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FOR
ARMY
MEDICAL SERVICES.



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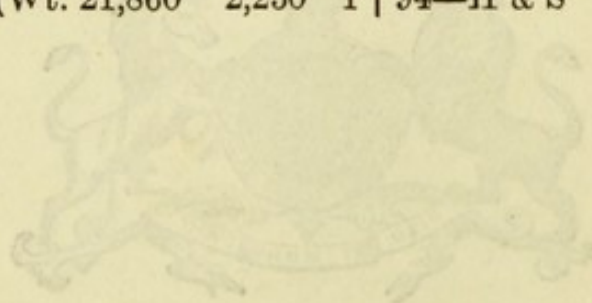
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[The new provisions added to the Regulations of 1890 are denoted by a black line in the margin. As some typographical errors may have occurred in publication, it is requested that, should any be discovered, they may at once be pointed out in writing to the Under Secretary of State for War.]

REGULATIONS

FOR

ARMY MEDICAL SERVICES,

1894.

SECTION I.—ARMY MEDICAL STAFF.

I.—DIRECTOR-GENERAL.

1. The Director-General is, under the Commander-in-Chief, the responsible Head of the Department, and is charged with the administration of the Medical Services, the Medical Staff Corps, the Militia Medical Staff Corps, the Militia Reserve trained in Medical Staff Corps duties, the Volunteer Medical Staff Corps, and the Medical Establishment of the Army; with the supervision of the Medical and Sanitary duties of the Army, and the preparation of all statistical returns for presentation to Parliament; with the supply of Medical Stores to the Army; and with the preparation of Estimates for the above Services.

Director-General.

2. The Director-General will nominate medical officers for the following appointments:—

Appointments by Director-General

Principal Medical Officer.

The Charge, and in some cases the Staff, of General Hospitals, certain Station Hospitals, Field Hospitals, and Hospital Ships.

The Charge of Hospitals for soldiers' wives and children, including charge of General Staff, officers, and their families.

Registrar of General Hospitals.

The Command of the Dépôt and Training School Medical Staff Corps, and Bearer Companies.

Staff of the Training School Medical Staff Corps.

Recruiting Districts.

Except under very special circumstances, these officers will not be removed without his sanction.

3. The Director-General will detail Officers of the Army Medical Staff, non-commissioned officers and men of the Medical Staff Corps, nursing sisters, and others connected with the management of the sick, for duty under the principal Medical Officer in districts and commands (see paragraph 13).

Detailing of Army Medical Staff Officers and Medical Staff Corps.

4. A roster of the officers on duty at home will be kept in the office of the Director-General, and, as a general rule, those who have been for the longest period at home will be the first to proceed abroad. But in the appointment of Principal Medical Officer the amplest

Roster at home, and selection of Principal Medical Officers.

Section I.

Army Medical Staff.

discretion is vested in the Director-General to select for each district and command, the officer whom he may consider from experience and character best qualified to discharge any peculiar duties which may pertain to the medical administration of the particular station.

Service in the field: to give advice previous to;

5. Before the field force* is ordered for service abroad, 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 Commander-in-Chief, give his opinion in writing on all matters connected with the country, climate, productions, rations, clothing, shelter, and sanitary arrangements and precautions, and on all other matters bearing on the health of the troops.

To issue sanitary instructions.

6. The Director-General will issue to the Principal Medical Officer of every force on active service such a code of instructions, for his guidance in all matters connected with the above, as he may see necessary to meet the special circumstances of each case.

II.—GENERAL DUTIES AND EMPLOYMENT.

Duties of the Army Medical Staff.

7. The Officers of the Army Medical Staff are charged not only with the medical care of the sick, the administration of military hospitals both in peace and war, and the command of the Medical Staff Corps, but with the duty of recommending to General and other Officers Commanding, verbally or in writing, any precautionary or remedial measures relating to barracks, encampments, garrisons, stations, hospitals, transports, diets, dress, drills, and duties which 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.

How to be employed.

8. They will be employed in military hospitals at home and abroad, and with troops in barracks or in the field; and also on all such special duties in camp and quarters as the Director-General may decide. The detail of all these duties is given in the succeeding sections of these Regulations.

Private information, assistance, &c., forbidden.

9. They are prohibited from giving either their advice or assistance to public companies or private individuals on subjects in any way connected with their official duties; and they are also forbidden to give certificates or testimonials to the patentees or vendors of any inventions whatsoever, without first obtaining the sanction of the Secretary of State for War through the head of their department.

Examination of Medical Officers for promotion.

10. The rules for the examination of medical officers as to their fitness for promotion are laid down in Appendix No. 1.

* Referred to in Army Order 127 of 1893.

III.—PRINCIPAL MEDICAL OFFICERS.

I.—GENERAL SCOPE OF DUTIES.

11. Principal Medical Officers appointed to districts and commands, or with troops in the field, are on the Staff of the Army. In their absence their duties will devolve on the senior full-pay officer present at Headquarters.

Position.

12. They are responsible to General Officers Commanding 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.

Responsibility for medical arrangements.

13. Under General Officers Commanding, they have command of all officers of the Army Medical Staff, Militia Medical Staff Corps, Volunteer Medical Staff Corps, and Medical Reserve when employed, warrant officers, non-commissioned officers, and men of the Medical Staff Corps, its reserves and auxiliaries, or of other corps doing duty in hospitals, as well as control of civilian surgeons and female nurses serving under them.

Command of hospital establishments.

They will issue such orders as may be necessary, either in connection with hospital administration, the welfare of the sick, or the internal administration of the corps; and will be careful that all orders and regulations promulgated and circulated in their districts are duly communicated to all concerned.

Instructions and orders to officers and men.

14. They will deal with all district matters which may be referred to them, and only in case of positive difficulty or doubt will they refer questions to the Director-General.

Reference of local matters to Director-General.

15. In forwarding reports or in submitting the proceedings of boards or any question or recommendation for the decision of the Director-General, or other higher authority, they will invariably state their own opinion thereon, and they are held responsible for the correctness of all returns submitted by them.

Submissions of question for decision of Director-General, and responsibility for correctness of returns.

16. Principal Medical Officers will keep a "Leave of Absence Book," for officers of the Army Medical Staff, in which all leave granted, and all amendments of leave, will be recorded. In every case where leave has been granted, Principal Medical Officers will be careful to make a report of the fact to the Director-General, intimating at the same time the address of the officer proceeding on leave, the amount of leave already granted him since the 1st of April preceding, and the name of the officer performing his

Leave of absence.

Section I.

Army Medical Staff.

duties. They will furnish officers leaving their districts with a certificate showing the amount of leave taken up to the date of transfer.

Confidential reports.

17. Principal Medical Officers will, on the first of January in each year, or as soon after as possible, draw up confidential reports upon all officers of the Army Medical Staff who may have served under them during the preceding year. Such reports are to be prepared on Army Form C 338, and submitted to the General Officers Commanding for transmission to the Military Secretary. They will furnish similar reports, on the 1st January and 1st July, in manuscript to the Director-General on the Lady Superintendents of Nurses serving under their supervision, and forward the reports directed in paragraph 228.

Inspection of recruits.

18. They will make inspections, at such times as may be found most convenient, of the recruits of the corps stationed in their immediate vicinity, to satisfy themselves regarding the physique of the men entering the service.

Detail of orderly medical officer.

19. They will, at stations where they consider it necessary to detail an Orderly Officer, keep a roster for the duty, which if practicable will be limited to officers under the rank of Surgeon Lieut.-Colonel; from this roster they will detail the Orderly Officer for the day, and nominate the next for duty as the officer in waiting. They will file the Orderly Medical Officer's report for after reference if required.

Detail of orderly medical officer for more than one day.

20. At stations where it may be impracticable to detail an Orderly Officer daily, but necessary that one should be nominated for a longer period at a time, the Principal Medical Officer will make such modifications of the regulations referred to in paragraphs 305 to 312 as will meet the altered circumstances of the case.

Delegation of duties at out stations.

21. At large hospitals not at the headquarters of the district, the Medical Officer in charge will keep the roster and detail an orderly medical officer.

Roster at stations abroad.

22. At stations abroad Principal Medical Officers will keep a roster, showing the dates of the arrival of medical officers and nursing sisters in and departure from the command. They will at the end of each year furnish the Director-General with a return compiled from this roster.

Disposal of diet and extra-diet sheets.

23. On receipt of diet and extra-diet sheets from the hospitals in their districts or commands, they will examine them and transmit them as soon as possible to the district officer in charge of supplies (see paragraph 385).

Supervision of nature of diets and extras.

24. They will supervise the nature and quantities of diets and extras, as ordered for individual cases. They

Principal Medical Officers.

Section I.

will call for explanation of any seeming excessive or inappropriate issue, check irregularities, or any apparent waste or extravagance, and report the same, with their opinion thereon, to the Director-General, for such action as may be necessary. Only in cases of unusual severity or complication can any deviation from the authorized dietary be permitted; and the histories of such cases will be submitted at their termination to the Director-General in an abstract from the Case Book showing the necessity for the course adopted.

25. Principal Medical Officers of districts will demand annually from the War Office, in accordance with the Allowance Regulations, such Stationery, Army Forms and Army Books, as may be required for the whole of their district.

Stationery,
Army Forms
and Books.

26. They will make two separate requisitions, one for their own office, including any supplies needed for the companies of the Medical Staff Corps, the other for the several station hospitals and inspection rooms under their charge; and, they will be responsible for the distribution of the supplies received. At Aldershot a separate requisition will be forwarded by the Officer Commanding the dépôt.

Requisitions
to be
separate.

27. The disposal of useless books and other documents will be governed by the Allowance Regulations.

Disposal of
useless
books.

28. Issues to station hospitals are not to exceed the scale laid down in the Allowance Regulations, except under very special circumstances, which are to be reported forthwith to the War Office.

Issues to
station
hospitals.

29. They will forward to the Director-General, monthly, the general distribution return, Army Medical Staff (Army Form C 340), and weekly the return of casualties and changes Army Medical Staff and Nursing Sisters, (Army Form C 334).

Staff returns
to Director-
General.

II.—SANITARY DUTIES.

30. Principal Medical Officers will exercise general supervision over the sanitary condition of all parts of each garrison, camp, or station in their district and its vicinity, as regards drainage, cleanliness, removal of nuisances, water supply, overcrowding, ventilation, lime-washing, 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.

31. They will submit all sanitary or other suggestions and recommendations connected with the health of the troops in writing to the General Officer Commanding the

Sanitary
recommen-
dations and
quarterly
report.

Section I.

Principal Medical Officers.

district, and forward copies of the same to the Director-General with their next quarterly sanitary report (Army Form C 344), see paragraph 39.

Inspection of
stations and
camps.

32. They will, unless specially instructed to the contrary, make inspections of all stations and camps where troops are quartered throughout their districts once a year at stations abroad, and twice a year at home, as well as at such other times as the Director-General may appoint.

Intimation
of inspec-
tions.

33. They will, in accordance with the Queen's Regulations submit, for the approval of the General Officer Commanding, the dates of their proposed inspection of any station, for publication in Divisional Orders.

Inspection of
hospitals,
barracks,
cells, &c.

34. They will inspect all hospitals and barracks occupied by troops, 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.

Sanitary
defects.

35. They will note all sanitary defects in buildings and their surroundings, distinguishing whether such arise from—

Neglect of conservancy ;

Want of repair ;

Original structural defects.

The first two can usually be dealt with locally, but the last will be specially reported to the General Officer Commanding.

Sanitary
arrange-
ments.

They will fully ascertain—

That the conservancy arrangements are satisfactory and carefully attended to ;

That the ventilation, lighting, and warming of all occupied quarters and hospital wards are good, and that there is no overcrowding ;

That the means of ablution are sufficient, and are made use of by the men ;

That the water supply is good and abundant, and perfectly protected from pollution ;

That the rations are good, and that the means of cooking are sufficient and satisfactory ;

That the duties and employments of the troops are such as are not likely to prove injurious to health ;

That recreation-rooms (where authorised), games, and gymnastic exercises are provided and attended by the men, without risk to health ;

If there has been any excessive amount of disease or mortality among the troops, or if any epidemic, infectious, or contagious form of disease has appeared in the station or broken out in hospital, what measures were taken for its prevention and mitigation.

Sanitary Duties.

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36. They will make any recommendation, either verbally or in writing, to Officers Commanding stations or corps, or to medical officers in charge of them, 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.

37. Should any epidemic disease appear in any garrison, camp, or station, they will immediately inquire into its cause, and in communication with the medical officers in charge thereof will, if necessary, recommend in writing to the Officer Commanding the station such measures of precaution as may be requisite. They will at once report the occurrence of epidemic disease, whether among troops or the civil population of any garrison, station, camp, or the neighbourhood thereof, to the Director-General, and during its continuance will forward a report or memorandum on the subject with the weekly or monthly returns of sick.

Epidemic diseases, inquiry and reports.

38. When there is reason to suppose that the water supply at any military station is of such a character as to be likely to injuriously affect the health of the troops, it will be subjected to chemical analysis at those stations where the necessary materials exist for so doing; and for that purpose samples of the water will be forwarded by the Royal Engineers to the Principal Medical Officer, who will depute a medical officer qualified to conduct the analysis. In the event, however, of no chemical test cabinet being available, or of its being deemed expedient at a home station to obtain the results of a chemical analysis from the Professor of Hygiene at the Army Medical School, a sample consisting of not less than one gallon of the water will be forwarded to the Principal Medical Officer, Royal Victoria Hospital, Netley, for transmission to the Professor of Hygiene. The results of the analysis, and the opinion of the Professor of Hygiene, will be transmitted, through the Director-General, to the Principal Medical Officer, who will communicate the same to the Commanding Royal Engineer. (See Regulations for Royal Engineer Services.)

Chemical examination of water.

39. They will forward to the Director-General a general Quarterly Sanitary Report, on Army Form C 344 (see paragraph 31), which will embrace a summary of all the reports of the medical officers under their superintendence; the reports themselves they will retain.

Quarterly report.

40. The Principal Medical Officer's Quarterly Sanitary Report will be accompanied by a Return showing the Distribution of the Troops and of the Sick on Army Form B 136, compiled from the distribution returns of the medical officers under their superintendence, which will similarly be retained.

Distribution returns.

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Principal Medical Officers.

III.—DUTIES IN CONNECTION WITH THE ADMINISTRATION AND INSPECTION OF HOSPITALS, AND ARRANGEMENT FOR MEDICAL ATTENDANCE.

Inspection of hospitals.

41. Principal Medical Officers will make frequent visits to hospitals in their immediate vicinity, and give advice in the treatment of serious cases, and they will, when conducting the sanitary inspections ordered in paragraph 32, make a thorough inspection of every hospital establishment in their district so as to ascertain that they are conducted in conformity with existing regulations, that the patients are properly treated, and that everything necessary for the care and treatment of the sick is supplied.

Hospital diets and extras.

42. They will, at these inspections, satisfy themselves 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; that the kitchen arrangements are good and sufficient; that the cooks are properly trained and skilful in the preparation of diets and extras; and that all such are distributed and administered according to regulation and the wants of the sick.

Hospital equipment, medical and surgical supplies.

43. They will ascertain that the hospital furniture, utensils, and equipment of every kind are supplied according to regulation and kept in a serviceable condition; that the medical stores and surgical instruments are according to the authorized list and in good condition; that the supplies of medicines and appliances are sufficient, but not in excess; that they are properly cared for, used with the necessary economy; and that drugs of a poisonous character as enumerated in paragraph 27, Section III., Manual for the Medical Staff Corps, are in safe keeping, under lock and key. They will also compare the outdoor prescriptions as copied into the book (Army Book 39) with the prescriptions filed by the compounder, and satisfy themselves that medicines and materials have been properly issued and accounted for.

General medical stores.

44. They will, at stations where General Medical Stores exist, ascertain that suitable provision has been made for the preservation and safe custody of such stores, and that they are conducted by the officer in charge according to the instructions contained in paragraphs 201 to 208; also that the yearly or half-yearly Boards of Survey duly verify the returns of such stores.

Medical equipment with corps.

45. They will inspect the medicines, instruments, and appliances in charge of medical officers doing duty with corps.

Inspection of Hospitals, &c.

Section I.

46. They will examine and compare the medical, statistical, sanitary, and all other hospital records, to see that they are correctly kept ; and will ascertain that all cases of interest, as well as all in which extras (except those mentioned in paragraphs 299 and 303) have been given, with the reason for giving the same, have been fully recorded in the Case Books (Army Book 187).

Inspection of
hospital
records, &c.

47. They will ascertain that the books, &c., on charge (see paragraph 406) are in good order, and have been amended and corrected to the date of inspection.

Books on
charge.

48. They will, when non-dieted hospitals are placed in charge of a Militia Medical Officer or civilian medical practitioner, direct a quartermaster to draw from the Officer in charge of Barracks, hospital equipment for the same, and place it in the care of the non-commissioned officer of the Medical Staff Corps performing the duties of wardmaster and steward, who will endorse the Abstract of Inventories as laid down in paragraph 367.

Quarter-
master's
charge of
equipment at
non-dieted
hospitals in
charge of
civilian
medical
practitioner.

49. When a station hospital is temporarily placed in charge of a Militia Medical Officer or civilian medical practitioner, Principal Medical Officers will direct a quartermaster to take over the buildings, equipment, stores and supplies, and to sign the Abstract of Inventories ; when charge is resumed by a Medical Officer, the quartermaster will transfer the equipment to him.

Station
hospitals in
charge of
civilian
medical
practitioner.

50. They will direct the quartermaster in the cases referred to in paragraphs 48 and 49 to be present when the steward, who has endorsed the Abstract of Inventories (Army Book 126 D), is relieved, but they will only permit inspection of the equipment and stores in these hospitals (other than the inspections in conjunction with the Officer in charge of Barracks or such as may be ordered by the General Officer Commanding) when they consider such necessary. In these cases they will forward a report to the Director-General of the circumstances.

At taking
over
equipments.

51. They will, when troops are about to go into camp and no quartermaster has been specially detailed to accompany the force, instruct a quartermaster to prepare the necessary requisitions for field hospital equipment, stores, and transport, and to perform such duties in connection therewith as may be required of a quartermaster attached to a hospital in the Field. They will also account for all equipment and stores, issued for instructional purposes under the Queen's Regulations, Sect. XIV., in Army Book 248, Field Hospital Equipment Ledger, which will be rendered for examination to the War Office.

Requisitions
and account-
ing for camp
equipment,
stores, &c.

Section I. Principal Medical Officers.

Books,
forms, and
stationery,
how
supplied.

52. They will provide the necessary Army Forms, Books, and Stationery; and will cause their use to be explained to the civilian practitioners in charge of hospitals, and to regimental non-commissioned officers employed in place of Medical Staff Corps.

Employment
of civilian
medical
practi-
tioners.

53. If there be no Medical Officer at a station where there are troops entitled to medical attendance and medicine at the public expense, Principal Medical Officers will make all necessary arrangements for the medical charge, and will submit the same for the approval of the General or other Officer in command, who will cause the arrangements made, together with the rate of remuneration sanctioned, to be promulgated in Orders. Civilian medical practitioners may, when necessary, be employed under the terms specified in the Royal Warrant relating to Pay, &c. (which include the cost of medicines and ordinary surgical materials), without reference to higher authority, but no exceptional rate of remuneration in excess of these terms will be admitted as a charge against the public, without the recommendation of the Director-General, Army Medical Department, and the sanction of the Secretary of State. On the employment of a private medical practitioner, 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 by him. Officers of the Army Medical Reserve, who are willing to offer their services, will have a prior claim to employment in the district in which they reside to other Medical Officers of the Militia, Yeomanry, and Volunteers, or to civilian medical practitioners.

Intimation
of movement
of troops.

54. Early intimation of the movement of troops, and of the intended occupation of camps and posts, for the medical charge of which no provision has been made, will be given to the Principal Medical Officer, in order to enable him to make the necessary arrangements. Should a body of troops be, through any emergency, left without medical aid, the Officer Commanding will at once report the circumstance to the Principal Medical Officer, making in the meantime such local and temporary arrangements as may be necessary to meet the emergency. The terms on which civilian medical practitioners are employed will, under all circumstances, be at once reported to the Director-General, Army Medical Department, War Office.

Terms of
employment
of civilian
practi-
tioners.

Claims for
medical
attendance,
how
forwarded.

55. Under ordinary circumstances no claim for medical attendance will be entertained unless made in conformity with the rates laid down in the Royal Warrant relating to Pay, &c., and unless it is submitted by the Officer Com-

manding, through the Principal Medical Officer, to the Director-General at the end of each quarter, or at the termination of the service, if for less than a quarter, on Army Form O 1666, to which the lists on Army Form A 23 will invariably be attached. Where, however, exceptional circumstances have arisen in the 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 will be submitted on Army Form O 1667 for approval.

56. The claims, when they have been approved by the Director-General, will be returned to the Principal or Senior Medical officers of districts who signed them, for settlement by the paymasters. How settled.

57. Militia medical officers not on the Departmental List, if employed to attend troops during the embodiment of the regiment, will be paid for such attendance at contract rates, even when drawing the full pay as Militia surgeons, and in addition to their full pay. Attendance by Militia medical officers.

58. When (under paragraphs 402 to 404) application is made to Principal Medical Officers for additional hospital attendants, and there are no men of the Medical Staff Corps in the District or Command available for the duty, Principal Medical Officers will, if they concur in the necessity for their employment, direct the medical officer to apply for temporary hospital attendants to the Officer Commanding the station. In cases where, on emergency, the medical officer has previously obtained the services of temporary hospital attendants from the Officer Commanding, they will fully satisfy themselves of the necessity which existed for such services before recommending the issue of extra-duty pay. Temporary hospital attendants.

IV.—DUTIES IN CONNECTION WITH THE EMBARKATION AND DISEMBARKATION OF TROOPS.

59. The regulations for the medical inspection of troops, and of the wives and families of officers and men, and for the inspection of the medical arrangements for troops about to be embarked, are laid down in the Queen's Regulations and Orders for the Army, and will be strictly carried out by Principal Medical Officers at home and abroad. Medical inspection.

60. Should the Principal Medical Officer at the inspections of ships hired to convey troops discover any defects likely to affect injuriously the health of the troops or the sick during the voyage, he will make his remarks on the report of inspection, and forthwith report the circum- Reports of inspection.

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Principal Medical Officers.

stances in writing, in such detail as may be necessary, to the General or other Officer Commanding at the port, transmitting a copy to the Director-General.

Inspection of
ship's crew
on hired
transports.

61. He will, when a ship has been taken up by the Admiralty for the conveyance of troops, either as a transport or a troop freight ship, detail a medical officer (if possible the medical officer who is to have charge of the troops) to 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 and military inspecting officers of the result.

Nature of
inspection of
troopship.

62. He will, when inspecting ships before troops embark, be careful to ascertain that a sufficient number of medical officers and hospital attendants have been detailed, and that the regulated supplies of medical and surgical equipment (paragraph 66), of hospital clothing (paragraph 425), of books, forms, and stationery (paragraph 64), as well as a due supply of medical comforts, have been put on board; and also that, having regard to the duration of the voyage, and particularly to the nature of the diseases of the sick and invalids embarking, any special supplies deemed necessary have been provided.

Medical com-
forts on
board hired
ships; sup-
ply of addi-
tional
articles.

63. Should he be of opinion that, either from the number of sick about to be embarked or from the nature of the cases, the regulated supply of medical comforts on board a hired ship 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 officer in charge of supplies, and will be placed in charge of the master for issue on the requisition of the medical officer in charge.

Books, forms
and station-
ery for troop-
ships.

64. He will provide the following books, forms, and stationery for the use of medical officers in charge of hospitals on board ships conveying troops, and will obtain a receipt for the same:—

| | | |
|--|-----------|-------------|
| Admission and Discharge Book | .... | A.B. 27 |
| Medical Case Book | .... .... | A.B. 187 |
| Requisition Book | .... .... | A.B. 30 |
| Medical Certificate Book | .... .... | A.B. 172 |
| Pack Store Book.... | .... .... | A.B. 182 |
| Hospital Diary or Ward Book.... | .... | A.B. 39 |
| Diet Sheet | .... .... | A.F. I 1202 |
| Morning State of Sick and Report of Death | | A.F. A 27 |
| Medical Sick Return of Troops on Board Ship | .... .... | A.F. B 182 |
| Account of Expenditure of Medical Comforts | .... .... | A.F. I 1208 |
| Return of Detachment Medical Staff Corps (monthly) | .... .... | A.F. B 2057 |

Embarkation of Troops.

Section I.

| | | | | |
|--|------|------|------|-------------|
| Hospitals, Extra-Duty Pay to Non-commissioned Officers and Men employed | .... | .... | .... | A.F. O 1645 |
| Application for Extra-Duty Pay to Medical Staff Corps | .... | .... | .... | A.F. I 1228 |
| Application for Extra-Duty Pay to Hospital Subordinates not belonging to the Medical Staff Corps | .... | .... | .... | A.F. I 1229 |
| Casualty Return, Corps Pay | .... | .... | .... | A.F. O 1601 |

The number of forms necessary will be estimated according to the duplicate copies required and the duration of the trooping service on which the ship is to be employed ; the number of forms of Army Form B 182 required will vary (see paragraphs 437 to 439). Sufficient stationery and writing material will also be supplied to enable the medical officer to furnish the various reports and returns required in manuscript.

65. He will, when troops are embarked on board a ship in charge of a naval medical officer, or of a civilian surgeon, furnish him with such books and forms as are necessary, and will explain their use ; he will also explain how claims for extra-duty pay for hospital attendants necessarily employed during the voyage are to be prepared and dealt with, as shown in paragraph 424.

Instructions to naval or civil surgeons in charge of troops.

66. He will be responsible that the following medical and surgical equipment is put on board one of Her Majesty's ships or a hired vessel at a port of embarkation ; and the medical officer in charge, or in his absence the paymaster or master of the ship, will give a receipt for the same in duplicate, to be forwarded at once to the Director-General.

Medical and surgical equipment of troopships.

For ships proceeding on voyages abroad :

Medicine chest complete (Appendix 31).

Case of surgeon's instruments (Appendix 12).

Tooth instruments (Appendix 19).

Stomach pump (Appendix 22).

Box of apparatus for fractures and dislocations (Appendix 26).

For ships proceeding between ports in the United Kingdom :—

One field medical companion fully equipped (Appendix 28).

Case of surgeon's instruments (Appendix 12).

This paragraph does not apply to Her Majesty's ships when employed on Indian service.

67. At the termination of a voyage he will be responsible that the medical and surgical equipment is received over and returned into Army Stores.

Disposal at end of trooping service.

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Guard against landing diseases. 68. He will detail a medical officer to visit and inspect the vessel and ascertain whether the medical officer in charge has inspected the troops with a view to detect and guard against the introduction of disease. The report of the inspection will be transmitted to the Director-General, with the return of sick on board ship (Army Form B 182).

Report of invalids embarking to Director-General. 69. When invalids are about to be embarked at stations abroad, the Principal Medical Officer will, if practicable, forward in advance to the Director-General information of the total numbers embarking (distinction to be made between soldiers of (a) the Royal Horse Artillery (b) Field Batteries, R.A. (c) Garrison Batteries, R.A. (Division to be shewn) (d) the Ordnance Store Corps (e) all other invalids, and of the number of insane patients, if any, and will at the same time state the probable date on which the vessel may be expected to reach home.

Nominal roll of invalids embarked 70. He will see that, in addition to the invaliding documents furnished in accordance with paragraph 621, the medical officer is also provided with a nominal roll of all invalids embarking in his charge, giving the regimental number, corps, name, and disease of each man, with a blank column in which the medical officer can if necessary insert remarks at the termination of the voyage.

Invalids not in charge of army medical officers. 71. When invalid officers or soldiers not in charge of an army medical officer are embarked on board any vessel, he will detail a medical officer to accompany them on board, and to explain the nature of their cases to the commander and surgeon of the vessel.

Lunatics on board mail ships. 72. He will detail a medical officer to accompany insane officers or soldiers who are to embark on board any Mail Packet, to explain the case or cases to the commander and surgeon of the ship. Communication of such cases will be made to the agents of the steamship company as early as possible before embarkation.

Disembarkation, taking over books, &c. 73. On receiving the books and documents enumerated in paragraphs 437 to 439, from medical officers on disembarkation, he will satisfy himself as to the correctness and necessity for the issues before countersigning the account of expenditure of medical comforts (Army Form I 1208). He will retain one copy of this account with the diet sheets, and forward the other to the Director-General for transmission to the Admiralty.

Returns of sick from naval medical officers. 74. He will obtain from Naval Medical Officers who may have charge of troops embarked on board Her Majesty's ships, the return of sick on Army Form B 182, on their arrival at the port of destination.

Duties in the Field.

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V.—DUTIES IN GENERAL HOSPITALS.

75. The duties of Principal Medical Officers appointed to the charge of General Hospitals are laid down in paragraphs 254 to 268. Duties in General Hospitals.

VI.—DUTIES IN THE FIELD—SERVICE ABROAD.

With the Field Force.

76. The Principal Medical Officer of an Army will normally have his headquarters with the General Officer Commanding the lines of communication, but he will be available, when required, for consultation with the General Officer Commanding-in-Chief, to whom he will give advice in writing in reference to rations, clothing, shelter, sanitary arrangements, and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops. Position and duties to General Officer Commanding in Chief.

77. He will, under the orders of the General Officer Commanding the lines of communication, have supreme control of, and be responsible for, all medical arrangements and establishments connected with the Force. Control of arrangements.

78. He will advise and carry out the orders of the General Officer Commanding in all medical matters connected with the movements of troops towards the front, or sick and wounded towards the base, and the transport of medical and surgical stores and supplies. Movements of sick and transport of stores.

79. He will send to the Director-General, at such intervals as the latter may determine, full information on all subjects connected with the hygiene of the army, together with such recommendations for improving it as may be considered requisite. Sanitary reports to Director-General.

80. He will, as opportunity offers, inspect the whole of the hospital establishments of the Army. Inspection of hospital establishments.

81. He will be assisted by a Staff as laid down in Field Army Establishments, Service Abroad. Staff.

82. With the approval of the General Officer Commanding he will, in accordance with the Allowance Regulations, decide, according to the supplies obtainable, whether hospital diets on the authorized scale or on a modified scale may be issued to the general hospital at the base, and the hospitals on the lines of communication. Dieting of hospitals at base and on lines of communication.

83. On receiving intimation from the Principal Medical Officer of a Division as to the number and class of cases to be evacuated from the field hospitals, he will at once make arrangements with the General Officer Commanding the line of communication as to their transport, specifying, Evacuation of field hospitals.

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as far as possible, the amount and kind of sick carriage required.

Management
of accommo-
dation.

84. He will keep himself constantly informed as to the accommodation available in the General Hospital at the base, and the hospitals on the line of communication, and will, when practicable, give the medical officers in charge of hospitals timely warning of the day and hour of arrival of parties of sick and wounded at different places along the route.

Arrange-
ments for
transport.

85. He will make all necessary arrangements, under the orders of the General Officer Commanding, and in conjunction with the Officers concerned, for the transport, equipment, stores, and supplies that may probably be required in connection with medical organization.

Unattached
bearer com-
panies and
field
hospitals left
behind.

86. He will be responsible for the disposal of such bearer companies and field hospitals as may be held in reserve or not attached to a division, and will at once take under his authority all field hospitals left behind with sick and all fresh hospitals created in rear of the army.

Attendants
and supplies
for sick
convoys.

87. He will detail from the staff attached to hospitals on the line of communication medical officers and attendants for parties of sick and wounded journeying towards the base, and will see that sufficient provision of medicines, surgical materials, and medical comforts has been made for use on the road.

Voluntary
medical aid.

88. All medical officers of the Militia, Yeomanry, or Volunteers, civil surgeons, medical students, nursing sisters and others rendering voluntary aid, and whose services are authorized by the General Officer on the recommendation of the Principal Medical Officer of the Field Force, will be placed at his disposal for duty in the hospitals on the lines of communication and base at such places and in such a manner as he may deem expedient. They will act under the medical officer in charge of the hospital in which they are doing duty, who may suspend from duty any guilty of misconduct or disobedience, reporting the same at once to the Principal Medical Officer, who will take such further steps as may be necessary.

Staff and
supplies of
Aid Societies.

89. The representatives of Aid Societies will be required to place at the disposal of the Principal Medical Officer their staff of surgeons and attendants, and all supplies brought by them for distribution to hospitals.

Allocation of
duties to
volunteers.

90. The Principal Medical Officer will allocate duties to all such volunteers, and the representatives of Societies will thereafter have no power to remove or re-distribute their staff without his express sanction. He will cause all supplies of any kind furnished by Aid Societies or

Duties in the Field.

Section I.

others for hospital use to be distributed by the representatives to such hospitals as he may name, but such supplies will not be introduced into a hospital, or used, or issued to patients except with the permission of the medical officer in charge.

91. He will give orders that no civilians be allowed to visit any of the hospitals unless duly provided with a pass, signed by the medical officer in charge thereof. Visits of civilians to hospitals

92. He will see that a sufficiency of all medical supplies is kept at the Advanced Depôt of Medical Stores, and that the depôt and the hospitals located there are moved forward as the troops advance, so that they may always be within easy reach of the field hospitals. Advanced depôt of medical stores.

93. He will render the returns laid down in paragraphs 129, 135 to 137, unless otherwise instructed, and will keep a diary of all matters of medical, sanitary, or statistical interest connected with the proceedings of the force, and will from time to time communicate the same by letter to the Director-General. Returns and diary.

At the Base of Operations.

94. The Principal Medical Officer will, under the Officer Commanding at the base, and the Principal Medical Officer of the Army, have control over all hospital establishments, including hospital ships, at the base of operations. Position and duties.

95. He will be assisted by a Staff as laid down in Staff, Field Army Establishments, Service Abroad.

96. He will make all arrangements for the reception into hospital of sick and wounded from the front, for the discharge to the depôt of such men as do not require further treatment, and for sending invalids to England or elsewhere. Reception of sick and embarkation of invalids.

97. He will inspect vessels taken up to convey invalids, and see that such are thoroughly found in medicines, surgical appliances, medical comforts, clothing, and attendants, according to the class of cases embarked. Inspection of transports.

98. He will arrange for the landing of medical and surgical stores and supplies from freight ships. Stores from freight ships.

99. He will arrange for the medical charge of the Staff at the Base and of the Depôt Battalion. Charge of Staff at Base.

100. He will exercise supervision over the Depôt of General Medical Stores at the Base, and see that the supply of medicines and materials is kept up. Supervise depôt of medical stores.

101. All officers of the Army Medical Staff, warrant and non-commissioned officers and men of the Medical Staff Corps, and all persons seeking to render voluntary hospital Arrival and departure of

Section I. Principal Medical Officers.

Army Medical Staff. Returns. aid, will, on arrival at and departure from the base, report themselves, or be reported, to him.
102. He will render such returns to the Principal Medical Officer of the field force as may be directed by him.

With a Division.

Position and duties. 103. The Principal Medical Officer will be on the Staff of, and remain with the Headquarters of the Division, will advise the General Officer Commanding the Division on all matters affecting the health of the division, and will receive and transmit orders from him and from the Principal Medical Officer of the Army.

Command of Army Medical Staff and Medical Staff Corps. 104. The officers of the Army Medical Staff and the warrant officers, non-commissioned officers, and men of the Medical Staff Corps attached to corps, bearer companies, and field hospitals within the division will be under his orders and at his disposal, and he will, under the General Officer Commanding, be responsible for the movements and proper distribution of the companies and hospitals at all times.

Responsibility for disposal of hospitals. Frequent inspections. 105. He will frequently inspect the bearer companies and field hospitals, and ascertain that medicines, surgical appliances, food supplies of all kinds, equipment, shelter, and transport, are in every respect sufficient for the wants of the sick and wounded.

Reports. 106. He will make all reports on hospital establishments to the General Officer Commanding the Division and the Principal Medical Officer of the field force.

Prevent unfit men remaining with corps. 107. He will see that medical officers attached to corps do not allow sick or unfit men to remain with their corps and encumber the front.

Guard against overcrowding of field hospitals. 108. He will be careful to guard against the field hospitals becoming hampered and overcrowded with sick, and will endeavour to keep up a steady system of removal towards the base of such men as are not likely to become speedily effective, but he will at the same time be careful that no soldiers who are likely to become efficient in a reasonable time are allowed to pass to the rear.

Evacuation towards base. 109. He will keep the Principal Medical Officer of the field force constantly informed of the number and description of sick and wounded requiring transport towards the base, and will specify, if possible, the kind and quantity of sick carriage necessary.

Furnish names of men from 110. He will, from the nominal rolls (Army Form I 1226) of men sent to the rear from the field hospitals, furnish the General Officer Commanding, when called upon, with

Duties in the Field.

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the names and regiments or corps of sick and wounded so transferred. nominal rolls.

111. When an engagement is expected, he will arrange with the General Officer Commanding, and point out to the medical officers in command of bearer companies, or in charge of field hospitals, the most suitable positions for the collecting and dressing stations of the bearer companies, and for pitching the field hospitals; and will satisfy himself that the stretcher parties and ambulances or other sick carriage of the first and second line are equipped, and all arrangements made for succouring the wounded in the quickest and most efficient manner. In the absence of orders from the General Officer Commanding, he will act on his own responsibility in issuing instructions to the bearer companies and field hospitals. Arrangements before an action.

112. He will nominate a medical officer attached to a corps in a brigade to attend on the Brigade Staff. Attendance on Brigade Staff.

113. He will render the returns laid down in paragraphs 129, 134, 136. Returns.

114. When a portion of the division is temporarily detached for special duty, he will, under the orders of the General Officer Commanding the division, make the arrangements referred to in paragraph 85. Duty when division detached.

115. He will be assisted by a Staff as laid down in Staff. Field Army Establishments, Service Abroad.

Sanitary Duties.

116. The Principal Medical Officer, or Medical Officer detailed for the purpose, will accompany the Staff Officer appointed to select 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 all other matters connected with the buildings likely to affect the health of the troops or of the sick. He will also advise the Chief Staff Officer on all such subjects, sending copies of all reports he may have considered it necessary to make to the Principal Medical Officer in the field. 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. Inspections of buildings and advice to Chief Staff Officer.

117. He will further examine into the sanitary condition of towns or villages about to be occupied, and their neighbourhood; and will make recommendations 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.

Section I. Principal Medical Officers.

Inspection of
camp sites.

118. On proceeding to select a site for an encampment, the Principal Medical Officer will accompany the Staff Officer appointed on his inspection, and 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, and 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; and burial of the dead and disposal of the carcasses of animals.

Water
supply.

119. He will, in communication with the Staff Officer concerned, 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.

Superintends
sanitary ar-
rangements
of camps and
towns.

120. The Principal 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 recom-
mend pre-
cautions for
preventing
disease.

121. 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, lime-washing, removal of nuisances, improvement in water supply, and all other local matters affecting the health of the troops or the sick.

Sanitary
camp duties.

122. He will report to the Chief Staff Officer any defects or negligence in carrying out the sanitary duties of the Camp.

Instructions
on taking
the field.

123. The Principal Medical Officer of the field force will, with the sanction of the General Officer Commanding, immediately on the opening of a campaign, as well as at such other times as it may appear to him to be necessary, issue such instructions regarding sanitary measures for protecting the health of the troops as he may consider requisite for the guidance of medical officers.

Daily
inspection
of camps.

124. The Principal Medical Officer will make a daily inspection of the camp, and especially inform himself as to

Duties in the Field.

Section I.

the health of the troops. Immediately on being informed of the presence of disease he will examine into the cause of the same, ascertaining 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 any other local cause; or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other general cause. He will report immediately to the Chief Staff Officer 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 field force. 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 no longer necessary to do so.

125. When troops are on the line of march the Principal Medical Officer, or medical officer appointed by him specially for such duty, will accompany the Staff Officer who precedes the troops, and collect in advance as much information as possible concerning the medical topography of the district, with special reference to places which ought to be selected or avoided for camping ground.

Sanitary regulations on line of march.

126. During epidemic seasons he will indicate the best means of mitigating or preventing attacks of disease on the march. Troops, before commencing a march, should be supplied with some refreshments, especially during epidemic seasons.

During epidemics. Refreshments on march.

127. A Principal Medical Officer in charge of a general hospital or a division in the field, will transmit to the Principal Medical Officer of the field force 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.

Principal Medical Officers' reports to P.M.O. of the Army.

128. A Principal Medical Officer of a division or general hospital at the base of operations, will draw up a Weekly Sanitary Report on the state of the division, or hospital, to be sent to the Principal Medical Officer of the field force for the information of the Commander-in-Chief of the force. A copy of the report will be transmitted by the Principal Medical Officer of the field force, immediately to the Director-General.

Weekly reports.

Section I. Principal Medical Officers.

VII.—DUTIES IN THE FIELD—HOME DEFENCE.

129. Principal Medical Officers of Army Corps and divisions will be guided in the performance of their duties by paragraphs 103 to 129, as far as they are applicable; by the Regulations for Mobilization for Home Defence; and by the Instructions for the Organization and Distribution of the Army Medical Staff, the Medical Staff Corps, and the Militia and Volunteer Medical Staff Corps, on Mobilization for Home Defence.

VIII.—DUTIES IN CONNECTION WITH STATISTICS OF SICKNESS.

Weekly Returns.

Returns
to be
examined.

130. Principal Medical Officers will carefully examine all returns of sick received from medical officers in charge of hospitals, and, in the event of one being incomplete or incorrectly compiled, will return it for amendment. In the case of a weekly return (paragraph 579), they will order the officer to send an amended return to the Director-General.

Monthly Returns.

Monthly
Returns
from P.M.O.

131. Principal Medical Officers abroad will furnish to the Director-General a return of sick on Army Form A 30 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, if possible, by the first mail which leaves the command after it falls due. 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.

Annual
returns to
Director-
General.

132. Principal Medical Officers at home and abroad will compile a general return of sick on Army Form A 32 from the annual returns of hospitals in their districts or commands (see paragraph 600), adding thereto a manuscript report (on the plan of the published Army Medical Reports) on the prevailing diseases and sanitary conditions affecting the health of the troops, in which they will refer to the reports of the various medical officers serving under them. These returns and reports, together with those from which they were compiled, will be forwarded to the Director-General as early as possible, but not later than the 31st March. They will retain duplicate copies in their offices, and will forward a copy of their remarks on the sanitary conditions to the General or other Officer Commanding.

Statistics of Sickness.

Section I.

Special Returns.

133. 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, the Principal Medical Officer of the force will at the conclusion of the service furnish to the Director-General a special return on Army Form A 29, similar to that specified in paragraph 137 for an army in the field.

Special returns on conclusion of camps of exercise, &c.

Returns in the Field—Service Abroad and Home Defence.

134. The Principal Medical Officers of divisions will send consolidated daily states, on Army Form A 28, of the sick and wounded in the field hospitals under them, to the General Officers Commanding the divisions, for their information and that of the General Officer Commanding, and to the Principal Medical Officer of the field force, or, in the case of Home Defence, of the Army Corps.

Daily returns. From P.M.O.'s of divisions.

135. The Principal Medical Officer of the field force, or, in the case of Home Defence, of the Army Corps, will send a consolidated daily state of the sick and wounded (Army Form A 28) to the General Officer Commanding-in-Chief.

From P.M.O. to G.O.C.-in-Chief.

136. From the returns furnished by medical officers in charge of field hospitals on Army Form A 7, Principal Medical Officers of divisions will prepare a consolidated summary of the whole, and forward it, together with the originals, to the Principal Medical Officer of the field force, or, in the case of Home Defence, of the Army Corps, for transmission to the Director-General.

Summary to Director-General.

137. The Principal Medical Officer of the field force, or, in the case of Home Defence, of the Army Corps, will, on the termination of the campaign, furnish to the Director-General a general return of sickness and casualties in the force, on Army Form A 29.

General return at end of campaign.

138. A scale of army forms and books, and of stationery, for the Medical Department of an army in the field, is laid down in the Manual for Field Service, Army Medical Staff.*

Forms, &c., on active service.

* The new Manuals entitled "Distribution of Stores for a Bearer Company," and "Distribution of Stores for a Field Hospital," should, when published, be used for this purpose instead of the 'Manual for Field Service.'

Section I.

Medical Officers.

IV.—MEDICAL OFFICERS DOING DUTY WITH EFFECTIVE TROOPS IN QUARTERS.

I.—GENERAL DUTIES.

- Duties.** 139. Attention is invited to the orders in connection with the duties of medical officers doing duty with troops, laid down in Section XIV of the Queen's Regulations.
- Details to be furnished to medical officer in charge of station hospitals.** 140. When a medical officer is specially appointed to discharge any of the following duties—Charge of the Troops ; Sanitary duties ; Attendance on officers, women, and children—he will furnish to the medical officer in charge of the station hospital, not later than Friday afternoon in each week, all details appertaining to those duties required to complete the Weekly Return of Sick.
- Duty at station hospital, &c.** 141. He will, in addition to the duties referred to in paragraphs 142 to 172, be available for duty in a station hospital, or for any professional or departmental duty for which he may be detailed by the Principal Medical Officer.
- Attendance on officers and their families, and on soldiers' wives and children.** 142. When no medical officer is specially appointed, the medical officer doing duty with troops will attend the officers of the station, their wives, children, and servants ; also all women and children belonging or attached to the troops under his charge who are entitled to medical attendance.
- Sending men to hospital.** 143. He will examine the sick of the troops under his charge, and send those he considers unfit for duty to the hospital, marking opposite their names on the sick reports (Army Form B 256) the word "hospital" and the disease : both copies of the sick report will then be sent to the medical officer in charge of the station hospital. Such of the sick as only require trivial dressings, or medicine, will be dealt with at the inspection room ; the words "medicine and duty" will be marked opposite the name of each man, and they will return to barracks.
- Disposal of trivial cases.** 144. When it is considered necessary to detain for the day men reported sick, the word "detained" will be marked on the sick report opposite their names (see paragraph 376).
- Men detained for the day.** 145. When a soldier reports himself sick unnecessarily the word "duty" only will be marked opposite his name.
- Soldiers reported sick unnecessarily.** 146. In filling up the sick reports great care will be taken that all the foregoing particulars as to the disposal of each man are clearly and correctly stated.
- Filling up reports.** 147. Soldiers reported sick, who, in the opinion of the medical officer, are temporarily unable to perform all their duties, may be recommended for *light duty* for the day,
- Recommendation for light duty.**

General Duties.

