 8800 250	10450 7300 7300 7300 8300 8000 8900 8900 250	10600 7400 7400 7400 8400 8100 9000 9000 250	10750 7500 7500 7500 8500 8200 9100 9100 250	10900 7600 7600 7600 8600 8300 9200 9200 250	11050 7700 7700 7700 8700 8400 9300 9300 250	11200 7800 7800 7800 8800 8500 9400 9400 250	11350 7900 7900 7900 8900 8600 9500 9500 250	11500 8000 8000 8000 9000 8700 9600 9600 250	11650 8100 8100 8100 9100 8800 9700 9700 250	11800 8200 8200 8200 9200 8900 9800 9800 250	11950 8300 8300 8300 9300 9000 9900 9900 250	12100 8400 8400 8400 9400 9100 10000 10000 250	12250 8500 8500 8500 9500 9200 10100 10100 250	12400 8600 8600 8600 9600 9300 10200 10200 250	12550 8700 8700 8700 9700 9400 10300 10300 250	12700 8800 8800 8800 9800 9500 10400 10400 250	12850 8900 8900 8900 9900 9600 10500 10500 250	13000 9000 9000 9000 10000 9700 10600 10600 250	13150 9100 9100 9100 10100 9800 10700 10700 250	13300 9200 9200 9200 10200 9900 10800 10800 250	13450 9300 9300 9300 10300 10000 10900 10900 250	13600 9400 9400 9400 10400 10100 11000 11000 250	13750 9500 9500 9500 10500 10200 11100 11100 250	13900 9600 9600 9600 10600 10300 11200 11200 250	14050 9700 9700 9700 10700 10400 11300 11300 250	14200 9800 9800 9800 10800 10500 11400 11400 250	14350 9900 9900 9900 10900 10600 11500 11500 250	14500 10000 10000 10000 11000 10700 11600 11600 250	14650 10100 10100 10100 11100 10800 11700 11700 250	14800 10200 10200 10200 11200 10900 11800 11800 250	14950 10300 10300 10300 11300 11000 11900 11900 250	15100 10400 10400 10400 11400 11100 12000 12000 250	15250 10500 10500 10500 11500 11200 12100 12100 250	15400 10600 10600 10600 11600 11300 12200 12200 250	15550 10700 10700 10700 11700 11400 12300 12300 250	15700 10800 10800 10800 11800 11500 12400 12400 250	15850 10900 10900 10900 11900 11600 12500 12500 250	16000 11000 11000 11000 12000 11700 12600 12600 250	16150 11100 11100 11100 12100 11800 12700 12700 250	16300 11200 11200 11200 12200 11900 12800 12800 250	16450 11300 11300 11300 12300 12000 12900 12900 250	16600 11400 11400 11400 12400 12100 13000 13000 250	16750 11500 11500 11500 12500 12200 13100 13100 250	16900 11600 11600 11600 12600 12300 13200 13200 250	17050 11700 11700 11700 12700 12400 13300 13300 250	17200 11800 11800 11800 12800 12500 13400 13400 250	17350 11900 11900 11900 12900 12600 13500 13500 250	17500 12000 12000 12000 13000 12700 13600 13600 250	17650 12100 12100 12100 13100 12800 13700 13700 250	17800 12200 12200 12200 13200 12900 13800 13800 250	17950 12300 12300 12300 13300 13000 13900 13900 250	18100 12400 12400 12400 13400 13100 14000 14000 250	18250 12500 12500 12500 13500 13200 14100 14100 250	18400 12600 12600 12600 13600 13300 14200 14200 250	18550 12700 12700 12700 13700 13400 14300 14300 250	18700 12800 12800 12800 13800 13500 14400 14400 250	18850 12900 12900 12900 13900 13600 14500 14500 250	19000 13000 13000 13000 14000 13700 14600 14600 250	19150 13100 13100 13100 14100 13800 14700 14700 250	19300 13200 13200 13200 14200 13900 14800 14800 250	19450 13300 13300 13300 14300 14000 14900 14900 250	19600 13400 13400 13400 14400 14100 15000 15000 250	19750 13500 13500 13500 14500 14200 15100 15100 250	19900 13600 13600 13600 14600 14300 15200 15200 250	20050 13700 13700 13700 14700 14400 15300 15300 250	20200 13800 13800 13800 14800 14500 15400 15400 250	20350 13900 13900 13900 14900 14600 15500 15500 250	20500 14000 14000 14000 15000 14700 15600 15600 250	20650 14100 14100 14100 15100 14800 15700 15700 250	20800 14200 14200 14200 15200 14900 15800 15800 250	20950 14300 14300 14300 15300 15000 15900 15900 250	21100 14400 14400 14400 15400 15100 16000 16000 250	21250 14500 14500 14500 15500 15200 16100 16100 250	21400 14600 14600 14600 15600 15300 16200 16200 250	21550 14700 14700 14700 15700 15400 16300 16300 250	21700 14800 14800 14800 15800 15500 16400 16400 250	21850 14900 14900 14900 15900 15600 16500 16500 250	22000 15000 15000 15000 16000 15700 16600 16600 250	22150 15100 15100 15100 16100 15800 16700 16700 250	22300 15200 15200 15200 16200 15900 16800 16800 250	22450 15300 15300 15300 16300 16000 16900 16900 250	22600 15400 15400 15400 16400 16100 17000 17000 250	22750 15500 15500 15500 16500 16200 17100 17100 250	22900 15600 15600 15600 16600 16300 17200 17200 250	23050 15700 15700 15700 16700 16400 17300 17300 250	23200 15800 15800 15800 16800 16500 17400 17400 250	23350 15900 15900 15900 16900 16600 17500 17500 250	23500 16000 16000 16000 17000 16700 17600 17600 250	23650 16100 16100 16100 17100 16800 17700 17700 250	23800 16200 16200 16200 17200 16900 17800 17800 250	23950 16300 16300 16300 17300 17000 17900 17900 250	24100 16400 16400 16400 17400 17100 18000 18000 250	24250 16500 16500 16500 17500 17200 18100 18100 250	24400 16600 16600 16600 17600 17300 18200 18200 250	24550 16700 16700 16700 17700 17400 18300 18300 250	24700 16800 16800 16800 17800 17500 18400 18400 250	24850 16900 16900 16900 17900 17600 18500 18500 250	25000 17000 17000 17000 18000 17700 18600 18600 250	25150 17100 17100 17100 18100 17800 18700 18700 250	25300 17200 17200 17200 18200 17900 18800 18800 250	25450 17300 17300 17300 18300 18000 18900 18900 250	25600 17400 17400 17400 18400 18100 19000 19000 250	25750 17500 17500 17500 18500 18200 19100 19100 250	25900 17600 17600 17600 18600 18300 19200 19200 250	26050 17700 17700 17700 18700 18400 19300 19300 250	26200 17800 17800 17800 18800 18500 19400 19400 250	26350 17900 17900 17900 18900 18600 19500 19500 250	26500 18000 18000 18000 19000 18700 19600 19600 250	26650 18100 18100 18100 19100 18800 19700 19700 250	26800 18200