Section I.

but no such recommendation shall cover more than a period of twenty-four hours, at the end of which time they will either return to duty or be sent to hospital.

148. Any prisoner sent for inspection preparatory to trial by court-martial, or before commitment to prison under sentence of court-martial or summary award, will be inspected by the medical officer, who will sign the required medical certificates, or send him to hospital for treatment should this be necessary. Inspection of prisoners.

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

150. He will make a medical inspection of all regiments, corps, or detachments, before they quit a station to ensure the detention of all cases of sickness (see paragraph 394). Inspection on change of station.

151. He will, when troops are under orders for service abroad or active service, make a thorough examination of each man to ascertain his fitness. For this purpose he will be furnished with a nominal roll in duplicate of the men, stating their age and length of service, and having columns for remarks by him and the Principal Medical Officer, (if at headquarters of the district), or the Senior Medical Officer of the station, who will mark on the nominal roll his decision as to their general fitness. One copy of the roll will be sent with the troops embarking and the other retained by the Principal Medical Officer. Slight cases of venereal disease or other ailments, and convalescents in hospitals likely soon to recover, among men proceeding on ordinary tours of service abroad (not active) may, with the approval of the Principal Medical Officer, be embarked and admitted to hospital on board for treatment; a nominal list of men so embarked will be handed to the medical officer in charge of the troops on board (see paragraph 185). No soldier suffering from rupture will be permitted to embark for any station abroad. In the case, however, of a warrant or non-commissioned officer of any considerable service found to be so suffering, and who is desirous of proceeding abroad, the question of his fitness or otherwise for the service on which he desires to proceed must be left to the discretion of the Principal Medical Officer. Medical inspection of troops for service abroad or active service.

152. In examining soldiers on re-engagement, he will not reject any for minor defects and trivial ailments which do not interfere with the efficient performance of their duties. If he considers a soldier physically unfit for re-engagement, he will state in the certificate on the re-engagement schedule, Army Form O 1724, the nature of the disability. The medical certificate in the re-engagement schedule will be considered final when the Inspection of men for re-engagement.

Section I.

Medical Officers.

man is reported fit ; but when considered unfit, he will be brought before a Medical Board with a view to a decision being arrived at as to his fitness or unfitness to re-engage (see Queen's Regulations).

Reports of sudden death accidents, and infectious disease.

153. The medical officer will at once, on receiving information, report all cases of sudden death out of hospital, or of severe accident, or the outbreak of infectious disease in quarters, direct to the Officer Commanding the station or corps, as well as to the Principal or Senior Medical Officer.

State of sick. Army Form A 27.

154. At stations where there is only one medical officer in charge of both troops and hospital, the daily state of sick, on Army Form A 27, 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, only the company sick reports (Army Form B 256) specified in paragraph 375 will be furnished to Officers Commanding corps.

Medical and surgical equipment of inspection rooms.

155. At stations where there is a Medical Inspection room, the medical officer will be responsible for the charge of, and will report half-yearly on the condition of—

One field medical companion (Appendix 28).

One stomach pump (Appendix 22).

One pouch of tooth instruments (Appendix 19).

One set of common splints.

One stethoscope.

One test dot card.

This return will be forwarded by Principal Medical Officers, together with the half-yearly return of medicines (Army Form I 1214), from station hospitals in which are treated the sick of corps in medical charge of the officer responsible for this equipment.

Requisition for medicines, &c.

156. He will obtain from the station hospital, on requisition (Army Form I 1209), any further supplies of medicine 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.

Stationery.

157. He will apply to the Principal Medical Officer for whatever Army Forms, Books, or stationery may be required.

II.—SANITARY DUTIES.

Periodical inspection for detection of disease.

158. He will inspect the men under his charge weekly to satisfy himself that their personal cleanliness has been attended to, and 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.

Report at end of month + end of Sept.

Sanitary Duties.

Section I.

159. On the first arrival of troops at any colony, they will be examined with a view to prevent the introduction of disease. The medical officer will be careful to bring to the notice of the Officer Commanding any men who have delayed reporting themselves when diseased.

Precautions
against
spreading
disease.

160. 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.

161. 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.

Cooking,
and water
supply.

162. All filters in use in barracks will be inspected once a month by him, 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.

Inspection
of barrack
filters.

163. The regulated cubic space in barrack and guard rooms, is for each man 600 cubic feet in barrack rooms and 400 cubic feet in huts. The number of men allowed by the construction is recorded in Army Form K 1251.

Cubic space
per man in
barracks

164. 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, canteens, kitchens, wash-houses, lavatories, urinals, and latrines are suitably ventilated and lighted; that the beds and bedding are freely exposed to the air as laid down in the Queen's Regulations; and that the walls and ceilings of barracks or quarters are limewashed in accordance with regulation.

Ventilation
and lighting.

Barracks to
be lime-
washed.

165. When a regiment or a detachment is billeted, he will visit the men's quarters to ascertain that the apartments allotted are sufficiently warmed and ventilated, and not overcrowded; also that the bedding is clean and dry.

Inspection
of quarters
in billets.

166. He will visit every portion of the barracks, at least once a week, in accordance with the Queen's Regulations, to examine their general sanitary condition and cleanliness. He will keep notes in his sanitary diary (Army Book 39) of all such examinations, and record the defects discovered and the representations made, verbally or in writing, to the Officer Commanding, together with the result of such representations.

Sanitary
inspection of
barracks and
submarine
mining
vessels by
medical
officer.

Section I.

Medical Officers.

At stations where there are submarine mining vessels, he will, once a week, visit the accommodation on board, and examine its general sanitary condition, bringing any defects to the notice of the Officer in charge of the vessel.

Precautions
to be recom-
mended to
Officer Com-
manding.

167. He will recommend to the Officer Commanding, 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.

Epidemic
disease.

168. Should any epidemic disease appear among the troops under his charge (or the civil population in the immediate neighbourhood), he will recommend in writing to the Officer Commanding such measures of precaution as may be requisite.

Copies of
recommen-
dations to be
sent to
Principal
Medical
Officer.

169. He will transmit to the Principal Medical Officer copies of all written recommendations which he may have considered it necessary to make for protecting the health of troops. Should he deem it necessary to forward any suggestions of a sanitary nature to the Principal Medical Officer, he will invariably furnish a copy to the Officer Commanding the troops.

Special
Reports from
medical
officer in
charge of
troops.

170. In addition to these copies of recommendations he will make a special report in writing, should disease, to an unusual extent, or of a special or infectious nature, appear among the troops or their families in his care, and will send such report to the medical officer in charge of the station hospital, in order that he may first record it in his remarks on the Weekly Return of Sick, and then transmit it to the Principal Medical Officer.

Quarterly
Sanitary
Report.

171. Every medical officer or civilian medical practitioner in charge of troops at home and abroad, or of a military prison, or military educational establishment, will furnish a Quarterly Sanitary Report, on Army Form C 344, made up to the last Friday of each quarter, to the Principal Medical Officer, together with a distribution return on Army Form B 136.

Annual
Report by
sanitary
officers
of stations.

172. The medical officer doing duty with troops at a station will furnish to the medical officer in charge of the station hospital, manuscript annual reports thereon, stating such leading sanitary improvements as may have been effected in the course of the year in respect of cubic accommodation and ventilation of barrack-rooms, huts, &c. He will at the same time report any increased facilities for ablution; extended means for variety of cooking; alterations in the soldiers' diet, and such changes as may from time to time have taken place in the clothing of the troops with reference to the climate of the station and

Officers, Wives, and Children.

Section I.

season of the year; also any more effective drainage of camps and barracks and their neighbourhood that may have been carried out, and, wherever gymnasia exist, the effect of the training on the health of the troops (for guidance, see Appendix No 4). On the medical officer being relieved he will hand over this report completed to the date of his handing over his charge. These reports will be attached to the Annual Return from the Station Hospital.

III.—DUTIES IN CONNECTION WITH OFFICERS, AND THE WIVES AND FAMILIES OF SOLDIERS.

173. The necessary medicines and appliances for officers and their families, and for soldiers' wives and children, will be procured from the surgery at the station hospital. The name and designation of the person so prescribed for must be stated on every prescription, which will also be signed by the prescribing medical officer.

Medicines
for officers
and others.

174. When an officer is placed on the sick list, or removed from it, the medical officer will, with as little delay as possible, report the circumstance on Army Form A 27 direct to the Officer Commanding the regiment or corps to which the officer belongs, as well as to the medical officer in charge of the station hospital.

Officers on
sick list.

175. Wives and children of non-commissioned officers and men who are unable to attend at the inspection room or hospital will be visited at their own quarters.

Soldiers'
wives and
children,
when visited.

176. At stations where there are hospitals or rooms set apart for their treatment, cases of scarlet fever, diphtheria, and small-pox will always be admitted with a view of preventing, or limiting, the spread of such diseases. Other infectious maladies will, as a rule, be treated in quarters, and such cases will only be admitted into hospital under circumstances which justify a departure from the general rule.

Admission
to hospital
or infectious
diseases.

177. When a Medical Officer considers that 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 on Army Form B 247. Cases of chronic disease at home will not be admitted without the approval of the Director-General.

Admission
for general
diseases.

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

Admission
for first
confinement.

When occupying wooden huts;

When occupying one room in quarters or barracks.

Section I.**Medical Officers.**

Patients to
be sent early
to hospital.

179. The medical officer will, if possible, send patients requiring admission to hospital at a sufficiently early hour for them to be placed on diet the following day. His responsibility will not cease in connection with a case until he has satisfied himself that the medical officer in charge of the hospital has actually assumed professional care of any woman or child he may have sent for admission.

Admission
ticket.

180. The wives and children of soldiers on the married roll sent to hospital for admission, will be required to take, signed by the Commanding Officer, the ticket for admission into hospital (Army Form B 247), referred to in paragraph 177.

Medical
comforts.

181. In accordance with the Allowance Regulations, the Medical Officer may order the following medical comforts to the wives and children of soldiers when under treatment in quarters if there is a military hospital provision store at the station (see paragraphs 719, 722, 723, and 725):—wine (port or sherry), brandy, arrowroot, and essence of beef or extractum carnis; fresh meat will not be supplied for the preparation of beef tea. Previous to the first issue of medical comforts, the signature of the Officer Commanding will be obtained to the certificate on the extra-diet sheet for women and children (Army Form I 1205), on which an entry of all issues will be made daily by the medical officer, and the cases will be entered in the Case Book (Army Book 187).

Signature of
Command-
ing Officer
to be ob-
tained.

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

Regulations
to be ob-
served.

182. The regulations for the sanitary precautions to be taken on board ships conveying troops, which are contained in the Queen's Regulations, will be strictly carried out by the medical officers in charge of troops. They will be guided by the instructions contained in paragraphs 139 to 181, so far as they are applicable on board ship.

Suggestions
to be made.

183. The sanitary arrangements on board Her Majesty's troopships rest with the naval medical officer, under the commander, 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 (see para. 437 (3)).

Regulations
for hired
ships.

184. 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.

Troops on Board Ship.

Section I.

185. The medical officer will, the day following the embarkation of soldiers on any voyage, except a coastwise voyage at home, make an inspection of all (except warrant and non-commissioned officers and married men) for venereal disease, and will take into hospital those found to be suffering therefrom. This inspection will be repeated seven days later. A strict inspection is also to be made on the day before disembarkation of the men intended to disembark, whether a portion of the troops or the whole; and all cases, however slight, are to be removed to their respective destinations under medical supervision and treatment.

Inspection
for venereal
disease after
embarka-
tion.

186. After troops have been eight 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.

Limejuice
ration.

187. Whenever scurvy or any infectious disease has made its appearance among 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 (see paragraph 437 (3)).

Report of
infectious
diseases on
disembarka-
tion.

188. Medical officers proceeding in Her Majesty's troopships or hired vessels, will, should the medical officer in charge of the troops on board require their services, be available for duty during the voyage subject to the rules contained in the Queen's Regulations, 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
officers on
passage
available for
duty.

VI.—MEDICAL OFFICERS DOING DUTY WITH CORPS IN THE FIELD.

189. Medical officers will be attached to units, as shown in Field Army Establishments, Home Defence or Service Abroad, to afford such temporary assistance to sick and wounded as may be required in camp, on the line of march, and in action.

Units to
which
attached.

190. He will be guided by the instructions laid down in paragraphs 139 to 172 and 174, so far as they are applicable to service in the field.

Instructions.

191. He will be under the orders of the Officer Commanding the corps to which he is attached, but will receive instructions from and be at the disposal of the Principal Medical Officer of the division in which he is serving.

Position.

Section I.

Medical Officers.

Baggage and
servant.

192. His baggage will be carried in the regimental transport, and he will be furnished with a servant from the ranks of the corps to which he is attached.

Staff and
equipment.

193. Medical officers attached to units (see Field Army Establishments, Home Defence or Service Abroad), will be supplied with the following staff and medical and surgical equipment :—

1 corporal from the corps to which they are attached.

1 private ditto as orderly.

1 pair field medical and surgical panniers complete.

1 field medical companion, with water-bottle complete.

1 surgical haversack, complete.

1 tent, surgery, single, circular.

In addition to the above equipment in the case of regiments of Cavalry, one surgical bag (for Cavalry).

When a medical officer is placed in charge of a battery or Royal Engineer unit by itself, or of a company or troop detached from its battalion or regiment, he will be supplied with—

1 private from the corps to which attached as orderly.

1 field medical companion, with water-bottle complete.

1 surgical haversack, complete.

In the case of Home Defence a modified equipment is supplied (*see* Instructions for the Organization and Distribution of the Medical Staff, &c., on Mobilization for Home Defence).

Books and
stationery.

194. Each medical officer will likewise be furnished with one copy of Army Book 39; and those attached to batteries, troops, and companies not supplied with field panniers containing stationery will receive—

Foolscap (plain half-sheets) ½-quire.

Envelopes (note octavo) 25.

Pencils, indelible.... 4.

Equipment,
how drawn
and carried.

195. In the case of service abroad, the medical officer will draw the foregoing medical equipment from army medical stores previous to embarkation, or taking the field, and will hand it over for carriage in the regimental transport, but it will remain in his charge, and the Officer Commanding will arrange that it be at all times at his disposal. It will be replenished when necessary by requisition on the field hospitals. In the case of Home Defence, detailed orders as to the supply are given in the Instructions referred to in paragraph 193.

Records,
returns and
reports.

196. When men are reported sick they will be sent to the medical officer with the usual company sick reports in duplicate (*see* paragraph 143); if they are passed to hospital, one copy of the report will be sent with them, and

With Corps in the Field.

Section I.

the other, on which the man's disease and destination will be marked, returned to the Officer Commanding. The medical officer will enter their names, diseases, and disposal in his hospital diary (Army Book 39), but he will not be required to keep any other record, or furnish returns and reports except such as may be called for by the Principal Medical Officer of the division.

197. He will, while placing every check against men reporting themselves sick unnecessarily, or passing to the field hospitals without due cause, at the same time be careful that no man requiring hospital treatment, or who is really unfit for duty, is detained in front with his corps.

Prevent malingering or accumulation of sick in front.

198. When an action is expected, the trained stretcher-bearers, in the proportion of two per company, &c., will be placed at his disposal; they will leave their rifles and valises in the carts, take the stretchers, and proceed under his directions to the scene of action. The orderly will also accompany him, carrying the field companion and water bottle and the surgical haversack. The corporal will remain in charge of the field medical panniers, so that they may be made available during or immediately after the action.

Regimental stretcher-bearers.

199. The medical officer in severe actions will only afford such temporary aid to the wounded as may be within his power, until they are succoured by the bearer companies, and will not undertake any serious surgical operation.

Extent of aid to wounded.

200. He and the regimental bearers will never lose touch of their corps during an action, but keep in close proximity to them, and on no account attempt to carry back the wounded for long distances or in any case beyond or in rear of the collecting stations formed by the bearer companies.

Never to lose touch of corps.

VII.—OFFICERS EMPLOYED IN GENERAL MEDICAL STORES.

201. An Officer in charge of general medical stores will be responsible that they are conducted according to the following instructions.

Medical stores in charge of an officer

202. He will be responsible that all receipts, issues, and transactions in such stores are correctly entered in the following books:—

Medical Store Ledgers.

| | |
|------------------------|------------------|
| Register of Stores | (Army Book 168); |
| Medical Store Ledger (| " " 167); |
| Surgical " " | (" " 169). |

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Officers.

- He will retain these books in his own possession, and have them ready for inspection at any time by the Principal Medical Officer, and will produce them at all Boards of Survey on the stores. He will invariably initial any erasures or erasures in figures or quantities in the store ledgers.
- Erasures to be initialed.**
- Vouchers to be filed.** 203. He will securely and consecutively file all vouchers of receipts and issues in a guard book.
- Destruction of unserviceable stores.** 204. When stores are pronounced unserviceable by Boards of Survey, and their destruction has been approved of, he will attend with a member of the Board to verify the unserviceable articles, and see that they are destroyed beyond the possibility of further use.
- General supervision.** 205. He will at once report any irregularities he may observe connected with the stores to the Principal Medical Officer, and will exercise close supervision over the non-commissioned officers and men employed therein.
- Transfer of charge of stores.** 206. In transfers of General Medical Stores between officers in charge, duplicate returns, on Army Forms I 1211 and 1215, will be made out in which all surplus articles and deficiencies will be shown: these returns will be signed by the officers handing over and taking over charge, in the presence of a medical officer detailed by the Principal Medical Officer, or of a Board of Survey should such be considered necessary; one copy will be forwarded to the Principal Medical Officer, and the other retained by the officer receiving over charge.
- Returns and Boards of Survey on general medical stores.** 207. Returns of General Medical Stores will be rendered to the Director-General, half-yearly at home and annually abroad, on Army Forms I 1211 and 1215, and will be verified by Boards of Survey of medical officers, who will compare these returns with the corresponding entries in the store ledgers, and with the vouchers of receipts and issues, and see that in the list of stores remaining, surplus articles as well as deficiencies are correctly shown.
- Issues abroad to ships of Royal Navy.** 208. When issues are made from General Medical Stores at stations abroad to ships of the Royal Navy, receipts in duplicate will be obtained from the naval medical officer receiving the supply; these will be forwarded with each annual return to the Director-General, together with an abstract in duplicate showing the articles issued, and the vessels to which they have been supplied.

VIII.—NURSING SISTERS.

209. The nursing sisters in a general or station hospital will be under the immediate supervision of the Lady Superintendent or Acting Superintendent, and directly responsible to her in all matters relating to conduct and discipline. The Lady Superintendents, Acting Superintendents, and nursing sisters, will receive orders and instructions relative to nursing arrangements from the medical officers. Any communications, reports, or suggestions they may have to make in connection with their duties, will be submitted through the officer in charge and the Principal Medical Officer for the consideration of the Director-General. Supervision.

210. The Lady Superintendent at the Royal Victoria Hospital, Netley, will, if ordered by the Director-General, visit and report upon the nursing staff of other hospitals. She will not be required to personally undertake the nursing of cases. Lady Superintendent, Netley.

211. The Director-General will nominate Lady Superintendents and Acting Superintendents, and will select Nursing Sisters from a list of candidates in his office for appointment as vacancies occur. No Sister will be selected or dismissed without his sanction having been previously obtained in each case. Appointment of Superintendents and nursing sisters.

212. The Acting Superintendent will, in addition to the nursing of her own cases, and charge of her own wards, exercise general control and supervision over the nursing sisters and their servants in the hospital, and will see that all orders, and instructions of the medical officers treating cases, are duly and fully carried out. Arrangements should also be made for the continuous presence of a nursing sister in the hospital throughout the day, the Acting Superintendent taking her turn with the others for this duty. Acting superintendent's duties.

213. She will allot specific duties to the nursing sisters, and will place each on duty in one or more wards, as may be considered necessary by the medical officer in charge. Allotment of duties.

214. She will, under sanction of the Director-General, arrange for night duties when considered necessary, but only when two nursing sisters can be detailed together for such duty. Night duties.

215. The nursing sisters will not be detailed for duty in the wards for skin and venereal affections, nor in the convalescent wards. Duties only in general wards.

216. They will begin their ward duties each day at such time as may be fixed by the Principal Medical Officer, or Medical Officer in charge, and the Acting Superintendent will be responsible that they attend at the hour named Hours of duty.

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Nursing Sisters.

in proper dress; they will, in like manner, be relieved from duty at a fixed hour in the evening; and will, when possible, be allowed two hours in the day for exercise or recreation.

Responsibilities.

217. They will be responsible for the personal cleanliness of the patients in their wards; that all medicines, diets, and extras, are supplied to the patients according to the instructions of the prescribing medical officer; and that no supplies of any kind are introduced into the wards without his authority.

Custody of keys.

218. They will keep the keys of such store closets and lock-up places in the wards as may be required for the carrying out of these duties, but nothing belonging to the wards will be kept in the nursing sisters' rooms.

Presence at operations.

219. They will be present and render assistance at surgical operations, if required.

Privates M.S. Corps to assist.

220. They will be assisted in the wards by privates of the Medical Staff Corps, to whom they will give such instructions as may be necessary for the carrying out of the various duties in the wards.

Training of attendants.

221. They will, under the medical officers, assist in training the attendants in nursing duties, in the mode of handling patients, the application of dressings, and in the administration of medicines, diets, and extras. The Manual for the Medical Staff Corps will be the text-book for the instruction of attendants by the nursing sisters.

Complaints made to Wardmaster.

222. They will at once report any neglect of duty, or impropriety of conduct, whether on the part of the attendants or of the patients, to the wardmaster, who is responsible for discipline in the wards.

To whom to apply, when in doubt.

223. They will, when in doubt or difficulty in any matter, at once report the same to the Acting Superintendent, who will bring it to the notice of the medical officer in charge; or, in his absence, or on an emergency, to the medical officer on duty.

Accompany medical officer on his visits.

224. They will accompany the medical officer when visiting the patients, will duly note all orders given with reference to the sick, and will implicitly carry out the same.

Changes in arrangements.

225. Any change in the arrangement of the general nursing duties that may be considered desirable will be referred to the Acting Superintendent, who will carry it out under the direct orders of the medical officer in charge.

Responsibility for order.

226. The Acting Superintendent will be responsible that due order and regularity are maintained in the rooms occupied by the nursing sisters and their servants.

Misconduct.

227. The medical officer in charge will notify to the Acting Superintendent any neglect or misconduct on the

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part of a nursing sister, and, if necessary, will direct her suspension from duty, pending reference to the Principal Medical Officer, and if necessary to the Director-General.

228. The Lady Superintendents will submit a confidential report annually on each of the nursing sisters serving under them through the Principal Medical Officer, to the Director-General, with regard to their conduct, capabilities, and manner of performing their duties ; and will state whether they consider them fit in every respect for advancement to the post of Acting Superintendent. At stations where there is no Lady Superintendent, the Acting Superintendent will report on the nursing sisters through the Medical Officer in charge to the Principal Medical Officer for the information of the Director-General. A special report will be rendered by the Medical Officer in charge upon the Acting Superintendent.

Confidential
report.

229. Leave of absence for the Lady Superintendent, Acting Superintendents, or nursing sisters, beyond the hours allowed daily for exercise or recreation, but not exceeding in any one year the period of 30 days fixed by the Royal Warrant for Pay, &c., will be granted by the Principal Medical Officer with the sanction of the General Officer Commanding, and reported to the Director-General for purposes of official record ; but all sick leave required at home stations in excess of the above, whether by the Lady Superintendent, Acting Superintendent, or nursing sisters, will be submitted by the Principal Medical Officer to the Director-General for his approval.

Leave of
Absence.

230. The Lady Superintendent or Acting Superintendent will keep the books and accounts connected with the nursing staff, and a monthly record of the messing will be kept, together with a statement of the cost, vouched by bills of expenditure ; the nursing allowance drawn by the nursing staff being entered in liquidation thereof. This register is intended as a permanent record, and will be vouched by the signature of the Lady or Acting Superintendent, and inspected monthly by the Principal Medical Officer, or Medical Officer in charge.

Accounts.

231. Nursing sisters are not permitted to accept presents of any kind from any patient, or friend of any patient, whether during his illness, or after his death, recovery, or departure.

Presents
forbidden.

232. Visitors will only be received on such days of the week and at such hours as may be specified by the Lady Superintendent or Acting Superintendent.

Visitors.

233. The Lady Superintendent or Acting Superintendent and nursing sisters will be expected to restrict their communications with officers, non-commissioned officers,

Relation to
Army
Medical
Staff.

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orderlies, and patients, as far as practicable, within the limits of their duties; they will endeavour to combine personal reserve with strict and respectful obedience to officers, and with courtesy and kindness to non-commissioned officers and men.

Not to go to wards other than their own.

234. Nursing sisters are not at any time to go to wards in which they are not working, except when sent on a special errand; they are not to remain in their own wards or visit in any other wards when off duty.

Punctuality.

235. They are to adhere punctually to their respective time-tables, and to be most particular in returning to their wards at the exact time specified.

Silence and order.

236. All talking in the wards, corridors, and on the stairs, is strictly forbidden; the nursing sisters are required to be quiet and orderly in moving about the hospital.

Bedrooms.

237. Nursing sisters are not to go into each other's rooms after 10 p.m. They are to be neat and orderly in their bedrooms, and all lights are to be extinguished therein by 10.30 p.m., except on Saturdays, when they may continue burning until 11 p.m.

Uniform and meals.

238. They are not to enter their wards out of uniform without permission from the Superintendent or Acting Superintendent, nor are they to absent themselves from meals without permission.

Night memorandum sheet.

239. Before going off duty each sister is required to put in writing on the night memorandum sheet any notes on special cases or other important matters which may be necessary for the guidance of the night nurses, or which it might be desirable to bring to the notice of the night sister. The night sister shall, as far as possible, see that these instructions are carefully carried out. She will record the hours of her visits to each ward, and write any information on the night memorandum sheet that she may think it desirable thus to bring to the notice of the ward sister.

Dismissal for misconduct.

240. A nursing sister dismissed for misconduct will not, under any circumstances, be re-employed.

Roster at home.

241. A roster of the nursing sisters on duty at home will be kept in the office of the Director-General, and, as a general rule, those who have been for the longest period at home will be the first to proceed abroad; but for the appointment of Lady Superintendent or Acting Superintendent the Director-General reserves to himself the right of making such selections as the circumstances of the case may require.

Period of service abroad.

242. The period of service abroad, reckoning from the date of embarkation at home, will be five years, unless such period be incompatible with the interests of the public service.

SECTION II.—MANAGEMENT AND CONTROL OF HOSPITAL ESTABLISHMENTS.

I.—IN DISTRICTS AND COMMANDS.

I.—GENERAL HOSPITAL.

Organization.

243. General Hospitals are organized for the reception Objects.
of invalids, the local sick of corps, and all others entitled
or specially authorized to be admitted into Military
Hospitals.

244. In general hospitals separate accommodation for Accommoda-
tion for
officers.
the reception and treatment of sick and wounded officers
will be provided when specially authorized.

245. A special establishment of officers of the Army Establish-
ment Army
Medical
Staff and
Medical Staff
Corps.
Medical Staff, warrant officers, non-commissioned officers,
and men of the Medical Staff Corps is provided to meet
the requirements of each general hospital.

246. A Lady Superintendent or an Acting Superinten- Lady
Superinten-
dent and
nurses.
dent of nurses, with a staff of trained Nursing Sisters, will
be appointed to each general hospital.

247. General hospitals are equipped in accordance with Equipment.
the scale laid down in the Revised Schedules of Hospital
Equipment, issued with Army Order 292 of 1889. The
equipment is held on inventory, and taken over, on behalf of
the Principal Medical Officer, who is the Accounting Officer,
by the quartermaster attached to the hospital. The
abstract of inventories (Army Book 126 D) in duplicate
will be signed by the officer in charge of barracks and
the Principal Medical Officer. One copy will be retained
by each, and a third copy may, if requisite, be made out by
the person having actual custody of the stores. In addition,

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room inventories will be made out and signed by the officer in charge of barracks, and hung up in each ward or room, showing the equipment contained therein. Should it at any time be absolutely necessary to make any alterations in the number of articles in a ward or room, due notice thereof will be given to the officer in charge of barracks, in order that he may make the necessary alterations on the inventory, or prepare a fresh one if required. The inventory is the property of the Officer in charge of Barracks, and no other person is authorized to make any alterations thereon.

Witness of
transfer of
charge of
equipment
and stores.

248. Whenever the charge of hospital equipment is to be transferred from one Medical Officer, or other person holding it, to another, the Officer in charge of Barracks will witness the transfer (see paragraph 368).

Inventories
of buildings
and fixtures.

249. The buildings and enclosures will be similarly taken over from the Royal Engineers, and the fixtures in every ward, room, and store are to be detailed on an inventory board hung up in the room; these inventories will be made out and signed by an officer of the Royal Engineers, and no entries, erasures, or defacements of any kind are to be made in them, nor are they to be removed from the rooms except by the Royal Engineers.

Diet table.

250. The dietary, as set forth in the diet table (Army Form I 1203), will be used in accordance with the Allowance Regulations, and a copy of the diet table will be hung up in a conspicuous place in the kitchen and in every ward of the hospital.

Cubic space
per man in
hospital.

251. The minimum space fixed 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 authorized for each command, at stations in tropical climates. When hospitals are not fully occupied, the sick will be distributed so as to allow, as nearly as may be, the amount of space above specified to each occupant. The average cubic space for each man during each month of the year will be stated in the annual return. The number of beds which each ward is capable of containing in accordance with these measurements will be recorded on Army Form K 1251, and will not be increased without sanction. In detached wooden huts in temperate climates the minimum of space will be 600 cubic feet for each bed. The number of beds in each hut will also be recorded on Army Form K 1251.

Lighting and
warming.

252. All rooms and wards will be sufficiently warmed and lighted, according to the weather and season, as directed by regulation.

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253. A standing Medical Board of which the Principal Medical Officer is President, will be part of the organization of all general hospitals (see paragraph 796).

Standing
Medical
Board.

Principal Medical Officer.

254. Subject to the General Officer Commanding the district, the Principal Medical Officer will have command (1) of all officers of the Army Medical Staff, and soldiers of the Medical Staff Corps attached to the hospital; (2) of all patients in hospital, and officers and soldiers of other corps attached to the Medical Staff Corps for duty; and he will be responsible for the discipline of the whole establishment.

Disciplinary
power.

255. He will nominate medical officers to the charge of divisions, and will see that the duties of the Army Medical Staff and Medical Staff Corps are carried out in accordance with Regulations.

Distribution
of medical
duties.

256. He will detail an orderly medical officer for the day according to the instructions laid down in paragraphs 19 and 20, and issue such further local orders for his guidance as he may find necessary.

Orderly
medical
officer.

257. He will detail warrant officers, non-commissioned officers, and men of the Medical Staff Corps for the various duties connected with the hospital, and will make such arrangements for night guards as he may consider necessary.

Detail of
men of
Medical Staff
Corps.

258. He will, when a Lady Superintendent and nurses are employed in the hospital, detail them for duty (see paragraphs 209 to 242).

Female
nurses'
duties.

259. He will approve and sign requisitions submitted and initialed by the quarter master; and will satisfy himself that the hospital is completely organized as laid down in paragraphs 243, 244, and 247.

Equipment
of hospital.

260. He will see that inspections of buildings, quarters, and enclosures connected with the hospital are systematically carried out, and will approve and sign all requisitions on the Royal Engineers for alterations and repairs, stating whether such are of an urgent nature. At all inspections of the hospital by the Royal Engineers, or the officer in charge of barracks, he will detail a medical officer to be present, and will furnish the certified statement referred to in paragraph 368.

Inspection of
buildings,
&c.

261. He will satisfy himself as to the clothing, bedding, nursing, and general comfort of the sick, and as to the quality and cooking of diets and extras.

Nursing and
diets.

262. He will satisfy himself that medicines and medical

Medicines.

Section II. Hospital Establishments.

- and surgical appliances are supplied in sufficient quantity, without undue accumulation, and are properly accounted for; and that the duties of medical storekeeper and compounder are correctly performed.
- Inspection of equipment.** **263.** He, or a Medical Officer detailed by him, will carry out the inspection of equipment and stores, &c., as laid down in paragraph 363. He will inspect all hospital books and records to see that they are properly kept, and will satisfy himself that all returns and vouchers are duly rendered.
- Books and records.**
- Inspection of invalids.** **264.** He will cause all invalids to be inspected on arrival at or on leaving the hospital, and will satisfy himself that their wants have been met in every respect.
- Local orders.** **265.** He will issue such orders as may be necessary for the carrying out of all hospital duties, and for the maintenance of regularity and discipline within the hospital, and will cause Army Form C 345, "Orders for Patients in Military Hospitals," to be hung up in a conspicuous place in every ward, and in the pack store and linen store.
- Parades, &c.** **266.** He will order such parades and drills for instructional purposes as may be necessary for officers and men of the hospital establishment.
- Vicinity and condition of hospital.** **267.** He will 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; and that the water supply is good and abundant.
- Transfers on relief of quartermaster.** **268.** On the relief of the quartermaster attached to the hospital by another, the Principal Medical Officer will either attend himself or depute a medical officer to represent him at the transfer of the custody of buildings, equipments, supplies, and stores. The incoming quartermaster will endorse the Abstract of Inventories (Army Book 126 D).

Registrar.

- Statistical returns.** **269.** The Registrar will act as Secretary to the Principal Medical Officer, will be the channel through whom his orders are issued, and will compile all statistical returns that are required by paragraphs 575 to 604, or that may be called for from time to time. He will draw up all returns with explanatory remarks, submitting them to the Principal Medical Officer for approval before embodying them in the portion of any return set apart for such remarks; he will also prepare from all available information the general reports, furnished by the Principal Medical Officer, but such reports will not deal with the specialities of cases or details of treatment.

- General duties.** **270.** He will command the detachment of the Medical

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Staff Corps attached to the hospital, and be responsible to the Principal Medical Officer for all details of duty referred to in paragraphs 256, 257, 266, 386, and 387, and for the preparation of all returns connected with the detachment of the corps.

271. He will cause the name of every man admitted into hospital, whether sick or convalescent, or whether requiring treatment or not, to be entered in the Admission and Discharge Book (Army Book 27). He will fill up the various headings from the sick reports or the man's documents, and leave the column for disease, division, ward, &c., blank, till he is supplied with a report giving the man's disability as diagnosed by the medical officer under whom he is placed in hospital. This 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 (Army Form I 1225), immediately the diagnosis is determined.

Entry of men admitted into hospital in admission and discharge book.

272. The number which falls to each patient on admission (in the admission and discharge book) will accompany him through every stage of his detention in hospital, and will be entered upon every record or other document having reference to the man's medical history while there.

Index number for each patient.

273. The Registrar will keep separate admission and discharge books, corresponding to the separate returns which have to be made for:

Admission and discharge books to be kept.

Regular Troops.

Invalids from abroad (noting in "column for observations," the station from which invalided and the name of vessel).

Seamen and marines, foreign sailors, and others, admitted under special sanction.

Militia, Yeomanry, and Volunteer Forces, Pensioners and others.

Officers.

Women and children.

He will, as soon as possible after the admission of patients, see that their names, &c., are correctly entered in the proper admission and discharge books.

274. He, or in his absence the orderly medical officer, will at once, on the arrival of invalids, tell them off to divisions.

Admission of invalids.

275. He will, on the final discharge of a patient from hospital, or when his case is otherwise disposed of, fill up the remaining columns in the admission and discharge

Final discharge from hospital.

Section II. Hospital Establishments.

- book from information communicated to him, by medical certificate, by the medical officer who has charge of the case during its last stage.
- Books, forms, and returns relating to invalids.** **276.** He will keep all books, forms, or returns in connection with invalids handed to him on the arrival of the invalids at the hospital. On the final disposal of all invalids' cases the Detailed Medical Histories (Army Form B 179) will be completed and retained in the registry as a record for future reference.
- Medical history sheets.** **277.** He will take charge of, keep up, complete at the termination of cases, and transmit to their final destination, as laid down by Regulation, the Medical History Sheets (Army Form B 178) of all men admitted, but these documents will be available through him for the information of the medical officer in charge of the cases during their treatment. (See paragraphs 383 and 384.)
- Custody of case books.** **278.** He will, when medical and surgical case books (Army Book 187) in use in the hospital have been filled up, and are no longer required in the wards, be charged with their custody; and will have them properly numbered and arranged to facilitate easy reference to their contents.
- Daily state of sick.** **279.** 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.
- Reports and returns to officer commanding dépôt.** **280.** He will furnish the reports and returns to the Officer in command of the station, or, in the case of the Royal Victoria Hospital at Netley, to the Assistant Adjutant-General there, as laid down in the Queen's Regulations.

Medical Officers in Charge of Divisions.

- Responsibility.** **281.** Medical Officers in charge of divisions will be responsible to the Principal Medical Officer for the proper treatment of the sick and the good order and management of the division under their charge.
- Condition of division.** **282.** They will see that the water-closets and latrines in their division are in an efficient state; that the drainage is not obstructed; that the ventilation of the wards is at all times efficient; that the division is kept in a proper state of repair; that the walls are frequently limewashed where required, and cleansed by scraping if necessary; that the flooring, staircases, &c., are kept clean; and that the floors of the wards are only washed by their special

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direction. The colouring and whitewashing of wards may, in accordance with the Regulations for Royal Engineer Services, be executed at intervals of not less than six months, on requisition through the Principal Medical Officer.

283. They will see that the beds in their divisions are placed in accordance with the instructions contained in Section XV, Queen's Regulations. Distance of beds.

284. They will make an inspection of all filters in use in the division monthly, and cause them to be cleansed and adjusted in accordance with instructions issued with the filters. Should any filters appear to be out of order, an inspection will be made at once. The necessary supplies of granulated charcoal will be obtained on requisition in the usual manner. Inspection of hospital filters.

285. They will detail to wards, as may be necessary, such medical officers as may be posted to their divisions for duty. Detail of officers.

Medical Officers Attached for Duty.

286. Medical officers attached to general hospitals will perform their duties directly under the medical officer in charge of the division to which they have been posted. To whom subordinate.

287. They will be responsible to him that the several duties assigned to them are duly carried out; and will report to him any breach of discipline, irregularity, or neglect on the part of any hospital attendant or patient which may have come under their notice, or with regard to which it may have been necessary for them to take action. Responsibility to medical officer in charge.

288. All passes for non-commissioned officers, or men serving under them, will be recommended by them before being laid before the commanding officer. Signature of passes.

289. They will invariably draw the attention of the medical officer in charge of the division to all serious and important cases in their wards, immediately on such coming under their observation, and will in all cases of professional doubt or difficulty seek his advice and consult with him as to the course to be pursued; this will not, however, relieve from responsibility the medical officer under whose immediate charge the case is placed, who will still be held personally responsible for the proper treatment of patients under his care. Personal responsibility in professional matters.

290. When they consider patients under their treatment fit for discharge, they will bring them before the medical officer in charge of the division, who, if he concurs, will initial the discharge on the diet sheets. Proposed discharge of men from hospital.

Section II. Hospital Establishments.

Change of
nomenclature of
disease.

291. They will immediately inform the Registrar of every change in the nomenclature of disease arising during the progress of a case ; this information will be communicated by medical certificate (Army Form I 1225).

Maintenance
of order, &c.,
in the wards.

292. They will see that order, cleanliness, and regularity are maintained in their wards, and will, by personal example, inculcate punctuality and exactness in carrying out every detail connected with the care of the sick.

Clothing and
bedding of
patients.

293. They will see that the clothing and bedding supplied to patients are sufficient and suitable in the treatment of particular cases.

Issue of
stamps and
stationery to
patients.

294. They will exercise their discretion in authorizing the issue of stamps and writing materials to patients under their charge.

Training of
ward
orderlies.

295. They will thoroughly and systematically instruct the ward orderlies (in which they will be assisted by the ward nursing sisters) in all details connected with nursing and ward duties.

Importance
of dietetic
management
of the sick.

296. The dietetic management of the sick being of the utmost importance in the treatment of disease, medical officers will give particular attention to the selection, in general accordance with the instructions contained in the Allowance Regulations, and in Appendix 2, of diets and extras suitable both in kind and quantity for the treatment of individual cases.

Examination
of diets.

297. They will frequently examine and taste articles of diet and extras supplied, to ascertain that they are of good quality, and properly cooked and served to the patients ; and they will in all important cases give precise instructions as to the hours at which food and stimulant are to be administered. They will at once report to the medical officer in charge of the division any defects in cooking, quantity, or quality.

Economy in
extras.

298. Medical officers must bear in mind that, although no specific instructions can be laid down in regulations as to the character of cases needing extras, all 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.

Extras for
patients not
on diet.

299. When the local sick of corps are admitted to hospital, their rations for the day should be sent to hospital uncooked. Medical officers will order these to be prepared in the manner they consider most suitable, but should the sick require additional nourishment before they are given hospital diet the following day, medical officers may order what is necessary from the following extras, which will be entered on the diet sheets for the day of issue :—

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Bread, butter, tea, sugar, eggs, extractum carnis or essence of beef, arrowroot, milk, wines, and spirits. On the arrival or departure of invalids who are not on diet a similar course may be adopted, and in all such cases the extras will be entered on the diet sheet. (See also paragraph 376.)

300. All diets, extras, or drinks will be entered on the Diet Sheet (Army Form I 1202) previous to their being issued. The sheet will be filled up daily by the prescribing medical officer, so as to show ordinary diets for the day following, and extras and drinks for the day of issue. The first entry of each man's diet will be written in full, 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. The latter will at the same time obliterate the columns in which no entries have been made, by drawing a line through each unoccupied space; the quantities of extras will be in writing, not in figures, and every erasure or alteration will be initialed. The date of discharge will invariably be filled in by the prescribing medical officer, who will also sign the sheet when completed; and the columns at the foot will be added up. The diet sheet will be hung up at the head of the patient's bed.

Entry of
diets and
extras on
diet sheets.

301. They will invariably mark on the diet sheets the hours during which patients are allowed to be out of bed, and if they may be employed on light hospital duty. (See paragraph 336.)

Hours for
patients to
be out of bed.

302. Prescribing medical officers will be held directly responsible for all entries on their diet sheets, and if called upon will have to justify the necessity for the issue of all articles ordered by them.

Responsi-
bility of
officers
ordering
diets, &c.

303. Every case in which "extras" (except such as may be issued under paragraph 299, on the day of admission before the patient is placed on regular diet, or on the departure of invalids, and "diet drinks") have been prescribed will be entered by the prescribing medical officer in the Medical Case Book (Army Book 187), together with the daily amount of extras and the reasons for giving the same, so that the Principal Medical Officer may be enabled to satisfy himself as to the necessity of the issue. They will enter in the book the medical particulars of all important cases, taking notes of these in the wards, but will be careful that the Case Books are not left in the wards, or allowed to fall into the hands of the patients. They will attach their signatures to the first and last entries of a case, and will also attach their signatures when handing it over stating the date, and to whom the transfer is made.

Entries in
case books.

Section II. Hospital Establishments.

Prescriptions and administration of medicines.

304. They will write all prescriptions in the Hospital Diary or Ward Book (Army Book 39) in a clear and legible form, and will append specific instructions in English as to the administration of the medicines ordered.

Orderly Medical Officer.

Period on duty.

305. The Orderly Medical Officer will, as a rule, be detailed for twenty-four hours' duty at a time, and will remain at his post until personally relieved by the officer who is to succeed him.

Not to quit room.

306. He will remain during his tour of duty in the room set apart for him, except when called away on duty, or when absent during authorized hours for meals; he will at such times always leave behind him written directions as to where he is to be found.

Inspection of provisions and issue of diets.

307. He will attend the provision store with the quartermaster when all supplies are received, and inspect them and satisfy himself that they are of good quality. He will see that diets and extras of the sick are properly cooked and served. He will visit the kitchen after the time of the evening meal, and see that the cooking utensils have been properly cleaned and put away.

Visiting wards, complaints, &c.

308. He will visit the wards at intervals during his tour of duty, to ascertain that order and regularity are maintained, and will investigate reports or complaints made to him, whether by hospital subordinates, patients, or others.

Duties to sick and men discharged.

309. He will perform all necessary and urgent duty towards the sick in hospital during the absence of the medical officers in charge of the cases, and will deal with fresh cases of sickness as they arise. He will also inspect the men discharged and those detained for the day, before they leave the hospital, to see that they are fit to go out and are in possession of their kits, and that all soiled articles brought to hospital by the former have been washed (see Manual for the Medical Staff Corps, Section III, paragraph 83).

Sanitary report.

310. He will report any insanitary condition of the hospital that may come under his notice.

Local duties.

311. He will perform all such local duties as may be delegated to him under the authority of the Principal Medical Officer, or medical officer in charge, including visiting garrison or other cells, and the casual inspection of recruits and prisoners.

Report on Army Form C 343.

312. He will, at the end of his tour of duty, forward a report, on Army Form C 343, to the Principal Medical Officer.

General Hospital.

Section II.

Surgeons on Probation.

313. Surgeons on probation at the Army Medical School, Netley, will conform to the standing regulations of the school, and will also be guided by such instructions as they may receive from the Principal Medical Officer.

Conform to standing orders of school.

314. They will perform their duties in the wards under the supervision of the Professors of the school, and of the medical officers of divisions, in general accordance with the instructions laid down in these regulations.

Duties in wards.

315. They will perform the duties of orderly medical officer under the instructions contained in these regulations.

Duty as orderly medical officer.

Quartermaster Attached for Duty.

316. The Quartermaster will prepare, submit, and initial all returns, (other than those prepared by the registrar), and requisitions for the signature of the Principal Medical Officer, except requisitions for current supplies. (See paragraph 259.)

Correspondence to be submitted.

317. He will take over, on behalf of the Principal Medical Officer, the hospital buildings, quarters, out-offices and enclosures, and the hospital furniture, equipments, and stores, as well as officers' quarters, barrack-rooms, or other accommodation provided for the Army Medical Staff, and the detachment of the Medical Staff Corps employed in the hospital.

Charge of buildings, equipments, &c.

318. He will be responsible to the Principal Medical Officer for all stores and equipment held in hospital charge, for the custody and care of all hospital equipment, furniture, and utensils, for the custody and proper disposal of articles of diet and extras and of medical comforts in the steward's stores, and for medicines, instruments, and appliances in the surgery and medical stores (see paragraph 262).

Custody of equipment, steward's and medical stores.

319. He will accompany the officer of the Royal Engineers and the Officer in charge of Barracks at their inspections of the hospital buildings and equipments.

Inspections.

320. He will prepare for the approval and signature of the Principal Medical Officer all information which may be necessary to enable the Royal Engineer Officer and officer in charge of barracks at their inspections (under their respective regulations) to assess damages and deficiencies against Corps whose sick have been treated in hospital, or against those connected with the hospital, as the case may be.

Assessment of damages by Royal Engineers and Officer in charge of Barracks.

321. He will prepare assessments for all personal or general charges against patients and others, or against corps, for losses and damages to equipment and stores, by means of the Priced Vocabulary of Stores and the Personal Charge Book (Army Book 51), to enable the

Personal charges for damages to equipment and stores.

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Principal Medical Officer, when he has satisfied himself of their correctness, to forward the charges to the Officers Commanding the corps concerned, as soon as possible after the losses or damages have occurred. The date of transmission will always be noted on the counterfoil, and any damages which cannot be readily assessed will be at once referred to the Officer in charge of Barracks, to whom application will also be made for replacement of stores lost or damaged (Army Form F 765).

He will at once report to the Principal Medical Officer, breakages of, or damages to, crockery and table glass, so that an enquiry may be made to decide whether they were accidental (see Regulations for Army Service Corps duties, and Manual for the Medical Staff Corps, Section III, paragraph 21).

Personal
and general
charges for
damages to
buildings
and fixtures.

322. He will, in a similar manner, prepare personal charges for damages to buildings and fixtures, application being first made to the Royal Engineers for assessment of the amount to be charged. He will be responsible that the Personal Charge Book is correctly kept in every particular.

Responsi-
bility for
stores.

323. The quartermaster will be responsible for the receipt, custody, and issue of all articles in the provision and equipment stores, and that no unnecessary quantity of supplies is allowed to accumulate in them. He will invariably be present when supplies are received, and will be responsible that the quantities are correct. The orderly medical officer is responsible for the quality (see paragraph 307).

Steward's
duties.

324. He will be guided by the instructions contained in the Manual for the Medical Staff Corps, Section III, paragraphs 59 to 79. He will prepare the returns mentioned therein, and will sign all requisitions and receipts for current hospital supplies. He will also be responsible that the duties specified in paragraphs 16 to 22, 80 to 88, Section III of the Manual, are correctly carried out.

Ward-
master's
duties.
Hospital
libraries.

325. He will perform the duties laid down in the Manual for the Medical Staff Corps, Section III, paragraphs 37 to 41.

326. He will have custody of the books, games, &c., in the hospital library or reading-room, and will cause a register of the same to be kept by the non-commissioned officer acting as librarian. He will see that no books, &c., are admitted into the library except such as have been previously approved by the proper authority.

Issue of
books.

327. He will cause to be issued to the patients such books as may be selected by them. Each book will be carefully inspected when returned into the library and, if damaged, the corps, number, and name of the patient will be written on a slip and placed inside the cover, the

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signature of the man being obtained thereon as an acknowledgment of the charge. The damaged book will then be put aside and not re-issued until the next inspection.

328. He will inspect the books quarterly, or oftener if necessary, for the purpose of recovering losses sustained, or damage done, either designedly or through neglect, and checking the charges already assessed against corps for the same. The report of the inspection (Appendix 36, Form A) will be signed by him, and forwarded (in triplicate) through the Principal Medical Officer in charge to the Officer Commanding the corps concerned, who will sign and return two copies, and cause payment to be made. Inspection of books.

329. He will prepare, in duplicate, a quarterly return (Appendix 36, Form B), which will be rendered by the Principal Medical Officer, to the Director-General, accompanied by a copy of the inspection report, and an estimate for repairs, by local arrangement, to damaged books, which should not exceed the amount assessed. Quarterly return.

330. When repairs are executed by local tradesmen, the bill, duly certified, will be forwarded to the district paymaster with one copy of the quarterly return to which it refers, which will contain the War Office authority for the execution of the work. Repair of books.

331. Personal or general charges for damages to books will be assessed as they occur, and the charge slips (Army Book 51) forwarded at once to the Officers Commanding the corps concerned. One of the intermediate counterfoils of the cheque book will be used for the slip referred to in paragraph 327, and these charges will afterwards be consolidated on Form A, as directed in paragraph 328. Personal charges for damaged books.

332. Half-yearly requisitions for books to replace those charged to the troops and unserviceable by fair wear will be prepared in duplicate (Appendix 36, Form C), and submitted to the Principal Medical Officer for transmission, if at home, to the Director-General. Requisitions for books.

Nursing Sisters.

333. The duties of nursing sisters attached to a general hospital are in all respects the same as those laid down in paragraphs 209 to 239. Duties in general hospitals.

II.—STATION HOSPITALS.

General Organization.

334. Station hospitals are established for the reception and treatment of sick from all the corps in garrisons, including those of the Militia, Yeomanry, and Volunteer Forces when embodied, and such soldiers, seamen of the Royal (M.R.) For what purpose established.

Section II. Hospital Establishments.

- Navy, Royal Marines, and other persons as may be admitted under special sanction (see paragraphs 711, 712, 727, and 735).
- Administration.** **335.** All station hospitals are subject to the authority of the General or other Officer in command of the troops; but the internal administration is under the Medical Officer in Charge, subject to the control and superintendence of the Principal Medical Officer of the district.
- Minimum establishment of men of Medical Staff Corps attached.** **336.** An establishment of officers of the Army Medical Staff, warrant officers, non-commissioned officers, and men of the Medical Staff Corps, is provided for each station hospital according to requirements. The minimum establishment of hospital subordinates in a station hospital is one non-commissioned officer to act as wardmaster, steward, and compounder of medicines, one private to perform the duties of cook, and privates as ward orderlies in the following proportion:—
- Ward orderlies.** When the number of sick under treatment is below 15—one ;
- When the number of sick under treatment is over 15 and below 25—two ;
- When the number of sick under treatment is over 25 and below 35—three ;
- and so on.
- As medical officers are authorized by the Queen's Regulations to employ without pay, on light hospital duties, such patients as they consider able to assist the fixed hospital establishment, it is unnecessary to employ additional ward orderlies in the above proportion if, from the nature of the cases under treatment, the duties of the hospital can be efficiently carried out.
- Diet table.]** **337.** Except as specified in paragraphs 352 and 357, station hospitals will be dieted in the manner laid down for general hospitals in paragraph 250, and copies of the diet table will be hung up as described in that paragraph. Army Form C 345, "Orders for Patients in Military Hospitals," will be hung up in every ward, and in the pack store and linen store.
- Equipment and stores.** **338.** Every station hospital is equipped, as far as may be necessary, according to the revised schedules of hospital equipment, see paragraph 247. Any articles of equipment beyond the regulated scale will only be issued on special sanction obtained through the Principal Medical Officer of the district.
- Held on inventory.** **339.** The equipment, stores, buildings, and enclosures are held on inventory under the rules laid down in paragraphs 247 and 249.

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340. One man of the hospital establishment will act as gardener, where necessary, and all requisitions for the proper maintenance and repairs of enclosures will be made on the Royal Engineers. Garden seats are allowed for hospital enclosures at certain stations. Gardens.

341. In hospitals where there are no proper rooms for the seclusion and safe keeping of violent, homicidal or suicidal lunatics, the only permissible mechanical restraints in such cases (which are only intended to prevent injury to themselves or others), are the strait waistcoat, belt, and sheet. Mechanical restraints for lunatics.

Special Organization for the West India Regiment.

342. Hospitals for the West India Regiment are organized, administered, and equipped, and the equipment, supplies, and stores are accounted for in the manner laid down in paragraphs 247, 338, and 339. How organized and equipped.

343. The Fixed Establishment of hospital subordinates is formed of men of the West India Regiment, and will be borne on the strength of this 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. Fixed establishment of servants from regiment.

344. Non-commissioned officers and men of the fixed hospital establishment, who have passed the three months' prescribed probation, will wear, as a distinguishing badge, the "Geneva Cross" on the right sleeve of their tunics and frocks, in the same manner as men of the Medical Staff Corps. Fixed establishment to wear Geneva Badge.

345. The fixed establishment will be permanently attached for duty in the hospital, and will not be available for any regimental duty, or 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. Permanently attached for duty.

346. All non-commissioned officers and men permanently attached to station hospitals will, on the relief of battalions or detachments at the station, remain at the hospital and be transferred from one battalion or detachment to another. Their transfer from one station hospital to another will only be carried out with the previous Transfers on relief of battalion.

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sanction of the senior military and medical officers of the command.

Disciplinary control by medical officer.

347. The defaulter 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 command over them as if they were men of the Medical Staff Corps.

Pay and equipment.

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

Rank of N.C.O's.

349. The non-commissioned officer performing the duties of wardmaster, steward, or compounder will not be under the rank of full corporal.

Extra-duty pay.

350. The hospital subordinates will receive the daily rates of extra-duty pay laid down in the Royal Warrant relating to Pay, &c.

Establishment of Hospital attendants.

351. The fixed establishment of native hospital attendants for the West India Regiment, to whom extra-duty pay may be issued, in accordance with the rates laid down in Article 707 of the Royal Warrant relating to Pay, &c., is as follows :—

| Station. | | Serjeant or corporal as wardmaster, steward, and compounder. | Private as cook. | Corporal or lance-corporal as pack storekeeper. | Privates as ward orderlies. | Total. | Remarks. |
|-----------------------|----------------|--|------------------|---|-----------------------------|--------|---|
| Sierra Leone | Tower Hill ... | 1 | 1 | 1 | 3 | 6 | No special authority is required for the payment of extra-duty pay to the attendants on the fixed establishment. When additional men are employed, authority for the issue of extra-duty pay must be at once applied for. |
| | Mount Aureol | 1 | 1 | 1 | 2 | 5 | |
| Barbados | ... .. | ... | 1 | ... | 1 | 2 | |
| Jamaica, Up Park Camp | ... | ... | 1 | ... | 4 | 5 | |
| St. Lucia | ... .. | ... | 1 | ... | 1 | 2 | |
| Total | | 2 | 5 | 2 | 11 | 20 | |

Special Organization of Non-Dieted Hospitals.

352. Non-dieted hospitals are opened at stations where small detachments of less than one hundred men are quartered, or when militia are called out for training at a station where there is no military hospital, and except as detailed below are organized, administered, and equipped in the same manner as a dieted hospital, the stores, equipment, supplies, and diet extras being similarly accounted for.

Where opened and how organized, &c.

353. At stations where the strength of the detachment is 40 and under 100, hospital equipment on the following scale is supplied :—

Scale of hospital equipment.

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

354. 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 bedsteads, bedding, and utensils.

Barrack equipment.

355. In hospitals where the men use their barrack equipment only, a non-commissioned officer of the Medical Staff Corps will not be attached, but application will be made to the Officer Commanding the corps to which the sick belong for a regimental non-commissioned officer to take charge of the equipment (which will be held and accounted for by the Officer Commanding the corps) and for hospital attendants in the proportion laid down in paragraph 336.

Barrack equipment, how held.

356. Field hospital equipment will be supplied to militia encamped for training where no building is available for a hospital, in accordance with the scale laid down in the Militia Regulations, and with the addition of such special articles of equipment as the Principal Medical Officer of the district may consider necessary to meet the exigencies of the case. Such equipment will be drawn and held regimentally in accordance with the Militia Regulations.

Field hospital equipment for Militia.

357. In accordance with the Allowance Regulations, the ordinary company 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, and the following extras may be issued, when considered necessary : “extractum carnis, or essence of beef, sugar, tea, oatmeal, arrowroot, barley, wine, brandy, mustard, pepper, salt, milk, eggs, and diet drinks.”

Rations to be drawn by regiment.

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Hospital stoppages. 358. Hospital stoppages for extras only, and for the days only on which such have been issued, will be prepared on Army Form O 1642, and dealt with as laid down in paragraphs 386 and 387.

Medicines and surgical appliances. 359. Medicines and surgical materials will be supplied on requisition through the Principal Medical Officer of the district, except where civilian practitioners in charge supply their own medicines and surgical appliances at contract or other rates.

Medical Officer in Charge.

General duties. 360. The medical officer in charge of a station hospital will be responsible for all the duties of the hospital; he will be the Accounting Officer for buildings, equipment, stores and supplies (see paragraphs 317 and 318), and will, at his own discretion, appropriate wards for the treatment of infectious or contagious diseases, lunatics, sick prisoners, ophthalmic, or other special cases.

Custody of stores, &c. 361. If no quartermaster is attached to the hospital, the medical officer in charge will place the equipment stores, enclosures, &c., in the care of the steward, who will be responsible to him (see Manual for the Medical Staff Corps).

Correspondence, stores, &c. 362. Any reference purely on store or equipment questions, will be addressed direct by the medical officer in charge to the Officer in charge of Barracks.

Inspection of equipment and stores. 363. The medical officer in charge will monthly, or oftener when necessary, inspect all equipment and stores belonging to the hospital, to satisfy himself as to their condition, and to verify the inventories; he will likewise at the end of each month inspect the steward's books and stores, check the balances of consumable supplies remaining, and satisfy himself that there is no accumulation of articles likely to deteriorate by keeping. Should there be such accumulation, he will utilize the articles in place of other extras, or, if this is not practicable, will report the circumstance to the Principal Medical Officer.

Transfers on relief of medical officer in charge. 364. On relief of the medical officer in charge, he will make arrangements to hand over the buildings, equipment, supplies, and stores to his successor, and at such transfers, besides a representative of the Officer in charge of Barracks, the quartermaster (if attached) and the steward will invariably be present. (See also paragraph 368.)

Documents. 365. The following transfer documents will also be made out in duplicate and signed by the medical officers giving over and receiving charge; one copy of each will be sent

to the Principal Medical Officer for retention by him, and the duplicates kept in the hospital :—

Transfer of medicines, instruments, and appliances on Army Form I 1214, showing expenditure up to date. (See paragraphs 639 and 655.)

Manuscript transfer return of hospital records, books, and documents.

Transfer of blank army forms and books on Army Form L 1355.

Transfer of stationery on Army Form L 1378.

366. When the quartermaster attached to the hospital is relieved by another, the medical officer in charge will follow the course laid down in paragraph 268. The same rules will be attended to if, in the event of no quartermaster being available to take the place of the quartermaster attached to the hospital, it is necessary to place the stores, &c., in charge of the steward. Transfers on relief of quartermaster.

367. When, in hospitals where no quartermaster is attached, the steward is about to be relieved, the medical officer in charge will take similar steps to have the care of the buildings, equipments, supplies, and stores transferred to the incoming steward, who will endorse the Abstract of Inventories (Army Book 126 D) held by the medical officer. Transfers on relief of stewards.

368. At the inspections of buildings and equipments by the Royal Engineer Officer and Officer in charge of Barracks the medical officer in charge will, as laid down in paragraph 260, nominate a medical officer to attend. Where no quartermaster is attached, the medical officer in charge will, if possible, be present at these inspections, or, if unable to be so, will depute a medical officer to represent him. Inspection of buildings and equipment.

The medical officer in charge will furnish the officer in charge of barracks at his inspections, and at transfers, with a certified statement showing how all the articles of bedding, clothing and patients' personal equipment in his charge are distributed ; this statement should be drawn up in a similar form to that used as a guide in carrying out inspections of the steward's store inventory, and given in the Standing Orders for the Army Medical Staff in relation to the Medical Staff Corps, Appendix No. 6. Certified statement to be presented.

369. Where there is no local representative of the Royal Engineers at the station, or where reference would cause delay which would be detrimental to the patients, the Medical Officer in charge is empowered to order urgent and necessary repairs (such as the repair of broken glass, damage to roofs, injuries to gas and water pipes and closets to be executed at once by the contractor or his agent, or, in Immediate repairs.

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- the contractor's default or absence, by some other tradesman. In all such cases, however, the Medical Officer will send a copy of his order simultaneously to the Royal Engineer officer. (See Regulations for Royal Engineer Service.)
- Damages.** **370.** He will, where no quartermaster is attached to the hospital, deal with damages to buildings, equipment, and stores, as directed in paragraphs 320 to 322 (also see Manual for the Medical Staff Corps).
- General supervision.** **371.** He will exercise a general supervision over all the sick in the hospital, and the expenditure of medicines, diets, and extras. He will distribute the duties between himself and the medical officers serving under him, retaining under his immediate care a proportion of patients, except when a departure from this rule is specially sanctioned by the Director-General. As a rule all soldiers whom it is proposed to invalide for mental or other diseases will be transferred to his care, in order that he may satisfy himself of the necessity for this course before proceeding as directed in paragraphs 614 to 632.
- Personal charge.** **372.** He will refer to the Principal Medical Officer all matters of doubt and difficulty either in the management of the sick, or in hospital administration, which cannot be decided by himself.
- Matters of doubt and difficulty.** **373.** When a civil medical practitioner is called into consultation at a station in the West Indies under the Royal Warrant relating to pay, the medical officer in charge will not thereby be relieved of any portion of his duties or responsibilities in connection with the particular case for which the assistance of such civil practitioner has been obtained.
- Responsibility when civil practitioner called in.** **374.** He will visit the hospital twice daily, and at such other times as may be required. At home stations the hours of morning visit will be 9 a.m. in summer (April to September inclusive), and 10 a.m. in winter; the hours of evening visit will be between 5 and 8 o'clock. Where there is no orderly medical officer of the day, he will arrange that a medical officer is available for the examination of recruits up to 1 p.m. At stations abroad the morning and evening visits will be made at such hours as are suitable to the climate and station.
- Attendance of medical officers at hospital.** **375.** He will examine, as soon as possible, all men sent to hospital, and will, as far as possible, diagnose their diseases and allot them to wards. He will write the disease and the word "Hospital" in ink opposite each man's name on both the company sick reports (Army Form B 256): one of these will be sent back by the non-commissioned officer to the Officer Commanding the corps; the other will be retained as an office record.
- Disposal of sick on arrival at hospital.**

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376. He will, in the event of a sick soldier sent to hospital not being likely to require treatment beyond the day on which he has reported himself sick, detain him in the hospital for that day only. The kit of a soldier so detained will not be taken over by the Medical Department; he will be subsisted from his corps (see paragraph 144), to which he will return if considered fit for duty; but if at the evening visit he should be found unfit for duty, he will be regularly admitted and ordered hospital diet for the following day, notice (in writing) to that effect being at the same time sent to the Officer Commanding his corps. (See paragraph 299.)

Men
detained in
hospital.

377. The medical officer in charge will furnish a daily state of the sick in hospital to the Officer Commanding the station, on Army Form A 27. At the headquarters of a district this state will be sent to the Principal Medical Officer for transmission to the General or other Officer Commanding. He will furnish on Army Form B 256 the names of men intended for discharge from hospital as early as possible to the Officer Commanding each corps, in order that a non-commissioned officer may be sent to see that the men receive over their kits correct, and to conduct them back to barracks at such suitable hour after tea in the afternoon or evening as may be determined on.

Daily state
of sick and
notice to be
sent of men
discharged.

378. When, in accordance with the Manual for the Medical Staff Corps, Section III, paragraph 38, valuables are taken over from a patient for safe keeping, he will forward the quartermaster's or wardmaster's acknowledgment of the same to the patient's Commanding Officer. In the event of a patient's death, he will communicate with the late soldier's Commanding Officer as to the disposal of his kit and valuables (if any), and he will be responsible that these are only given over to some one authorized by the Commanding Officer to receive them. (See the Manual for the Medical Staff Corps, Section III, paragraphs 37 and 38).

Custody of
valuables.

379. He will, when a patient under treatment in hospital becomes dangerously ill, or when there is apprehension of a fatal result, at once inform the Commanding Officer of the corps to which the man belongs, in order that, if practicable, his friends may be communicated with. He will also inform the Chaplain of the denomination to which the patient belongs.

Report on
men
dangerously
ill.

380. He will, when a man dies in hospital, at once report the death to the Officer Commanding the corps to which the man belonged, as well as to the Officer Commanding the station, on Army Form A 27; and will state

Reports of
deaths in
hospital.

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the date and hour after which the interment may take place.

Admission
and dis-
charge
books.

381. He will keep separate Admission and Discharge Books (Army Book 27) for—

Regular troops ;
Troops of the Militia, Yeomanry, and Volunteer Forces,
Pensioners and others ;
Seamen of the Royal Navy, Royal Marines, and others
that may be admitted into hospital under the
special sanction of the Officer Commanding ;
Officers ;
Women and Children ;

in the same manner as laid down in paragraph 273. One admission and discharge book may be divided into sections when small numbers are admitted under the above heads, but each section will be kept distinct. At the end of each year a space will be left before commencing the entries for the following year, until the books are filled up, after which they will be retained in the hospital until disposed of under authority from the Director-General.

Custody of
medical
history
sheets at
station
hospitals.

382. He will keep the medical history sheets (Army Form B 178) of all troops at the station whose sick are treated in the hospital under his charge. When a corps leaves the station these sheets will be returned fully completed to the Officer Commanding. While retained in the hospital, the medical history sheets will be available for reference by the medical officer doing duty with troops ; but will not be removed from the hospital unless a written application is made to the medical officer in charge, and a receipt for the same given, which will be preserved until the return of the sheets.

Filling up
of medical
history
sheets.

383. He will be responsible that the columns, "station" and "date of arrival" in the medical history sheets, are filled in at once on the sheets coming into his custody ; and that every subsequent admission is at once entered from the Admission and Discharge Book, and completed on the discharge or death of the patient ; also that particulars regarding vaccination and re-vaccination have been and are duly entered. When a soldier leaves a station in which he has not been in hospital, an entry "No admission" will be made and duly signed.

Disposal of
medical his-
tory sheets.

384. He will complete and forward the medical history sheets of men non-effective by death to the Principal Medical Officer for transmission to the Director-General ; but when men become non-effective through discharge, desertion, or invaliding, their medical history sheets will

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accompany their other personal documents. When a man is committed to a military prison, his medical history sheet will be sent with him, as directed by the Queen's Regulations.

385. The medical officer in charge will, at the end of each month, forward the Diet Sheets (Army Form I 1202) and the Return of Extras, Wife or Child (Army Form I 1205), to the Principal Medical Officer (see paragraph 23). These documents will be in original, and in no instance will copies be sent, should the originals become dirty or defaced.

Disposal of
diet and
extra sheets.

386. The medical officer in charge will be responsible that the account of hospital stoppages (Army Form O 1643) which in the case of cavalry and infantry will be made out by squadrons or companies, are prepared from the admission and discharge book by the quartermaster, if one is attached to the hospital—otherwise by the wardmaster (see Manual for Medical Staff Corps, Section III, paragraph 39)—and will himself sign and transmit them to the Officer Commanding the cavalry regiment or infantry battalion concerned, or, in the case of other corps, to the Officer Commanding the battery, company, or detachment, &c.

Account of
Hospital
Stoppages.

387. He will obtain from the Officer commanding the cavalry regiment or infantry battalion, or, in the case of other corps, the Officer Commanding the battery, company, or detachment, &c. acknowledgment of the correctness of the number of stoppages shown in the returns sent as directed in the Allowance Regulations. These will be attached to Army Form P 1941, and the stoppage then acknowledged to be due, must agree with the abstract on that form.

Acknowledg-
ment to be
obtained.

388. Militiamen detained in hospital after the expiration of preliminary drill, recruit drill, or training, under the authority of the General Officer Commanding, not being liable to hospital stoppages, will be omitted from Army Form O 1643, from the day in which the preliminary drill, recruit drill, or training may cease; and all diets issued to them subsequently to that date will be shown in the return of hospital stoppages (Army Form P 1941), in the column for "Free diets."

Hospital
stoppages
for militia-
men.

389. When sick Seamen, Marines, and Naval Artificers are treated and subsisted in a station or other military hospital, a return (Army Form O 1761) will be attached to the monthly account (Army Form P 1941) forwarded to the Officer in charge of Supplies; 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. Similar returns will be rendered in the case of Officers of the Royal Navy or Royal Marines specially admitted into military hospitals,

Return of
officers and
men of Navy
treated in
hospital.

Section II.

Hospital Establishments.

- Army Form O 1761 being used for the purpose, with such alterations as may be necessary.
- Supplies of Army Forms, books, and stationery.** 390. He will indent half-yearly on the Principal Medical Officer of the district for such supplies of stationery, Army Forms, and Army Books as may be required.
- Medical and surgical supplies.** 391. He will demand supplies of medicines and surgical appliances as laid down in Section III.
- Medicines for officers and their families, women, children, &c.** 392. He will be responsible that all medicines and surgical appliances required for officers, their families, the wives and children of soldiers, and others entitled by regulation to medical attendance at the station, are supplied from the surgery of the hospital, at hours fixed by the Principal Medical Officer, on his recommendation, and he 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.
- Vaccination.** 393. Vaccination and re-vaccination of all soldiers and recruits, in accordance with Section III, will be performed at station hospitals, where the Vaccination Registers (Army Book 28) will be kept, in which the names of men of all arms of the service will be entered; women and children will be entered separately.
- Sick to be detained until recovered.** 394. When a corps or detachment leaves the station, the medical officer in charge will (subject to paragraph 151) detain sick belonging to it who are under treatment at the time in the station hospital until they are sufficiently recovered to rejoin the corps for duty.
- Returns to corps.** 395. He will send direct to Officers Commanding corps all authorized returns required by them from station hospitals.
- Applications for men's documents.** 396. All applications for documents will be made in the first instance direct by medical officers in charge to Commanding Officers; but any further reference or correspondence regarding them will be addressed to the Principal Medical Officer.
- Courts of Inquiry on soldiers admitted for injuries.** 397. He will at once report to the Officer Commanding the corps when a non-commissioned officer or man is admitted to hospital in consequence of having become maimed, mutilated, or injured (except by wounds received in action), whether on or off duty, in order that a court of inquiry may be assembled.
- Transfers of sick.** 398. He will see that in all transfers of sick from the hospital the Medical Certificate (Army Book 172) is used.
- Certificates of friendly societies.** 399. He will, upon the written application of any established friendly society, furnish the society with a

Station Hospitals.

Section II.

certificate as to the nature of the illness from which any soldier, who is a member thereof, may be suffering.

400. When militiamen are treated by their own militia medical officers, in the hospital, under his charge, they will not be discharged without his permission; and if considered permanently unfit they may, with his concurrence, be discharged without a medical board.

Militiamen treated in station hospitals.

401. He may grant passes to visitors to see patients at convenient hours, and for this purpose will use Army Book 235.

Passes for visitors.

402. When, from an increase of sick or other cause, he considers the subordinate staff of the hospital insufficient to carry on its duties, and that the employment of additional attendants is absolutely necessary, he will apply to the Principal Medical Officer, in order that, if available, a man of the Medical Staff Corps may be sent for duty. If the Principal Medical Officer is unable to detail a man of the Medical Staff Corps, but considers the employment of a temporary orderly from the troops necessary, the medical officer in charge will apply to the Officer Commanding the station for the required aid, and will at once make application on Army Form I 1229 to the Principal Medical Officer for authority for the issue of extra-duty pay, which will under no circumstances be issued before the receipt of the special authority of the Director-General. The medical officer in charge will only in cases of emergency apply in the first instance for such attendants to the Officer Commanding the station, and it will be understood that men will not be entitled to extra-duty pay unless their employment is subsequently sanctioned by the Principal Medical Officer and approved by the Director-General (see paragraph 336).

Additional attendants, from Medical Staff Corps.

Temporary orderly.

403. Such untrained attendants will not be detailed as special orderlies over patients who are seriously ill, as such cases should invariably be in charge of trained men of the corps, and, if practicable, of 1st Class orderlies, the services of the temporary orderlies being utilized in assisting in the routine duties; and the medical officer in charge is responsible that, in every case, such men are at once sent back to their corps as soon as the necessity for their employment ceases.

Duties for which available.

404. When, owing to an increase in the number of sick, or other justifiable cause, it is found necessary to apply for the re-appointment of any regimental non-commissioned officer or man whose services have been dispensed with, a new authority will be obtained for the issue of his extra-duty pay from the date of his re-employment.

Reappointment of regimental non-commissioned officer or man.

Section II.

Hospital Establishments.

Claim for
extra-duty
pay for tem-
porary
orderly.

405. At the end of every month the medical officer in charge will send to the district paymaster an account, on Army Form O 1645, of extra-duty pay due to these temporary hospital subordinates; to this form will be attached, when the first claim is made, the special authority of the Director-General, sanctioning their employment, and in subsequent claims the number and date of the special authority will invariably be quoted for each individual.

Books in
charge.

406. The medical officer in charge will be responsible that the following books, &c., in his charge are kept in good condition, and that the Regulations and Army Orders are amended and corrected to date, and will produce them at the inspection of the Principal Medical Officer:—

Queen's Regulations and Orders for the Army.

Regulations for Army Service Corps duties.

Regulations for Recruiting.

Regulations for Army Medical Services.

Standing Orders for the Army Medical Staff in relation to the Medical Staff Corps.

Manual for the Medical Staff Corps.

Nomenclature of Diseases.

Manual of Military Law.

Royal Warrant for Pay and Promotion.

British Pharmacopœia.

Snellen's Optotype (Test Types). 1892 edition.

Test Dot Cards.

Hospital Ready Reckoner (Army Book 9).

Priced Vocabulary of Stores (Sec. VI only).

Army Medical Reports—commencing 1874.

Optical Manual.

Financial Instructions.

Army Orders from January, 1888.

Army (Annual) Act.

Allowance Regulations.

Militia Regulations (at Herbert Hospital, Woolwich; Station Hospitals, Aldershot, Shorncliffe, Pembroke Dock, and all Station Hospitals at Headquarters of Regimental and Militia Artillery Districts).

Measuring Tape.

List of returns to be rendered in manuscript.

Perform
duties of
sanitary
Officer.

407. In garrisons, camps, and stations, the Medical Officer in charge, if Senior Medical Officer at the station, will perform the duties of sanitary officer of the station and will be guided by the instructions contained in paragraphs 158 to 172.

Duties.

Medical Officers Attached for Duty.

408. Medical officers attached to station hospitals for duty will be guided in the performance of their duties by

Station Hospitals.

Section II.

the instructions laid down in paragraphs 286 to 304, and will act under and be responsible to the medical officer in charge of the hospital in the same manner as in general hospitals in which they are responsible to medical officers in charge of divisions.

Orderly Medical Officer.

409. The officer detailed as orderly medical officer in a station hospital will be guided in the performance of his duties by the instructions laid down in paragraphs 305 to 311, forwarding his report on Army Form C 343, at the termination of his tour of duty to the medical officer in charge. Duties.

Quartermaster.

410. The quartermaster attached to a station hospital for duty will be guided in the performance of his duties under the medical officer in charge by the instructions laid down in paragraphs 316 to 332. General duties.

411. He will perform the duties laid down in the Manual for the Medical Staff Corps, Section III, paragraphs 37 to 41. Wardmaster's duties.

412. He will be guided by the instructions contained in the Manual for the Medical Staff Corps, Section III, paragraphs 59 to 79. He will prepare the returns mentioned therein, and will sign all requisitions and receipts for current hospital supplies. Steward's duties.

413. He will be responsible that the duties laid down in the Manual for the Medical Staff Corps, Section III, paragraphs 16 to 22, and 80 to 88, are correctly carried out.

414. He will exercise a general supervision over the subordinate staff of the hospital, to insure that the orders of the medical officers are duly carried out in their absence, and the patients in every way properly attended to. General supervision over subordinate staff.

415. He will, in hospitals where nursing sisters are employed, be careful not to interfere with the orders issued and duties assigned to them; but will see that they are supported and assisted in their work by the subordinate staff of the hospital; and treated with every courtesy and respect. Any reports he may have to make on the conduct or the duties of the nurses will be made only to the medical officer in charge. Relation to nursing sisters.

416. He will be responsible to the medical officer in charge for the safe custody of the medicines, surgical instruments and appliances in possession; and for the preparation of returns and requisitions connected with the same. Custody of medicines, &c.

417. At stations where hospital libraries do not exist, he will obtain books for the use of patients as directed in the Queen's Regulations. Books from garrison library.

Section II. Hospital Establishments.

Nursing Sisters.

Duties. **418.** The duties of nursing sisters attached to a station hospital are in all respects the same as those laid down in paragraphs 209 to 239.

III.—HOSPITALS FOR LUNATICS.

Organization.

419. Where lunatic hospitals are established in connection with general or station hospitals they are equipped and administered in a similar manner to other military hospitals.

Medical Officer in Charge.

Duties. **420.** The medical officer in charge will be guided in the performance of his duties by the instructions laid down in paragraphs 360 to 407 ; and attention is specially invited to the extract from an Act of Parliament, and the duties of the subordinate staff given in detail in the Manual for the Medical Staff Corps.

IV.—HOSPITALS ON BOARD SHIP CONVEYING TROOPS.

Organization.

421. Hospitals on board ships conveying troops are organized and conducted similarly to non-dieted station hospitals, the equipment in each case being placed on board by the Admiralty.

Medical Staff Corps; establishment and duties. **422.** One serjeant, to act as wardmaster, steward, and compounder, one corporal, and three privates of the Medical Staff Corps, will form the Military Hospital Establishment on board each of Her Majesty's Indian troopships ; and one serjeant to act as wardmaster, steward, and compounder, and two privates, on board other of Her Majesty's troopships on service abroad, and in hired ships when considered necessary. The money and other valuables in possession of the sick will be carefully noted down, taken over by the wardmaster, and handed to the officer in command of troops and invalids on board, a receipt being obtained from him for the same. The Pack Store Book (Army Book 182) will invariably be used in taking over the effects of sick in hospital.

Soldiers employed as hospital attendants. **423.** Where there are no men of the Medical Staff Corps on board ships conveying troops, or not a sufficient number of them for attendance on the sick, soldiers from regiments or detachments on board may be employed as hospital attendants in the proportions laid down in paragraph 336, and agreeably with paragraph 402 ; but the employment of soldiers as cooks for the sick will not be allowed except under special circumstances.

Hospital on Board Ship.

Section II.

424. The claims for extra-duty pay to hospital attendants so employed will be prepared and dealt with as shown in the following extract from the Financial Instructions, 1892 :—

Claims for
extra-duty
Pay.

“540. In the case of a voyage from a station at home or abroad to any other country than India, the claim for extra-duty pay to hospital subordinates will, on the termination of the voyage, be submitted on Army Form I 1229, by the Medical Officer in charge, for the approval of the Principal Medical Officer at the station, who will, if he approve the claim, forward it to the General or other Officer commanding, to authorise the issue of the amount sanctioned by regulation. The amount, when authorised, will be issued by the District Paymaster.

“540A. In the case of a voyage from a station at home or abroad to India, one application for extra-duty pay for hospital subordinates, not belonging to the Medical Staff Corps employed on board ship under the conditions laid down in the Regulations for the Medical Services, will be prepared on Army Form I 1229 by the Medical Officer in charge. All such applications will be accompanied by Army Form O 1645, which will be duly completed and signed by the men for whom extra-duty pay is claimed

“The application will be forwarded to the Principal Medical Officer of the command in which the port of disembarkation is situated, for submission to the Director-General of the Army Medical Department.

“If approved, the amount due to the men will then be remitted to India for payment to them in that country.

“542. Applications for extra-duty pay for soldiers employed as temporary hospital subordinates on board ship on the homeward voyage will be made by the Medical Officer in charge on Army Form I 1229, and forwarded for submission to the Director-General of the Army Medical Department, to the Principal Medical Officer of the district in which the port of disembarkation is situated. All such applications will be accompanied by Army Form O 1645, which will be duly completed. When approved, the claim will be passed to the Paymaster of Netley Hospital for settlement, and the charge in the accounts will be supported by proof of payment.”

Soldiers employed as guards over lunatics are not to be included as hospital attendants, and no allowance will be sanctioned for men so employed.

Section II.

Hospital Establishments.

Hospital
clothing for
troopship;

425. On board all ships conveying troops (except Her Majesty's Indian troopships and ships employed coastwise at home) a supply of hospital clothing to meet emergencies will be provided to the extent, in the case of healthy troops, of 3 per cent. of strength embarked, and of 10 per cent. or more if necessary, when sick or invalids are embarked. The hospital clothing will be provided on the application of the Principal or senior medical officer at the place of embarkation. The medical officer in charge of the troops on board will sign a receipt for the articles and be held responsible for them; he will place them in the care of the senior non-commissioned officer of the Medical Staff Corps present. The hospital clothing will be demanded from the senior ordnance store officer, or if he has no reserve of hospital clothing, then from the Officer in charge of Barracks. On the termination of the voyage, the hospital clothing will be delivered to the Senior Ordnance Store Officer if the troops disembark at Portsmouth, or to the Officer in charge of Barracks at any other port at home or abroad, and a receipt obtained by the medical officer.

Medical com-
forts on
board hired
ships; cus-
tody and
issue.

426. All supplies of medical comforts for use of the hospital on board hired ships furnished by the Admiralty 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. These medical comforts are supplied whether the troops are victualled by the Government or by the shipowners.

Disposal of
equipment at
end of troop-
ing service.

427. The medical and surgical equipment will not, unless under the express authority of the Principal Medical Officer on the spot, be removed from the vessels until the termination of the trooping service on which they are engaged; or, in the case of hired transports, until the period for which they have been taken up has expired.

Medical com-
forts on
board Her
Majesty's
ships.

428. The medical comforts required for the use of the hospital 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.

Medical Officer in Charge.

429. The medical officer in charge will be guided by the instructions contained in paragraphs 360 to 407, so far as these are applicable.

Hospital on Board Ship.

Section II.

430. He will, should the medical comforts on board a hired ship be inadequate, 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.

Cabin stores as medical comforts on board hired ships.

431. 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.

Receipt for issues.

432. Should he during the voyage require any further supplies of medical and surgical equipment beyond that placed on board in accordance with paragraph 66, he will obtain them from the naval medical officer on board, in the case of one of Her Majesty's ships. Should he consider any special medicines, instruments, or appliances necessary on proceeding on a voyage abroad, he will at once refer to the Principal Medical Officer.

Additional medical equipment.

433. Before leaving the ship he will be responsible that all equipment is ready to be removed, and should he be required to disembark before handing it over to the Principal or other Medical Officer, he will obtain a receipt for it from the paymaster or master of the ship.

Responsibility for equipment.

434. He will make a careful inspection of sick or invalids about to be disembarked from ships at any port at home or abroad, and have lists prepared from the nominal rolls showing those who are able to march, or do not require any special transport, and specifying in all serious cases the kind of transport required to remove them to their destination. This information must be ready to hand to the Military Staff Officer superintending the disembarkation. With all cases undergoing treatment in hospital at the time of disembarkation he will send a medical certificate (Army Book 172), and with all who are seriously ill, a short abstract also of their cases.

Disembarkation of sick and invalids.

435. He will in Indian troopships make a final medical examination of all men on board before entering Bombay or Karachi Harbour, and will prepare a report and nominal roll in duplicate of all men who may be suffering from any form of disease for submission to the Principal Medical Officer of the district, on disembarkation.

From Indian troopships at Karachi, Bombay.

436. All passes for leave on shore granted to non-commissioned officers and privates of the Medical Staff Corps serving on board ship, will be approved and

Passes to Medical Staff Corps serving on

Section II.

Hospital Establishments.

signed by the medical officer in charge before being submitted for sanction to the naval or military officer in command.

On outward
voyage, re-
turns ren-
dered to
P M.O.

437. If the medical officer is in charge on an outward or homeward voyage he will report himself to the Principal Medical Officer at the port of disembarkation for instructions, and will furnish that officer with the following returns:—

1. Army Form B 182, in duplicate. See paragraphs 612 and 613.
2. Nominal Return of Sick shown in the foregoing as "sent to hospital on disembarkation," with their Medical History Sheets.
3. Copies of correspondence on professional points on board, if necessary (see paragraphs 183 and 187).
4. Application for extra-duty pay for non-commissioned officers and men of the Medical Staff Corps disembarking (Army Form I 1228), accompanied by voucher on Army Form O 1645.
5. Application for extra-duty pay for hospital subordinates not belonging to the Medical Staff Corps (Army Form I 1229, accompanied by voucher on Army Form O 1645), if required (see paragraph 424).
6. Account of expenditure of medical comforts (Army Form I 1208), in duplicate, with Diet Sheets (Army Form I 1202).
7. Certificate showing the number of days that any non-commissioned officers or men of the Medical Staff Corps disembarking were employed on Hospital duty, to enable them to draw corps pay (see paragraph 441).

On home-
ward voyage.

438. If he is in charge on a homeward voyage he will, in addition to the returns specified in paragraph 437, furnish the Principal Medical Officer with the following returns and books duly completed:—

1. Casualty Return (Army Form O 1601) showing casualties in corps pay amongst detachment Medical Staff Corps on board.
2. Return of detachment Medical Staff Corps (Army Form B 2057).
3. Admission and Discharge Book (in sections for each class of troops for whom returns are rendered, and for women and children), Army Book 27.
4. Medical Case Book (Army Book 187).
5. Requisition Book (Army Book 30).
6. Pack Store Book (Army Book 182).
7. Hospital Diary or Ward Book (Army Book 39).

Hospital on Board Ship.**Section II.**

8. Medical Certificate Book (Army Book 172).

9. All unexpended forms and stationery.

439. If the ship is conveying invalids for Netley, he will hand the documents and books specified in sub-paragraphs 6 of paragraph 437, and 3 to 9 of paragraph 438, to the Principal Medical Officer, Royal Victoria Hospital, and will furnish him in addition with

Invalids for Netley.

1. Returns, in duplicate, on Army Form B 182, of invalids sent home from abroad (see paragraph 612).

2. Nominal Rolls of Invalids, embarked and sent to hospital on disembarkation, with their Medical History Sheets and invaliding documents duly completed.

Separate returns and nominal rolls are required for invalids of the Royal Artillery, except the Southern Division, and of the Ordnance Store Corps (see Queen's Regulations). Any invalids sent to hospital at the port of disembarkation will be included in this roll, but a nominal roll of them will also be given to the Principal Medical Officer at the port.

Invalids of Royal Artillery and Ordnance Store Corps.

440. In all cases the nominal rolls of sick to proceed to hospital will be taken by the medical officer who accompanies the sick, and will be handed by him to the officer receiving them over; but in the case of invalids proceeding to Netley the medical officer in charge will himself accompany them.

Handing over of nominal rolls of sick.

441. When the medical officer in charge is doing duty for the whole voyage outward and homeward, the returns specified in paragraphs 437 and 438 will be furnished on the termination of the voyage only (except in the case of the nominal return required to accompany sick of corps disembarking during the voyage, certificates for corps pay of the Medical Staff Corps, and applications for extra-duty pay when the men so employed disembark during the voyage).

In charge for outward and homeward voyages.

442. In the case of Indian troopships the books specified in paragraph 438 will not be handed over until the termination of the final voyage of the season.

Indian troopships.

V.—HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.

Organization for Cases of Parturition and General Disease.

443. Hospitals for the reception of cases of parturition and general disease among the families of soldiers on the married establishment are, except as directed below, organized, ad-

Female hospitals certain stations.

Section II.

Hospital Establishments.

ministered, and equipped as station hospitals, the stores, equipment, supplies, and diets being similarly accounted for.

Establishment.

444. The establishment consists of a medical officer, a matron duly qualified as a midwife whose appointment has been approved by the Director-General, and a staff of nurses and servants according to the requirements of the hospital.

Diets for matron and servants.

The matron and subordinates, when duly authorized, receive free hospital diets in accordance with the Allowance Regulations.

Allotment of a barrack room for sick of families.