Scale of Hospital Equipment.

[illegible]

Scale of Hospital Equipment.

MEASURES.		MISCELLANEOUS.		FANS.	
Wine, 1 pint, Powder	...	...	...	...	...
Wine, 1 pint do.	...	...	...	...	...
Wine, 1 gill.	...	...	...	...	...
Wine, 1 gill do.	...	...	...	...	...
Porter, 1 gall. do.	...	...	...	...	...
Porter, 1 gall. do.	...	...	...	...	...
Porter, 1 quart do.	...	...	...	...	...
Porter, 1 pint do.	...	...	...	...	...
Porter, 1 pint do.	...	...	...	...	...
Milk, 1 gall. or Dippers, Tin	...	...	...	...	...
Milk, 1 gall. do.	...	...	...	...	...
Milk, 1 quart do.	...	...	...	...	...
Milk, 1 pint do.	...	...	...	...	...
Milk, 1 pint do.	...	...	...	...	...
Milk, 1 gill do.	...	...	...	...	...
Milk, 1 gill do.	...	...	...	...	...
Oil, 1 gall. Tin	...	...	...	...	...
Oil, 1 gall. do.	...	...	...	...	...
Oil, 1 quart do.	...	...	...	...	...
Oil, 1 pint do.	...	...	...	...	...
Oil, 1 pint do.	...	...	...	...	...
Mugs for Medicine, {	2	3	4	5	6
Crockery, 1 pints ...	...	...	...	...	...
Mugs, Drinking, Crockery, {	5	6	7	8	10
1 pint ...	...	...	...	...	...
Mallets, large or Carpen- {	...	...	...	...	...
ters ...	...	...	...	...	...
Mallets, small ...	1	1	1	1	1
Mat, Passage, Coir Fibre	2	2	2	2	2
Mat, Door, Coir Fibre	1	1	1	1	1
Mugs, Pewter, 1 pint	1	2	2	3	3
Meat Saws ...	...	...	...	...	...
Napkins, Ophthalmia	3	4	5	6	7
Nets, Potato, large	...	...	...	...	...
Nets, Potato, middling	...	...	...	...	...
Nets, Potato, small	...	...	...	...	...
Close Stool, Fyfe's	1	1	1	1	1
Warming, Copper	...	...	...	...	...
Bed, Earthenware	1	1	1	1	1