445. At stations where hospitals for women and children have not been established, a room in barracks, if available, may, with the sanction of the officer commanding the station and the Principal Medical Officer of the district, be allotted as a ward for the reception of such cases of sick women and children 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 only under special War Office authority will any expense for nursing be admitted as a charge against the public. Diet and extras will be issued in special cases of an infectious nature, on the authority of the Principal Medical Officer of the District. In other cases medical comforts may be supplied in the same manner as to patients treated in quarters. These issues are governed by the Allowance Regulations.

Admission to civil hospital.

446. Under very special circumstances arrangements will be made for wives and families borne on the married roll to be admitted for treatment in a civil hospital.

Each application for admission must be accompanied by a detailed history of the case, and will be forwarded through the Principal Medical Officer to the General Officer Commanding the District, who will obtain the necessary War Office authority (vide Allowance Regulations paragraph, 56 (j)).

In forwarding the application, the Principal Medical Officer will state his opinion as to the necessity or otherwise of the case being admitted to a civil hospital, and the terms under which the hospital authorities will receive the patient will also be given.

Infectious diseases.

447. Infectious cases will not be treated in hospitals devoted to cases of parturition and general disease.

Medicines, instruments, and appliances.

448. Medicines will be obtained and prescriptions made up at the surgery of the station hospital, as may be arranged by the Principal Medical Officer ; special surgical instruments and appliances will be obtained through the Principal Medical Officer.

Hospital for Wives and Children. Section II.

449. 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 or her deputy. Only one visitor for each patient will be allowed at a time.

Rules as to visitors.

450. Visitors are strictly forbidden to bring the patients intoxicating liquors of any kind, and food, delicacies, or medicines will not be brought into the hospital without the express permission of the medical officer. It is also to be clearly understood that no articles of clothing, equipment, or decoration should be introduced into the hospital by garrison committees or other associations without the concurrence of the medical officer in charge, who alone is responsible for the well-being of the patients.

Visitors forbidden to introduce food or liquor, &c.

451. Smoking, by visitors or others, will be strictly prohibited, either within the hospital or in its vicinity.

Smoking prohibited.

452. Persons removing furniture or equipment belonging to government from the hospital will be liable to prosecution. All wilful injury to equipment or stores will be charged as ordinary damages against the persons in default.

Equipment not to be removed from hospital.

Organization for Cases of Infectious Disease.

453. The same rules with regard to diet, equipment, nursing, cleanliness, and good order will be observed in hospitals for infectious diseases as are laid down in paragraphs 443 to 447.

Diet, nursing, and good order.

454. A trained and competent head nurse, who will act as matron, will be appointed by the Principal Medical Officer, and will be assisted by as many nurses as may be deemed necessary.

Head nurse and nurses.

455. Mothers of children who are admitted will not be allowed to remain in hospital without the medical officer's sanction. 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.

456. A change of clothing will be brought with every patient, which in the case of a child will be washed by the mother if she has been allowed to remain in hospital. On leaving the hospital each patient, and the mothers if they have remained in hospital, 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 those to whom it belongs.

Clothing while in hospital.

Section II. Hospital Establishments.

Visitors. 457. No visitor will be allowed in the hospital without the special sanction of the medical officer in charge.

Medical Officer in Charge.

Duties. 458. The medical officer in charge will be guided in the performance of his duties by the instructions contained in paragraphs 360 to 407, so far as they are applicable to hospitals for soldiers' families.

Instruction in midwifery to soldiers' wives. 459. 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 to the wives and children of soldiers. Regulations on this subject for the guidance of medical officers will be found detailed in Appendix 6.

Outbreak of infectious disease in hospital. 460. Should cases of infectious disease arise among the patients in hospital, he will at once make arrangements, if possible, for the isolation of such cases; and will immediately inform the Principal Medical Officer of their occurrence.

Fumigation, cleaning, and closing of the hospital. 461. He will, after the occurrence of any infectious cases, see that the hospital is fumigated and thoroughly cleansed; but should the cases be of the nature of puerperal fever, steps will be taken as soon as possible to close the hospital for such period as may be considered necessary.

Attendance on Staff. 462. The medical officer in charge will, if required, attend the officers of the Staff and their families, and others at the station who may be entitled to medical attendance (see paragraphs 142, 704 to 735).

Vaccination of officers, &c. 463. He will also carry out the vaccination and re-vaccination of officers and their families, and of women and children in the garrison, as may be directed by the Principal Medical Officer; one Vaccination Register (Army Book 28) will be kept for all, but in separate sections.

Matron.

Duties of the matron. 464. The matron will obey all regulations respecting discipline, time, and discharge of her duties, which may from time to time be issued by the medical officer in charge for her guidance, and will attend strictly to his orders 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 the cleanliness of the patients. She will also be responsible to him for the safe custody of the equipment of the hospital.

Absence and substitute. 465. She will not be absent from the hospital without the permission of the medical officer. In her absence a nurse will be selected, with his approval, to take her place.

Hospital for Wives and Children.

Section II.

466. She will, under instructions from the medical officer, prepare the dieting forms and accounts as laid down in the Manual for the Medical Staff Corps, Section III, paragraphs 69 to 71. She will also submit for his signature the daily and other requisitions for supplies, and will retain in her custody all such supplies held in reserve.

Dieting
accounts,
&c.

467. She will draw fuel, light, and articles for cleaning and washing purposes in accordance with the Manual for the Medical Staff Corps, Section III, paragraph 68, and will regulate and distribute the articles according to requirements.

Fuel, light,
and articles
for cleaning
and washing
purposes.

468. She will see that soiled linen is at once removed to the place appointed for it, and the most scrupulous cleanliness maintained in the wards and in every room of the hospital.

Scrupulous
cleanliness
to be main-
tained.

469. She will see that patients having complaints to make relative to the diet, or to any neglect on the part of the nurses, make them to the medical officer during his visit,

Complaints.

470. She will take over from every patient upon admission all money and articles of value in her possession, and 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 patient's discharge.

Patients to
hand over
articles of
value.

471. She will see that every woman brings with her a change of linen and a brush and comb, and if admitted for confinement, infant clothes also.

Women
bring cer-
tain articles
to hospital.

472. She will see that such women as may be considered sufficiently recovered, shall, if called upon, assist the nurses in cleaning the wards and attending on their fellow patients.

Women
when
sufficiently
recovered to
assist.

473. She will be responsible that every patient who is allowed to leave her bed is washed, has her hair neat, and her bed made up by 9 a.m. in summer, and 10 a.m. in winter; and will see that all clothing not in use is put away in a press, and numbered so as to correspond with the bed; and the other articles of dress neatly folded and placed on the bed box.

Personal
cleanliness
of patients.

474. She will see that patients strictly obey the orders of the medical officer and nurses, and do not leave the hospital without permission from the medical officer. Loud talking and noise are strictly forbidden.

Patients to
obey orders.

Attendants.

475. Nurses will be neat and clean in their dress; and it will be their special duty—

Duties.

To clean their respective wards;

Section II. Hospital Establishments.

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 wash small articles of clothing as required.

To take charge of wards and equipment.

476. 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.

Cook.

477. 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.

478. The cook will also have charge of the kitchen equipment, the entrance, kitchen, and bath-rooms. In pressure of sickness she will assist the nurses.

II.—WITH THE FIELD FORCE— SERVICE ABROAD.

I.—GENERAL HOSPITAL AT BASE.

Organization.

Organized at or near base.

479. A General Hospital, organized and administered in accordance with paragraphs 243 to 268, except that the equipment will be held from the Ordnance Store Department, and accounted for in A.B. 248, will be opened at or near the base of operations in war.

Organization.

480. The organization will, while closely corresponding to that of general hospitals in time of peace, be varied and adapted to meet the special exigencies of circumstances, locality, and climate. When it is inexpedient to form a general hospital on the sea board, its place may be taken by a hospital ship.

Accommodation for officers.

481. In all general hospitals separate accommodation for the reception and treatment of sick and wounded officers will be provided.

Discharge of men to dépôt.

482. Men not requiring admission to hospital on arrival at the base will be at once discharged to the Dépôt Battalion.

General Hospital at Base.

Section II.

483. The personnel for a general hospital of 500 and 400 beds is laid down in Field Army Establishments, Service Abroad, and their duties, so far as is applicable to field service, are laid down in paragraphs 254 to 333. Personnel.

484. In general hospitals at the base, and in hospitals on the lines of communication, the scale of diets laid down in the Allowance Regulations, will be followed as far as practicable, and any deviations found necessary on account of the position, climate, and supplies obtainable will be sanctioned by the General Officer Commanding, on the advice of the Principal Medical Officer. If a special hospital for officers is formed on active service, the scale of issues will be such as from time to time may be ordered by the Secretary of State, or by the General Officer Commanding in anticipation of the Secretary of State's authority (see paragraph 82). Should it be impossible during active service to adhere to the scale of diets, "beef tea and varied" will be considered the authorized diets. Scale of diets during war.

485. The returns laid down in paragraphs 607 to 609, and 611, will be furnished. Returns.

II.—HOSPITAL SHIPS.

Organization.

486. Hospital ships are organized for the treatment of sick and wounded officers and men at the sea board base of operations in war; they may be employed either in lieu of or to supplement general and other hospitals on shore. Objects.

487. The relative responsibility of the Admiralty and War Office, with regard to Hospital Ships for an Army, is as follows:— Relative responsibility of Admiralty and War Office.

The Admiralty undertakes the lodging, victualling, and conveyance of the sick, and for that purpose provides cooks, and the necessary shipping, fittings, bedding, food, medical comforts, disinfectants, washing, and mess utensils of every kind. Admiralty.

The War Office undertakes to furnish the medical and other attendance necessary for the proper treatment and nursing of the sick, and supplies all articles of personal and hospital clothing, medical and surgical appliances, and hospital utensils. War Office.

488. The vessels will be fitted out under the superintendence of representatives nominated by the Admiralty and the War Office. Special accommodation will be provided for the reception and treatment of sick and wounded officers. How fitted out.

Section II. Hospital Establishments.

- Scale of hospital equipment.** **489.** The scale of hospital equipment for a hospital ship of 200 beds is laid down in the Equipment Regulations.
- Scale of hospital clothing.** **490.** The scale of hospital clothing is laid down in the Clothing Regulations.
- Special fittings.** **491.** Special fittings, such as ice-making machines, refrigerating chambers, &c., will be determined on, according to the nature of the service on which the ships are to be employed.
- Dispensaries and medical stores.** **492.** Dispensaries will be fitted up on board, or medicine chests or other medical stores supplied, as may be determined by the Director-General.
- For an Army Corps.** **493.** Each division of an Army Corps will, when considered necessary, have a Hospital Ship (with steam power) capable of making up 200 beds, or 250 on an emergency.
- Relieving ship and mail packets.** **494.** There will be one or more fast steam vessels, each making up 60 beds, which will be employed as Relieving Ships for the hospital ships to take the worst cases to England or elsewhere. Despatch vessels, each fitted out with canvas cots, will carry less severe cases to any available packet station to meet the mail packets on their way to England, within which special arrangements will be made for carrying a small number of invalids.
- Small steam transports as store ships.** **495.** Each hospital ship will have a small steam transport attached as a Store Ship, and 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.** **496.** The dieting of patients on board hospital ships and their relieving vessels will be conducted in the same way as in general hospitals, and the same army 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 hospital ships and relieving vessels.** **497.** A statement of provisions received, issued, and remaining will be completed on Army Form F 735, at the end of each month, and forwarded to the Director-General.
- Statement of provision.** **498.** Hired transports taken up in time of war will, as regards medical arrangements, be dealt with in accordance with Section XVII, Queen's Regulations and Orders for the Army, and Section I (V) of these Regulations.
- Arrange-ments in hired transports.** **499.** Every transport ship will accommodate temporarily in its sick bay three per cent. of the entire force that it carries, but transports remaining at the base of operations can on an emergency be fitted for the temporary reception of additional sick and wounded officers and men.
- Sick accommodation on transport ships.**

Hospital Ships.

Section II.

Medical Officer in Charge.

500. The medical officer in charge will be guided in the performance of his duties by the instructions contained in paragraphs 360 to 407, so far as they are applicable. Duties.

501. He will be responsible for the clothing and equipment of the men of the Medical Staff Corps on board, and he is the Accounting Officer for the hospital equipment placed on board by the War Department (see paragraph 560). Accounting Officer.

502. He will furnish the returns laid down in paragraphs 607 to 609, 611. Returns.

503. On the arrival of a hospital ship at home for discharge, the medical officer in charge will at once communicate with the nearest Senior Ordnance Store Officer, requesting that a representative of the Ordnance Store Department should be detailed to take over from him all War Department stores, notifying the time most convenient for the transfer to take place, and quoting this regulation. Vouchers giving details of the stores in question will be prepared by the medical officer in charge in the usual manner. Transfer of stores to Ordnance Store Department on discharge.

504. On the conclusion of the service he will be responsible that all documents, books, and hospital records are handed over to the Principal Medical Officer, Netley. Documents, records, handed over.

Medical Officers, Quartermasters, and Nursing Sisters doing Duty on Board.

505. Medical officers, quartermasters, and nursing sisters attached for duty to a hospital ship will perform their duties in accordance with the instructions contained in paragraphs 286 to 311, 316 to 332, and 209 to 239, so far as they are applicable. Duties.

III.—HOSPITALS ON THE LINES OF COMMUNICATION.

Organization.

506. These hospitals will, if possible, be dieted (see paragraph 484) and will be equipped as laid down in the Clothing and Equipment Regulations with a view to their being readily moved when necessary. They will not be supplied with special wagon transport. The personnel is laid down in Field Army Establishments—Service Abroad. Supplied with a modified equipment.

507. The medical officers in charge of these hospitals will render the returns laid down in paragraphs 606, 608, 609, and 611 of these Regulations, and those required by the Queen's Regulations. Returns to be rendered.

Section II. Hospital Establishments.

Choosing of sites.

508. In choosing sites for these 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, and the shelter afforded by wood or high land from cold winds; care will be taken that the position is easy of access and at a convenient distance from the main road, or other line of communication, and, as far as circumstances will admit, in accordance with the sanitary instructions contained in paragraphs 116 to 127.

Buildings or huts for hospitals.

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

Marquees.

Hospital and provision stations, position of.

510. 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.

Hospitals for officers.

511. In every hospital separate accommodation will be provided for the reception and treatment of sick and wounded officers.

Washing in these hospitals.

512. Washing in hospitals on the lines of communication will be performed by the washermen attached, and the Officer in charge of Supplies will provide the necessary washing materials on requisition.

Medical Officer in Charge.

Duties.

513. The Medical Officer in charge will be guided in the performance of his duties by the instructions contained in paragraphs 360 to 407, so far as they are applicable to field service.

Documents connected with men passing to the base.

514. He will, when it is decided to send sick and wounded from the hospital under his charge towards the base, prepare from the admission and discharge book a Medical Certificate (Army Book 172) for each man individually, and also a Nominal Roll (Army Form I 1226) in duplicate of all the men proceeding, showing numbers names, and corps, disease or wound, and date of admission and transfer. One copy of the roll, with the individual medical certificates, will be given to the medical officer proceeding in charge of the sick party; and the duplicate copy of the roll will be sent to the Principal Medical Officer, and retained by him as a record for reference.

Hospitals on lines of Communication. Section II.

515. He will detail a medical officer to proceed with each party of sick and wounded proceeding to the base, and a non-commissioned officer of the Medical Staff Corps, who will take charge of the pack store lists, kits, arms, and accoutrements of the men, and who will sign the counterfoils of the pack store book in the hospital, and endorse the lists themselves, as laid down in paragraph 524, on taking them over in his charge.

Charge of
men and of
kits, &c.

Medical Officers attached for Duty.

516. Medical officers attached for duty will be guided by the instructions contained in paragraphs 286 to 304, so far as they apply to hospitals in the field.

517. When a medical officer attached to a hospital takes charge of a convoy of sick proceeding to the base, he will, in the event of a man under his charge being admitted into a hospital on the lines of communication, hand over to the medical officer in charge of the hospital the medical certificate (Army Book 172), and to the quartermaster of the hospital the pack store list, kit, arms, and accoutrements belonging to the man. The man's disposal will be marked on the nominal roll (Army Form I 1226).

Men admitted to hospitals on the lines of communication.

518. On arrival at the base, the remaining medical certificates and the nominal rolls will be handed to the Principal Medical Officer there; the rolls will be carefully preserved, so that men can afterwards, if necessary, be traced; the kits of sick and wounded will go with them to hospital at the base, but arms and accoutrements will be handed over to the Officer Commanding the military dépôt.

Disposal of documents, kits, &c., at base.

519. When a man dies on the journey to the base, his effects will be taken on, and handed over with the pack store list to the Officer Commanding the military dépôt at the base.

Death of man on road.

Quartermaster.

520. The quartermaster will be guided by the instructions contained in paragraphs 316 to 332, so far as they are applicable to field service.

521. He will be responsible that all articles of hospital equipment and stores (other than medical comforts) contained in the medical comfort boxes, and canteens, are fully detailed and accounted for in Army Book 248. The medical comforts (and diet supplies when the hospital is dieted) will be accounted for in Army Form F 735.

Accounting for equipment, stores, &c.

Section II. Hospital Establishments.

Arms, &c., of wounded taken to hospitals. 522. When the arms, ammunition, and accoutrements of wounded men are handed over to him, he will pass them on in accordance with Part III of the Equipment Regulations.

Not taken in charge on ledgers. 523. Arms, ammunition, and accoutrements thus received by the Medical Department will not be taken on charge in the field hospital ledger (Army Book 248), but will be entered as laid down in paragraph 532, with the inventory of the man's effects in the pack store book (Army Book 182). Ammunition will be specially dealt with as ordered by the General Officer Commanding.

Passed on with the man. 524. Such pack-store inventories, as well as the articles enumerated, will be passed on with the man from hospital to hospital, and likewise when he is discharged to his corps, or to any place to which he may proceed, for final disposal; the inventories will be endorsed by each person receiving over the articles.

IV.—FIELD HOSPITALS.

Organization.

Personnel and equipment. 525. The details of personnel and equipment for a field hospital are laid down in Field Army Establishments, Service Abroad, the Equipment Regulations, and in the Manual for Field Service.*

Formation. 526. On the formation of a field hospital the men will be assembled at the place of mobilization.

Embarkation. 527. The personnel and matériel, and if possible the transport of a field hospital, will be embarked in the same vessel, and sail with the brigade to which it is attached.

Transport. 528. The transport of a field hospital, whether wheeled or pack, will be furnished by the Army Service Corps, and while with the hospital will take orders from the medical officer in charge; such transport will not be taken away or used for any other purpose, unless under the authority of the General Officer Commanding.

Each for 100 patients. 529. Field hospitals will each be equipped for 100 patients, and be divisible into half-hospitals for 50 patients, but such division will not be made unless under exceptional circumstances, and on the express authority of the Principal Medical Officer of the division. On the line of march they will follow the bearer companies.

Sick to bring rations to hospital; second ration can be drawn. 530. When sick are sent to a field hospital, the men will bring with them their ordinary field rations issued for the day; but should a man be sent without his ration, a second ration may be drawn for him for the day of admission if considered necessary.

* See note on page 23.

Field Hospitals.

Section II.

531. Instead of the regular hospital diets the field rations issued will be cooked according to the necessities of individual cases, and supplemented by such extras and medical comforts as may be considered advisable by the medical officers, and as can be obtained by the Officer in charge of Supplies; the quantities of the latter issued to each case will be entered on the diet sheet.

To use the rations issued to the troops.

532. When sick are sent to a field hospital, their kits, arms, and accoutrements will accompany them, and on admission will at once be entered in detail in the pack store book (Army Book 182), of which both foil and counterfoil will be signed as correct by the men themselves, or in cases where the men are unable to do so, by the non-commissioned officer or man who hands over the list.

Kits to be sent with sick.

533. Before an action the field hospitals will be cleared of any sick or wounded that can be removed to the rear, and every preparation will be made for the reception of wounded from the ambulances.

Evacuation before an action.

534. 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 will come under the Principal Medical Officer on the lines of communication, its place being taken by one of the field hospitals in reserve detailed for the purpose by the Principal Medical Officer.

Field hospital left behind.

535. 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.

Selection of site for a field hospital.

536. Advantage will be taken of any available and suitable buildings in towns and villages for the establishment of field hospitals. When there are no buildings available, the hospital tents will be pitched, and the equipment, store, and water-carriage drawn up, under the direction of the medical officer in charge.

Available buildings.

Tents.

537. When there is great pressure on the hospital accommodation in front, additional tents for hospital shelter will be obtained from regiments under the authority of the General Officers Commanding the divisions.

Additional hospital tents.

538. Field hospitals are not supplied with hospital clothing, but patients will use their own clothing and under-clothing, which can be washed if necessary. Should

Clothing and necessaries.

Section II.

Hospital Establishments.

clothing, under clothing, or necessities be absolutely required, they will be obtained for patients on requisition by the medical officer in charge on the depôts of clothing established under the General Officer Commanding the lines of communication. The washing of the clothing and under-clothing of patients will be carried out by the washermen attached to the hospital; all washing materials, such as soap and soda, will be supplied on requisition by the Officer in charge of Supplies.

Washing.

Medical Officer in Charge.

Instructions. 539. The medical officer in charge will be guided generally by the instructions contained in paragraphs 360 to 407, as far as they can be carried out on field service.

Report before embarkation. 540. He will, on mobilization and before embarkation, direct the Quartermaster to draw the equipment and stores of the Field Hospital. He will satisfy himself, and report to the Director-General that his charge is complete in personnel and equipment in every particular.

Accounting. 541. He is the Accounting Officer for the clothing and equipment of the personnel; and also for the equipment and stores of the hospital in the same manner as laid down for bearer companies in paragraph 560.

Every name to appear in admission and discharge book. 542. He will be responsible that the name of every man admitted into the hospital is at once entered in the admission and discharge book (Army Book 27), and that no man is allowed to pass through the hospital towards the base whose name has not been so entered and every particular recorded.

Returns. 543. He will furnish the returns laid down in paragraphs 605, 608 to 611 of these Regulations, and those required by the Queen's Regulations.

Evacuation. 544. He will, under instructions from the Principal Medical Officer, send all sick and wounded to the hospitals along the lines of communication 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. In sending parties to the base he will follow the system laid down in paragraphs 514 and 515.

Replenish panniers of corps and bearer companies. 545. He will, on requisition, replenish from his reserve panniers the field medical and surgical panniers, field companions, and surgical haversacks held by medical officers attached to corps and bearer companies.

Field Hospitals.

Section II.

546. He will keep his own panniers equipped, and reserve panniers replenished, by requisition on the medical officer in charge of the advanced depôt of medical stores. Obtain stores from advanced depôt.

Medical Officers attached for Duty.

547. Medical officers attached for duty will be guided in the performance of their duties by the instructions contained in paragraphs 286 to 304, so far as they are applicable to hospitals in the field. Instructions.

548. When detailed for duty with convoys of sick or wounded proceeding to the base, they will follow the system laid down in paragraphs 517 to 519, as regards the disposal of rolls, certificates, kits, &c. Convoys proceeding to base.

Quartermaster.

549. The Quartermaster will be guided by the instructions contained in paragraphs 410 to 417, so far as they are applicable to field service, and will be responsible to the medical officer in charge that the equipment stores and medical comforts are accounted for, as laid down in paragraph 521. Instructions.

550. He will, in addition to his other duties, be responsible under the medical officer for such duties connected with clothing, and equipment of the personnel of the hospital as may be required. Equipment duties, &c.

551. He will deal with arms, ammunition, and accoutrements of wounded men handed over by bearer companies in the same manner as is directed in paragraphs 522 to 524. Disposal of arms, &c.

552. When a field hospital is divided (see paragraph 529), the warrant officer attached to the hospital will perform the duties of quartermaster to one half. Quartermaster.

V.—BEARER COMPANIES.

Organization.

553. The details of personnel and equipment of a bearer company are laid down in Field Army Establishments, Service Abroad, the Equipment Regulations, and the *Manual for Field Service. A bearer company is formed of trained bearers from the Medical Staff Corps and its Reserves. Personnel and Equipment.

554. On the formation of a company the men will be assembled at the place of mobilization. Assembly men.

* See note on page 23.

Section II. Hospital Establishments.

Embarka-
tion.

555. The personnel and matériel, and if possible the transport, of a bearer company, will be embarked, in the same vessel, the brigade to which it is attached.

Transport.

Transport.

556. The transport of a bearer company, whether wheeled or pack, will be furnished by the Army Service Corps, and while with the bearer company will take orders from the medical officer; such transport will not be taken away or used for any other purpose, unless under the authority of the General Officer Commanding.

Association
with field
hospitals.

557. They will be associated with and encamped in close proximity to the field hospitals, in order that they may afford every assistance in pitching the field hospital tents when a camp is formed, in dealing with the sick and wounded, and in providing hospital guards; but while the campaign lasts the bearer company organization will be maintained separate and distinct from the field hospitals.

Association
with
brigades.

558. They will each be attached to a brigade, but will be fully at the disposal of the General Officer commanding the division who will detach or mass them together as necessity may require.

Medical Officer in Command.

Drawing
equipments.

559. On being appointed to the command of a bearer company on mobilization the medical officer will draw on requisition (Army Form G 1015) the necessary stores and equipment. He will, before embarkation, satisfy himself, and report to the Director-General, that the company is complete in personnel and equipment in every particular.

Accounting
officer.

560. He will be the Accounting Officer for the clothing and equipment of the Company. He will account for the stores held by the Company in the Field Hospital Equipment Ledger (Army Book 248) which will be rendered half-yearly, with supporting vouchers to the local Auditor of Army Accounts, or, if there is no such appointment, to the Under-Secretary of State, War Office.

Instruc-
tions; when
to take the
initiative.

561. Detailed instructions for the conduct of a bearer company in action are given in the Manual for the Medical Staff Corps, Section II, but when no orders have been received from the General Officer Commanding, or from the Principal Medical Officer of division, the medical officer in command of the company will, on his own responsibility, organize the collecting and dressing stations, and take such measures as may be necessary for the relief and transport of the sick and wounded.

Bearer Companies.

Section II.

Medical Officers Attached.

562. The medical officers attached for duty will act under the medical officer in command, and will be guided by the instructions contained in the Manual for the Medical Staff Corps, Section II.

Acting Quartermaster.

563. The warrant officer attached to the company will perform the duties of quartermaster, and will be responsible that the accounts of equipment, stores, and medical comforts are kept in accordance with paragraph 521.

VI.—DEPOTS FOR MEDICAL STORES.

At the Base.

564. A Depot of Medical and Surgical Stores will be established at the base of operations of an army in the field, for the supply of medicines and surgical appliances to all hospitals connected with the force, and also to hospital, troop, and transport ships. Depôt for supply of hospitals and ships.

565. The staff of the depôt, as shown in Field Army Staff Establishments, Service Abroad, is included in the general staff of the Principal Medical Officer at the base.

566. The medical officer in charge of the depôt will be responsible that the stores in his charge are carefully preserved from the weather, and so arranged that supplies of all kinds can be readily sent to the front on the shortest notice. Medical officer in charge responsible.

567. He will obtain fresh supplies by requisition on the Director-General, and all such stores will be packed in handy cases at home so that repacking at the depôt may be reduced to a minimum. Fresh supplies and packing.

568. The stores will be conducted according to the instructions laid down in paragraphs 201 to 208. Conduct of stores.

Advanced Depot (when ordered).

569. An Advanced Depot of Medical and Surgical Stores will, as laid down in Field Army Establishments, Service Abroad, be in charge of a medical officer, assisted by the following:— Staff of depôt.

One serjeant compounder of medicines.

One corporal as clerk.

Two privates as packers and storemen.

The last will, if possible, be carpenters accustomed to the use of tools, and will be supplied with a tool chest from the depôt of medical stores at the base.

Section II. Hospital Establishments.

Obtain
supplies from
base depôt
of stores.

570. The medical officer in charge will procure, by requisition from the depôt of medical stores at the base, a sufficient supply of medical and surgical material for the field hospitals, bearer companies, and medical equipment belonging to corps in the front.

Fitted pan-
niers, &c., in
reserve.

571. He will also have in charge, fully fitted, the following :—

Nos. 1 and 2 "reserve" medicine and material panniers, 6 pairs (Appendix 34).

Nos. 1 and 2 "special surgical" panniers, 4 pairs (Appendix 35).

Field medical companions, with water-bottles, 12 (Appendix 28).

Surgical haversacks and water-bottles, 24 (Appendix 29).

Surgical bags for cavalry, 6 (Appendix 30).

Field fracture boxes, 6 (Appendix 27).

Packed in
handy
boxes.

572. The medicines and materials supplied to the advanced depôt will be packed in handy packages, and the medical officer in charge will avoid having any undue amount or accumulation of stores which would hamper a forward movement with the army.

Reserve
vouchers.

573. He will preserve and file as vouchers copies of all indents for stores on the base, and all requisitions for supplies from the front. The only book he will be required to keep up is the Register of Medical Stores (Army Book 168)—a copy of which he will obtain from the depôt of medical stores at the base—as well as a guard book, and a supply of forms and stationery.

Books to be
kept.

III.—WITH THE FIELD ARMY.—HOME DEFENCE.

574. A modified equipment is laid down for field hospitals and bearer companies for Home Defence. Detailed instructions with regard to these units are given in the Regulations for Mobilization for Home Defence, and in the Instructions for the Organization and Distribution of the Army Medical Staff, &c., on Mobilization for Home Defence.

IV.—INSTRUCTIONS FOR THE PREPARATION OF STATISTICS OF SICKNESS IN HOSPITALS.

575. All cases of sickness will be shown in statistical returns, whether treated in dieted or in non-dieted hospitals, in quarters, or, owing to local circumstances, in barracks or civil hospitals. Care will be taken that sick received from other hospitals, or from on board ship, and invalids sent from their regiments to the headquarters of the district for further treatment, are not entered in any returns as fresh admissions, but as transfers in the proper column. 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.

All cases of sickness to be shown.

Transfers.

576. The diseases will always be designated by the terms used in the English list of the "Nomenclature of Diseases."

Nomenclature of disease.

577. A register of deaths (Army Book 127) will be kept in each general and station hospital, wherein all deaths, whether *in or out* of hospital, will be entered; the information thus recorded will be used in compiling the Annual Return.

Register of deaths.

I.—DAILY RETURNS.

578. A morning state of sick on Army Form A 27 will be furnished from all hospitals in accordance with the instructions laid down in paragraph 377.

Morning state of sick.

II.—WEEKLY RETURNS.

579. A Weekly Return of Sick, of officers and warrant officers (whether treated in hospital or in quarters), non-commissioned officers, and men, on Army Form A 31, made up to 12 o'clock (noon) each Friday, will be rendered to the Director-General by the medical officer in charge of every hospital at home, and will invariably be posted each Saturday afternoon. Each return will contain the details for seven complete days, irrespectively of the date on which the year may close, and a duplicate will be forwarded to the Principal Medical Officer of the district, marked in red ink with the words "original sent to

Mode of rendering at home.

Section II.

Hospital Establishments.

Director-General, on (insert date.) " Should an error be discovered after the dispatch of a return, the medical officer in charge will at once forward an amended return, accompanied by a memorandum, pointing out the correction, through the office of the Principal Medical Officer.

Abroad. | 580. At stations abroad, the Weekly Return of Sick will be sent to the Principal Medical Officer of the Command. Separate returns will always be furnished for white, and for black or colonial troops.

Where unnecessary. 581. Weekly Returns on Army Form A 31 are not furnished from hospitals on board ship, or hospitals in the field.

Sick of troops detached. 582. Should the sick of troops detached at small out-stations, or of detachments at musketry practice or gun drill, or of troops employed on any other duty at a place 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. The average strength will be stated in the nearest whole numbers.

Troops in camps of exercise, &c. 583. When a body of troops is brought together as a separate command, in a camp of exercise, for autumn manœuvres, or for any other service in time of peace, the sick of such troops, at whatever station they may be under treatment, will be included in the Weekly Returns of Sick, but in addition, a Weekly Return showing the sick of such troops only, on Army Form A 29, will be furnished to the Principal Medical Officer of the force.

Important diseases to be noticed. 584. In the remarks appended to the Weekly Return of Sick, the Medical Officer will notice the more important diseases shown on page 1, and describe their distribution among the different Corps sending sick to the hospital. He will remark on all cases of infectious diseases, and state the barracks, quarters, or other places where the diseases were contracted; in cases of small-pox, typhus fever, or enteric fever, the rank, name, and regiment of the patient will also be given. He will likewise notice infectious disease among the families of soldiers, stating the number of attacks and deaths during the week; and he will state whether in his opinion such cases were attributable to any local insanitary condition, and if so, the steps taken in the matter. In subsequent returns he will give the results of his recommendations.

Suicides. 585. He will specially remark on all cases of suicide or of self-inflicted injuries with suicidal intent, stating

the method by which the suicide was accomplished, or the injuries inflicted, and the supposed or presumed motive for the act ; also giving the name of the individual, corps, years of service, and in attempted cases the result, as whether "discharged to duty," "invalided," "discharged from the service," or "remaining in hospital." In cases of suicide, the verdict of the Coroner's jury, when an inquest has been held, will invariably be given ; when no inquest has been held, the fact will be stated.

586. During the prevalence of any epidemic of serious disease, a Weekly Return on Army Form A 19 will be furnished, in accordance with the instructions contained in paragraph 604. Epidemic.

587. Details of appearances found at *post-mortem* examination, which should be made in every case unless objected to by the relatives, will be given on the Casualty Report (Army Form A 21) which will accompany the Weekly Return of Sick, but should the autopsy not be made in time to allow of this, the Casualty Report should be forwarded separately as soon as possible. Post-mortem examination.

Casualty reports will be forwarded with weekly returns to Principal Medical Officers at stations abroad. At home stations a copy will accompany both the original weekly return of sick for the Director-General, and the duplicate for the Principal Medical Officer.

588. Any 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, and when the disease is ascertained, it will be entered as a fresh admission, its disposal being also noticed in the remarks. Doubtful cases.

589. 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 of it in the column for admissions. No second entry for this case, however, will be made in the Admission and Discharge Book, 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. Erroneous designation of disease.

590. When a patient presents himself at hospital suffering from two diseases, he will be admitted for the more serious one ; but should the second disease remain after his recovery from the one for which he was Patient admitted with two diseases.

Section II. Hospital Establishments.

"admitted," the case will be entered as "discharged otherwise," and he will be re-admitted for the other disease, both in the Weekly Return and in the Admission and Discharge Book.

Fresh disease supervening. 591. Should another disease supervene upon that for which a man is 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. Every such instance will be noticed in the remarks on page 4 of the Weekly Return.

Number of patients attended. 592. The number of patients attended by each medical officer doing duty in a hospital will be shown in the Weekly Return.

Invalids from abroad; 593. Invalids arriving from stations abroad will not be shown in the Weekly Return of the hospital in which they are treated, and the records of their sickness will be kept distinct (see paragraphs 273 and 381) from those of troops serving at home. 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:—

By return to duty as effective men ;

By discharge from the service ;

By death.

on sick furlough; Invalids sent on sick furlough will, on their return, be included among the invalids from abroad at the station until they are finally disposed of. Invalids on their way home, who may be landed at any station abroad for treatment, will be similarly accounted for.

landed at stations abroad. 594. The statistics of the sickness of pensioners, and of officers, warrant officers, non-commissioned officers, and men of the Militia, Yeomanry, Volunteers, Royal Marines, Seamen of the Royal Navy, or others, who may be under treatment in a military hospital, will not be included with those of regular troops (see paragraphs 273 and 381), but will be shown in the special table on page 4 of the weekly return. If the warrant officers, non-commissioned officers, or men exceed thirty in number, a separate weekly return, on Army Form A 31, will be rendered, the heading of the return being altered accordingly.

III.—ANNUAL RETURNS.

Annual Return. 595. Every medical officer in charge of a hospital (except hospitals for soldiers' wives and children, hospitals on board ship conveying troops and hospitals in the field), on the 31st of December in each year, will furnish

Statistics of Sickness.

Section II.

an annual return of sick on Army Form A 33, for the period from the 1st January to the 31st December. As the permanent records of the sickness of the army are contained in these returns, medical officers will endeavour to make them as accurate as possible in every particular. The fact of an admission having been recorded under a certain disease in a weekly return should not prevent a necessary correction being made in the annual return, when the medical officer has reason to believe that the first recorded diagnosis was incorrect.

596. No admission will appear in an annual return of sick as "Not yet diagnosed"; sufficient time will always have elapsed between the date of admission of a case of an obscure nature and the date of completion (31st January) of the annual return to diagnose the disease with exactness, or to class it as one of "No appreciable disease," should observation justify the use of that term.

Cases to be classified.

597. 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 admitted during the previous year was under treatment will of course be included. To find the average sick time of each soldier, multiply the average number constantly sick by the number of days in the year, and then divide by the strength. To find the average duration of each case of sickness, multiply the average number constantly sick by the number of days in the year, and then divide by the number of admissions.

Averages of sick, how calculated.

598. The medical officer in charge of a hospital, when it is closed in consequence of the removal of the troops from the station, will at once transmit to the Principal Medical Officer a return, on Army Form A 33, showing the sickness and mortality from the 1st January to the date on which the hospital was closed, in order that the statistics of the same may be included in the general annual return for the district or command, on Army Form A 32.

Return to be furnished when hospital is closed.

599. In the annual return 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 tables, Nos. 13 and 14, on page 8.

Mode of compiling Annual Return.

600. 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

Date of forwarding Annual Returns.

Section II. Hospital Establishments.

the succeeding year; a duplicate copy will be retained in the hospital.

Invalids not belonging to command.

601. The statistics relating to the sickness of invalids not belonging to the district or command, or those of invalids casually left in a command, will be shown in the special return, No. 5, on page 5.

Manuscript report to accompany annual return.

602. The medical officer in charge of the hospital will furnish a report in manuscript with his annual return (Army Form A 33) of medical transactions and prevailing diseases, which should show the bearings of sanitary arrangements thereon. (See also paragraph 172.)

Annual Return from female hospitals.

603. Medical officers in charge of hospitals for soldiers, wives and children will, not later than the 31st January in each year, submit to the Principal Medical Officer for transmission to the Director-General, an annual return and report on Army Form A 16.

IV.—SPECIAL RETURNS.

Epidemics.

604. During the prevalence of epidemics every case of infectious disease will be reported on the weekly return, Army Form A 19 (Return of Admission and Deaths during an epidemic). 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 a week from the last admission.

V.—DAILY RETURNS IN THE FIELD.

(Service Abroad and Home Defence).

From field hospitals.

605. The medical officer in charge of each field hospital will send a daily state of sick and wounded, on Army Form A 28, to the Principal Medical Officer of the division to which the hospital is attached, or, if with corps troops, to the Principal Medical Officer of the force direct.

From hospitals on the lines of communication.

606. The daily states of sick and wounded (Army Form A 28) will not be required from hospitals on the lines of communication, unless ordered.

From base hospitals.

607. The medical officers in charge of general hospitals or hospital ships at the base of operations will send a daily state of sick and wounded (Army Form A 28) to the Principal Medical Officer at the base for transmission to the officer commanding there, and will likewise furnish daily to the officer commanding at the base, rolls of men admitted and discharged from hospital in accordance with paragraph 280.

To the dépôt.

VI.—WEEKLY RETURNS IN THE FIELD.

(Service Abroad and Home Defence).

608. The medical officer in charge of each hospital whatever may be its designation, in connection with an army in the field, will furnish to the Principal Medical Officer of the field force, or of the Army Corps in the case of Home Defence, a weekly return, on Army Form A 29, commencing on the day the troops take the field, and continuing until the operations are terminated, or the force broken up.

From all hospitals to Principal Medical Officer of the army.

609. The weekly returns to be rendered to the Principal Medical Officer of the field force, or of the Army Corps in the case of the Home Defence, will be forwarded through the following channels :—

Channels through which forwarded.

From field hospitals, through the Principal Medical Officers of divisions, or when with corps troops, direct.

From hospitals on the lines of communication direct (Service Abroad).

From general hospitals, or hospital ships, through the Principal Medical Officer at the base (Service Abroad).

VII.—SPECIAL RETURNS IN THE FIELD.

(Service Abroad and Home Defence).

610. As soon as possible after an action, medical officers in charge of field hospitals will furnish nominal rolls, in duplicate, on Army Form A 6, of officers, warrant officers, non-commissioned officers, and men who had received wounds or injuries in battle, specifying as tersely and accurately as possible the kind of wound or injury, and the degree of severity. One copy will be sent through the Principal Medical Officer of the field force, or of the Army Corps in the case of the Home Defence, to the General Officer Commanding, and the other to the Principal Medical Officer of the division to which the hospital is attached, for transmission to the Director-General. In the case of field hospitals with the corps troops, both copies will be sent direct to the Principal Medical Officer of the force.

Nominal rolls of wounded.

611. Medical officers in charge of all hospitals will, when called upon by the Principal Medical Officer, furnish a descriptive numerical classified return of wounds and injuries, together with the results of operations performed, on Army Form A 7.

Classified return of wounds and operations.

Section II. Hospital Establishments.

VIII.—RETURNS ON BOARD SHIP.

Mode of
compilation.

612. Sick returns will be furnished on Army Form B 182 for the period from the day of embarkation to that preceding disembarkation.

The statistics of the following classes of troops must be kept separate :—

- (a) Troops proceeding on service abroad ;
- (b) Troops returning home from abroad ;
- (c) Troops proceeding from one station abroad to another ;
- (d) Invalids returning home ;

and, should troops belonging to any two or more of these classes be on board the same vessel, a separate return will be furnished for each class, which will embrace the whole statistics of that class, irrespective of the number of ports touched at, and of the increase or decrease of strength owing to embarkation or disembarkation.

With regard to class (a), if troops are disembarked at more than one place, the particulars will be specified, in a single return, in the columns of the distribution table provided for that purpose, on page 3 of the form.

In a similar manner, as to class (b), a single return will suffice, though troops may embark at different ports, provided that the particulars as to strength, date of embarkation, &c., are shown in the distribution table alluded to.

The same procedure will, of course, be followed in the case of class (d), invalids returning home.

In the case of class (c), one return will embrace the statistics of the whole intercolonial voyage, irrespective of any embarkations or disembarkations which may have occurred in its course, care being taken that the required particulars are correctly entered in the distribution table, page 3, Army Form B 182.

All cases to
be returned
as ad-
missions.

613. All cases of sickness occurring among the officers, warrant officers, non-commissioned officers, and men, whether effective, time-expired men, or invalids, which would be admitted to hospital if treated on shore, must be returned as admissions ; thus men attending hospital for more than one day will always be shown as admitted in the returns.

SECTION III.— GENERAL REGULATIONS.

I.—THE INVALIDING OF SOLDIERS.

614. The invaliding of soldiers at home and abroad will be carried out in accordance with the instructions contained in the Queen's Regulations, and none but soldiers disqualified by actual disability—without regard to the length of their service—are to be brought forward for discharge as unfit for service. Invaliding to be in accordance with Queen's Regulations.

615. When a soldier is considered unfit for service, a detailed medical history of his case, on Army Form B 179, will be prepared by the medical officer in whose care he may be. Detailed medical history.

616. If the soldier is serving at the headquarters of a district, the medical officer in charge of the station hospital will inform the man's commanding officer of the proposal to bring him forward for invaliding, and will submit to the Principal Medical Officer the detailed medical history (Army Form B 179) and a medical report (Army Form B 248), together with the man's medical history sheet (Army Form B 178). In order to reply accurately to questions 8, 11, and 12 on Army Form B 179, the medical officer will obtain from the commanding officer for inspection the man's company defaulter sheet, as well as the proceedings of the court of enquiry, if such had been held to investigate the cause of any injury which the soldier may have received. The Principal Medical Officer will carefully sift and verify the statements in the detailed medical history, and will inspect the proposed invalid. If he concur in the opinion of the medical officer in charge, he will submit to the General Officer Commanding that the soldier be examined by a medical board. Soldier serving at head-quarters;

617. If the soldier is serving at an out-station, the case will be similarly represented to the man's commanding officer and to the Principal Medical Officer, and if the latter concur in the opinion of the medical officer in charge, he will cause steps to be taken for the removal of the proposed invalid to the headquarters of the district. If, after a period of personal observation, he is then satisfied that the soldier should be invalided, he will apply for a medical board. at an out-station.

When from any cause it is not advisable to move the proposed invalid to headquarters, the Principal Medical

Section III. General Regulations.

Officer will represent to the General Officer Commanding the expediency of the medical board being assembled at the station where the patient is under treatment.

Medical
board.

618. The medical board (assembled by order of the General Officer Commanding) will record its opinion on the third page of the detailed medical history (Army Form B 179), and submit the proceedings for the approval of the Principal Medical Officer.

Signature
and disposal
of detailed
medical
history.

619. The Principal Medical Officer will sign the detailed medical history (Army Form B 179), and the medical report (Army Form B 248). The former document will be retained in his office as a record, and when the General Officer Commanding has approved of the invalid's discharge, the Principal Medical Officer will return the latter document, together with the invalid's medical history sheet (Army Form B 178), to the medical officer in charge for transmission to the officer commanding the corps to which the soldier belongs.

Soldiers
permanently
unfit, and
detained.

620. Soldiers who are permanently unfit for service are to be brought forward for discharge in the usual manner. When their disability is of such a nature as to prevent their immediate removal from hospital, they may be retained for further treatment at the discretion of the medical officer in charge, provided he has obtained the approval of the Principal Medical Officer, and men so detained in hospital after discharge will be subsisted as directed in the Allowance Regulations.