Scale of Hospital Equipment.

ARTICLES.		NUMBER OF PATIENTS' BEDS.																								
		2	3	4	5	6	7	8	9	10	20	25	40	50	60	75	100	125	150	200	250	300	350	400	450	500
POTS.	Chamber, with Cover, } Earthenware... }	1	1	1	1	1	1	1	1	1	2	3	5	6	7											
	Do., without Covers, do., } round rims... }	4	5	6	8	9	11	12	13	14	26	32	50	62	75	90	120	150	180	250	310	375	440	500	560	625
	Coffee, small, Tin ...	1	1	1	1	1	1	1	2	3	4	4	5	6	6	8	10	13	15	20	25	30	35	40	45	50
	Mustard ...	1	1	1	1	1	1	2	2	2	3	4	5	6	7	9	12	15	18	25	30	35	40	45	50	55
	Tea, small, Earthenware ...	2	2	2	2	2	2	2	2	2	3	4	5	6	7	9	12	15	18	25	30	35	40	45	50	55
MISCELLANEOUS.	Pails, Water, Wood ...	1	1	1	1	1	1	1	1	1	2	3	4	5	6	8	10	13	15	20	25	30	35	40	45	50
	Pails, Slop, with Covers	1	1	1	1	1	1	1	1	1	2	3	4	5	6	8	10	13	15	20	25	30	35	40	45	50
	Pin, Rolling ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Plates, Crockery ...	5	6	8	10	12	14	16	18	20	40	50	80	100	120	150	200	250	300	400	500	600	700	800	900	1000
	Porringers, Blood, large } Pewter ... small }	1	1	1	1	1	1	1	1	1	1	1	2	3	3	3	5	6	7	10	12	14	16	18	20	20
R.	Porringers, Blood, small } do. ... }	...	...	...	...	...	...	...	...	...	1	2	2	2	2	3	4	5	7	10	12	14	16	18	20	20
	Razors ...	1	1	1	1	1	1	1	1	1	2	2	4	5	6	7	10	12	15	20	25	30	35	40	45	50
	Rollers, for Round Towels ...	1	3	3	3	4	4	4	4	4	6	7	8	9	10	11	12	15	15	20	25	30	35	40	45	50
	Brackets, Iron, for do. }	3	3	3	3	4	4	4	4	4	6	7	8	9	10	11	12	15	15	20	25	30	35	40	45	50
	pairs... }	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
S	Iron, 2 galls. with lid	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3
	Iron, 1 gall. do. ...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3
	Iron, 1 quart, do. ...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	2	2	2	4	4	
	Iron, 1 pint, do. ...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	1	1	1	1	2	2	2	4	4	
	Bain Marie (Galvanized) }	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SALCEPANS.	Iron Dish... }	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nests for do. (sets) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Stewpans, 2 quarts ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	" " 1 gallon ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Table, German Silver	5	6	7	9	10	12	13	14	16	28	33	56	65	80	96	126	160	190	250	310	375	440	500	560	625
SPOONS.	Tea, do. ...	5	6	7	9	10	12	13	14	16	28	33	56	65	80	96	126	160	190	250	310	375	440	500	560	625
	Mustard, Ivory ...	1	1	1	1	1	1	1	2	3	4	4	5	6	6	8	10	13	15	20	25	30	35	40	45	50
	Gravy, Iron tinned ...	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	3	3	6	6	6	6	8	8	8	8
	Medicine, Pewter ...	2	3	4	5	6	7	8	9	10	20	26	42	52	64	78	105	130	155	210	260	320	380	420	480	520
	Medicine, Pewter ...	2	3	4	5	6	7	8	9	10	20	26	42	52	64	78	105	130	155	210	260	320	380	420	480	520