Detailed
medical
history to
accompany
foreign
invalids.

621. In the case of invalids sent home from stations abroad for change of air or discharge, the detailed medical histories, on Army Form B 179, and medical history sheets 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 Army Form B 248, will not be filled up until the men are being finally disposed of at home, but (except in the case of invalids from India) a nominal return, briefly recording their disabilities, will be made on Army Form B 172 (Embarkation Return of Invalids). This return will be furnished in duplicate—one for the commanding officer, and one to accompany the invalids to Netley.

Nominal
return,
excepting
India.

Cases of
epilepsy.

622. Before 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

Invaliding of Soldiers.

Section III.

epileptic fit, is required, and will be attached to the detailed medical history.

623. An invalid who has been referred 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, unless special sanction is obtained.

Invalids referred back by a Medical Board.

624. 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. In all statements made by a medical officer in the detailed medical history (Army Form B 179), he will carefully distinguish between the unsupported testimony of the invalid, or others, and the result of his own observation, or reference to authentic documents. The medical officer in charge of the hospital will verify all the statements in this document, countersign it, and become responsible for its correctness in every particular, before he transmits it to the Principal Medical Officer of the district.

Importance of the information required for detailed medical history.

625. When a soldier suffering from mental disease has been under treatment sufficiently long to render the diagnosis clear, and there is no prospect of his immediate recovery, or when, in consequence of exceptional circumstances which do not admit of delay, it is desirable to remove him at once from the hospital in which he has been under observation, application should be made to the Director-General, or if in Ireland or abroad to the Principal Medical Officer, for instructions as to his disposal. Such applications should be accompanied by detailed information regarding the case, 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. In transmitting this application, the medical officer in charge will state whether he recommends the patient's transfer to Netley, or his discharge locally as a harmless or a dangerous lunatic (see the Queen's Regulations), and the Principal Medical Officer, in forwarding the documents to the Director-General, will also invariably submit his opinion as to the disposal of the case. On receipt of the documents by the Director-General, if in Great Britain, or by the Principal Medical Officer if abroad or in Ireland, the necessary instructions will be issued for the disposal of the case.

Insane soldiers.

Section III.

General Regulations.

Detailed
information
required in
cases of
mental
disability.

626. The detailed information to be supplied in cases of mental disability, is as follows :—

- 1st. Name. Regiment or Corps. Regimental No.
- 2nd. Age. Length and places of service.
- 3rd. Place of birth. Names and residences of nearest surviving relatives.
- 4th. Whether married or single.
- 5th. Character, especial regard being paid as to whether temperate or otherwise (see paragraph 616).
- 6th. Form of mental disorder.
- 7th. Whether a first attack ?
- 8th. Duration of present attack.
- 9th. Whether the attack was sudden or insidious ?
If the latter, mention any peculiarity of behaviour or change in habits which preceded it.
- 10th. Whether insanity was preceded or accompanied by any particular illness, as fever, rheumatism, syphilis, &c. ?
- 11th. What are the supposed causes (moral or physical) of the attack ? Whether the patient has suffered from sunstroke, concussion, or injury of the head ?
- 12th. Whether any hereditary predisposition exists.
- 13th. What are the particular ideas or actions which have induced the belief of insanity ?
- 14th. Whether the disease is complicated with epilepsy, paralysis, or homicidal or suicidal impulses ? If suicidal tendency exists, the way in which self-destruction has been attempted should be stated.
- 15th. Whether the patient is noisy, dangerous, mischievous, or given to steal ? Whether his habits are cleanly or the reverse ?
- 16th. What treatment has been adopted since the invasion of disease ?

Nomen-
clature of
diseases
to be
followed.

627. In designating the particular form of mental unsoundness that a patient labours under, the terms used in the Nomenclature of Diseases will be strictly adhered to.

Preparation
of docu-
ments of
lunatics.

628. The questions may be answered by the medical officer who has been treating the case, the information called for in paragraph 626 under the 2nd, 3rd, or 4th head being obtained from the soldier's commanding officer ; but the medical officer in charge of the hospital will carefully investigate and verify the statements made, and will countersign the document.

Invaliding of Soldiers.

Section III.

629. When it is decided to discharge locally a soldier suffering from mental disease who is believed to be a lunatic not dangerous to himself or the public, the medical officer will inform the man's commanding officer in order that steps may be taken to hand the patient over to his friends or the parish authorities.

Insane soldiers discharged locally.

630. When insane soldiers are discharged from hospital, they will invariably be removed in the presence of a medical officer, who will be responsible that they are dressed with due regard to health and comfort, and will instruct the escort, which will be detailed in accordance with the Queen's Regulations, as to the peculiarities of the patients, particularly as to whether they have displayed suicidal or homicidal tendencies.

Precautions on removal of insane soldiers.

631. When it is considered necessary to invalid the wife or child of a soldier from any station abroad, the procedure for invaliding of soldiers will be followed, the case being reported on by a medical board.

Wife or child from abroad.

632. Pending arrangements for sending the insane wives of soldiers arriving from stations abroad to their parish to be handed over to the care of the parochial authorities, the Principal Medical Officer will make local arrangements for their safety and care, after reference to the General Officer Commanding.

Arrangements for on arrival at home.

II.—MEDICAL EXAMINATION OF 1st CLASS ARMY RESERVE.

633. Medical officers, when charged with the duty of the medical examination of the 1st Class Army Reserve, in peace, will record their opinion in each case in one of the following terms :—

Classification as to fitness.

Fit for general service.

Fit for home service.

Temporarily unfit.

Permanently unfit.

Instructions on this point for Mobilization for Home Defence are given in the Mobilization Regulations.

634. Men who are reported as "permanently unfit," will be brought forward for discharge as medically unfit for further service, and in such cases the examining medical officer will fill in the certificate on Army Form B 248, to accompany the discharge documents. The signature of the Principal Medical Officer will not be required.

Men permanently unfit.

Section III. General Regulations.

III.—SUPPLY OF SURGICAL INSTRUMENTS, APPLIANCES, AND MATERIALS, AND OF MEDICINES AND MEDICAL MATERIALS.

I.—SURGICAL INSTRUMENTS, APPLIANCES, AND MATERIALS.

District
equipment
of surgical
instruments

Charge and
issue.

Returns
from
Principal
Medical
Officers.

Station
Hospital
Surgical
instruments
and
materials.

635. At the headquarters of each district an equipment of surgical instruments, appliances, and materials, consisting of the articles specified in Appendix No. 7, will be provided for use throughout the district. These instruments and appliances will be placed by the Principal Medical Officer in charge of a quartermaster, who will be responsible to him for their safe custody and good condition. They will be issued on loan to medical officers in charge of hospitals within the district on requisition on the Principal Medical Officer, and will be returned when no longer required. When received back from loan, a medical officer and the quartermaster will at once examine them, and report on their condition to the Principal Medical Officer. Principal Medical Officers of districts at home will forward half-yearly on the 1st January and 1st July, and those of commands abroad annually, on the 1st April, on the approved form, a list of these instruments and appliances to the Director-General; stating the condition of each article, and if unserviceable whether from fair wear and tear or otherwise. In all cases of loss or damage not attributable to fair wear and tear, the instructions contained in the Queen's Regulations will be attended to.

636. At each station hospital an equipment of surgical instruments, appliances, and materials consisting of the articles specified in Appendix No. 8, will be provided. The medical officer in charge of the hospital will be responsible for the custody and condition of this equipment, and requisitions for all repairs, completions, and replacements will be included as far as practicable, in the half-

yearly demands. The instruments will be kept in the surgery under lock and key ; and all other articles, either in the surgery or store, will also be kept under lock and key. These instruments, appliances, and materials will be accounted for at home half-yearly on Army Form I 1214. Articles broken, deficient, or damaged, except from fair wear and tear, will be dealt with in accordance with the instructions contained in the Queen's Regulations.

637. The authorized surgical materials which may be issued at each half-yearly period in such quantities as the Principal Medical Officer may recommend, are detailed in Appendix No. 9, and will be requisitioned for on Army Form I 1219. Applications for artificial limbs or eyes, &c., except in the case of men to be retained in the service, should not be made to the Director-General, but should be submitted for the consideration of the Commissioners of Chelsea Hospital.

Requisitions
for surgical
material
and arti-
ficial limbs.

638. When any instrument or surgical appliance becomes unserviceable or deficient, a requisition in duplicate on Army Form I 1219, together with the proceedings of a court of enquiry, or a certificate that the damage was the result of fair wear and tear, will be transmitted to the Principal Medical Officer, who, if at any home station (except in Ireland), will, through the Director-General, take immediate steps for its replacement or repair. In Ireland, and at stations abroad, the Principal Medical Officer will arrange for replacing all damages and deficiencies, reporting the steps taken in regard thereto to the Director-General.

Instruments
unservice-
able or
deficient.

639. When a medical officer is removed from a charge he will transfer all surgical instruments and appliances belonging to the hospital, to the medical officer relieving him, as laid down in paragraph 365. The condition of each article of surgical equipment will be stated in the transfer return (Army Form I, 1214), or the medical officer taking over charge will be held responsible for any deficiencies afterwards reported (see paragraph 655).

Transfer
returns.

640. At stations abroad, medical officers may procure instruments at the prices paid for them by the public from the public stores (provided the articles required are on charge at the station), to replace those of their regulation pocket-cases (Appendix 11) which may be lost or become damaged.

Instruments
in pocket
case, abroad.

641. Steel trusses, for non-commissioned officers and men, will be applied for by requisition in duplicate on Army Form I 1222. At home stations (with the exception of Ireland), the requisitions will be forwarded for

Steel trusses,
requisition
for.

Section III. General Regulations.

supply through the Principal Medical Officer of the district to the Director-General, and at stations abroad and in Ireland to the Principal Medical Officer. Trusses will only be issued to militiamen on the certificate of a Medical Officer that the rupture actually took place in the execution of duty.

Trusses to last two years.

642. Each truss supplied will be expected to last at least two years, but if, from any unforeseen cause, it should require renewal within a less period, full explanation of the circumstances under which it has become inefficient will invariably accompany the requisition.

Nominal lists of issues of trusses.

643. In those large station hospitals where trusses are authorized to be kept for local issue, a nominal list of such issues will be appended to the periodical returns of medicines and instruments forwarded to the Director-General.

Issue to wives and children.

644. Trusses may, at the discretion of the Director-General at home, and of Principal Medical Officers abroad, be supplied to the wives and children of corporals and privates at the public expense. They may also be supplied to the wives and children of non-commissioned officers above the rank of corporal from Army Medical Stores or contractors, on payment, at contract rates.

Purchase of trusses by officers and departmental employés, abroad.

645. Commissioned officers of the army and persons employed under Government at stations abroad will, subject to the approval of 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 in to the district paymaster and duly reported by the Principal Medical Officer for the information of the Director-General, and all such sales will be entered in the annual returns rendered to the Medical Department, the entries being supported by the usual vouchers.

Supply to troopships, &c.

646. The supply of instruments and appliances for medical officers doing duty with troops and for troopships is detailed in paragraphs 66, 155, and 193.

II.—MEDICINES AND MEDICAL MATERIALS.

List of medicines and medical materials.

647. The authorized medicines and medical materials which may be issued, at each half-yearly period, in such quantities as the Principal Medical Officer may recommend are detailed in Appendix No. 10.

Medicines and Medical Materials. Section III.

648. Supplies of medicines and medical materials will be drawn at home by half-yearly requisitions, in duplicate, on Army Form I 1213, accompanied by half-yearly returns on Army Form I 1214, and verified, when necessary, by Boards of Survey.

Supplies of medicines at home.

649. In the North-Eastern, North-Western, and Scottish Districts, and at Woolwich, Netley, and Aldershot, supplies of medicines and medical materials will be asked for on the 1st January and 1st July; in other districts in the United Kingdom, and in Ireland, on the 1st April and 1st October.

Medical supplies, date of demand for.

650. 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, who, before transmitting, will carefully examine them and satisfy himself that the articles asked for are absolutely necessary for the service for which the demand is made. In Ireland all demands will be sent to, and supplied by the Principal Medical Officer.

How put forward and checked.

651. Intermediate demands (which should be avoided as much as possible) will be put forward in duplicate and checked in the same manner, but they will be accompanied in each instance with an explanation of the circumstances which render them necessary. When only a few articles are required intermediately, Army Form I 1209 will be used.

Intermediate demands.

652. Care will always be taken that demands for medicines are not included in the same form as demands for surgical instruments and materials; the former will be indented for on Army Forms I 1209 and 1213, and the latter on Army Form I 1219, and requisitions are not to be put forward by Principal Medical Officers for the Director-General's approval unless drawn strictly in accordance with the foregoing instructions.

Demands for medicines and instruments to be on separate forms.

653. From stations abroad the requisitions in duplicate will be annual, dated the 1st April, on Army Form I 1213, with returns verified by Boards of Survey, on Army Forms I 1211 and 1215, for the year ending the 31st March.

Requisition for supplies from abroad.

654. Articles obtained from the officer in charge of supplies or from the Ordnance Store Department, for use in Medical Stores, such as nails, rope, packing cases, tools, &c., will be brought on charge, and duly accounted for in the half-yearly return at home, or on the annual return abroad for the period in which they were obtained.

Articles obtained from store departments

655. When a medical officer is removed from any charge where the custody of medicines is included, a transfer return in detail (see paragraph 365), up to the

Transfers between medical officers

Section III.

General Regulations.

date of relinquishing such charge, will be prepared in duplicate on Army Form I 1214. (See paragraph 639.)

Use of list of medicines.

656. The list contained in Appendix No. 10 has been framed with the view of placing at the disposal of medical officers such a choice of remedies as it is presumed would 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. Articles not included in the list will only be sanctioned under very exceptional circumstances, which will be fully explained at the time of making the demand.

Unpacking supplies at home.

657. All supplies of medicines, surgical instruments, or materials received at home stations will be unpacked in the presence of a medical officer, who will report to the Principal Medical Officer, for the information of the Director-General, any deficiencies or losses from breakage or leakage, in order that it may be ascertained whether the contractor is liable for the same, or whether such arose from circumstances beyond control.

Unpacking supplies at stations abroad.

658. On the receipt of supplies at stations abroad, 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 circumstances 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 of the Board transmitted to the Director-General on Army Form I 1212.

Medicines from different firms to be kept separate.

659. Medicines supplied by different firms will not be mixed together in the same jar or bottle, so that, should objection be made to their quantity or quality, no difficulty may be experienced in applying to the contractors who supplied them.

Custody and issue of medicines.

660. In hospitals where a store for medicines exists distinct from the surgery, supplies when unpacked will be locked up in it, and the key retained in the possession of the medical officer in charge or of the quartermaster when one is attached to the hospital (see paragraph 318). The expense bottles in the surgery will be replenished, as required, from this store, under the superintendence of a medical officer, and a store book (Army Book 39) will be kept, in which all issues so made to the compounder will be recorded and checked; this book must be kept by

Medicines and Medical Materials. Section III.

double entry on a debtor and creditor principle, receipts and issues being shown opposite each other. The contents of the store must invariably be included in each half-yearly return of medicines, &c., rendered.

661. On the 1st 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. Annual report on medicines.

662. 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 as soon as convenient after the receipt of any half yearly or intermediate supply, be carefully packed and forwarded to the contractor for the supply of medicines, etc., carriage unpaid, each package distinctly marked on the outside, "Returned empties from the Station Hospital at ———." A carrier's note, Army Form G 980, must be given to the carman who collects the packages, and he should be informed that the carriage will not be paid by the contractor, unless this Form is produced. An invoice detailing what has been sent must be forwarded by post to the contractor as soon as the packages have been collected, a duplicate being at the same time forwarded to the Director-General. Disposal of empty bottles and packages on home service.

663. On service abroad, 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 to the district paymaster, and duly reported by the Principal Medical Officer to the Director-General. On service abroad.

664. Charges for carriage of Medical and Surgical Stores at home (except for consignments from Woolwich, or when otherwise provided by contract or special arrangement) will be paid to the carriers *on delivery* by Medical Officers in charge of station hospitals, &c., on the production of a carrier's note properly filled in (Army Form G 980). For this purpose medical officers may, if necessary, obtain an imprest from the District Paymaster. These charges will be entered on Army Form P 1911, which must be duly certified by the medical officer receiving the stores, and forwarded to the Army Service Corps Officer in charge of transport at the station, or for Charges for carriage.

Section III. General Regulations.

- the subdistrict, accompanied by receipts for the amount paid, and the carriers' notes as vouchers.
- Local purchases of medicines and appliances.** 665. Medicines, leeches, or other articles or appliances, not enumerated in the list laid down in Appendices 9 and 10, if purchased locally without previous sanction from Principal Medical Officers, will not be allowed at the public expense, unless under circumstances so urgent as not to admit of reference; medical officers so purchasing will at once apply for covering authority, and will state fully the grounds of urgency.
- Bills to be approved at home by Director-General.** 666. All local purchases will be certified by the medical officers as having been absolutely necessary, and obtained on the best and cheapest terms, and the bills will be sent to the Principal Medical Officer for examination; the latter will cause an abstract in duplicate to be prepared on Army Form I 1210, which, with the bills, will be forwarded to the Director-General at the end of each quarter for approval.
- Payment of bills.** 667. The Director-General will return the bills, with one copy of the abstract, as soon as possible to the Principal Medical Officer, for payment by the district paymaster.
- Purchases at stations abroad.** 668. At stations abroad, the Principal Medical Officer will approve the payment of bills for local purchases of medicines and appliances.
- Articles supplied by officer in charge of supplies for medical purposes.** 669. Such articles as vinegar, loaf sugar, treacle &c., when necessarily provided by the officer in charge of supplies for purely medical purposes, will be included in the abstract (Army Form I 1210) mentioned in paragraph 666, the Officer in charge of Supplies giving the necessary information as to price.
- Disinfectants not a medical supply.** 670. Articles for disinfecting or fumigating purposes will not be included in requisitions put forward to the Director-General, and when obtained locally will not be included in the quarterly abstracts on Army Form I 1210 (see paragraph 761).

IV.—INSTRUCTIONS FOR THE MEDICAL EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ARMY, AND OF RECRUITS.

I.—CANDIDATES FOR COMMISSIONS IN THE ARMY.

671. The Medical Examination of candidates for commissions in the army will be conducted by Medical Boards, who will certify as to the physical fitness or otherwise of candidates. Medical Boards.

672. Medical Boards will be guided in the medical inspection of candidates for admission to the Royal Military Academy and the Royal Military College, and of University candidates, and officers of Militia for commissions in the Army, by the regulations appertaining to each, and Principal Medical Officers in whose districts these examinations take place are responsible that these different books of regulations are placed before the Board. Instructions for deciding upon the fitness or otherwise of candidates.

673. Letters and numbers corresponding to Snellen's Optotype (test types for the determination of the acuteness of vision, 1892 edition), will be used for testing the standard of vision. If a candidate's vision, measured by Snellen's test types, be such that he can read the types numbered $D=6$ at 6 metres, or 20 English feet, and the types numbered $D=0.6$ at any distance selected by himself, with each eye separately, and without glasses, he will be considered fit. If a candidate cannot read with each eye separately, without glasses, Snellen's type marked $D=36$ at a distance of 6 metres or 20 English feet, *i.e.*, if he do not possess one-sixth of Snellen's standard of normal acuteness of vision, although he may be able to read the types $D=0.6$ at some distance with each eye, he will be considered unfit. If a candidate can read with each eye separately Snellen's types numbered $D=36$ at a distance of 6 metres or 20 English feet, without glasses, but cannot read them beyond that distance, *i.e.*, if he just possesses one-sixth of normal acuteness of vision, and his visual deficiency is due to faulty refraction, he may be passed as fit, provided that, with the aid of correcting glasses, he can read Snellen's type $D=6$ at 6 metres or 20 English feet, with one eye, and at least Snellen's types $D=12$ at 6 metres or 20 English feet with the other eye; and, at the same time, can read Snellen's type marked $D=0.8$ with one or both Standard of vision.

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General Regulations.

eyes, without the aid of glasses, at any distance the candidate may select. Squint, inability to distinguish the principal colours, or any morbid condition, subject to the risk of aggravation or recurrence in either eye, will cause the rejection of a candidate.

Form for the
proceedings
of the Board.

674. The proceedings of the Board, referred to in paragraph 672, will be made out on the following Form :—

| Name. | Age. | Height. | Chest girth. | Remarks as to fitness or the reverse. |
|-------|------|---------|--------------|---------------------------------------|
| | | | | |

II.—RECRUITS.

Definition of
approving
medical
Officers.

675. All military medical officers, and also medical officers of Militia and Yeomanry, and of the Army Medical Reserve, when their battalions or regiments are embodied or out for training, or when they are appointed to the charge of a regimental district or station, are empowered to carry out the medical examination of recruits.

Responsi-
bility for
measure-
ment of
recruits.

676. The approving medical officer, as defined in the preceding paragraph, is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their age being in accordance with the schedules given from time to time in Army Orders.

Entries on
attestation.

677. The medical officer will be careful to see that the following particulars are correctly entered on both attestations before signing them :—Age, height, weight, chest-measurement, complexion, colour of hair and eyes, and any distinctive marks or marks indicating congenital peculiarities or previous disease ; writing "none" when there are no distinctive marks.

Note
whether
recruit had
previously
served.

678. If the medical officer is of opinion, judging from the inspection, or from the general appearance of the recruit, that the man has served before, he will (unless the man acknowledges to any previous service) attach a slip to the attestation, stating his opinion thereon, for the information and guidance of the approving field officer.

Declaration
by exa-
mining
officer.

679. 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.

Recruits.

Section III.

680. Approving medical officers will conduct the examination of recruits, and record the facts arrived at with due care, and to the best of their judgment; but they will not be held responsible for the ultimate rejection of recruits on grounds involving a decision contrary to the opinions they may have expressed.

Responsibility for rejection of recruits.

681. Recruit registers (Army Book No. 46) will be kept by all medical officers employed in recruiting duties at general or station hospitals or other places where recruits are examined. Separate registers will be kept for the Regular and for the Militia Forces. These registers will on no account be removed from the office or hospital where the recruits are medically inspected.

Recruit register.

682. The medical officer will state in his own handwriting in the recruits' register (Army Book 46) 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 entry. When there are no distinctive marks it must be so stated.

Remarks in recruit registers.

When a recruit is found "unfit" for the sole reason that he is not up to some one standard, it should be so recorded in the column of remarks in the recruit's register, and the following words should be added:—"because he is under 'height,' 'chest measurement,' or 'weight,' (as the case may be) and is not likely to sufficiently develop," but, if recommended for enlistment, the words "will probably grow to standard" should be substituted for the above.

683. The approving medical officer will prepare the medical history sheets of recruits (Army Form B 178) at the time of the examination, and will be very careful to see that the entries are correct in every particular, before signing it. Only congenital or other marks of professional interest should be noted in this document.

Preparation of medical history sheets of recruits.

684. The medical history sheet so prepared will at once be forwarded, with the attestation, to the officer commanding the regimental district or corps the man is to join: and when the regimental number has been inserted the commanding officer will hand it over to the medical officer in charge of the station hospital.

Disposal of medical history sheets.

685. In the case of re-enlistments, and of recruits enlisted by special authority, the words "re-enlistment" or "special" will be entered with the name in the register, and will also be written at the head of the medical history

Re-enlisted or specially enlisted recruits.

Section III.

General Regulations.

sheet, and on the second page of the attestation, in the column for distinctive marks.

Recruits for
M.S.C.

686. In passing recruits for the Medical Staff Corps, Medical Officers will satisfy themselves that the recruit can read (not only printed matter, but plain handwriting), understand what he reads, and can write; they should avoid approving any man who, judging by his want of education, unsatisfactory character, or appearance, does not seem likely to prove a suitable man for the position of a sick attendant. When his certificate of character has been obtained, they will inspect it, and if it has been signed by a magistrate, clergyman, head of a firm, or other respectable employer of labour, and appears to be satisfactory, will attach it to the original attestation, adding to the certificate of medical examination, on the second page of both original and duplicate, that they "consider him suitable for the Medical Staff Corps." If the character is unsatisfactory, they will bring the case to the notice of the officer charged with recruiting duties, in order that steps may be taken for the man's discharge as "disqualified for the Corps for which he enlisted" or for his transfer with his consent to some other corps for which he is eligible.

Militia
recruits
passed by
an army
medical
officer.

687. Militia recruits passed by an army medical officer will not be rejected by a Militia surgeon; objections in such cases will be referred to the Principal Medical Officer of the district.

Irish
Constabulary
recruits.

688. Recruits for the Royal Irish Constabulary will, when brought before army medical officers, be examined by them.

Annual
Return of
Recruits.

689. Medical officers in charge of recruiting duties will furnish an annual return of recruits (Army Form B 215) to Principal Medical Officers not later than the 10th January. From these Returns the latter will prepare a general summary, and which they will forward to the Director-General on or before the 15th January, together with the returns from which it is compiled.

Opinions of
Medical
Boards.

690. Medical Boards reporting on recruits will invariably record an opinion on the specific disabilities alleged, as well as on general fitness for service; when the objection is as to height or chest-measurement they will also record their own measurements in inches and parts of an inch, but a recruit should not be pronounced physically unfit on account of being under standard for any particular corps, if otherwise fit for service.

III.—RULES FOR THE INSPECTION OF RECRUITS.

691. In the inspection of recruits, the principal points to be attended to are :—

Principal
points in
medical
examination
of recruits.

That the recruit is sufficiently intelligent.

That his vision is sufficiently good to enable him to see clearly with either eye at the required distance.

That his hearing is good.

That his speech is without impediment.

That he has no glandular swellings or marks of scrofula.

That his chest is capacious and well formed, and that his heart and lungs are sound.

That he is not ruptured.

That the limbs are well formed and fully developed.

That there is free and perfect motion of all the joints.

That the feet and toes are well formed.

That he has no congenital malformation or defects.

That he does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

692. Men presenting any of the following conditions will be rejected :—

General
grounds of
rejection.

Scrofula; phthisis; bronchial or laryngeal disease; palpitation or other diseases of the heart; generally impaired constitution; defects of vision, voice or hearing; contraction or deformity of chest or joints; abnormal curvature of spine; defective intelligence; hernia; hæmorrhoids; varicose veins or varicocele beyond a limited extent; inveterate cutaneous disease; chronic ulcers; fistula; traces of corporal punishment, or any disease or physical defect calculated to unfit them for the duties of a soldier.

693. Great care is to be taken in ascertaining the mental capacity of a recruit.

Mental
capacity.

694. The height, weight, and chest-measurement of a recruit should accord with each other, and with his age, agreeably to the standards laid down from time to time in Army Orders.

Correlation
of height,
weight,
chest-
measure-
ment, and
age.

695. When not required to approach the recruit for special objects, the medical officer 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.

Position of
recruit.

696. The recruit having, if possible, had a bath or been washed, and being wholly undressed, the following should be the order in which the examination is carried out :—

Directions
for general
examina-
tion, and
objects.

He is measured under the standard.

He is weighed.

(M.R.)

Section III.

General Regulations.

His chest-measurement is taken (see paragraph 701).

His vision is tried by the test dots at the required distances (see paragraph 703).

If he satisfies requirements in these respects, and appears otherwise eligible, the general examination will be thus proceeded with :

He is directed to walk up and down the room smartly two or three times.

Hop across the room on the right foot.

Back again on the left foot.

(The hops should be short and upon the toes.)

He is halted, standing upright, with his arms extended above his head, while the medical officer walks slowly round him, carefully inspecting the whole surface of his body.

An estimate is formed of his general physique, of his age, and whether he presents the appearance of having served before.

The objects to be observed and noted in this part of the examination are the following :—the general physical development; 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 tattooing, or of medical treatment indicative of such disqualifying diseases as visceral affections, epilepsy or insanity; and any special marks from congenital or accidental causes. If any obviously disabling effects are noticed it is of course not necessary to proceed with the examination further. If no such defects are found, the second part of the examination will be at once proceeded with.

Examina-
tion of the
trunk.

697. 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 :—

The medical officer notes indications of venereal disease.

He examines the scrotum to ascertain if the testicles have descended and are normal, or if there be varicocele, or other disease.

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.

He examines the abdominal walls and parietes of the chest.

Recruits.

Section III.

He desires the recruit to "take in a full breath" several times, while he watches the action and notes the capacity of the chest. Careful stethoscopic examination is made.

He examines the action of the heart, and notes its sounds.

698. The inspection of the lower extremities and back will be made from below upwards. The recruit first faces the medical officer, afterwards turns his back to him. The following are the directions given facing :—

The lower extremities and back.

Stand on one foot, put the other forward.

Bend the ankle-joint and toes of each foot alternately, backwards and forwards.

Kneel down on one knee.

Up again.

Down on the other knee.

Up again.

Down on both knees, and up from that position with a simultaneous spring of both legs.

Turn round. Separate the legs.

Touch the ground with the hands.

While the recruit performs these movements, the medical officer will observe the action of the knee-joints, the condition of the perinæum, and of the spinal column.

This includes the inspection for defects of the toe, ankle and knee-joints; for hæmorrhoids, prolapsus ani, fistula in perinæo, and spinal deformity.

699. The examination of the upper extremities will be made from below upwards. Time is saved by the medical officer himself acting as well as telling the recruit the movements he desires to be made. The following are the directions :—

The upper extremities.

Stretch out your arms with the palms of your hands upwards.

Bend the fingers backwards and forwards.

Bend your thumbs across the palms of your hands.

Bend the fingers over your thumbs.

Bend your wrists backwards and forwards.

Bend the elbows.

Turn the backs of the hands upwards.

Swing your arms round at the shoulders.

The medical officer will examine the recruit for marks of vaccination.

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

Marks of vaccination.

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General Regulations.

The head
and neck.

vaccinated, the circumstance should be stated on the medical history sheet.

700. The examination of the head and neck will be made from above downwards. The medical officer 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 :—

Have you had any blows or cuts on the head? Are you subject to fits of any kind? He examines the scalp.

He examines the ears.

He examines the eyes and eyelids.

He examines the nostrils.

He examines the mouth, palate and fauces, and then tells the recruit to say loudly, "Who comes there?"

He examines the neck.

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 the eyes.

701. The following are the instructions for the measurement of recruits :—

(a.) *Measurement of Height.*

Directions
for deter-
mining
height.

The recruit will be placed against the standard with the feet together, and the weight thrown on the heels, and not on the toes or outside of the feet. He will stand erect, without rigidity, and with the heels, calves, buttocks, and shoulders touching the standard; the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be noted in parts of an inch to eighths.

Particular care will be taken to verify fully the height of such recruits as are on the minimum lines of 5 feet 4 inches and 5 feet 6 inches respectively, as it is concerning these that disputed measurements are apt to arise. Measurements are to be recorded to one-eighth of an inch.

(b.) *Measurement of the Chest.*

Directions
for deter-
mining
the chest-
measure-
ment.

The recruit will be made to stand erect with his feet together, and to raise his arms over his head. The tape will be carefully adjusted round the chest with its posterior upper edge touching the inferior angles of the scapulæ, and its anterior lower edge the upper part of the nipples. The arms will then be lowered to hang

loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The recruit will then be directed to take a deep inspiration several times, and the maximum expansion of the chest will be carefully noted, as affording the best corroborative evidence of the true average minimum, which it is often attempted to conceal, but which can usually be obtained by a little manipulation and by drawing off attention from the examination by a few questions.

The maximum expansion rarely exceeds the average minimum by more than 2 to $2\frac{1}{2}$ inches.

The minimum and maximum will then be recorded thus, $\frac{33}{35}$, $\frac{34}{36\frac{1}{2}}$, &c.

In recording the measurements, fractions of less than half an inch should not be noted.

702. 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, and also from the recruit's appearance, decide his age, which will be entered on the second page of the attestation, "age physically equivalent to . . ."

Determina-
tion of age
by physical
develop-
ment.

703. In examining a recruit's vision he will be placed with his back to the light, and made to count the dots and describe their position at the distances specified on the test dot card, first with both eyes, and then with each separately. A recruit whose vision has been tested and pronounced good on a primary examination, will not, through his own declared inability to see the test dots on secondary examination, be rejected, unless the approving Medical Officer is satisfied that the man's vision is really defective, and no deception is being practised by him.

Mode of
testing
vision.

Section III.

General Regulations.

V.—MEDICAL ATTENDANCE.

Definition of
the term
"medical
attendance."

Includes
supply of
medicines.

Admission
to
hospital.

Issues of
medical
comforts or
diets.

Attendance
cannot be
claimed in
any case of
childbirth.

Nominal
roll of
persons
claiming
medical
attendance,
to be
furnished
to the
medical
officer.

704. The term "medical attendance" throughout these regulations means the professional advice and care during sickness or injury afforded in or out of hospital 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 and surgical materials prescribed by the medical officer in charge of the case, and ordered by him from the public stock, or the medicines prescribed and surgical materials supplied by a private medical practitioner when appointed to the charge of troops.

705. No person unless authorized by regulation will be admitted as a patient into a military hospital without special sanction, and any departure from this rule will render the officer authorizing such deviation liable for all expenses which may be incurred.

706. No issue of diets, extras, or medical comforts will be made to any person not entitled to them by the Allowance Regulations, and 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. The value of all articles so issued will be recovered from the officers on whose certificate the issues were made.

707. Attendance cannot be claimed for the wives of officers or soldiers during their confinement (with the exception of the wives of soldiers admitted into a hospital for such cases), 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.

708. When medical attendance is claimed from a medical officer (or private medical practitioner appointed to the charge of troops), for persons, including civilian servants, who are not enlisted soldiers or members of their families, a nominal roll (on Army Form A 23), giving 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 at out stations to the senior medical officer of the station, or to the private medical practitioner, and no person will be considered entitled to medical attendance whose name is not included in this monthly roll.

Medical Attendance.

Section III.

I.—OFFICERS, THEIR WIVES, CHILDREN, AND CIVILIAN SERVANTS.

709. Officers are entitled to medical attendance at the public expense only under the following conditions:—
1st, that the officer is at a station where there is a medical officer nominated for the duty, or where a private medical practitioner is employed at contract rates for attendance on the troops; 2nd, that the officer is on full pay, or holding a staff appointment at the station, and resides within a radius of one mile from the hospital; or, if there be no hospital, within a mile of a point to be fixed by the General Officer Commanding and the Principal Medical Officer of the District.

Conditions
entitling to
attendance.

710. An officer injured in the execution of his duty will, subject in each case to the concurrence of the Director-General, be entitled to recover the reasonable expenses of his medical attendance should the services of an army medical officer, or a civil practitioner engaged at contract rates, not be available.

Recovery of
expenses
where no
medical
officer
available.

711. 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 any 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 when so admitted will be required to pay the regulated stoppages in accordance with the Allowance Regulations.

Conditions of
admission
to military
hospitals.

712. In circumstances of great urgency, an officer, whether of the British or Indian Establishment, may, on the special recommendation of the Principal Medical Officer (who will first ascertain whether there is accommodation vacant), be at once admitted for treatment, pending sanction.

Admission
under urgent
circum-
stances.

713. The wives and children of officers are entitled to medical attendance at the public expense only when the officers are serving under the conditions stated in paragraph 709.

Attendance
on officers'
wives and
children.

714. Officers will be allowed medical attendance for civilian servants, at the public expense, on the conditions stated in paragraph 709. The attendance will be allowed only for servants actually kept and not exceeding the maximum numbers for each rank authorized by the Allowance Regulations.

Attendance
on civilian
servants.

Section III.

General Regulations.

Soldier
servants to
be reckoned
in the
number of
servants
allowed.

715. 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 will be reckoned as part of the maximum number of servants, as stated in paragraph 714, for whom medical attendance will be allowed.

Civilian
servants to
attend at
dispensary.

716. Civilian servants of officers requiring medical attendance will attend at the hospital or Medical Inspection Room, 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.

Claims for
medical
practitioners
privately
employed by
officers.

717. Except as specified in paragraph 710, claims for reimbursement on account of the services of medical practitioners employed privately by officers 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, under any circumstances, be entertained.

II.—WARRANT OFFICERS, THEIR WIVES AND CHILDREN.

Attendance
in quarters
or admission
to hospital.

718. Warrant officers will, under ordinary circumstances, receive medical attendance in their own quarters, and may, when it is considered absolutely necessary by the medical officer in attendance, be admitted to a military hospital, separate accommodation being afforded them when practicable. When under treatment in quarters they may, when considered desirable, receive diets and extras, subject to the hospital stoppages laid down in the Allowance Regulations.

Attendance
on families
of warrant
officers.

719. The wives and children (up to 14 years of age) of warrant officers will receive medical attendance in their own quarters. They may also receive medical comforts, as laid down in paragraphs 181, 722, and 723.

Admission to
hospital of
families.
Attendance
when
husband
absent on
active
service.

If, under exceptional circumstances, they are admitted into a hospital for soldiers' wives and children, they will receive diets and extras under the conditions laid down in the Allowance Regulations, for wives and families borne on the married roll. The wives and children of warrant officers absent on active service will receive medical attendance and medical comforts under the same conditions as laid down in paragraph 723.

III.—NON-COMMISSIONED OFFICERS AND MEN.

720. All non-commissioned officers and men when sick will be admitted to military hospitals. Where there is no military hospital, they will be entitled whether on duty or on sick furlough, to medical attendance at the public expense ; this does not apply to soldiers on ordinary furlough or to deserters, who, however, if necessity arise, may apply for admission and be treated in military hospitals. Claims for medical attendance procured by such men from private medical practitioners are inadmissible under Section XIII, Queen's Regulations.

Admission to hospital, or attendance.

IV.—ARMY SCHOOLMISTRESSES.

721. Army schoolmistresses are entitled, whether on duty or sick furlough, to medical attendance at the public expense, and will be seen by the medical officer, under the conditions laid down in paragraph 175, either at the hospital or at their own quarters. They will be granted medical comforts, or admitted into hospitals for soldiers' wives and children under the conditions laid down in paragraphs 176 to 181.

Attendance on army schoolmistresses.

V.—WIVES AND CHILDREN OF NON-COMMISSIONED OFFICERS AND MEN.

722. The wives of non-commissioned officers and men who are borne on the married roll, with their legitimate children and step-children (up to 14 years of age), will, when present with corps, be allowed medical attendance, and medical comforts (see paragraph 181) 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 the hospital or point fixed as in paragraph 709.

Women must be on married roll to be allowed medical attendance.

723. When non-commissioned officers and men on the married roll are absent on active service, their wives and families will be allowed medical attendance and medical comforts (see paragraph 181) at the public expense at stations where there is a medical officer, or where a

Attendance on families of men on active service.

Section III.

General Regulations.

Admission
to hospital.

private medical practitioner is employed at contract rates, provided that in each case they reside within a radius of one mile from the hospital (see paragraph 722).

724. The families of non-commissioned officers and men may be admitted into a hospital for soldiers' wives and children or ward allotted in barracks, under the conditions laid down in paragraphs 176 to 181, and those who have a claim to free treatment in hospital when their husbands are with them, do not forfeit that claim when their husbands are absent on duty.

Medical
comforts
for families
of Militia
staff.

725. 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 181 will be issued.

Attendance
on families
not on
married roll.

726. Medical officers are at liberty to attend the wives and children of soldiers who are married but are not on the married establishment, and to supply medicines for them from the public stock at the discretion of the Principal Medical Officer.

VI.—WARRANT OFFICERS AND NON-COMMISSIONED OFFICERS OF THE INDIAN SERVICE, AND THEIR WIVES AND CHILDREN.

Attendance
on warrant
and non-
commis-
sioned offi-
cers.

727. Warrant officers and non-commissioned officers of the Indian Service requiring medical attendance while at home on sick leave, or on leave on private affairs, who have been certified by the Medical Board at the India Office to be fit cases for admission into hospital, will be admitted into military hospitals where suitable accommodation exists.

When admission into hospital is not required, they will be granted medical advice and medicines only, as out-patients, on application to the Army Medical Officer in charge of the military hospital, provided they reside within the radius as defined in paragraph 709.

On wives and
children.

When the wives and children of the warrant and non-commissioned officers referred to above accompany them home, they will, if accommodation exists, be admitted into a hospital for soldiers' wives and children, or be otherwise provided with medical attendance and medicines, on the same conditions as those laid down for the warrant and non-commissioned officers.

**VII.—OFFICERS, NON-COMMISSIONED OFFICERS,
AND MEN OF THE MILITIA, YEOMANRY,
VOLUNTEERS, RESERVE FORCES, AND PEN-
SIONERS, WHEN CALLED OUT FOR DUTY.**

728. Officers, non-commissioned officers, and men of the Militia, Yeomanry, Volunteers, and Reserve Forces, and Pensioners, 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 authorized.

Medical
attendance
on Militia, &c.
and Reserve
Forces.

VIII.—GOVERNORS OF MILITARY PRISONS.

729. Governors of Military and Provost Prisons will be entitled to medical attendance at the public expense—

Governors of
prisons.

For themselves, subject to the conditions stated at paragraph 709.

For their wives and children, subject to the conditions stated at paragraph 713.

For civilian servants, subject to the conditions stated at paragraphs 714 to 716.

**IX.—NON-COMMISSIONED OFFICERS OF PEN-
SIONERS, PERMANENT WARDERS, AND
THEIR WIVES AND CHILDREN.**

730. Non-commissioned officers employed on the out-pension staff under officers paying Pensioners, and Permanent Warders in military and provost prisons, will be entitled to medical attendance and medicines for themselves and for their wives, and children up to fourteen years of age, at the public expense, provided they reside within one mile from the hospital; but where their duties compel them to live beyond that radius, a private medical practitioner (see paragraph 53), may be employed at contract rates to attend them, in all cases subject to the conditions stated in paragraphs 722 to 724.

Conditions of
attendance.

731. Any pensioner brought before a medical officer for inspection at the request of an officer paying pensioners, will be examined, and the requisite certificate will be furnished.

Inspection of
a pensioner
when
required by
staff officers.

Section III.

General Regulations.

**X. — PENSIONERS, CLERKS, PERMANENT
LABOURERS, AND OTHER CIVILIANS EM-
PLOYED UNDER THE WAR DEPARTMENT.**

Attendance
on pen-
sioners and
their
families.

732. Pensioners employed in the Military and Civil Departments of the Army, except at the War Office, will be allowed medical attendance at the public expense for themselves, their wives, and children and step-children (up to fourteen 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 hospital 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 735.

Attendance
on civilians
employed
in manu-
facturing
department.

733. 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, and children and step-children (up to fourteen years of age), under conditions similar to those specified in paragraphs 732 and 735.

Attendance
on civilians
on fixed
establish-
ment.

734. Civilians on the Fixed Establishments of the Manufacturing Departments under the control of the War Office, including civilian candidates while undergoing training for the corps of Ordnance Artificers, will be entitled to medical attendance for themselves, their wives, and their children under fourteen years of age; but workmen and labourers on the wages list will be entitled to individual medical attendance only after three years' continuous service, except in cases of injury from accident on duty. The wives, and the children under 14 years of age, of such workmen and labourers as are compelled by their duties to reside within the precincts of the Royal Arsenal or Royal Dockyard will, however, be entitled to medical attendance. In all cases the residences of those requiring medical attendance must be within the radius of one mile from the hospital. 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 semi-circle in a plan kept at the offices of the heads of departments, Royal Arsenal.

735. 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 under the Allowance Regulations) whenever hospital accommodation can be made available for them.

Pensioners
and others
occupying
quarters
attacked
with
infectious
disease.

VI.—VACCINATION.

736. Every recruit, except those bearing distinct marks of small-pox, will be vaccinated at the depôt of the corps to which he belongs, unless the operation is certified to have been already successfully performed subsequently to his enlistment, or, in the case of a recruit joining from the Militia, during his service in that force; and the officer in medical charge of such depôt will be responsible that this is done, and that the necessary information regarding vaccination or re-vaccination is recorded in the soldier's medical history sheet (Army Form B 178) and in the vaccination register (Army Book 28).

Recruit.

737. When a man has been successfully vaccinated or re-vaccinated on or after his entry into the service, it will not be necessary to repeat the operation at any subsequent time during his period of service with the Colours.

Repetition
unnecessary.

738. In the case of Militia recruits it will only be necessary to vaccinate or re-vaccinate such of them as do not bear distinct marks of small-pox or vaccination.

Militia
recruit.

739. The wives of all soldiers will be re-vaccinated where they do not bear distinct marks of previous vaccination or small-pox.

Wives.

740. All soldiers' children will be vaccinated, and re-vaccinated when necessary. The form of vaccination certificate given to the parents on the registration of birth will be filled in and transmitted by the medical officer to the registrar of births in all cases where the operation of vaccination of an infant has been performed by a military medical officer.

Children.

741. Wherever vaccination is carried out, Vaccination Registers (Army Books 28 and 28A) will be kept, showing the results of vaccination and re-vaccination among men, women, and children.

Vaccination
Registers.

742. Every medical officer in charge of a general or station hospital will compile an Annual Return, with

Vaccination
returns.

Section III.

General Regulations.

from
hospitals.
Summary
from P.M.O.

explanatory remarks, on Army Form A 33, showing the result of vaccination and re-vaccination carried out at the station during the year, from which Principal Medical Officers compile a summary on Army Form A 32.

Certificates
on vaccina-
tion from
corps and
detachments

743. Medical officers doing duty with troops will, once a year (in March), make an inspection for vaccination marks of every man, woman, and child under their care ; and will furnish a certificate by the 1st April to the Principal Medical Officer for the information of the Director-General, showing the results of such inspection. The Principal Medical Officer will, on receipt of the certificates, forward as early as practicable, a summary of the same ; showing also action taken in the event of any person bearing unsatisfactory marks.

Source of
lymph.

744. The direct method of vaccination is preferable to that of lymph from tubes or points ; but in vaccination from arm to arm, or in re-vaccination, the lymph is not to be taken from adults nor from the product of a re-vaccination.

Report of
cases of
small-pox.

745. All cases of small-pox, whether among officers, men, women, or children, will be immediately specially reported to the Director-General, specifying name and age of each individual, with the dates and results of the operations of vaccination and re-vaccination in each case, and whether the individual bears satisfactory marks, and the number thereof. All cases of small-pox will also be invariably noticed in the remarks appended to the Weekly Return of Sick. If the case of small-pox be in a soldier and no marks of vaccination exist, the fact will be mentioned with a statement showing the date of his joining his corps, and the depôt or station from which he joined.

VII.—SPECIAL SANITARY RULES ON THE OCCURRENCE OF INFECTIOUS DISEASES.

Outbreak of
infectious
disease, re-
port of, and
attendance at
schools.

746. When cases of infectious disease, such as measles, scarlet fever, &c., occur in the families of soldiers, no children of the families affected will be permitted to attend school until the Medical Officer in charge reports that they can do so without any risk of carrying infection. In such cases the members of the family will be isolated as far as possible. As a rule, it will be unnecessary to close the schools, but, should the outbreak assume an epidemic form, or should the Medical Officer in charge, for any very special reason, deem it necessary that the schools should be closed, the General or other officer commanding the troops

in the district may order the closing of the school (Regulations Army Schools).

747. Hair mattresses, bolsters, and pillows will be used in all hospitals, except for cases of itch or cholera, or of diarrhoea when cholera is prevalent, and in such cases it is advisable that the barrack bedding be used; the latter should therefore accompany such sick to hospital, and when no longer required for use the straw thereof will be burnt, and the bedding, hospital clothing, and such of the clothing worn by the patients on their admission will be at once disinfected as laid down in paragraph 757. Hospital bedding.
In cholera cases barrack bedding to be used.

748. In all cases of infectious disease such articles of a soldier's kit as cannot be disinfected as laid down in paragraph 757 will be dealt with in accordance with paragraph 757 (b). Kit in infectious cases, how dealt with.

749. 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. 3. Special instructions regarding cholera.

750. In hospitals, some of the bed pans allowed (see the revised Schedule of Hospital Equipment) should be reserved for use in cases of enteric fever only, and marked with the letter "E" in red paint, the number to be thus kept in each hospital to be decided upon by the Principal Medical Officer of the district. Special bed pans in enteric fever.

751. When any infectious diseases occur among the occupants of officers', non-commissioned officers', or married soldiers' quarters, or in barrack rooms, the bedding, clothing, &c., used by patients suffering from such diseases will, as a sanitary precaution, be treated according to the instructions contained in paragraph 755. Infectious diseases. Sanitary precautions.

752. When a case of scarlet fever, erysipelas, yellow fever, puerperal fever, small-pox, or diphtheria occurs in any barrack room or quarter, the following additional sanitary precautions will be carried out: Scarlet fever, small-pox, &c., 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 painted woodwork will be scrubbed with corrosive sublimate solution (1 in 5000) see Appendix No. 5, and be afterwards washed with soap and water.

(c) The bedding and clothing in use will be disinfected, as laid down in paragraph 755. Carpets, curtains, &c., will be removed into the outer air, carefully beaten, brushed, and exposed to the air and sun for at least three days.

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(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.

See Regulations for Royal Engineer Services.

Medical officer to represent, and Officer Commanding to give instructions.

The medical officer in charge of the case will represent in writing to the Officer Commanding the steps required to be taken under sections *a*, *b*, and *c*. The Officer Commanding will give the necessary instructions for the performance of the services.

Royal Engineers to carry out. Restriction of re-papering.

753. The services alluded to in sections *d* and *e*, paragraph 752, will be carried out by the Royal Engineers on a certificate in writing from the Principal or Senior Medical Officer. The re-papering will be restricted to the room in which the case shall have occurred.

Disinfecting of rooms and quarters.

754. When considered advisable, in consequence of the occurrence in barracks or quarters of infectious disease other than those diseases named in paragraph 752, the room in which the case occurred will be vacated, thoroughly cleaned, and limewashed, and left unoccupied, with the windows open as long as practicable; when, in addition, it is deemed necessary to fumigate the room, one of the processes detailed in Appendix 5 will be adopted.

Disinfection of barrack bedding and clothing of patients.

755. In barracks, quarters, and camps, the straw of the bedding used by a person suffering from any infectious disease prior to admission to hospital will be burnt, and the bedding, with all clothing, which, in the opinion of the Medical Officer in charge of the case, has been exposed to infection, will be disinfected in accordance with paragraph 757. All soiled bedding and under clothing which has been in intimate contact with the sick will be immediately steeped in corrosive sublimate solution, see Appendix No. 5, and subsequently boiled and washed without removal to hospital for further disinfection. Such articles as are Government property will be handed over, after steeping in corrosive sublimate solution, to the officer in charge of barracks for the purpose of being boiled and washed. Such articles of clothing as cannot be steeped, boiled, and washed will be disinfected in accordance with instructions in paragraph 757 (*b*).

Hospital bedding, how disinfected, &c.

756. In hospitals the bedding, clothing, &c., used by patients suffering from infectious diseases will be disinfected in accordance with instructions in paragraph 757. Whenever practicable barrack bedding will be used for cases of cholera. All soiled bedding and underclothing which has been in intimate contact with the sick will be

immediately steeped in corrosive sublimate solution, see Appendix No. 5. and subsequently boiled and washed.

757. In all efforts to secure disinfection of clothing, &c., Medical Officers will understand that no disinfection will be considered to be adequate unless carried out by means of moist heat at 220° Fahr. for one hour. No reliance must be placed upon disinfection by dry heat, as to be efficient an exposure for three hours to 284° Fahr. is required, and this heat is always destructive of fabrics. Disinfection by moist heat.

(a) In stations where no proper disinfecting apparatus by moist heat is provided, local arrangements with the civil sanitary authorities to have infected clothing disinfected by moist heat will be made.

(b) In some instances the plan of exposing articles of clothing to the air and sun for a week, and subsequently beating and brushing them, may be adopted, but in no case may this procedure be considered as a sufficient alternative for proper disinfection by moist heat.

758. When fumigation is considered to be necessary one of the processes laid down in Appendix 5 will be adopted. Care should be invariably taken that sufficient quantities of the various agents are used; the several quantities laid down are respectively sufficient to disinfect 1,000 cubic feet of space. Fumigation must in no case be considered a substitute for disinfection. Fumigation, processes of.

759. All processes of disinfection by fumigation will be carried out under the orders and supervision of a medical officer, and, if possible, by subordinates attached to a hospital; an experienced non-commissioned officer will always attend. How carried out.

760. All inflammable material will be removed from the neighbourhood of the vessel in which sulphur is burned, and in tents the grass will be cut, so as to guard against fire. Precautions against fire.

761. All materials for processes of fumigation or disinfection, including quicklime, will be obtained on requisition from the Officer in charge of Barracks. Material, how obtained.

762. If any expense in cleaning quarters or rooms prior to re-occupation be incurred it will be provided for by the Officer in charge of Barracks. Cleaning rooms prior to re-occupation.

763. When it is necessary to move a case of infectious disease to hospital, the medical officer in attendance will make immediate application to the Officer in charge of Transport for an ambulance to convey the patient to hospital, at the same time stating the nature and urgency Ambulance for cases of infectious disease.

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of the case ; the ambulance or other conveyance will be disinfected before being again used.

**Destruction
of articles on
sanitary
grounds.**

764. When, on sanitary grounds, the destruction of any article whatever of public or private property is deemed absolutely necessary, the medical officer concerned will report to the military authorities the circumstance, in order to obtain covering authority for carrying out the destruction ; but in cases where delay would involve risk or danger to the troops, he will act on his own responsibility, and be prepared to justify his action in the matter in afterwards making application for covering authority.

VIII.—METEOROLOGICAL OBSERVATIONS.

**Responsi-
bility for
instruments
and observa-
tions.**

765. The Principal or Senior Medical Officer at any station where there are meteorological instruments, will be responsible for their charge, and that the requisite observations are made in accordance with the following instructions, by some competent person selected for that purpose.

**Adjustment
of instru-
ments
avoided.**

766. As it is of great importance to preserve unimpaired the continuity of meteorological observations, all changes in the adjustment of instruments, or in their position, mode of reading, or registering, will, as far as possible, be carefully avoided.

**Uniformity
of observa-
tions.**

767. The observations will, as far as possible, be made by one person ; where this is not practicable the deputy to whom the duty is confided will first assure himself that his method of reading is identical with that of the principal observer, and on a transfer of duty both should satisfy themselves on that point by mutually testing the accuracy of their readings.

Registers.

768. Registers (Army Form K 1292) should be as complete as possible, but if, from any cause, observations be lost, no attempt should be made to fill the blanks so caused.

**Regularity
of obser-
vations.**

769. The observations will be made at stated and regular times.

**Care in
calculations.**

770. Before taking the mean of the numbers in each month, the observer will look down each column in the

Meteorological Observations. Section III.

register to see that no evident error of entry has been made (an inch, for instance, in the reading of the barometer is a common error). He will examine the thermometric readings to see that the maximum and minimum readings have not been interchanged; and, before dividing the sum of the numbers, he will count, in each column, the days on which observations have been entered, so as to exclude error in the division. Decimal arithmetic will be used throughout.

771. With the exception of the "attached thermometer," all thermometers must be read to the tenths of a degree. Readings in tenths.

772. The readings of the self-registering maximum thermometers at 9 a.m. must be entered in the register as the temperature of the preceding day; for instance, the readings of the self-registering maximum thermometers at 9 a.m. on the 1st of the month must be registered as the temperature of the last day of the previous month, the readings on the morning of the 2nd as that of the 1st, and so on. This rule is also applicable to the rain gauge, but not to any of the other thermometers. Hours of reading.

773. The registers (Return of Meteorological Observations, Army Form K 1292) containing the readings of the past month, should be forwarded to the Director-General during the first week of every month. Monthly Returns.

774. A return showing the number and condition of the meteorological instruments at each station where an observatory is authorized will be furnished to the Director-General on the 1st January of each year. Yearly Returns of Instruments.

IX.—CORRESPONDENCE.

775. All official correspondence in the Medical Department will be carried on in accordance with the rules laid down in the Queen's Regulations. *Sect. XXI* In accordance with Queen's Regulations.

776. Letters and applications from officers of the Army Medical Staff intended for the Director-General, will be transmitted to him through their immediate superiors. Letters to Director-General, how transmitted.

777. All letters and documents intended for the Director-General will, unless otherwise directed, be addressed on the envelope to The Adjutant-General, War Office, London, S.W., with the words "Medical" How to be addressed.

(M.R.)

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Section III. General Regulations.

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| By whom opened. | Division," or "Medical Staff Corps," on the left-hand corner ; letters so addressed do not require postage prepaid. |
| Signatures to letter, &c. | 778. Medical officers will themselves open all official correspondence addressed to them, and when from absence through any cause they are unable to do this they will delegate the duty to the next senior medical officer present. When a Principal Medical Officer is allowed a secretary, this duty may be delegated to him at the Principal Medical Officer's discretion. |
| Telegraph. | 779. Signatures to all letters, accounts, and documents, will be written in a clear, legible character, and the rank and official designation of the person signing will be added ; quartermasters will append their departmental as well as honorary rank. When an Officer signs for the Principal Medical Officer, or Medical Officer in charge, the cause of absence of the responsible Officer will invariably be stated. |
| No covering letter for returns, &c. | 780. When it may be found necessary to communicate by telegraph, a confirming letter will invariably be sent by the next subsequent post or mail. |
| Record of correspondence. | 781. Periodical or routine returns and reports will be forwarded without covering letter, care being taken that they are rendered in such form as to give all necessary information. |
| Recover amount. | 782. Officers of the Army Medical Staff will see that a record is kept in Army Book 97 of all letters, telegrams, &c., which may have been necessarily despatched by them on the public service. The amount disbursed under this head will be recovered at the end of each month from the sub-accountant, for the Medical Staff Corps in the district or command, on a certificate (Army Form P 1940), signed by the person who made the payment, and vouched for as correct by the officer concerned. |

X.—LEAVE OF ABSENCE, SERVICE ABROAD, EXCHANGES, AND REPORTS OF ARRIVAL AND DEPARTURE.

783. In all applications for leave of absence, officers of the Army Medical Staff will be guided by the instructions laid down in the Queen's Regulations. Applications for leave.

784. The period of service abroad, reckoning from the date of embarkation at home, will (except in the case of Surgeon-Major-Generals and Surgeon-Colonels, whose Staff appointments will be governed by the rules applicable to the General Staff of the Army) be four years for stations in the Barbados, Bermuda, China, Jamaica, Straits Settlements, Ceylon, and Mauritius commands, and six years for all others (except those on the West Coast of Africa), unless such period should be incompatible with the interests of the public service. The conditions of service on the West Coast of Africa are special, and do not come under these rules. Period of service abroad.

West Coast of Africa.

785. Exchanges between officers of the Army Medical Staff at stations at home and abroad will be permitted ; no stoppage of pay will be enforced in respect of such exchanges, except as provided in paragraph 787, and provided that no expense be entailed on the public. Exchanges between officers.

786. Exchanges will also be allowed between officers of the Army Medical Staff serving in India and between officers on the Indian Establishment who are on leave in England, and any other officers of the same rank in this country. Exchanges in India.

787. Medical officers serving in India wishing to exchange to England will be required to forfeit their pay for the interval between their departure and their successors' arrival. Forfeiture of pay.

788. Except under special circumstances, exchanges of stations between medical officers serving in the United Kingdom will not be permitted, unless the officers have been at least two years at their respective stations. Exchanges at home.

789. Officers of the Army Medical Staff proceeding to or returning from stations abroad will report their departure or arrival, as the case may be, in accordance with the Queen's Regulations. Officers proceeding abroad or arriving at home in command of detachments of the Medical Staff Corps will also report to Reports of arrival from or departure for stations abroad.

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the Director-General the names of officers of the Army Medical Staff doing duty under them, as well as the number and ranks of the men of the corps embarked.

Reports of arrival or departure when proceeding from one station to another, whether at home or abroad.

790. Officers proceeding on duty from one station or command to another, whether at home or abroad, will invariably report their departure through the senior Medical Officer at the station from which they proceed to the Principal Medical Officer of the district or command. They will also report their arrival personally to the senior Medical Officer at the station, and by letter to the Principal Medical Officer of the district or command to which they are ordered, stating in both cases the nature of the duty on which they are employed (see Queen's Regulations).

XI.—INSPECTION OF PROPOSED HOSPITAL BUILDINGS.

Inspection of buildings for hospitals.

791. Before any building is taken possession of for hospital purposes, the Medical Officer nominated to inspect it will, in communication with the Officer in charge of Barracks, or a Board of Officers if appointed, make a careful sanitary inspection of the building and its vicinity, noting the condition of 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.

Recommendations after the inspection.

792. He will report to the Officer Commanding the district or station, the results of such inspection, and make any necessary recommendations for removing defects. In the case of buildings for hospitals selected for temporary occupation, the Officer Commanding will, forthwith, direct the recommendations of the medical officer to be carried out, unless he disapproves of them, in which case he will state in writing his reasons for dissenting, and immediately transmit both the reasons and recommendations to superior authority.

Copies of report to be sent to Principal Medical Officer.

793. The medical officer will at the same time transmit a copy of the report to the Principal Medical Officer, stating the steps taken to carry out his recommendations; and the Principal Medical Officer will, forthwith, forward the report to the Director-General, with his own remarks on the same.

XII.—MEDICAL CERTIFICATES AND MEDICAL BOARDS.

794. In granting medical certificates to military officers, medical officers will be guided by the following instructions :—

Granting of certificates to officers.

Certificate on exchange to be in accordance with the Queen's Regulations, Section IV.

Certificate for sick leave to be in accordance with the Queen's Regulations, Section XIII, on Army Form B 175.

Certificate on retiring, for those who hold saleable commissions, to be in accordance with the Royal Warrant relating to Pay, &c. This certificate will be in the medical officer's own handwriting, certifying that he had examined the applicant and found him in good health, or, if otherwise, whether disease does or does not threaten early death.

When a medical certificate is required to be furnished in the case of an officer who has been placed on the sick list, the specific cause of disability should always be stated.

Specific cause of disability.

795. Whenever a Medical Officer is required to report, in the case of individuals injured in the Service, upon their capability, or otherwise, to contribute to their own support, the greatest care will be observed by him in forming and recording an opinion, as it is mainly upon such opinion that the important question of granting Compassionate Allowances or Gratuities has to be considered.

Report on injuries affecting capacity for self-support.

796. 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.

Constitution of Medical Boards.

797. The proceedings of Medical Boards on sick and wounded officers will be forwarded in original to the Principal Medical Officer, who will transmit them, together with a detailed statement of the officer's case from the medical officer under whom he has been treated, to the officer ordering the Board, by whom they will be forwarded to the Adjutant-General to the Forces, or head of the Department in London, as the case may be.

Proceedings of Medical Boards, how forwarded.

Proceedings of Medical Boards on officers are to be

Proceedings confidential

Section III. General Regulations.

- considered confidential, and will be recorded on Army Form A 45.
- Compensation for wounds.** **798.** Medical Boards, in forming their opinion on the claims of officers to compensation for wounds received in action, will be guided by the rules laid down in the Royal Warrant relating to Pay, &c.
- Sickness in and by the service.** **799.** Medical Boards, in their proceedings on sick officers, will invariably state whether in their opinion the disability was caused "in and by the service," and under circumstances over which the officers had no control.
- Examination of candidates, recruits, and invalids.** **800.** Instructions for the guidance of Medical Boards in conducting the examination of candidates for commissions in the army, and in connection with recruits and invalids, are laid down in paragraphs 618, 671 to 674, and 690.

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Appendix No. 1.

(See paragraph 10.)

Regulations for the Examination of Surgeon-Captains before Promotion to Surgeon-Major.

1. This examination is intended to test the progress and proficiency of a Surgeon-Captain in all those branches of knowledge which are essential to his continued efficiency as a Medical Officer, and may be taken at any time after his seventh year of service.

The examination in medicine and surgery will be held by two gentlemen appointed by the Secretary of State, that in hygiene by the Professor of Hygiene, Army Medical School, Netley, and that in regulations, duties, military law, &c., by an administrative Medical Officer, nominated for the purpose by the Director-General.

2. The examination will embrace the following subjects:—

(a.) Surgery and Surgical Anatomy.

(b.) Medicine and Pathology.

(c.) Hygiene, within the limits treated of in "Parkes' Practical Hygiene"; also the Regulations regarding the sanitation of garrisons, quarters, hospitals, &c., as well as of camps and hospitals in the field, and of transports, troop, and hospital ships.

(d.) Duties of Medical Officers at home, abroad, and at sea, as defined in Regulations; also hospital organization and administration in peace and war, including the transport of sick and wounded by land and sea.

- (e.) The administration, interior economy, command, and discipline of the Medical Staff Corps, together with a knowledge of the principles of military law and their practical application (a certificate of proficiency in military law obtained at a garrison class will exempt the holder from examination in the latter).

3. A certificate will be required from a recognised teacher of surgery in any medical school, at home or abroad, in which operative surgery is taught, showing that the Medical Officer has gone satisfactorily through a complete course of operative surgery during the period within which the examination must be taken, and that he is a competent operator.

4. A report on any subject of a practical professional character, to be selected by the Officer himself, and certified to be his own composition and in his own handwriting will also be required. Considerable importance will be attached to the literary and scientific merits of this report, which must be furnished before the Officer completes 12 years service.

5. The examinations will be conducted by printed questions, which will enter so far into the subject matter of each head selected for examination as to show that the Officer's knowledge has been fully tested.

6. The questions and answers will be forwarded, under a sealed confidential cover to the Director-General for transmission to the examiners, who will report to the Director-General as to the competence of the Officer examined.

7. Any higher qualification, such as M.D., F.R.C.S., &c., or any diploma in hygiene and state medicine, taken after the 1st May, 1890, will not exempt Surgeon-Captains from this examination.

APPENDIX No. 2.

(See paragraphs 296, 297.)

INSTRUCTIONS TO MEDICAL OFFICERS WITH REGARD TO THE USE AND VALUE OF HOSPITAL DIETS.

General Instructions.

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," 7th Edition, 1887, pp. 243—248.

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 <u>1,527</u> |

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Milk Diet.

| Constituent. | Amount of each. | Water. | Albuminates. | 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 |

Beef-tea 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 | „ | ... | ... | ... | ... | 0·500 | 0·500 |
| 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 | 792 |
| Butter | 1 „ | 0·060 | 0·003 | 0·910 | ... | 0·027 | 0·940 |
| Gross Total ... | 31 $\frac{1}{4}$ oz. | 16·913 | 2·563 | 2·014 | 8·623 | 0·887 | 14·687 |

* Probably over-estimated, as it is made into beef-tea, so that all the fat is removed and the fibrin is not all utilized.

† 10 oz. with bone.

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In beef-tea diet there are—

| | | | | Potential energy in foot-tons— | | | |
|------------|-----|----------|-------------|--------------------------------|-----|-----|-------|
| Nitrogen | ... | ... | grains. 177 | Albuminates | ... | ... | 443 |
| Oxidizable | { | Carbon | 2,872 | Fats | ... | ... | 761 |
| | | Hydrogen | 117 | Carbo-hydrates | ... | ... | 1,175 |
| | | Sulphur | 20 | | | | |
| | | | | Tota | ... | ... | 2,379 |

Chicken Diet.

| Constituent. | | | | Amount of each. | Water. | Albumi- nates. | Fats. | Carbo- Hydrates | Salts. | Total, water free. |
|-----------------|------------------------|-----|--------------------|-----------------------|--------|-------------------|-------|--------------------|--------|--------------------------|
| Fowl | { without bone ... } | | | 8 oz. | 5·920 | 1·680 | 0·304 | ... | 0·096 | 2·080 |
| | { with bone, 10 ozs. } | | | | | | | | | |
| 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 ... | ... | ... | $\frac{1}{2}$,, | ... | ... | ... | ... | 0·500 | 0·500 | |
| 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 | 0·283 | 0·042 | 0·792 | |
| Butter... | ... | ... | 1 ,, | 0·060 | 0·003 | 0·910 | ... | 0·027 | 0·940 | |
| Gross Total ... | | | | 41 $\frac{1}{4}$ oz.* | 23·553 | 3·363 | 1·689 | 11·287 | 0·961 | 17·300 |

* Or with bone, 43 $\frac{1}{2}$ 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 |

Appendix No. 2.

Convalescent 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 ... | ¼ ,, | ... | ... | ... | ... | ... | ... |
| Sugar ... | 1¾ ,, | 0·052 | ... | ... | 1·688 | 0·009 | 1·697 |
| 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 ... | ¼ ,, | 0·038 | 0·027 | 0·005 | 0·176 | 0·004 | 0·212 |
| Gross Total ... | 47¼ oz.* | 27·543 | 3·147 | 2·112 | 12·991 | 1·301 | 19·551 |

* Or with bone, 49¼ oz.

In convalescent diet there are—

| | | | |
|------------|----------|---------|--------------------------------|
| | | grains. | Potential energy in foot-tons— |
| Nitrogen | ... | 217 | Albuminates ... 544 |
| Oxidizable | Carbon | 3,874 | Fats ... 798 |
| | Hydrogen | 126 | Carbo-hydrates ... 1,776 |
| | Sulphur | 25 | |
| | | | Total... 3,118 |

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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 { Chop... } bone | } 10 oz. | 6.000 | 1.200 | 0.672 | ... | 0.128 | 2.000 |
| or Steak (without bone) | } 8 " | | | | | | |
| 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 | $\frac{1}{2}$ " | ... | ... | ... | ... | 0.750 | 1.750 |
| 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 | 47 $\frac{1}{2}$ oz.* | 28.073 | 3.115 | 2.107 | 12.503 | 1.297 | 19.022 |

* Or with bone, 49 $\frac{1}{2}$ oz.

In roast diet there are—

| | | | | |
|------------|--------------|---------|--------------------------------|-----------|
| | | grains. | Potential energy in foot-tons— | |
| Nitrogen | ... | 315 | Albuminates | ... 539 |
| Oxidizable | { Carbon ... | 3,773 | Fats | ... 796 |
| | { Hydrogen | 126 | Carbo-hydrates | ... 1,711 |
| | { Sulphur... | 25 | | |
| | | | Total... | ... 3,046 |

Appendix No. 2.

Varied Diet.

| Constituent. | Amount of each. | Water. | Albuminates. | Fats. | Carbo-Hydrates | Salts. | Total, water free. |
|-------------------|---|--------|--------------|-------|----------------|--------|--------------------|
| Beef or Mutton | { without bone, 12 oz. or with bone, 15 oz. } | 9·600 | 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 | $\frac{1}{2}$ " | ... | ... | ... | ... | 0·750 | 0·750 |
| Tea | $\frac{3}{4}$ " | ... | ... | ... | ... | ... | ... |
| 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 | 5·352 |
| 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 |

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Principles which ought to guide the Medical Officer in selecting the Diets most suitable for particular classes of cases, and in avoiding unsuitable food.

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 case.

The first points to determine are, What can the patient take? What kind of food—as between fluid and solid food—is most suitable? Is fever present or absent? Do the skin and kidneys act freely? Do the bowels act normally?

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.

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 renal excretion is measured. Fats and carbohydrates 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.

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.

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 by those in whom the red sand and solids abound unduly in the urine. On the

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other hand, where alkalinity prevails or earthy phosphates are deposited, a meat diet should preponderate, except where urine is alkaline from ammonia.

In dealing with diseases of the 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 therefore either 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.

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, or milk made into "curd" with "rennet," and eaten with cream or milk. 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.

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.

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, or milk made into curd as

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above. The milk may also be thickened with isinglass, arrowroot, or ground rice.

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 (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.

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, mephitic, 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 (Raffe, *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.

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

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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.

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.

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, chicken broth, raw meat juice, cream, and barley water, and the various peptonised foods, especially rice, are the most valuable. Next to these are eggs beaten up in milk or in whey; ice and iced drinks are very grateful. As convalescence advances, white fish, white-fleshed poultry, game and mutton, may be gradually allowed, as already indicated. Salted and dried meats are to be prohibited, and also fruit and succulent vegetables, unless the scorbutic diathesis be present. But, if these latter are not admissable 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.

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 observa-

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tions 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.

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 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, semolina 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.

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.

Appendix No. 2.

BENTONS' DIET CHART.

| DISEASE. | | Time. | Milk. oz. | Beef tea. oz. | Broth. oz. | Brandy. oz. | Medicine. oz. | Sleep. hrs. min. | Extras. | Remarks. |
|----------|--|------------|--------------|---------------------|---------------|----------------|------------------|---------------------|---------|----------|
| | | | | | | | | | | |
| | | 11 " | | | | | | | | |
| | | 12 p.m. | | | | | | | | |
| | | 1 " | | | | | | | | |
| | | 2 " | | | | | | | | |
| | | 3 " | | | | | | | | |
| | | 4 " | | | | | | | | |
| | | 5 " | | | | | | | | |
| | | 6 " | | | | | | | | |
| | | 7 " | | | | | | | | |
| | | 8 " | | | | | | | | |
| | | 9 " | | | | | | | | |
| | | 10 " | | | | | | | | |
| | | 11 " | | | | | | | | |
| | | 12 a.m. | | | | | | | | |
| | | 1 " | | | | | | | | |
| | | 2 " | | | | | | | | |
| | | 3 " | | | | | | | | |
| | | 4 " | | | | | | | | |
| | | 5 " | | | | | | | | |
| | | 6 " | | | | | | | | |
| | | 7 " | | | | | | | | |
| | | 8 " | | | | | | | | |
| | | 9 " | | | | | | | | |
| | | Total | | | | | | | | |

DISEASE. _____
 NOTES OF CASE.
 Name { _____
 Age _____
 Day of disease _____
 DIET _____
 N.B.—20 oz. to 1 pint;
 2 tablespoonfuls to
 1 ounce.
 Date _____

Appendix No. 2.

**The most approved methods of preparing and keeping
in a fit state the selected articles of Diet and
Extras deemed necessary.**

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 especially 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.

In the diet table for military hospitals it is not stated on the table itself whether the weight of the meat is to be taken cooked or uncooked; the actual practice is to weigh the meat *uncooked*.

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 Pavy, 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.

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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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 be brought at the proper time ; and if not consumed within a reasonable time (say one or two hours) it ought to be removed. It would therefore be well if some place was 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, eggs not fresh or vegetables underdone, 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 a patient, indigestion or diarrhoea is a common result. At the same time, it ought to be remembered that nothing is so absorptive of malodorous or odorous vapours or volatile flavours as fats ; and that milk and butter absorb and retain the odours from cheese, meat, and from every kind of vegetable or animal matter, given 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.

These points embrace the quantity of food taken at a meal, or at any particular time, the times of eating ; and provisions for the administration of food during the night as well as during the day.

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.

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 attendants.

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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. For such cases a spoonful of beef-tea, or of arrowroot with wine, or of egg with milk, given every hour during the night, 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, often, than larger amounts at longer intervals, such as a cupful (5 to 10 ounces, according as a teacup or breakfast cup is meant) every three 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.

The food should be given punctually at the time ordered. 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 then let him be tried with it at the time he names. The food that is most relished is generally most needed and best digested. Disrelish for food indicates incapacity to digest it, or, at least, defective digestive capacity. The diet chart given at p. 152 may be useful to note down for the medical officer's information what articles and how much of them prescribed in the 24 hours have been given by the nurse or attendant in charge of the case.

APPENDIX No. 3.

(See paragraph 749.)

INSTRUCTIONS AS REGARDS CHOLERA EPIDEMICS.

Instructions to Commanding, Medical, and other Officers
of the Army, for 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 required to exercise the utmost vigilance at a time when cholera is prevalent, or when

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there is reason to believe an outbreak may be expected, especially in regard to the following:—

I.—Measures to be adopted when there is a threatened invasion of Epidemic Cholera.

1. All officers, but more particularly officers commanding, and medical officers doing duty with troops, and in charge of station and other hospitals, will make themselves acquainted with every detail bearing on the health of the troops, and the sanitary condition of the surroundings of barracks and camps.

2. Every insanitary condition within the limits of barracks and camps will be promptly remedied or abated, and representations made to Local Boards, or others entrusted with sanitary powers, for the removal of nuisances in the neighbourhood.

3. As much cubic space and superficial area as practicable will be afforded to each individual living in barracks.

4. The ventilation of rooms will be carefully attended to, especially at night, and means taken to prevent apertures for ventilating purposes being closed. The windows of all barrack rooms will be opened during the daytime.

5. The floors of barrack rooms will not be washed in wet weather, but dry scrubbed.

6. Authority will be obtained, if necessary, for the cleaning and lime-washing of walls and ceilings in quarters, hospitals, barracks, and stables.

7. Ashpits and cesspits will be regularly emptied, and the walls disinfected by means of quicklime or milk of lime made from quicklime. Old accumulations (if such exist) will not, however, be disturbed, but the surfaces treated with a free use of quicklime.

8. All urinals, latrines, sinks, and drains, will be thoroughly flushed at short intervals, and afterwards disinfected by solutions of lime or chloride of lime.

9. No putrefying animal or vegetable matter will be thrown into ashpits or dustbins, but will be collected in swill tubs, and removed daily. Where practicable refuse should be burned in a furnace or "destructor."

10. All traps, ventilating shafts, and valves connected with sewers, drains, and sinks, will be examined and made good where defective.

11. Particular attention will be directed to the water supply, whether public or private. Strict investigation

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will be made as to the possibility of contamination, either directly or by percolation or leakage; any impure supply will be immediately cut off. Cisterns or storage tanks will be cleaned, and the connection of waste-pipes with drains examined; if tanks are found to be in an unsatisfactory condition, water should, if possible, be drawn direct from the main pipes. All filters in use will be looked to.

12. The rations and vegetables issued to the troops will be carefully inspected, and as much variety as possible afforded in cooking. The importance of not using uncooked vegetables or unripe or decomposing fruit should be enjoined.

13. All canteen supplies will be carefully examined.

14. The ordinary duties of the men should not be excessive, and the night duties should be reduced as far as practicable; duties subjecting men to wet clothes or wet feet should, if possible, be avoided, but when exposure is unavoidable, wet articles of clothing should be changed as speedily as possible.

15. All bedding will be regularly aired, and, if the weather permit, exposed to sun and wind out of doors.

16. A small body of men should be exclusively set apart for the purpose of carrying out conservancy duties in barracks, under a military officer, and on the advice of the medical officer in charge.

17. Medical officers will make frequent inquiry as to the existence of diarrhoea among the men, and take steps for its prompt detection and treatment.

I.—Additional measures to be adopted when Cholera has appeared among the Troops or the surrounding population.

18. When cholera has appeared among the civil population, soldiers should be prohibited from going into the affected districts, and pickets, if necessary, placed to prevent their doing so.

19. If there is any overcrowding in barracks or married quarters, it should be remedied by camping out a portion of the troops, if the weather permits.

20. The men should be warned against intemperance, and every means taken to repress it.

21. Tea or coffee should be issued before going on early morning or night duties.

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22. Health inspections should be frequently made, but in such a manner as not to create alarm.

23. The minds of the men should be occupied by healthy amusements and exercise.

24. Each man should be provided with two flannel belts as part of his necessities, and flannel shirts should likewise be worn.

25. The non-commissioned officers should be instructed to be on the watch for men suffering from looseness of the bowels, so as to have them at once brought under treatment in hospital.

26. The women should be warned that if they or their children suffer from diarrhoea they must at once apply for treatment.

27. On the occurrence of a case of cholera in barracks, the room from which the man has been taken will be vacated, fumigated, and cleaned.

28. When the disease has invaded a barrack, the troops will, under the orders of the General Officer Commanding, and when so advised by the Principal Medical Officer, be camped out, when practicable, on ground selected and under arrangements previously made by the Quartermaster-General's Department.

29. When cases occur in camp, the site will, if possible, be changed.

30. Barrack bedding will, if possible, be used in hospitals in the treatment of cholera patients, and will be dealt with in accordance with the Sanitary Instructions in these Regulations.

31. The evacuations of patients suffering from cholera or choleraic diarrhoea should be destroyed, and medical officers will see that the stools and vomit are passed into vessels supplied with chloride of lime, or carbolic acid powder, and thereafter buried in some place, or disposed of in a drain, set apart for the purpose.

32. All bedding and clothing used by cholera patients will be treated as laid down in the paragraph No. 747 of these Regulations.

APPENDIX No. 4.

(See paragraph 172.)

SANITARY REPORTS.

In the preparation of annual or special Sanitary Reports on localities Medical Officers will be guided by the following outline of subjects:—

The geological formation of the country and its physical geography and medical topography.

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 they should describe the buildings in use for barracks or hospitals, guard-rooms, and cells, as regards 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 actually 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 of 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.

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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 intervals 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.

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, of crime, and of disease directly or indirectly traceable to their effects, also the means adopted for repressing intemperance.

State of vaccination in corps and the extent to which it has proved a preservative against small-pox ; whether re-vaccination has been required, and the results.

General defects in position of station, as whether on low ground near marshes, requiring drainage, to be noted.

Also overcrowding in camps, barracks, huts, tents, or hospitals.

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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 organic impurity exists.

Drunkenness, or use of unwholesome liquors.

Nature and description of duties.

Heavy rains ; unusual heats ; calms.

Climatic peculiarities.

Prevalence of epidemics, and at what season. Where meteorological observations have been taken, their apparent relation, if any, to prevailing or epidemic disease.

Medical Officers should also endeavour to form an estimate of the relative value of each class of causes which have predisposed the troops to disease. They should give an account of any diseases which may have prevailed, together with a statement of what precautionary measures they recommended, either verbally or in writing, to Officers Commanding, and the result of their recommendations.

If any disease has become epidemic or prevailed in the district, they should examine carefully into its history and predisposing causes, and report on these as well as the steps recommended to protect the troops from it, with the results.

They should state to what extent new arrivals at a station abroad have suffered from disease ; also the proportion of acclimatised troops affected, and whether the proportion of attacks and deaths have been greater among young soldiers or in those of more mature age.

If cholera has prevailed they should state the measures adopted for combating its spread, and for discovering and treating cases in the premonitory stages, and the result.

If any diseases such as fever, erysipelas, hospital gangrene, or infective wound disease have appeared among the sick *after* they have been admitted into hospital, they should report the history of the occurrence, its causes, the measures adopted to arrest them, and the results.

APPENDIX No. 5.

(See paragraphs 758—761.)

DISINFECTION AND FUMIGATION.

I.—DISINFECTANTS.

The following disinfectants will be used in Military stations :—

Chloride of lime.
Quicklime.
Carbolic acid.
Corrosive sublimate.
Sulphate of iron.

The following standard solutions of the above disinfectants are recommended :—

(a) *Chloride of Lime.*

Dissolve 4 ounces of chloride of lime in 1 gallon of soft water. Use 1 pint of this solution for disinfection of the excreta in cholera, enteric fever, &c. All discharges should be left in contact with this disinfectant for ten minutes before final disposal.

(b) *Quicklime.*

This is applicable for use on a large scale, when there is a considerable space and bulk of material to deal with. After midden heaps and foul channels, &c., have been emptied, quicklime may be freely sprinkled over them.

(c) *Carbolic Acid.*

This disinfectant will be mainly employed for the disinfection of tuberculous sputum. It may be also employed with advantage for disinfecting cholera dejecta. If available in the crystal form a 5% solution should be used. The crude commercial form is weaker, and needs to be employed in much larger quantities.

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(d) *Corrosive Sublimate.*

This may be accepted as the most reliable disinfecting agent. The following solutions should be used :—

| | | | |
|------------------------|------|-------------------------|-----------|
| Corrosive sublimate | .... | $\frac{1}{2}$ an ounce. | 1 in 320. |
| Hydrochloric acid | .... | 1 ounce. | 1 in 160. |
| Potassium permanganate | .... | $\frac{1}{2}$ an ounce. | 1 in 320. |
| Water | .... | 3 gallons. | |

This solution may be taken to be of a strength of 1 in 1,000.

(e) *Sulphate of Iron.*

This has distinct germicidal and antiseptic qualities. It should be employed in the form of a 10% solution for the disinfection of dejecta, the same being exposed to its action for at least one hour.

II.—FUMIGATION.

When fumigation is resorted to, one of the following processes may be employed, and the quantity of the agents to be used will be calculated according to the cubic space to be acted on. For each 1,000 cubic feet of space to be disinfected, take for the production of sufficient—

Chlorine.

| | | | | |
|--------------------------------|------|------|------|-----------|
| Common salt | .... | .... | .... | 8 ounces. |
| Oxide of manganese (in powder) | .... | .... | .... | 2 " |
| Sulphuric acid | .... | .... | .... | 4 " |
| Water | .... | .... | .... | 4 " |

The water and acid to be mixed together, and then poured over the other ingredients in a delf basin, which should be placed in a pipkin of hot sand. Owing to the specific weight of this gas it is necessary to suspend the vessel in which it is generated as close to the ceiling as possible.

Sulphurous Acid.

| | | | | |
|---------|------|------|------|-----------|
| Sulphur | | | | 3 pounds. |
|---------|------|------|------|-----------|

Burn in a metal vessel.

Fumigation with sulphurous acid alone cannot be relied upon for the disinfection of a sick room, and its contents. Misplaced confidence in this mode of disinfection is likely to lead to a neglect of the more important

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measures which have been recommended. In the absence of moisture the disinfecting power of sulphurous acid gas is very limited, and under no circumstances can it be relied upon for the destruction of spores.

Before commencing fumigation all doors, windows, and other openings in a room will be closed.

Immediately the process has commenced the operator will leave the room.

At the expiration of three hours, all doors and windows will be thrown open, and free ventilation established.

APPENDIX No. 6.

(See paragraph 459.)

THE TRAINING OF ARMY MIDWIVES.

General Regulations.

1. If possible such women only as are without family should be selected for instructions as Army Midwives, and a preference 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 given, 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 can 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 should 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.

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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.
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 required under former heads ; condition of par's 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 ; rigid ty 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 ; 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.

Appendix No. 6.

General Principles of Sick Nursing.

It being of great importance that the woman under training should also 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. 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 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 should 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 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 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 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

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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, so as to be neither too hard nor too soft, and 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 clinical thermometer, 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, nor too frequently forced upon the patient, nor too long delayed, and not neglected at night, 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 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

Appendix No. 6.

gossips to the sick room, nor should she frequently leave it for any unnecessary purpose. She should have her pencil and paper to jot down directions from the medical officer, and also 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

APPENDIX No. 7.

(See paragraph 635.)

DISTRICT LOAN EQUIPMENT.

| | | |
|-------------|---------------|--|
| Air beds | } three boxes | { each containing 1 air bed, 2 cushions (round and square), 2 bellows. |
| Air pillows | | |
| Air bellows | | |

Aspirator, with 6 needles.
 Bistouries, No. 6, case of.
 Bougies, rectal, set of (12).
 „ „ olivary, set of (12).
 Carbolized and chromisized cat-gut for ligatures.
 Catheters, silver (6) and nickel (6), with bladder trocar, case of.
 Capital instruments, full set of (Appendix 13).
 Chemical cabinet (Appendix 32).
 Compressors, aneurismal, No. 2.
 Crutches with stuffed heads, 4 pairs.
 Cupping instruments (Appendix 23).
 Eye instruments (Appendix 21).
 Eye douches, No. 3.
 Electric battery (Dr. Spamer's).
 Electro-magnetic machines, No. 2.
 Ether inhaler (Ormsby).
 Ecraseur.
 Field companions, with water-bottle (4) (Appendix 28).
 Fracture and dislocation apparatus, 2 boxes (Appendix 26).
 Fractured patella apparatus.
 Fractured jaw apparatus.
 Forceps polypus.
 Fistula director.
 Haversacks, surgical (6) (Appendix 29).

Appendix No. 7.

Hæmorrhoidal clamp, with three buttons.
 Ice bags, set 1 (head and spine).
 Irrigators, sets 2.
 Microscope (Appendix 15).
 Midwifery instruments, bag of (Appendix 20).
 Ophthalmoscope and laryngoscope, in case.
 Pollityzers, bag and silver eustachian catheter.
 Spray producer.
 Sounds, case of (12).
 Spectacles, case of.
 Speculum, ear (Brunton's), (3 specula and Wilde's speculum).
 Speculum, rectal.
 Tonsil guillotine.
 Tourniquet, abdominal.
 Tooth stopping and scaling instruments (Appendix 17).
 Trocar and tubes for anasarca (Southey's).
 Urethra dilator (Holt's).
 Urinometer apparatus, large (Appendix 24).
 Varicocele rings and needles.
 Water beds, No. 2.
 Water pillows, No. 2.

APPENDIX No. 8.

(See paragraph 636.)

MEDICAL AND SURGICAL EQUIPMENT FOR
STATION HOSPITALS.

| Article. | No. 1. 1000 Troops. | No. 2. 500 Troops. | No. 3. 250 Troops and under. |
|---|------------------------|-----------------------|------------------------------------|
| MEDICAL.* | | | |
| Bolus tile | 1 | 1 | 1 |
| Graduated glass measures ... | 4 | 3 | 2 |
| „ minim ditto ... | 2 | 1 | 1 |
| Decoction pot | 1 | 1 | 1 |
| Evaporating basins | 2 | 1 | 1 |
| Funnels, composition... .. | 2 | 1 | 1 |
| „ glass | 1 | 1 | 1 |
| „ tin | 2 | 1 | 1 |
| Infusion pots | 2 | 1 | 1 |
| Mortars and pestles, com- position | 2 | 1 | 1 |
| Mortars and pestles, glass ... | 1 | 1 | 1 |
| Pannikins, tin | 2 | 1 | 1 |
| Stopper Loosener | 1 | 1 | 1 |
| SURGICAL.† | | | |
| Arm sling | — | 1 | 1 |
| Bolus knives | 3 | 2 | 1 |
| Corkscrew | 1 | 1 | 1 |
| Caustic holder | 1 | 1 | 1 |
| Catheter, elastic gum, set ... | 1 | 1 | 1 |
| Eye baths | 3 | 1 | 1 |
| Ear syringe | 1 | 1 | 1 |
| Enema syringe | 1 | 1 | 1 |
| Field fracture box | — | 1 | 1 |
| Fracture and dislocation apparatus (box of) | 1 | — | — |
| Hone and strop... .. | one of each. | — | — |
| Irrigator | 1 | 1 | — |
| Measuring tape | 1 | 1 | 1 |
| Pill machine | 1 | 1 | 1 |
| Post-mortem instruments ... | 1 | 1 | 1 |
| Pus basins | 4 | 2 | 1 |
| Scales and weights, grain ... | 1 | 1 | 1 |
| „ „ ounce | 1 | 1 | 1 |
| „ „ pillar | 1 | 1 | 1 |
| Scissors, counter | 1 | 1 | 1 |
| Screwdriver | 1 | 1 | 1 |
| Spatulas, spreading | 1 | 1 | 1 |
| Spatulas, pot | 2 | 1 | 1 |
| Splints, common | 2 | 1 | 1 |
| Stethoscopes | 2 | 1 | 1 |
| Stomach pump... .. | 1 | 1 | 1 |
| Surgeon's case of instruments | 1 | 1 | 1 |
| Thermometers, bath .. | 1 | 1 | 1 |
| „ clinical | 1 | 1 | 1 |
| Tooth instruments | 1 | 1 | 1 |
| Urinometer apparatus, small | 1 | 1 | 1 |
| Vapour bath and cloak ... | 1 | 1 | 1 |

* Supplied by contractor for medicines. To be indented for on Army Form I 1213 or I 1209.