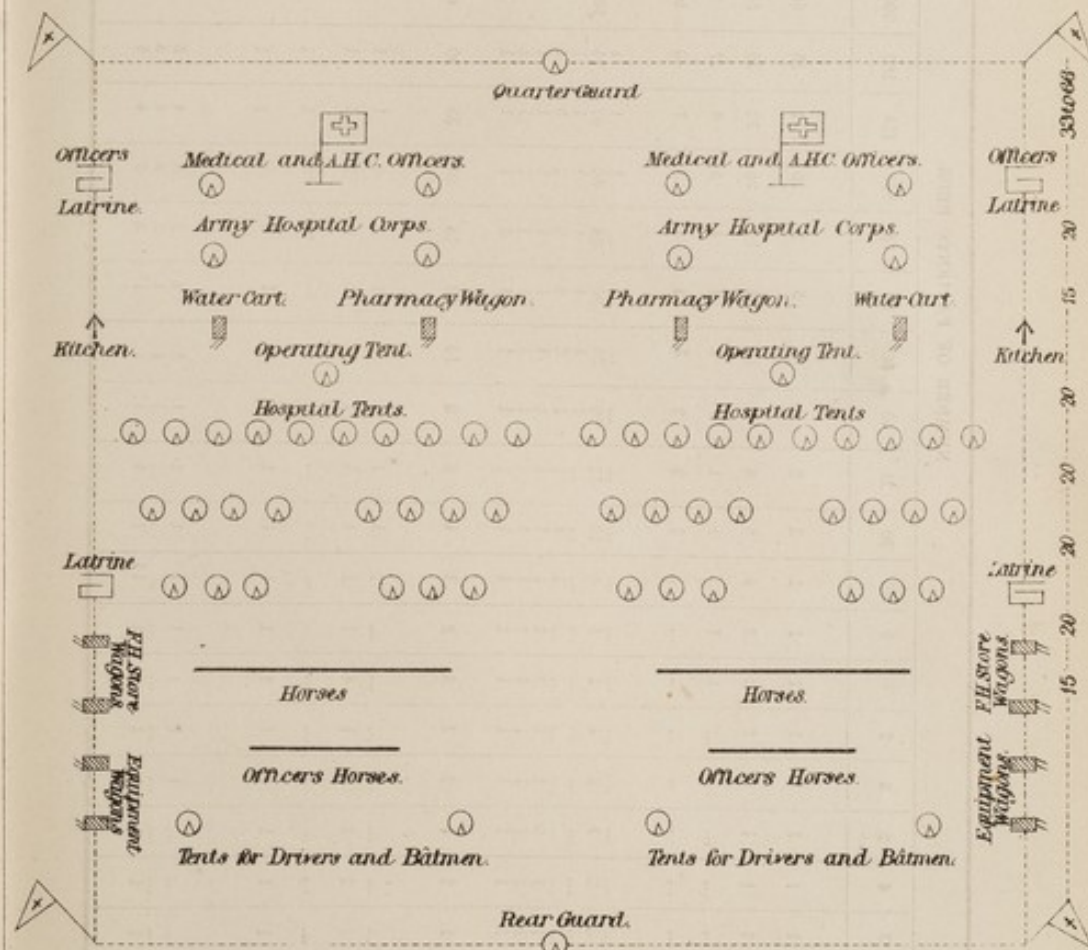
Scale of Hospital Equipment.

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Scale of Hospital Equipment.

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PLAN OF ENCAMPMENT FOR A MOVEABLE FIELD HOSPITAL.



PLAN OF ENCAMPMENT

FOR A

MOVEABLE FIELD HOSPITAL



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