† Supplied by contractor for surgical material. To be indented for on Army Form I 1219.

APPENDIX No. 9.

(See paragraph 637.)

LIST OF SURGICAL MATERIALS AUTHORISED
FOR USE IN HOSPITALS.

Bandages, calico.
 " flannel.
 " 18-tailed.
 " suspensory.
 " triangular.
 Camel-hair pencils.
 Calico.
 Cotton wool.
 " " unbleached.
 Eye shades.
 Flannel for fomentations.
 Glass brushes.
 " rods.
 Gutta-percha tissue.
 Leather, skins of, for plasters.
 Lint, fine.
 " 2nd quality.
 Needles, common.
 Oiled silk.
 Pins, common.
 " safety.
 " suture.
 Plaster, adhesive
 " " tape in tins.
 " isinglass, on gauze.
 " soap cerate.
 Poultice cloth.
 Sheeting, bleached linen.
 Sheets, old, linen.
 Spongio piline.
 Surgeon's sponges.
 Syringes, male, pewter.
 " " glass.
 Tape.
 Thread for ligatures.
 Test tubes.
 " paper.
 Tow, Surgeons.
 Waterproof cloth.

APPENDIX No. 10.

(See paragraphs 647, 655.)

LIST OF MEDICINES AND MEDICAL MATERIALS
AUTHORISED FOR USE IN HOSPITALS.

| | |
|------------------------|----------------------------|
| Acaciæ Gummi. | Chloroformum. |
| „ Pulvis. | „ [Methylated.] |
| Acidum Aceticum. | Cinchonæ Rubræ Cortex. |
| „ „ Glaciale. | Cocainæ Hydrochloras. |
| „ Boricum. | Collodium. |
| „ Carbolicum. | Confectio Rosæ Gallicæ. |
| „ Citricum. | „ Sennæ. |
| „ Gallicum. | Copaiba. |
| „ Hydrochloricum. | Creasotum. |
| „ Hydrocyanicum | Creta Præparata. |
| „ Dilutum. | Cubebæ Pulvis. |
| „ Nitricum. | Cupri Sulphas. |
| „ Phosphoricum | Decoctum Alöes Compo- |
| „ Dilutum. | situm. |
| „ Sulphuricum. | Elaterium. |
| „ Sulphurosum. | Emplastrum Belladonnæ. |
| „ Tannicum. | „ Calefaciens. |
| „ Tartarici Pulvis. | „ Cantharidis. |
| Adeps Benzoatus. | „ Hydrargyri. |
| Æther. | „ Opii. |
| Alumen. | „ Resinæ. |
| Ammonii Bromidum. | „ Saponis. |
| „ Carbonas. | Extractum Alöes Socotrinæ. |
| „ Chloridum. | „ Belladonnæ. |
| Amylum. | „ Colchici Aceti- |
| Antimonium Tartaratum. | cum. |
| Aqua Destillata. | „ Colocynthis |
| „ Rosæ. | Compositum. |
| Argenti Nitras. | „ Conii. |
| Atropina. | „ Ergotæ |
| Bismuthi Subnitras. | Liquidum. |
| Bcrax. | „ Filicis |
| Buchu Folia. | Liquidum. |
| Calumbæ Radix. | „ Gentianæ. |
| Camphora. | „ Hyoscyami. |
| Capsici Pulvis. | „ Nucis Vomicae. |
| Carbo Ligni Pulvis. | „ Opii. |
| Cera Alba. | „ Taraxaci. |
| Chirata. | Ferri et Ammonii Citras. |
| Chloral Hydras. | „ et Quininæ Citras. |

Appendix No. 10.

| | |
|---------------------------|-------------------------|
| Ferri Phosphas. | Mel. |
| „ Sulphas. | Morphinæ Acetas. |
| Ferrum Tartaratum. | „ Hydrochloras. |
| Gallæ Pulvis. | Oleum Anisi. |
| Gentianæ Radix. | „ Cajuputi. |
| Glycerinum. | „ Carui. |
| Guaiaci Resina. | „ Caryophylli. |
| Hydrargyri Iodidum | „ Cassiæ. |
| „ Rubrum. | „ Crotonis. |
| „ Oxidum Rubrum. | „ Lini. |
| „ Perchloridum. | „ Menthæ Piperitæ. |
| „ Subchloridum. | „ Morrhuæ. |
| Hydrargyrum Ammoni- | „ Olivæ. |
| atum. | „ Ricini. |
| Hydrargyrum cum Creta. | „ Terebinthinæ. |
| Injectio Morphinæ Hypo- | Opium Pulvis. |
| dermica. | Oxymel Scillæ. |
| Iodoformum. | Papaveris Capsulæ. |
| Iodum. | Paraffinum Durum. |
| Ipecacuanhæ Pulvis. | „ Molle. |
| Jalapæ Pulvis. | Pareiræ Radix. |
| Lini Farina. | Pepsin. |
| „ Semina. | Pilula Aloës et Myrrhæ. |
| Linimentum Aconiti. | „ Asafœtidæ Composita. |
| „ Belladonnæ. | „ Colocynthis Com- |
| „ Camphoræ | posita. |
| Compositum. | Pilula Hydrargyri. |
| „ Iodi. | „ „ Sub- |
| „ Saponis. | chloridi Composita. |
| Liquor Ammoniac. | Pilula Rhei Composita. |
| „ Ammonii Acetatis | „ Scillæ Composita. |
| Fortior. | Plumbi Acetas. |
| Liquor Arsenicalis. | Podophylli Resina. |
| „ Arsenii et Hydrar- | Potassa Caustica. |
| gyri Iodidi. | „ Sulphurata. |
| Liquor Calcis Sulphuratæ. | Potassii Acetas. |
| „ Epispasticus. | „ Bicarbonas. |
| „ Ferri Pernitratæ. | „ Bromidum. |
| „ Opii Sedativus. | „ Chloras. |
| „ Plumbi Subacetatis. | „ Iodidum. |
| „ Potassæ. | „ Nitras. |
| „ Sodæ Chlorinatæ. | „ Permanganas. |
| „ Stypticus. | „ Tartras. |
| „ Zinci Chloridi. | „ „ Acida. |
| Magnesii Carbonas Ponde- | Pulvis Antimonialis. |
| rosa. | „ Cretæ Aromaticus. |
| Magnesii Sulphas. | „ „ „ Cum Opio |

Appendix No. 10.

| | |
|--------------------------------|-------------------------------|
| Pulvis Ipecacuanhæ Compositus. | Tinctura Cardamomi Composita. |
| Pulvis Jalapæ Compositus. | Tinctura Catechu. |
| „ Kino Compositus. | „ Chloroformi et |
| „ Rhei Compositus. | „ Morphinae. |
| Quassiae Lignum. | Tinctura Cinchonæ Composita. |
| Quininæ Sulphas. | Tinctura Colchici Seminum. |
| Rhei Pulvis. | „ Digitalis. |
| Rosæ Gallicæ Petala. | „ Ferri Perchloridi. |
| Santoninum. | „ Gentianæ Composita. |
| Sapo Durus. | Tinctura Guaiaci Ammoniatata. |
| Scammonii Pulvis. | Tinctura Hyoscyami. |
| Senegæ Radix. | „ Iodi. |
| Senna. | „ Kino. |
| Sinapis. | „ Lavandulæ Composita. |
| „ Chartæ, in boxes. | Tinctura Lobeliae Ætherea. |
| Sodæ Tartarata Pulvis. | „ Myrrhæ. |
| Sodii Bicarbonas. | „ Nucis Vomicae. |
| „ Carbonas. | „ Opii. |
| „ Salicylas. | „ Rhei. |
| Spiritus Ætheris. | „ Scillæ. |
| „ „ compositus. | „ Sennæ. |
| „ „ Nitrosi. | „ Tolutana. |
| „ Ammonia Aromaticus. | „ Valerianæ |
| Spiritus Chloroformi. | „ Ammoniatata. |
| „ Rectificatus (pints). | „ Zingiberis. |
| „ [Methylated] (pints). | Unguentum Cetacei. |
| Strychnina. | „ Hydrargyri. |
| Sulphur Sublimatum. | „ „ Nitratis. |
| Syrupus Chloral. | „ Resinae. |
| „ Ferri Iodidi. | „ Sabinæ. |
| „ „ Phosphatis. | „ Simplex. |
| „ Papaveris. | Vinum Antimoniale. |
| „ Scillæ. | „ Colchici. |
| „ Triplex. | „ Ferri. |
| Tinctura Aconiti. | „ Ipecacuanhæ. |
| „ Arnicae. | „ Opii. |
| „ Asafoetidae. | Zinci Chloridum. |
| „ Aurantii. | „ Oxidum. |
| „ Belladonnae. | „ Sulphas. |
| „ Benzoini Composita. | „ Valerianas. |
| „ Calumbæ. | Zingiber. |
| „ Camphoræ Composita. | |
| „ Capsici. | |
| „ Cantharidis. | |

Appendix No. 10.

| | |
|-----------------------|--------------------------|
| Zingiber Pulvis. | Paper, filtering. |
| Cloth, Straining. | Pill boxes, chip. |
| Corks, Vial. | " paper. |
| " Half-pint. | Vials, $\frac{1}{2}$ oz. |
| " Pint. | " 1 " |
| " Quart. | " 2 " |
| Gallipots. | Bottles, 4 " |
| Labels, Blank. | " 6 " |
| " Ward. | " 8 " |
| " Poison. | " Fluted Poison, 1 oz. |
| " "External use." | " " " 2 " |
| " "Shake the bottle." | " " " 4 " |
| Packthread. | " " " 6 " |

APPENDIX No. 11.

(See paragraph 640.)

CONTENTS OF REGULATION CASE OF POCKET INSTRUMENTS.

*(To be in possession of and carried in the uniform pouch by
all Medical Officers below the rank of Surgeon-Colonel.)*

| | | | |
|--|---|----|----|
| 1 probe curved, and straight sharp pointed, | £ | s. | d. |
| bistoury, in one handle | 0 | 8 | 6 |
| 1 Syme's abscess knife, and double edge scalpel, | | | |
| in one handle | 0 | 8 | 6 |
| 1 tenaculum and gum knife, in one handle ... | 0 | 8 | 6 |
| 1 pair crooked scissors | 0 | 3 | 6 |
| 1 spatula, German silver | 0 | 1 | 6 |
| 1 bow dressing forceps, nickelled | 0 | 3 | 6 |
| 1 director | | | |
| 1 aneurism needle } plated | 0 | 2 | 0 |
| 1 pair artery forceps, fenestrated | 0 | 5 | 0 |
| 2 probes, plated | 0 | 2 | 0 |
| 1 male and female silver catheter, and caustic | | | |
| case with palladium crayon combined ... | 0 | 18 | 0 |
| 1 clinical thermometer | 0 | 2 | 9 |
| 1 case for ditto, plated, with bayonet catch ... | 0 | 1 | 6 |
| 2 bleeding lancets... .. | 0 | 3 | 0 |
| 2 Dieffenbach's forceps, nickelled | 0 | 5 | 0 |
| 1 silver hypodermic syringe, in case, with | | | |
| bayonet catch... .. | 0 | 14 | 0 |
| 6 needles, plated | 0 | 1 | 3 |
| 1 tablet of silk and wire for sutures | 0 | 1 | 3 |
| All contained in a Morocco single-flapped case, | | | |
| with patent bolt lock | 0 | 9 | 6 |
| <hr/> | | | |
| £4 19 3 | | | |

APPENDIX No. 12.

(See paragraph 66.)

CONTENTS OF SURGEON'S CASE OF INSTRUMENTS.

- 1 bistoury straight, sharp.
- 1 " curved "
- 1 " " button.
- 1 " for hernia.
- 1 double tracheotomy canula, silver.
- 6 olivary catheters, Nos. 1, 3, 4, 7, 9, 12.
- 2 silver " Nos. 3, 5.
- 1 nickel " No. 8.
- 1 steel hernia director.
- 1 double elevator.
- 6 pairs Spencer Well's forceps, nickelled.
- 1 " fenestrated artery forceps.
- 2 " Dieffenbach's " "
- 1 " bone " "
- 1 " bullet " "
- 1 " large dissecting " "
- 1 bladder trocar and canula.
- 1 hydrocele " "
- 1 screw tourniquet.
- 1 pair nippers for silver wire, &c.
- 1 aneurism needle.
- 1 Liston's " in handle.
- 12 surgical needles with metallic thread.
- 12 " " for suture wire.
- 6 half-curved needles for sutures.
- 1 long bullet probe, Nelaton's.
- 1 " " " silver.
- 1 saw, movable back.
- 1 amputating saw, single.
- 3 Liston's knives, 6, 9, and 11 inch.
- 3 scalpels.
- 1 " tang.
- 1 tenaculum, common.
- 1 trephine, medium.
- $\frac{1}{2}$ oz. Ferguson's thread.
- 1 reel ligature silk.
- 1 " plated suture wire.
- 3 hanks sulphuro-chromic catgut ligatures.
- 1 extracting probang, double.
- 1 mahogany case.

APPENDIX No. 13.

(See paragraph 635.)

CONTENTS OF CAPITAL CASE OF
INSTRUMENTS.

- 1 curved button pointed bistoury.
- 1 " sharp " "
- 1 hernia bistoury.
- 1 straight button pointed bistoury.
- 2 " sharp " "
- 1 glass stoppered bottle.
- 1 double tracheotomy canula, large, silver.
- 1 " " " small "
- 4 elastic gum catheters, Nos. 1, 3, 5, 7.
- 1 silver, female "
- 2 " male " Nos. 4, 6.
- 1 nickel catheter, No. 8.
- 1 director, steel, for hernia.
- 1 " silver.
- 1 elevator, square pointed.
- 1 extractor, bullet.
- 1 forceps, artery, fenestrated.
- 1 " " Liston's.
- 1 " " Symes'.
- 1 " bone, large.
- 1 " bullet.
- 4 " Dieffenbach's.
- 1 " Ferguson's, clawed.
- 1 " gouge.
- 1 " necrosis.
- 1 " ordinary dissecting.
- 1 " torsion.
- 12 " Spencer Wells', nickelled.
- 1 gouge, straight.
- 4 amputating knives, Liston's.
- 1 tenotomy knife.
- 1 aneurism needle.
- 1 cataract " and Walton's gouge in handle.
- 12 half-curved, needles for sutures.
- 1 needle, Liston's, large, in handle.
- 2 needles, suture.
- 1 needle, Simpson's.
- 1 trocar, large plain handle.
- 1 " small for hydrocele.
- 1 " exploring, in ivory case.
- 1 syringe, glass, with platinum nozzle.

Appendix No. 13.

- 1 case for isinglass plaster.
- 2 reels of silk.
- $\frac{1}{2}$ oz. ligature thread.
- $\frac{1}{2}$ piece of wax.
- $\frac{1}{4}$ oz. plated wire.
- 12 hare lip pins.
- 1 pair of pliers for cutting wire.
- 1 probang, double.
- 1 set Bowman's probes and canaliculus director.
- 1 bullet probe, long.
- 2 styles lachrymali, silver.
- 1 saw, amputating, plain handle.
- 1 „ Butcher's, with two spare blades.
- 1 „ Hey's.
- 6 scalpels.
- 1 tang and raspatory.
- 1 pair scissors, straight.
- 1 tourniquet, field.
- 1 „ screw.
- 1 tenaculum, common.
- 1 trephine, medium size.
- 1 „ small.
- 1 „ handle for.
- 1 mahogany case, brass bound.
- 1 black leather cover.

APPENDIX No. 14.

(See paragraphs 193, 545, 571.)

CONTENTS OF BEARER'S DRESSING CASE IN SURGICAL HAVERSACK.

- Clasp knife, long bladed.
- Scissors, strong.
- Dressing forceps.
- Spatula, platinum-plated.
- Probe and director, combined, platinum-plated.
- Needles, common (6).
- „ surgeon's, plated, in sizes (6).
- „ worsted (2).
- Pins, large (12).
- „ hare lip (6)
- „ safety (6).
- Skein of thread.
- „ worsted.
- Sulphuro-chromic gut.
- Morocco leather case (to contain above).

APPENDIX No. 15.

(See paragraph 635.)

CONTENTS OF CASE CONTAINING MICROSCOPE.

Microscope stand with condenser attached to optical body.

A, B, and C eye pieces.

2-inch, $\frac{5}{8}$ -inch, $\frac{1}{7}$ -inch object glasses.

Polarizing apparatus.

Box containing glass slides, thin covering glasses and tweezers.

Mahogany case.

APPENDIX No. 16.

(See paragraph 636.)

CONTENTS OF POST-MORTEM CASE OF INSTRUMENTS.

1 saw.

1 chisel.

1 hammer.

1 dissecting forceps, large.

1 bowel scissors.

1 dissecting scissors.

1 blowpipe.

1 dissecting hook.

3 scalpels.

1 „ post-mortem, large.

1 cartilage knife.

4 needles, half-curved.

2 needles, cut head.

1 set chain hooks.

Mahogany case.

APPENDIX No. 17.

(See paragraph 635.)

CONTENTS OF CASE OF TOOTH STOPPING AND SCALING INSTRUMENTS.

Scalers and stoppers (4).

Excavators and roseheads (3).

Sheets, gold leaf.

Amalgam.

Gutta-percha.

Leather case.

APPENDIX No. 18.

(See paragraph 636.)

CONTENTS OF CASE OF TOOTH INSTRUMENTS.*Upper Permanent Teeth.*

- No. 1. Incisors, canines, and bicuspid.
- „ 2. First and second molars, right.
- „ 3. „ „ „ left.
- „ 4. Third molar or upper wisdom.

Lower Permanent Teeth.

- No. 5. Incisors, canines, and bicuspid.
- „ 6. First, second, and third molars.
- „ 7. Bent, for upper stumps.
- „ 8. Straight, for lower stumps.
- Nos. 9, 10, 11, and 12. For children.
- 1 set of 6 elevators to fit 1 handle.
- 1 tooth key and 3 claws.
- 1 spring gum lancet.
- Mahogany case.

APPENDIX No. 19.

(See paragraphs 66, 155.)

CONTENTS OF POUCH OF TOOTH INSTRUMENTS.

Eight tooth forceps, nickel plated, and numbered as follows :—

- No. 1. Incisors, canines, and bicuspid.
- „ 2. Upper molars, right.
- „ 3. „ „ left.
- „ 4. „ wisdom.
- „ 5. Lower molars (hawk's bill).
- „ 6. Lower molars and wisdom.
- „ 7. Bent, for stumps.
- „ 8. Straight, for stumps.
- 1 set of 6 elevators to fit 1 handle, nickel plated.
- 1 mouth mirror.
- 1 spring gum lancet.
- Leather pouch.

APPENDIX No. 20.

(See paragraphs 448, 635.)

CONTENTS OF BAG OF MIDWIFERY INSTRUMENTS.

- 1 Barnes' long midwifery forceps, nickel plated.
- 1 craniotomy
- 1 Oldham's perforator, nickel plated.
- 1 decapitator,
- 1 blunt hook and crotchet
- 1 female catheter, plated.
- 1 Simpson's uterine sound.
- 2 Playfair's probes.
- 1 membrane perforator.
- 1 Savage's uterine forceps, with 2 scarifiers.
- 1 umbilical scissors.
- 1 frænum
- 1 Ferguson's speculum, metal.
- 1 Barnes' improved ditto, plated.
- 1 set ditto improved dilators, complete.
- 1 Skinner's inhaler.
- 4 stoppered bottles.
- 4 camel hair brushes.
- Morocco bag.

APPENDIX No. 21.

(See paragraph 635.)

CONTENTS OF CASE OF EYE INSTRUMENTS.

- 1 straight iridectomy knife.
- 1 curved
- 1 Weber's canaliculus
- 1 Bowman's puncture
- 2 linear knives.
- 1 Dixon's cataract knife.
- 1 Dèsmarre's retractor.
- 2 eyelid retractors (inside and outside).
- 1 " " (Saunders').
- 1 curved iris forceps.
- 2 " scissors.
- 1 straight " "
- 1 Maunoir's iris scissors.
- 2 straight forceps.
- 1 cilia
- 1 set, Bowman's probes and canaliculus director.
- 1 vulcanized curette.
- 1 lens hook.

Appendix No. 21.

| | |
|-----------------------------|------------------------------|
| 1 Bowman's stop needle. | 1 Taylor's vectis. |
| 1 pricker. | 1 cystotome and curette. |
| 1 Scarpa's needle. | 1 double platinum iris hook. |
| 1 broad " | 1 " spoon. |
| 1 Beer's " | Needles and silk. |
| 1 silver spatula. | Mahogany case. |
| 1 Bowman's strabismus hook. | |

APPENDIX No. 22.

(See paragraphs 66, 155, 636.)

CONTENTS OF CASE CONTAINING STOMACH PUMP.

Pump with double lever action.
Gag.
1 œsophagus tube.
1 enema tube.
2 ivory rectum pipes.
Seat.
Foot for pump.
Mahogany case.

APPENDIX No. 23.

(See paragraph 635.)

CONTENTS OF CASE OF CUPPING INSTRUMENTS.

1 scarificator with 12 lancets.
6 glasses.
1 torch.
1 bottle.
Mahogany case.

APPENDIX No. 24.

(See paragraph 635.)

CONTENTS OF URINOMETER CASE (LARGE).

1 thermometer.
1 urinometer, metal, in leather case.
4 nests of test tubes.
4 test books.
6 watch glasses.
1 pair forceps.
1 tube holder.
1 lamp glass.
3 bottles, stoppered and capped.
1 trial glass.
1 watch glass holder.
1 stirring rod.
1 pipette.
Mahogany case.

APPENDIX No. 25.

(See paragraph 636.)

CONTENTS OF URINOMETER CASE (SMALL).

1 urinometer, metal, in leather case.
1 trial glass.
2 nests of test tubes.
1 lamp, glass.
2 test books.
Case.

APPENDIX No. 26.

(See paragraphs 66, 635, 636.)

CONTENTS OF BOX OF APPARATUS FOR FRACTURES AND DISLOCATIONS.

(Weight about 94 lb.)

(Dimensions, 44" × 13" × 13".)

- Double inclined plane, tinned iron (McIntyre's).
- 2 jointed thigh splints, wood.
- Jointed elbow " wire.
- Radius " "
- 1 pair fore-arm " "
- 1 pair upper-arm " "
- 2 pair thigh " "
- Set of Duncan's ratan cane splints.
- " tinned iron leg splints.
- 6 pasteboards for "
- 1 lb gutta-percha for "
- 1 counter extension apparatus.
- Salter's leg sling.
- 2 arm slings (1 leather, 1 wire)
- Set of dislocation apparatus.
- " *gypsum bandage instruments in case.
- 4 yards gutta-percha tissue.
- 1 lb. dextrine.
- 2 lb. plaster of Paris.
- 12 loose wove bandages.
- 2 lb. tow, carbolized.
- 1 lb. cotton wool, antiseptic
- 2 yards flannel serge of open texture, antiseptic.
- 12 Esmarch's bandages, printed.
- 24 straps with buckles.
- 1 old linen sheet.
- 2 broad flannel bandages, 7 yds. by 6 ins.
- 19 Canvas covers to contain splints.
- 1 box (to contain the above).

* CONTENTS—1 gypsum knife, 1 gypsum shears, 12 bent harelip pins in steel heads (nickelled) 3 in. to bend, 24 safety-pins, 1 paper-sewing needle, 3 hanks fine thread.

APPENDIX No. 27.

(See paragraphs 571, 636.)

CONTENTS OF FIELD FRACTURE BOX.

(Weight about 52 lb.)

(Dimensions, 32" × 12" × 12".)

- 2 jointed thigh splints, wood.
- 1 set leg splints, right and left, wire.
- 1 " " wood.
- $\frac{1}{2}$ set of Pott's splints, wood.
- 1 " " wire.
- 6 pasteboard splints.
- 1 radius splint, wire.
- 1 counter extension apparatus.
- 1 double inclined plane, wire.
- 1 set gypsum bandage instruments in case (Appendix No. 26).
- 1 lb. plaster of Paris, in $\frac{1}{2}$ -lb. tins.
- $\frac{1}{2}$ lb. cotton wool, antiseptic.
- $\frac{1}{2}$ lb. tow, carbolized.
- 2 yards flannel serge of open texture, antiseptic.
- 2 yards gutta-percha tissue.
- 12 loose wove bandages.
- 12 Esmarch's bandages, printed.
- 12 straps with buckles.
- 1 old linen sheet.
- 12 canvas covers to contain splints.
- 1 box (to contain the above).

APPENDIX No. 28.

(See paragraphs 66, 155, 545, 571, 635.)

CONTENTS OF FIELD MEDICAL COMPANION.

(Weight about 11½ lb.)

(Dimensions, 14" × 7" × 9".)

Medicines—

| | | | | | |
|-----------------------------|------|------|------|------|--------|
| Choloroform | .... | .... | .... | .... | 2 oz. |
| Iodoform | .... | .... | .... | .... | 1 " |
| Mixture for diarrhœa | .... | .... | .... | .... | 1½ " |
| Spirit ammoniæ aromat | .... | .... | .... | .... | 1½ " |
| Tinct. opii | .... | .... | .... | .... | 1½ " |
| Paraffin molle (antiseptic) | .... | .... | .... | .... | 1 box. |

Pill and Powder Tin containing—

| | | | | |
|--------|---|---|---|---------|
| No. 1. | Emetic | { Antim. Tart., gr. i. } in each | { Acacia Pulv., gr. iiij. } powder | 1½ doz. |
| " 2. | { Hydrarg. Subchlor., gr. ij. } in each | { Pulv. Jacobi. gr. iiij. } com- | { " Ipecac. Co., gr. x. } pressed | 2 " |
| " 3. | Ipecac. Pulv., gr. xx., compressed | .... | .... | 1 |
| " 4. | Pulv. Cretæ Arom. c. opio 20 grs. in each, compressed | .... | .... | 2 " |
| " 5. | Pulv. Jalapæ comp., 20 grs. in each, compressed... | .... | .... | 2 " |
| " 6. | { Acid. Gallic, gr. iiijss. } in each pill | { Morph. Mur., gr. ½. } in each pill | { Ext. Gentian, gr. i. } in each pill | 4 " |
| " 7. | { Hydrarg. Subchlor., gr. i. } in each pill | { Pulv. Opii, gr. i. } in each pill | { Plumbi Acet., gr. iiij. } in each pill | 5 " |
| " 8. | { Pulv. Opii, gr. i. } in each pill | { " Calumbæ, gr. i. } in each pill | { Hydrarg. Subchlor. } in each pill | 4 " |
| " 9. | { Pil. Rhei Co. } in each pill | { " Coloc. Co. aa, gr. ij. } in each pill | { Quininæ Sulphatis, gr. ij. } in each pill | 8 " |
| " 10. | { Camphor, gr. iiij. } in each pill | { Pulv. Opii, gr. ij. } in each pill | { " Capsici, gr. ½. } in each pill | 3 " |
| " 11. | { Opii Pulv., gr. i. } in each pill | .... | .... | 12 " |
| " 12. | Opii Pulv., gr. i. in each pill | .... | .... | 12 " |

Appendix No. 28.

| | | | | | |
|---------|---|--|---|------------------------|----------|
| No. 13. | { | Pulv. Aloes Barb, gr. iss. | { | 2 pills for a dose. | } 4 doz. |
| | | „ Jalapæ, gr. ij. | | | |
| | | „ Colocynth, gr. i. | | | |
| | | „ Cambogiæ, gr. $\frac{1}{4}$ | | | |
| | | Saponis dur., gr. $\frac{1}{2}$ | | | |
| | | Ol. Carui, m. $\frac{1}{4}$, ft. pil. ij. | | | |

Tablets—

No. 14. Aromatic Confection, 3 ss. each. No. 16.

„ 15. Opiate Confection, 3 i. each. No. 24.

Surgical Appliances, &c.—

Bandages, open woven, No. 3.

„ suspensory, No. 2.

„ triangular, No. 6.

Calico, thin, 1 yard.

Boric wool, 2 oz.

Candle and wax matches, in tin case.

Horn cup, graduated.

Lint. $\frac{1}{4}$ lb.

Measure, minim, in case.

Plaster, adhesive, each 6 yards, 1-inch tape, 2 tins.

„ isinglass, 12 yards, 1-inch tape, 1 tin.

Gutta-percha tissue, $\frac{1}{4}$ yard.

Catheters, olivary, 3, 6, 8, No. 3.

Sponges, surgeon's, No. 3.

Zinc basin, small } in waterproof bag.

Improved ratan splints, with pad cases, 1 pair.

Tourniquet, field, No. 1.

„ Esmarch's web, No. 2.

„ tape, No 6.

Leather case containing—

Ligature thread.

„ silk.

Surgeon's needles (6).

Sewing needles (6).

Hare-lip or acupuncture pins (6).

Safety pins (6).

Sulphuro-chromic catgut ligatures.

White wax.

Scissors.

Tape.

Pins ($\frac{1}{2}$ paper).

Hypodermic syringe, in case, with bottle of concentrated morphia injection and tube of morphia discs.

Water bottle, with drinking cup and strap complete.

NOTE.—On the line of march the companion to be strapped on “No. 2” pannier in order to equalize the weight of the side load.

APPENDIX No. 29.

(See paragraphs 193, 198, 545 571.)

CONTENTS OF SURGICAL HAVERSACK.

(Weight about 6 lb.)

(Dimensions, $12\frac{1}{2}" \times 9" \times 4"$.)

| | | | | |
|--|------|------|------|----------------------|
| Inject morphia, concentrated, in stoppered bottle and boxwood case .... | .... | .... | .... | $\frac{1}{2}$ oz. |
| Sal volatile, in stoppered bottle and boxwood case .... | .... | .... | .... | 2 oz. |
| Graduated horn cup .... | .... | .... | .... | 1 |
| Lint, antiseptic .... | .... | .... | .... | 4 oz. |
| Loose wove bandages, antiseptic .... | .... | .... | .... | 4 |
| Triangular bandages .... | .... | .... | .... | 6 |
| Boric wool .... | .... | .... | .... | 2 oz. |
| Plaster, adhesive, each 6 yards, 1-inch tape | .... | .... | .... | 2 tins. |
| " transparent, isinglass, 12 yards, 1-inch tape .... | .... | .... | .... | 1 tin. |
| Bearer's dressing case (Appendix 14) .... | .... | .... | .... | 1 |
| Sponges, in waterproof bag .... | .... | .... | .... | 2 |
| Tourniquets, field .... | .... | .... | .... | 2 |
| " screw, small .... | .... | .... | .... | 1 |
| " Esmarch's web.... | .... | .... | .... | 2 |
| Wax candle and matches .... | .... | .... | .... | 1 tin box. |
| Wire-arm splints, with tapes and buckles .... | .... | .... | .... | 2 pairs. |
| Specification, tallies (Army Book 166) .... | .... | .... | .... | { 1 book and pencil. |
| Waterproof canvas bag, with leather partitions (to contain the above) .... | .... | .... | .... | 1 |
| Water-bottle, with drinking-cup and strap complete. | .... | .... | .... |  |

APPENDIX No. 30.

CONTENTS OF SURGICAL BAG (for Cavalry).

(See paragraphs 193, 571.)

(Weight about 4 lbs.)

(Dimensions, 10" × 8" × 4".)

- 1 amputating saw.
- 2 " knives.
- 2 scalpels.
- 1 finger knife.
- 1 short bone nippers.
- 1 necrosis forceps.
- 1 artery "
- 1 torsion "
- 1 dressing " (with catch).
- 1 bullet "
- 3 bull dog "
- 1 pair scissors.
- 1 elevator.
- 1 blunt hook.
- 1 aneurism needle.
- 1 tenaculum.
- 1 field tourniquet arge.
- 1 nickel catheter (No. 8, with silver stylet).
- 1 bullet probe.
- 6 acupressure pins.
- Needles.
- Silver sutures.
- Silk and thread ligatures.
- Adhesive plaster.
- Lint.
- 3 bandages.
- bottles.
- Bag, leather, containing the above.

APPENDIX No. 31.

(See paragraph 66.)

CONTENTS OF MEDICINE CHEST.

(Weight about 3 cwt.).

(Dimensions, 34" x 24" x 28").

Medicines.

| | lbs. | oz. | Letter and Number. |
|----------------------------------|--------|-----|-----------------------|
| Acaciæ Pulv: | .. | 8 | C |
| Acid Acetic: | .. | 4 | A |
| „ Carbolic Liq: | .. | 4 | A |
| „ Carbolic Xtl: | .. | 2 | A |
| „ Citric Pulv:.. .. . | .. | 3 | B |
| „ Gallic | .. | 2 | A |
| „ Hydrochlor... .. . | .. | 2 | A |
| „ Hydrocyan Dil: | .. | 1 | A |
| „ Nitric | .. | 2 | A |
| „ Sulphuric | .. | 4 | A |
| „ Tannic | .. | 1 | A |
| „ Tartar Pulv: | .. | 3 | B |
| Alumen Exsic. Pulv: | .. | 2 | B |
| Ammon. Bromid:.. .. . | .. | 3 | B |
| „ Carbon:.. .. . | .. | 4 | A |
| „ Chlor. Pulv: | .. | 3 | B |
| Amyli Pulv: | .. | 8 | C |
| Antim. Tartarat | .. | 1 | A |
| Aq. Destillat: | .. | 8 | C |
| Argent. Nit: | .. | 2 | A |
| Bismuth, Subnit:.. .. . | .. | 2 | A |
| Borax | .. | 2 | A |
| Camphora (compressed) | .. | 12 | 6 |
| Charta Sinapis | tins 5 | .. | 9 |
| Chloral Hydras: | .. | 2 | A |
| Chloroformum (2 bottles) | .. | 12 | A |
| Collodium | .. | 2 | A |
| Conf. Rosæ | .. | 2 | 4 |
| Creasotum.. .. . | .. | 1 | A |
| Cupri. Sulph. | .. | 1 | A |

Appendix No. 31.

| | lbs. | oz. | Letter and Number. |
|--|------|-----|-----------------------|
| Emp. Cantharid: | .. | 8 | 9 |
| „ Resinæ | .. | 8 | 9 |
| Ext. Belladon: | .. | 2 | 4 |
| „ Cinchon Liquid: B.P. | .. | 3 | B |
| „ Conii | .. | 2 | 4 |
| „ Ergot Liq: | .. | 2 | A |
| „ Filicis Liq: | .. | 2 | A |
| Ferri Sulph: | .. | 1 | A |
| „ et Ammon. Cit: | .. | 2 | A |
| „ et Quininæ Cit: | .. | 2 | B |
| Glycerinum | .. | 12 | C |
| Glycer. Acid Tannic: | .. | 2 | A |
| Hydrarg. Perchlor. (Corrosive Sublimate) | .. | 3 | A |
| „ Subchlor. (Calomel) | .. | 4 | A |
| „ ĩ Creta | .. | 2 | A |
| „ Oxid. Rub: | .. | 3 | A |
| Inj. Morphinæ, Conc: 1 in 6 | .. | 2 | A |
| Iodoformum | .. | 2 | A |
| Iodum | .. | 3 | A |
| Ipecac. Pulv: | .. | 2 | B |
| „ „ (compressed) .. doz. 6 | 6 | .. | 4 |
| Jalapin | .. | 1 | A |
| Lin. Saponis | .. | 8 | C |
| Liq. Arsenicalis. | .. | 2 | A |
| „ Ammon. Fort: | .. | 4 | A |
| „ „ Acet. Fort: | .. | 4 | A |
| „ Calcis. Sulph: | 2 | .. | B |
| „ Cubebæ Co: | 2 | .. | C |
| „ Epispasticus... | .. | 2 | A |
| „ Ferri Perchlor. Fort: | .. | 1 | A |
| „ Plumbi Subacet: | .. | 6 | A |
| „ Potassæ | .. | 3 | B |
| „ Sodæ Chlor: | .. | 8 | C |
| „ Strychninæ | .. | 1 | A |
| „ Zinci Chlor: | .. | 12 | C |
| Magnesii Carbon: Pond | .. | 4 | C |
| Magnes. Sulph. Exsic: | 2 | .. | A |
| Mangan. Oxid. Nig: | .. | 6 | B |
| Mist. pro Diarrhœa | .. | 2 | A |
| „ Sennæ Co. Conc: | 2 | .. | C |
| Morph. Hydroch | .. | 1 | A |

Appendix No. 31.

| | lbs. | oz. | Letter and Number. |
|---|------|------|--------------------|
| Ol. Anethi. | .. | 1 | A |
| „ Cassiæ... | .. | 1 | A |
| „ Crotonis. | .. | 1 | A |
| „ Menth Pip: | .. | 1 | A |
| „ Olivæ | .. | 8 | C |
| „ Ricini (Insip.) (2 bottles) | 4 | .. | B |
| „ Terebinth: | .. | 8 | C |
| Opil Pulv:.. . . . | .. | 1 | A |
| Paraffin Molle (Antiseptic) | 2 | 8 | C |
| Pepsin | .. | 2 | B |
| Pil. Hydrarg: (Mass) | .. | 2 | 4 |
| „ Rhei. Co: (Mass) | .. | 2 | 4 |
| Pills, No. 7 | 30 | doz. | B |
| „ „ 8 | 17 | „ | B |
| „ „ 9 | 13 | „ | B |
| „ „ 10 | 16 | „ | B |
| „ „ 11 | 8 | „ | B |
| „ „ 12 | 43 | „ | B |
| „ „ 13 | 20 | „ | B |
| „ Cough. | 16 | „ | B |
| „ Podoph et Tarax: | 13 | „ | B |
| Potass: Bicarb: Pulv: | .. | 3 | B |
| „ „ „ (compressed) | 15 | doz. | 4 |
| „ Bromid: | .. | 4 | B |
| „ Chlorat: | .. | 4 | B |
| „ Nit. Pulv: | .. | 8 | C |
| „ Iodidum. | .. | 8 | C |
| „ Tartras Acida. | 1 | .. | B |
| Pulv. Antim. Jacobi. | .. | 2 | B |
| „ Cretæ Aromat | .. | 3 | B |
| „ Cretæ Arom. c Opio | .. | 3 | B |
| „ Ipecac. Co: | .. | 3 | A |
| „ Kino. Co: | .. | 2 | A |
| „ Scammonii Comp: | .. | 2 | A |
| „ Seidlitz: (condensed) | 2 | .. | A |
| Quininæ Sulph: (compressed) | 1 | 4 | C |
| Rhei Pulv:.. . . . | .. | 2 | B |
| Santoninum | .. | 1 | A |
| Sodii Bicarb. Pulv: | .. | 8 | C |
| „ „ „ (compressed).. . . . | 15 | doz. | 4 |
| „ Salicylas. | .. | 2 | B |

Appendix No. 31.

| | lbs. | oz. | Letter and Number. |
|------------------------------------|------|---------------|--------------------|
| Sp. Ammon. Aromat: | .. | 8 | C |
| Sp. Ætheris. | .. | 3 | B |
| „ „ Nit: | .. | 8 | C |
| „ Chloroformi: | .. | 3 | B |
| „ Rectif: | .. | 8 | C |
| Tinct: Aconiti. | .. | 1 | A |
| „ Camph. Co: | 1 | .. | B |
| „ Cardam. Co: | .. | 3 | B |
| „ Capsici. | .. | 3 | B |
| „ Catechu. | .. | 8 | C |
| „ Chlorof: et Morph: | .. | 2 | A |
| „ Digitalis. | .. | 2 | A |
| „ Ferri. Perchlor: | .. | 8 | C |
| „ Gent. Co. Conc: (1 to 7) | .. | 3 | B |
| „ Hyoscyam: | .. | 3 | B |
| „ Iodi. | .. | 1 | A |
| „ Ipecac. et Opii. | .. | 2 | A |
| „ Nucis: Vomice: | .. | 2 | A |
| „ Opii. | .. | 8 | C |
| „ Rhei. | .. | 8 | C |
| „ Zingib. Fort: | .. | 2 | A |
| Ung: Hydrarg: | .. | 8 | C |
| „ „ Nit: | .. | 4 | C |
| „ Resinæ. | .. | 8 | 9 |
| „ Zinci. | 1 | .. | 9 |
| Vin: Colchici. | .. | 8 | C |
| „ Ipecac: | .. | 3 | B |
| „ Opii | .. | 1 | A |
| Zinci Chlor: | .. | 2 | A |
| „ Sulph: | .. | 4 | B |
| „ Valerian: | .. | $\frac{1}{4}$ | A |
| Zingiber Pulv: | .. | 2 | B |

Medicated Gelatine Preparations.—Drawer 6.

Lamels for Internal Use—1 Sheet each.

Antim. Tart:

Emetina.

Ipecac: Extract:

Ferri Ammon: Citrate.

Pulv. Antim. Jacobi.

Hydrarg Subchlorid (Calomel).

Appendix No. 31.

Morphinæ Hydro-chloras.
 Nucis Vom. Extract.
 Ext. Opii.
 Opium et Ipecac:
 Podophyllin.
 Quininæ Sulph.

Discs for Hypodermic Solution—1 Tube each.

Curara.
 Ergotinum.
 Eserin.
 Morphina.
 " et Atropina.
 Quinina.
 Strychnina.

Discs for Ophthalmic Use—1 Tube each.

Alumen.
 Atropina.
 " and Morphina.
 Calabarised.
 Cupri. Sulph.
 Opium et Plumbi Acet.

Materials.

| All Appliances are Antiseptic. | | | | | Quantity. | Letter and Number. |
|---|----|----|----|----|-----------|--------------------|
| Bandages, Triangular | .. | .. | .. | .. | 12 | 12 |
| " Flannel | .. | .. | .. | .. | 4 | 12 |
| " " 6-inch | .. | .. | .. | .. | 2 | 10 |
| " loose wove | .. | .. | .. | .. | 12 | 12 |
| " suspensory | .. | .. | .. | .. | 4 | 12 |
| Basins, kidney-shaped | .. | .. | .. | .. | 4 | 11 |
| Boius tile | .. | .. | .. | .. | 1 | Counter |
| Bottles, $\frac{1}{2}$ oz. to 8 oz. | .. | .. | .. | .. | 24 | 12 |
| Camel's hair brushes | .. | .. | .. | .. | 10 | 3 |
| " " " throat, cedar handles .. | .. | .. | .. | .. | 8 | 11 |
| Calico | .. | .. | .. | .. | 4 yds. | 10 |
| " thin | .. | .. | .. | .. | 2 " | 10 |
| Case containing— | | | | | | |
| Catheters, elastic gum, 1 to 6 .. | .. | .. | .. | .. | 6 | } 11 |
| " nickel, 7 & 8 | .. | .. | .. | .. | 2 | |
| " silver, 3 & 4 | .. | .. | .. | .. | 2 | |
| Lister's sounds | .. | .. | .. | .. | 2 | |

Appendix No. 31.

| All Appliances are Antiseptic. | | | | Quantity. | Letter and Number. |
|---|----|----|----|---------------------|--------------------|
| Caustic holder, vulcanite | .. | .. | .. | 1 | 8 |
| Corks, vial | .. | .. | .. | 6 doz. | 2 |
| „ pint | .. | .. | .. | 3 „ | 2 |
| Corkscrew (compound) | .. | .. | .. | 1 | 5 |
| Drainage tubing, assorted | .. | .. | .. | 6 yds. | 10 |
| Dressing tray (movable partitions) | .. | .. | .. | 1 { | on left wing |
| Emp. Adhesivum, 6 yds., 6 in. tape | .. | .. | .. | 1 tin | 9 |
| „ „ each 6 yds., 1 in tape | .. | .. | .. | 6 tins | 9 |
| „ Ichthyocolla, 1 yd., 8-in tape | .. | .. | .. | 1 „ | 9 |
| „ „ each 12 yds., 1 in. tape | .. | .. | .. | 6 „ | 9 |
| „ Cer. Saponis 6 yds., 6 in. tape | .. | .. | .. | 1 „ | 9 |
| Enema, I.R., and 2 pipes | .. | .. | .. | 1 | 11 |
| Etna, complete | .. | .. | .. | 1 | 11 |
| Flannel, fomentation | .. | .. | .. | 1 yd. | 10 |
| Funnel | .. | .. | .. | 1 | 11 |
| Gallipots (in sorts) | .. | .. | .. | 12 | 7 |
| Gauze | .. | .. | .. | 6 yds. | 10 |
| Gutta-percha tissue | .. | .. | .. | 1 yd. | 10 |
| Horn Cup | .. | .. | .. | 1 | 11 |
| Medical Prescription Book. (Army Book 39) | .. | .. | .. | 1 | bk. of lid |
| Ice bags, head and spine | .. | .. | .. | 2 | 11 |
| Ink, solidified | .. | .. | .. | 1 tin | 3 |
| Inkstand | .. | .. | .. | 1 | 3 |
| Knives, pill and palate | .. | .. | .. | 2 | 5 |
| Labels, blank | .. | .. | .. | 200 | 3 |
| Leather case, fitted complete (Appendix 28) | .. | .. | .. | 1 | 8 |
| Lint, antiseptic | .. | .. | .. | 2 lb. | 10 |
| Linen sheeting | .. | .. | .. | 2 yds. | 10 |
| Measuring tape | .. | .. | .. | 1 | 8 |
| Measures (minim) | .. | .. | .. | 2 | 11 |
| „ (2 oz.) | .. | .. | .. | 1 | 11 |
| „ (oz. pewter) | .. | .. | .. | 1 | 11 |
| Mortar and pestle (No. 2) | .. | .. | .. | 1 | 7 |
| Packthread | .. | .. | .. | 2 oz. | 7 |
| Paper, filtering | .. | .. | .. | $\frac{1}{4}$ quire | 11 |
| „ wrapping | .. | .. | .. | 1 „ | 11 |
| „ writing | .. | .. | .. | 1 „ | 11 |
| Pencils, lead | .. | .. | .. | 2 | 3 |
| „ indelible | .. | .. | .. | 2 | 3 |
| Spare leads for do. | .. | .. | .. | 2 boxes | 3 |

Appendix No. 31.

| All Appliances are Antiseptic. | | | | | Quantity. | Letter and Number. |
|---|----|----|----|----|---------------------|--------------------|
| Pens (1 gross in box) | .. | .. | .. | .. | 2 boxes | 3 |
| Penholders | .. | .. | .. | .. | 2 | 3 |
| Pharmacopœia conspectus | .. | .. | .. | .. | 1 | 1 |
| Pill boxes, chip.. .. . | .. | .. | .. | .. | $\frac{1}{2}$ paper | 1 |
| " " paper | .. | .. | .. | .. | 1 " | 1 |
| Pins, large | .. | .. | .. | .. | 1 " | 8 |
| Scales and weights, grain (extra weights) .. | .. | .. | .. | .. | 1 set | 2 |
| " " " ounce | .. | .. | .. | .. | 1 " | 2 |
| Scissors | .. | .. | .. | .. | 1 pair | 5 |
| Screw-drivers | .. | .. | .. | .. | 2 | 5 |
| Skin of leather | .. | .. | .. | .. | 1 | 10 |
| Spongio piline | .. | .. | .. | .. | $\frac{1}{4}$ yd. | 10 |
| Sponges, surgeons' | .. | .. | .. | .. | 6 | 10 |
| " large | .. | .. | .. | .. | 1 | 10 |
| Spatula, spreading | .. | .. | .. | .. | 1 | 5 |
| Stethoscope, vulcanite | .. | .. | .. | .. | 1 | 11 |
| Stopper loosener, improved | .. | .. | .. | .. | 1 | 11 |
| Straining cloth.. .. . | .. | .. | .. | .. | $\frac{1}{2}$ yd. | 10 |
| Syringe, brass, complete | .. | .. | .. | .. | 1 | 11 |
| " hypodermic; with morphia discs and tube of solution | .. | .. | .. | .. | 1 | 8 |
| " glass, ear | .. | .. | .. | .. | 1 | 8 |
| " " 2 male, 1 female | .. | .. | .. | .. | 3 | 8 |
| Teaspoons | .. | .. | .. | .. | 2 | 5 |
| Test tubes | .. | .. | .. | .. | 3 | 8 |
| " books | .. | .. | .. | .. | 6 | 8 |
| Thermometer, clinical | .. | .. | .. | .. | 1 | 8 |
| Tow | .. | .. | .. | .. | 2 lb. | 10 |
| Trusses, reversible | .. | .. | .. | .. | 2 | 10 |
| Urinometer, brass, with trial glass | .. | .. | .. | .. | 1 | 11 |
| Waterproof cloth | .. | .. | .. | .. | 2 yds. | 10 |
| Wool, cotton | .. | .. | .. | .. | 1 | 7 |

APPENDIX No. 32.

(See paragraphs 38, 635.)

CONTENTS OF CHEMICAL CABINET.

(Dimensions, 33" × 17" × 19".)

- 16 half-litre bottles, holding the following standardized solutions :—
- Permanganate of potassium.
 - Chloride of ammonium.
 - Nitrate of silver.
 - Soap solution.
 - Nitrate of barium.
 - Oxalic acid.
 - Solution sulphuric acid for carbonates.
 - Alkaline solution for acidities.
 - Ferric solution.
 - Sodium hydrate solution from metallic sodium for nitrates.
 - Wanklyn's solution of permanganate of potassium and solid caustic potash.
 - Nessler's solution.
 - Lime-water.
 - Distilled water (2 bottles).
 - Alcohol.
- 2 shaking bottles for soap test.
- 1 funnel (2 others in drawer).
- 2 long-tube brushes for cleaning burettes.
- 1 dozen test-tubes (on right-hand side of chest).
- 14 small bottles, containing weighed quantities of the under-mentioned articles :—
- 4 containing permanganate of potassium (1·975 gramme for $\frac{1}{2}$ litre of water).
 - 3 containing nitrate of barium (1·13 gramme for $\frac{1}{2}$ litre of water).
 - 3 containing oxalic acid (3·15 grammes for $\frac{1}{2}$ litre of water).
 - 1 containing brucine (1 gramme).
 - 1 containing chloride of ammonium (1·575 gramme).
 - 2 containing Pasteur's powder (1·0 gramme).

Appendix No. 32.

- 1 dozen books each of litmus and turmeric paper in tin boxes.
- 1 100 C.C. measure graduated to C.C.
- 1 burette to deliver 25 C.C. graduated to $\frac{1}{2}$ C.C.
- 1 burette to deliver 10 C.C. graduated to $\frac{1}{10}$ C.C.
- 1 stoppered burette, delivering 50 C.C. graduated to $\frac{1}{2}$ C.C.
- 6 jets with indiarubber tubing for burettes.
- 6 pinch cocks for ditto.
- 1 thermometer Fahr. graduated from 0 to 400°.
- 1 wet and dry bulb thermometer for air analysis.
- 1 gilt urinometer from 1000 to 1040.
- 1 gilt hydrometer „ 1000 to 980.
- 1 Vogel's lactoscope.
- 2 round porcelain dishes for incineration.
- 3 porcelain crucibles with covers.
- 3 glass stirring rods.
- 1 engineer's 2-foot rule, with brass slide.
- 4 indiarubber caps, with two necks.
- 1 tape measure.
- 3 lengths glass tubing.
- 11 four-ounce bottles, containing solutions, viz. :—
 - Iodide of potassium.
 - Oxalate of ammonium.
 - Fehling's sugar test.
 - Iodine solution.
 - Cochineal solution.
 - Acetate of lead.
 - Dilute hydrochloric acid.
 - Dilute nitric acid.
 - Monochromate of potassium.
 - Brucine.
 - Molybdate of ammonium.
- 2 three-ounce bottles, with glass caps, containing—
 - Sulphide of ammonium.
 - H₂S in glycerine.
- 24 four-ounce wide-mouthed stoppered bottles, containing dry substances, viz. :—
 - Red prussiate of potassium.
 - Yellow prussiate of potassium.
 - Chloride of ammonium.
 - Chloride of gold.
 - Chloride of barium.
 - Nitrate of barium.
 - Oxalic acid (crystalised).
 - Oxalate of ammonium.
 - Nitrate of silver.

Appendix No. 32.

- Nitrite of potassium.
 - Permanganate of potassium.
 - Soft soap.
 - Hyposulphite of sodium.
 - Nitroprusside of sodium.
 - Sulphate of copper
 - Copper foil.
 - Aluminium foil.
 - Zinc foil.
 - Starch, potato.
 - Sulphate of iron.
 - Isinglass.
 - Phenol-phthaleine.
 - Meta-phenylenediamine.
 - Powder for making Pasteur's microzyme test.
 - 1 three-ounce bottle, with glass cap and engraved label,
containing strong and pure sulphuric acid in tin case.
 - 1 brass spirit lamp.
 - 1 tin of Swedish filter papers.
 - 4 brass burette-holders.
 - 2 brass rings.
 - 1 air meter.
 - 2 stoppered retorts.
 - 1 copper Liebig's condenser.
 - 1 chemical balance in mahogany box.
 - 1 set metrical weights in mahogany box with forceps.
 - 2 receivers.
 - 1 collapsing tripod.
 - 4 yards indiarubber tubing.
 - 1 iron stand with rod and nut.
 - 1 universal clamp.
 - 2 glass flasks.
 - 1 nest of glass beakers.
 - 2 glass funnels.
 - 3 evaporating dishes.
 - 1 stopper loosener.
 - 1 glass tube (24 inch) with brass screw mounts, to hold
1 litre, for the examination of the colour of water.
 - 3 Nessler glasses graduated to 100 c.c.
-

APPENDIX No. 33.

(See paragraphs 193, 198, 545, 546.)

MEDICAL FIELD PANNIERS.

Contents of No. 1 "Medicine Pannier."

(Weight about 90 lbs.)

(Dimensions, 28" × 14" × 18".)

MEDICINES.

In Body of Pannier.

| | | | | | |
|---|-----|-----|-----|-----|--------|
| Acid, Boric: | ... | ... | ... | ... | 2 oz. |
| „ Carbolic, Cryst: | ... | ... | ... | ... | 4 „ |
| „ „ Liquid: | ... | ... | ... | ... | 4 „ |
| „ Gallic. | ... | ... | ... | ... | 1 „ |
| „ Sulph: Dil: | ... | ... | ... | ... | 4 „ |
| Ammon: Carbon: | ... | ... | ... | ... | 2 „ |
| Antim: Tartaratum | ... | ... | ... | ... | 1 „ |
| Argent: Nitrat: | ... | ... | ... | ... | 1 „ |
| Chloral: Hydrat: | ... | ... | ... | ... | 2 „ |
| Chloroformum (in 2 bottles) | ... | ... | ... | ... | 9 „ |
| Cupri Sulph: | ... | ... | ... | ... | 1 „ |
| Ext. Opii Liq: | ... | ... | ... | ... | 4 „ |
| Inject: Morphinæ Conc: | ... | ... | ... | ... | 1 „ |
| Ipecac: Pulv: | ... | ... | ... | ... | 2 „ |
| Iodoformum | ... | ... | ... | ... | 2½ „ |
| Jalapin | ... | ... | ... | ... | 1 „ |
| Liq. Epispasticus | ... | ... | ... | ... | 1 „ |
| „ Ferri Perchlor. Fort. | ... | ... | ... | ... | 6 „ |
| „ Plumbi Subacet | ... | ... | ... | ... | 4 „ |
| Mist: pro Diarrhœa | ... | ... | ... | ... | 4 „ |
| Morphinæ Acet:... | ... | ... | ... | ... | ½ „ |
| Ol. Menthæ. Pip: | ... | ... | ... | ... | 1 „ |
| Ol. Olivæ | ... | ... | ... | ... | 4 „ |
| Ol. Ricini... | ... | ... | ... | ... | 8 „ |
| Ol. Terebinth | ... | ... | ... | ... | 4 „ |
| Pills, No. 7 : Hydrarg: Subchlor: | ... | ... | ... | ... | 9 doz. |
| Opii Pulv.; aa. gr. i. in each pill. | | | | | |

Appendix No. 33.

| | | |
|--|------------------------|---------------------|
| Pills, No. 8 ; Plumbi Acet., gr. iij. ... | ... | 5 doz. |
| Opium Pulv., gr. i. | | |
| Calumbæ Pulv., gr. i. | | |
| in each pill. | | |
| Pills, No. 9 : Hydrarg. Subchlor: ... | ... | 5 „ |
| Pil: Rhei. Comp: | | |
| Pil: Coloc: Comp., aa. gr. ij. | | |
| in each pill. | | |
| Pills, No. 10 : Quininæ Sulph., gr. ij. ... | ... | 6 „ |
| in each pill. | | |
| Pills, No. 11 : Camphoræ., gr. iij. ... | ... | 2 „ |
| Opium Pulv., gr. ij. | | |
| Capsici Pulv., gr. $\frac{1}{2}$ | | |
| in each pill. | | |
| Pills, No. 12 : Opium Pulv., gr. i. in each pill ... | 25 „ | |
| Pills, No. 13 : Pulv. Aloes Barb, gr. iss. ... | 5 „ | |
| „ Jalapæ, gr. ij. | | |
| „ Colocynth, gr. i. | | |
| „ Cambogi, gr. $\frac{1}{4}$ | | |
| Sapo Dur., gr. $\frac{1}{2}$ | | |
| Ol: Carui, m. $\frac{1}{4}$ | | |
| in 2 pills. | | |
| Quininæ Sulph: (compressed) ... | ... | 16 oz. |
| Spirit: Ætheris. ... | ... | 4 „ |
| Spirit: Ammon: Aromat: ... | ... | 4 „ |
| Tinct: Aconiti. ... | ... | 1 „ |
| „ Chlorof: et Morph: ... | ... | 2 „ |
| „ Opium. ... | ... | 4 „ |
| „ Ipecac: et Opium (Liquid Dover's Powder) | ... | 2 „ |
| Paraffinum Molle (Antiseptic) ... | ... | 1 $\frac{1}{4}$ lb. |
| Brandy ... | ... | $\frac{1}{2}$ pt. |
| Water, distilled ... | ... | $\frac{1}{2}$ „ |
| Zinci Sulph: ... | ... | 2 oz. |
| Specification Tallies (Army Book 166) ... | { book and pencil 1 | |
| Pill tile, graduated and drilled ... | ... | No. 1 |

INSTRUMENTS, &c.

Drawer No. 1.

| | | |
|--|-----|--------|
| Camel hair pencils ... | ... | No. 6 |
| Clinical thermometer in sliding case ... | ... | 1 |
| Corkscrew, compound ... | ... | 1 |
| Envelopes, linen lined ... | ... | 25 |
| Indelible pencils ... | ... | 4 |
| Ink, solidified ... | ... | pkt. 1 |
| Inkstand ... | ... | No. 1 |
| Knives, pill and palate ... | ... | 2 |

Appendix No. 33.

| | | | | | | |
|---|-----|-----|-----|-----|-------|---------------|
| Labels | ... | ... | ... | ... | No. | 100 |
| Mustard leaves | ... | ... | ... | ... | tin | 1 |
| Needles, hare lip | ... | ... | ... | ... | No. | 12 |
| „ acupressure | ... | ... | ... | ... | „ | 6 |
| „ packing | ... | ... | ... | ... | „ | 2 |
| Note-book, with metallic pencil | ... | ... | ... | ... | „ | 1 |
| Penholders | ... | ... | ... | ... | „ | 2 |
| Pens (1 gross) | ... | ... | ... | ... | box | 1 |
| Pins, safety (3 dozen) | ... | ... | ... | ... | „ | 1 |
| Scissors | ... | ... | ... | ... | No. | 1 |
| Spare leads for pencils | ... | ... | ... | ... | box | 1 |
| Spoons, tea | ... | ... | ... | ... | No. | 2 |
| Stethoscope | ... | ... | ... | ... | „ | 1 |
| Syringe, hypodermic screw with stoppered bottle of solution | ... | ... | ... | ... | „ | 1 |
| Ditto, ditto, with 2 tubes of discs | ... | ... | ... | ... | „ | 1 |
| Writing paper | ... | ... | ... | ... | quire | $\frac{1}{2}$ |

Drawer No. 2.

| | | | | | |
|--|-----|-----|-----|-------|----|
| Gallipots, in sorts | ... | ... | ... | No. | 3 |
| Horn cup, graduated | ... | ... | ... | „ | 1 |
| Ipecac. compressed, 20 gr. each | ... | ... | ... | doz. | 6 |
| Measures, graduated glass, 2 oz. | ... | ... | ... | No. | 1 |
| „ „ „ minim | ... | ... | ... | „ | 3 |
| Mortar and pestle | ... | ... | ... | „ | 1 |
| Packthread | ... | ... | ... | ball | 1 |
| Potass bicarb, compressed pellets, 10 gr. each | ... | ... | ... | doz. | 15 |
| Scales and weights, grain | ... | ... | ... | set | 1 |
| Sodii bicarb, compressed pellets, 10 gr. each | ... | ... | ... | doz. | 15 |
| Stopper loosener | ... | ... | ... | No. | 1 |
| Test tubes | ... | ... | ... | „ | 3 |
| „ Paper | ... | ... | ... | books | 2 |

Drawer No. 3.

| | | | | |
|-------------------------------------|-----|-----|-----|---|
| Medicated gelatine discs and lamels | ... | ... | tin | 1 |
|-------------------------------------|-----|-----|-----|---|

Lamels for internal use—1 sheet each.

| | |
|----------------------------|----------------------|
| Antim: Tart: | Morphia Mur. |
| Emetia. | Nucis. Vom. Extract. |
| Ipecac: Extract. | Opium Extract. |
| Iron Ammon: Citrate. | „ and Ipecac. |
| James's Powder. | Podophyllin. |
| Mercury Chloride (Calomel) | Quinine. |

Discs for Hypodermic Solution—1 tube each.

| | |
|-----------|----------------------|
| Curara. | Morphia and Atropia. |
| Eserine. | Quinine. |
| Ergotine. | Strychnine. |
| Morphia. | |

Appendix No. 33.

| | | | | | |
|---|--------------|-----|-----|----------------------|---|
| Discs for Ophthalmic use—1 tube each. | | | | | |
| Alum. | | | | Calabarised. | |
| Atropine. | | | | Copper Sulphate. | |
| „ | and Morphia. | | | Opium and Lead Acet. | |
| Brass syringe, with rose jet, in waterproof bag | | | | No. | 1 |
| Candles, wax | ... | ... | ... | „ | 4 |
| Candle and match boxes, complete | ... | ... | ... | „ | 2 |
| I.R. enema, with tubing, stopcock, and rose-headed jet for irrigation | ... | ... | ... | „ | 1 |
| Zinci. Chlor. | ... | ... | ... | oz. | 1 |

Lower Compartment.

| | | | | | |
|---|-----|-----|-----|------|---|
| Splints, Duncan's Patent, in tin box (the longest pair is in No. 2 pannier) | ... | ... | ... | set | 1 |
| Surgeon's instruments, in flax cover (Appen. 12) | | | | case | 1 |

In Lid of Pannier.

| | | | | | | |
|-------------|-----|-----|-----|-----|-----|---|
| Gimlet | ... | ... | ... | ... | No. | 1 |
| Screwdriver | ... | ... | ... | ... | „ | 1 |

Contents of No. 2 "Material Pannier."

(Weight about 80 lbs.)

(Dimensions, 28" × 14" × 18".)

(All appliances are antiseptic.)

*Basket A.**

| | | | | | |
|---|-----|-----|-----|------|----|
| Fast edged bandages | ... | ... | ... | No. | 6 |
| Calico bandages | ... | ... | ... | „ | 6 |
| Leather cases, fitted complete (see Appendix No. 28) | ... | ... | ... | „ | 2 |
| Lint, antiseptic | ... | ... | ... | oz. | 8 |
| Plaster, transparent, isinglass, each 12 yards, — inch tape | ... | ... | ... | tins | 2 |
| Plaster, adhesive, each 6 yards, 1 inch tape | ... | ... | ... | „ | 6 |
| Sponges in 2 wrappers, German cloth, with straps | ... | ... | ... | | 12 |
| Tourniquets, field | ... | ... | ... | | 4 |
| „ screw | ... | ... | ... | | 2 |
| „ Esmarch's web, elastic | ... | ... | ... | | 6 |
| „ tape | ... | ... | ... | | 12 |

Basket B.

| | | | | | |
|---------------------|-----|-----|-----|-----|----|
| Triangular bandages | ... | ... | ... | No. | 12 |
|---------------------|-----|-----|-----|-----|----|

* The basket *A* is constructed, and the contents arranged, to form two dressing trays when occasion requires, so that half of the articles above specified are for each dressing tray.

Appendix No. 33.

| | | | | | |
|---|-----|-----|-----|------|-------|
| Cotton wool, antiseptic | ... | ... | ... | lb. | 1 |
| Extract of meat (in 4 tins) | ... | ... | ... | lbs. | 2 |
| Etna, improved, with 2 drinking cups, and tin of | } | ... | ... | ... | No. 1 |
| Rectified spirit | | ... | ... | ... | ... |
| Kidney-shaped basins for washing wounds | ... | ... | ... | " | 4 |
| Urinal, enamelled iron | ... | ... | ... | " | 1 |
| Lantern, with glass and candle complete | ... | ... | ... | " | 1 |

*Wrapper.**

| | | | | | |
|-------------------------------------|-----|-----|-----|------|-----------------|
| Antiseptic gauze | ... | ... | ... | yds. | 6 |
| " Silk protective | ... | ... | ... | " | 2 |
| Calico | ... | ... | ... | " | 4 |
| Waterproof dressing cloth | ... | ... | ... | " | 2 |
| *Waterproof sheeting (German cloth) | ... | ... | ... | " | 2 $\frac{3}{4}$ |

Tin C.

| | | | | | |
|---|-----|-----|-----|-------|---|
| Tenax | ... | ... | ... | lb. | 1 |
| Creasote, in stoppered bottle and boxwood case | ... | ... | ... | oz. | 2 |
| Sulphuro-chromic catgut, in stoppered bottle and box-wood case | ... | ... | ... | hanks | 6 |
| Indiarubber adhesive plaster | ... | ... | ... | tin | 1 |
| Drainage tubing, assorted sizes, under false bottom | ... | ... | ... | yds. | 6 |
| Lion forceps | ... | ... | ... | pair | 1 |

Tin D.

| | | | | | |
|-----------------|-----|-----|-----|-----|----|
| Calico bandages | ... | ... | ... | No. | 6 |
| Fast edged " | ... | ... | ... | " | 12 |
| Flannel " | ... | ... | ... | " | 4 |

Strapped in the Lid.

| | | | |
|--|-----|-------|---|
| Medical Prescription Book (Army Book 39) | ... | No. | 1 |
| Long jointed splint, Liston's | ... | " | 1 |
| Splint's, Duncan's | ... | pairs | 1 |
| " Wire, with pad cases, straps and buckles | ... | " | 2 |

N.B.—In pack transport the field medical companion will be strapped on this pannier to equalize the weight of the side load with No. 1 medical pannier, the weight of each side load being then about 90 lbs.

APPENDIX No. 34.

(See paragraphs 545, 546, 571.)

“RESERVE” MEDICAL FIELD PANNIERS.

Contents of No. 1 “Reserve” Medicine Pannier.

(Weight about 85 lbs.)

(Dimensions, 27" × 20" × 20".)

MEDICINES IN BODY OF PANNIER.

| | | | | | |
|--|-----|-----|-----|-----|-----------|
| Acid, Boric: | ... | ... | ... | ... | 4 oz. |
| „ Carbolic, Cryst: | ... | ... | ... | ... | 4 „ |
| „ „ Liquid: | ... | ... | ... | ... | 4 „ |
| „ Gallic. | ... | ... | ... | ... | 2 „ |
| „ Sulph: Dil: | ... | ... | ... | ... | 4 „ |
| Ammon: Carbon: | ... | ... | ... | ... | 4 „ |
| Antim: Tartaratum. | ... | ... | ... | ... | 2 „ |
| Argent: Nitrat: | ... | ... | ... | ... | 2 „ |
| Chloral: Hydrat: | ... | ... | ... | ... | 4 „ |
| Chloroformum, in 3 bottles | ... | ... | ... | ... | 18 „ |
| Creasotum | ... | ... | ... | ... | 4 „ |
| Ext. Opii Liq : | ... | ... | ... | ... | 4 „ |
| Inject : Morphinae Conc : | ... | ... | ... | ... | 2 „ |
| Idoformum | ... | ... | ... | ... | 5 „ |
| Ipecac : Pulv : | ... | ... | ... | ... | 4 „ |
| „ „ (compressed) 20 grains each) | ... | ... | ... | ... | 12 doz. |
| Jalapin | ... | ... | ... | ... | 2 oz. |
| Sulphuro-chromic cat-gut in stoppered bottle | ... | ... | ... | ... | 12 hanks. |
| Liq: Ferri Perchlor: Fort: | ... | ... | ... | ... | 6 oz. |
| „ Epispasticus | ... | ... | ... | ... | 2 „ |
| „ Plumbi Subacet: | ... | ... | ... | ... | 4 „ |
| Mist: pro Diarrhoea | ... | ... | ... | ... | 8 „ |
| Morphinae Acet: | ... | ... | ... | ... | 1 „ |
| Ol: Menthæ: Pip: | ... | ... | ... | ... | 2 „ |
| Ol: Olivæ: | ... | ... | ... | ... | 8 „ |
| Ol: Ricini | ... | ... | ... | ... | 16 „ |
| Ol: Terebinth: | ... | ... | ... | ... | 8 „ |
| Pills, No. 7, Hydrarg: Subchlor: | ... | ... | ... | ... | 18 doz. |
| Opii Pulv., aa. gr. i. | | | | | |
| in each pill. | | | | | |

Appendix No. 34.

| | | | |
|---|-----|-----|-------------|
| Pills, No. 8, Plumbi Acet., gr. iiij. | ... | ... | 10 doz. |
| Opium Pulv., gr. i. | | | |
| Calumbæ Pulv., gr. i. | | | |
| in each pill. | | | |
| Pills, No. 9, Hydrarg. Subchlor: | ... | ... | 10 " |
| Pil: Rhei. Comp: | | | |
| Pil: Coloc: Comp., aa. gr. ij. | | | |
| in each pill. | | | |
| Pills, No. 10, Quininæ Sulph., gr. ij. | ... | ... | 12 " |
| in each pill. | | | |
| Pills, No. 11, Camphoræ, gr. iiij. | ... | ... | 4 " |
| Opium Pulv., gr. ij. | | | |
| Capsici Pulv., gr. $\frac{1}{2}$ | | | |
| in each pill. | | | |
| Pills, No. 12, Opium Pulv., gr. i. in each pill | ... | ... | 50 " |
| Pills, No. 13, Pulv: Aloes, Barb., gr. iss. | ... | ... | 10 " |
| „ Cambogæ, gr. $\frac{1}{4}$ | | | |
| „ Colocynth, gr. i. | | | |
| „ Jalapæ, gr. ij. | | | |
| Ol: Carui, m. $\frac{1}{4}$ | | | |
| Sapo Dur., gr. $\frac{1}{2}$ | | | |
| in 2 pills. | | | |
| Pill and powder tin complete, for field com- panion (Appendix No. 28)... | ... | ... | No. 1 |
| Potass: Bicarb: (compressed pellets) 10 grs. each | | | 30 doz. |
| „ Bromid: ... | ... | ... | 8 oz. |
| „ Iodid: ... | ... | ... | 8 " |
| Quininæ Sulph: (compressed) in 2 tins | | | 2 lb. 8 oz. |
| Sodii Bicarb: (compressed pellets) 10 grs. each | | | 30 doz. |
| Spirit Ætheris ... | ... | ... | 8 oz. |
| Spirit: Ammon: Aromat: ... | ... | ... | 8 " |
| Tinct: Aconiti. ... | ... | ... | 2 " |
| „ Chlorof: et Morph: ... | ... | ... | 4 " |
| „ Ipecac: et Opium (Liquid Dover's Powder) | | | 4 " |
| „ Opium. ... | ... | ... | 8 " |
| Paraffinum Molle (Antiseptic) ... | ... | ... | 2 lb. |
| Zinci Chlor: ... | ... | ... | 2 oz. |
| Zinci Sulph: ... | ... | ... | 4 " |

Medicated gelatine discs and lamels.

Lamels for internal use—1 sheet each.

| | |
|----------------------|----------------------|
| Antim: Tart: | Morphia Mur. |
| Emetia. | Nucis. Vom. Extract. |
| Ipecac: Extract. | Opium Extract. |
| Iron Ammon: Citrate. | „ and Ipecac. |
| James's Powder. | Podophyllin. |
| Mercury Chloride. | Quinine. |

Appendix No. 34.

Dises for Hypodermic Solution—1 tube each.

| | |
|-----------|----------------------|
| Curara. | Morphia and atropia. |
| Ergotine. | Quinine. |
| Eserine. | Strychnine. |
| Morphia. | |

Dises for Ophthalmic use—1 tube each.

| | |
|----------------|----------------------|
| Alum. | Calabarised. |
| Atropine. | Copper Sulphate: |
| „ and Morphia. | Opium and Lead Acet. |

Drawer No. 1.

| | | | | |
|---|-----|-----|-----|---------|
| Camel hair pencils ... | ... | ... | ... | No. 12 |
| Candles, wax ... | ... | ... | ... | doz. 1 |
| Clinical thermometer, in sliding case ... | ... | ... | ... | No. 1 |
| Corkscrew, compound ... | ... | ... | ... | „ 1 |
| Specification tallies (Army Book 166) books and pencils | 2 | | | |
| Indelible pencils ... | ... | ... | ... | No. 8 |
| Ink, solidified ... | ... | ... | ... | pkts. 2 |
| Knives, pill and palate ... | ... | ... | ... | No. 2 |
| Labels ... | ... | ... | ... | „ 100 |
| Needles, acupressure ... | ... | ... | ... | „ 12 |
| „ hare lip ... | ... | ... | ... | „ 24 |
| „ packing ... | ... | ... | ... | „ 4 |
| Note-book, with metallic pencil ... | ... | ... | ... | „ 1 |
| Penholders ... | ... | ... | ... | „ 4 |
| Pens (1 gross in box) ... | ... | ... | ... | boxes 2 |
| Pins, safety (3 doz. in box) ... | ... | ... | ... | „ 2 |
| Scissors ... | ... | ... | ... | No. 1 |
| Spare leads for pencils ... | ... | ... | ... | boxes 2 |
| Spoons, tea ... | ... | ... | ... | No. 2 |
| Stethoscope ... | ... | ... | ... | „ 1 |
| Stopper loosener ... | ... | ... | ... | „ 1 |
| Syringe, hypodermic screw, with stoppered bottle | | | | |
| of solution ... | ... | ... | ... | 1 |
| Do. do. with 2 tubes of discs ... | ... | ... | ... | „ 1 |
| Do. do. with tube of discs and bottle of solution | 2 | | | |
| Weights, grain and drachm ... | ... | ... | ... | set 1 |

Drawer No. 2.

| | | | | |
|---|-----|-----|-----|--------------------|
| Gallipots in sorts ... | ... | ... | ... | $\frac{1}{2}$ doz. |
| Graduated glass measure, 2 oz. ... | ... | ... | ... | No. 1 |
| „ „ „ minim ... | ... | ... | ... | „ 5 |
| „ „ horn cups—1 large, 2 small ... | ... | ... | ... | „ 3 |
| Inject. Morphinæ Conc. in 2 stoppered bottles | | | | |
| and boxwood cases for haversacks ... | ... | ... | ... | oz. 1 |

Appendix No. 34.

| | | | | | |
|--|---------------------|-----|-----|-------|---|
| Indoform, in 2 stoppered bottles and boxwood cases for field companion | ... | ... | ... | oz. | 2 |
| Mustard leaves | ... | ... | ... | tins | 2 |
| Packthread | ... | ... | ... | balls | 2 |
| Sal volatile, in 2 stoppered bottles and boxwood cases for haversacks | ... | ... | ... | oz. | 4 |
| Test papers | ... | ... | ... | books | 4 |
| „ tubes | ... | ... | ... | No. | 6 |
| Tooth forceps | } in leather case { | | | | 2 |
| „ key with 3 claws | | | | | 1 |

Drawer No. 3.

| | | | | | |
|---------------------------|-----|-----|-----|------|----|
| Drainage tubing, of sizes | ... | ... | ... | yds. | 12 |
| Sponges, surgeons' | ... | ... | ... | No. | 10 |
| Sponge bags | ... | ... | ... | „ | 4 |

Drawer No. 4.

| | | | | | |
|---|-----|-----|-----|------|---------------|
| Bandages, triangular | ... | ... | ... | No. | 18 |
| „ suspensory | ... | ... | ... | „ | 4 |
| Calico, thin | ... | ... | ... | yds. | 2 |
| Gutta-percha tissue | ... | ... | ... | „ | $\frac{1}{2}$ |
| Leather case, containing needles, thread, &c., for field companions or field panniers (Appendix No. 28) | ... | ... | ... | No. | 1 |
| Lint, antiseptic | ... | ... | ... | lb. | 1 |

Contents of No. 2 "Reserve" Material Pannier.

(Weight about 85 lbs.)

(Dimensions, 27" × 20" × 20".)

(All Appliances are Antiseptic.)

Tin B.

| | | | | | |
|------------------|-----|-----|-----|-----|----|
| Bandages, calico | ... | ... | ... | No. | 24 |
| „ fast edged | ... | ... | ... | „ | 24 |
| „ flannel | ... | ... | ... | „ | 8 |
| „ loose wove | ... | ... | ... | „ | 14 |

Tin C.

| | | | | | |
|--------------|-----|-----|-----|---|----|
| „ Triangular | ... | ... | ... | „ | 24 |
|--------------|-----|-----|-----|---|----|

Tin A.

| | | | | | |
|--------|-----|-----|-----|------|---|
| Calico | ... | ... | ... | yds. | 4 |
|--------|-----|-----|-----|------|---|

Appendix No. 34.

Tin D.

| | |
|--|-------|
| Catheters, olivary | No. 6 |
| Enema, I.R., with rose-headed jet and I.R. tubing, with stopcock for irrigation | 1 |

Tin A.

| | |
|--------------------------|---------|
| Gauze, Antiseptic | yds. 12 |
| Lint, Antiseptic | lb. 1 |

Tin D.

| | |
|---|---------|
| Plaster, adhesive, each 6 yards, 1 inch tape ... | tins 20 |
| " " Indiarubber | " 2 |
| " transparent, isinglass, each 12 yards, 1 inch tape | " 8 |

Tin A.

| | |
|-------------------------------------|--------|
| Sponges | No. 24 |
| Sponge wrappers, with straps | " 4 |

In Body of Pannier.

| | |
|--|---------|
| Splints, wire arm, for haversacks... .. | pairs 4 |
| " with pad cases, for panniers | " 4 |
| " cane, with pad cases, for companion | " 2 |
| " cane, Duncan's | set 1 |
| " long-jointed | No. 1 |

Tin A.

| | |
|------------------------------------|--------|
| Silk, antiseptic protective | yds. 4 |
| Tenax | lb. 1 |

Tin E.

| | |
|-----------------------------------|--------|
| Tourniquets, Esmarch's web | No. 18 |
| " field | " 8 |
| " screw | " 3 |

Tin B.

| | |
|--------------------------|------|
| Tourniquets, tape | " 36 |
|--------------------------|------|

Tins C and E.

| | |
|---------------------------------|---------|
| Wool, cotton, antiseptic | lbs. 1½ |
|---------------------------------|---------|

Tin A.

| | |
|---------------------------------|--------|
| Waterproof dressing cloth... .. | yds. 4 |
|---------------------------------|--------|

In Body of Pannier.

| | |
|-------------------------|------|
| Waterproof cloth | " 2¾ |
|-------------------------|------|

APPENDIX No. 35.

(See paragraphs 545, 546, 571.)

"SPECIAL" SURGICAL PANNIER.

Contents of No. 1 Pannier.

(Weight about 84 lbs.)

(Dimensions, 27" × 20" × 20".)

(All appliances are antiseptic.)

Tin A.

| | | | | | | | |
|--|-----|-----|-----|-----|-----|------|----|
| Anæsthetic ether | ... | ... | ... | ... | ... | oz. | 6 |
| Carbolic acid | ... | ... | ... | ... | ... | " | 8 |
| Chromic " | ... | ... | ... | ... | ... | " | 8 |
| Chloroform | ... | ... | ... | ... | ... | lb. | 1½ |
| Iodoform | ... | ... | ... | ... | ... | " | 1 |
| Plaster, adhesive, each 6 yds., 1-in. tape | ... | ... | ... | ... | ... | tins | 6 |
| " " each 6 yds., 6-in. tape | ... | ... | ... | ... | ... | " | 1 |
| " transparent, isinglass, each 12 yds., 1-in. tape | ... | ... | ... | ... | ... | " | 2 |
| Plaster, soap cerate, each 6 yds., 6-in. tape | ... | ... | ... | ... | ... | " | 1 |

Tin B.

| | | | | | | | |
|----------------------------------|-----|-----|-----|-----|-----|------|----|
| Aspirator | ... | ... | ... | ... | ... | No. | 1 |
| Drainage tubing | ... | ... | ... | ... | ... | yds. | 12 |
| Eye douche, with brass stem | ... | ... | ... | ... | ... | " | 1 |
| " shades, assorted | ... | ... | ... | ... | ... | " | 12 |
| Ice bags, for the head | ... | ... | ... | ... | ... | " | 2 |
| " for the spine | ... | ... | ... | ... | ... | " | 1 |
| Inhalers, 1 ether, 1 chloroform | ... | ... | ... | ... | ... | " | 2 |
| I.R. bottles, for washing wounds | ... | ... | ... | ... | ... | " | 4 |
| " enema... | ... | ... | ... | ... | ... | " | 1 |

Tin C.

| | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|----|
| Bandages, calico | ... | ... | ... | ... | ... | No. | 24 |
| " fast edged | ... | ... | ... | ... | ... | " | 24 |
| Chamois skins | ... | ... | ... | ... | ... | " | 2 |
| Hypodermic syringes, with stoppered bottles of solution | ... | ... | ... | ... | ... | " | 2 |
| (M.R.) | | | | | | P | |

Appendix No. 35.

| | | | | | |
|---|-----|-----|-----|-----|-------|
| Leather case, containing needles, thread, tape, &c., Appendix No. 28 | ... | ... | ... | ... | No. 1 |
| Measuring tapes | ... | ... | ... | ... | " 6 |
| Scissors | ... | ... | ... | ... | " 6 |
| Stethoscopes | ... | ... | ... | ... | " 2 |
| Thermometers, bath | ... | ... | ... | ... | " 2 |
| " clinical, in sliding cases | ... | ... | ... | ... | " 4 |
| Tourniquets, Esmarch's web | ... | ... | ... | ... | " 24 |
| " field | ... | ... | ... | ... | " 6 |
| " screw | ... | ... | ... | ... | " 4 |
| " tape | ... | ... | ... | ... | " 24 |

In Lower Division.

| | | | | | |
|---|-----|-----|-----|---------------------|--|
| Tin case containing catheters, sounds, &c., viz. :— | | | | | |
| bougies, olivary, 1, 3, 4, 5, 6 and 8 | ... | ... | ... | No. 6 | |
| catheters ditto ditto | ... | ... | ... | " 6 | |
| " plated, 7 and 9 | ... | ... | ... | " 2 | |
| " silver, 3 and 4 | ... | ... | ... | " 2 | |
| sounds, Lister's... | ... | ... | ... | " 3 | |
| Gauze, Antiseptic | ... | ... | ... | yds. 12 | |
| Pus basins, set of 8 | ... | ... | ... | set 1 | |
| Spongio piline | ... | ... | ... | yd. $\frac{1}{2}$ | |
| Tow | ... | ... | ... | lbs. 2 | |
| Urinals, enamelled iron | ... | ... | ... | No. 2 | |
| Waterproof cloth | ... | ... | ... | yds. $2\frac{3}{4}$ | |
| " dressing cloth | ... | ... | ... | " 4 | |

Contents of No. 2 Pannier.

(Weight about 84 lbs.)

(Dimensions, 27" × 20" × 20".)

(All appliances are antiseptic.)

| | | | | |
|---|-----|-----|-----|---------|
| Air cushions | ... | ... | ... | No. 4 |
| Calico, thin | ... | ... | ... | yds. 12 |
| Ether spray | ... | ... | ... | No. 1 |
| Eye baths | ... | ... | ... | " 3 |
| Eye Instruments (Appendix 21) | ... | ... | ... | case 1 |
| Instruments, operating, containing— | ... | ... | ... | " 1 |
| 6 amputating knives. | | | | |
| 6 bistouries. | | | | |
| 6 surgical needles, with metallic thread. | | | | |
| 1 set exploring trocars (4). | | | | |
| 1 necrosis forceps. | | | | |
| 1 tongue forceps. | | | | |

Appendix No. 35.

| | | | | | | | | | |
|--|------|------|------|------|------|------|-----------|----|--|
| 4 retractors. | | | | | | | | | |
| 6 scalpels. | | | | | | | | | |
| 1 reel plated suture wire. | | | | | | | | | |
| Mahogany case. | | | | | | | | | |
| Instruments, Tooth, containing— | .... |  |  |  |  |  | ....pouch | 1 | |
| 4 pairs forceps. | | | | | | | | | |
| 1 key. | | | | | | | | | |
| 1 spring gum lancet. | | | | | | | | | |
| 1 elevator. | | | | | | | | | |
| Lint .... | .... | .... | .... | .... | .... | .... | lbs. | 2 | |
| Old linen sheets .... | .... | .... | .... | .... | .... | .... | No. | 2 | |
| Razor and strop, of each .... | .... | .... | .... | .... | .... | .... | " | 1 | |
| Sponges, in 4 wrappers, with straps .... | .... | .... | .... | .... | .... | .... | " | 24 | |
| Stomach pump .... | .... | .... | .... | .... | .... | .... | " | 1 | |
| Arm sling, leather .... | .... | .... | .... | .... | .... | .... | " | 1 | |
| " " wire, with pad .... | .... | .... | .... | .... | .... | .... | " | 1 | |
| Splints, viz.— | | | | | | | | | |
| 1 double inclined plane, folding | | | | | | | | | |
| 1 pair leg splints, left | | | | | | | | | |
| 1 " " " right | | | | | | | | | |
| 1 pair fore arm splints | | | | | | | | | |
| 1 " upper " " | | | | | | | | | |
| 1 " thigh splints | | | | | | | | | |
| 1 radius splint .... | .... | .... | .... | .... | .... | .... | " | 1 | |
| Trusses, Cole's single .... | .... | .... | .... | .... | .... | .... | No. | 4 | |
| Wool, boric .... | .... | .... | .... | .... | .... | .... | lb. | 1 | |

QUARTERLY RETURN of Books requiring repairs in the
Hospital Library at

[illegible]

Quartermaster,
Army Medical Staff.
Medical officer in charge.

Principal Medical Officer.

18

The paymaster at _____ is hereby authorised to charge in his account the sum of _____ being for repair of Books belonging to the Library at _____ for the quarter ending 18 ____.

This authority and the Tradesman's receipt being annexed as vouchers for the charge.

Appendix No. 36.

FORM "C."

HALF-YEARLY demand for books to replace a similar
number charged to the Troops, and unserviceable by
fair wear in the Hospital at

Date . 18 .

Number of Volumes required.

| Description. | | | | | | | | | |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Fiction | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Historical | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Travels | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Biography | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Books of Reference | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| _____ | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| _____ | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| _____ | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Total ... | | | | | | | | | ... |

Station

Date

Forwarded

Quartermaster

Army Medical Staff,

Medical officer in charge.

Submitted to Director-General, Army Medical Department,

Station.

Date

Principal Medical Officer.

Regulations for Army Medical Services

Appendix 34. - Instructions for the Chemical Examination of Water (referred to in para 38c)

- (1) Whenever there is reason to suppose that the water supply at any military station is of such a character as to be injurious to health, it will be subjected to chemical analysis at the station if the necessary materials exist for so doing.
- (2) In the event of there being no means of making an examination locally, or of its being deemed expedient at a home station to obtain the results of a detailed chemical examination, a sample consisting of not less than one gallon of the water, will be forwarded with as little delay as possible, and by the most expeditious route to the Professor of Hygiene, Army Medical School, Netley.
- (3) Great care must be taken that a fair sample of the water is collected in perfectly clean glass vessels (not earthenware jars). The bottles known as Winchester Quarts which hold about half a gallon and are included in the "Vocabulary of Stores" will be used for this purpose.
- (4) Should there be any doubt as to the absolute cleanliness of the bottles, a little strong sulphuric acid may be allowed to flow over the inner service of the bottle, which should then be thoroughly well washed out with the water to be examined, until the windings are no longer acid to litmus paper. At all times before being charged with water, the bottle should be rinsed out, with some of the same kind of water as that which is to be analyzed. In taking water from a stream or lake the bottle ought to be plunged below the surface before it is filled. In drawing from a pipe, a portion ought to be allowed to run away first, to get rid of any impurity in the pipe. In judging of a town supply, samples should be obtained direct from the mains, as well as from the houses. The bottle should be stoppered; a cork should be avoided except in great emergency, but if used it should be quite new,

will tied down and sealed. No luting of any kind (such as linseed meal and the like) should be used.

(5) The collection of all samples of water to be submitted for analysis should be made either by or under the direct personal supervision of a medical officer detailed for the purpose, who will be responsible that these directions are carried out, and that the following information is furnished with each sample:—

- (a) Source of the water, viz from tanks or cisterns, main or house pipe, spring, river, stream lake or well.
- (b) Position of source; strata so far as they are known.
- (c) If a well, depth, diameter, strata through which sunk, whether imperviously stened in the upper part and how far down. Total depth of well and depth of water to be both given. If the well be open, furnished with cover, or with a pump attached.
- (d) Possibility of impurities reaching the water, distance of well from cesspools, drains, middens, manure heaps, stables &c, if drains or sewers discharge into streams or lakes; proximity of cultivated land.
- (e) If a surface water or rain water, nature of collecting surface and conditions of storage.
- (f) Meteorological conditions, with reference to recent drought or excessive rainfall.
- (g) A statement of the existence of any disease supposed to be connected with the water supply, or any other special reason for requiring analysis.
- (h) Any further information that can be obtained will always be useful. Each bottle should also be distinctly labelled so as to correspond with the official letter or invoice.

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